# Student Formulary

**For California plans issued by**

**Wellfleet Group, LLC dba Wellfleet Administrators, LLC**

**This formulary applies to the following plans:**

Full Time Training in Anaheim
The Master's University and Seminary
University of Redlands
Charles Drew University
Touro University
Menlo College
Irvine Valley College
Saddleback College
California State University, Los Angeles
Marymount California University
Palo Alto University
American Collegiate, Los Angeles
University of the Pacific Global

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:

- Wellfleet Rx/KPP (ID Card BIN: 012882): (888) 265-7884
- Wellfleet Rx/ESI (ID Card BIN: 003858): (877) 640-7940

*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*All Previous versions of this document are no longer active or in effect.*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) and Express Scripts (ESI), 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:

| Drug | Status | Notes |
|---|---|---|



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| 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. 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 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.



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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.

**Maximum Cost Sharing by Drug Tier**

| Plan/Group | Fulfillment Channels | Tier 1 – Preferred Generics | Tier 2 – Preferred Brand - High Cost Generics (HCG) | Tier 3 – Non-preferred Medications |
|---|---|---|---|---|
| The Master's University and Seminary | Retail | $10 | $25 | $50 |
| | Specialty* | $50 | $50 | $50 |
| Full Time Training in Anaheim | Retail | $10 | $25 | $50 |



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