WELLFLEET
RX PLAN

Student Formulary

This formulary applies to the following CA plan issued by

Wellfleet Group, LLC dba Wellfleet Administrators, LLC:

University of California Berkeley

Visit www.studentinsurance.com and search for your school to locate plan-specific coverage documents.
For an electronic version of this document visit: http://wellfleetrx.com
To contact customer service please call: (888) 265-7884

Drug list created 1/1/2019. Updated 1/1/2021. Next planned update 7/1/2021
All Previous versions of this document are no longer active or in effect.

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

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

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

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

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

How to Use the Formulary

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

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

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

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

Symbol	Name	Description
Age	Age Edit	Drug may not be recommended for some patients based on age.
G	Gender Edit	Drug may not be recommended for some patients based on gender.
OCh	Oral Chemotherapy	Drug subject to a maximum cost sharing amount of $250.
PA	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug.
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period.
SP	Specialty	Requires your doctor to request prior authorization to support use of this drug (except if filled at the Tang Center pharmacy) and is subject to the specialty tier copay. The plan covers specialty drugs filled Tang Center Pharmacy or at participating retail and specialty pharmacies. Limited distribution drugs and other specialty drugs may need to be filled at a Specialty pharmacy as opposed to retail.
ST	Step Therapy	Coverage may depend on previous use of another drug.
Tier 0	Preventative Medications	Covered with a $0 copay.

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

Benefit Coverage and Limitations

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

Medications covered under the plan are subject to copay or coinsurance depending on the specific benefit design, type of medication and tier of the medication. Each plan is divided into a 3 Tier copay structure and has a separate copay for Specialty medications. Below

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is a table divided by plans in the state of California that lists specific copays. Tier 1 medications are preferred formulary generic medications, Tier 2 medications are preferred formulary brand medications and high cost generics, and Tier 3 medications are non-preferred formulary brand and generic as well as excluded.

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

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

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

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Maximum Cost Sharing by Drug Tier

Plan	Fulfillment Channels	Tier 1 – Preferred Generics	Tier 2 – Preferred Brand - High Cost Generics (HCG)	Tier 3 – Non-preferred Medications	Specialty Medications*
University of California Berkeley	**Tang Center Pharmacy**	Copays Waived	$25	$40	$75
	Participating Retail	$10	$35	$50	$250 Copay or 20% (whichever is less)

*Specialty medications are marked with an "SP" symbol in the Notes column of the drug list. Specialty medications may be obtained at participating pharmacies that carry them. Note that for oral antineoplastic medications, a copay over $250 is not permissible per CA state law

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. Medications used in an inpatient setting are usually covered under the medical benefit. If a member has any specific questions regarding their coverage, they should contact the plan administrator HealthComp at 833.302.9785.

Utilization Management (UM) tools

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

1. Generic Substitution

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

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

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

2. Medication Synchronization (MedSync)

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

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3. Medication Request Process

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

A. Formulary Drugs

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

B. Non-Formulary Drug Exceptions

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

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

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

C. Obtaining Coverage

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

- Faxing a completed Medication Request Form to 858.790.7100.
- Contacting at 888.265.7884 and providing all necessary information requested.

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

For any and all requests, a notice to either the member or a designated representative will be made no later than 72 hours following the receipt of all non-urgent requests and 24 hours following the receipt of an urgent or exigent request. Approved coverage for non-urgent requests must provide coverage for the duration of the prescription including refills. Approved coverage for an urgent or

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exigent circumstance must provide coverage for the duration of the urgency or exigency. A denied claim may be appealed and additional information about appeal rights and procedures will be provided with coverage documents.

4. Step Therapy Process

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

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

5. Quantity Limits

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

6. General Items Not Covered on the Formulary

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

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

7. Pharmacist and Physician Communication

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

How to obtain a Prescription with Your Benefit

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

In the case of specialty drugs, all available specialty drugs may be filled at Kroger Specialty Pharmacy (KSP) or another network pharmacy unless the medication is under a limited distribution contract.

Formulary Changes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 1	QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 1	QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG (oxycodone myristate)	Tier 3	ST: Prior prescription for Hydrocodone Bitartrate, Xtampza ER, or Zohydro ER in the past 120 days; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (oxycodone myristate)	Tier 3	ST: Prior prescription for Hydrocodone Bitartrate, Xtampza ER, or Zohydro ER in the past 120 days; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (oxycodone myristate)	Tier 3	ST: Prior prescription for Hydrocodone Bitartrate, Xtampza ER, or Zohydro ER in the past 120 days; QL (8 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (hydrocodone bitartrate)	Tier 3	ST: Prior prescription for Hysingla ER, Morphine Sulfate, Nucynta ER, Oxycodone HCL, or Oxycontin within the past 120 days; QL (2 EA per 1 day)
Analgesic Opioid Codeine Combinations - Arthritis And Pain Drugs		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	Tier 1	Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 1	QL (1 EA per 7 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 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 (Allzital Oral Tablet 25-325 Mg)	Tier 3	ST: Prior prescription for Butalbital/Acetaminophen in the past 120 days
butalbital-acetaminophen oral capsule 50-300 mg	Tier 1	ST: Prior prescription for Butalbital/Acetaminophen in the past 120 days; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 25-325 mg	Tier 1	ST: Prior prescription for Butalbital/Acetaminophen in the past 120 days
butalbital-acetaminophen oral tablet 50-300 mg	Tier 1	ST: Prior prescription for Butalbital/Acetaminophen in the past 120 days; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	Tier 1	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	Tier 2	
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	Tier 1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	Tier 1	
butalbital/acetaminophen/caffeine (Fioricet Oral Capsule 50-300-40 Mg)	Tier 2	
butalbital/acetaminophen (Tencon Oral Tablet 50-325 Mg)	Tier 1	
butalbital/acetaminophen/caffeine (Zebutal Oral Capsule 50-325-40 Mg)	Tier 1	
Anti-Inflammatory - Interleukin-1 Beta Blockers - Arthritis And Pain Drugs		

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

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

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunomodulator B-Lymphocyte Stimulator (Blys)-Specific Inhibitor Mcab - Arthritis And Pain Drugs		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG (belimumab)	Tier 2	SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (belimumab)	Tier 3	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (belimumab)	Tier 3	PA; SP
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 And Topical Irritant Counter-Irritant Combinations - Arthritis And Pain Drugs		
COMFORT PAC-IBUPROFEN KIT 800 MG (ibuprofen/irritants counter-irritants combination no.2)	Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG (meloxicam/irritants counter-irritants combination no.2)	Tier 3	
COMFORT PAC-NAPROXEN KIT 500 MG (naproxen/irritant counter-irritant combination no.2)	Tier 3	
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 cartridge 15 mg/ml, 30 mg/ml	Tier 1	
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 cartridge 60 mg/2 ml	Tier 1	
ketorolac intramuscular solution 60 mg/2 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
READYSHARP KETOROLAC INJECTION KIT 15 MG/ML (ketorolac tromethamine)	Tier 3	
nabumetone (Relafen Oral Tablet 500 Mg, 750 Mg)	Tier 3	
sulindac oral tablet 150 mg, 200 mg	Tier 1	
tolmetin oral capsule 400 mg	Tier 1	
tolmetin oral tablet 200 mg, 600 mg	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML (ketorolac/norflurane and pentafluoropropane (HFC 245fa))	Tier 3	
TORONOVA SUIK KIT 30 MG/ML (ketorolac/norflurane and pentafluoropropane (HFC 245fa))	Tier 3	
Nsaid Analgesics (Cox Non-Specific) - Oxicam Derivatives - Arthritis And Pain Drugs		
meloxicam oral 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		
CALDOLOR INTRAVENOUS PIGGYBACK 800 MG/200 ML (4 MG/ML) (ibuprofen)	Tier 2	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML) (ibuprofen)	Tier 2	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (naproxen)	Tier 1	
fenoprofen oral tablet 600 mg	Tier 1	
flurbiprofen oral tablet 100 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	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	
INDOCIN RECTAL SUPPOSITORY 50 MG (indomethacin)	Tier 3	
indomethacin oral capsule 25 mg, 50 mg	Tier 1	
indomethacin oral capsule, extended release 75 mg	Tier 1	
etodolac (Lodine Oral Tablet 400 Mg)	Tier 3	
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)	Tier 0	
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 0	
ASPIRIN LOW DOSE ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ropivacaine-ketorolac-ketamine injection syringe 100-15-30 mg/50 ml	Tier 1	
Local Anesthetic-Sympathomimetic-Alpha 2 Agonist-Nsaid Combinations - Drugs For Sedation		
ropivacaine-epi-clonid-ketorol periarticular syringe 2.46-0.005- 0.0008-0.3mg/ml	Tier 1	
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
RECTIV RECTAL OINTMENT 0.4 % (W/W) (nitroglycerin)	Tier 2	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (hydrocortisone acetate)	Tier 1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Procto-Pak Topical Cream With Perineal Applicator 1 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
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 2 %-2 % (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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	Tier 1	
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		
Anticoagulant Reversal Agent For Direct Thrombin Inhibitors - Drugs For Overdose Or Poisoning		
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML (idarucizumab)	Tier 3	SP
Anticoagulant Reversal Agent For Factor Xa Inhibitors - Drugs For Overdose Or Poisoning		
ANDEXXA INTRAVENOUS RECON SOLN 100 MG, 200 MG (coagulation factor Xa,inactivated-zhzo (recombinant))	Tier 3	PA; SP
Antidote - Acetaminophen Poisoning - Drugs For Overdose Or Poisoning		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML (20 %) (acetylcysteine)	Tier 3	
acetylcysteine intravenous solution 200 mg/ml (20 %)	Tier 1	
Antidote - Anticholinesterase Agents - Drugs For Overdose Or Poisoning		
physostigmine salicylate injection solution 1 mg/ml	Tier 1	
Antidote - Cholinesterase Reactivating Agent - Drugs For Overdose Or Poisoning		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	
Antidote - Cholinesterase Reactivating Agent And Muscarinic Antagonist - Drugs For Overdose Or Poisoning		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (pralidoxime chloride/atropine sulfate)	Tier 3	
Antidote - Cyanide Poisoning - Drugs For Overdose Or Poisoning		
amyl nitrite inhalation solution 0.3 ml	Tier 1	
CYANOKIT INTRAVENOUS RECON SOLN 5 GRAM (hydroxocobalamin)	Tier 1	
NITHIODOTE INTRAVENOUS SOLUTION 300 MG/10 ML-12.5 GRAM/50 ML (sodium nitrite/sodium thiosulfate)	Tier 3	
sodium thiosulfate in water intravenous solution 12.5 gram/50 ml (250 mg/ml)	Tier 1	

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	Tier 1	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	Tier 1	
AUGMENTIN ORAL TABLET 875-125 MG (amoxicillin/potassium clavulanate)	Tier 3	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs For Parasites		
albendazole oral tablet 200 mg	Tier 1	
ALBENZA ORAL TABLET 200 MG (albendazole)	Tier 2	
EGATEN ORAL TABLET 250 MG (triclabendazole)	Tier 2	
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	Tier 2	PA
Anthelmintic Agents - Macrocyclic Lactones - Drugs For Parasites		
ivermectin oral tablet 3 mg	Tier 1	
Anthelmintic Agents Other - Drugs For Parasites		
BILTRICIDE ORAL TABLET 600 MG (praziquantel)	Tier 3	
ivermectin oral tablet 3 mg	Tier 1	
praziquantel oral tablet 600 mg	Tier 1	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	Tier 1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	
Antimalarials - Drugs For Parasites		
ARAKODA ORAL TABLET 100 MG (tafenoquine succinate)	Tier 3	
chloroquine phosphate oral tablet 250 mg	Tier 1	
chloroquine phosphate oral tablet 500 mg	Tier 1	
DARAPRIM ORAL TABLET 25 MG (pyrimethamine)	Tier 3	PA; SP
hydroxychloroquine oral tablet 200 mg	Tier 1	
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 1	PA; SP
quinine sulfate oral capsule 324 mg	Tier 1	
Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs For Parasites		
benznidazole oral tablet 100 mg, 12.5 mg	Tier 1	
Antiprotozoal Agents - Other - Drugs For Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (nitazoxanide)	Tier 2	
ALINIA ORAL TABLET 500 MG (nitazoxanide)	Tier 2	
atovaquone oral suspension 750 mg/5 ml	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (miltefosine)	Tier 2	
Antiprotozoal Agents (Antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs For Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (nitazoxanide)	Tier 2	
Antiprotozoal-Antibacterial 1St Generation 2-Methyl-5-Nitroimidazole - Drugs For Infections		
METRO I.V. INTRAVENOUS PIGGYBACK 500 MG/100 ML (metronidazole in sodium chloride)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	Tier 1	
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: At least 2 prior prescriptions for Cleocin Phosphate, Cleocin, Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Clindesse, Metronidazole, Noritate, Nuvessa, Tinidazole, or Vandazole in the past 365 days; 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 3	
Antiretroviral - Ccr5 Co-Receptor Antagonist - Drugs For Viral Infections		
SELZENTRY ORAL SOLUTION 20 MG/ML (maraviroc)	Tier 2	QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 150 MG, 75 MG (maraviroc)	Tier 2	QL (2 EA per 1 day)
SELZENTRY ORAL TABLET 25 MG, 300 MG (maraviroc)	Tier 2	QL (4 EA per 1 day)
Antiretroviral - Cd4 Attachment Inhibitors - Drugs For Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (fostemsavir tromethamine)	Tier 2	QL (2 EA per 1 day)
Antiretroviral - Hiv-1 Fusion Inhibitors - Drugs For Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (enfuvirtide)	Tier 2	ST: Prior prescription for Antiretrovirals in the past 120 days; QL (2 EA per 1 day)
Antiretroviral - Hiv-1 Integrase Strand Transfer Inhibitors - Drugs For Viral Infections		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS HD ORAL TABLET 600 MG (raltegravir potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG (raltegravir potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (raltegravir potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (raltegravir potassium)	Tier 2	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (dolutegravir sodium)	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (dolutegravir sodium)	Tier 2	QL (6 EA per 1 day)
Antiretroviral - Integrase Inhibitor And Nnrti Combinations - Drugs For Viral Infections		
JULUCA ORAL TABLET 50-25 MG (dolutegravir sodium/rilpivirine HCl)	Tier 3	
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 capsule 200 mg, 50 mg	Tier 1	
efavirenz oral tablet 600 mg	Tier 1	
INTELENCE ORAL TABLET 100 MG, 25 MG (etravirine)	Tier 2	QL (4 EA per 1 day)
INTELENCE ORAL TABLET 200 MG (etravirine)	Tier 2	QL (2 EA per 1 day)
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)
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (efavirenz)	Tier 3	
SUSTIVA ORAL TABLET 600 MG (efavirenz)	Tier 3	
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML (nevirapine)	Tier 3	QL (1200 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIRAMUNE ORAL TABLET 200 MG (nevirapine)	Tier 3	QL (2 EA per 1 day)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG (nevirapine)	Tier 3	QL (1 EA per 1 day)
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 200-25 MG (emtricitabine/tenofovir alafenamide fumarate)	Tier 2	QL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG (lamivudine/tenofovir disoproxil fumarate)	Tier 3	QL (1 EA per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (emtricitabine/tenofovir disoproxil fumarate)	Tier 2	QL (1 EA per 1 day)
TRUVADA ORAL TABLET 200-300 MG (emtricitabine/tenofovir disoproxil fumarate)	Tier 2	$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
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)
emtricitabine oral capsule 200 mg	Tier 1	$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	Tier 2	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)	Tier 2	QL (850 ML per 30 days)
EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)	Tier 3	QL (960 ML per 30 days)
EPIVIR ORAL TABLET 150 MG (lamivudine)	Tier 3	QL (2 EA per 1 day)
EPIVIR ORAL TABLET 300 MG (lamivudine)	Tier 3	QL (1 EA per 1 day)
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)

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIRTURO ORAL TABLET 100 MG, 20 MG (bedaquiline fumarate)	Tier 2	PA; SP
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
isoniazid injection solution 100 mg/ml	Tier 1	
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 2	
rifabutin oral capsule 150 mg	Tier 1	
rifampin intravenous recon soln 600 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	
Antitubercular Combinations - Antibiotics		
RIFATER ORAL TABLET 50-120-300 MG (rifampin/isoniazid/pyrazinamide)	Tier 3	
Carbapenem Antibiotic Combinations - Antibiotics		
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	Tier 1	
RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM (imipenem/cilastatin sodium/relebactam)	Tier 3	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM (meropenem/vaborbactam)	Tier 3	
Carbapenem Antibiotics (Thienamycins) - Antibiotics		
ertapenem injection recon soln 1 gram	Tier 1	
INVANZ INJECTION RECON SOLN 1 GRAM (ertapenem sodium)	Tier 2	
meropenem intravenous recon soln 1 gram, 500 mg	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM (cefotetan disodium)	Tier 3	
cefotetan in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 1	
cefotetan injection recon soln 1 gram, 2 gram	Tier 1	
cefotetan intravenous recon soln 10 gram	Tier 1	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	Tier 1	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	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	
cefuroxime sodium injection recon soln 750 mg	Tier 1	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	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	
cefditoren pivoxil oral tablet 200 mg, 400 mg	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
cefotaxime injection recon soln 1 gram	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	

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HARVONI ORAL TABLET 45-200 MG (ledipasvir/sofosbuvir)	Tier 2	PA; SP
ledipasvir-sofosbuvir oral tablet 90-400 mg	Tier 1	PA; SP
sofosbuvir-velpatasvir oral tablet 400-100 mg	Tier 1	PA; SP
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	
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg	Tier 1	
acyclovir sodium intravenous solution 50 mg/ml	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)
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) (peramivir/PF)	Tier 2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (zanamivir)	Tier 2	QL (40 EA per 180 days)
TAMIFLU ORAL CAPSULE 30 MG (oseltamivir phosphate)	Tier 3	QL (40 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG (oseltamivir phosphate)	Tier 3	QL (20 EA per 180 days)
oseltamivir phosphate (Tamiflu Oral Capsule 75 Mg)	Tier 3	QL (20 EA per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (oseltamivir phosphate)	Tier 3	QL (360 ML per 180 days)
Influenza Antiviral Agents - Pa Endonuclease Inhibitor - Drugs For Viral Infections		
XOFLUZA ORAL TABLET 20 MG, 40 MG (baloxavir marboxil)	Tier 3	QL (4 EA per 180 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Influenza-A Antiviral Agents - Drugs For Viral Infections		
rimantadine oral tablet 100 mg	Tier 1	
Lincosamide Antibiotics - Antibiotics		
CLEOCIN INJECTION SOLUTION 150 MG/ML (clindamycin phosphate)	Tier 3	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 1	
clindamycin in 0.9 % sod chlor intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	Tier 3	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	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	
clindamycin phosphate injection solution 150 mg/ml	Tier 1	
lincomycin injection solution 300 mg/ml	Tier 1	
Lipoglycopeptide Antibiotics - Antibiotics		
DALVANCE INTRAVENOUS SOLUTION 500 MG (dalbavancin HCl)	Tier 2	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG (oritavancin diphosphate)	Tier 2	
VIBATIV INTRAVENOUS RECON SOLN 750 MG (telavancin HCl)	Tier 2	
Macrolide Antibiotics - Antibiotics		
azithromycin intravenous recon soln 500 mg	Tier 1	
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	

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

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
atazanavir oral capsule 300 mg	Tier 1	QL (1 EA per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG (indinavir sulfate)	Tier 2	
fosamprenavir oral tablet 700 mg	Tier 1	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG (saquinavir mesylate)	Tier 2	QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML (fosamprenavir calcium)	Tier 3	QL (1800 ML per 30 days)
LEXIVA ORAL TABLET 700 MG (fosamprenavir calcium)	Tier 3	QL (4 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG (ritonavir)	Tier 3	QL (12 EA per 1 day)
NORVIR ORAL SOLUTION 80 MG/ML (ritonavir)	Tier 3	QL (480 ML per 30 days)
NORVIR ORAL TABLET 100 MG (ritonavir)	Tier 3	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG (atazanavir sulfate)	Tier 3	QL (5 EA per 1 day)
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	PA
rifabutin oral capsule 150 mg	Tier 1	
Streptogramin Antibiotics - Antibiotics		
SYNERCID INTRAVENOUS RECON SOLN 500 MG (quinupristin/dalfopristin)	Tier 2	
Sulfonamide Antibiotic - Antibiotics		
sulfadiazine oral tablet 500 mg	Tier 1	
Tetracycline Antibiotics - Antibiotics		
doxycycline monohydrate (Avidoxy Oral Tablet 100 Mg)	Tier 2	QL (2 EA per 1 day)
demeclocycline oral tablet 150 mg, 300 mg	Tier 1	
doxycycline hyclate (Doxy-100 Intravenous Recon Soln 100 Mg)	Tier 1	
doxycycline hyclate intravenous recon soln 100 mg	Tier 1	

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML (doxycycline monohydrate)	Tier 3	
XERAVA INTRAVENOUS RECON SOLN 50 MG (eravacycline di-hydrochloride)	Tier 3	
Antineoplastics - Drugs For Cancer		
Anp - Human Vascular Endothelial Growth Factor Inhib Rec-Mc Antibody - Drugs For Cancer		
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML (bevacizumab)	Tier 2	PA; SP
MVASI INTRAVENOUS SOLUTION 25 MG/ML (bevacizumab-awwb)	Tier 2	PA; SP
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML (bevacizumab-bvzr)	Tier 2	PA; SP
Antineoplasic-Epiderm.Growth Factor-Egfr (Erbb1),Her-2 (Erbb2)R.Inhib - Drugs For Cancer		
TYKERB ORAL TABLET 250 MG (lapatinib ditosylate)	Tier 2	PA; SP; Och
Antineoplastic - Cyp17 (17 Alpha-Hydroxylase/C17,20-Lyase) Inhibitor - Drugs For Cancer		
YONSA ORAL TABLET 125 MG (abiraterone acetate, submicronized)	Tier 2	PA; SP; Och
Antineoplastic - 1St Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
erlotinib oral tablet 100 mg	Tier 1	PA; Och
erlotinib oral tablet 150 mg, 25 mg	Tier 1	PA; SP; Och
IRESSA ORAL TABLET 250 MG (gefitinib)	Tier 2	PA; SP; Och
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (erlotinib HCl)	Tier 3	PA; SP; Och
Antineoplastic - 2Nd Generation Egfr Tyrosine Kinase Inhibitor - Drugs For Cancer		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)	Tier 2	PA; SP; Och
NERLYNX ORAL TABLET 40 MG (neratinib maleate)	Tier 3	PA; SP; Och; QL (6 EA per 1 day)

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

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

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

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

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

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

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Janus Kinase(Jak),Fms-Like Tyrosine Kinase(Flt) Inhib - Drugs For Cancer		
INREBIC ORAL CAPSULE 100 MG (fedratinib dihydrochloride)	Tier 3	PA; SP; 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 3	PA; SP; Och
Antineoplastic - Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Cancer		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (leuprolide acetate)	Tier 2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (leuprolide acetate)	Tier 2	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (leuprolide acetate)	Tier 2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (leuprolide acetate)	Tier 2	PA; SP
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 1	PA; SP
leuprolide subcutaneous solution 1 mg/0.2 ml	Tier 1	PA; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG (leuprolide acetate)	Tier 3	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (leuprolide acetate)	Tier 3	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (leuprolide acetate)	Tier 3	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (leuprolide acetate)	Tier 3	PA; SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG (triptorelin pamoate)	Tier 3	PA; SP
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY) (histrelin acetate)	Tier 2	PA; SP

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg	Tier 1	PA; SP; Och; QL (1 EA per 1 day)
everolimus (antineoplastic) oral tablet 7.5 mg	Tier 1	PA; SP; Och; QL (2 EA per 1 day)
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)	Tier 1	PA; SP
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST) (temsirolimus)	Tier 2	PA; SP
Antineoplastic - Multikinase Inhibitors - Drugs For Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)	Tier 2	PA; SP; Och
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (cabozantinib s-malate)	Tier 2	PA; SP; Och; QL (112 EA per 28 days)
ICLUSIG ORAL TABLET 15 MG (ponatinib HCl)	Tier 2	PA; SP; Och; QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 45 MG (ponatinib HCl)	Tier 2	PA; SP; Och; QL (1 EA per 1 day)
NEXAVAR ORAL TABLET 200 MG (sorafenib tosylate)	Tier 2	PA; SP; Och; QL (4 EA per 1 day)
STIVARGA ORAL TABLET 40 MG (regorafenib)	Tier 2	PA; SP; Och; QL (3 EA per 1 day)
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (Midh1) Inhibitors - Drugs For Cancer		
TIBSOVO ORAL TABLET 250 MG (ivosidenib)	Tier 3	PA; SP; Och
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (Midh2) Inhibitors - Drugs For Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)	Tier 3	PA; SP; Och; QL (1 EA per 1 day)
Antineoplastic - Pan-Class I Pi3k Inhibitors - Drugs For Cancer		
ALIQOPA INTRAVENOUS RECON SOLN 60 MG (copanlisib di-HCl)	Tier 3	PA; SP
Antineoplastic - Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors - Drugs For Cancer		
ALIQOPA INTRAVENOUS RECON SOLN 60 MG (copanlisib di-HCl)	Tier 3	PA; SP

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

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

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML (epirubicin HCl)	Tier 3	SP
epirubicin intravenous recon soln 200 mg, 50 mg	Tier 1	SP
epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml	Tier 1	SP
idarubicin intravenous solution 1 mg/ml	Tier 1	SP
mitoxantrone intravenous concentrate 2 mg/ml	Tier 1	PA; SP
Antineoplastic Antibiotic - Others - Drugs For Cancer		
bleomycin injection recon soln 15 unit, 30 unit	Tier 1	SP
JELMYTO INTRA-PYELOCALYCEAL RECON SOLN 40 MG (mitomycin)	Tier 3	SP
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	Tier 1	SP
mitomycin (Mutamycin Intravenous Recon Soln 20 Mg, 40 Mg, 5 Mg)	Tier 1	SP
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM (streptozocin)	Tier 2	SP
Antineoplastic -Cephalotaxines - Drugs For Cancer		
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG (omacetaxine mepesuccinate)	Tier 2	PA; SP
Antineoplastic-Alkylating Agent-Tetrahydroisoquinoline And Derivatives - Drugs For Cancer		
YONDELIS INTRAVENOUS RECON SOLN 1 MG (trabectedin)	Tier 2	PA; SP
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG (lurbinectedin)	Tier 3	PA; SP
Antineoplastic-Anti-Programmed Cell Death Ligand-1 (Pd-L1) Mc Antib. - Drugs For Cancer		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML (avelumab)	Tier 3	PA; SP
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML (durvalumab)	Tier 3	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML) (atezolizumab)	Tier 2	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ML) (atezolizumab)	Tier 3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-Anti-Programmed Cell Death Receptor-1 (Pd-1) Mc Antib. - Drugs For Cancer		
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML (pembrolizumab)	Tier 2	PA; SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML (nivolumab)	Tier 2	PA; SP
Antineoplastic-Bcma Directed Antibody-Microtubule Inhibitor Conjugate - Drugs For Cancer		
BLENREP INTRAVENOUS RECON SOLN 100 MG (belantamab mafodotin-blmf)	Tier 3	PA; SP
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 3	PA; SP
Antineoplastic-Cd30 Directed Antibody-Microtubule Disrupting Conjugate - Drugs For Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (brentuximab vedotin)	Tier 2	PA; SP
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 3	PA; SP
Antineoplastic-Cd79b Direct Antibody-Microtubule Disrupting Conjugate - Drugs For Cancer		
POLIVY INTRAVENOUS RECON SOLN 140 MG (polatuzumab vedotin-piiq)	Tier 3	PA; SP
Antineoplastic-Her2 Targeted Antibody-Microtubule Inhibitor Conjugate - Drugs For Cancer		
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (ado-trastuzumab emtansine)	Tier 2	PA; SP
Antineoplastic-Her2 Targeted Antibody-Topoisomerase I Inhib Conjugate - Drugs For Cancer		
ENHERTU INTRAVENOUS RECON SOLN 100 MG (fam-trastuzumab deruxtecan-nxki)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-Nectin-4 Targeted Antibody-Microtubule Inhib Conjugate - Drugs For Cancer		
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (enfortumab vedotin-ejfv)	Tier 3	PA; SP
Antineoplastic-Pyrimidine Analog And Cytidine Deaminase Inhibitor Comb - Drugs For Cancer		
INQOVI ORAL TABLET 35-100 MG (decitabine/cedazuridine)	Tier 2	PA; SP; Och
Antineoplastic-Trop2 Directed Antibody-Topoisomerase I Inhib Conjugate - Drugs For Cancer		
TRODELVY INTRAVENOUS RECON SOLN 180 MG (sacituzumab govitecan-hziy)	Tier 3	PA; SP
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 2	PA; SP
Bispecific Cd19-Directed Cd3 T-Cell Engager, Monoclonal Antibody - Drugs For Cancer		
BLINCYTO INTRAVENOUS KIT 35 MCG (blinatumomab)	Tier 2	PA; SP
BLINCYTO INTRAVENOUS RECON SOLN 35 MCG (blinatumomab)	Tier 3	PA; SP
Cardiac Protective Agents Used In Conjunction With Chemotherapy - Drugs For Cancer		
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg	Tier 1	
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 2	PA; SP
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 2	PA; SP
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML) (necitumumab)	Tier 3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) (panitumumab)	Tier 2	PA; SP
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 2	PA; SP
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG (trastuzumab)	Tier 3	PA; SP
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG (trastuzumab-pkrb)	Tier 3	PA; SP
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG (trastuzumab-anns)	Tier 2	PA; SP
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG (trastuzumab-dkst)	Tier 3	PA; SP
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG (trastuzumab-dttb)	Tier 3	PA; SP
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML (pertuzumab-trastuzumab-hyaluronidase-zzxf)	Tier 3	PA; SP
TRAZIMERA INTRAVENOUS RECON SOLN 420 MG (trastuzumab-qyyp)	Tier 2	PA; SP
Fluorouracil And Related Rescue Agents - Drugs For Cancer		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (uridine triacetate)	Tier 2	SP; Och; QL (24 EA per 14 days)
Methotrexate Rescue Agents - Carboxypeptidase G2 Type - Drugs For Cancer		
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (glucarpidase)	Tier 2	SP
Methotrexate Rescue Agents - Drugs For Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG (levoleucovorin)	Tier 3	SP
leucovorin calcium oral tablet 15 mg	Tier 1	Och
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (glucarpidase)	Tier 2	SP
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs For Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG, 300 MG (levoleucovorin)	Tier 3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
leucovorin calcium injection recon soln 100 mg, 50 mg	Tier 1	
leucovorin calcium injection recon soln 200 mg, 350 mg, 500 mg	Tier 1	
leucovorin calcium injection solution 10 mg/ml	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 1	SP
levoleucovorin calcium intravenous solution 10 mg/ml	Tier 1	SP
Tissue Protective Agents For Tx Of Cancer Chemotherapy Extravasation - Drugs For Cancer		
TOTECT INTRAVENOUS RECON SOLN 500 MG (dexrazoxane HCl)	Tier 3	
Urinary Tract Protective Agents Used In Conjunction With Chemotherapy - Drugs For Cancer		
ETHYOL INTRAVENOUS RECON SOLN 500 MG (amifostine crystalline)	Tier 3	
mesna intravenous solution 100 mg/ml	Tier 1	
MESNEX ORAL TABLET 400 MG (mesna)	Tier 2	Och
Antiseptics And Disinfectants - Antiseptics And Disinfectants		
Antiseptic - Chlorine Releasing - Antiseptics And Disinfectants		
HYCLODEX TOPICAL SPRAY,NON-AEROSOL 0.012 %-0.002 % -0.046 % (hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water)	Tier 3	
Antiseptic - Iodine/Iodophores - Antiseptics And Disinfectants		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (cadexomer iodine)	Tier 3	
IODOSORB TOPICAL GEL 0.9 % (cadexomer iodine)	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 % (iodine/potassium iodide)	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (iodine/potassium iodide)	Tier 1	
Antiseptic - Others - Antiseptics And Disinfectants		
glutaraldehyde solution 25 %	Tier 1	
Antiseptic - Oxidizing Agents - Antiseptics And Disinfectants		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrogen peroxide solution 3 %	Tier 1	
Antiseptic - Phenol Derivatives - Antiseptics And Disinfectants		
phenol liquid	Tier 3	
Biologicals - Biological Agents		
Allergenic Extracts - Hymenoptera Venom Derived - Biological Agents		
aller ex-venom-mix vespid prot subcutaneous recon soln 3,900 mcg	Tier 1	
aller ex-venom-wht hornet prot injection recon soln 550 mcg	Tier 1	
Antiviral Monoclonal Antibodies - Biological Agents		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (palivizumab)	Tier 2	PA; SP
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (Rsv) - Drugs For Viral Infections		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (palivizumab)	Tier 2	PA; SP
Gene Therapy Agents - Smn Protein Deficiency - Biological Agents		
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML (onasemnogene abeparvovec-xioi)	Tier 3	PA; SP
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)	Tier 0	QL (4 ML per 365 days)
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML (hepatitis A virus vaccine/PF)	Tier 0	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (hepatitis A virus vaccine/PF)	Tier 0	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML (hepatitis A virus vaccine/PF)	Tier 0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML (hepatitis A virus vaccine/PF)	Tier 0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (hepatitis A virus vaccine/PF)	Tier 0	QL (2 ML per 365 days); Age (Min 18 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML (hepatitis A virus vaccine/PF)	Tier 0	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (hepatitis A virus vaccine/PF)	Tier 0	QL (2 ML per 365 days); Age (Min 18 Years)
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (hepatitis B virus vaccine recombinant/PF)	Tier 0	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (hepatitis B virus vaccine recombinant/PF)	Tier 0	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (hepatitis B virus vaccine recombinant/PF)	Tier 0	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (hepatitis B vaccine recombinant/vaccine adjuvant CpG 1018/PF)	Tier 0	QL (1 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML (hepatitis B virus vaccine recombinant/PF)	Tier 0	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (hepatitis B virus vaccine recombinant/PF)	Tier 0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML (hepatitis B virus vaccine recombinant/PF)	Tier 0	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (hepatitis B virus vaccine recombinant/PF)	Tier 0	
Immune Globulin - Botulinum Neurotoxin A/B, Human - Biological Agents		
BABYBIG INTRAVENOUS RECON SOLN 100 MG (botulism immune globulin, human)	Tier 3	
Immune Globulin - Cytomegalovirus (Cmv) - Biological Agents		
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML (cytomegalovirus immune globulin (human))	Tier 2	SP
Immune Globulin - Gamma Globulin (Igg), Human - Biological Agents		
BIVIGAM INTRAVENOUS SOLUTION 10 % (immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL)	Tier 2	SP
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (immune globulin,gamma(IgG)-hipp human/maltose)	Tier 3	PA; SP

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 3	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 % (immune globulin,gamma (IgG)/sorbitol/IgA 0 to 50 mcg/mL)	Tier 3	PA; SP
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (immune globulin,gamma(IgG)/glycine)	Tier 2	SP
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE (immune globulin,gamma(IgG)/glycine)	Tier 2	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (immune globulin,gamm(IgG)/glycine/IgA greater than 50 mcg/mL)	Tier 2	PA; SP
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 2	PA; SP
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 2	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % (immune globulin,gamm(IgG)/sorbitol/glycin/IgA 0 to 50 mcg/mL)	Tier 3	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 % (immune globulin,gamma (IgG)/glycine/IgA 0 to 50 mcg/mL)	Tier 3	PA; SP
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 %), 5 GRAM/50 ML (10 %) (immune globulin,gamma(IgG)/glycine/IgA average 46 mcg/mL)	Tier 2	PA; SP
GAMUNEX-C INJECTION SOLUTION 40 GRAM/400 ML (10 %) (immune globulin,gamma(IgG)/glycine/IgA average 46 mcg/mL)	Tier 2	SP
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 2	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (immune globulin,gamma (IgG)/proline/IgA 0 to 50 mcg/mL)	Tier 2	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	PA; SP
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 3	PA; SP
PANZYGA INTRAVENOUS SOLUTION 10 % (immune globulin,gamma(IgG)-ifas human/glycine)	Tier 3	PA; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 % (immune globulin,gamma (IgG)/proline/IgA 0 to 50 mcg/mL)	Tier 2	PA; SP
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 3	PA; SP
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 2	
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML) (hepatitis B immune globulin)	Tier 2	
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML (hepatitis B immune globulin)	Tier 2	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML (hepatitis B immune globulin)	Tier 2	
Immune Globulin - Rabies - Biological Agents		
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML (rabies immune globulin/PF)	Tier 3	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (rabies immune globulin/PF)	Tier 2	
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (rabies immune globulin/PF)	Tier 2	
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (rabies immune globulin/PF)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	
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, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML (Rho(D) immune globulin/maltose)	Tier 3	SP
Immune Globulin - Tetanus - Biological Agents		
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE 250 UNIT (tetanus immune globulin/PF)	Tier 2	
Immune Globulin - Varicella-Zoster - Biological Agents		
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML (varicella-zoster immune globulin/maltose)	Tier 2	
Immune Serums - Biological Agents		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (lymphocyte immune globulin,antithymocyte (equine))	Tier 2	SP
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG (anti-thymocyte globulin,rabbit)	Tier 2	SP
Immune Serums - Botulinum Antitoxins - Biological Agents		
botulism antitoxin heptavalent intravenous solution 4,500-3,300 unit	Tier 1	
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	
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML (talimogene laherparepvec)	Tier 3	PA; SP
ROTATEQ VACCINE ORAL SOLUTION 2 ML (rotavirus vaccine, live oral pentavalent)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML (yellow fever vaccine live/PF)	Tier 0	
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)	Tier 0	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)	Tier 0	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (typhoid vacc,live,attenuated)	Tier 0	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML (yellow fever vaccine live/PF)	Tier 0	
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)	Tier 0	QL (0.5 ML per 365 days)
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)	Tier 0	QL (0.5 ML per 365 days)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (diphtheria,pertussis(acellular),tetanus vaccine)	Tier 0	QL (0.5 ML per 365 days)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (diphtheria,pertussis(acellular),tetanus vaccine)	Tier 0	QL (0.5 ML per 365 days)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (diphtheria, pertussis (acell), tetanus pediatric vaccine/PF)	Tier 2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML (diphtheria, pertussis (acell), tetanus pediatric vaccine/PF)	Tier 2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (diphtheria, pertussis (acell), tetanus pediatric vaccine/PF)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (hep B virus,rcmb/dipth,pertus(acell),tet,polio vaccine/PF)	Tier 2	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML (diphtheria,pertussis(acell),tetanus,polio/Haemophilus B/PF)	Tier 2	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 62 DU/0.5 ML (diphther,pertus(acel),tetanus,polio vacc,component 1 of 2/PF)	Tier 2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (diphtheria, pertussis(acell),tetanus,polio vaccine/PF)	Tier 2	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus and diphtheria toxoids, adult)	Tier 0	QL (0.5 ML per 365 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (tetanus and diphtheria toxoids, adsorbed, adult/PF)	Tier 0	QL (0.5 ML per 365 days)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (tetanus and diphtheria toxoids, adsorbed, adult/PF)	Tier 0	QL (0.5 ML per 365 days)
tetanus,diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml	Tier 2	
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (Haemophilus b conjugate vaccine(tetanus toxoid conjugate)/PF)	Tier 2	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (Haemophilus b conjugate vaccine(tetanus toxoid conjugate)/PF)	Tier 2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (Haemophilus b conjugate vaccine (meningococcal prot.conj)/PF)	Tier 2	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (Haemophilus B polysacc conj-tetanus tox,component 2 of 2/PF)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML (typhoid vaccine VI capsular polysaccharide)	Tier 0	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (typhoid vaccine VI capsular polysaccharide)	Tier 0	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (typhoid vacc,live,attenuated)	Tier 0	
Vaccine Bacterial - Gram Negative Cocci - Vaccines		
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML (meningococcalvaccine A,C,Y,W-135,diphtheria toxoid conj/PF)	Tier 0	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (meningococcalvaccine A,C,Y,W-135,diphtheria toxoid conj/PF)	Tier 0	QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO MENA COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG /0.5 ML (FINAL) (meningococcal A diphtheria-conj vaccine component 1 of 2/PF)	Tier 3	
MENVEO MENCYW-135 COMPNT (PF) INTRAMUSCULAR RECON SOLN 5 MCG X 3/ 0.5 ML (FINAL) (meningococcal C,Y,W-135,dip-conj vaccine component 2 of 2/PF)	Tier 3	
Vaccine Bacterial - Gram Positive Cocci - Vaccines		
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML (pneumococcal 23-valent polysaccharide vaccine)	Tier 0	$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (pneumococcal 23-valent polysaccharide vaccine)	Tier 0	$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (pneumococcal 13-valent conjugate vaccine (Diphtheria crm)/PF)	Tier 0	
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (meningococcal group B vaccine, 4-component)	Tier 0	QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (Neisseria meningitidis group B, lipidated fHBP recombinant)	Tier 0	QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Bacterial - Other - Vaccines		
bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg	Tier 2	
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE (anthrax vaccine)	Tier 2	
VAXCHORA ACTIVE COMPONENT ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)	Tier 0	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (cholera vaccine, live)	Tier 0	
Vaccine Mixed Combinations (Bacterial And Viral) - Vaccines		
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML (diphtheria,pertussis(acell),tetanus,polio/Haemophilus B/PF)	Tier 2	
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 - Human Papillomavirus (Hpv) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (human papillomavirus vaccine, 9-valent/PF)	Tier 0	QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (human papillomavirus vaccine, 9-valent/PF)	Tier 0	QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
Vaccine Viral - Influenza A And B - Vaccines		
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2020-21 (36 mos up)/PF)	Tier 0	QL (0.5 ML per 180 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFLURIA QD 2020-21(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML (influenza virus vaccine quadrival 2020-21 (6 mos-35 mos)/PF)	Tier 0	QL (0.25 ML per 180 days)
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2020-21 (6 mos and up))	Tier 0	QL (0.5 ML per 180 days)
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (influenza vaccine tvs 2020-21 (65 yr up)/adjuvant MF59C.1/PF)	Tier 0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza vaccine quadrivalent 2020-21 (65 yr up)/MF59C.1/PF)	Tier 0	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrival 2020-2021(6 mos and up)/PF)	Tier 0	QL (0.5 ML per 180 days)
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (influenza virus vaccine qv 2020-21(18 yrs and older)rcmb/PF)	Tier 0	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (flu vaccine quad 2020-2021(4 years and older)cell derived/PF)	Tier 0	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (flu vaccine quadriv 2020-2021(4 years and older)cell derived)	Tier 0	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrival 2020-2021(6 mos and up)/PF)	Tier 0	QL (0.5 ML per 180 days)
FLUMIST QUAD 2020-2021 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (influenza vaccine quadrivalent live 2020-2021 (2 yrs-49 yrs))	Tier 0	QL (1 EA per 180 days)
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML (influenza virus vaccine quadrival split 2020-21(65 yr up)/PF)	Tier 0	QL (0.7 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrival 2020-2021(6 mos and up)/PF)	Tier 0	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrival 2020-2021(6 mos and up)/PF)	Tier 0	QL (0.5 ML per 180 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (influenza virus vaccine quadrivalent 2020-21 (6 mos and up))	Tier 0	QL (0.5 ML per 180 days)
Vaccine Viral - Japanese Encephalitis - Vaccines		
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML (Japanese encephalitis vaccine/PF)	Tier 0	
Vaccine Viral - Poliomyelitis - Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (poliomyelitis vaccine, killed)	Tier 2	
Vaccine Viral - Rabies - Vaccines		
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT (rabies vaccine, human diploid cell/PF)	Tier 0	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT (rabies vaccine, purified chicken embryo cell (PCEC)/PF)	Tier 0	
Vaccine Viral - Varicella - Vaccines		
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (varicella-zoster virus glycoprotein E,rec/AS01B adjuvant/PF)	Tier 0	QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG (varicella-zoster virus glycoprotein E,rec,component 2 of 2)	Tier 0	QL (2 EA per 365 days); Age (Min 50 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (varicella virus vaccine live/PF)	Tier 0	QL (2 EA per 365 days)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML (zoster vaccine live/PF)	Tier 0	QL (1 EA per 365 days); Age (Min 60 Years)
Vaccine Viral Combinations - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (measles, mumps, and rubella vaccine live/PF)	Tier 0	QL (2 EA per 365 days)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (measles, mumps, rubella, and varicella vaccine live/PF)	Tier 0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arginine/amlodipine besylate)	Tier 3	ST: At least 2 prior prescriptions for Amlodipine Besylate, Amlodipine Besylate/benazepril, or Perindopril Erbumine in the past 120 days
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 1	
Ace Inhibitor And Diuretic Combinations - Drugs For High Blood Pressure		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
Ace Inhibitors - Drugs For High Blood Pressure		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
enalaprilat intravenous solution 1.25 mg/ml	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
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	
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 intravenous solution 5 mg/ml	Tier 1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	Tier 1	
labetalol intravenous syringe 25 mg/5 ml (5 mg/ml)	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	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 365 days
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	
Angiotensin Ii Receptor Blocker (Arb)-Calcium Channel Blocker-Diuretic - Drugs For High Blood Pressure		
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 365 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
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	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (valsartan/hydrochlorothiazide)	Tier 3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan medoxomil/chlorthalidone)	Tier 2	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
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	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 365 days
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	
Angiotensin Ii Receptor Blockers (Arbs) - Drugs For High Blood Pressure		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (valsartan)	Tier 3	
EDARBI ORAL TABLET 40 MG, 80 MG (azilsartan medoxomil)	Tier 2	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
eprosartan oral tablet 600 mg	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 365 days
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	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs For Angina		
amyl nitrite inhalation solution 0.3 ml	Tier 1	
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG (isosorbide dinitrate)	Tier 2	ST: Prior prescription for Dilatrate-SR, Isordil, Isosorbide Dinitrate, or Isosorbide Mononitrate in the past 120 days
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
isosorbide dinitrate oral tablet extended release 40 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 (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	Tier 1	
nitroglycerin (Nitro-Bid Transdermal Ointment 2 %)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (nitroglycerin)	Tier 3	
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)	Tier 1	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)	Tier 1	
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	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY (nitroglycerin)	Tier 3	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY (nitroglycerin)	Tier 3	
nitroglycerin (Nitro-Time Oral Capsule, Extended Release 2.5 Mg, 6.5 Mg, 9 Mg)	Tier 1	
Antianginal And Anti-Ischemic Agents, Non-Hemodynamic - Drugs For Angina		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG (ranolazine)	Tier 3	QL (60 EA per 30 days)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 500 MG (ranolazine)	Tier 3	QL (120 EA per 30 days)
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 3	ST: Prior prescription for Disopyramide Phosphate in the past 120 days
procainamide injection solution 100 mg/ml, 500 mg/ml	Tier 1	
procainamide intravenous syringe 100 mg/ml	Tier 1	
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	Tier 1	
lidocaine in nacl,iso-osmo(pf) injection syringe 100 mg/10 ml (1 %)	Tier 1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Tier 1	
phenytoin sodium intravenous solution 50 mg/ml	Tier 1	
phenytoin sodium intravenous syringe 50 mg/ml	Tier 1	
Antiarrhythmic - Class Ic - Drugs For Abnormal Heart Rhythms		
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		
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) (esmolol HCl in sodium chloride, iso-osmotic)	Tier 3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML) (esmolol HCl)	Tier 3	
esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)	Tier 1	
esmolol in sterile water intravenous parenteral solution 2,000 mg/100 ml (20 mg/ml), 2,500 mg/250 ml (10 mg/ml)	Tier 1	
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	Tier 1	
esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)	Tier 1	
sotalol HCl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 1	
sotalol HCl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol intravenous solution 150 mg/10 ml (15 mg/ml)	Tier 2	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol HCl)	Tier 2	QL: 8 BOTTLES IN 30 DAYS; ST: Prior prescription for Sotalol HCL in the past 120 days
Antiarrhythmic - Class Iii - Drugs For Abnormal Heart Rhythms		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amiodarone in dextrose 5 % intravenous solution 150 mg/100 ml (1.5 mg/ml), 450 mg/250 ml (1.8 mg/ml), 900 mg/500 ml (1.8 mg/ml)	Tier 1	
amiodarone intravenous solution 50 mg/ml	Tier 1	
amiodarone intravenous syringe 150 mg/3 ml	Tier 1	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	Tier 1	
bretylium tosylate injection solution 50 mg/ml	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 1	
ibutilide fumarate intravenous solution 0.1 mg/ml	Tier 1	
MULTAQ ORAL TABLET 400 MG (dronedarone HCl)	Tier 3	ST: Prior prescription for Amiodarone HCL, Dofetilide, Flecainide Acetate, Propafenone HCL, or Sotalol HCL in the past 120 days
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML) (amiodarone in dextrose, iso-osmotic)	Tier 2	
amiodarone HCl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
Antiarrhythmic - Class Iv - Drugs For Abnormal Heart Rhythms		
diltiazem hcl intravenous recon soln 100 mg	Tier 1	
diltiazem hcl intravenous solution 5 mg/ml	Tier 1	
verapamil intravenous solution 2.5 mg/ml	Tier 1	
verapamil intravenous syringe 2.5 mg/ml	Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
Antiarrhythmic Others - Drugs For Abnormal Heart Rhythms		
adenosine intravenous solution 3 mg/ml	Tier 1	
adenosine intravenous syringe 3 mg/ml	Tier 1	
Antihyperlipidemic - Atp-Citrate Lyase (Acly) Inhibitor - Drugs For Cholesterol		
NEXLETOL ORAL TABLET 180 MG (bempedoic acid)	Tier 2	PA
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cholestyramine/aspartame (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
cholestyramine/aspartame (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
colesevelam oral tablet 625 mg	Tier 1	
colestipol oral granules 5 gram	Tier 1	
colestipol oral packet 5 gram	Tier 1	
colestipol oral tablet 1 gram	Tier 1	
cholestyramine/aspartame (Prevalite Oral Powder 4 Gram)	Tier 1	
cholestyramine/aspartame (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
cholestyramine/aspartame (Questran Light Oral Powder 4 Gram)	Tier 3	
cholestyramine (with sugar) (Questran Oral Powder 4 Gram)	Tier 3	
cholestyramine (with sugar) (Questran Oral Powder In Packet 4 Gram)	Tier 3	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs For Cholesterol		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Tier 1	
fenofibrate oral capsule 150 mg, 50 mg	Tier 1	ST: Prior prescription for Antara, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, or Triglide in the past 120 days
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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
atorvastatin oral tablet 10 mg, 20 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin oral tablet 40 mg, 80 mg	Tier 1	QL (1 EA per 1 day)
fluvastatin oral capsule 20 mg, 40 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Altoprev, Atorvastatin Calcium, Flolipid, Lovastatin, Pravastatin Sodium, or Simvastatin in the past 365 days; QL (2 EA per 1 day)
fluvastatin oral tablet extended release 24 hr 80 mg	Tier 1	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Atorvastatin Calcium, Ezallor Sprinkle, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in the past 365 days; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	Tier 3	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; ST: At least 2 prior prescriptions for Atorvastatin Calcium, Ezallor Sprinkle, Lovastatin, Pravastatin Sodium, Rosuvastatin Calcium, or Simvastatin in the past 365 days
lovastatin oral tablet 10 mg, 20 mg, 40 mg	Tier 1	$0 COPAY IF 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	Tier 1	$0 COPAY IF 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	Tier 1	$0 COPAY IF 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	Tier 1	$0 COPAY IF 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	ST: Prior prescription for Ezetimibe/simvastatin in the past 365 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs For Cholesterol		
niacin oral tablet 500 mg	Tier 1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs For Cholesterol		
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	Tier 2	ST: Prior prescription for Atorvastatin Calcium, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, Lovastatin, Omega-3 Acid Ethyl Esters, Pravastatin Sodium, Rosuvastatin Calcium, Simvastatin, or Triglide in the past 120 days; QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Tier 2	ST: Prior prescription for Atorvastatin Calcium, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, Lovastatin, Omega-3 Acid Ethyl Esters, Pravastatin Sodium, Rosuvastatin Calcium, Simvastatin, or Triglide in the past 120 days; QL (4 EA per 1 day)
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs For Cholesterol		
ezetimibe oral tablet 10 mg	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic Agents - Dietary Source - Drugs For Cholesterol		
omega-3 acid ethyl esters oral capsule 1 gram	Tier 1	QL (120 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	Tier 2	ST: Prior prescription for Atorvastatin Calcium, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, Lovastatin, Omega-3 Acid Ethyl Esters, Pravastatin Sodium, Rosuvastatin Calcium, Simvastatin, or Triglide in the past 120 days; QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	Tier 2	ST: Prior prescription for Atorvastatin Calcium, Fenofibrate Nanocrystallized, Fenofibrate, Fenofibrate micronized, Gemfibrozil, Lovastatin, Omega-3 Acid Ethyl Esters, Pravastatin Sodium, Rosuvastatin Calcium, Simvastatin, or Triglide in the past 120 days; QL (4 EA per 1 day)
Antihyperlipidemic Agents - Dietary Source Combinations - Drugs For Cholesterol		
FISH OIL ORAL CAPSULE 1,200 (144-216) MG, 300-1,000 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 1	
FISH OIL ORAL CAPSULE 350-600 MG (omega-3 fatty acids/dha/epa/other omega-3s/fish oil)	Tier 3	
LUVIRA ORAL CAPSULE 840 MG (375 MG- 465MG)-1,220 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 3	
MEGARED ADVANCED 4-IN-1 ORAL CAPSULE 339 MG-314 MG- 500 MG, 700 MG-600 MG- 900 MG (omega-3 fatty acids/dha/epa/fish oil/krill oil)	Tier 3	
MEGARED ADVANCED TOTAL BODY ORAL CAPSULE 339-314-500-24 MG (omega-3 fatty acids/dha/epa/fish oil/krill/lutein/zeaxanth)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEGARED OMEGA-3 KRILL OIL ORAL CAPSULE 350-90-24-50 MG (krill oil/omega-3 fatty acids/dha/epa/phospholipids/astaxan)	Tier 3	
Antihyperlipidemic- Atp-Citrate Lyase And Cholesterol Absorption Inhib - Drugs For Cholesterol		
NEXLIZET ORAL TABLET 180-10 MG (bempedoic acid/ezetimibe)	Tier 2	PA
Antihyperlipidemic Hmg Coa Reduct Inhib And Calcium Channel Blocker - Drugs For Cholesterol		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Tier 1	ST: Prior prescription for Amlodipine Besylate and Atorvastatin Calcium in the past 365 days; 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	ST: Prior prescription for Simvastatin in the past 365 days; 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, 40 MG, 5 MG, 60 MG (lomitapide mesylate)	Tier 2	PA; SP
Anti-Pcsk9 Monoclonal Antibodies - Drugs For Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (alirocumab)	Tier 2	PA
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (evolocumab)	Tier 2	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (evolocumab)	Tier 2	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (evolocumab)	Tier 2	PA
Beta Blockers Cardiac Selective - Drugs For High Blood Pressure		
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
betaxolol oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG (nebivolol HCl)	Tier 2	QL (1 EA per 1 day)
BYSTOLIC ORAL TABLET 20 MG (nebivolol HCl)	Tier 2	QL (2 EA per 1 day)
esmolol in sterile water intravenous parenteral solution 2,000 mg/100 ml (20 mg/ml), 2,500 mg/250 ml (10 mg/ml)	Tier 1	
esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)	Tier 1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
metoprolol tartrate intravenous solution 5 mg/5 ml	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	
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		
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
propranolol intravenous solution 1 mg/ml	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 intravenous solution 150 mg/10 ml (15 mg/ml)	Tier 2	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs For The Heart		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML (icatibant acetate)	Tier 3	PA; SP
icatibant subcutaneous syringe 30 mg/3 ml	Tier 1	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 in 0.9% nacl intravenous solution 100 mg/100 ml (1 mg/ml), 125 mg/125 ml (1 mg/ml)	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 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
diltiazem in dextrose 5 % intravenous solution 100 mg/100 ml (1 mg/ml), 125 mg/125 ml (1 mg/ml), 250 mg/250 ml (1 mg/ml)	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (diltiazem HCl)	Tier 1	
diltiazem HCl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
diltiazem HCl (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 SYRINGE 30 MG/5 ML, 60 MG/10 ML (nimodipine)	Tier 3	PA; SP
Calcium Channel Blockers - Dihydropyridines - Drugs For High Blood Pressure		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
CARDENE IV IN DEXTROSE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML) (nicardipine in dextrose, iso-osmotic)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 20 MG/200 ML (0.1 MG/ML), 40 MG/200 ML (0.2 MG/ML) (nicardipine in sodium chloride, iso-osmotic)	Tier 3	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50 ML, 50 MG/100 ML (clevidipine butyrate)	Tier 3	
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	
nicardipine in 0.9 % sod chlor intravenous syringe 1 mg/10 ml	Tier 1	
nicardipine in nacl (iso-os) intravenous piggyback 20 mg/200 ml (0.1 mg/ml), 40 mg/200 ml (0.2 mg/ml)	Tier 1	
nicardipine intravenous solution 25 mg/10 ml	Tier 1	
nicardipine intravenous syringe 2.5 mg/ml	Tier 1	
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 extended release 120 mg, 180 mg, 240 mg	Tier 1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs For Serious Allergic Reaction		
ADYPHREN AMP II INJECTION KIT 1 MG/ML (epinephrine)	Tier 3	
ADYPHREN II INJECTION KIT 1 MG/ML (epinephrine)	Tier 3	
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML (epinephrine)	Tier 2	Age (Max 1 Years)
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 1	QL (4 EA per 1 FILL)
epinephrine injection solution 1 mg/ml	Tier 1	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (epinephrine)	Tier 2	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (epinephrine)	Tier 3	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetic - Beta-Adrenergic Agonists - Drugs For Serious Allergic Reaction		
isoproterenol hcl injection solution 0.2 mg/ml	Tier 1	
ISUPREL INJECTION SOLUTION 0.2 MG/ML (isoproterenol HCl)	Tier 3	
Cardiovascular Sympathomimetics - Drugs For Serious Allergic Reaction		
ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML) (epinephrine)	Tier 2	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (ephedrine sulfate)	Tier 3	
BIORPHEN INTRAVENOUS SOLUTION 0.1 MG/ML (phenylephrine HCl)	Tier 3	
dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)	Tier 1	
dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)	Tier 1	
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	Tier 1	
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML (ephedrine sulfate)	Tier 3	
ephedrine sulfate intravenous solution 50 mg/ml	Tier 1	
ephedrine sulfate-0.9%nacl(pf) intravenous syringe 10 mg/ml (1 ml), 100 mg/10 ml (10 mg/ml), 25 mg/5 ml (5 mg/ml), 50 mg/10 ml (5 mg/ml), 50 mg/5 ml (10 mg/ml)	Tier 1	
epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)	Tier 1	
epinephrine hcl in 0.9 % nacl intravenous solution 1 mg/250 ml (4 mcg/ml), 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml)	Tier 1	
epinephrine hcl in 0.9 % nacl intravenous syringe 0.16 mg/10 ml (16 mcg/ml), 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml)	Tier 1	
epinephrine hcl in 5% dextrose intravenous solution 1 mg/250 ml (4 mcg/ml), 16 mg/250 ml (64 mcg/ml), 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml), 5 mg/250 ml (20 mcg/ml), 8 mg/250 ml (32 mcg/ml)	Tier 1	
epinephrine in sod chlor,iso intravenous syringe 1 mg/10 ml (100 mcg/ml)	Tier 1	
epinephrine injection solution 1 mg/ml (1 ml)	Tier 1	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
norepinephrine bitartrate intravenous solution 1 mg/ml	Tier 1	
norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)	Tier 1	
norepinephrine bitartrate-nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 16 mg/500 ml (32 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml), 8 mg/500 ml (16 mcg/ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norepinephrine bitartrate-nacl intravenous syringe 0.16 mg/10 ml (16 mcg/ml)	Tier 1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (droxidopa)	Tier 3	PA; SP
phenylephrine hcl in 0.9% nacl intravenous solution 1 mg/10 ml (100 mcg/ml), 10 mg/250 ml (40 mcg/ml), 100 mg/100 ml (1 mg/ml), 20 mg/250 ml (80 mcg/ml), 25 mg/250 ml (100 mcg/ml), 30 mg/250 ml (120 mcg/ml), 40 mg/250 ml (160 mcg/ml), 50 mg/250 ml (200 mcg/ml), 80 mg/250 ml (320 mcg/ml)	Tier 1	
phenylephrine hcl in 0.9% nacl intravenous syringe 0.4 mg/10 ml (40 mcg/ml), 0.5 mg/5 ml (100 mcg/ml), 0.8 mg/10 ml (80 mcg/ml), 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml), 20 mg/50 ml (400 mcg/ml), 200 mcg/5 ml (40 mcg/ml), 5 mg/50 ml (100 mcg/ml)	Tier 1	
phenylephrine hcl in d5w intravenous solution 20 mg/250 ml (80 mcg/ml), 8 mg/100 ml (80 mcg/ml)	Tier 1	
phenylephrine hcl injection solution 10 mg/ml	Tier 1	
phenylephrine in sterile water intravenous syringe 60 mg/50 ml (1,200 mcg/ml)	Tier 1	
VAZCULEP INJECTION SOLUTION 10 MG/ML (phenylephrine HCl)	Tier 3	
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	
methyldopate intravenous solution 250 mg/5 ml	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 injection solution 250 mcg/ml (0.25 mg/ml)	Tier 1	
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)	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	
LANOXIN INJECTION SOLUTION 500 MCG/2 ML (0.5 MG/2 ML) (digoxin)	Tier 3	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) (digoxin)	Tier 3	
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML) (digoxin)	Tier 2	
Direct Acting Vasodilators - Drugs For High Blood Pressure		
hydralazine injection solution 20 mg/ml	Tier 1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
NIPRIDE RTU INTRAVENOUS SOLUTION 10 MG/50 ML (0.2 MG/ML), 20 MG/100 ML (0.2 MG/ML), 50 MG/100 ML (0.5 MG/ML) (nitroprusside sodium in 0.9 % sodium chloride)	Tier 3	
nitroprusside sodium (Nitropress Intravenous Solution 25 Mg/Ml)	Tier 3	
sodium nitroprusside intravenous solution 25 mg/ml	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	
acetazolamide sodium injection recon soln 500 mg	Tier 1	
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
Diuretic - Loop - Drugs For High Blood Pressure		
bumetanide injection solution 0.25 mg/ml	Tier 1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
EDECRIN ORAL TABLET 25 MG (ethacrynic acid)	Tier 3	
ethacrynate sodium intravenous recon soln 50 mg	Tier 1	
ethacrynic acid oral tablet 25 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
furosemide in 0.9 % nacl intravenous piggyback 100 mg/100 ml (1 mg/ml)	Tier 1	
furosemide injection solution 10 mg/ml	Tier 1	
furosemide injection syringe 10 mg/ml	Tier 1	
furosemide oral solution 10 mg/ml	Tier 1	
furosemide oral solution 40 mg/5 ml (8 mg/ml)	Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (furosemide)	Tier 3	
SODIUM EDECRIN INTRAVENOUS RECON SOLN 50 MG (ethacrynate sodium)	Tier 3	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	
Diuretic - Osmotic - Drugs For High Blood Pressure		
mannitol 10 % intravenous parenteral solution 10 %	Tier 1	
mannitol 20 % intravenous parenteral solution 20 %	Tier 1	
mannitol 25 % intravenous solution 25 %	Tier 1	
mannitol 5 % intravenous parenteral solution 5 %	Tier 1	
OSMITROL 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % (mannitol)	Tier 2	
OSMITROL 20 % INTRAVENOUS PARENTERAL SOLUTION 20 % (mannitol)	Tier 2	
Diuretic - Potassium Sparing - Drugs For High Blood Pressure		
amiloride oral tablet 5 mg	Tier 1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (triamterene)	Tier 3	ST: Prior prescriptions for Amiloride HCL and Spironolactone in the past 365 days
triamterene oral capsule 100 mg, 50 mg	Tier 1	ST: Prior prescriptions for Amiloride HCL and Spironolactone in the past 365 days
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
JYNARQUE ORAL TABLET 15 MG (tolvaptan)	Tier 3	PA; SP; QL (30 EA per 365 days)
JYNARQUE ORAL TABLET 30 MG (tolvaptan)	Tier 3	PA; SP; QL (60 EA per 365 days)
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 3	PA; SP
SAMSCA ORAL TABLET 15 MG (tolvaptan)	Tier 3	PA; SP; QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG (tolvaptan)	Tier 3	PA; SP; QL (60 EA per 365 days)
tolvaptan oral tablet 30 mg	Tier 1	PA; SP; QL (60 EA per 365 days)
Diuretic - Thiazides And Related - Drugs For High Blood Pressure		
chlorothiazide oral tablet 500 mg	Tier 1	
chlorothiazide sodium intravenous recon soln 500 mg	Tier 1	
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
DIURIL IV INTRAVENOUS RECON SOLN 500 MG (chlorothiazide sodium)	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	
Dopamine D1 Receptor Agonists, Antihypertensive - Drugs For High Blood Pressure		
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML (fenoldopam mesylate)	Tier 3	
Ganglionic Blocking, Non-Depolarizing - Drugs For High Blood Pressure		
VECAMYL ORAL TABLET 2.5 MG (mecamylamine HCl)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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: Prior prescription for Bisoprolol Fumarate, Carvedilol, Kapspargo Sprinkle, or Metoprolol Succinate in the past 120 days; QL (2 EA per 1 day)
Muscarinic Receptor Antagonists (Anticholinergic) - Drugs For Abnormal Heart Rhythms		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML (atropine sulfate)	Tier 3	
atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml), 1 mg/2.5 ml (0.4 mg/ml), 1.2 mg/3 ml (0.4 mg/ml), 2 mg/5 ml (0.4 mg/ml)	Tier 1	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	Tier 1	
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic And Related Comb. - Drugs For High Blood Pressure		
nadolol-bendroflumethiazide oral tablet 80-5 mg	Tier 1	
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 ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (selexipag)	Tier 2	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (selexipag)	Tier 2	PA; SP
Patent Ductus Arteriosus (Pda) Treatment Agents , Nsaid-Type - Drugs For The Heart		
indomethacin sodium intravenous recon soln 1 mg	Tier 1	
Patent Ductus Arteriosus (Pda) Treatment Agents, Prostaglandin-Type - Drugs For The Heart		
alprostadil injection solution 500 mcg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Prazosin HCL, Tamsulosin HCL, or Terazosin HCL in the past 120 days
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
phenoxybenzamine oral capsule 10 mg	Tier 1	PA; SP
phentolamine injection recon soln 5 mg	Tier 1	
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		
isoxsuprine oral tablet 10 mg, 20 mg	Tier 1	
papaverine injection solution 30 mg/ml	Tier 1	
Pheochromocytoma, Agents To Treat - Drugs For High Blood Pressure		
DEMSER ORAL CAPSULE 250 MG (metyrosine)	Tier 3	
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 3	PA; SP
Pulmonary Antihypertensive Agents - Prostacyclin-Type - Drugs For High Blood Pressure		
epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg	Tier 1	PA
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (epoprostenol sodium (glycine))	Tier 3	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil diolamine)	Tier 3	PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (treprostinil sodium)	Tier 3	PA; SP
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	Tier 1	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil)	Tier 2	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostinil/nebulizer and accessories)	Tier 2	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (treprostinil/nebulizer accessories)	Tier 2	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (treprostinil/nebulizer and accessories)	Tier 2	PA; SP
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (epoprostenol sodium (arginine))	Tier 2	PA; SP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (iloprost tromethamine)	Tier 3	PA; SP
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 2	PA; SP
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs For High Blood Pressure		
ambrisentan oral tablet 10 mg, 5 mg	Tier 1	PA; SP
bosentan oral tablet 125 mg, 62.5 mg	Tier 1	PA; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG (ambrisentan)	Tier 3	PA; SP
OPSUMIT ORAL TABLET 10 MG (macitentan)	Tier 2	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	Tier 3	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (bosentan)	Tier 2	PA; SP
Pulmonary Arterial Hypertension Agents-Selective Cgmp-Pde5 Inhibitors - Drugs For High Blood Pressure		
tadalafil (Alyq Oral Tablet 20 Mg)	Tier 1	PA; SP
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML (sildenafil citrate)	Tier 3	PA; SP
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	Tier 1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	Tier 1	PA; SP
sildenafil (pulm.hypertension) oral tablet 20 mg	Tier 1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	Tier 1	PA; SP; QL (1 EA per 5 days)
Renin Inhibitor, Direct - Drugs For High Blood Pressure		
aliskiren oral tablet 150 mg, 300 mg	Tier 1	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days; QL (1 EA per 1 day)
TEKTURNA ORAL TABLET 150 MG, 300 MG (aliskiren hemifumarate)	Tier 3	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days; QL (1 EA per 1 day)
Renin Inhibitor, Direct And Diuretic Combinations - Drugs For High Blood Pressure		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (aliskiren hemifumarate/hydrochlorothiazide)	Tier 2	ST: Prior prescription for an ACE or ACE combination OR a formulary generic ARB or ARB combination in the past 120 days; QL (1 EA per 1 day)
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
Antianxiety Agent - Antihistamine Type - Drugs For Anxiety		
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	Tier 1	
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		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 injection solution 5 mg/ml	Tier 1	
diazepam injection syringe 5 mg/ml	Tier 1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
Antianxiety Agent - Dicarbamate Type - Drugs For Anxiety		
meprobamate oral tablet 200 mg, 400 mg	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs For Anxiety		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
Anticonvulsant - Ampa-Type Glutamate Receptor Antagonists - Drugs For Seizures /Personality Disorder/Nerve Pain		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (perampanel)	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG (perampanel)	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (120 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FYCOMPA ORAL TABLET 4 MG, 6 MG (perampanel)	Tier 2	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (60 EA per 30 days)
Anticonvulsant - Barbiturates And Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
LUMINAL INJECTION SYRINGE 130 MG/ML (phenobarbital sodium)	Tier 3	
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	ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 1	ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (2 EA per 1 day)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG (diazepam)	Tier 3	QL (1 EA per 1 FILL)
DIASTAT RECTAL KIT 2.5 MG (diazepam)	Tier 3	QL (1 EA per 1 FILL)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	QL (1 EA per 1 FILL)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (midazolam)	Tier 3	QL (5 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	Tier 3	ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	Tier 3	ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (2 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)	Tier 3	PA
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (diazepam)	Tier 2	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type - Drugs For Seizures /Personality Disorder/Nerve Pain		
EPIDIOLEX ORAL SOLUTION 100 MG/ML (cannabidiol (CBD))	Tier 2	PA; SP
Anticonvulsant - Carbamates - Drugs For Seizures /Personality Disorder/Nerve Pain		
felbamate oral suspension 600 mg/5 ml	Tier 1	ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (30 ML per 1 day)
felbamate oral tablet 400 mg	Tier 1	ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (9 EA per 1 day)
felbamate oral tablet 600 mg	Tier 1	ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (6 EA per 1 day)
Anticonvulsant - Carboxylic Acid Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (divalproex sodium)	Tier 3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (divalproex sodium)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex sodium)	Tier 3	
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	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	
valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
Anticonvulsant - Functionalized Amino Acid - Drugs For Seizures /Personality Disorder/Nerve Pain		
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML (lacosamide)	Tier 2	
VIMPAT ORAL SOLUTION 10 MG/ML (lacosamide)	Tier 2	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (lacosamide)	Tier 2	QL (2 EA per 1 day)
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14) (lacosamide)	Tier 3	
Anticonvulsant - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	
gabapentin oral solution 250 mg/5 ml	Tier 1	
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	Tier 1	
gabapentin oral tablet 600 mg, 800 mg	Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	QL (4 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pregabalin oral capsule 200 mg	Tier 1	QL (3 EA per 1 day)
pregabalin oral capsule 225 mg, 300 mg	Tier 1	QL (2 EA per 1 day)
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: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (4 EA per 1 day)
tiagabine oral tablet 16 mg	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (3 EA per 1 day)
Anticonvulsant - Gaba Transaminase (Gaba-T) Inhibitor - Drugs For Seizures /Personality Disorder/Nerve Pain		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SABRIL ORAL TABLET 500 MG (vigabatrin)	Tier 2	SP; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (6 EA per 1 day)
vigabatrin oral powder in packet 500 mg	Tier 1	SP; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (6 EA per 1 day)
vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)	Tier 1	SP; ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (6 EA per 1 day)
Anticonvulsant - Hydantoins - Drugs For Seizures /Personality Disorder/Nerve Pain		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML (fosphenytoin sodium)	Tier 3	
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	Tier 3	
phenytoin (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	Tier 3	
DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)	Tier 2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 3	
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	Tier 1	
PEGANONE ORAL TABLET 250 MG (ethotoin)	Tier 2	
phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 3	
phenytoin oral suspension 100 mg/4 ml	Tier 1	
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	
phenytoin sodium intravenous syringe 50 mg/ml	Tier 1	
Anticonvulsant - Iminostilbene Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
APTIOM ORAL TABLET 200 MG, 400 MG (eslicarbazepine acetate)	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in the past 365 days; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APTIOM ORAL TABLET 600 MG, 800 MG (eslicarbazepine acetate)	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid (as Sodium Salt), Valproic Acid, or Zonisamide in the past 365 days; 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 3	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	ST: Prior prescription for generic Carbamazepine in the past 120 days
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (oxcarbazepine)	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG (oxcarbazepine)	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days; QL (4 EA per 1 day)
Anticonvulsant - Monosaccharide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
topiramate oral capsule, sprinkle 15 mg, 25 mg	Tier 1	
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	Tier 1	ST: Prior prescription for immediate-release Topiramate in the past 120 days; QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	Tier 1	ST: Prior prescription for immediate-release Topiramate in the past 120 days; QL (2 EA per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG (topiramate)	Tier 3	ST: Prior prescription for immediate-release Topiramate in the past 120 days; QL (1 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (topiramate)	Tier 3	ST: Prior prescription for immediate-release Topiramate in the past 120 days; QL (2 EA per 1 day)
Anticonvulsant - Phenyltriazine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG (lamotrigine)	Tier 3	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG (lamotrigine)	Tier 3	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG (lamotrigine)	Tier 3	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (6 EA per 1 day)
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (lamotrigine)	Tier 3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG (lamotrigine)	Tier 3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG (lamotrigine)	Tier 3	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG, 250 MG, 300 MG (lamotrigine)	Tier 3	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (2 EA per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 25 MG, 50 MG (lamotrigine)	Tier 3	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (6 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (lamotrigine)	Tier 3	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (lamotrigine)	Tier 3	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (lamotrigine)	Tier 3	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days
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: Prior prescription for immediate-release Lamotrigine in the past 120 days
lamotrigine oral tablet extended release 24hr 100 mg	Tier 1	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days
lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	Tier 1	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (2 EA per 1 day)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	Tier 1	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; 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: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (3 EA per 1 day)
lamotrigine oral tablet,disintegrating 200 mg	Tier 1	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	Tier 1	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; 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 1	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 1	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 1	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 1	
Anticonvulsant - Pyrrolidine Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
BRIVIACT ORAL SOLUTION 10 MG/ML (brivaracetam)	Tier 3	ST: Prior prescription for Levetiracetam in the past 120 days; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (brivaracetam)	Tier 3	ST: Prior prescription for Levetiracetam in the past 120 days; QL (2 EA per 1 day)
KEPPRA INTRAVENOUS SOLUTION 500 MG/5 ML (levetiracetam)	Tier 3	
KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)	Tier 3	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	Tier 3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (levetiracetam)	Tier 3	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	Tier 1	
levetiracetam intravenous solution 500 mg/5 ml	Tier 1	
levetiracetam oral solution 100 mg/ml	Tier 1	
levetiracetam oral solution 500 mg/5 ml (5 ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	
levetiracetam (Roweepra Oral Tablet 1,000 Mg, 500 Mg, 750 Mg)	Tier 3	
levetiracetam (Roweepra Xr Oral Tablet Extended Release 24 Hr 500 Mg, 750 Mg)	Tier 3	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG (levetiracetam)	Tier 3	ST: Prior prescription for Levetiracetam in the past 120 days; QL (2 EA per 1 day)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG (levetiracetam)	Tier 3	ST: Prior prescription for Levetiracetam in the past 120 days; QL (4 EA per 1 day)
Anticonvulsant - Succinimides - Drugs For Seizures /Personality Disorder/Nerve Pain		
CELONTIN ORAL CAPSULE 300 MG (methsuximide)	Tier 2	
ethosuximide oral capsule 250 mg	Tier 1	
ethosuximide oral solution 250 mg/5 ml	Tier 1	
ZARONTIN ORAL CAPSULE 250 MG (ethosuximide)	Tier 3	
ethosuximide (Zarontin Oral Solution 250 Mg/5 Ml)	Tier 3	
Anticonvulsant - Sulfonamide Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Anticonvulsant - Triazole Derivatives - Drugs For Seizures /Personality Disorder/Nerve Pain		
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	Tier 2	ST: Prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in the past 120 days; QL (80 ML per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BANZEL ORAL TABLET 200 MG (rufinamide)	Tier 2	ST: Prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in the past 120 days; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG (rufinamide)	Tier 2	ST: Prior prescription for Divalproex Sodium, Lamictal XR, Lamotrigine, Topiramate, Trokendi XR, or Valproic Acid in the past 120 days; QL (8 EA per 1 day)
Anticonvulsant Others - Drugs For Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (stiripentol)	Tier 3	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (stiripentol)	Tier 3	PA; SP
FINTEPLA ORAL SOLUTION 2.2 MG/ML (fenfluramine HCl)	Tier 3	PA; SP
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1) (cenobamate)	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (cenobamate)	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days
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 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex Sodium, Equetro, Gabapentin, Gralise, Lamictal XR, Lamotrigine, Levetiracetam, Neuraptine, Oxcarbazepine, Oxtellar XR, Spritam, Topiramate, Trokendi XR, Valproic Acid, or Zonisamide in the past 365 days
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: Prior prescription for Rasagiline Mesylate or Selegiline HCL in the past 120 days; QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (isocarboxazid)	Tier 3	ST: Prior prescription for Phenelzine Sulfate or Tranylcypromine Sulfate in the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenelzine oral tablet 15 mg	Tier 1	
tranylcypromine oral tablet 10 mg	Tier 2	
Antidepressant - Neuroactive Steroid Gaba-A Receptor Modulator - Drugs For Depression		
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML (brexanolone)	Tier 3	
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	Tier 1	
fluoxetine oral tablet 20 mg	Tier 2	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	Tier 2	QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	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 2	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (paroxetine mesylate)	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days
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 3	ST: Prior prescription for Desvenlafaxine Succinate, Drizalma Sprinkle, Duloxetine HCL, Fetzima, or Venlafaxine HCL in the past 120 days; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	QL (2 EA per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	Tier 2	QL (2 EA per 1 day)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (levomilnacipran HCl)	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (levomilnacipran HCl)	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran HCl)	Tier 2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (milnacipran HCl)	Tier 2	
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 2	
Antidepressant - Ssri And 5Ht1a Partial Agonist - Drugs For Depression		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone HCl)	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23) (vilazodone HCl)	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
Antidepressant - Ssri And Serotonin (5-Ht) Receptor Modulator - Drugs For Depression		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (vortioxetine hydrobromide)	Tier 3	ST: At least 2 prior prescriptions for Bupropion HCL, Citalopram Hydrobromide, Escitalopram Oxalate, Fluoxetine HCL, Mirtazapine, Paroxetine HCL, Sertraline HCL, or Venlafaxine HCL in the past 365 days; QL (1 EA per 1 day)
Antidepressant - Tricyclic And Antipsychotic, Phenothiazine Comb - Drugs For Depression		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs For Depression		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
Antidepressant-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 extended release 24 hr 450 mg	Tier 2	ST: Prior prescription for Bupropion HCL in the past 120 days
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 2	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 2	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	
maprotiline oral tablet 25 mg, 50 mg, 75 mg	Tier 1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 1	
nortriptyline oral solution 10 mg/5 ml	Tier 1	
protriptyline oral tablet 10 mg, 5 mg	Tier 2	
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	
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: Prior prescription for Carbidopa/levodopa in the past 120 days; QL (10 EA per 1 day)
Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs For Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (istradefylline)	Tier 3	PA
Antiparkinson Adjuvant - Central/Peripheral Comt Inhibitors - Drugs For Parkinson		
TASMAR ORAL TABLET 100 MG (tolcapone)	Tier 3	ST: Prior prescription for Entacapone in the past 120 days; QL (3 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tolcapone oral tablet 100 mg	Tier 1	ST: Prior prescription for Entacapone in the past 120 days; QL (3 EA per 1 day)
Antiparkinson Adjuvant - Peripheral Comt Inhibitors - Drugs For Parkinson		
COMTAN ORAL TABLET 200 MG (entacapone)	Tier 3	
entacapone oral tablet 200 mg	Tier 1	
ONGENTYS ORAL CAPSULE 50 MG (opicapone)	Tier 3	
Antiparkinson Adjuvant - Peripheral Dopa-Decarboxylase Inhibitors - Drugs For Parkinson		
carbidopa oral tablet 25 mg	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs For Parkinson		
benztropine injection solution 1 mg/ml	Tier 1	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml	Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 1	
Antiparkinson Therapy - Dopamine Precursors - Drugs For Parkinson		
INBRIJA INHALATION CAPSULE 42 MG (levodopa)	Tier 3	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (levodopa)	Tier 3	PA; SP
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		
ELDEPRYL ORAL CAPSULE 5 MG (selegiline HCl)	Tier 3	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML (apomorphine HCl)	Tier 2	PA; SP
KYNMOBI SUBLINGUAL FILM 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG (apomorphine HCl)	Tier 3	PA; SP
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 3	ST: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in the past 120 days; 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: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in the past 120 days; QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 1	ST: Prior prescription for immediate-release Pramipexole or immediate-release Ropinirole in the past 120 days; QL (1 EA per 1 day)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs For Severe Mental Disorders		
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (asenapine)	Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Perseris, Quetiapine Fumarate, Risperidone, Secuado, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs For Severe Mental Disorders		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (lurasidone HCl)	Tier 2	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG (lurasidone HCl)	Tier 2	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (60 EA per 30 days)
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: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) (iloperidone)	Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (8 EA per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML (paliperidone palmitate)	Tier 3	SP
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	Tier 2	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	Tier 2	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (2 EA per 1 day)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG (risperidone)	Tier 3	SP
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (risperidone microspheres)	Tier 2	SP
risperidone oral solution 1 mg/ml	Tier 1	QL (8 ML per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	QL (2 EA per 1 day)
risperidone oral tablet,disintegrating 0.25 mg	Tier 1	QL (2 EA per 1 day)
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	QL (2 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs For Severe Mental Disorders		
CAPLYTA ORAL CAPSULE 42 MG (lumateperone tosylate)	Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Caplyta, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; 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	QL (3 EA per 1 day)
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (3 EA per 1 day)
CLOZARIL ORAL TABLET 200 MG, 50 MG (clozapine)	Tier 3	QL (3 EA per 1 day)
Antipsychotic - Butyrophenone Derivatives - Drugs For Severe Mental Disorders		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	Tier 1	
haloperidol lactate injection solution 5 mg/ml	Tier 1	
haloperidol lactate intramuscular syringe 5 mg/ml	Tier 1	
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	

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PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | G = Gender Edit | SP = Specialty Medication | OCh = Oral Chemotherapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	SP
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 injection solution 25 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 decanoate injection solution 25 mg/ml	Tier 1	
fluphenazine hcl injection solution 2.5 mg/ml	Tier 1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs For Severe Mental Disorders		
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG (olanzapine pamoate)	Tier 3	SP
Antipsychotic-Atyp Selective Serotonin 5-Ht2a Inverse Agonists (Ssia) - Drugs For Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (pimavanserin tartrate)	Tier 3	PA; SP
NUPLAZID ORAL TABLET 10 MG (pimavanserin tartrate)	Tier 3	PA; SP
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5Ht Serotonin Mixed - Drugs For Severe Mental Disorders		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (aripiprazole)	Tier 2	SP
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (aripiprazole)	Tier 2	SP
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML (aripiprazole lauroxil, submicronized)	Tier 2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML (aripiprazole lauroxil)	Tier 2	SP
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (brexpiprazole)	Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Olanzapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (1 EA per 1 day)
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs For Severe Mental Disorders		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (cariprazine HCl)	Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) (cariprazine HCl)	Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (7 EA per 28 days)
Attention Deficit-Hyperact. Disorder (Adhd)- Alpha-2 Receptor Agonist - Drugs For Attention Deficit Disorder		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	Tier 1	QL (120 EA per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	QL (1 EA per 1 day)
Attention Deficit-Hyperactivity (Adhd) Therapy, Stimulant-Type - Drugs For Attention Deficit Disorder		
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML (amphetamine)	Tier 3	ST: Prior prescription for Dextroamphetamine/amphetamine, Methylphenidate HCL, or Ritalin LA in the past 120 days; QL (450 ML per 30 days)
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: Prior prescription for Dextroamphetamine/amphetamine, Methylphenidate HCL, or Ritalin LA in the past 120 days
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate HCl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (90 EA per 30 days)
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	
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, 72 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate HCl (Relexxii Oral Tablet Extended Release 24Hr 72 Mg)	Tier 3	QL (1 EA per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine dimesylate)	Tier 2	ST: Prior prescription for Adhansia XR, Aptensio XR, Citalopram Hydrobromide, Dextroamphetamine/amphetamine, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Jornay PM, Methylphenidate HCL, Mydayis, Paroxetine HCL, Paxil, Quillichew ER, Quillivant XR, Relexxii, Ritalin LA, Sertraline HCL, Topiramate, or Trokendi XR in the past 120 days; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine dimesylate)	Tier 2	ST: Prior prescription for Adhansia XR, Aptensio XR, Citalopram Hydrobromide, Dextroamphetamine/amphetamine, Escitalopram Oxalate, Fluoxetine HCL, Fluvoxamine Maleate, Jornay PM, Methylphenidate HCL, Mydayis, Paroxetine HCL, Paxil, Quillichew ER, Quillivant XR, Relexxii, Ritalin LA, Sertraline HCL, Topiramate, or Trokendi XR in the past 120 days; QL (1 EA per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg)	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate (Zenzedi Oral Tablet 5 Mg)	Tier 1	QL (90 EA per 30 days)
Attention Deficit-Hyperactivity Disorder (Adhd) Therapy, Nri-Type - Drugs For Attention Deficit Disorder		
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	Tier 1	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	Tier 1	QL (30 EA per 30 days)
Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (alprazolam)	Tier 2	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG (diazepam)	Tier 3	QL (1 EA per 1 FILL)
DIASTAT RECTAL KIT 2.5 MG (diazepam)	Tier 3	QL (1 EA per 1 FILL)
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	QL (1 EA per 1 FILL)
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONFI ORAL SUSPENSION 2.5 MG/ML (clobazam)	Tier 3	ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG (clobazam)	Tier 3	ST: Prior prescription for Lamictal XR, Lamotrigine, Topiramate, or Trokendi XR in the past 120 days; QL (2 EA per 1 day)
oxazepam oral capsule 15 mg, 30 mg	Tier 1	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (diazepam)	Tier 2	QL (10 EA per 30 days)
Bipolar Therapy Agents - Anticonvulsant Type - Drugs For Seizures /Personality Disorder/Nerve Pain		
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG (divalproex sodium)	Tier 3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (divalproex sodium)	Tier 3	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	ST: Prior prescription for generic Carbamazepine in the past 120 days
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG (lamotrigine)	Tier 3	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (3 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 200 MG (lamotrigine)	Tier 3	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (2 EA per 1 day)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG, 50 MG (lamotrigine)	Tier 3	ST: Prior prescription for immediate-release Lamotrigine in the past 120 days; QL (6 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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: Prior prescription for immediate-release Lamotrigine in the past 120 days
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 1	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 1	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 1	
valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)	Tier 1	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs For Severe Mental Disorders		
aripiprazole oral solution 1 mg/ml	Tier 1	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in the past 365 days; QL (30 ML per 1 day)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in the past 365 days; QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Citalopram Hydrobromide, Clozapine, Drizalma Sprinkle, Duloxetine HCL, Escitalopram Oxalate, Fluoxetine HCL, Olanzapine, Paroxetine HCL, Paroxetine Mesylate, Paxil, Perseris, Pexeva, Quetiapine Fumarate, Risperidone, Seroquel XR, Sertraline HCL, Venlafaxine HCL, Versacloz, or Ziprasidone HCL in the past 365 days; QL (2 EA per 1 day)
olanzapine intramuscular recon soln 10 mg	Tier 1	QL (1 EA per 1 day)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	QL (1 EA per 1 day)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	QL (3 EA per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG (asenapine maleate)	Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (2 EA per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (cariprazine HCl)	Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) (cariprazine HCl)	Tier 3	ST: At least 2 prior prescriptions for Abilify Maintena, Abilify Mycite, Aripiprazole, Clozapine, Perseris, Quetiapine Fumarate, Risperidone, Seroquel XR, Versacloz, or Ziprasidone HCL in the past 365 days; QL (7 EA per 28 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	QL (2 EA per 1 day)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	Tier 1	
Bipolar Therapy Agents - Lithium - Drugs For Severe Mental Disorders		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lithium carbonate oral capsule 150 mg, 600 mg	Tier 1	
lithium carbonate oral capsule 300 mg	Tier 1	
lithium carbonate oral tablet 300 mg	Tier 1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	Tier 1	
lithium citrate oral solution 8 meq/5 ml	Tier 1	
Cannabis And Cannabinoid Receptor Agonists - Drugs For Seizures /Personality Disorder/Nerve Pain		
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 3	ST: Prior prescription for Dronabinol in the past 120 days; QL (60 ML per 30 days)
Cns And Respiratory Stimulant - Drugs For The Nervous System		
doxapram intravenous solution 20 mg/ml	Tier 1	
Cns Stimulant - Amphetamine Combinations - Drugs For Attention Deficit Disorder		
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML (amphetamine)	Tier 3	ST: Prior prescription for Dextroamphetamine/amphetamine, Methylphenidate HCL, or Ritalin LA in the past 120 days; QL (450 ML per 30 days)
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: Prior prescription for Dextroamphetamine/amphetamine, Methylphenidate HCL, or Ritalin LA in the past 120 days
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)
Cns Stimulant - Amphetamines - Drugs For Attention Deficit Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine oral solution 5 mg/5 ml	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)
dextroamphetamine 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)
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg)	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate (Zenzedi Oral Tablet 5 Mg)	Tier 1	QL (90 EA per 30 days)
Cns Stimulant - Analeptics - Drugs For Attention Deficit Disorder		
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)	Tier 1	
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	Tier 1	
caffeine-sodium benzoate injection solution 250 mg/ml (125 mg/ml caffeine)	Tier 1	
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML (doxapram HCl)	Tier 3	
doxapram intravenous solution 20 mg/ml	Tier 1	
Fibromyalgia Agents - Gaba Analogs - Drugs For Seizures /Personality Disorder/Nerve Pain		
pregabalin oral capsule 200 mg	Tier 1	QL (3 EA per 1 day)
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (Snris) - Drugs For Seizures /Personality Disorder/Nerve Pain		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran HCl)	Tier 2	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (milnacipran HCl)	Tier 2	
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 - Single Agents - Drugs For Insomnia		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
melatonin oral capsule 10 mg	Tier 3	
melatonin oral lozenge 5 mg	Tier 3	
melatonin oral tablet 1 mg, 10 mg, 12 mg	Tier 1	
melatonin oral tablet 5 mg	Tier 3	
melatonin oral tablet,disintegrating 5 mg	Tier 3	
Hypnotics - Melatonin Combinations - Drugs For Insomnia		
SOPORDREN ORAL CAPSULE 1-50-25-200 MG (melatonin/GABA/5-HTP/theanine/magnesium citrate,oxide/herbs)	Tier 3	
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs For Insomnia		
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	Tier 3	PA; SP
ramelteon oral tablet 8 mg	Tier 1	ST: Prior prescription for Edluar, Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, Zolpidem Tartrate, or Zolpimist in the past 120 days; QL (1 EA per 1 day)
Migraine Therapy - Calcitonin Gene-Related Peptide Inhibitors - Drugs For Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (erenumab-aooe)	Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (fremanezumab-vfrm)	Tier 2	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
Migraine Therapy - Cgrp Ligand Blocker, Monoclonal Antibody - Drugs For Migraine Headaches		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (fremanezumab-vfrm)	Tier 2	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (eptinezumab-jjmr)	Tier 3	PA
Migraine Therapy - Cgrp Receptor Blockers (Gepants) - Drugs For Migraine Headaches		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (rimegepant sulfate)	Tier 3	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (ubrogepant)	Tier 3	PA
Migraine Therapy - Cgrp Receptor Blockers, Monoclonal Antibody - Drugs For Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (erenumab-aooe)	Tier 2	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	QL (8 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG (ergotamine tartrate)	Tier 3	QL (10 EA per 7 days)
Migraine Therapy - Ergot Combinations - Drugs For Migraine Headaches		
ergotamine-caffeine oral tablet 1-100 mg	Tier 1	QL (10 EA per 7 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine tartrate/caffeine)	Tier 2	QL (5 EA per 7 days)
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1) - Drugs For Migraine Headaches		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (8 EA per 30 days)
eletriptan oral tablet 20 mg, 40 mg	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (6 EA per 30 days)
frovatriptan oral tablet 2.5 mg	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (12 EA per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	Tier 1	QL (8 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rizatriptan oral tablet 10 mg, 5 mg	Tier 1	QL (12 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	Tier 1	QL (12 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 (8 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 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (8 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (8 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG (zolmitriptan)	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (12 EA per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG (zolmitriptan)	Tier 2	ST: Prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate in the past 180 days; QL (6 EA per 15 days)
Migraine Therapy - Selective Serotonin Agonists 5-Ht(1F) - Drugs For Migraine Headaches		
REYVOW ORAL TABLET 100 MG, 50 MG (lasmiditan succinate)	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - Serotonin Agonist 5-Ht(1) And Nsaid Comb. - Drugs For Migraine Headaches		
sumatriptan-naproxen oral tablet 85-500 mg	Tier 2	ST: Prior prescription for Onzetra Xsail, Sumatriptan Succinate, Sumatriptan, Sumavel Dosepro, Tosymra, Zecuity, or Zembrace Symtouch in the past 180 days; QL (1 EA per 3 days)
Movement Disorder Drug Therapy - Drugs For The Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 2	PA; SP
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 1	PA; SP
Movement Disorder Therapy - Huntington's Disease - Drugs For The Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 2	PA; SP
Movement Disorder Therapy - Tardive Dyskinesia - Drugs For The Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 2	PA; SP
Narcolepsy And Cataplexy Therapy Agents - Sedative-Type - Drugs For Sleep Disorder		
XYREM ORAL SOLUTION 500 MG/ML (sodium oxybate)	Tier 3	PA; SP
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 3	PA; SP
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,Sympathomimetic,Amphetamines - Drugs For Sleep Disorder		
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg)	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate (Zenzedi Oral Tablet 5 Mg)	Tier 1	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 2	PA
Sedative-Hypnotic - Barbiturates - Drugs For Insomnia		
AMYTAL INJECTION RECON SOLN 500 MG (amobarbital sodium)	Tier 1	
LUMINAL INJECTION SYRINGE 130 MG/ML (phenobarbital sodium)	Tier 3	
pentobarbital sodium injection solution 50 mg/ml	Tier 1	
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	
phenobarbital sodium injection solution 130 mg/ml	Tier 1	
phenobarbital sodium injection solution 65 mg/ml	Tier 1	
SECONAL SODIUM ORAL CAPSULE 100 MG (secobarbital sodium)	Tier 2	
Sedative-Hypnotic - Benzodiazepines - Drugs For Insomnia		
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
lorazepam injection solution 2 mg/ml, 4 mg/ml	Tier 1	
lorazepam injection syringe 2 mg/ml, 4 mg/ml	Tier 1	
midazolam oral syrup 2 mg/ml	Tier 1	
quazepam oral tablet 15 mg	Tier 2	ST: Prior prescription for Edluar, Eszopiclone, Flurazepam HCL, Temazepam, Zaleplon, Zolpidem Tartrate, or Zolpimist in the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
temazepam oral capsule 15 mg, 30 mg	Tier 1	
temazepam oral capsule 22.5 mg, 7.5 mg	Tier 2	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	
Sedative-Hypnotic - Gaba-Receptor Modulators - Drugs For Insomnia		
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG (zolpidem tartrate)	Tier 3	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days
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	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days; QL (1 EA per 1 day)
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (zolpidem tartrate)	Tier 3	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days
Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs For Insomnia		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	Tier 3	ST: Prior prescription for Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days; QL (1 EA per 1 day)
Sedative-Hypnotic - Selective Alpha2-Adrenoreceptor Agonists - Drugs For Insomnia		
dexmedetomidine in 0.9 % nacl intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml), 80 mcg/20 ml (4 mcg/ml)	Tier 1	
dexmedetomidine in 0.9 % nacl intravenous syringe 80 mcg/20 ml (4 mcg/ml)	Tier 1	
dexmedetomidine in dextrose 5% intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexmedetomidine intravenous solution 100 mcg/ml	Tier 1	
PRECEDEX IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 200 MCG/50 ML (4 MCG/ML), 400 MCG/100 ML (4 MCG/ML), 80 MCG/20 ML (4 MCG/ML) (dexmedetomidine HCl in 0.9 % sodium chloride)	Tier 3	
PRECEDEX INTRAVENOUS SOLUTION 100 MCG/ML (dexmedetomidine HCl)	Tier 3	
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs For Insomnia		
SILENOR ORAL TABLET 3 MG, 6 MG (doxepin HCl)	Tier 3	ST: Prior prescription for Doxepin HCL, Eszopiclone, Zaleplon, or Zolpidem Tartrate in the past 120 days; QL (1 EA per 1 day)
Sedative-Hypnotic Combinations Other - Drugs For Insomnia		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (midazolam/ketamine HCl/ondansetron HCl)	Tier 1	
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 2	
Agents For Opioid Withdrawal, Opioid-Type - Drugs For Opioid Addiction		
BUNAVAIL BUCCAL FILM 2.1-0.3 MG (buprenorphine HCl/naloxone HCl)	Tier 3	QL (1 EA per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG (buprenorphine HCl/naloxone HCl)	Tier 3	QL (2 EA per 1 day)
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)
PROBUPHINE SUBDERMAL IMPLANT 74.2 MG (buprenorphine HCl)	Tier 2	SP
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML (buprenorphine)	Tier 2	SP; QL (1 ML per 7 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG (buprenorphine HCl/naloxone HCl)	Tier 2	QL (2 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG (buprenorphine HCl/naloxone HCl)	Tier 2	QL (1 EA per 1 day)
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		
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG (naltrexone microspheres)	Tier 2	SP
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	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
Smoking Deterrents - Nicotine-Type - Drugs For Smoking Addiction		
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR (nicotine)	Tier 0	QL (1 EA per 1 day); Age (Min 18 Years)
NICORELIEF BUCCAL GUM 2 MG (nicotine polacrilex)	Tier 0	QL (720 EA per 30 days); Age (Min 18 Years)
NICORETTE BUCCAL GUM 2 MG, 4 MG (nicotine polacrilex)	Tier 0	QL (720 EA per 30 days); Age (Min 18 Years)
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG (nicotine polacrilex)	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG (nicotine polacrilex)	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
nicotine (polacrilex) buccal gum 2 mg, 4 mg	Tier 0	QL (720 EA per 30 days); Age (Min 18 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	Tier 0	QL (1 EA per 1 day); Age (Min 18 Years)
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	Tier 0	QL (1 EA per 1 day); Age (Min 18 Years)
NICOTROL INHALATION CARTRIDGE 10 MG (nicotine)	Tier 0	QL (1008 EA per 90 days); Age (Min 18 Years)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML (nicotine)	Tier 0	QL (160 ML per 90 days); Age (Min 18 Years)
QUIT 2 BUCCAL GUM 2 MG (nicotine polacrilex)	Tier 0	QL (720 EA per 30 days); Age (Min 18 Years)
QUIT 2 BUCCAL LOZENGE 2 MG (nicotine polacrilex)	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
QUIT 4 BUCCAL GUM 4 MG (nicotine polacrilex)	Tier 0	QL (720 EA per 30 days); Age (Min 18 Years)
QUIT 4 BUCCAL LOZENGE 4 MG (nicotine polacrilex)	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (nicotine polacrilex)	Tier 0	QL (600 EA per 30 days); Age (Min 18 Years)
Smoking Deterrents - Nicotinic Receptor Partial Agonist, Alpha4beta2 - Drugs For Smoking Addiction		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (varenicline tartrate)	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (varenicline tartrate)	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) (varenicline tartrate)	Tier 0	QL (2 EA per 1 day); Age (Min 18 Years)
Chemicals-Pharmaceutical Adjuvants		
Bulk Chemicals		
guaiacol liquid	Tier 2	
Pharmaceutical Adjuvant - Cream/Ointment Vehicles		
petrolatum, yellow (bulk) gel 100 %	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WHITE WAX (BEESWAX) WAX 100 %	Tier 3	
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 - Oral Thickening Agents		
THICK AND EASY ORAL POWDER (starch)	Tier 3	
THICK AND EASY ORAL POWDER IN PACKET (starch)	Tier 3	
Pharmaceutical Adjuvant - Surfactants		
glyceryl monostearate flakes	Tier 3	
IV SOL STABILIZER FOR BLINCYTO INTRAVENOUS SOLUTION (stabilizer for blinatumomab)	Tier 3	
LUMOXITI IV SOLN STABILIZER INTRAVENOUS SOLUTION (stabilizer for moxetumomab pasudotox-tdfk)	Tier 3	
polysorbate 80 solution	Tier 3	
Pharmaceutical Adjuvant - Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT-PF INTRAMUSCULAR SUSPENSION (vaccine adjuvant system, AS01B/PF, component vial 1 of 2)	Tier 0	QL (1 ML per 365 days); Age (Min 50 Years)
VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION (cholera vaccine buffer component)	Tier 3	
Cognitive Disorder Therapy - Drugs For The Nervous System		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs For Alzheimer's Disease		
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG (galantamine HBr)	Tier 3	QL (30 EA per 30 days)
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG (galantamine HBr)	Tier 3	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 hr, 9.5 mg/24 hr	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	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)
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)	Tier 0	
Contraceptive Implant - Progestin - Birth Control Pills		
NEXPLANON SUBDERMAL IMPLANT 68 MG (etonogestrel)	Tier 0	QL (1 EA per 365 days)
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (medroxyprogesterone acetate)	Tier 0	QL (1 ML per 84 days)
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (medroxyprogesterone acetate)	Tier 0	QL (1 ML per 84 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (medroxyprogesterone acetate)	Tier 0	QL (0.65 ML per 84 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
medroxyprogesterone intramuscular suspension 150 mg/ml	Tier 0	QL (1 ML per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	Tier 0	QL (1 ML per 84 days)
Contraceptive Intrauterine - Copper Iud - Birth Control Pills		
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (copper)	Tier 0	
Contraceptive Intrauterine - Progesterone Iud - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG (levonorgestrel)	Tier 0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG (levonorgestrel)	Tier 0	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (5 YRS) 52 MG (levonorgestrel)	Tier 0	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG (levonorgestrel)	Tier 0	
Contraceptive Oral - Biphasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Lo Oral Tablets,Dose Pack,3 Month 0.10 Mg-20 Mcg (84)/10 Mcg (7))	Tier 0	QL (91 EA per 84 days)
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	Tier 0	QL (91 EA per 84 days)
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	Tier 0	QL (91 EA per 84 days)
desogestrel-ethinyl estradiol/ethinyl estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
desogestrel-ethinyl estradiol/ethinyl estradiol (Bekyree (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	Tier 0	QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	Tier 0	QL (91 EA per 84 days)
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	Tier 0	QL (91 EA per 84 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	Tier 0	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	Tier 0	QL (91 EA per 84 days)
desogestrel-ethinyl estradiol/ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	Tier 0	QL (91 EA per 84 days)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	Tier 0	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.10 Mg-20 Mcg (84)/10 Mcg (7))	Tier 0	QL (91 EA per 84 days)
desogestrel-ethinyl estradiol/ethinyl estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
desogestrel-ethinyl estradiol/ethinyl estradiol (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	Tier 0	QL (91 EA per 84 days)
desogestrel-ethinyl estradiol/ethinyl estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
desogestrel-ethinyl estradiol/ethinyl estradiol (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	Tier 0	
Contraceptive Oral - Monophasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Amethyst (28) Oral Tablet 90-20 Mcg (28))	Tier 0	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	Tier 0	

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PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | G = Gender Edit | SP = Specialty Medication | OCh = Oral Chemotherapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Aubra Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
levonorgestrel/ethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)	Tier 0	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7) (levonorgestrel/ethinyl estradiol/ferrous bisglycinate)	Tier 0	QL (1 EA per 1 day)
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	Tier 0	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) (drospirenone/ethinyl estradiol/levomefolate calcium)	Tier 3	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone-ethinyl estradiol (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	Tier 0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Charlotte 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	Tier 0	
levonorgestrel/ethinyl estradiol (Chateal (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
levonorgestrel/ethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Cyclafem 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	Tier 0	
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	Tier 0	
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	
DEMULEN 1/50 (21) ORAL TABLET 1-50 MG-MCG (21) (ethynodiol diacetate-ethinyl estradiol)	Tier 3	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	Tier 0	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	Tier 0	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	Tier 0	
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	Tier 0	
desogestrel-ethinyl estradiol (Emoquette Oral Tablet 0.15-0.03 Mg)	Tier 0	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	Tier 0	
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	Tier 0	
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-ethinyl estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (norethindrone-ethinyl estradiol/ferrous fumarate)	Tier 3	
GIANVI (28) ORAL TABLET 3-0.02 MG (ethinyl estradiol/drospirenone)	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone acetate-ethinyl estradiol (Hailey Oral Tablet 1.5-30 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Introvale Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	Tier 0	QL (91 EA per 84 days)
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-0.03 Mg)	Tier 0	
ethinyl estradiol/drospirenone (Jasmiel (28) Oral Tablet 3-0.02 Mg)	Tier 0	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel/ethinyl estradiol)	Tier 0	QL (91 EA per 84 days)
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-0.03 Mg)	Tier 0	
norethindrone acetate-ethinyl estradiol (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	
norethindrone-ethinyl estradiol/ferrous fumarate (Kaitlib Fe Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	Tier 0	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)	Tier 0	
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	
ethynodiol diacetate-ethinyl estradiol (Kelnor 1-50 Oral Tablet 1-50 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
norethindrone acetate-ethinyl estradiol (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
levonorgestrel/ethinyl estradiol (Larissia Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (norethindrone-ethinyl estradiol/ferrous fumarate)	Tier 0	
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	Tier 0	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	Tier 0	QL (91 EA per 84 days)
levonorgestrel/ethinyl estradiol (Levora-28 Oral Tablet 0.15-0.03 Mg)	Tier 0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Lillow (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	Tier 0	
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	Tier 0	
ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	Tier 0	
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Melodetta 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	Tier 0	
norethindrone acetate-ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Tier 0	
ethinyl estradiol/drospirenone (Nikki (28) Oral Tablet 3-0.02 Mg)	Tier 0	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	Tier 0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Tier 0	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	Tier 0	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	Tier 0	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	Tier 0	
norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	Tier 0	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (norethindrone-ethinyl estradiol)	Tier 0	
norethindrone-ethinyl estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	
OCELLA ORAL TABLET 3-0.03 MG (ethinyl estradiol/drospirenone)	Tier 0	
levonorgestrel/ethinyl estradiol (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Pirmella Oral Tablet 1-35 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Portia 28 Oral Tablet 0.15-0.03 Mg)	Tier 0	
norgestimate-ethinyl estradiol (Previfem Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
desogestrel-ethinyl estradiol (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	Tier 0	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) (drospirenone/ethinyl estradiol/levomefolate calcium)	Tier 2	
levonorgestrel/ethinyl estradiol (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	Tier 0	QL (91 EA per 84 days)
norgestimate-ethinyl estradiol (Sprintec (28) Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
ethinyl estradiol/drospirenone (Syeda Oral Tablet 3-0.03 Mg)	Tier 0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	Tier 0	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	Tier 0	
drospirenone/ethinyl estradiol/levomefolate calcium (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7))	Tier 0	
levonorgestrel/ethinyl estradiol (Vienva Oral Tablet 0.1-20 Mg-Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	Tier 0	
norethindrone-ethinyl estradiol/ferrous fumarate (Wymzya Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	Tier 0	
YAZ (28) ORAL TABLET 3-0.02 MG (ethinyl estradiol/drospirenone)	Tier 3	
ethinyl estradiol/drospirenone (Zarah Oral Tablet 3-0.03 Mg)	Tier 0	
ethynodiol diacetate-ethinyl estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	Tier 0	
ethinyl estradiol/drospirenone (Zumandimine (28) Oral Tablet 3-0.03 Mg)	Tier 0	
Contraceptive Oral - Progestin - Birth Control Pills		
norethindrone (Camila Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (Deblitane Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (Errin Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (Heather Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (Incassia Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (Jencycla Oral Tablet 0.35 Mg)	Tier 0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone (Lyza Oral Tablet 0.35 Mg)	Tier 0	
NORA-BE ORAL TABLET 0.35 MG (norethindrone)	Tier 0	
norethindrone (contraceptive) oral tablet 0.35 mg	Tier 0	
norethindrone (Norlyda Oral Tablet 0.35 Mg)	Tier 0	
norethindrone (Sharobel Oral Tablet 0.35 Mg)	Tier 0	
SLYND ORAL TABLET 4 MG (28) (drospirenone)	Tier 0	
norethindrone (Tulana Oral Tablet 0.35 Mg)	Tier 0	
Contraceptive Oral - Quadraphasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Fayosim Oral Tablets,Dose Pack,3 Month 0.15 Mg-20 Mcg/ 0.15 Mg-25 Mcg)	Tier 0	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	Tier 0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (estradiol valerate/dienogest)	Tier 0	
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	Tier 3	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (levonorgestrel/ethinyl estradiol and ethinyl estradiol)	Tier 0	
Contraceptive Oral - Triphasic - Birth Control Pills		
norethindrone-ethinyl estradiol (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	Tier 0	
desogestrel-ethinyl estradiol (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Cyclafem 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 0	
levonorgestrel/ethinyl estradiol (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	Tier 0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESTROSTEP FE-28 ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (norethindrone acetate-ethinyl estradiol/ferrous fumarate)	Tier 3	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (norethindrone-ethinyl estradiol)	Tier 0	
levonorgestrel/ethinyl estradiol (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	Tier 0	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	Tier 0	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)	Tier 0	
norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 0	
norethindrone-ethinyl estradiol (Pirmella Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	Tier 0	
norgestimate-ethinyl estradiol (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	Tier 0	
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
norgestimate-ethinyl estradiol (Tri-Previfem (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
levonorgestrel/ethinyl estradiol (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	Tier 0	
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	Tier 0	
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	Tier 0	
desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	Tier 0	
Contraceptive Transdermal Combinations - Birth Control Pills		
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (norelgestromin/ethinyl estradiol)	Tier 0	QL (3 EA per 28 days)
Contraceptive Transdermal Combinations - Estrogen And Progestin Comb. - Birth Control Pills		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (levonorgestrel/ethinyl estradiol)	Tier 3	QL (3 EA per 28 days)
Contraceptives - Intravaginal, Systemic - Birth Control Pills		
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	Tier 0	QL (1 EA per 28 days)
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (etonogestrel/ethinyl estradiol)	Tier 2	QL (1 EA per 28 days)
Contraceptives - Intravaginal, Systemic - Estrogen And Progestin Comb. - Birth Control Pills		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (segesterone acetate/ethinyl estradiol)	Tier 0	
etonogestrel/ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	Tier 0	QL (1 EA per 28 days)
Emergency Contraceptives - Birth Control Pills		
AFTERA ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
ECONTRA EZ ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
ELLA ORAL TABLET 30 MG (ulipristal acetate)	Tier 0	
levonorgestrel oral tablet 1.5 mg	Tier 0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
TAKE ACTION ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
Emergency Contraceptives - Progestin Type - Birth Control Pills		
MY CHOICE ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
NEW DAY ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
OPTION-2 ORAL TABLET 1.5 MG (levonorgestrel)	Tier 0	
Spermicides - Birth Control Pills		
GYNOL II VAGINAL GEL 3 % (nonoxynol 9)	Tier 0	
PHEXXI VAGINAL GEL 1.8-1-0.4 % (lactic acid/citric acid/potassium bitartrate)	Tier 0	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG (nonoxynol 9)	Tier 0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (nonoxynol 9)	Tier 0	
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 % (nonoxynol 9)	Tier 0	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (nonoxynol 9)	Tier 0	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (nonoxynol 9)	Tier 0	
Dermatological - Drugs For The Skin		
Acne Therapy Systemic - Retinoids And Derivatives - Drugs For The Skin		
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isotretinoin (Myorisan 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 - Anti-Infective - Drugs For The Skin		
azelaic acid topical gel 15 %	Tier 1	ST: Prior prescription for topical Metronidazole in the past 365 days
clindamycin phosphate topical foam 1 %	Tier 2	
clindamycin phosphate topical gel 1 %	Tier 1	
clindamycin phosphate topical gel, once daily 1 %	Tier 1	
clindamycin phosphate topical lotion 1 %	Tier 1	
clindamycin phosphate topical solution 1 %	Tier 1	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	Tier 1	
dapsone topical gel 5 %	Tier 1	
ERY PADS TOPICAL SWAB 2 % (erythromycin base in ethanol)	Tier 1	
erythromycin with ethanol topical gel 2 %	Tier 1	
erythromycin with ethanol topical solution 2 %	Tier 1	QL (180 ML per 1 FILL)
metronidazole topical cream 0.75 %	Tier 1	
metronidazole topical lotion 0.75 %	Tier 2	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
sulfacetamide sodium (acne) topical suspension 10 %	Tier 1	
Acne Therapy Topical - Anti-Infective-Keratolytic Combinations - Drugs For The Skin		
AVAR-E LS TOPICAL CREAM 10-2 % (sulfacetamide sodium/sulfur)	Tier 3	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %	Tier 1	ST: Prior prescription for Clindamycin Phosphate/Benzoyl Peroxide (non-pump) in the past 365 days
erythromycin-benzoyl peroxide topical gel 3-5 %	Tier 1	
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 % (clindamycin phosphate/benzoyl peroxide/emollient comb no.94)	Tier 3	
clindamycin phosphate/benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (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 %, 9-4.5 %, 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cream 10-2 %, 9.8-4.8 %	Tier 1	
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 %	Tier 1	
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %	Tier 1	
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (sulfacetamide sodium/sulfur)	Tier 1	
Acne Therapy Topical - Anti-Infective-Retinoid Combinations - Drugs For The Skin		
clindamycin-tretinoin topical gel 1.2-0.025 %	Tier 2	
Acne Therapy Topical - Keratolytic - Drugs For The Skin		
ACNE MEDICATION TOPICAL GEL 10 % (benzoyl peroxide)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACNE TREATMENT (BENZOYL PEROX) TOPICAL GEL 10 % (benzoyl peroxide)	Tier 1	
ACNE-CLEAR TOPICAL GEL 10 % (benzoyl peroxide)	Tier 1	
BENZEPRO TOPICAL TOWELETTE 6 % (benzoyl peroxide)	Tier 1	
benzoyl peroxide topical foam 9.8 %	Tier 1	
benzoyl peroxide topical gel 10 %	Tier 1	
BP TOPICAL GEL 10 % (benzoyl peroxide)	Tier 1	
BPO TOPICAL GEL 8 % (benzoyl peroxide)	Tier 1	
DAYLOGIC ACNE TREATMENT TOPICAL GEL 10 % (benzoyl peroxide)	Tier 1	
PACNEX HP TOPICAL PADS, MEDICATED 7 % (benzoyl peroxide)	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (benzoyl peroxide)	Tier 3	
PERSA-GEL TOPICAL GEL 10 % (benzoyl peroxide)	Tier 1	
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 3	
Acne Therapy Topical - Retinoid Combinations Other - Drugs For The Skin		
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	Tier 1	ST: Prior prescription for Adapalene 0.1% gel in the past 365 days; Age (Max 25 Years)
Acne Therapy Topical - Retinoids And Derivatives - Drugs For The Skin		
adapalene topical cream 0.1 %	Tier 1	Age (Max 25 Years)
adapalene topical gel 0.1 %, 0.3 %	Tier 1	Age (Max 25 Years)
adapalene topical gel with pump 0.3 %	Tier 1	Age (Max 25 Years)
adapalene topical lotion 0.1 %	Tier 1	Age (Max 25 Years)
adapalene topical solution 0.1 %	Tier 2	Age (Max 25 Years)
AVITA TOPICAL CREAM 0.025 % (tretinoin)	Tier 1	Age (Max 25 Years)
AVITA TOPICAL GEL 0.025 % (tretinoin)	Tier 2	Age (Max 25 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EFFACLAR ADAPALENE TOPICAL GEL 0.1 % (adapalene)	Tier 1	Age (Max 25 Years)
tretinoin microspheres topical gel 0.04 %, 0.1 %	Tier 2	Age (Max 25 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	Tier 1	ST: Prior prescription for Tretinoin cream (non-pump) in the past 365 days; Age (Max 25 Years)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	Tier 1	Age (Max 25 Years)
tretinoin topical gel 0.01 %	Tier 1	Age (Max 25 Years)
tretinoin topical gel 0.025 %, 0.05 %	Tier 2	Age (Max 25 Years)
Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs For The Skin		
DUOBRII TOPICAL LOTION 0.01-0.045 % (halobetasol propionate/tazarotene)	Tier 3	ST: Prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) in the past 365 days
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs For The Skin		
calcipotriene-betamethasone topical ointment 0.005-0.064 %	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
TACLONEX TOPICAL SUSPENSION 0.005-0.064 % (calcipotriene/betamethasone dipropionate)	Tier 2	ST: Prior prescription for Betamethasone Dipropionate, Betamethasone Valerate, Calcipotriene/Betamethasone, Clobetasol Propionate, Fluocinolone Acetonide, Fluocinonide, or Triamcinolone Acetonide in the past 365 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsoriatic Agents - Interleukin 12 And Il-23 Inhibitors,Mc Antibody - Drugs For The Skin		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (ustekinumab)	Tier 2	PA; SP
Antipsoriatic Agents - Interleukin-23 (Il-23) Antagonist, Mc Antibody - Drugs For The Skin		
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML (tildrakizumab-asmn)	Tier 3	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML (risankizumab-rzaa)	Tier 2	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) (risankizumab-rzaa)	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (guselkumab)	Tier 2	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (guselkumab)	Tier 2	PA; SP
Antipsoriatic Agents-Interleukin-17 (Il-17) Antagonist, Mc Antibody - Drugs For The Skin		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (secukinumab)	Tier 2	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (secukinumab)	Tier 2	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (secukinumab)	Tier 2	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (secukinumab)	Tier 2	PA; SP
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (brodalumab)	Tier 3	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 3	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 3	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (ixekizumab)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML (ixekizumab)	Tier 3	PA; SP
Dermatitis Or Eczema Agents, Systemic-Interleukin-4 (Il-4Ra) Antag.Mab - Drugs For The Skin		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (dupilumab)	Tier 2	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (dupilumab)	Tier 2	PA; SP
Dermatitis Or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs For The Skin		
EUCRISA TOPICAL OINTMENT 2 % (crisaborole)	Tier 3	ST: Prior prescription for Pimecrolimus or a Topical Anti-inflammatory Steroidal in the past 365 days
Dermatological - Antibacterial Aminoglycosides - Drugs For The Skin		
gentamicin topical cream 0.1 %	Tier 1	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %	Tier 1	
Dermatological - Antibacterial And Antifungal Agents - Drugs For The Skin		
QUINJA TOPICAL GEL 1.25-1 % (iodoquinol/aloe polysaccharides no.1)	Tier 3	
Dermatological - Antibacterial Other - Drugs For The Skin		
mupirocin calcium topical cream 2 %	Tier 1	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	Tier 1	
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 Sulfonamides - Drugs For The Skin		
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (sulfacetamide sodium/sulfur)	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	Tier 1	
Dermatological - Antibacterial,Antifungal Agent With Glucocorticoid - Drugs For The Skin		
ALA-QUIN TOPICAL CREAM 3-0.5 % (clioquinol/hydrocortisone)	Tier 3	

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: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq in the past 365 days
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (neomycin sulfate/fluocinolone acetonide)	Tier 3	ST: At least 2 prior prescriptions for Bacitracin Zinc, Bacitracin, Capex Shampoo, Fluocinolone Acetonide, Iluvien, Retisert, or Yutiq in the past 365 days
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 2	
naftifine topical cream 2 %	Tier 2	QL (180 GM per 1 FILL)
naftifine topical gel 1 %	Tier 1	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs For The Skin		
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	
nystatin topical powder 100,000 unit/gram	Tier 1	
nystatin (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Hydroxypyridinone - Drugs For The Skin		
ciclopirox topical cream 0.77 %	Tier 1	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %	Tier 2	
ciclopirox topical shampoo 1 %	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ciclopirox topical solution 8 %	Tier 1	QL (19.8 ML per 1 day)
ciclopirox topical suspension 0.77 %	Tier 1	QL (180 ML per 1 FILL)
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 2	QL (170 GM per 1 FILL)
ERTACZO TOPICAL CREAM 2 % (sertaconazole nitrate)	Tier 3	ST: Prior prescription for Ciclopirox Olamine, Ciclopirox, Econazole Nitrate, Ketoconazole, Naftifine HCL, or Oxiconazole Nitrate in the past 365 days
ketoconazole topical cream 2 %	Tier 1	QL (180 GM per 1 FILL)
ketoconazole topical foam 2 %	Tier 2	
ketoconazole topical shampoo 2 %	Tier 1	
KETODAN KIT TOPICAL COMBO PACK 2 % (ketoconazole/skin cleanser combination no.28)	Tier 2	
ketoconazole (Ketodan Topical Foam 2 %)	Tier 2	
oxiconazole topical cream 1 %	Tier 2	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 % (oxiconazole nitrate)	Tier 3	
Dermatological - Antifungal Oxaborole - Drugs For The Skin		
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 % (tavaborole)	Tier 3	PA
Dermatological - Antifungal Triazole - Drugs For The Skin		
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 % (efinaconazole)	Tier 3	PA
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs For The Skin		
clotrimazole-betamethasone topical cream 1-0.05 %	Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %	Tier 1	
DERMACINRX THERAZOLE PAK TOPICAL COMBO PACK 1-0.05-20 % (clotrimazole/betamethasone dipropionate/zinc oxide)	Tier 3	
hydrocortisone-iodoquinol topical cream 1-1 %	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	Tier 1	
Dermatological - Antifungals Other - Drugs For The Skin		
triacetin liquid 100 %	Tier 3	
Dermatological - Antineoplastic Alkylating Agents - Drugs For The Skin		
VALCHLOR TOPICAL GEL 0.016 % (mechlorethamine HCl)	Tier 2	PA; SP
Dermatological - Antineoplastic Antimetabolites - Drugs For The Skin		
CARAC TOPICAL CREAM 0.5 % (fluorouracil)	Tier 2	PA
fluorouracil topical cream 0.5 %	Tier 1	PA
fluorouracil topical cream 5 %	Tier 1	
fluorouracil topical solution 2 %, 5 %	Tier 1	
Dermatological - Antineoplastic Or Premalig. Lesions -Diterpene Esters - Drugs For The Skin		
PICATO TOPICAL GEL 0.015 % (ingenol mebutate)	Tier 2	QL (3 EA per 28 days)
PICATO TOPICAL GEL 0.05 % (ingenol mebutate)	Tier 2	QL (2 EA per 28 days)
Dermatological - Antineoplastic Or Premalignant Lesions - Nsaid's - Drugs For The Skin		
diclofenac sodium topical gel 3 %	Tier 1	ST: Prior prescription for generic Diclofenac 1% gel in the past 365 days; QL (100 GM per 1 FILL)
Dermatological - Antineoplastic Retinoids - Drugs For The Skin		
PANRETIN TOPICAL GEL 0.1 % (alitretinoin)	Tier 3	SP
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs For The Skin		
TARGRETIN TOPICAL GEL 1 % (bexarotene)	Tier 2	PA; SP
Dermatological - Antiperspirants - Drugs For The Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (aluminum chloride)	Tier 2	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 1	
Dermatological - Antipsoriatic Agents Topical - Drugs For The Skin		
calcipotriene scalp solution 0.005 %	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
calcipotriene topical cream 0.005 %	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
calcipotriene topical ointment 0.005 %	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
calcitriol topical ointment 3 mcg/gram	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
DRITHOCREME HP TOPICAL CREAM 1 % (anthralin)	Tier 2	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
SORILUX TOPICAL FOAM 0.005 % (calcipotriene)	Tier 3	ST: Prior prescription for Calcipotriene, Calcipotriene/Betamethasone, or Calcitriol in the past 365 days
tazarotene topical cream 0.1 %	Tier 1	
TAZORAC TOPICAL CREAM 0.05 % (tazarotene)	Tier 2	ST: Prior prescription for generic Tazarotene cream in the past 365 days
TAZORAC TOPICAL GEL 0.05 %, 0.1 % (tazarotene)	Tier 2	ST: Prior prescription for generic Tazarotene cream in the past 365 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZITHRANOL TOPICAL SHAMPOO 1 % (anthralin micronized)	Tier 3	
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs For The Skin		
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19) (apremilast)	Tier 2	PA; SP
Dermatological - Antiseborrheic - Drugs For The Skin		
ESKATA TOPICAL SOLUTION WITH APPLICATOR 40 % (hydrogen peroxide)	Tier 3	
selenium sulfide topical lotion 2.5 %	Tier 1	
selenium sulfide topical shampoo 2.25 %	Tier 2	
sulfacetamide sodium topical cleanser 10 %	Tier 1	
sulfacetamide sodium topical cleanser, gel 10 %	Tier 1	
Dermatological - Antiviral, Herpes - Drugs For The Skin		
acyclovir topical ointment 5 %	Tier 2	
ZOVIRAX TOPICAL OINTMENT 5 % (acyclovir)	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 2	
SULFAMYLON TOPICAL PACKET 50 GRAM (mafenide acetate)	Tier 2	
Dermatological - Calcineurin Inhibitors - Drugs For The Skin		
pimecrolimus topical cream 1 %	Tier 1	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
tacrolimus topical ointment 0.03 %, 0.1 %	Tier 1	
Dermatological - Emollient Combinations - Drugs For The Skin		
CERAVE FOAMING FACIAL TOPICAL CLEANSER (ceramides 1,3,6-11/niacinamide)	Tier 3	
Dermatological - Emollients - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
urea topical cream 39 %	Tier 1	
Dermatological - Enzymes - Drugs For The Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (collagenase Clostridium histolyticum)	Tier 2	
Dermatological - Eyelid Cleansers - Drugs For The Skin		
CLEANSING EYELID MOIST PADS TOPICAL PADS, MEDICATED (eyelid cleanser combination no.8)	Tier 1	
CLEANSING EYELID WIPES EXT STR TOPICAL PADS, MEDICATED (eyelid cleanser combination no.10)	Tier 1	
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 2	
alclometasone topical cream 0.05 %	Tier 1	
alclometasone topical ointment 0.05 %	Tier 1	
amcinonide topical cream 0.1 %	Tier 2	ST: At least 2 prior prescriptions for Betamethasone Dipropionate, Betamethasone Valerate, Clobetasol Propionate, Fluocinonide, Halobetasol Propionate, Mometasone Furoate, or Triamcinolone Acetonide in the past 365 days
amcinonide topical lotion 0.1 %	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	
betamethasone valerate topical ointment 0.1 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
betamethasone, augmented topical cream 0.05 %	Tier 1	
betamethasone, augmented topical gel 0.05 %	Tier 1	
betamethasone, augmented topical lotion 0.05 %	Tier 1	
betamethasone, augmented topical ointment 0.05 %	Tier 1	
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	
desonide topical cream 0.05 %	Tier 2	
desonide topical lotion 0.05 %	Tier 2	
desonide topical ointment 0.05 %	Tier 2	
desoximetasone topical cream 0.05 %	Tier 2	
desoximetasone topical cream 0.25 %	Tier 1	
desoximetasone topical gel 0.05 %	Tier 2	
desoximetasone topical ointment 0.05 %	Tier 2	
desoximetasone topical ointment 0.25 %	Tier 1	
fluocinolone and shower cap scalp oil 0.01 %	Tier 1	
fluocinolone topical cream 0.01 %, 0.025 %	Tier 1	
fluocinolone topical oil 0.01 %	Tier 1	
fluocinolone topical ointment 0.025 %	Tier 1	
fluocinolone topical solution 0.01 %	Tier 1	
fluocinonide topical cream 0.05 %, 0.1 %	Tier 1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluocinonide-emollient topical cream 0.05 %	Tier 1	
flurandrenolide topical cream 0.05 %	Tier 2	
flurandrenolide topical lotion 0.05 %	Tier 1	
flurandrenolide topical ointment 0.05 %	Tier 1	
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 2	ST: Prior prescription for a Topical Anti-inflammatory Steroidal in the past 365 days
halobetasol propionate topical cream 0.05 %	Tier 1	
halobetasol propionate topical ointment 0.05 %	Tier 1	
hydrocortisone butyrate topical cream 0.1 %	Tier 2	
hydrocortisone butyrate topical lotion 0.1 %	Tier 1	
hydrocortisone butyrate topical ointment 0.1 %	Tier 1	
hydrocortisone butyrate topical solution 0.1 %	Tier 1	
hydrocortisone butyr-emollient topical cream 0.1 %	Tier 2	
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	
hydrocortisone valerate topical ointment 0.2 %	Tier 2	
mometasone topical cream 0.1 %	Tier 1	
mometasone topical ointment 0.1 %	Tier 1	
mometasone topical solution 0.1 %	Tier 1	
prednicarbate topical cream 0.1 %	Tier 1	
prednicarbate topical ointment 0.1 %	Tier 1	
hydrocortisone (Procto-Pak Topical Cream With Perineal Applicator 1 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (hydrocortisone/salicylic acid/sulfur/shampoo no. 1)	Tier 3	
SCALACORT TOPICAL LOTION 2 % (hydrocortisone)	Tier 3	
triamcinolone acetonide topical aerosol 0.147 mg/gram	Tier 2	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	Tier 1	
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 %, 0.5 %)	Tier 1	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs For The Skin		
NUCORT TOPICAL LOTION 2 % (hydrocortisone acetate/aloe vera)	Tier 3	
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs For The Skin		
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	Tier 1	
Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs For The Skin		
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 % (hydrocortisone/skin cleanser combination no.25)	Tier 3	
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs For The Skin		
ALDARA TOPICAL CREAM IN PACKET 5 % (imiquimod)	Tier 3	QL (24 EA per 30 days)
imiquimod topical cream in packet 5 %	Tier 1	QL (24 EA per 30 days)
Dermatological - Immunomodulator - Interferons - Drugs For The Skin		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (interferon alfa-n3)	Tier 2	SP
Dermatological - Keratolytic-Antimitotic Combinations - Drugs For The Skin		
silver nitrate applicators topical stick 75-25 %	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs For The Skin		
CEM-UREA TOPICAL GEL 45 % (urea)	Tier 1	
podofilox topical solution 0.5 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
salicylic acid er-ceramides topical kit,cleanser and cream er 6 %	Tier 2	
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 gel 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	
SALIMEZ TOPICAL CREAM 6 % (salicylic acid)	Tier 2	
SALVAX TOPICAL FOAM 6 % (salicylic acid)	Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (salicylic acid)	Tier 3	
UMECTA TOPICAL FOAM 40 % (urea)	Tier 1	
UREA NAIL STICK TOPICAL SOLUTION 50 % (urea)	Tier 1	
urea topical cream 40 %, 45 %, 47 %, 50 %	Tier 1	
urea topical foam 35 %	Tier 1	
urea topical gel 45 %	Tier 1	
urea topical lotion 40 %	Tier 1	
Dermatological - Keratoplastic Tar Products - Drugs For The Skin		
coal tar topical solution 20 %	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	
lidocaine-prilocaine topical cream 2.5-2.5 %	Tier 1	
Dermatological - Local Anesthetic Gas Single Agents - Drugs For The Skin		
ethyl chloride topical aerosol,spray 100 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Nsaid Combinations - Drugs For The Skin		
DICLOTREX TOPICAL KIT 1.5-10-4 % (diclofenac sodium/menthol/camphor)	Tier 3	
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	QL (600 ML per 1 FILL)
diclofenac sodium topical gel 1 %	Tier 1	QL (1500 GM per 1 FILL)
DICLOFONO TOPICAL GEL IN PACKET 1.6 % (diclofenac sodium)	Tier 3	ST: Prior prescription for generic Diclofenac 1% gel in the past 365 days
diclofenac epolamine (Flector Transdermal Patch 12 Hour 1.3 %)	Tier 3	
FROTEK TOPICAL CREAM IN PACKET 10 % (ketoprofen)	Tier 3	ST: Prior prescription for generic Diclofenac 1% gel in the past 365 days
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (diclofenac epolamine)	Tier 3	ST: Prior prescription for Diclofenac Epolamine or Licart in the past 120 days; 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 - Pigmenting, Melanocyte-Stimulating Hormone Analog - Drugs For The Skin		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (afamelanotide acetate)	Tier 3	PA; SP
Dermatological - Rosacea Therapy, Systemic - Drugs For The Skin		
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	Tier 1	ST: Prior prescription for Doxycycline Monohydrate 50mg capsules in the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate (Oracea Oral Capsule,Ir - Delay Rel,Biphase 40 Mg)	Tier 2	ST: Prior prescription for Doxycycline Monohydrate 50mg capsules in the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years)
Dermatological - Rosacea Therapy, Topical - Drugs For The Skin		
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sodium/sulfur/urea)	Tier 1	
metronidazole topical gel 0.75 %	Tier 1	
metronidazole topical gel 1 %	Tier 2	
metronidazole topical gel with pump 1 %	Tier 2	
MIRVASO TOPICAL GEL WITH PUMP 0.33 % (brimonidine tartrate)	Tier 2	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
Dermatological - Soap And/Or Cleanser Combinations - Drugs For The Skin		
SAF-CLENS AF DERMAL WOUND TOPICAL CLEANSER (skin cleanser)	Tier 3	
Dermatological - Topical Local Anesthetic Amides - Drugs For The Skin		
FORAXA TOPICAL GEL 2 %-1 % -1.2 % (lidocaine HCl/aloe vera/collagen,bovine)	Tier 3	ST: Prior prescription for Lidocaine 3% cream or Lidocaine 5% ointment in the past 365 days
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	
lidocaine hcl mucous membrane jelly 2 %	Tier 1	
lidocaine hcl mucous membrane jelly in applicator 2 %	Tier 1	
lidocaine hcl topical cream 3 %	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	Tier 1	
lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIDOTREX TOPICAL GEL 2 %-1 % -1.2 % (lidocaine HCl/aloe vera/collagen,bovine)	Tier 3	ST: Prior prescription for Lidocaine 3% cream or Lidocaine 5% ointment in the past 365 days
VEXASYN TOPICAL GEL 2 %-1 % -1.2 % (lidocaine HCl/aloe vera/collagen,bovine)	Tier 3	ST: Prior prescription for Lidocaine 3% cream or Lidocaine 5% ointment in the past 365 days
Dermatological - Topical Local Anesthetic Esters - Drugs For The Skin		
ANACAINE TOPICAL OINTMENT 10 % (benzocaine)	Tier 3	
PONTOCAINE TOPICAL SOLUTION 2 % (tetracaine HCl)	Tier 3	
Dermatological Antipruritics Other - Drugs For The Skin		
LEVICYN ANTIPRURITIC TOPICAL GEL (sod Mg fluo/sodium phos/NaCl/hypochlorous acid/sod hypochlor)	Tier 3	
Dermatological Irritants-Counter-Irritant Single Agents - Drugs For The Skin		
methyl salicylate oil	Tier 1	
methyl salicylate topical liquid	Tier 1	
WINTERGREEN OIL OIL (methyl salicylate)	Tier 1	
Scabicide And Pediculicide Single Agents - Drugs For The Skin		
crotamiton (Crotan Topical Lotion 10 %)	Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days
EURAX TOPICAL CREAM 10 % (crotamiton)	Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days
EURAX TOPICAL LOTION 10 % (crotamiton)	Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days
lindane topical shampoo 1 %	Tier 1	
malathion topical lotion 0.5 %	Tier 1	
permethrin topical cream 5 %	Tier 1	
SKLICE TOPICAL LOTION 0.5 % (ivermectin)	Tier 3	
spinosad topical suspension 0.9 %	Tier 1	
ULESFIA TOPICAL LOTION 5 % (benzyl alcohol)	Tier 3	ST: Prior prescription for Malathion and Permethrin in the past 365 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Wound Care - Cleanser Combinations - Drugs For The Skin		
LEVICYN DERMAL TOPICAL SPRAY,NON-AEROSOL 0.009 % (hypochlorous acid/sod chlor/sod sulfate/sod phosphate,mono)	Tier 3	
Wound Care - Growth Factor Agents - Drugs For The Skin		
REGRANEX TOPICAL GEL 0.01 % (becaplermin)	Tier 2	
Wound Care Combinations Other - Drugs For The Skin		
LEVICYN ANTIPRURITIC TOPICAL GEL (sod Mg fluo/sodium phos/NaCl/hypochlorous acid/sod hypochlor)	Tier 3	
Diagnostic Agents		
Diagnostic - Blood Test Others		
PRECISION XTRA B-KETONE STRIP (blood ketone test, strips)	Tier 2	QL (200 EA per 30 days)
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	ST: Prior prescription for Sildenafil Citrate or Tadalafil in the past 120 days; QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG (alprostadil)	Tier 2	ST: Prior prescription for Sildenafil Citrate or Tadalafil in the past 120 days; QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG (alprostadil)	Tier 2	ST: Prior prescription for Sildenafil Citrate or Tadalafil in the past 120 days; QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG (alprostadil)	Tier 3	QL: 6 INJECTIONS IN 30 DAYS; ST: Prior prescription for Caverject, Muse, Sildenafil Citrate, or Tadalafil in the past 120 days
EDEX INTRACAVERNOSAL KIT 40 MCG (alprostadil)	Tier 3	QL: 6 INJECTIONS IN 30 DAYS; ST: Prior prescription for Caverject or Muse in the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML (alprostadil in bacteriostatic sodium chloride)	Tier 1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 125 MCG, 250 MCG, 500 MCG (alprostadil)	Tier 2	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		
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)
tadalafil oral tablet 10 mg, 20 mg	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Tamsulosin HCL, or Terazosin HCL in the past 120 days; QL (1 EA per 1 day)
Eating Disorder Therapy - Drugs For Eating Disorders		
Appetite Stimulants - Cannabinoids - Drugs For Eating Disorders		
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 3	ST: Prior prescription for Dronabinol in the past 120 days; QL (60 ML per 30 days)
Appetite Stimulants - Progestin Hormone Type - Drugs For Eating Disorders		
megestrol oral suspension 400 mg/10 ml (10 ml)	Tier 1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	Tier 1	
Electrolyte Balance-Nutritional Products - Drugs For Nutrition		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Amino Acid - Carnitine Derivatives - Drugs For Nutrition		
levocarnitine oral tablet 330 mg	Tier 1	
Dietary Product - Dietary Supplements - Drugs For Nutrition		
BOOST SOOTHE ORAL LIQUID 0.04 GRAM- 1.27 KCAL/ML (lactose-reduced food)	Tier 3	PA
ENFAGROW TODLR NXT STP NON-GMO ORAL POWDER 6 GRAM-160 KCAL/36 GRAM (pediatric nutrition,milk based,iron/docosahexaenoic acid)	Tier 3	PA
ENSURE ORIGINAL ORAL LIQUID 0.04-1.05 GRAM-KCAL/ML (lactose-reduced food)	Tier 3	PA
ENSURE PUDDING ORAL PUDDING (nutritional supplement)	Tier 2	PA
GERBER GOOD START A2 TODDLER ORAL POWDER 4 GRAM-130 KCAL /28 GRAM (pediatric nut,milk based,iron/A2 casein/dha/ara/L. reuteri)	Tier 3	
KETO FORMULA ORAL LIQUID (nutritional supplement/fiber)	Tier 3	PA
LIQUID HOPE PEPTIDE FORMULA ORAL LIQUID (nutritional supplement/fiber)	Tier 3	PA
MEGARED ADVANCED 4-IN-1 GUMMY ORAL TABLET,CHEWABLE 35 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 3	
MEGARED ADVANCED OMEGA-3 ALGAE ORAL CAPSULE 330-300-600 MG (omega-3 fatty acids/dha/epa/Schizochytrium algal oil)	Tier 3	
MEGARED KIDS ORAL TABLET,CHEWABLE 35 MG (omega-3 fatty acids/docosahexaenoic acid/epa/fish oil)	Tier 3	
MONOGEN ORAL POWDER (nutritional supplement/medium chain triglycerides)	Tier 1	
NAN PRO TODDLER DRINK ORAL POWDER 4 GRAM-170 KCAL /33 GRAM (pediatric nut,milk based,iron/Lactobacillus reuteri)	Tier 3	
NOURISH PEPTIDE FORMULA ORAL LIQUID (nutritional supplement/fiber)	Tier 3	PA
NUMAQULA OMEGA-3 ORAL CAPSULE 700 MG-8.3 MCG- 3.3 MG-0.7 MG (omega-3s/dha/epa/fish oil/vitamin D3/lutein/zeaxanthin)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIASURE GROW-GAIN ORAL LIQUID 0.03-1 GRAM-KCAL/ML (pediatric nutrition with iron, lactose free)	Tier 3	
PEDIASURE GROW-GAIN ORGANIC ORAL LIQUID 0.03-1 GRAM-KCAL/ML (pediatric nutrition with iron, lactose free)	Tier 3	
PEDIASURE REDUCED CALORIE ORAL LIQUID 0.03-0.6 GRAM-KCAL/ML (pediatric nutrition, iron, lactose free with fiber)	Tier 3	PA
XYZMUNE ORAL CAPSULE 500 MG-15 MCG- 1,000 MCG-16 MG (vitamin C/D3/folic acid/zinc/lysine/herbal complex no.312)	Tier 3	
Dietary Product - Infant Formulas - Drugs For Nutrition		
ENFAGROW GENTLEASE FORMULA ORAL POWDER 2.6-5.3 GRAM/100 KCAL (infant formula with iron/soy/dha/arachidonic acid)	Tier 3	PA; SP
ENFAGROW TODLR TRANSITN NONGMO ORAL POWDER 2.6-5.3 GRAM/100 KCAL (infant formula with iron/docosahexaenoic acid/arachidonic ac)	Tier 3	PA; SP
ENFAMIL NEURO SENSITIVE NONGMO ORAL POWDER 2.2-5.3-10.9 GRAM/100 KCAL (infant form.iron, lact.reduced/dha/arachidonic acid (ara))	Tier 3	PA; SP
ENFAMIL PROSOBEE ORAL LIQUID 2.5-5.3 GRAM/100 KCAL (infant formula,soy,iron,lac-free/dha/arachidonic acid (ara))	Tier 3	PA; SP
ENFAMIL REGULINE ORAL POWDER 2.3-5.3 GRAM/100 KCAL (infant formula w-iron/dha/ara/polydextrose/gos)	Tier 3	PA; SP
GERBER GOOD START A2 ORAL POWDER 2.1-5.1-11.4 GRAM/100 KCAL (infant formula with iron/A2 beta casein/dha/arach/L.reuteri)	Tier 3	SP
GLUTAREX-1 ORAL POWDER 15-480 G-KCAL/100 G (inf form, glutaric aciduria I)	Tier 3	SP
NAN PRO-1 INFANT ORAL POWDER 2.1-5.1-11.5 GRAM/100 KCAL (infant formula with iron/dha/ara/L. reuteri)	Tier 3	PA; SP
NUTRAMIGEN TODDLER ENFLORA-LGG ORAL POWDER 2.5-4.3 GRAM/100 KCAL (infant formula,iron,spec.metabol,lactose free/L.rhamnosus GG)	Tier 3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMILAC PRO-SENSITIVE NON-GMO ORAL LIQUID 2.1-5.4-10.9 GRAM/100 KCAL (infant formula with iron/docosahexaenoic acid/arachidonic ac)	Tier 3	PA; SP
SIMILAC SPECIAL CARE 24 ORAL LIQUID 3-5.43 GRAM/100 KCAL (infant formula with iron/docosahexaenoic acid/arachidonic ac)	Tier 3	PA; SP
SIMILAC TOTAL COMFORT ORAL LIQUID 2.32-5.4 GRAM/100 KCAL (infant formula with iron/docosahexaenoic acid/arachidonic ac)	Tier 2	PA
Electrolyte Depleters - Ion Exchange Resin - Drugs For Nutrition		
KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML (sodium polystyrene sulfonate/sorbitol solution)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (sodium zirconium cyclosilicate)	Tier 2	PA
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML (sodium polystyrene sulfonate)	Tier 1	
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 2	
Geriatric Vitamins - Drugs For Nutrition		
CENTRAL-VITE ORAL TABLET (multivitamin with iron,hematinic)	Tier 1	
Minerals And Electrolytes - Bicarbonate Producing Or Containing Agents - Drugs For Nutrition		
sodium acetate intravenous solution 4 meq/ml	Tier 1	
sodium bicarbonate in d5w intravenous solution 150 meq/1,000 ml, 150 meq/1,150 ml	Tier 1	
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %)	Tier 1	
tromethamine in sterile water intravenous syringe 1.8 gram/50 ml (0.3 molar)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals And Electrolytes - Calcium Replacement - Drugs For Nutrition		
calcium acetate oral tablet 667 mg	Tier 3	
calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)	Tier 1	
calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml, 2 gram/100 ml	Tier 1	
calcium gluconate in 0.9% nacl intravenous solution 1 gram/60 ml, 2 gram/120 ml, 2 gram/70 ml	Tier 1	
calcium gluconate in d5w intravenous solution 1 gram/110 ml, 1 gram/60 ml	Tier 1	
calcium gluconate in water intravenous syringe 1 gram/10 ml (100 mg/ml)	Tier 1	
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG) (calcium carbonate)	Tier 1	
Minerals And Electrolytes - Calcium Replacement Combinations - Drugs For Nutrition		
calc-d3-magnes-b6-zn-cu-mangan oral tablet 250 mg-400 unit -40 mg-5 mg	Tier 1	
calcium-vitamin d3-vitamin k oral tablet,chewable 650 mg-12.5 mcg-40 mcg	Tier 1	
Minerals And Electrolytes - Calcium Replacement/Vitamin D Combinations - Drugs For Nutrition		
calcium carbonate-vitamin d3 oral capsule 600 mg(1,500mg) -400 unit	Tier 1	
calcium carbonate-vitamin d3 oral tablet 250-125 mg-unit, 500 mg(1,250mg) -125 unit, 500 mg(1,250mg) -200 unit, 600 mg(1,500mg) -400 unit, 600 mg(1,500mg) -800 unit	Tier 1	
calcium carbonate-vitamin d3 oral tablet,chewable 500 mg(1,250mg) -400 unit	Tier 1	
calcium carbonate-vitamin d3 oral tablet,chewable 500-100 mg-unit	Tier 3	
calcium citrate-vitamin d3 oral tablet 315 mg- 250 unit, 315 mg-5 mcg (200 unit)	Tier 1	
calcium phosphate-vitamin d3 oral tablet,chewable 250-400 mg-unit	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YOGURT PLUS CALCIUM GUMMIES ORAL TABLET,CHEWABLE 250 MG-2.5 MCG (100 UNIT) (calcium phosphate, tribasic/cholecalciferol (vitamin D3))	Tier 1	
Minerals And Electrolytes - Iodine - Drugs For Nutrition		
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML (sodium iodide)	Tier 1	
LUGOLS ORAL SOLUTION 5 % (potassium iodide/iodine)	Tier 3	
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	QL (12 EA per 1 day)
CHILDREN'S IRON ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	Tier 0	Age (Max 1 Years)
EZFE 200 ORAL CAPSULE 200 MG IRON (iron polysaccharide complex)	Tier 1	
FE C PLUS ORAL TABLET 100-250-25-1 MG-MG-MCG-MG (iron,carbonyl/ascorbic acid/cyanocobalamin/folic acid)	Tier 1	
FEOSOL ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 1	
FEOSOL ORAL TABLET 45 MG (iron,carbonyl)	Tier 3	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML) (ferumoxytol)	Tier 3	
FERATE ORAL TABLET 240 MG (27 MG IRON) (ferrous gluconate)	Tier 1	
FERGON ORAL TABLET 240 MG (27 MG IRON), 270 MG (27 MG IRON) (ferrous gluconate)	Tier 3	
FER-IN-SOL ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	Tier 3	
FEROSUL ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 1	
FERRETTS CARBONYL IRON ORAL TABLET,CHEWABLE 18 MG IRON (iron,carbonyl)	Tier 3	
FERRETTS IPS ORAL LIQUID 40 MG/15 ML (iron succinyl-protein complex)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERRETTS ORAL TABLET 325 MG (106 MG IRON) (ferrous fumarate)	Tier 1	
FERREX 150 ORAL CAPSULE 150 MG IRON (iron polysaccharide complex)	Tier 1	
FERRIMIN 150 ORAL TABLET 456 MG (150 MG IRON) (ferrous fumarate)	Tier 1	
FERROCITE ORAL TABLET 324 MG (106 MG IRON) (ferrous fumarate)	Tier 1	
FERRO-TIME ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 1	
ferrous fumarate oral tablet 324 mg (106 mg iron)	Tier 1	
ferrous fumarate oral tablet 89 mg (29 mg iron)	Tier 3	
ferrous gluconate oral tablet 236 mg (27 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron)	Tier 1	
ferrous gluconate oral tablet 240 mg (27 mg iron), 256 mg (28 mg iron)	Tier 1	
ferrous sulfate oral drops 15 mg iron (75 mg)/ml	Tier 0	Age (Max 1 Years)
ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml	Tier 1	
ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml	Tier 1	
ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml	Tier 1	
ferrous sulfate oral tablet 325 mg (65 mg iron)	Tier 1	
ferrous sulfate oral tablet,delayed release (dr/ec) 324 mg (65 mg iron)	Tier 1	
ferrous sulfate oral tablet,delayed release (dr/ec) 325 mg (65 mg iron)	Tier 1	
FERROUSUL ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 1	
HEMATEX ORAL LIQUID 100 MG IRON/5 ML (iron polysaccharide complex)	Tier 3	
HEMATEX ORAL TABLET 150 MG IRON (iron polysaccharide complex)	Tier 3	
HEMOCYTE ORAL TABLET 324 MG (106 MG IRON) (ferrous fumarate)	Tier 1	
HIGH POTENCY IRON ORAL TABLET 134 MG (27 MG IRON), 27 MG IRON (ferrous sulfate)	Tier 1	
ICAR ORAL SUSPENSION 15 MG/1.25 ML (iron,carbonyl)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IFEREX 150 ORAL CAPSULE 150 MG IRON (iron polysaccharide complex)	Tier 1	
INFED INJECTION SOLUTION 50 MG/ML (iron dextran complex)	Tier 3	
IRON (DRIED) ORAL TABLET EXTENDED RELEASE 160 MG (50 MG IRON) (ferrous sulfate, dried)	Tier 1	
IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 1	
IRON 100 PLUS ORAL TABLET 100-250-25-1 MG-MG-MCG-MG (iron,carbonyl/ascorbic acid/cyanocobalamin/folic acid)	Tier 1	
IRON CHEWS ORAL TABLET,CHEWABLE 15 MG (iron,carbonyl)	Tier 1	
iron oral tablet 18 mg	Tier 1	
IRON ORAL TABLET 325 MG (65 MG IRON) (ferrous sulfate)	Tier 1	
IRON ORAL TABLET EXTENDED RELEASE 159 MG (45 MG IRON) (ferrous sulfate, dried)	Tier 1	
iron, carbonyl oral tablet 45 mg	Tier 1	
IRONUP ORAL DROPS 15 MG IRON/0.5 ML (iron polysaccharide complex)	Tier 3	
MONOFERRIC INTRAVENOUS SOLUTION 100 MG IRON/ML (ferric derisomaltose)	Tier 3	
MYFERON 150 ORAL CAPSULE 150 MG IRON (iron polysaccharide complex)	Tier 1	
NOVAFERRUM 125 ORAL LIQUID 125 MG IRON- 100 UNIT/5 ML (iron polysaccharide complex/cholecalciferol (vit D3))	Tier 3	
NOVAFERRUM 50 ORAL CAPSULE 50 MG IRON (iron polysaccharide complex)	Tier 1	
NOVAFERRUM ORAL DROPS 15 MG IRON/ML (iron polysaccharide complex)	Tier 3	
NU-IRON ORAL CAPSULE 150 MG IRON (iron polysaccharide complex)	Tier 1	
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML (ferrous sulfate)	Tier 0	Age (Max 1 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERFECT IRON ORAL TABLET 25 MG IRON (iron,carbonyl)	Tier 3	
POLY-IRON ORAL CAPSULE 150 MG IRON (iron polysaccharide complex)	Tier 1	
polysaccharide iron complex oral capsule 150 mg iron	Tier 1	
PRO FE ORAL CAPSULE 180 MG IRON (iron polysaccharide complex)	Tier 3	
PROFERRIN ES ORAL TABLET 12 MG (iron heme polypeptide)	Tier 3	
SLOW FE ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON) (ferrous sulfate)	Tier 3	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 140 MG (45 MG IRON), 142 MG (45 MG IRON), 143 MG (45 MG IRON), 250 MG (50 MG IRON) (ferrous sulfate)	Tier 1	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 144 MG (45 MG IRON), 160 MG (50 MG IRON), 168 MG (50 MG IRON) (ferrous sulfate, dried)	Tier 1	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 159 MG (45 MG IRON) (ferrous sulfate, dried)	Tier 3	
TANDEM DUAL ACTION ORAL CAPSULE 162-115.2 (106) MG (ferrous fumarate/iron polysaccharide complex)	Tier 3	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (ferric pyrophosphate citrate)	Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (ferric pyrophosphate citrate)	Tier 2	
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML (iron sucrose complex)	Tier 3	
WEE CARE ORAL SUSPENSION 15 MG/1.25 ML (iron,carbonyl)	Tier 1	
Minerals And Electrolytes - Iron Combinations - Drugs For Nutrition		
ABATRON ORAL LIQUID 100 MG IRON-0.8 MG-10 MG/5 ML (iron/folic acid/vit B complex no.16/mag sulfate/zinc sulfate)	Tier 3	
ACTIVE FE ORAL TABLET 75 MG IRON- 1,250 MCG (iron,carbonyl/folic acid/multivit with minerals)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APETIGEN PLUS ORAL TABLET 10-300-30 MG-MG-UNIT (ferrous gluconate/lysine HCl/vit E/vit B cplex with C/zinc)	Tier 3	
CENTRAL-VITE ORAL TABLET (multivitamin with iron,hematinic)	Tier 1	
CENTRATEX ORAL CAPSULE 106 MG IRON- 1 MG (ferrous fumarate/folic acid/multivitamin-minerals no.15)	Tier 3	
CHEWABLE IRON ORAL TABLET,CHEWABLE 30-10-25 MG (iron,carbonyl/ascorbic acid/fructooligosaccharides)	Tier 3	
COMPLETE ORAL TABLET 27-0.4 MG (multivitamin with iron,hematinic)	Tier 1	
CORVITA 150 ORAL TABLET 150-1.25-120-10 MG (iron,carbonyl/folic acid/vit C/pyridoxine HCl/vit B12/zinc)	Tier 1	
CORVITE 150 ORAL TABLET 150 MG IRON- 1 MG (iron,carbonyl/methyltetrahydrofolate,folic acid/mv,min no.41)	Tier 3	
CORVITE FE ORAL TABLET 150 MG IRON- 1 MG (iron/methyltetrahydrofolate gluc,folate/multivit,mins no.40)	Tier 3	
DUOFER ORAL TABLET 28 MG (iron polysaccharide complex/iron heme polypeptide)	Tier 1	
FE C ORAL TABLET 100-250 MG (iron,carbonyl/ascorbic acid)	Tier 1	
FEOSOL BIFERA ORAL TABLET 28 MG (iron polysaccharide complex/iron heme polypeptide)	Tier 3	
FERIVA 21-7 ORAL TABLET 75 MG IRON-175 MG-1 MG-12 MCG (iron asp gly/ascorbic acid/folate no.1/vit B12/zinc/succinic)	Tier 3	
FERIVA FA (WITH SUMALATE) ORAL CAPSULE 110 MG-175 MG- 1 MG-12 MCG (iron bisgly,aspart,fumarate/vit C/folate/B12/biotin/cupric)	Tier 3	
FERIVA ORAL CAPSULE,EXT RELEASE MULTIPHASE 75 MG IRON- 1 MG-175 MG (iron bisgly,carbonyl/folic acid/vit C/cyanocobalamin/biotin)	Tier 3	
FEROCON ORAL CAPSULE 110-0.5 MG (ferrous fumarate/ascorbic acid/B12-if/folic acid)	Tier 1	
FERRACTIV ORAL CAPSULE 27-100-400 MG-MCG-MCG (iron amino acid chelate/cyanocobalamin/folic acid)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERRAPLUS 90 ORAL TABLET 90-1-12-120-50 MG-MG-MCG-MG-MG (iron, carbonyl/folic acid/vit B12/vitamin C/docusate sodium)	Tier 1	
FERREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG (iron polysaccharide complex/cyanocobalamin/folic acid)	Tier 1	
FERREX 150 FORTE PLUS ORAL CAPSULE 150-60-25-1 MG-MG-MCG-MG (iron asp,gly,ps/ascorb.calcium/B12/folic/calcium/succ.acid)	Tier 1	
FERREX 150 PLUS ORAL CAPSULE 150-50-50 MG (iron asp gly,ps cmplx/ascorb calcium/Ca-thr/succinic acid)	Tier 1	
FERREX 28 ORAL TABLET 151-200-1-0.8 MG (iron asp.gly,fum/vit C/folic acid/m-vit no.11/calcium threon)	Tier 1	
FERROCITE PLUS ORAL TABLET 106 MG IRON- 1 MG (iron/folic acid/vitamin B comp and C/minerals)	Tier 1	
FERRO-SEQUELS (IRON-VIT C) ORAL TABLET EXTENDED RELEASE 200 MG (65 MG IRON)-25 MG (ferrous fumarate/ascorbic acid)	Tier 3	
FOLITAB ORAL TABLET EXTENDED RELEASE 105 MG IRON- 500 MG-800 MCG (ferrous sulfate/ascorbic acid/folic acid)	Tier 1	
FOLIVANE-F ORAL CAPSULE 125-1-40-3 MG (iron fumarate,polysac comp/folic acid/vitamin C/niacinamide)	Tier 1	
FOLIVANE-PLUS ORAL CAPSULE 125 MG IRON- 1 MG (iron fumarate,polysac cplex/folic acid/vitB comp with C no.9)	Tier 1	
FUSION ORAL CAPSULE 130 MG IRON-25 MG-30 MG (iron fumarate-iron polysaccharide combo no.1/vit C/L. casei)	Tier 3	
FUSION PLUS ORAL CAPSULE 130 MG IRON -1,250 MCG (iron fum,polysac comp/folic acid/vit B compC no.18/L. casei)	Tier 3	
FUSION SPRINKLES ORAL POWDER IN PACKET 7 MG IRON- 250 MCG (iron fumarate and polysac complex/folic acid/vit C/L. casei)	Tier 3	
HEMATINIC PLUS VIT/MINERALS ORAL TABLET 106 MG IRON- 1 MG (iron/folic acid/vitamin B comp and C/minerals)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMATINIC/FOLIC ACID ORAL TABLET 324 MG (106 MG IRON)-1 MG (ferrous fumarate/folic acid)	Tier 1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid)	Tier 1	
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG (ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid)	Tier 1	
HEMATOGEN ORAL CAPSULE 200 (66)-10-250 MG-MG-MCG-MG (ferrous fumarate/ascorbic acid/cyanocobalamin/stomach conc)	Tier 1	
HEMAX ORAL TABLET 150 MG IRON-1 MG-500 MG (iron,carbonyl/methylfolate/vit C/vit E/vit B12/biotin/copper)	Tier 3	
I.L.X. B-12 ORAL ELIXIR 102 MG IRON-10 MCG-98 MG/15 ML (iron/vitamin B complex/cyanocobalamin/liver extract)	Tier 3	
ICAR-C ORAL TABLET 100-250 MG (iron,carbonyl/ascorbic acid)	Tier 3	
IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG (iron polysaccharide complex/cyanocobalamin/folic acid)	Tier 1	
INTEGRA ORAL CAPSULE 125-40-3 MG (iron fumarate/iron polysac complex/vitamin C/niacinamide)	Tier 3	
iron,carbonyl-vitamin c oral tablet 100-250 mg	Tier 1	
IRO-PLEX (IRON CARBONYL) ORAL TABLET 165 MG IRON-600 MG-2 MG (iron/C/B12/B6/E acet/folic acid/intrinsic factor/senna leaf)	Tier 3	
IRO-PLEX (IRON POLYSACCHARIDE) ORAL LIQUID 165 MG IRON-600 MG-2 MG/5 ML (iron/vit C/B12/B6/E/folic acid/intrinsic factor/senna leaf)	Tier 3	
LIVER WITH IRON ORAL TABLET (ferrous fumarate/liver extract/vitamin B comp and C)	Tier 1	
LYDIA PINKHAM HERBAL ORAL TABLET 75 MG (ferrous sulfate/licorice root extract)	Tier 3	
MAXFE (FOLATE-DOCUSATE) ORAL TABLET 160 MG IRON-1 MG-60 MCG (iron carb,bg/methylfolate/B12/mag ascorbate/biotin/zinc/DSS)	Tier 3	
MULTIGEN FOLIC ORAL TABLET 70-150-10-1-2 MG-MG-MCG-MG-MG (Iron Asp Gly/Ascorb.Cal/Vit B12/FA/Ca-threonte/Succinic Acid)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTIGEN ORAL TABLET 70 MG-150 MG-10 MCG-2 MG-75 MG (iron/vit C/vit B12/calcium threon/succinic acid/stomach conc)	Tier 1	
MULTIGEN PLUS ORAL TABLET 151-60-10-1 MG-MG-MCG-MG (iron fum,ag/ascorb.calcium/B12/folic acid/calcium/succ.acid)	Tier 1	
MYFERON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG (iron polysaccharide complex/cyanocobalamin/folic acid)	Tier 1	
NUFERA ORAL TABLET 125 MG-1 MG-170 MG-1,000 UNIT (iron,carbonyl/folate combo no.9/vit C/vit D3/vit B6/vit B12)	Tier 1	
PARVLEX ORAL TABLET 29 MG IRON- 400 MCG (ferrous fumarate/folic acid/vitamin B comp and C/minerals)	Tier 3	
POLY-IRON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG (iron polysaccharide complex/cyanocobalamin/folic acid)	Tier 1	
SIDEROL ORAL TABLET (iron/liver extract/vitamin B comp and C/minerals)	Tier 1	
TARON FORTE ORAL CAPSULE 150-60-25-1 MG-MG-MCG-MG (iron bisgly,pscmplx/ascorbate calc/B12/folic acid/calc-threo)	Tier 1	
TL-HEM 150 ORAL TABLET 150 MG IRON-1 MG-500 MG (iron/folic acid/vit C/E/B12/biotin/cupric sulf/docusate sod)	Tier 1	
TRICON ORAL CAPSULE 110-0.5 MG (ferrous fumarate/ascorbic acid/B12-if/folic acid)	Tier 1	
TRIGELS-F FORTE ORAL CAPSULE 460-60-0.01-1 MG (ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid)	Tier 1	
VIRT-FEFA PLUS ORAL CAPSULE 125 MG IRON- 1 MG (iron fumarate,polysac cplex/folic acid/vitB comp with C no.9)	Tier 1	
VITABEX IRON ORAL CAPSULE 65 MG IRON- 50 MG-1 MG DFE (iron bisglycinate/C/methylfolate/B12/L. acidoph,plant/inulin)	Tier 3	
VITAFOL ORAL TABLET 65-1 MG (ferrous fumarate/calcium/vitamin E/folic acid/multivitamin)	Tier 1	
VITRON-C ORAL TABLET,DELAYED RELEASE (DR/EC) 65 MG IRON- 125 MG (iron,carbonyl/ascorbic acid)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Minerals And Electrolytes - Phosphate - Drugs For Nutrition		
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOL/ML (sodium glycerophosphate)	Tier 1	
sodium phosphate in 0.9 % nacl intravenous solution 30 mmol/250 ml	Tier 1	
sodium phosphate in d5w intravenous solution 15 mmol/250 ml	Tier 1	
Minerals And Electrolytes - Potassium For Injection - Drugs For Nutrition		
potassium acetate intravenous solution 2 meq/ml	Tier 1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	Tier 1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	Tier 1	
potassium chloride in 0.9%nacl intravenous syringe 20 meq/20 ml (1 meq/ml)	Tier 1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	Tier 1	
potassium chloride in water intravenous syringe 10 meq/5 ml (2 meq/ml)	Tier 1	
potassium chloride intravenous solution 2 meq/ml	Tier 1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	Tier 1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	Tier 1	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	Tier 1	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	Tier 1	
potassium cl-lido-0.9 % sodchl intravenous piggyback 10 meq-10 mg /100 ml	Tier 1	
Minerals And Electrolytes - Potassium, Oral - Drugs For Nutrition		
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 20 meq	Tier 1	
potassium gluconate oral tablet 595 mg (99 mg)	Tier 1	
Minerals And Electrolytes - Zinc - Drugs For Nutrition		
IS-ZC 50 ORAL TABLET 50 MG (zinc oxide-zinc citrate)	Tier 3	
zinc gluconate oral tablet 50 mg	Tier 1	
zinc sulfate intravenous solution 1 mg/ml, 5 mg/ml	Tier 1	
zinc sulfate intravenous solution 3 mg/ml	Tier 1	
zinc sulfate oral capsule 220 (50) mg	Tier 1	
zinc sulfate oral tablet 220 mg	Tier 1	
Multivitamin And Mineral Combinations - Drugs For Nutrition		
CENTRAL-VITE ORAL TABLET (multivitamin with iron,hematinic)	Tier 1	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid)	Tier 1	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	
TARON-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)	Tier 1	
VIRT-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)	Tier 1	
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	
Multivitamins - Drugs For Nutrition		
CENTRAL-VITE ORAL TABLET (multivitamin with iron,hematinic)	Tier 1	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (multivitamin combination no.51/ferrous fumarate/folic acid)	Tier 1	
SE-TAN PLUS ORAL CAPSULE 162-115.2-1 MG (iron fumarate-iron polysacch cplex/folic acid/multivit no.18)	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	
VINATE CARE ORAL TABLET,CHEWABLE 40 MG IRON-1 MG (multivitamin combination no.43/ferrous fumarate/folic acid)	Tier 1	
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
Nutritional Product - Glutaric Aciduria Type 1 Specific Formulation - Drugs For Nutrition		
GLUTAREX-1 ORAL POWDER 15-480 G-KCAL/100 G (inf form, glutaric aciduria I)	Tier 3	SP
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, glutaric aciduria type 1)	Tier 3	
Nutritional Product - Glycogen Storage Disease Specific Formulation - Drugs For Nutrition		
GLYCOSADE ORAL POWDER IN PACKET 212 KCAL/60 GRAM (nutritional therapy for glycogen storage disease (GSD))	Tier 1	
Nutritional Product - Isovaleric Acidemia Specific Formulation - Drugs For Nutrition		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
I-VALEX-2 ORAL POWDER 30-410 GRAM-KCAL (nutritional therapy for isovaleric acidemia with iron)	Tier 3	
Nutritional Product - Lipid Others - Drugs For Nutrition		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (triheptanoin)	Tier 3	PA; SP
MCT OIL ORAL OIL 14 GRAM-120 KCAL/15 ML (medium chain triglycerides)	Tier 3	
Nutritional Product - Methionine-Free Specific Formulation - Drugs For Nutrition		
HOMINEX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, metabolic disorder, methionine-free)	Tier 3	
Nutritional Product - Msud Specific Formulation - Drugs For Nutrition		
KETONEX-2 ORAL POWDER 30-410 GRAM-KCAL (nutritional therapy for MSUD with iron)	Tier 3	
Nutritional Product - Nutritional Therapy - Drugs For Nutrition		
BOOST GLUCOSE CONTROL ORAL LIQUID 0.07-0.8 GRAM-KCAL/ML (nutritional tx. glucose intolerance,lactose-free,soy/fiber)	Tier 3	
ENSURE CLEAR THERAPEUTIC ORAL LIQUID 0.035-1 GRAM-KCAL/ML (nutritional therapy for impaired digestive function)	Tier 3	
EQUACARE JR ORAL POWDER 14.3 GRAM-469 KCAL/100 GRAM (nutritional therapy for impaired digestive function)	Tier 3	
ESSENTIAL CARE JR ORAL POWDER 19 GRAM-476 KCAL/100 GRAM (nut.tx.impaired digest fxn/fiber)	Tier 3	
GLUCERNA 1.2 CAL ORAL LIQUID 0.06-1.2 GRAM-KCAL/ML (nutritional tx. glucose intolerance,lactose-free,soy/fiber)	Tier 3	
GLUCERNA SNACK BAR ORAL BAR 11 GRAM-160 KCAL/40 GRAM (nutritional therapy, glucose intolerance,soy)	Tier 3	
GLUTAREX-1 ORAL POWDER 15-480 G-KCAL/100 G (inf form, glutaric aciduria I)	Tier 3	SP
GLUTAREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy, glutaric aciduria type 1)	Tier 3	
MODULEN ORAL POWDER 8 GRAM-240 KCAL/50 GRAM (nutritional therapy for impaired digestive function)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUPLENA CARB STEADY ORAL LIQUID 0.04 GRAM-1.8 KCAL/ML (nutritional therapy, impaired renal function,lactose-reduced)	Tier 3	
VITAL AF 1.2 CAL ORAL LIQUID 0.08 GRAM- 1.2 KCAL/ML (nut.tx.impaired digest fxn/fiber)	Tier 3	
Nutritional Product - Phenylketonuria (Pku) Specific Formulation - Drugs For Nutrition		
GLYTACTIN BURST 10-10 ORAL POWDER IN PACKET 63 GRAM-314 KCAL/100 GRAM (nutritional therapy for phenylketonuria (PKU) no.75)	Tier 3	
GLYTACTIN BURST 20-20 ORAL POWDER IN PACKET 61 GRAM-304 KCAL/100 GRAM (nutritional therapy for phenylketonuria (PKU) no.75)	Tier 3	
PHENEX-2 ORAL POWDER 30-410 GRAM-KCAL/100 G (nutritional therapy for phenylketonuria (PKU) with iron no.1)	Tier 3	
PHENYLADE GMP ULTRA ORAL POWDER IN PACKET 60 GRAM-295 KCAL/100 GRAM, 60 GRAM-321 KCAL/100 GRAM (nutritional therapy for phenylketonuria (PKU) no.74)	Tier 3	
PKU EXPLORE10 ORAL POWDER IN PACKET 40 GRAM-330 KCAL/100 GRAM (nutritional therapy for phenylketonuria(PKU) with iron no.52)	Tier 3	
PKU EXPLORE5 ORAL POWDER IN PACKET 40 GRAM-342 KCAL/100 GRAM (nutritional therapy for phenylketonuria(PKU) with iron no.52)	Tier 3	
PKU SPHERE15 ORAL POWDER IN PACKET 56 GRAM-337 KCAL/100 GRAM (nutritional therapy for phenylketonuria (PKU) no.67)	Tier 3	
PKU SPHERE20 ORAL LIQUID 20 GRAM-120 KCAL/237 ML (nutritional therapy for phenylketonuria (PKU) no.67)	Tier 1	
PKU SPHERE20 ORAL POWDER IN PACKET 56 GRAM-337 KCAL/100 GRAM (nutritional therapy for phenylketonuria (PKU) no.67)	Tier 3	
Nutritional Product - Propionic Acidemia Specific Formulation - Drugs For Nutrition		
PROPIMEX-2 ORAL POWDER 30-410 GRAM-KCAL (nutritional therapy for propionic acidemia with iron)	Tier 3	
Nutritional Product - Tyrosinemia Specific Formulation - Drugs For Nutrition		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYR SPHERE20 ORAL POWDER IN PACKET 56 GRAM-337 KCAL/100 GRAM (nutritional therapy for tyrosinemia with iron)	Tier 3	
TYREX-2 ORAL POWDER 30 GRAM-410 KCAL/100 GRAM (nutritional therapy for tyrosinemia with iron)	Tier 3	
Nutritional Product - Urea Cycle Disorder Specific Formulation - Drugs For Nutrition		
CYCLINEX-2 ORAL POWDER 15 GRAM-440 KCAL/100 GRAM (nutritional therapy, urea cycle disorder)	Tier 3	
Parenteral Nutrition - Intravenous Fat Emulsions - Drugs For Nutrition		
CLINOLIPID INTRAVENOUS EMULSION 20 % (fat emulsions/olive oil/soybean oil/phospholipids,egg)	Tier 3	
Prenatal Vitamins And Minerals - Drugs For Nutrition		
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG (prenatal vit no.81/sod.feredetate-iron ps/folic acid/omega-3)	Tier 1	
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3)	Tier 1	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vitamins no.14/ferrous fumarate/folic acid)	Tier 1	
FOLIVANE-OB ORAL CAPSULE 85-1 MG (mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid)	Tier 1	
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (prenatal vit with calcium 15/iron/folic acid/docusate sodium)	Tier 1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG (prenatal vitamins with calcium/iron,carb/docusate/folic acid)	Tier 1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)	Tier 1	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (prenatal vitamins with calcium/ferrous fumarate/folic acid)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (prenatal vitamins with calcium/ferrous fum/docusate/folic ac)	Tier 1	
NEWGEN ORAL TABLET 32-1,000 MG-MCG (prenatal vitamin no.86/iron bis-glycinate/folic acid)	Tier 1	
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	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamin with calcium no.76/iron,carbonyl/folic acid)	Tier 1	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha)	Tier 1	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	
PNV-SELECT ORAL TABLET 27-1 MG (prenatal vit with calcium no.40/iron fumarate/folate no.1)	Tier 1	
PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-400 MG (prenatal vit no.19/iron bg HCl,suc-prot/folic acid/omega-3)	Tier 1	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3)	Tier 1	
PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-430 MG (prenatal vit 55/iron bisgly HCl,suc-prot/folic acid/omega-3)	Tier 1	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG (prenatal vit with calcium 54/iron bis,s-p/folic acid/omega-3)	Tier 1	
PRENA1 CHEW ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG (prenatal vitamins combination no.42/folic acid)	Tier 1	
PRENA1 PEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG (prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha)	Tier 1	
PRENA1 TRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG (prenatal vits no.105/iron amino acid chelate/folic acid/dha)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
PRENATABS FA ORAL TABLET 29-1 MG (prenatal vits with calcium no.78/ferrous fumarate/folic acid)	Tier 1	
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamin with calcium no.76/iron,carbonyl/folic acid)	Tier 1	
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.74/ferrous fumarate/folic acid)	Tier 1	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (prenatal vits with calcium no.72/iron,carbonyl/folic acid)	Tier 1	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	
PRENATAL-U ORAL CAPSULE 106.5-1 MG (multivitamin combination no.51/ferrous fumarate/folic acid)	Tier 1	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG (prenatal vits with calcium no.72/ferrous fumarate/folic acid)	Tier 1	
PRETAB ORAL TABLET 29-1 MG (prenatal vits with calcium no.78/ferrous fumarate/folic acid)	Tier 1	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (prenatal vits with calcium 118/ferrous fumarate/folic acid)	Tier 1	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamins no.119/iron fumarate/folic acid)	Tier 3	
TARON-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)	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	
TRINATE ORAL TABLET 28 MG IRON- 1 MG (prenatal vits with calcium no.73/ferrous fumarate/folic acid)	Tier 1	

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PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | G = Gender Edit | SP = Specialty Medication | OCh = Oral Chemotherapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIVEEN-DUO DHA ORAL COMBO PACK 29-1-400 MG (prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3)	Tier 1	
TRIVEEN-PRX RNF ORAL CAPSULE 26-1.2-55-300 MG (prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha)	Tier 1	
VENA-BAL DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG (prenatal vit no.81/sod.feredetate-iron ps/folic acid/omega-3)	Tier 1	
VINATE CARE ORAL TABLET,CHEWABLE 40 MG IRON-1 MG (multivitamin combination no.43/ferrous fumarate/folic acid)	Tier 1	
VINATE GT ORAL TABLET 90-1-50 MG (prenatal vit with calcium 16/iron/folic acid/docusate sodium)	Tier 1	
VINATE II ORAL TABLET 29 MG IRON- 1 MG (prenatal vitamins with calcium/iron fum,b-g/folic acid)	Tier 1	
VINATE M ORAL TABLET 27 MG IRON-1 MG (prenatal vits with calcium 136/ferrous fumarate/folic acid)	Tier 1	
VINATE ONE ORAL TABLET 60 MG IRON-1 MG (prenatal vitamin 27 with calcium/ferrous fumarate/folic acid)	Tier 1	
VINATE ULTRA ORAL TABLET 90-1-50 MG (prenatal vit with calcium 18/iron/folic acid/docusate sodium)	Tier 1	
VIRT-C DHA ORAL CAPSULE 35-1-200 MG (mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa)	Tier 1	
VIRT-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3)	Tier 1	
VIRT-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
VIRT-PN PLUS ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	
VIVA DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3)	Tier 1	
VP-CH PLUS ORAL CAPSULE 29 MG IRON-1 MG -50 MG-265 MG (prenatal vits no.59/iron,carb/folic acid/docuate sodium/dha)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG (multivitamin combination no.47/ferrous fum/folate no.1/dha)	Tier 1	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG (multivitamin-minerals no.71/iron fumarat/folic acid no.1/dha)	Tier 1	
Prenatal Vitamins With Low Or No Iron (Less Than 27 Mg) - Drugs For Nutrition		
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG (folic acid/pyridoxine HCl/Ca phos dibasic & tribasic/ginger)	Tier 1	
Vitamins - B Preparation Combinations - Drugs For Nutrition		
ZINGIBER ORAL TABLET 1.2 MG-40 MG- 124.1 MG-100 MG (folic acid/pyridoxine HCl/Ca phos dibasic & tribasic/ginger)	Tier 1	
Vitamins - B-3, Niacin And Derivatives - Drugs For Nutrition		
niacin oral tablet 500 mg	Tier 1	
Vitamins - D Derivatives - Drugs For Nutrition		
calcitriol intravenous solution 1 mcg/ml	Tier 1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	
Vitamins - Folic Acid And Derivatives - Drugs For Nutrition		
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	Tier 0	
Vitamins - K, Phytonadione And Derivatives - Drugs For Nutrition		
AQUA-K CONCENTRATE ORAL DROPS 200 MCG-2 MG /0.2 ML (phytonadione (vitamin K1)/vitamin E TPGS)	Tier 3	
MEPHYTON ORAL TABLET 5 MG (phytonadione (vit K1))	Tier 3	
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	
phytonadione (vit K1) (Vitamin K Injection Solution 1 Mg/0.5 Ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phytonadione (vit K1) (Vitamin K1 Injection Solution 10 Mg/Ml)	Tier 1	
Vitamins - Paba - Drugs For Nutrition		
POTABA ORAL CAPSULE 500 MG (potassium aminobenzoate)	Tier 3	
Emergency Use Authorization (Eua) Drugs		
Sars-Cov-2 Antiviral Agents - Nucleotide Analogs (Emergency Use Auth.) - Drugs For Viral Infections		
VEKLURY (EUA) INTRAVENOUS RECON SOLN 100 MG (remdesivir (emergency use authorization))	Tier 1	SP
VEKLURY (EUA) INTRAVENOUS SOLUTION 100 MG/20 ML (5 MG/ML) (remdesivir (emergency use authorization))	Tier 1	SP
Endocrine - Hormones		
Abortifacients Or Cervical Ripening Agents - Prostaglandin Analogs - Drugs For Women		
carboprost tromethamine intramuscular solution 250 mcg/ml	Tier 1	
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (dinoprostone)	Tier 3	
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML (carboprost tromethamine)	Tier 2	
PREPIDIL VAGINAL GEL 0.5 MG/3 G (dinoprostone)	Tier 3	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG (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, 10 MG, 5 MG (osilodrostat phosphate)	Tier 3	PA; SP
Agents To Treat Hypoglycemia (Hyperglycemics) - Drugs For Diabetes		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (glucagon)	Tier 2	
diazoxide oral suspension 50 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG (glucagon,human recombinant)	Tier 2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (glucagon HCl)	Tier 1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG (glucagon,human recombinant)	Tier 2	
glucose oral tablet,chewable 4 gram	Tier 1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 2	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML (glucagon)	Tier 2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (diazoxide)	Tier 3	
Amyloidosis Agents- Transthyretin (Ttr) Stabilizer - Hormones		
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	Tier 3	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine)	Tier 3	PA; SP
Amyloidosis Agents-Ttr Suppression, Antisense Oligonucleotide-Based - Hormones		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (inotersen sodium)	Tier 3	PA; SP
Anabolic Steroid - Single Agents - Drugs For Men		
ANADROL-50 ORAL TABLET 50 MG (oxymetholone)	Tier 3	PA
oxandrolone oral tablet 10 mg, 2.5 mg	Tier 1	PA
Androgen - Single Agents - Drugs For Men		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR (testosterone)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methyltestosterone oral capsule 10 mg	Tier 1	ST: At least 2 prior prescriptions for Methyltestosterone, Testosterone Cypionate, Testosterone Enanthate, or Testosterone in the past 365 days
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML (testosterone cypionate)	Tier 3	PA
TESTOPEL IMPLANT PELLET 75 MG (testosterone)	Tier 3	
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 2	PA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	Tier 2	PA
testosterone transdermal gel in metered-dose pump 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)	Tier 2	PA
testosterone transdermal gel in packet 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 2	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	ST: Prior prescription for Desmopressin Acetate in the past 120 days; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (desmopressin acetate)	Tier 3	ST: Prior prescription for Desmopressin Acetate in the past 120 days; QL (1 EA per 1 day)
vasopressin in 0.9 % sod chlor intravenous solution 100 unit/100 ml (1 unit/ml), 100 unit/250 ml (0.4 unit/ml), 20 unit/100 ml (0.2 unit/ml), 40 unit/100 ml (0.4 unit/ml), 50 unit/250 ml (0.2 unit/ml), 60 unit/100 ml (0.6 unit/ml)	Tier 1	
vasopressin in dextrose 5 % intravenous solution 100 unit/100 ml (1 unit/ml), 25 unit/250 ml (0.1 unit/ml), 60 unit/100 ml (0.6 unit/ml)	Tier 1	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML (vasopressin)	Tier 3	
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs For Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Antihyperglycemic - Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors - Drugs For Diabetes		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin phosphate)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRADJENTA ORAL TABLET 5 MG (linagliptin)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (Gr-Ii) - Drugs For Diabetes		
KORLYM ORAL TABLET 300 MG (mifepristone)	Tier 3	PA; SP
Antihyperglycemic - Meglitinide Analog And Biguanide Combinations - Drugs For Diabetes		
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	Tier 1	
Antihyperglycemic - Meglitinide Analogs - Drugs For Diabetes		
nateglinide oral tablet 120 mg, 60 mg	Tier 1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
Antihyperglycemic - Sglt-2 Inhibitor And Biguanide Combinations - Drugs For Diabetes		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (canagliflozin/metformin HCl)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; 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 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; 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	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (empagliflozin/metformin HCl)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; 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	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG (dapagliflozin propanediol/metformin HCl)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; 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	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)
Antihyperglycemic - Sglt-2 Inhibitor And Dpp-4 Inhibitor Combinations - Drugs For Diabetes		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (empagliflozin/linagliptin)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG (dapagliflozin propanediol/saxagliptin HCl)	Tier 3	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QTERN ORAL TABLET 5-5 MG (dapagliflozin propanediol/saxagliptin HCl)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (Sglt2) Inhibitors - Drugs For Diabetes		
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVOKANA ORAL TABLET 100 MG, 300 MG (canagliflozin)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (empagliflozin)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG (ertugliflozin pidolate)	Tier 2	ST: Prior prescription for Metformin, a Sulfonylurea, or Metformin/Sulfonylurea combination in the past 120 days; 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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	
Antihyperglycemic - Sulfonylurea Derivatives - Drugs For Diabetes		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
glipizide oral tablet 10 mg, 5 mg	Tier 1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	Tier 1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	
Antihyperglycemic - Thiazolidinedione And Biguanide Combinations - Drugs For Diabetes		
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	Tier 1	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days
Antihyperglycemic - Thiazolidinedione And Sulfonylurea Combinations - Drugs For Diabetes		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	Tier 1	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days
Antihyperglycemic, Amylin Analog-Type - Drugs For Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (pramlintide acetate)	Tier 2	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (pramlintide acetate)	Tier 2	
Antihyperglycemic, Incretin Mimetic,Glp-1 Receptor Agonist Analog-Type - Drugs For Diabetes		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (exenatide microspheres)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 ML per 7 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML (exenatide microspheres)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 7 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML (exenatide)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2.4 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (exenatide)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) (semaglutide)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1.5 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML) (semaglutide)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (semaglutide)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML (dulaglutide)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 ML per 28 days)
Antihyperglycemic-Dipeptidyl Peptidase-4(Dpp-4)Inhibitor And Biguanide - Drugs For Diabetes		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (sitagliptin phosphate/metformin HCl)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (sitagliptin phosphate/metformin HCl)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; 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	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin/metformin HCl)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG (linagliptin/metformin HCl)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (linagliptin/metformin HCl)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; 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	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (insulin degludec/liraglutide)	Tier 2	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; 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	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days; QL (2 EA per 1 day)
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs For Thyroid		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
methimazole (Tapazole Oral Tablet 10 Mg, 5 Mg)	Tier 3	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs For Thyroid		
propylthiouracil oral tablet 50 mg	Tier 1	
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 2	PA; SP
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs For Menopause And Bone Loss		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML (teriparatide)	Tier 2	SP
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 3	
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	Tier 1	
etidronate disodium oral tablet 200 mg	Tier 1	
ibandronate intravenous solution 3 mg/3 ml	Tier 1	
ibandronate intravenous syringe 3 mg/3 ml	Tier 1	
ibandronate oral tablet 150 mg	Tier 1	
pamidronate intravenous recon soln 30 mg, 90 mg	Tier 1	
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	Tier 1	
risedronate oral tablet 150 mg	Tier 1	ST: At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days; QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg	Tier 1	ST: At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	Tier 1	ST: At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days; QL (1 EA per 7 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	Tier 1	ST: At least 2 prior prescriptions for Alendronate Sodium, Fosamax Plus D, or Ibandronate Sodium in the past 365 days; QL (1 EA per 7 days)
zoledronic acid intravenous recon soln 4 mg	Tier 1	SP
zoledronic acid intravenous solution 4 mg/5 ml	Tier 1	SP
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	Tier 1	PA; SP
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	Tier 1	SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml	Tier 1	SP
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs For Menopause And Bone Loss		
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	Tier 1	PA; SP
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML (etelcalcetide hydrochloride)	Tier 3	PA; SP
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (cinacalcet HCl)	Tier 2	PA; SP
Calcitonins - Drugs For Menopause And Bone Loss		
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin,salmon,synthetic)	Tier 2	
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	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	Tier 1	
Estrogen-Progestin - Drugs For Women		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol/norethindrone acetate (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	
BIJUVA ORAL CAPSULE 1-100 MG (estradiol/progesterone)	Tier 3	ST: At least 2 prior prescriptions for Alora, Angeliq, Climara Pro, Combipatch, Crinone, Delestrogen, Depo-estradiol, Divigel, Duavee, Elestrin, Endometrin, Enjuvia, Estradiol Valerate, Estradiol, Estradiol/norethindrone Acet, Estring, Estrogel, Evamist, Femring, Imvexxy, Menest, Menostar, Prefest, Premarin, Premphase, Prempro, or Progesterone Micronized in the past 365 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	
LOPREEZA ORAL TABLET 1-0.5 MG (estradiol/norethindrone acetate)	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		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR (estradiol)	Tier 3	QL (1 EA per 7 days)
estradiol cypionate (Depo-Estradiol Intramuscular Oil 5 Mg/Ml)	Tier 2	
DIVIGEL 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%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %) (estradiol)	Tier 2	
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)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
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 20 mg/ml, 40 mg/ml	Tier 1	
estrogens,esterified (Menest Oral Tablet 0.3 Mg, 0.625 Mg, 1.25 Mg)	Tier 3	
MENEST ORAL TABLET 2.5 MG (estrogens,esterified)	Tier 3	
PREMARIN INJECTION RECON SOLN 25 MG (estrogens, conjugated)	Tier 2	
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 2	
Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-Fsh) - Drugs For Women		
clomiphene citrate oral tablet 50 mg	Tier 1	
SEROPHENE ORAL TABLET 50 MG (clomiphene citrate)	Tier 2	
Fertility Enhancer - Preterm Birth Prevention, Progesterone-Type - Drugs For Women		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML (hydroxyprogesterone caproate/PF)	Tier 2	PA; SP
MAKENA INTRAMUSCULAR OIL 250 MG/ML (hydroxyprogesterone caproate)	Tier 3	PA; SP
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML) (hydroxyprogesterone caproate/PF)	Tier 3	PA; SP
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 3	PA; SP
Follicle-Stimulating And Luteinizing Hormones - Drugs For Women		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (menotropins)	Tier 2	SP
Follicle-Stimulating Hormone (Fsh) - Drugs For Women		
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 2	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (follitropin alfa, recombinant)	Tier 2	SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (follitropin alfa, recombinant)	Tier 2	SP
Glucocorticoid Salt Combinations - Drugs For Inflammation		
BETA-1 INJECTION KIT 6 MG/ML (betamethasone acetate/betamethasone sodium phosphate)	Tier 3	
BETALOAN SUIK KIT 6 MG/ML (betamethasone acetate and sodium phosph/norflurane/HFC 245fa)	Tier 3	
betameth ac,sod phos(pf)-water injection suspension 6 mg/ml	Tier 1	
betamethasone ace,sod phos-wtr injection suspension 7 mg/ml	Tier 1	
betamethasone acet,sod phos injection suspension 6 mg/ml	Tier 1	
POD-CARE 100C INJECTION KIT 6 MG/ML (betamethasone acetate/betamethasone sodium phosphate)	Tier 3	
POD-CARE 100CG KIT 6 MG/ML (betamethasone acetate and sodium phosph/norflurane/HFC 245fa)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
READYSHARP BETAMETHASONE INJECTION KIT 6 MG/ML (betamethasone acetate/betamethasone sodium phosphate)	Tier 1	
Glucocorticoid-Anesthetic Combinations - Drugs For Inflammation		
bupivacaine-dexameth in water injection syringe 112.5-3 mg/30 ml	Tier 1	
methylprednisol ac-bupivac-wat injection suspension 40-5 mg/ml, 80-5 mg/ml	Tier 1	
triamcinol ace-bupiv-0.9% nacl injection suspension 40-5 mg/ml	Tier 1	
Glucocorticoids - Drugs For Inflammation		
hydrocortisone sod succinate (A-Hydrocort Injection Recon Soln 100 Mg)	Tier 1	
betamethasone sod phosph-water injection solution 6 mg/ml	Tier 1	
cortisone oral tablet 25 mg	Tier 1	
dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 1	
dexamethasone ac, sod ph-water injection suspension 8 mg- 4 mg/ml	Tier 1	
dexamethasone ace-nacl,iso-osm injection suspension 16 mg/ml, 8 mg/ml	Tier 1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (dexamethasone)	Tier 2	
dexamethasone oral elixir 0.5 mg/5 ml	Tier 1	
dexamethasone oral solution 0.5 mg/5 ml	Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	Tier 1	
dexamethasone oral tablet 1 mg, 2 mg	Tier 1	
dexamethasone sodium phos (pf) injection syringe 10 mg/ml	Tier 1	
dexamethasone-0.9 % sod. chlor intravenous piggyback 10 mg/50 ml, 20 mg/50 ml	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 % (dexamethasone sodium phosphate)	Tier 3	
HEMADY ORAL TABLET 20 MG (dexamethasone)	Tier 3	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
methylpred ac(pf)-nacl,iso-osm injection suspension 40 mg/ml, 80 mg/ml	Tier 1	
methylprednisolone acet-water injection suspension 100 mg/ml, 50 mg/ml	Tier 1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	Tier 1	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS) (prednisolone)	Tier 2	ST: Prior prescription for Prednisone Intensol, Prednisone, or Rayos in the past 120 days
MILLIPRED ORAL TABLET 5 MG (prednisolone)	Tier 2	ST: Prior prescription for Prednisone Intensol, Prednisone, or Rayos in the past 120 days
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)	Tier 3	
P-CARE D40G KIT 40 MG/ML (methylprednisolone acetate/norflurane/HFC 245fa)	Tier 3	
P-CARE D80G KIT 40 MG/ML (methylprednisolone acetate/norflurane/HFC 245fa)	Tier 3	
P-CARE K40G KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))	Tier 3	
P-CARE K80 INJECTION KIT 40 MG/ML (triamcinolone acetonide)	Tier 3	
P-CARE K80G KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))	Tier 3	
POD-CARE 100KG KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
PRO-C-DURE 5 INJECTION KIT 40 MG/ML (triamcinolone acetonide)	Tier 3	
PRO-C-DURE 6 INJECTION KIT 40 MG/ML (triamcinolone acetonide)	Tier 3	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML (hydrocortisone sodium succinate/PF)	Tier 2	
SOLU-CORTEF INJECTION RECON SOLN 100 MG (hydrocortisone sod succinate)	Tier 2	
triamcinol ac (pf) in 0.9%nacl injection suspension 40 mg/ml	Tier 1	
triamcinolone aceton-0.9% nacl injection suspension 50 mg/ml	Tier 1	
triamcinolone acetonide injection suspension 40 mg/ml	Tier 1	
triamcinolone dia(pf)-0.9%nacl injection suspension 40 mg/ml	Tier 1	
triamcinolone diacet-0.9% nacl injection suspension 40 mg/ml, 80 mg/ml	Tier 1	
TRILOAN II SUIK KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))	Tier 3	
TRILOAN SUIK KIT 40 MG/ML (triamcinolone/norflurane and pentafluoropropane (HFC 245fa))	Tier 3	
prednisolone sodium phosphate (Veripred 20 Oral Solution 20 Mg/5 Ml (4 Mg/Ml))	Tier 2	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS) (dexamethasone)	Tier 3	
ZILRETTA INTRA-ARTICULAR SUSPENSION,EXTENDED REL RECON 32 MG (triamcinolone acetonide)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	SP
Growth Hormone Releasing Hormones (Ghrh) - Drugs For Growth		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (tesamorelin acetate)	Tier 2	PA; SP
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 2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (somatropin)	Tier 2	PA; SP
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 2	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (somatropin)	Tier 2	PA; SP
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG (somatropin)	Tier 3	PA; SP
Human Chorionic Gonadotropin (Hcg) - Drugs For Women		
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	
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	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	QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (insulin NPH human isophane)	Tier 2	QL (40 ML per 28 days)
Human Insulins - Rapid Acting - Drugs For Diabetes		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (insulin regular, human)	Tier 3	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60) (insulin regular, human)	Tier 3	PA; QL (180 EA per 28 days)
Human Insulins - Short Acting - Drugs For Diabetes		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 8 UNIT (insulin regular, human)	Tier 3	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60) (insulin regular, human)	Tier 3	PA; QL (180 EA per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (insulin regular, human)	Tier 2	QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (insulin regular, human)	Tier 2	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	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	
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	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	QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (insulin lispro protamine and insulin lispro)	Tier 2	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	QL (40 ML per 28 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	Tier 1	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: Prior prescription for Lantus Solostar, Lantus, Levemir Flextouch, Levemir, Semglee, Toujeo Solostar, Tresiba Flextouch U-100, Tresiba Flextouch U-200, or Tresiba in the past 365 days; QL (30 ML per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin glargine,human recombinant analog)	Tier 2	QL (30 ML per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin glargine,human recombinant analog)	Tier 2	QL (40 ML per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin detemir)	Tier 2	QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin detemir)	Tier 2	QL (40 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (insulin glargine,human recombinant analog)	Tier 2	QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (insulin glargine,human recombinant analog)	Tier 2	QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (insulin degludec)	Tier 2	QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin degludec)	Tier 2	QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin degludec)	Tier 2	QL (40 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Insulin Analogs - Rapid Acting - Drugs For Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro)	Tier 3	QL (30 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (insulin lispro)	Tier 2	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (insulin lispro)	Tier 2	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (insulin lispro)	Tier 2	QL (12 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (insulin lispro)	Tier 2	QL (30 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin lispro)	Tier 2	QL (40 ML per 28 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	Tier 1	QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	Tier 1	QL (30 ML per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	Tier 1	QL (40 ML per 28 days)
Insulin Response Enhancers - Biguanides - Drugs For Diabetes		
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	
Insulin Response Enhancers - Thiazolidinediones (Ppar-Gamma Agonists) - Drugs For Diabetes		
AVANDIA ORAL TABLET 2 MG, 4 MG (rosiglitazone maleate)	Tier 3	ST: Prior prescription for Actoplus Met XR, Chlorpropamide, Diabeta, Glimepiride, Glipizide, Glipizide/Metformin HCL, Glyburide, Glyburide micronized, Glyburide/Metformin HCL, Metformin HCL, Pioglitazone HCL, Pioglitazone HCL/Glimepiride, Pioglitazone HCL/Metformin HCL, Riomet ER, Riomet, Tolazamide, or Tolbutamide in the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	Tier 1	
Insulin-Like Growth Factor-1 (Igf-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (mecasermin)	Tier 2	PA; SP
Leptin Hormone Analogs - Hormones		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (metreleptin)	Tier 2	SP; 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 3	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG (leuprolide acetate)	Tier 2	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (leuprolide acetate)	Tier 2	PA; SP
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (triptorelin pamoate)	Tier 3	PA; SP; QL (1 EA per 180 days)
Lhrh (Gnrh) Agonist Analog Pituitary Supp. And Progestin Comb. - Drugs For Women		
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90) (leuprolide acetate/norethindrone acetate)	Tier 2	PA; SP
Lhrh (Gnrh) Agonist Analog Pituitary Suppressants - Drugs For Women		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (leuprolide acetate)	Tier 2	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (leuprolide acetate)	Tier 2	PA; SP
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (nafarelin acetate)	Tier 2	PA; SP
Lhrh (Gnrh) Antagonist, Estrogen And Progestin Combinations - Drugs For Woman		
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (elagolix sodium/estradiol/norethindrone acetate)	Tier 3	PA
Lhrh (Gnrh) Antagonists - Drugs For Women		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (cetrorelix acetate)	Tier 2	SP
ORILISSA ORAL TABLET 150 MG (elagolix sodium)	Tier 2	PA; QL (1 EA per 1 day)
ORILISSA ORAL TABLET 200 MG (elagolix sodium)	Tier 2	PA; QL (2 EA per 1 day)
Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators - Drugs For Women		
OSPHENA ORAL TABLET 60 MG (ospemifene)	Tier 3	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: Prior prescription for Paroxetine HCL or Venlafaxine HCL in the past 120 days; QL (1 EA per 1 day)
Menopausal Symptoms Supressant - Hormonal Agents - Drugs For Women		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (estradiol)	Tier 3	QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG (estradiol)	Tier 3	QL (18 EA per 28 days)
Mineralocorticoids - Drugs For Inflammation		
fludrocortisone oral tablet 0.1 mg	Tier 1	
Oxytocic - Ergot Alkaloids - Drugs For Women		
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	Tier 3	
methylergonovine injection solution 0.2 mg/ml (1 ml)	Tier 1	
methylergonovine oral tablet 0.2 mg	Tier 1	
Oxytocic - Oxytocin And Analogs - Drugs For Women		
oxytocin in 0.9 % sod chloride intravenous solution 15 unit/250 ml, 20 unit/1000 ml, 20 unit/500 ml, 30 unit/1000 ml, 30 unit/500 ml, 40 unit/1000 ml	Tier 1	
oxytocin in dextrose 5 % in lr intravenous solution 20 unit/1,000 ml, 30 unit/500 ml	Tier 1	
oxytocin in dextrose 5 % intravenous solution 20 unit/1,000 ml, 30 unit/500 ml	Tier 3	
oxytocin in lactated ringers intravenous solution 10 unit/500 ml, 15 unit/250 ml, 20 unit/1,000 ml, 30 unit/500 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Parathyroid Hormones - Drugs For Menopause And Bone Loss		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE (parathyroid hormone)	Tier 2	PA; SP
Progestins - Drugs For Women		
norethindrone acetate (Aygestin Oral Tablet 5 Mg)	Tier 3	
hydroxyprogest(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)	Tier 1	PA; SP
hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml	Tier 1	PA; SP
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	Tier 1	SP
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML (hydroxyprogesterone caproate/PF)	Tier 2	PA; SP
MAKENA INTRAMUSCULAR OIL 250 MG/ML (hydroxyprogesterone caproate)	Tier 3	PA; SP
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML) (hydroxyprogesterone caproate/PF)	Tier 3	PA; SP
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	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (progesterone, micronized)	Tier 3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (medroxyprogesterone acetate)	Tier 3	
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		
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (denosumab)	Tier 2	PA; SP
Renin-Angiotensin-Aldosterone System (Raas) Hormones - Hormones		
GIAPREZA INTRAVENOUS SOLUTION 2.5 MG/ML (angiotensin II acetate, human)	Tier 3	

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PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | G = Gender Edit | SP = Specialty Medication | OCh = Oral Chemotherapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Selective Estrogen Receptor Modulators (Serms) - Drugs For Menopause And Bone Loss		
EVISTA ORAL TABLET 60 MG (raloxifene HCl)	Tier 3	QL (1 EA per 1 day)
raloxifene oral tablet 60 mg	Tier 0	QL (1 EA per 1 day)
Somatostatic Agents - Drugs For Growth		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML (octreotide acetate)	Tier 3	PA; SP
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (octreotide acetate)	Tier 3	PA; SP
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 1	PA; SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 1	PA; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (octreotide acetate)	Tier 3	PA; SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (pasireotide diaspartate)	Tier 2	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML (lanreotide acetate)	Tier 2	SP
Thyroid Eye Disease Agents - Drugs For Thyroid		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG (teprotumumab-trbw)	Tier 3	PA; SP
Thyroid Hormone Combinations - Synthetic T3 And T4 - Drugs For Thyroid		
THYROLAR-1 ORAL TABLET 12.5-50 MCG (liotrix)	Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG (liotrix)	Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG (liotrix)	Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THYROLAR-2 ORAL TABLET 25-100 MCG (liotrix)	Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
THYROLAR-3 ORAL TABLET 37.5-150 MCG (liotrix)	Tier 3	ST: Prior prescription for Levothyroxine Sodium in the past 120 days
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 2	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (thyroid,pork)	Tier 1	
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	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (thyroid,pork)	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs For Thyroid		
liothyronine intravenous solution 10 mcg/ml	Tier 1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs For Thyroid		
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	
LEVO-T 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 2	
LEVO-T ORAL TABLET 300 MCG (levothyroxine sodium)	Tier 3	
levothyroxine intravenous recon soln 100 mcg	Tier 1	
levothyroxine intravenous recon soln 200 mcg, 500 mcg	Tier 1	
levothyroxine intravenous solution 100 mcg/ml, 20 mcg/ml, 40 mcg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	
LEVOXYL 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 2	
SYNTHROID 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 2	
SYNTHROID ORAL TABLET 300 MCG (levothyroxine sodium)	Tier 3	
UNITHROID 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 2	
UNITHROID ORAL TABLET 300 MCG (levothyroxine sodium)	Tier 3	
Enzymes - Vitamins And Minerals		
Enzymes - Vitamins And Minerals		
AMPHADASE INJECTION SOLUTION 150 UNIT/ML (hyaluronidase)	Tier 3	
HYLENEX INJECTION SOLUTION 150 UNIT/ML (hyaluronidase, human recomb.)	Tier 3	
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 recomb.)	Tier 3	
VITRASE INJECTION SOLUTION 200 UNIT/ML (hyaluronidase,ovine)	Tier 3	
Fdb Class Obsolete-Not Used		
Arginine Vasopressin (Avp) V2 Receptor Antagonist, Selective - Drugs For High Blood Pressure		
JYNARQUE ORAL TABLET 15 MG (tolvaptan)	Tier 3	PA; SP; QL (30 EA per 365 days)
JYNARQUE ORAL TABLET 30 MG (tolvaptan)	Tier 3	PA; SP; QL (60 EA per 365 days)
SAMSCA ORAL TABLET 15 MG (tolvaptan)	Tier 3	PA; SP; QL (30 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAMSCA ORAL TABLET 30 MG (tolvaptan)	Tier 3	PA; SP; QL (60 EA per 365 days)
Gastrointestinal Therapy Agents - Drugs For The Stomach		
Antacid Combinations Other - Drugs For Ulcers And Stomach Acid		
ALKA-SELTZER PM (MELATONIN) ORAL TABLET,CHEWABLE 250-1.5 MG (calcium phosphate, tribasic/melatonin)	Tier 3	
Antidiarrheal - Antiperistaltic Agents - Drugs For Diarrhea		
loperamide oral capsule 2 mg	Tier 1	
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs For Diarrhea		
XERMELO ORAL TABLET 250 MG (telotristat etiprate)	Tier 2	PA; SP
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	
Antiemetic - Anticholinergics - Drugs For Vomiting And Nausea		
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 1	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS (scopolamine)	Tier 3	
Antiemetic - Antihistamines - Drugs For Vomiting And Nausea		
dimenhydrinate injection solution 50 mg/ml	Tier 1	
meclizine oral tablet 12.5 mg, 25 mg	Tier 1	
Antiemetic - Cannabinoid Type - Drugs For Vomiting And Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	ST: Prior prescription for Emend, a 5HT3 antagonist, or corticosteroid in the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (dronabinol)	Tier 3	ST: Prior prescription for Dronabinol in the past 120 days; QL (60 ML per 30 days)
Antiemetic - Dopamine (D2) Antagonists - Drugs For Vomiting And Nausea		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BARHEMSYS INTRAVENOUS SOLUTION 5 MG/2 ML (2.5 MG/ML) (amisulpride)	Tier 3	
Antiemetic - Dopamine (D2)/5-Ht3 Antagonists - Drugs For Vomiting And Nausea		
trimethobenzamide oral capsule 300 mg	Tier 1	
Antiemetic - Phenothiazines - Drugs For Vomiting And Nausea		
prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 1	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml	Tier 1	
prochlorperazine rectal suppository 25 mg	Tier 1	
promethazine rectal suppository 50 mg	Tier 1	
promethazine HCl (Promethegan Rectal Suppository 25 Mg)	Tier 1	
Antiemetic - Selective Serotonin 5-Ht3 Antagonists - Drugs For Vomiting And Nausea		
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	Tier 1	
granisetron (pf) intravenous solution 100 mcg/ml	Tier 1	
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	Tier 1	
granisetron hcl oral tablet 1 mg	Tier 1	ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 120 days; QL (8 EA per 30 days)
ondansetron hcl (pf) injection solution 4 mg/2 ml	Tier 1	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	Tier 1	
ondansetron hcl intravenous solution 2 mg/ml	Tier 1	
ondansetron hcl oral solution 4 mg/5 ml	Tier 1	QL (50 ML per 15 days)
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	Tier 1	
ondansetron in 0.9 % sod chlor intravenous piggyback 16 mg/100 ml, 16 mg/50 ml, 8 mg/50 ml	Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	Tier 1	
palonosetron intravenous solution 0.25 mg/2 ml	Tier 3	
palonosetron intravenous solution 0.25 mg/5 ml	Tier 1	
palonosetron intravenous syringe 0.25 mg/5 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (granisetron)	Tier 3	ST: Prior prescription for Ondansetron HCL or Ondansetron in the past 120 days; QL (1 EA per 7 days)
ZOFRAN ORAL TABLET 4 MG, 8 MG (ondansetron HCl)	Tier 3	
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)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML (aprepitant)	Tier 3	
fosaprepitant intravenous recon soln 150 mg	Tier 1	
VARUBI INTRAVENOUS EMULSION 166.5 MG/92.5 ML (rolapitant HCl)	Tier 3	
VARUBI ORAL TABLET 90 MG (rolapitant HCl)	Tier 2	QL (2 EA per 14 days)
Antiemetic - Substance P-Neurokinin 1 And 5-Ht3 Recept Antagonist Comb - Drugs For Vomiting And Nausea		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG (fosnetupitant chloride HCl/palonosetron HCl)	Tier 3	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML (fosnetupitant chloride HCl/palonosetron HCl)	Tier 3	
Bile Acids - Drugs For The Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (cholic acid)	Tier 2	PA; SP
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Constipation		
TRULANCE ORAL TABLET 3 MG (plecanatide)	Tier 2	QL (1 EA per 1 day)
Colonic Acidifier (Ammonia Inhibitor) - Drugs For The Stomach		
lactulose oral solution 10 gram/15 ml (15 ml)	Tier 1	
Digestive Enzyme Mixtures - Drugs For The Stomach		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (lipase/protease/amylase)	Tier 2	
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 (lipase/protease/amylase)	Tier 2	
Digestive Enzymes - Drugs For The Stomach		
DAIRY DIGESTIVE ORAL TABLET 9,000 UNIT (lactase)	Tier 1	
DAIRY RELIEF ORAL TABLET 9,000 UNIT (lactase)	Tier 1	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (sacrosidase)	Tier 2	PA; SP
Gallstone Solubilizing (Litholysis) Agents - Drugs For The Stomach		
ACTIGALL ORAL CAPSULE 300 MG (ursodiol)	Tier 3	
chenodiol (Chenodal Oral Tablet 250 Mg)	Tier 2	PA; SP
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg, 500 mg	Tier 1	
Gastric Acid Secretion Reducers - Histamine H2-Receptor Antagonists - Drugs For Ulcers And Stomach Acid		
cimetidine hcl oral solution 300 mg/5 ml	Tier 1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Tier 1	
famotidine (pf) intravenous solution 20 mg/2 ml	Tier 1	
famotidine in 0.9 % nacl intravenous syringe 20 mg/10 ml	Tier 1	
famotidine intravenous solution 10 mg/ml	Tier 1	
famotidine oral suspension 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	
nizatidine oral solution 150 mg/10 ml	Tier 1	
Gastric Acid Secretion Reducing Agents - Proton Pump Inhibitors (Ppis) - Drugs For Ulcers And Stomach Acid		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG (dexlansoprazole)	Tier 3	ST: Prior prescription for Esomeprazole Magnesium, Lansoprazole, Nexium 24hr, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Protonix in the past 120 days; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	Tier 1	QL (2 EA per 1 day)
esomeprazole sodium intravenous recon soln 20 mg	Tier 1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	Tier 1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG (esomeprazole magnesium)	Tier 3	QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG (esomeprazole magnesium)	Tier 2	QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (esomeprazole magnesium)	Tier 3	QL (2 EA per 1 day)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	Tier 1	
pantoprazole intravenous recon soln 40 mg	Tier 1	
pantoprazole oral granules dr for susp in packet 40 mg	Tier 1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	Tier 1	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	Tier 1	QL (1 EA per 1 day)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs For Ulcers And Stomach Acid		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (misoprostol)	Tier 3	
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-Ht4 Receptor Agonists - Drugs For The Stomach		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOTEGRITY ORAL TABLET 1 MG, 2 MG (prucalopride succinate)	Tier 3	ST: Prior prescription for Linzess or Trulance in the past 120 days
Gastrointestinal Antiflatulents - Drugs For The Stomach		
BEANAID ORAL CAPSULE 300 UNIT (alpha-D-galactosidase)	Tier 1	
GAS RELIEF-PREVENTION ORAL CAPSULE 600 UNIT (alpha-D-galactosidase)	Tier 1	
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-Ht4 Agonists - Drugs For The Stomach		
metoclopramide hcl injection solution 5 mg/ml	Tier 1	
metoclopramide hcl injection syringe 5 mg/ml	Tier 1	
metoclopramide hcl oral solution 5 mg/5 ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg	Tier 1	
Gi Antispasmodic - Belladonna Alkaloids - Drugs For Stomach Cramps		
atropine injection solution 0.4 mg/ml, 1 mg/ml	Tier 1	
atropine injection syringe 0.05 mg/ml	Tier 1	
atropine intravenous syringe 0.8 mg/2 ml (0.4 mg/ml), 2 mg/5 ml (0.4 mg/ml)	Tier 1	
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 1	
hyoscyamine sulfate injection solution 0.5 mg/ml	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
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	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 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		
glycopyrrolate (pf) in water injection syringe 0.2 mg/ml	Tier 1	
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)	Tier 1	
glycopyrrolate in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)	Tier 1	
glycopyrrolate intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 0.6 mg/3 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)	Tier 1	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML (glycopyrrolate/PF)	Tier 3	
Gi Antispasmodic - Synthetic Tertiary Amines - Drugs For Stomach Cramps		
dicyclomine intramuscular solution 10 mg/ml	Tier 1	
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 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	
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml	Tier 1	
Ibs Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs For Irritable Bowel Syndrome		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	Tier 3	QL (2 EA per 1 day)

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PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | G = Gender Edit | SP = Specialty Medication | OCh = Oral Chemotherapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Irritable Bowel Syndrome		
TRULANCE ORAL TABLET 3 MG (plecanatide)	Tier 2	QL (1 EA per 1 day)
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 2	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (ustekinumab)	Tier 2	PA; SP
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (ustekinumab)	Tier 2	PA; SP
Inflammatory Bowel Agent - Aminosalicylates And Related Agents - Drugs For Inflammatory Bowel Disease		
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM (mesalamine)	Tier 3	
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (sulfasalazine)	Tier 3	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	Tier 3	
balsalazide oral capsule 750 mg	Tier 1	
CANASA RECTAL SUPPOSITORY 1,000 MG (mesalamine)	Tier 3	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG (mesalamine)	Tier 3	
DIPENTUM ORAL CAPSULE 250 MG (olsalazine sodium)	Tier 3	ST: At least 2 prior prescriptions for Balsalazide Disodium, Delzicol, Mesalamine, or Sulfasalazine in the past 120 days
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM (mesalamine)	Tier 3	
mesalamine oral capsule (with del rel tablets) 400 mg	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	Tier 1	
mesalamine rectal enema 4 gram/60 ml	Tier 1	
mesalamine rectal suppository 1,000 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 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: Prior prescription for Prednisone Intensol, Prednisone, or Rayos in the past 120 days
ENTOCORT EC ORAL CAPSULE,DELAYED,EXTEND.RELEASE 3 MG (budesonide)	Tier 3	
hydrocortisone rectal enema 100 mg/60 ml	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACTUATION (budesonide)	Tier 2	
Inflammatory Bowel Agent - Integrin Receptor Antagonist, Mc Antibody - Drugs For Inflammatory Bowel Disease		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG (vedolizumab)	Tier 2	PA; SP
Inflammatory Bowel Agent - Janus Kinase (Jak) Inhibitors - Drugs For Inflammatory Bowel Disease		
XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)	Tier 2	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG (tofacitinib citrate)	Tier 2	PA; SP
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs For Inflammatory Bowel Disease		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 3	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (adalimumab)	Tier 2	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (adalimumab)	Tier 2	PA; SP
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (infliximab-abda)	Tier 2	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (golimumab)	Tier 3	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (golimumab)	Tier 3	PA; SP
Intestinal Flora Modifiers - Drugs For Diarrhea		
ADVANCED PROBIOTIC (6 STRAINS) ORAL CAPSULE 142 MG (10 BILLION CELL) (Lactobacillus combo no.37/Bifido animalis/Bifido longum)	Tier 1	
AZO COMPLETE FEMININE BALANCE ORAL CAPSULE 5 BILLION CELL (Lactobacillus crispatus/L. gasseri/L. jensenii/L. rhamnosus)	Tier 3	
BACICAP ORAL CAPSULE 20 BILLION CELL (Lactobacillus acidophilus,paracasei,plantarum/B.animalis)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHILDREN'S PROBIOTIC ORAL TABLET,CHEWABLE 5 BILLION CELL (L.acidophilus,casei,rhamnosus/B.longum,breve)	Tier 1	
CULTURELLE GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1 GRAM (Bacillus subtilis/inulin)	Tier 3	
CULTURELLE KIDS GUMMY ORAL TABLET,CHEWABLE 1.5 BILLION CELL-1 GRAM (Bacillus subtilis/inulin)	Tier 3	
DIGEST ADV PROBIO PLUS GAS ORAL CAPSULE 2 BILLION CELL (Bacillus coagulans/digestive enzymes combo no.10)	Tier 3	
DIGESTIVE ADV MULTISTRAIN GMMY ORAL TABLET,CHEWABLE 1 BILLION CELL (Bacillus coagulans/Bacillus subtilis)	Tier 3	
DIGESTIVE ADVANTAGE ADVANCED ORAL CAPSULE 10 BILLION CELL (L.acidoph,paracasei, B.lactis)	Tier 3	
DIGESTIVE ADVANTAGE IMMUNE ORAL TABLET,CHEWABLE 250 MILLION CELL (Bacillus coagulans)	Tier 3	
DIGESTIVE ADVANTAGE INTENS BOW ORAL CAPSULE 1 BILLION CELL- 30,000 UNIT (Bacillus coagulans/protease/amylase/lipase)	Tier 3	
DIGESTIVE ADVANTAGE PROBIO-PRE ORAL TABLET 800 MILLION CELL (Bacillus coagulans)	Tier 3	
DIGESTIVE ADVANTAGE PROBIOTIC ORAL CAPSULE 2 BILLION CELL- 140 MG (Bacillus coagulans/calcium carbonate)	Tier 3	
DIGESTIVE PROBIOTIC ORAL CAPSULE, SPRINKLE 2 BILLION CELL (Bifido inf/Bifido longum/L. acidophilus/L. rhamnosus)	Tier 1	
FOLIKA PROBIOTIC ORAL CAPSULE 31 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 3	
GERBER GOOD START GROW KIDS ORAL TABLET,CHEWABLE 100 MILLION CELL (Lactobacillus reuteri)	Tier 1	
GERBER GOOD START GROW TODDLER ORAL POWDER IN PACKET 100 MILLION CELL (Lactobacillus reuteri)	Tier 3	
lactobacillus acidophilus oral tablet 1 billion cell	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lactobacillus acidoph-l.bulgar oral tablet 1 million cell	Tier 1	
PROBICHEW ORAL TABLET,CHEWABLE 21 BILLION CELL - 1 GRAM (Bacillus coagulans/inulin)	Tier 3	
PROBIOTIC (WITH VITAMIN D3) ORAL TABLET,CHEWABLE 2 BILLION CELL- 5 MCG (Bacillus coagulans/cholecalciferol (vit D3))	Tier 1	
PROBIOTIC FORMULA (INULIN) ORAL CAPSULE 1 BILLION-250 CELL-MG (Bacillus coagulans/inulin)	Tier 1	
PROMELLA ORAL CAPSULE 32 BILLION CELL (Lactobacillus acidophilus/Bifidobacterium animalis)	Tier 3	
QUAD-PROBIOTIC ORAL CAPSULE 8 BILLION CELL (L.acidophilus,paracasei/Bifido animalis/Strep thermophilus)	Tier 3	
ULTIMATE FLORA BABY PROBIOTIC ORAL POWDER 4 BILLION CELL /GRAM (B. breve/B. bifidum/B. infantis/B. longum/L. rhamnosus)	Tier 3	
UP4 PROBIOTICS ADULT 50 PLUS ORAL CAPSULE 25 BILLION CELL (Lactobacillus acidophilus/L. plantarum/Bifido no.7)	Tier 3	
UP4 PROBIOTICS ADULT ORAL CAPSULE 15 BILLION CELL (Lactobacillus acidophilus/L. plantarum/Bifido no.7)	Tier 3	
UP4 PROBIOTICS KIDS CUBES ORAL TABLET,CHEWABLE 1 BILLION CELL- 20 MCG (Lactobacillus acidophilus/Bifidobacterium animalis/vit D2)	Tier 3	
UP4 PROBIOTICS PLUS PREBIOTIC ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 3	
UP4 PROBIOTICS ULTRA ORAL CAPSULE 50 BILLION CELL (Lactobacillus combination no.51/Bifidobacterium combo no.4)	Tier 3	
UP4 PROBIOTICS WOMEN'S ORAL CAPSULE 5 BILLION CELL- 250 MG (L.acidophilus/L.gasseri/L.plant/L.rham/B.animalis/cranberry)	Tier 3	
UP4 PROBIOTICS-PREBIOTICS KIDS ORAL TABLET,CHEWABLE 1 BILLION CELL- 1 GRAM-15 MG (Bacillus coagulans/Bacillus subtilis/inulin/ascorbic acid)	Tier 3	
Irritable Bowel Syndrome (Ibs) Agents - Drugs For Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (lubiprostone)	Tier 3	QL (2 EA per 1 day)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (linaclotide)	Tier 2	
VIBERZI ORAL TABLET 100 MG, 75 MG (eluxadoline)	Tier 3	PA
Keratinocyte Growth Factor (Kgf) - Drugs For The Stomach		
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG (palifermin)	Tier 2	SP
Laxative - Bulk Forming - Drugs To Prevent Constipation		
CLEAR FIBER ORAL POWDER 3 GRAM/4 GRAM (dextrin)	Tier 1	
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM (psyllium husk (with sugar))	Tier 1	
DAILY FIBER ORAL CAPSULE 0.4 GRAM (psyllium husk)	Tier 1	
REGULOID (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM (psyllium husk/aspartame)	Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM (psyllium husk)	Tier 1	
REGULOID (PSYLLIUM HUSK) ORAL POWDER 3 GRAM/5.4 GRAM (psyllium husk)	Tier 1	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/12 GRAM (psyllium husk (with sugar))	Tier 3	
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/7 GRAM (psyllium husk (with sugar))	Tier 1	
Laxative - Saline And Osmotic - Drugs To Prevent Constipation		
lactulose (Constulose Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose oral packet 10 gram	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		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride)	Tier 1	$0 COPAY IF AGE 50-75 YEARS
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	Tier 1	$0 COPAY IF AGE 50-75 YEARS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium chloride/sodium bicarbonate/potassium chloride/peg (Gavilyte-N Oral Recon Soln 420 Gram)	Tier 1	$0 COPAY IF AGE 50-75 YEARS
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM (peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride)	Tier 3	$0 COPAY IF AGE 50-75 YEARS
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride)	Tier 3	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (peg 3350/sodium sulfate/sod chloride/KCl/ascorbate sod/vit C)	Tier 3	
NULYTELY LEMON-LIME ORAL RECON SOLN 420 GRAM (sodium chloride/sodium bicarbonate/potassium chloride/peg)	Tier 3	
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM (sodium chloride/sodium bicarbonate/potassium chloride/peg)	Tier 3	
OSMOPREP ORAL TABLET 1.5 GRAM (sodium phosphate,monobasic/sodium phosphate,dibasic)	Tier 3	$0 COPAY IF AGE 50-75 YEARS
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	Tier 1	$0 COPAY IF AGE 50-75 YEARS
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	Tier 1	$0 COPAY IF AGE 50-75 YEARS
peg-electrolyte soln oral recon soln 420 gram	Tier 1	$0 COPAY IF AGE 50-75 YEARS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (peg 3350/sodium sulfate/sod chloride/KCl/ascorbate sod/vit C)	Tier 3	$0 COPAY IF AGE 50-75 YEARS
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM (sodium sulfate/potassium sulfate/magnesium sulfate)	Tier 2	$0 COPAY IF AGE 50-75 YEARS
sodium chloride/sodium bicarbonate/potassium chloride/peg (Trilyte With Flavor Packets Oral Recon Soln 420 Gram)	Tier 1	$0 COPAY IF AGE 50-75 YEARS
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)	Tier 3	$0 COPAY IF AGE 50-75 YEARS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEG-PREP ORAL KIT 5-210 MG-GRAM (bisacodyl/sodium chlor/sodium bicarb/potassium chl/peg 3350)	Tier 1	$0 COPAY IF AGE 50-75 YEARS
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM (sodium picosulfate/magnesium oxide/citric acid)	Tier 2	$0 COPAY IF AGE 50-75 YEARS
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs For Ulcers And Stomach Acid		
CARAFATE ORAL SUSPENSION 100 MG/ML (sucralfate)	Tier 2	
CARAFATE ORAL TABLET 1 GRAM (sucralfate)	Tier 3	
sucralfate oral suspension 100 mg/ml	Tier 1	
sucralfate oral tablet 1 gram	Tier 1	
Peptic Ulcer-Treatment H. Pylori-Proton Pump Inhibitor And Antibiotics - Drugs For Ulcers And Stomach Acid		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	Tier 1	QL (112 EA per 10 days)
Short Bowel Syndrome (Sbs) - Glucagon-Like Peptide-2 (Glp-2) Analog - Drugs For The Stomach		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (teduglutide)	Tier 3	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (teduglutide)	Tier 3	PA; SP
Short Bowel Syndrome (Sbs) Agents - Drugs For The Stomach		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML (octreotide acetate)	Tier 3	PA; SP
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG (somatropin)	Tier 3	PA; SP
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: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Tamsulosin HCL, or Terazosin HCL in the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG (dutasteride/tamsulosin HCl)	Tier 3	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Tamsulosin HCL, or Terazosin HCL in the past 120 days
Cystinosis Therapy (Cystine Depleting Agents) - Drugs For The Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (cysteamine bitartrate)	Tier 2	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (cysteamine bitartrate)	Tier 2	PA; SP
G.U. Irrigants - Drugs For The Urinary System		
GLYCINE UROLOGIC IRRIGATION SOLUTION 1.5 % (glycine urologic solution)	Tier 2	
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 2	
Interstitial Cystitis Agents - Drugs For The Urinary System		
ELMIRON ORAL CAPSULE 100 MG (pentosan polysulfate sodium)	Tier 2	
Kidney Stone Agents - Drugs For The Urinary System		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (tiopronin)	Tier 3	SP
THIOLA ORAL TABLET 100 MG (tiopronin)	Tier 3	SP
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs For The Bladder		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	Tier 2	
Phosphate Binders - Calcium-Based - Drugs For The Urinary System		
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (calcium acetate)	Tier 2	
Phosphate Binders - Drugs For The Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 3	QL (12 EA per 1 day)
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	Tier 1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (calcium acetate)	Tier 2	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	Tier 1	
sevelamer carbonate oral tablet 800 mg	Tier 1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG (sucroferric oxyhydroxide)	Tier 2	
Phosphate Binders - Iron-Based - Drugs For The Urinary System		
AURYXIA ORAL TABLET 210 MG IRON (ferric citrate)	Tier 3	QL (12 EA per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG (sucroferric oxyhydroxide)	Tier 2	
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs For The Urinary System		
JYNARQUE ORAL TABLET 15 MG (tolvaptan)	Tier 3	PA; SP; QL (30 EA per 365 days)
JYNARQUE ORAL TABLET 30 MG (tolvaptan)	Tier 3	PA; SP; QL (60 EA per 365 days)
SAMSCA ORAL TABLET 15 MG (tolvaptan)	Tier 3	PA; SP; QL (30 EA per 365 days)
SAMSCA ORAL TABLET 30 MG (tolvaptan)	Tier 3	PA; SP; QL (60 EA per 365 days)
Prostatic Hypertrophy Agent - Alpha-1-Adrenoceptor Antagonists - Drugs For The Prostate		
alfuzosin oral tablet extended release 24 hr 10 mg	Tier 1	
FLOMAX ORAL CAPSULE 0.4 MG (tamsulosin HCl)	Tier 3	
silodosin oral capsule 4 mg, 8 mg	Tier 1	ST: Prior prescription for Alfuzosin HCL, Doxazosin Mesylate, Finasteride 5mg, Prazosin HCL, Tamsulosin HCL, or Terazosin HCL in the past 120 days
tamsulosin oral capsule 0.4 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prostatic Hypertrophy Agent - Type Ii 5-Alpha Reductase Inhibitors - Drugs For The Prostate		
finasteride oral tablet 5 mg	Tier 1	
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 - Phosphates - Drugs For Infections		
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (potassium phosphate,monobasic)	Tier 2	
Urinary Alkalinizer - Citrates - Drugs For Infections		
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	Tier 1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG) (potassium citrate)	Tier 3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (potassium citrate)	Tier 3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (potassium citrate)	Tier 3	
Urinary Analgesics - Drugs For Infections		
phenazopyridine oral tablet 100 mg, 200 mg	Tier 1	
Urinary Antibacterial - Nitrofuran Derivatives - Drugs For Infections		
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	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	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG (methenamine/methylene blue/salicylate/sodium phos/hyoscyamin)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URIN DS ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
URO-458 ORAL TABLET 81-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
USTELL ORAL CAPSULE 120-0.12 MG (methenamine/methylene blue/salicylate/sodium phos/hyoscyamin)	Tier 1	
UTIRA-C ORAL TABLET 81.6-10.8-40.8 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 2	
VILAMIT MB ORAL CAPSULE 118-10-40.8-36 MG (methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine)	Tier 1	
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	
URYL ORAL TABLET 81.6-40.8-0.12 MG (methenamine/sod phosph,monobasic/methylene blue/hyoscyamine)	Tier 2	
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	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
solifenacin oral tablet 10 mg, 5 mg	Tier 1	ST: At least 2 prior prescriptions for Darifenacin Hydrobromide, Oxybutynin Chloride, Tolterodine Tartrate, or Trospium Chloride in the past 365 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VESICARE ORAL TABLET 10 MG, 5 MG (solifenacin succinate)	Tier 3	ST: At least 2 prior prescriptions for Darifenacin Hydrobromide, Oxybutynin Chloride, Tolterodine Tartrate, or Trospium Chloride in the past 365 days
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs For The Bladder		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (hyoscyamine sulfate)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (hyoscyamine sulfate)	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (hyoscyamine sulfate)	Tier 1	
OSCIMIN SR ORAL TABLET EXTENDED RELEASE 12 HR 0.375 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		
flavoxate oral tablet 100 mg	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) (oxybutynin chloride)	Tier 2	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
oxybutynin chloride oral syrup 5 mg/5 ml	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	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tolterodine oral tablet 1 mg, 2 mg	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (fesoterodine fumarate)	Tier 2	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
trospium oral capsule,extended release 24hr 60 mg	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
trospium oral tablet 20 mg	Tier 1	ST: Prior prescription for Oxybutynin Chloride in the past 120 days
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)
COLCRYS ORAL TABLET 0.6 MG (colchicine)	Tier 2	QL (4 EA per 1 day)
MITIGARE ORAL CAPSULE 0.6 MG (colchicine)	Tier 2	QL (2 EA per 1 day)
Gout And Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs		
probenecid-colchicine oral tablet 500-0.5 mg	Tier 1	
Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type - Gout Drugs		
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG (rasburicase)	Tier 2	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (pegloticase)	Tier 2	PA; SP
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	
allopurinol sodium intravenous recon soln 500 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALOPRIM INTRAVENOUS RECON SOLN 500 MG (allopurinol sodium)	Tier 2	
febuxostat oral tablet 40 mg, 80 mg	Tier 1	ST: Prior prescription for Allopurinol in the past 120 days; QL (30 EA per 30 days)
ULORIC ORAL TABLET 40 MG, 80 MG (febuxostat)	Tier 3	ST: Prior prescription for Allopurinol in the past 120 days; QL (30 EA per 30 days)
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (allopurinol)	Tier 3	
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 3	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG (caplacizumab-yhdp)	Tier 3	PA; SP
Anticoagulants - Citrate-Based - Drugs To Prevent Blood Clots		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML (dextrose-water/sodium citrate/citric acid)	Tier 3	
ACD-A SOLUTION (citrate dextrose solution)	Tier 2	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML (dextrose-water/sodium citrate/citric acid)	Tier 3	
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	Tier 1	
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (4 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
TRICITRASOL INJECTION CONCENTRATE 46.7 % (sodium citrate dihydrate)	Tier 2	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	SP
Antiporphyria Factors - Drugs For The Blood		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG (hemin)	Tier 3	SP
Blood Cell And Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs For The Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (fostamatinib disodium)	Tier 3	PA; SP
C1 Esterase Inhibitor Agents - Drugs For The Blood		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (C1 esterase inhibitor)	Tier 2	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (C1 esterase inhibitor)	Tier 3	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (C1 esterase inhibitor, recombinant)	Tier 2	PA; SP
Direct Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG (betrixaban maleate)	Tier 3	ST: Prior prescription for Eliquis or Xarelto in the past 120 days; QL (43 EA per 42 days)
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)
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 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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (epoetin alfa-epbx)	Tier 2	PA; SP
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 3	SP
Factor Ix Preparations - Drugs To Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX)	Tier 2	SP
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 2	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant)	Tier 2	SP
IDELVION INTRAVENOUS RECON SOLN 3,500 (+/-) UNIT (factor IX recombinant,albumin fusion protein)	Tier 3	SP
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 2	SP
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT (factor IX)	Tier 2	SP
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (factor IX complex, prothrombin cplx conc(pcc) no.4, 3-factor)	Tier 2	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT (factor IX (human) recombinant, pegylated)	Tier 3	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (factor IX human recombinant)	Tier 3	SP
Factor Vii Preparations - Drugs To Prevent Bleeding		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	SP
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 2	SP
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 2	SP
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 2	SP
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 2	SP
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 2	SP
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 3	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (antihemophilic factor, human)	Tier 2	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (antihemophilic factor, human)	Tier 2	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (antihemophilic factor, human)	Tier 2	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (antihemophilic factor, human)	Tier 2	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	SP
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 2	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor, human)	Tier 3	SP
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 2	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (FVIII) recombinant,full length)	Tier 2	SP
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 2	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (antihemophilic factor VIII, recombinant porcine sequence)	Tier 2	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (antihemophilic factor, human/von Willebrand factor,human)	Tier 2	SP
Factor Viii-Mimetic Agent, Monoclonal Antibody - Drugs For The Blood		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML (emicizumab-kxwh)	Tier 3	PA; SP
Factor X Preparations - Drugs To Prevent Bleeding		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (coagulation factor X)	Tier 2	SP
Factor Xiii Preparations - Drugs To Prevent Bleeding		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (factor XIII)	Tier 2	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (factor XIII A-subunit, recombinant)	Tier 2	SP
Granulocyte Colony-Stimulating Factor (G-Csf) - Drugs For The Blood		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-jmdb)	Tier 3	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim)	Tier 3	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (pegfilgrastim)	Tier 3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (filgrastim-aafi)	Tier 2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-aafi)	Tier 2	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-cbqv)	Tier 2	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (filgrastim-sndz)	Tier 2	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (pegfilgrastim-bmez)	Tier 3	PA; SP
Granulocyte-Macrophage Colony-Stimulating Factor (Gm-Csf) - Drugs For The Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (sargramostim)	Tier 2	PA; SP
Hematopoietic Agents - Erythroid (Rbc) Maturation Agents - Drugs For The Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (luspatercept-aamt)	Tier 3	PA; SP
Hematorheologic Agents - Drugs For The Blood		
pentoxifylline oral tablet extended release 400 mg	Tier 1	
Hemostatic Systemic - Antifibrinolytic Agents - Drugs To Prevent Bleeding		
AMICAR ORAL SOLUTION 250 MG/ML (25 %) (aminocaproic acid)	Tier 3	
AMICAR ORAL TABLET 1,000 MG, 500 MG (aminocaproic acid)	Tier 2	
aminocaproic acid intravenous solution 250 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG) (fibrinogen)	Tier 2	
tranexamic acid in nacl,iso-os intravenous piggyback 1,000 mg/100 ml (10 mg/ml)	Tier 1	
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)	Tier 1	
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 2	SP
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/250 ml (10 unit/ml), 2,500 unit/500 ml (5 unit/ml)	Tier 1	
heparin lock flush (porcine) intravenous syringe 10 unit/ml	Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 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/250 ml (10 unit/ml), 2,500 unit/500 ml (5 unit/ml), 30,000 unit/1,000 ml, 4000 unit/1000 ml (4 unit/ml), 5,000 unit/1,000 ml, 5,000 unit/500 ml (10 unit/ml)	Tier 1	
heparin (porcine) in 0.9% nacl intravenous syringe 2,500 unit/5 ml(500 unit/ml), 6,000 unit/3ml (2,000 unit/ml)	Tier 1	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 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 flush(porcine)-0.9nacl intravenous kit 100 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous syringe 10 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous syringe 100 unit/ml	Tier 1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML (heparin sodium,porcine)	Tier 1	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML (heparin sodium,porcine)	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (heparin sodium,porcine/PF)	Tier 1	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 12,500 unit/250 ml	Tier 3	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 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	
Human Monoclonal Antibody Complement (C5) Inhibitors - Drugs For The Blood		
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (eculizumab)	Tier 2	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (10 MG/ML) (ravulizumab-cwvz)	Tier 3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Indirect Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML (fondaparinux sodium)	Tier 3	SP; QL (8 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML (fondaparinux sodium)	Tier 3	SP; QL (5 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML (fondaparinux sodium)	Tier 3	SP; QL (4 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML (fondaparinux sodium)	Tier 3	SP; QL (6 ML per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	Tier 1	SP; QL (8 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	Tier 1	SP; QL (5 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	Tier 1	SP; QL (4 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	Tier 1	SP; QL (6 ML per 30 days)
Low Molecular Weight Heparins - Drugs To Prevent Blood Clots		
enoxaparin subcutaneous solution 300 mg/3 ml	Tier 1	SP; QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	Tier 1	SP; QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	Tier 1	SP; QL (24 ML per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	Tier 1	SP; QL (9 ML per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	Tier 1	SP; QL (12 ML per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	Tier 1	SP; QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (dalteparin sodium,porcine)	Tier 2	SP; QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (dalteparin sodium,porcine)	Tier 2	SP; QL (10 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (dalteparin sodium,porcine)	Tier 2	SP; QL (5 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (dalteparin sodium,porcine)	Tier 2	SP; QL (6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (dalteparin sodium,porcine)	Tier 2	SP; QL (7.2 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 2	SP; QL (2 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (dalteparin sodium,porcine)	Tier 2	SP; QL (3 ML per 30 days)
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML (enoxaparin sodium)	Tier 3	QL (30 ML per 30 days)
Monoclonal Antibody - P-Selectin Inhibitors - Drugs For The Blood		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML (crizanlizumab-tmca)	Tier 3	PA; SP
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)
KENGREAL INTRAVENOUS RECON SOLN 50 MG (cangrelor tetrasodium)	Tier 3	
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 3	SP
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 3	SP
eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml	Tier 1	SP
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		
AGRYLIN ORAL CAPSULE 0.5 MG (anagrelide HCl)	Tier 3	SP
anagrelide oral capsule 0.5 mg, 1 mg	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs For The Blood		
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (aspirin)	Tier 0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 0	
E.C. PRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (aspirin)	Tier 0	
LO-DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (aspirin)	Tier 0	
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)
Protein C Preparations - Drugs For The Blood		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (protein C, human)	Tier 2	SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (protein C, human)	Tier 2	SP
Sickle Cell Anemia Agents - Drugs For The Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)	Tier 2	ST: Prior prescription for Hydroxyurea in the past 120 days
ENDARI ORAL POWDER IN PACKET 5 GRAM (glutamine)	Tier 3	PA; SP
Sickle Cell Anemia Agents, Others - Drugs For The Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)	Tier 2	ST: Prior prescription for Hydroxyurea in the past 120 days
Sickle Hemoglobin (Hbs) Polymerization Inhibitor - Drugs For The Blood		
OXBRYTA ORAL TABLET 500 MG (voxelotor)	Tier 3	PA; SP
Thrombolytic - Nucleotide Type - Drugs For The Blood		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML (defibrotide sodium)	Tier 3	
Transforming Growth Factor (Tgf) Ligands Agent - Drugs For The Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (luspatercept-aamt)	Tier 3	PA; SP
Hepatobiliary System Treatment Agents - Drugs For The Liver		
Ahp Agents - Alas1 Degradation, Small Interfering Rna (Sirna) Based - Drugs For The Liver		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML (givosiran sodium)	Tier 3	PA; SP
Farnesoid X Receptor (Fxr) Agonist, Bile Acid Analog - Drugs For The Liver		
OCALIVA ORAL TABLET 10 MG, 5 MG (obeticholic acid)	Tier 2	PA; SP
Immunosuppressive Agents - Drugs For Organ Transplants		
Immunosuppressive - Interferon Gamma Inhibitor, Monoclonal Antibody - Drugs For Organ Transplants		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML (emapalumab-lzsg)	Tier 3	PA; SP
Immunosuppressive - Calcineurin Inhibitors - Drugs For Organ Transplants		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 3	SP
cyclosporine intravenous solution 250 mg/5 ml	Tier 1	SP
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	SP
cyclosporine modified oral solution 100 mg/ml	Tier 1	SP
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	SP
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (tacrolimus)	Tier 3	SP
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	SP
cyclosporine, modified (Gengraf Oral Solution 100 Mg/Ml)	Tier 1	SP
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine, modified)	Tier 3	SP
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine, modified)	Tier 3	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (tacrolimus)	Tier 3	SP
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (tacrolimus)	Tier 2	SP
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (tacrolimus)	Tier 3	SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML (cyclosporine)	Tier 2	SP
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	SP
Immunosuppressive - Cd19 (B Lymphocyte) Monoclonal Antibody - Drugs For The Eye		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML (inebilizumab-cdon)	Tier 3	PA; SP
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs For Organ Transplants		
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	Tier 1	SP
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	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG (mycophenolate sodium)	Tier 3	SP
Immunosuppressive - Interleukin-6 (Il-6) Receptor Inhibitors - Drugs For Organ Transplants		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (satralizumab-mwge)	Tier 3	
Immunosuppressive - Mammalian Target Of Rapamycin (Mtor) Inhibitors - Drugs For Organ Transplants		
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg	Tier 1	SP
RAPAMUNE ORAL SOLUTION 1 MG/ML (sirolimus)	Tier 3	
sirolimus oral solution 1 mg/ml	Tier 1	SP
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG (everolimus)	Tier 3	SP
ZORTRESS ORAL TABLET 1 MG (everolimus)	Tier 2	SP
Immunosuppressive - Monoclonal Antibodies - Drugs For Organ Transplants		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG (basiliximab)	Tier 2	SP
Immunosuppressive - Monoclonal Antibody Inhib. T Lymphocyte Function - Drugs For Organ Transplants		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG (basiliximab)	Tier 2	SP
Immunosuppressive - Purine Analogs - Drugs For Organ Transplants		
azathioprine oral tablet 50 mg	Tier 1	
azathioprine sodium injection recon soln 100 mg	Tier 1	
IMURAN ORAL TABLET 50 MG (azathioprine)	Tier 3	
Immunosuppressive - Selective T-Cell Costimulation Blocker - Drugs For Organ Transplants		
NULOJIX INTRAVENOUS RECON SOLN 250 MG (belatacept)	Tier 2	SP
Locomotor System - Drugs For Muscles, Ligaments, Tendons, And Bones		
Als Agents - Antioxidants/Anti-Inflammatories - Drugs For Nerves And Muscles		
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML (edaravone)	Tier 2	SP
Als Agents - Benzathiazoles - Drugs For Nerves And Muscles		
RILUTEK ORAL TABLET 50 MG (riluzole)	Tier 3	
riluzole oral tablet 50 mg	Tier 1	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (riluzole)	Tier 3	SP
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs For Nerves And Muscles		
BLOXIVERZ INTRAVENOUS SOLUTION 0.5 MG/ML (neostigmine methylsulfate)	Tier 2	
MESTINON ORAL SYRUP 60 MG/5 ML (pyridostigmine bromide)	Tier 3	
neostigmine in sterile water injection syringe 5 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml	Tier 1	
neostigmine methylsulfate intravenous syringe 2 mg/2 ml (1 mg/ml), 3 mg/3 ml (1 mg/ml), 4 mg/4 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)	Tier 1	
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	
REGONOL INJECTION SOLUTION 5 MG/ML (pyridostigmine bromide)	Tier 2	
Antimyasthenic Agents Other - Drugs For Nerves And Muscles		
guanidine oral tablet 125 mg	Tier 1	
Duchenne Muscular Dystrophy - Exon Skipping Antisense Oligonucleotide - Drugs For Nerves And Muscles		
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML (viltolarsen)	Tier 3	
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	
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML (hyaluronate sodium)	Tier 3	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML (hyaluronate sodium, modified, non-crosslinked)	Tier 3	
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML (hyaluronate sodium, stabilized)	Tier 2	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML (hyaluronate sodium)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium hyaluronate (viscosup) intra-articular syringe 10 mg/ml	Tier 3	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (hyaluronate sodium)	Tier 3	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 2	SP
Neuromuscular Blocker - Depolarizing Agents - Drugs For Nerves And Muscles		
ANECTINE INJECTION SOLUTION 20 MG/ML (succinylcholine chloride)	Tier 3	
QUELICIN INJECTION SOLUTION 20 MG/ML (succinylcholine chloride)	Tier 3	
succinylcholine chloride injection solution 20 mg/ml	Tier 1	
succinylcholine chloride intravenous syringe 140 mg/7 ml (20 mg/ml), 50 mg/2.5 ml (20 mg/ml)	Tier 1	
succinylcholine-0.9% nacl (pf) intravenous syringe 200 mg/10 ml (20 mg/ml)	Tier 1	
succinylcholine-sod cl,iso(pf) intravenous syringe 100 mg/5 ml (20 mg/ml), 140 mg/7 ml (20 mg/ml), 200 mg/10 ml (20 mg/ml)	Tier 1	
Neuromuscular Blocker - Neurotoxins - Drugs For Nerves And Muscles		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT (onabotulinumtoxinA)	Tier 2	PA; SP
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT (abobotulinumtoxinA)	Tier 3	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (rimabotulinumtoxinB)	Tier 2	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Neuromuscular Blocker - Nondepolarizing Agents - Drugs For Nerves And Muscles		
atracurium intravenous solution 10 mg/ml	Tier 1	
cisatracurium intravenous solution 10 mg/ml conc. (icu use only), 2 mg/ml	Tier 1	
NIMBEX INTRAVENOUS SOLUTION 10 MG/ML CONC. (ICU USE ONLY), 2 MG/ML (cisatracurium besylate)	Tier 3	
pancuronium intravenous solution 1 mg/ml, 2 mg/ml	Tier 1	
rocuronium intravenous syringe 100 mg/10 ml (10 mg/ml), 75 mg/7.5 ml (10 mg/ml)	Tier 1	
vecuronium bromide intravenous recon soln 10 mg, 20 mg	Tier 1	
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones		
orphenadrine citrate/aspirin/caffeine (Norgesic Forte Oral Tablet 50-770-60 Mg)	Tier 3	QL (4 EA per 1 day)
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	Tier 2	QL (4 EA per 1 day)
orphenadrine citrate/aspirin/caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	Tier 2	QL (4 EA per 1 day)
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones		
baclofen oral tablet 10 mg, 20 mg	Tier 1	
baclofen oral tablet 5 mg	Tier 1	
carisoprodol oral tablet 250 mg, 350 mg	Tier 1	ST: Prior prescription for Amrix, Baclofen, Cyclobenzaprine HCL, Gablofen, Lioresal Intrathecal, Methocarbamol, Orphenadrine Citrate, Ozobax, or Tizanidine HCL in the past 120 days; QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg	Tier 1	
cyclobenzaprine oral tablet 10 mg, 5 mg	Tier 1	
cyclobenzaprine oral tablet 7.5 mg	Tier 1	ST: Prior prescription for Cyclobenzaprine HCL in the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metaxalone (Metaxall Oral Tablet 800 Mg)	Tier 1	
metaxalone oral tablet 400 mg, 800 mg	Tier 1	
methocarbamol oral tablet 500 mg, 750 mg	Tier 1	
orphenadrine citrate injection solution 30 mg/ml	Tier 1	
orphenadrine citrate oral tablet extended release 100 mg	Tier 1	
SKELAXIN ORAL TABLET 800 MG (metaxalone)	Tier 3	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	Tier 1	
tizanidine oral tablet 2 mg, 4 mg	Tier 1	
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones		
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (dantrolene sodium)	Tier 3	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Skeletal Muscle Relaxant And Topical Irritant Counter-Irritant Comb. - Drugs For Muscles, Ligaments, Tendons, And Bones		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG (cyclobenzaprine HCl/irritants counter-irritants combo no.2)	Tier 3	
COMFORT PAC-TIZANIDINE KIT 4 MG (tizanidine HCl/irritant counter-irritants combination no.2)	Tier 3	
Spinal Muscular Atrophy - Motor Neuron 2 (Smn2) Splicing Modifier - Drugs For Nerves And Muscles		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML (risdiplam)	Tier 3	PA; SP
Medical Supplies And Durable Medical Equipment (Dme) - Medical Supplies And Durable Medical Equipment		
Medical Supplies And Dme - Blood Coagulation Testing Supplies - Medical Supplies And Durable Medical Equipment		
COAGUCHEK XS (prothrombin time/INR test meter)	Tier 3	
Medical Supplies And Dme - Blood Collection Needles - Medical Supplies And Durable Medical Equipment		
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (needles, blood collection)	Tier 3	
Medical Supplies And Dme - Blood Glucose Tests - Medical Supplies And Durable Medical Equipment		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLOOD GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 1	
CONTOUR NEXT TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	PA
CONTOUR TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	PA
FREESTYLE INSULINX STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (blood sugar diagnostic)	Tier 2	
FREESTYLE TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 1	QL (200 EA per 30 days)
ONETOUCH ULTRA BLUE TEST STRIP STRIP (blood sugar diagnostic)	Tier 2	
ONETOUCH VERIO TEST STRIPS STRIP (blood sugar diagnostic)	Tier 2	
PRECISION XTRA TEST STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
Medical Supplies And Dme - Cervical Caps - Medical Supplies And Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical cap)	Tier 0	
Medical Supplies And Dme - Dental Supplies Other - Medical Supplies And Durable Medical Equipment		
Q-CARE RX Q2 KIT 0.12 % (dental suction device/chlorhexidine/dental swab 1/mouthwash)	Tier 3	
Q-CARE RX Q4 KIT 0.12 % (dental suction device/chlorhexidine gl/dental swab comb no.1)	Tier 3	
Medical Supplies And Dme - Diaphragms - Medical Supplies And Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)	Tier 0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)	Tier 0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (diaphragms, wide seal)	Tier 0	
Medical Supplies And Dme - Enteral Syringes - Medical Supplies And Durable Medical Equipment		
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (syringe, ENFit 1 mL, sterile)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 3 ML (syringe, ENFit 3 mL, sterile)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (syringe, ENFit 35 mL, sterile)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (syringe, ENFit 6 mL, sterile)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (syringe, ENFit 60 mL, sterile)	Tier 3	
MONOJECT ENFIT SYRINGE CAP (syringe cap, ENFit,non-sterile)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML (syringe, ENFit 12 mL, sterile)	Tier 3	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (syringe, ENFit 60 mL, non-sterile)	Tier 3	
Medical Supplies And Dme - Female Condoms - Medical Supplies And Durable Medical Equipment		
FC2 FEMALE CONDOM (condoms, female)	Tier 0	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Glucose Monitoring Test Supplies - Medical Supplies And Durable Medical Equipment		
CEQUR SIMPLICITY INSERTER (diabetic supplies,miscell)	Tier 3	
DEXCOM G4 RECEIVER (blood-glucose meter,continuous)	Tier 2	PA
DEXCOM G4 RECEIVER PEDIATRIC (blood-glucose meter,continuous)	Tier 2	PA
DEXCOM G4 RECEIVER-SHARE (PED) (blood-glucose meter,continuous)	Tier 2	PA
DEXCOM G4 RECEIVER-SHARE KIT (blood-glucose meter,continuous)	Tier 2	PA
DEXCOM G4 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM G5 RECEIVER (blood-glucose meter,continuous)	Tier 2	PA
DEXCOM G5 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM G5-G4 SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
DEXCOM G6 RECEIVER (blood-glucose meter,continuous)	Tier 2	PA
DEXCOM G6 SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
DEXCOM G6 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM RECEIVER (blood-glucose meter,continuous)	Tier 2	PA
EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE (glucose sensor,implantable,continuous/dexamethasone acetate)	Tier 3	
EVERSENSE SMART TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	
FREESTYLE CONTROL SOLUTION (blood glucose calibration control high and low)	Tier 2	QL (200 EA per 30 days)
FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)	Tier 2	
FREESTYLE FREEDOM KIT (blood-glucose meter)	Tier 2	
FREESTYLE FREEDOM LITE KIT (blood-glucose meter)	Tier 2	
FREESTYLE INSULINX (blood-glucose meter)	Tier 2	
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 2	
FREESTYLE LIBRE 14 DAY READER (flash glucose scanning reader)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 14 DAY SENSOR KIT (flash glucose sensor)	Tier 2	PA
FREESTYLE LIBRE 2 READER (flash glucose scanning reader)	Tier 3	
FREESTYLE LIBRE 2 SENSOR KIT (flash glucose sensor)	Tier 3	
FREESTYLE LITE METER KIT (blood-glucose meter)	Tier 2	
FREESTYLE PRECISION NEO METER (blood-glucose meter)	Tier 2	
FREESTYLE SIDEKICK II KIT (blood-glucose meter)	Tier 2	
FREESTYLE SYSTEM KIT KIT (blood-glucose meter)	Tier 2	
FREESTYLE UNISTIK 2 (lancets)	Tier 2	
GLUCOCOM AUTOLINK (diabetic supplies,miscell)	Tier 3	
GUARDIAN CONNECT TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	
GUARDIAN LINK 3 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	
GUARDIAN SENSOR 3 DEVICE (blood-glucose sensor)	Tier 3	
lancets	Tier 1	
LANCETS, SUPER THIN (lancets)	Tier 1	
lancing device	Tier 2	
lancing device with lancets kit	Tier 1	
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 1	
ONETOUCH DELICA LANC DEVICE KIT (lancing device/lancets)	Tier 2	
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ONETOUCH DELICA PLUS LANC DEV KIT (lancing device/lancets)	Tier 2	
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
ONETOUCH ULTRA CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 2	
ONETOUCH ULTRA2 METER (blood-glucose meter)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH ULTRA2 METER KIT (blood-glucose meter)	Tier 2	
ONETOUCH ULTRAMINI KIT (blood-glucose meter)	Tier 2	
ONETOUCH ULTRASOFT LANCETS (lancets)	Tier 2	
ONETOUCH VERIO FLEX METER (blood-glucose meter)	Tier 2	
ONETOUCH VERIO FLEX START KIT (blood-glucose meter)	Tier 2	
ONETOUCH VERIO HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 2	
ONETOUCH VERIO IQ METER (blood-glucose meter)	Tier 2	
ONETOUCH VERIO IQ METER KIT (blood-glucose meter)	Tier 2	
ONETOUCH VERIO METER (blood-glucose meter)	Tier 2	
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 2	
PRECISION XTRA MONITOR (blood-glucose meter)	Tier 2	
PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 1	
UNIVERSAL 1 LANCETS 26 GAUGE (lancets)	Tier 1	
WAVESENSE PRESTO KIT (blood-glucose meter)	Tier 1	
Medical Supplies And Dme - Incontinence Supplies - Medical Supplies And Durable Medical Equipment		
FLEXI-SEAL SIGNAL FMS RECTAL (fecal collector with charcoal filter/catheter/syringe)	Tier 3	
NIGHTTIME UNDERPANTS L-XL (diaper,brief,youth,disposable)	Tier 3	
Medical Supplies And Dme - Infant Diapers - Medical Supplies And Durable Medical Equipment		
BOYS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 3	
DIAPERS, UNISEX SIZE 6 (diaper/brief,infant-toddler, disposable)	Tier 3	
GIRLS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 3	
Medical Supplies And Dme - Insulin Needles-Syringes And Admin Supplies - Medical Supplies And Durable Medical Equipment		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE ID INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 0.5 mL)	Tier 3	
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle, insulin, safety, 1 mL)	Tier 3	
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	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 2	
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 2	
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 2	
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	
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	
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	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 2	
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (pen needle, diabetic)	Tier 2	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 2	
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	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.3 mL)	Tier 2	
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 mL)	Tier 2	
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	
INPEN (FOR HUMALOG) SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (syringe with needle,disposable,insulin 1 mL)	Tier 2	
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 2	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 2	
insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 31 gauge x 5/16	Tier 2	
insulin syringe-needle u-100 syringe 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 5/16	Tier 3	
MINIMED SYRINGE RESERVOIR 1.8 ML (insulin pump syringe, 1.8 mL)	Tier 3	
MINIMED SYRINGE RESERVOIR 3 ML (insulin pump syringe, 3 mL)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 3	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 3	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 3	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 3	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3" (pen needle, diabetic, safety)	Tier 2	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (pen needle, diabetic)	Tier 2	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
NOVOTWIST NEEDLE 32 GAUGE X 1/5" (pen needle, diabetic)	Tier 2	
OMNIPOD DASH PDM KIT (insulin pump controller)	Tier 3	
PARADIGM RESERVOIR 1.8 ML (insulin pump syringe, 1.8 mL)	Tier 3	
PARADIGM RESERVOIR 3 ML (insulin pump syringe, 3 mL)	Tier 3	
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16" (pen needle, diabetic)	Tier 3	
PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 2	
pen needle, diabetic needle 31 gauge x 1/4", 31 gauge x 5/16"	Tier 2	
pen needle, diabetic needle 32 gauge x 5/32"	Tier 1	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.3 mL)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
TRUEPLUS INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TRUEPLUS INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 2	
TRUEPLUS INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUEPLUS INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 2	
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 2	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 2	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 2	
Medical Supplies And Dme - Male Erectile Dysfunction Aids - Medical Supplies And Durable Medical Equipment		
RAPPORT VACUUM THERAPY KIT (vacuum erection device system)	Tier 3	
Medical Supplies And Dme - Miscellaneous Other - Medical Supplies And Durable Medical Equipment		
ARGYLE TRACHEOSTOMY CARE TRAY (medical supply, miscellaneous)	Tier 3	
CEFALY COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 3	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 3	
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT TENS ELECTRODE PAD (tens unit electrodes)	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 3	
PRO-CEPTION VAGINAL (medical supply, miscellaneous)	Tier 3	
RECONSTITUBE KIT (medical supply, miscellaneous)	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 3	
T:SLIM SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 3	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 3	
Medical Supplies And Dme - Needles And Syringes - Medical Supplies And Durable Medical Equipment		
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (needles, filter)	Tier 3	
blunt needle, disposable needle 18 x 1 1/2 "	Tier 3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 X 5/8 ", 27 GAUGE X 1/2" (needles, safety)	Tier 3	
filter needles needle 19 x 1 ", 19 x 1 1/2 "	Tier 3	
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8" (needles, safety)	Tier 3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 3	
safety needles needle 18 gauge x 1 1/2"	Tier 3	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 X 5/8 ", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" (needles, safety)	Tier 3	
Medical Supplies And Dme - Parenteral Therapy Supplies - Medical Supplies And Durable Medical Equipment		
INTERLINK LEVER LOCK CANNULA (syringe accessory)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KENDALL DISINFECTANT CAP (alcohol swab cap)	Tier 3	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (transfer device, closed system)	Tier 3	
Q-CLIQ PEN (FOR NATPARA) SUBCUTANEOUS PEN INJECTOR 71.4 MICROL (pen injector device)	Tier 3	
Medical Supplies And Dme - Peak Flow Meters - Medical Supplies And Durable Medical Equipment		
AEROGEAR ACTION ASTHMA KIT KIT (peak flow meter/inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
ASTHMAPACK CHILDREN'S KIT (peak flow meter/inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
MINI WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
MINI-WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
Medical Supplies And Dme - Respiratory Therapy Supplies - Medical Supplies And Durable Medical Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROBIKA OSCILLATING PEP SYSTM DEVICE (mucus clearing device)	Tier 3	
AEROCHAMBER MINI SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER MV SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (inhaler,assist device with large mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler,assist device with large mask)	Tier 1	QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER WITH FLOWSIGNAL SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROTRACH PLUS SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROVENT PLUS SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
BREATHERITE MDI SPACER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
BREATHERITE SPACER-MASK, NEO. SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
BREATHERITE SPACER-MASK,ADULT SPACER (inhaler,assist device with large mask)	Tier 1	QL (1 EA per 365 days)
BREATHERITE SPACER-MASK,CHILD SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
BREATHERITE SPACER-MASK,INFANT SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
BREATHERITE SPACER-MASK,S.CHLD SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
BREATHERITE VALVED MDI CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
BREATHERITE VALVED MDI SPACER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
CLEVER CHOICE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)	Tier 1	QL (1 EA per 365 days)
CLEVER CHOICE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
CLEVER CHOICE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER PLUS SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPACT SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER-LRG MASK SPACER (inhaler,assist device with large mask)	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER-MED MASK SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER-SM MASK SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
EASIVENT HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
EASIVENT MASK LARGE DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
EASIVENT MASK MEDIUM DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
EASIVENT MASK SMALL DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER WITH MASK-LARGE SPACER (inhaler,assist device with large mask)	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER WITH MASK-MED SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER WITH MASK-SMALL SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
LITETOUCH-LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITETOUCH-SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
MICROCHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
MICROSPACER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
MISTASSIST DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER ADULT MASK-LARGE DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND LG MASK SPACER (inhaler,assist device with large mask)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND VHC SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-MED MSK SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-SML MASK SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
PFLEX INSPIRATORY TRAINER DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
POCKET CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
PRIMEAIRE SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
PRO COMFORT SPACER-ADULT MASK SPACER (inhaler,assist device with large mask)	Tier 1	QL (1 EA per 365 days)
PRO COMFORT SPACER-CHILD MASK SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
PROCARE SPACER WITH ADULT MASK SPACER (inhaler,assist device with large mask)	Tier 1	QL (1 EA per 365 days)
PROCARE SPACER WITH CHILD MASK SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
PROCHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
PROVENT NASAL DEVICE (nasal exhalation resistance device)	Tier 3	
PROVENT STARTER NASAL DEVICE (nasal exhalation resistance device)	Tier 3	
QUAKE VIBRATORY PEP DEVICE (mucus clearing device)	Tier 3	
RITEFLO AEROCHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
SPACE CHAMBER PLUS SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
SPACE CHAMBER WITH LARGE MASK SPACER (inhaler,assist device with large mask)	Tier 1	QL (1 EA per 365 days)
SPACE CHAMBER WITH MEDIUM MASK SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
SPACE CHAMBER WITH SMALL MASK SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
THRESHOLD IMT TRAINER DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
THRESHOLD PEP DEVICE DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
VORTEX HOLDING CHAMBER CHILD SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
VORTEX HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
VORTEX HOLDING CHAMBER TODDLER SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
VORTEX VHC FROG MASK-CHILD SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
VORTEX VHC LADYBUG MASK-TODDLR SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
Medical Supplies And Dme - Subcutaneous Insulin Delivery Devices - Medical Supplies And Durable Medical Equipment		
CEQUR SIMPLICITY DEVICE 2 UNIT (subcutaneous bolus insulin patch pump, 200 unit, disposable)	Tier 3	
V-GO 20 DEVICE (sub-q insulin delivery device, 20 unit,disposable)	Tier 3	
V-GO 30 DEVICE (sub-q insulin delivery device, 30 unit, disposable)	Tier 3	
V-GO 40 DEVICE (sub-q insulin delivery device, 40 unit, disposable)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies And Dme - Subcutaneous Insulin Pump - Medical Supplies And Durable Medical Equipment		
MINIMED 630G INSULIN PUMP (subcutaneous insulin pump)	Tier 3	
MINIMED 670G INSULIN PUMP (subcutaneous insulin pump)	Tier 3	
OMNIPOD INSULIN MANAGEMENT (subcutaneous insulin pump)	Tier 3	
ONETOUCH PING INSULIN PUMP (subcutaneous insulin pump)	Tier 3	
REVEL PEDIATRIC PROGRAM PUMP (subcutaneous insulin pump)	Tier 3	
REVEL PROGRAMMABLE PUMP (subcutaneous insulin pump)	Tier 3	
T:SLIM X2 BASAL-IQ INSULIN PMP (subcutaneous insulin pump)	Tier 3	
T:SLIM X2 CONTROL-IQ (subcutaneous insulin pump)	Tier 3	
T:SLIM X2 INSULIN PUMP (subcutaneous insulin pump)	Tier 3	
Medical Supplies And Dme - Tissue Bulking Implants - Medical Supplies And Durable Medical Equipment		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4) (dextranomer microspheres/hyaluronate sodium in 0.9 % NaCl)	Tier 3	SP
Medical Supplies And Dme - Tissue Bulking Implants Non-Cosmetic - Medical Supplies And Durable Medical Equipment		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4) (dextranomer microspheres/hyaluronate sodium in 0.9 % NaCl)	Tier 3	SP
Medical Supplies And Dme - Urinary Catheters And Related Devices - Medical Supplies And Durable Medical Equipment		
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8-14 FR-" (urinary bag/catheter)	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK (urinary bag/catheterization tray)	Tier 3	
Medical Supplies And Dme-Glucose Monitoring And Insulin Admin Supplies - Medical Supplies And Durable Medical Equipment		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK COMBO SYSTEM KIT (insulin pump/infusion set/blood-glucose meter)	Tier 3	
AUTOSOFT 30 INFUSION SET (infusion set for insulin pump)	Tier 3	
AUTOSOFT 90 INFUSION SET (infusion set for insulin pump)	Tier 3	
AUTOSOFT XC INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
AUTOSOFT XC INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 3	
CLEO 90 INFUSION SET 24" INFUSION SET (infusion set for insulin pump)	Tier 3	
CLEO 90 INFUSION SET 31" INFUSION SET (infusion set for insulin pump)	Tier 3	
COMFORT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
COMFORT INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 3	
CONTACT DETACH INFUS SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
CONTACT DETACH INFUS SET 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
CONTACT DETACH INFUS SET 43" INFUSION SET (infusion set for insulin pump)	Tier 3	
INSET 30 INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
INSET INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED MIO 18" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED MIO 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED MIO 32" INFUSION SET (infusion set for insulin pump)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINIMED QUICK SET 18" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED QUICK SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED QUICK SET 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED QUICK SET 43" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SILHOUETTE 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SILHOUETTE 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SILHOUETTE 43" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SURE T 18" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SURE T 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SURE T 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
MIO INFUSION SET INFUSION SET (infusion set for insulin pump)	Tier 3	
QUICK-SET PARADIGM 43" INFUSION SET (infusion set for insulin pump)	Tier 3	
TRUSTEEL INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
TRUSTEEL INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
VARISOFT INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
VARISOFT INFUSION SET 43" INFUSION SET (infusion set for insulin pump)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Tissue Bulking Implants - Anorectal - Medical Supplies And Durable Medical Equipment		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4) (dextranomer microspheres/hyaluronate sodium in 0.9 % NaCl)	Tier 3	SP
Tissue Bulking Implants - Ureteral - Medical Supplies And Durable Medical Equipment		
DEFLUX IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (1) (dextranomer microspheres/hyaluronate sodium in 0.9 % NaCl)	Tier 3	SP
Medical Supply, Fdb Superset		
Medical Supply, Fdb Superset		
ACCU-CHEK COMBO SYSTEM KIT (insulin pump/infusion set/blood-glucose meter)	Tier 3	
ACE AEROSOL CLOUD ENHANCER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8-14 FR-" (urinary bag/catheter)	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE (mucus clearing device)	Tier 3	
AEROCHAMBER MINI SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER MV SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT LG MSK SPACER (inhaler,assist device with large mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT MD MSK SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT SM MSK SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER PLUS Z STAT SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER WITH FLOWSIGNAL SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROGEAR ACTION ASTHMA KIT KIT (peak flow meter/inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROTRACH PLUS SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AEROVENT PLUS SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
ARGYLE TRACHEOSTOMY CARE TRAY (medical supply, miscellaneous)	Tier 3	
ASTHMAPACK CHILDREN'S KIT (peak flow meter/inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
AUTOSOFT XC INFUSION SET 32" INFUSION SET (infusion set for insulin pump)	Tier 3	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (needles, filter)	Tier 3	
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	
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 2	
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 2	
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 2	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 2	
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	
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	
blunt needle, disposable needle 18 x 1 1/2 "	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOYS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 3	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (diaphragms, contoured)	Tier 0	
CEFALY COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 3	
CEQUR SIMPLICITY DEVICE 2 UNIT (subcutaneous bolus insulin patch pump, 200 unit, disposable)	Tier 3	
CEQUR SIMPLICITY INSERTER (diabetic supplies,miscell)	Tier 3	
COAGUCHEK XS (prothrombin time/INR test meter)	Tier 3	
COMPACT SPACE CHAMBER PLUS SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
DEXCOM G4 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM G5 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM G5-G4 SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
DEXCOM G6 RECEIVER (blood-glucose meter,continuous)	Tier 2	PA
DEXCOM G6 SENSOR DEVICE (blood-glucose sensor)	Tier 2	PA
DEXCOM G6 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 2	PA
DEXCOM RECEIVER (blood-glucose meter,continuous)	Tier 2	PA
DOVER COATED LATEX FOLEY COMBO PACK (urinary bag/catheterization tray)	Tier 3	
EASIVENT MASK LARGE DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
EASIVENT MASK MEDIUM DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
EASIVENT MASK SMALL DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 X 5/8 ", 27 GAUGE X 1/2" (needles, safety)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE (glucose sensor,implantable,continuous/dexamethasone acetate)	Tier 3	
EVERSENSE SMART TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	
FC2 FEMALE CONDOM (condoms, female)	Tier 0	QL (30 EA per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical cap)	Tier 0	
filter needles needle 19 x 1 ", 19 x 1 1/2 "	Tier 3	
FLEXICHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
FLEXI-SEAL SIGNAL FMS RECTAL (fecal collector with charcoal filter/catheter/syringe)	Tier 3	
FREESTYLE FLASH SYSTEM KIT (blood-glucose meter)	Tier 2	
FREESTYLE FREEDOM KIT (blood-glucose meter)	Tier 2	
FREESTYLE INSULINX TEST STRIPS STRIP (blood sugar diagnostic)	Tier 2	QL (200 EA per 30 days)
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 2	
FREESTYLE LIBRE 14 DAY READER (flash glucose scanning reader)	Tier 2	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT (flash glucose sensor)	Tier 2	PA
FREESTYLE LIBRE 2 READER (flash glucose scanning reader)	Tier 3	
FREESTYLE LIBRE 2 SENSOR KIT (flash glucose sensor)	Tier 3	
FREESTYLE SIDEKICK II KIT (blood-glucose meter)	Tier 2	
FREESTYLE UNISTIK 2 (lancets)	Tier 2	
GIRLS TRAINING PANTS 4T-5T (diaper/brief,infant-toddler, disposable)	Tier 3	
GLUCOCOM AUTOLINK (diabetic supplies,miscell)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GUARDIAN CONNECT TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	
GUARDIAN SENSOR 3 DEVICE (blood-glucose sensor)	Tier 3	
INSET 30 INFUSION SET 23" INFUSION SET (infusion set for insulin pump)	Tier 3	
INSPIRACHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER WITH MASK-LARGE SPACER (inhaler,assist device with large mask)	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER WITH MASK-MED SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
INSPIRACHAMBER WITH MASK-SMALL SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8" (syringe with needle,disposable,insulin 1 mL)	Tier 2	
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 2	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 2	
insulin syringe-needle u-100 syringe 0.3 ml 30 gauge x 5/16", 1 ml 28 gauge x 1/2"	Tier 2	
insulin syringe-needle u-100 syringe 0.5 ml 30 gauge x 1/2", 1 ml 30 gauge x 1/2"	Tier 3	
INTERLINK LEVER LOCK CANNULA (syringe accessory)	Tier 3	
KENDALL DISINFECTANT CAP (alcohol swab cap)	Tier 3	
lancets	Tier 1	
LANCETS, SUPER THIN (lancets)	Tier 1	
lancing device	Tier 2	
lancing device with lancets kit	Tier 1	
LITE TOUCH-MEDIUM MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
LITEAIRE MDI CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
LITETOUCH-LARGE MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITETOUCH-SMALL MASK DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
MAGELLAN SAFETY NEEDLE NEEDLE 23 GAUGE X 5/8" (needles, safety)	Tier 3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 mL)	Tier 3	
MICRO THIN LANCETS 33 GAUGE (lancets)	Tier 1	
MINIMED 630G INSULIN PUMP (subcutaneous insulin pump)	Tier 3	
MINIMED QUICK SET 18" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SILHOUETTE 18" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SURE T 18" INFUSION SET (infusion set for insulin pump)	Tier 3	
MINIMED SYRINGE RESERVOIR 1.8 ML (insulin pump syringe, 1.8 mL)	Tier 3	
MINIMED SYRINGE RESERVOIR 3 ML (insulin pump syringe, 3 mL)	Tier 3	
MINI-WRIGHT PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
MISTASSIST DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (needles, blood collection)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (syringe, ENFit 1 mL, sterile)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 3 ML (syringe, ENFit 3 mL, sterile)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (syringe, ENFit 35 mL, sterile)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (syringe, ENFit 6 mL, sterile)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (syringe, ENFit 60 mL, sterile)	Tier 3	
MONOJECT ENFIT SYRINGE CAP (syringe cap, ENFit,non-sterile)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ENFIT SYRINGE SYRINGE 12 ML (syringe, ENFit 12 mL, sterile)	Tier 3	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 3	
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 3	
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 3	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE (syringe with needle,insulin,0.5 mL)	Tier 3	
NIGHTTIME UNDERPANTS L-XL (diaper,brief,youth,disposable)	Tier 3	
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3" (pen needle, diabetic, safety)	Tier 2	
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6" (pen needle, diabetic)	Tier 2	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (insulin admin. supplies)	Tier 3	
NOVOTWIST NEEDLE 32 GAUGE X 1/5" (pen needle, diabetic)	Tier 2	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 3	
OMNIPOD DASH PDM KIT (insulin pump controller)	Tier 3	
OMNIPOD INSULIN MANAGEMENT (subcutaneous insulin pump)	Tier 3	
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 3	
ONETOUCH DELICA LANC DEVICE KIT (lancing device/lancets)	Tier 2	
ONETOUCH DELICA LANCETS 30 GAUGE (lancets)	Tier 2	
ONETOUCH DELICA PLUS LANC DEV KIT (lancing device/lancets)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (lancets)	Tier 2	
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE (lancets)	Tier 2	
ONETOUCH ULTRASOFT LANCETS (lancets)	Tier 2	
ONETOUCH VERIO HIGH CONTROL SOLUTION (blood glucose calibration control solution, high)	Tier 2	
ONETOUCH VERIO IQ METER (blood-glucose meter)	Tier 2	
ONETOUCH VERIO IQ METER KIT (blood-glucose meter)	Tier 2	
ONETOUCH VERIO METER (blood-glucose meter)	Tier 2	
ONETOUCH VERIO MID CONTROL SOLUTION (blood glucose calibration control solution, normal)	Tier 2	
OPTICHAMBER ADULT MASK-LARGE DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND LG MASK SPACER (inhaler,assist device with large mask)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND VHC SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-MED MSK SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-SML MASK SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
PARADIGM RESERVOIR 1.8 ML (insulin pump syringe, 1.8 mL)	Tier 3	
PARADIGM RESERVOIR 3 ML (insulin pump syringe, 3 mL)	Tier 3	
pen needle, diabetic needle 32 gauge x 5/32"	Tier 1	
PFLEX INSPIRATORY TRAINER DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
PHASEAL PROTECTOR DEVICE 28 MM (transfer device, closed system)	Tier 3	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (syringe, ENFit 60 mL, non-sterile)	Tier 3	
PREMIUM BLOOD GLUCOSE MONITOR (blood-glucose meter)	Tier 1	
PRIMEAIRE SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT SPACER-ADULT MASK SPACER (inhaler,assist device with large mask)	Tier 1	QL (1 EA per 365 days)
PRO COMFORT SPACER-CHILD MASK SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
PRO COMFORT TENS ELECTRODE PAD (tens unit electrodes)	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK (transcutaneous electrical nerve stimulators(TENS)/electrodes)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER (inhaler,assist device with large mask)	Tier 1	QL (1 EA per 365 days)
PROCARE SPACER WITH CHILD MASK SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
PRO-CEPTION VAGINAL (medical supply, miscellaneous)	Tier 3	
PROCHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
PROVENT NASAL DEVICE (nasal exhalation resistance device)	Tier 3	
PROVENT STARTER NASAL DEVICE (nasal exhalation resistance device)	Tier 3	
Q-CLIQ PEN (FOR NATPARA) SUBCUTANEOUS PEN INJECTOR 71.4 MICROL (pen injector device)	Tier 3	
QUAKE VIBRATORY PEP DEVICE (mucus clearing device)	Tier 3	
QUICK-SET PARADIGM 43" INFUSION SET (infusion set for insulin pump)	Tier 3	
RAPPORT VACUUM THERAPY KIT (vacuum erection device system)	Tier 3	
RECONSTITUBE KIT (medical supply, miscellaneous)	Tier 3	
REVEL PEDIATRIC PROGRAM PUMP (subcutaneous insulin pump)	Tier 3	
RITEFLO AEROCHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
safety needles needle 18 gauge x 1 1/2"	Tier 3	
SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)	Tier 1	QL (1 EA per 365 days)
SPACE CHAMBER PLUS SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 1	QL (1 EA per 365 days)
SPACE CHAMBER WITH LARGE MASK SPACER (inhaler,assist device with large mask)	Tier 1	QL (1 EA per 365 days)
SPACE CHAMBER WITH MEDIUM MASK SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
SPACE CHAMBER WITH SMALL MASK SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
SURGUARD2 SAFETY NEEDLE 23 GAUGE X 1" (needles, safety)	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 3	
T:SLIM SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 3	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (insulin pump cartridge)	Tier 3	
THRESHOLD IMT TRAINER DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
THRESHOLD PEP DEVICE DEVICE (spirometers and accessories)	Tier 1	QL (1 EA per 365 days)
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" (pen needle, diabetic)	Tier 2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2" (syringe with needle,insulin,0.3 mL)	Tier 2	
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 mL)	Tier 1	
TRUEPLUS INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 1	
TRUEPLUS INSULIN SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable,insulin 1 mL)	Tier 2	
TRUEPLUS INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 1	
TRUEPLUS INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2" (syringe with needle,insulin,0.5 mL)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUZONE PEAK FLOW METER DEVICE (peak flow meter)	Tier 1	QL (1 EA per 365 days)
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16" (syringe with needle,insulin 0.3 mL (half unit mark))	Tier 2	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16" (syringe with needle,insulin,0.5 mL)	Tier 2	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 5/16 (syringe with needle,disposable,insulin 1 mL)	Tier 2	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 14 FR- 16" (urinary bag/catheter)	Tier 3	
V-GO 20 DEVICE (sub-q insulin delivery device, 20 unit,disposable)	Tier 3	
V-GO 30 DEVICE (sub-q insulin delivery device, 30 unit, disposable)	Tier 3	
V-GO 40 DEVICE (sub-q insulin delivery device, 40 unit, disposable)	Tier 3	
VORTEX HOLDING CHAMBER CHILD SPACER (inhaler,assist device with medium mask)	Tier 1	QL (1 EA per 365 days)
VORTEX HOLDING CHAMBER TODDLER SPACER (inhaler,assist device with small mask)	Tier 1	QL (1 EA per 365 days)
WAVESENSE PRESTO KIT (blood-glucose meter)	Tier 1	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (diaphragms, wide seal)	Tier 0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (diaphragms, wide seal)	Tier 0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (diaphragms, wide seal)	Tier 0	
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 3	SP
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML (cerliponase alfa)	Tier 3	SP
Metabolic Disease Enzyme Replacement, Batten Disease - Drugs For Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (cerliponase alfa)	Tier 3	SP
BRINEURA INTRAVENTRICULAR SOLUTION 150 MG/ 5 ML (cerliponase alfa)	Tier 3	SP
Metabolic Disease Enzyme Replacement, Fabry's Disease - Drugs For Metabolic Disease		
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG (agalsidase beta)	Tier 2	SP
Metabolic Disease Enzyme Replacement, Gaucher's Disease - Drugs For Metabolic Disease		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT (imiglucerase)	Tier 2	PA; SP
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT (taliglucerase alfa)	Tier 3	PA; SP
VPRIV INTRAVENOUS RECON SOLN 400 UNIT (velaglucerase alfa)	Tier 3	PA; SP
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 2	PA; SP
Metabolic Disease Enzyme Replacement, Lysosomal Acid Lipase Deficiency - Drugs For Metabolic Disease		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KANUMA INTRAVENOUS SOLUTION 2 MG/ML (sebelipase alfa)	Tier 2	PA; SP
Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis - Drugs For Metabolic Disease		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (laronidase)	Tier 2	SP
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML (idursulfase)	Tier 2	SP
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML (vestronidase alfa-vjbk)	Tier 3	SP
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML (galsulfase)	Tier 2	SP
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) (elosulfase alfa)	Tier 2	PA; SP
Metabolic Disease Enzyme Replacement, Pompe Disease - Drugs For Metabolic Disease		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG (alglucosidase alfa)	Tier 2	PA; SP
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 3	PA; SP
Metabolic Modifiers - Drugs That Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs That Alter Metabolism		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 1	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (paricalcitol)	Tier 3	
Metabolic Modifier - Carnitine Replenisher Agents - Drugs That Alter Metabolism		
CARNITOR ORAL SOLUTION 100 MG/ML (levocarnitine (with sugar))	Tier 3	
CARNITOR ORAL TABLET 330 MG (levocarnitine)	Tier 3	
levocarnitine (with sugar) oral solution 100 mg/ml	Tier 1	
levocarnitine oral solution 100 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 2	PA; SP
miglustat oral capsule 100 mg	Tier 1	PA; SP
ZAVESCA ORAL CAPSULE 100 MG (miglustat)	Tier 3	PA; SP
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs That Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (uridine triacetate)	Tier 2	PA; SP
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents - Drugs That Alter Metabolism		
nitisinone oral capsule 10 mg, 2 mg, 5 mg	Tier 1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (nitisinone)	Tier 2	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	Tier 2	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)	Tier 2	PA; SP
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs That Alter Metabolism		
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML (betaine)	Tier 2	SP
Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs That Alter Metabolism		
TYBOST ORAL TABLET 150 MG (cobicistat)	Tier 3	PA; 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 3	PA; SP
Phenylketonuria(Pku) Tx Agents - Cofactor Of Phenylalanine Hydroxylase - Drugs That Alter Metabolism		
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (sapropterin dihydrochloride)	Tier 2	PA; SP
KUVAN ORAL TABLET,SOLUBLE 100 MG (sapropterin dihydrochloride)	Tier 2	PA; SP
Phenylketonuria(Pku) Tx Agents - Phenylalanine Ammonia Lyase - Drugs That Alter Metabolism		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (pegvaliase-pqpz)	Tier 3	PA; SP
Mouth-Throat-Dental - Preparations - Drugs For The Mouth And Throat		
Dental Product - Fluoride Preparations - Drugs For The Mouth And Throat		
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	Tier 0	Age (Max 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)	Tier 0	Age (Max 6 Years)
Dental Product - Local Anesthetics - Drugs For The Mouth And Throat		
mepivacaine HCl (Carbocaine Injection Cartridge 30 Mg/Ml (3 %))	Tier 1	
CARBOCAINE WITH NEO-COBEFRIN INJECTION CARTRIDGE 2 % -1:20,000 (mepivacaine HCl/levonordefrin)	Tier 3	
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML (tetracaine HCl/oxymetazoline HCl)	Tier 3	
mepivacaine injection cartridge 30 mg/ml (3 %)	Tier 1	
POLOCAINE INJECTION CARTRIDGE 30 MG/ML (3 %) (mepivacaine HCl)	Tier 1	
mepivacaine HCl (Scandonest Plain Injection Cartridge 30 Mg/Ml (3 %))	Tier 1	
lidocaine HCl/epinephrine bitartrate (Xylocaine Dental-Epinephrine Injection Cartridge 2 %-1:100,000)	Tier 1	
lidocaine HCl/epinephrine bitartrate (Xylocaine Dental-Epinephrine Injection Cartridge 2 %-1:50,000)	Tier 2	
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 - Antiseptics - Drugs For The Mouth And Throat		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	Tier 1	
chlorhexidine gluconate (Paroex Oral Rinse Mucous Membrane Mouthwash 0.12 %)	Tier 1	
chlorhexidine gluconate (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 4 % (40 mg/ml)	Tier 1	
lidocaine HCl (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	
Mouth And Throat - Saliva Stimulants - Drugs For The Mouth And Throat		
cevimeline oral capsule 30 mg	Tier 1	
EVOXAC ORAL CAPSULE 30 MG (cevimeline HCl)	Tier 3	
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		
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) (glycopyrrolate)	Tier 3	
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 3	PA; SP
Multiple Sclerosis Agent - Cd20 Specific Monoclonal Antibody - Drugs For Multiple Sclerosis		
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (ofatumumab)	Tier 3	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML (ocrelizumab)	Tier 3	PA; SP
Multiple Sclerosis Agent - Cd52 Specific Monoclonal Antibody - Drugs For Multiple Sclerosis		
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML (alemtuzumab)	Tier 2	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Multiple Sclerosis Agent - Interferons - Drugs For Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (interferon beta-1a)	Tier 2	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG (interferon beta-1b)	Tier 2	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (interferon beta-1b)	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (peginterferon beta-1a)	Tier 2	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (peginterferon beta-1a)	Tier 2	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (interferon beta-1a/albumin human)	Tier 2	PA; SP
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 2	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (interferon beta-1a/albumin human)	Tier 2	PA; SP
Multiple Sclerosis Agent - Others - Drugs For Multiple Sclerosis		
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML (glatiramer acetate)	Tier 2	PA; SP
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg	Tier 1	PA
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	Tier 1	PA; SP
glatiramer acetate (Glatopa Subcutaneous Syringe 20 Mg/Ml, 40 Mg/Ml)	Tier 1	PA; SP
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG (dimethyl fumarate)	Tier 2	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (diroximel fumarate)	Tier 3	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs For Multiple Sclerosis		
dalfampridine oral tablet extended release 12 hr 10 mg	Tier 1	PA; SP
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	Tier 3	PA; SP
RUZURGI ORAL TABLET 10 MG (amifampridine)	Tier 3	PA; SP
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs For Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (cladribine)	Tier 3	PA; SP
Multiple Sclerosis Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs For Multiple Sclerosis		
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (fingolimod HCl)	Tier 2	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG (siponimod)	Tier 2	PA; SP
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (siponimod)	Tier 2	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hydrochloride)	Tier 3	PA; SP
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG (ozanimod hydrochloride)	Tier 3	PA; SP
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (ozanimod hydrochloride)	Tier 3	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Agents - Drugs For The Eye		
Miotics - Cholinesterase Inhibitors - Drugs For Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (echothiophate iodide)	Tier 2	
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	
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 % (hydroxyamphetamine hbr/tropicamide)	Tier 3	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	
Ophth - Beta Blocker-Adrenerg-Carbonic Anhyd Inhib-Prostagladin Analog - Drugs For Glaucoma		
timol-brimon-dorzo-latanop(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.005 %	Tier 1	
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 3	ST: Prior prescription for Alphagan P, Brimonidine Tartrate, Combigan, or Dorzolamide HCL/timolol Maleate in the past 365 days
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 acet-gatifloxacin ophthalmic (eye) drops,suspension 1-0.5 %	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 2	
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 2	
Ophthalmic - Antibacterial-Glucocorticoid-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 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	
Ophthalmic - Anticholinergics - Drugs For The Eye		
atropine ophthalmic (eye) drops 1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
atropine ophthalmic (eye) drops, emulsion 0.01 %	Tier 1	
atropine ophthalmic (eye) ointment 1 %	Tier 1	
cyclopentolate HCl (Cyclogyl Ophthalmic (Eye) Drops 0.5 %, 1 %, 2 %)	Tier 3	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %	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		
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (mitomycin)	Tier 3	
Ophthalmic - Antihistamines - Drugs For Itchy Eye		
azelastine ophthalmic (eye) drops 0.05 %	Tier 1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % (bepotastine besilate)	Tier 2	
epinastine ophthalmic (eye) drops 0.05 %	Tier 2	
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 % (alcaftadine)	Tier 3	ST: Prior prescription for Alrex, Azelastine HCL, Bepreve, Olopatadine HCL, or Pazeo in the past 120 days
olopatadine ophthalmic (eye) drops 0.1 %	Tier 2	
olopatadine ophthalmic (eye) drops 0.2 %	Tier 2	QL (2.5 ML per 30 days)
PAZEO OPHTHALMIC (EYE) DROPS 0.7 % (olopatadine HCl)	Tier 2	ST: Prior prescription for Olopatadine HCL in the past 120 days; QL (2.5 ML per 25 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (loteprednol etabonate)	Tier 2	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (difluprednate)	Tier 3	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (loteprednol etabonate)	Tier 2	ST: Prior prescription for Prednisolone Sodium Phosphate in the past 120 days; QL (5.6 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % (loteprednol etabonate)	Tier 2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 % (loteprednol etabonate)	Tier 3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (loteprednol etabonate)	Tier 2	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (loteprednol etabonate)	Tier 2	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	Tier 1	
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %	Tier 1	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	Tier 1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 1	
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (cyclosporine)	Tier 3	PA
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	PA
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	Tier 2	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (lifitegrast)	Tier 2	PA
Ophthalmic - Anti-Inflammatory, Nsaids - Anti-Infective/Anti-Inflammatories		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (ketorolac tromethamine)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (ketorolac tromethamine)	Tier 3	
bromfenac ophthalmic (eye) drops 0.09 %	Tier 1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (bromfenac sodium)	Tier 3	ST: Prior prescription for Bromfenac Sodium, Diclofenac Sodium, or Ketorolac Tromethamine in the past 120 days
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (nepafenac)	Tier 2	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	Tier 1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (bromfenac sodium)	Tier 2	ST: Prior prescription for Bromfenac Sodium in the past 120 days
Ophthalmic - Beta Blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs For Glaucoma		
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %	Tier 1	
Ophthalmic - Beta Blocker-Carbonic Anhydrase Inhib-Prostagladin Analog - Drugs For Glaucoma		
timolol-dorzolamid-latanop(pf) ophthalmic (eye) drops 0.5-2-0.005 %	Tier 1	
Ophthalmic - Beta Blockers-Adrenergic Combinations - Drugs For Glaucoma		
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (brimonidine tartrate/timolol maleate)	Tier 2	
Ophthalmic - Beta Blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs For Glaucoma		
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 % (dorzolamide HCl/timolol maleate/PF)	Tier 3	ST: Prior prescription for Dorzolamide HCL/timolol Maleate in the past 120 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	Tier 1	ST: Prior prescription for Dorzolamide HCL/timolol Maleate in the past 120 days; QL (2 EA per 1 day)
dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %	Tier 1	ST: Prior prescription for Dorzolamide HCL/timolol Maleate in the past 120 days
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Tier 1	
Ophthalmic - Beta Blockers-Prostaglandin Analog Combinations - Drugs For Glaucoma		
timolol-latanoprost(pf) ophthalmic (eye) drops 0.5-0.005 %	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs For Glaucoma		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (brinzolamide)	Tier 3	ST: Prior prescription for Alphagan P, Betaxolol HCL, Brimonidine Tartrate, Combigan, Dorzolamide HCL, Dorzolamide HCL/timolol Maleate, or Latanoprost in the past 365 days
dorzolamide (pf) ophthalmic (eye) drops 2 %	Tier 1	
dorzolamide ophthalmic (eye) drops 2 %	Tier 1	
TRUSOPT OPHTHALMIC (EYE) DROPS 2 % (dorzolamide HCl)	Tier 3	
Ophthalmic - Cystine Depleting Agents - Drugs For The Eye		
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (cysteamine HCl)	Tier 2	PA; SP
Ophthalmic - Decongestants - Drugs For Itchy Eye		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	
Ophthalmic - Diagnostic Agents - Drugs For The Eye		
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	Tier 1	
Ophthalmic - Glucocorticoid-Nsaid Combinations - Anti-Infective/Anti-Inflammatories		
prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Human Nerve Growth Factor (Hngf) - Drugs For The Eye		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (cenegermin-bkbj)	Tier 3	PA; SP
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	ST: Prior prescription for generic Betaxolol in the past 120 days
carteolol ophthalmic (eye) drops 1 %	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	
metipranolol ophthalmic (eye) drops 0.3 %	Tier 1	
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	
Ophthalmic - Local Anesthetic Esters - Drugs For The Eye		
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (tetracaine HCl)	Tier 1	
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 - Mast Cell Stabilizers - Drugs For Itchy Eye		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 % (nedocromil sodium)	Tier 3	ST: Prior prescription for Cromolyn Sodium in the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % (lodoxamide tromethamine)	Tier 3	ST: Prior prescription for Cromolyn Sodium in the past 120 days
cromolyn ophthalmic (eye) drops 4 %	Tier 1	
Ophthalmic - Photodynamic Therapy Agents - Drugs For The Eye		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG (verteporfin)	Tier 2	SP
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: Prior prescription for Alphagan P, Betaxolol HCL, Brimonidine Tartrate, Combigan, Dorzolamide HCL, Dorzolamide HCL/timolol Maleate, Latanoprost, Rhopressa, or Rocklatan in the past 365 days; QL (2.5 ML per 25 days)
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
bacitracin/polymyxin B sulfate (Ak-Poly-Bac Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 1	
neomycin sulfate/bacitracin/polymyxin B (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)	Tier 1	
bacitracin/polymyxin B sulfate (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
gentamicin sulfate (Gentak Ophthalmic (Eye) Ointment 0.3 % (3 Mg/Gram))	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (tobramycin)	Tier 3	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
bacitracin (Baciguent Ophthalmic (Eye) Ointment 500 Unit/Gram)	Tier 3	
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 3	ST: At least 2 prior prescriptions for Ciprofloxacin HCL, Gatifloxacin, Levofloxacin, Moxifloxacin HCL, or Ofloxacin in the past 120 days
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
levofloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 % (moxifloxacin HCl)	Tier 3	
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	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 % (gatifloxacin)	Tier 3	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (azithromycin)	Tier 2	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 1	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
sulfacetamide sodium ophthalmic (eye) drops 10 %	Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	Tier 1	
Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (natamycin)	Tier 2	
Ophthalmic Antifungals - Tetraene Polyene-Type - Drugs For The Eye		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (natamycin)	Tier 2	
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (povidone-iodine)	Tier 3	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
trifluridine ophthalmic (eye) drops 1 %	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (ganciclovir)	Tier 3	
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs For Glaucoma		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % (brimonidine tartrate)	Tier 2	ST: Prior prescription for Brimonidine Tartrate in the past 120 days
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 % (brimonidine tartrate)	Tier 3	
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	Tier 1	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs For Glaucoma		
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 1	QL (1 ML per 12 days)
latanoprost (pf) ophthalmic (eye) drops 0.005 %	Tier 1	
latanoprost ophthalmic (eye) drops 0.005 %	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (bimatoprost)	Tier 2	ST: Prior prescription for generic Bimatoprost or Latanoprost in the past 120 days; QL (1 ML per 12 days)
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % (travoprost)	Tier 2	ST: Prior prescription for generic Bimatoprost or Latanoprost in the past 120 days; QL (1 ML per 12 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (latanoprostene bunod)	Tier 3	ST: Prior prescription for generic Bimatoprost or Latanoprost in the past 120 days; QL (2.5 ML per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % (tafluprost/PF)	Tier 2	ST: Prior prescription for generic Bimatoprost or Latanoprost in the past 120 days; QL (1 EA per 1 day)
Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs For Glaucoma		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (netarsudil mesylate)	Tier 2	ST: Prior prescription for Alphagan P, Betaxolol HCL, Brimonidine Tartrate, Combigan, Dorzolamide HCL, Dorzolamide HCL/timolol Maleate, or Latanoprost in the past 365 days; QL (2.5 ML per 25 days)
Otic (Ear) - Drugs For The Ear		
Otic (Ear) - Anti-Infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 % (ciprofloxacin HCl/dexamethasone)	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	
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	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) (ciprofloxacin HCl/fluocinolone acetonide)	Tier 3	
Otic (Ear) - Anti-Infectives Other - Antibiotics		
acetic acid otic (ear) solution 2 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Otic (Ear) - Fluoroquinolones - Antibiotics		
ciprofloxacin hcl otic (ear) dropperette 0.2 %	Tier 1	
ofloxacin otic (ear) drops 0.3 %	Tier 1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML) (ciprofloxacin)	Tier 3	
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	
Respiratory Therapy Agents - Drugs For The Lungs		
1St Generation Antihistamine-Decongestant Combinations - Drugs For Cough And Cold		
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	Tier 1	
1St Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs For Cough And Cold		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (pseudoephedrine HCl/chlorpheniramine maleate/bellad alk)	Tier 1	
Antihistamine - 1St Generation - Alkylamines - Drugs For Allergies		
dexchlorpheniramine maleate oral solution 2 mg/5 ml	Tier 1	
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	
diphenhydramine hcl injection solution 50 mg/ml	Tier 1	
diphenhydramine hcl injection syringe 50 mg/ml	Tier 1	
diphenhydramine-0.9 % sod.chlr intravenous piggyback 25 mg/50 ml, 50 mg/50 ml	Tier 1	
Antihistamine - 1St Generation - Phenothiazines - Drugs For Allergies		
promethazine in 0.9 % nacl intravenous piggyback 25 mg/50 ml	Tier 1	
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	
promethazine injection syringe 25 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1St Generation - Piperidines - Drugs For Allergies		
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
Antihistamines - 1St Generation - Drugs For Allergies		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
dexchlorpheniramine maleate oral solution 2 mg/5 ml	Tier 1	
diphenhydramine HCl (Diphen Oral Elixir 12.5 Mg/5 Ml)	Tier 1	
promethazine in 0.9 % nacl intravenous piggyback 25 mg/50 ml	Tier 1	
promethazine rectal suppository 50 mg	Tier 1	
promethazine HCl (Promethegan Rectal Suppository 25 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	QL (1 EA per 1 day)
levocetirizine oral solution 2.5 mg/5 ml	Tier 1	QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg	Tier 1	
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML (cetirizine HCl)	Tier 2	
Antitussives - Non-Opioid - Drugs For Allergies		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	Tier 1	
Asthma Therapy - 5-Lipoxygenase Inhibitors - Drugs For Asthma/Copd		
zileuton oral tablet, er multiphase 12 hr 600 mg	Tier 2	
ZYFLO ORAL TABLET 600 MG (zileuton)	Tier 3	ST: Prior prescription for Zileuton in the past 120 days
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs For Asthma/Copd		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADRENALIN INJECTION SOLUTION 1 MG/ML (epinephrine)	Tier 2	
epinephrine injection solution 1 mg/ml	Tier 1	
epinephrine injection syringe 0.1 mg/ml	Tier 1	
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs For Asthma/Copd		
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 232 MCG/ACTUATION, 55 MCG/ACTUATION (fluticasone propionate)	Tier 2	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 2	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (mometasone furoate)	Tier 2	QL (1 EA per 30 days)
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)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone propionate)	Tier 2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION (fluticasone propionate)	Tier 2	QL (120 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION (fluticasone propionate)	Tier 2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION (fluticasone propionate)	Tier 2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION (fluticasone propionate)	Tier 2	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (budesonide)	Tier 2	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 2	QL (21.2 GM per 30 days)
Asthma Therapy - Interleukin-5 (Il-5) Receptor Alpha Antagonists, Mab - Drugs For Asthma/Copd		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (benralizumab)	Tier 2	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML (benralizumab)	Tier 2	PA; SP
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs For Asthma/Copd		
ACCOLATE ORAL TABLET 10 MG, 20 MG (zafirlukast)	Tier 3	
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 2	
Asthma Therapy - Mast Cell Stabilizers - Drugs For Asthma/Copd		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 1	
Asthma Therapy - Monoclonal Antibodies To Immunoglobulin E (Ige) - Drugs For Asthma/Copd		
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (omalizumab)	Tier 2	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (omalizumab)	Tier 2	PA; SP
Asthma Therapy - Xanthines - Drugs For Asthma/Copd		
aminophylline intravenous solution 250 mg/10 ml	Tier 1	
aminophylline intravenous solution 500 mg/20 ml	Tier 1	
theophylline anhydrous (Theochron Oral Tablet Extended Release 12 Hr 100 Mg, 200 Mg, 300 Mg)	Tier 1	
theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 400 mg/250 ml, 800 mg/250 ml	Tier 1	
theophylline in dextrose 5 % intravenous parenteral solution 200 mg/50 ml	Tier 1	
theophylline oral elixir 80 mg/15 ml	Tier 1	
theophylline oral solution 80 mg/15 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 1	
Asthma Therapy- Monoclonal Antibody - Interleukin-5 (Il-5) Antagonists - Drugs For Asthma/Copd		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (mepolizumab)	Tier 2	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (mepolizumab)	Tier 2	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML (mepolizumab)	Tier 2	PA; SP
Asthma/Copd - Phosphodiesterase-4 (Pde4) Inhibitors - Drugs For Asthma/Copd		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (roflumilast)	Tier 2	QL (1 EA per 1 day)
Asthma/Copd - Anticholinergic Agents, Inhaled Long Acting - Drugs For Asthma/Copd		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (umeclidinium bromide)	Tier 2	QL (30 EA per 30 days)
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML (glycopyrrolate/nebulizer accessories)	Tier 3	ST: Prior prescription for Incruse Ellipta, Seebri Neohaler, Spiriva Respimat, or Spiriva in the past 120 days; QL (2 ML per 1 day)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML (glycopyrrolate/nebulizer and accessories)	Tier 3	ST: Prior prescription for Incruse Ellipta, Seebri Neohaler, Spiriva Respimat, or Spiriva in the past 120 days; QL (2 ML per 1 day)
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 15.6 MCG (glycopyrrolate)	Tier 3	ST: Prior prescription for Incruse Ellipta or Yupelri in the past 120 days
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (revefenacin)	Tier 2	QL (3 ML per 1 day)
Asthma/Copd - Anticholinergic Agents, Inhaled Short Acting - Drugs For Asthma/Copd		

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		
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG (indacaterol maleate)	Tier 3	ST: Prior prescription for Arcapta Neohaler, Perforomist, or Serevent Diskus in the past 120 days; QL (30 EA per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (olodaterol HCl)	Tier 3	QL (4 GM per 30 days)
Asthma/Copd Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs For Asthma/Copd		
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML (formoterol fumarate)	Tier 2	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	
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML (levalbuterol HCl)	Tier 3	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML (levalbuterol HCl)	Tier 3	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	Tier 1	
metaproterenol oral syrup 10 mg/5 ml	Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg	Tier 1	
terbutaline subcutaneous solution 1 mg/ml	Tier 1	
Asthma/Copd Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs For Asthma/Copd		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (umeclidinium bromide/vilanterol trifenatate)	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (glycopyrrolate/formoterol fumarate)	Tier 2	QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (ipratropium bromide/albuterol sulfate)	Tier 2	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 1	
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG (indacaterol maleate/glycopyrrolate)	Tier 3	ST: Prior prescription for Anoro Ellipta or Bevespi Aerosphere in the past 120 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	
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION (fluticasone propionate/salmeterol xinafoate)	Tier 3	ST: Prior prescription for Advair HFA, Breo Ellipta, Budesonide/Formoterol Fumarate, Dulera, or Fluticasone Propionate/Salmeterol in the past 120 days

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate/vilanterol trifenatate)	Tier 2	QL (60 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (mometasone furoate/formoterol fumarate)	Tier 2	QL (13 GM per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	Tier 1	ST: Prior prescription for Advair HFA, Breo Ellipta, Budesonide/Formoterol Fumarate, Dulera, or Fluticasone propionate/salmeterol in the past 120 days
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	Tier 1	QL (2 EA per 1 day)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide/formoterol fumarate)	Tier 2	QL (10.2 GM 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 (2 EA per 1 day)
Asthma/Copd Tx - Beta-Adrenergic-Anticholinergic-Glucocorticoid Comb, - Drugs For Cystic Fibrosis		
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (fluticasone furoate/umeclidinium bromide/vilanterol trifenat)	Tier 2	ST: Prior prescription for Advair HFA, Anoro Ellipta, Bevespi Aerosphere, Breo Ellipta, Budesonide/Formoterol Fumarate, Dulera, or Fluticasone Propionate/Salmeterol, or Trelegy Ellipta in the past 120 days; QL (60 EA per 30 days)
Corticosteroid Implant For Maintaining Sinus Patency - Drugs For The Nose		
SINUVA SINUS IMPLANT 1,350 MCG (mometasone furoate)	Tier 3	PA
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs For Cystic Fibrosis		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (tobramycin)	Tier 2	PA; SP
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (tobramycin/nebulizer)	Tier 2	PA; SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (tobramycin)	Tier 2	PA; SP
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tier 1	PA; SP
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	Tier 1	PA; SP
Cystic Fibrosis - Inhaled Monobactams - Drugs For Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (aztreonam lysine)	Tier 2	PA; SP
Cystic Fibrosis-Transmembrane Conductance Regulator (Cftr) Potentiator - Drugs For Cystic Fibrosis		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG (ivacaftor)	Tier 2	PA; SP
KALYDECO ORAL TABLET 150 MG (ivacaftor)	Tier 2	PA; SP
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 2	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor/ivacaftor)	Tier 2	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (tezacaftor/ivacaftor)	Tier 3	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N) (elexacaftor/tezacaftor/ivacaftor)	Tier 2	PA; SP
Elastase Inhibitors - Drugs For Asthma/Copd		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (alpha-1-proteinase inhibitor)	Tier 2	SP
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG (alpha-1-proteinase inhibitor)	Tier 2	SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (alpha-1-proteinase inhibitor)	Tier 2	SP

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PA = Prior Authorization | ST = Step Therapy | QL = Quantity Limit | Age = Age Edit | G = Gender Edit | SP = Specialty Medication | OCh = Oral Chemotherapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG (alpha-1-proteinase inhibitor)	Tier 2	SP
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	
SURFAXIN INTRATRACHEAL SUSPENSION 34 MG/ML (lucinactant)	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 2	PA; SP
Nasal Anesthetics - Allergy		
cocaine nasal solution 4 %	Tier 1	
GOPRELTO NASAL SOLUTION 4 % (cocaine HCl)	Tier 3	
NUMBRINO NASAL SOLUTION 4 % (cocaine HCl)	Tier 1	
Nasal Anticholinergics - Allergy		
ipratropium bromide nasal spray,non-aerosol 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: Prior prescription for Flunisolide or Fluticasone Propionate in the past 365 days; QL (23 GM per 30 days)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY (azelastine HCl/fluticasone propionate)	Tier 2	ST: Prior prescription for Flunisolide or Fluticasone Propionate in the past 365 days; QL (23 GM per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TICALAST NASAL KIT,SPRAY SUSPENSION AND SPRAY 137 MCG-50 MCG- 0.9 % (azelastine/fluticasone/sodium chloride/sodium bicarbonate)	Tier 3	ST: Prior prescription for Azelastine/Fluticasone, Flunisolide, or Fluticasone Propionate in the past 365 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 0.15 % (205.5 mcg)	Tier 1	QL (60 ML per 30 days)
olopatadine nasal spray,non-aerosol 0.6 %	Tier 2	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 2	QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (beclomethasone dipropionate)	Tier 2	QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (beclomethasone dipropionate)	Tier 2	QL (10.6 GM per 30 days)
TICANASE NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 % (fluticasone propionate/sodium chloride/sodium bicarbonate)	Tier 3	ST: Prior prescription for Azelastine/Fluticasone, Flunisolide, or Fluticasone Propionate in the past 365 days
TICASPRAY NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 % (fluticasone propionate/sodium chloride/sodium bicarbonate)	Tier 3	ST: Prior prescription for Azelastine/Fluticasone, Flunisolide, or Fluticasone Propionate in the past 365 days
Nasal Post-Surgical Agents - Drugs For The Nose		
SINUVA SINUS IMPLANT 1,350 MCG (mometasone furoate)	Tier 3	PA
Nasal Sympathomimetic Decongestants (Intranasal) - Allergy		
ADRENALIN NASAL SOLUTION 1 MG/ML (epinephrine HCl)	Tier 3	
TYZINE NASAL DROPS 0.1 % (tetrahydrozoline HCl)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYZINE NASAL SPRAY,NON-AEROSOL 0.1 % (tetrahydrozoline HCl)	Tier 3	
Nasal Wash Combinations - Allergy		
ALKALOL NASAL WASH NASAL SOLUTION (menthol/eucal/thymol/camphor/benz/sod chloride/pot chlorate)	Tier 3	
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)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 12 Years)
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML (codeine polistirex/chlorpheniramine polistirex)	Tier 3	QL (200 ML per 10 days); Age (Min 12 Years)
Opioid Antitussive-1St Generation Antihistamine-Decongestant Comb. - Drugs For Cough And Cold		
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 12 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)
hydrocodone-homatropine oral tablet 5-1.5 mg	Tier 1	QL (6 EA per 1 day)
hydrocodone bitartrate/homatropine methylbromide (Hydromet Oral Syrup 5-1.5 Mg/5 Ml)	Tier 1	QL (30 ML per 1 day)
Opioid Antitussive-Expectorant Combinations - Drugs For Cough And Cold		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBREDON ORAL SOLUTION 2.5-200 MG/5 ML (guaifenesin/hydrocodone bitartrate)	Tier 3	QL (60 ML per 1 day)
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		
ESBRIET ORAL CAPSULE 267 MG (pirfenidone)	Tier 2	PA; SP
ESBRIET ORAL TABLET 267 MG, 801 MG (pirfenidone)	Tier 2	PA; SP
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs For The Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (nintedanib esylate)	Tier 2	PA; SP
Vaginal Products - Drugs For Women		
Vaginal Antibacterial - Lincosamides - Drugs For Infections		
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	Tier 3	
clindamycin phosphate vaginal cream 2 %	Tier 1	
Vaginal Antifungal - Imidazoles - Drugs For Infections		
GYNAZOLE-1 VAGINAL CREAM 2 % (butoconazole nitrate)	Tier 3	
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 2	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs For Infections		
metronidazole vaginal gel 0.75 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaginal Antiseptic Mixtures - Drugs For Infections		
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 2	QL (1 EA per 90 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (estrogens, conjugated)	Tier 2	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	Tier 1	
Vaginal Progestins - Drugs For Women		
CRINONE VAGINAL GEL 4 % (progesterone, micronized)	Tier 2	

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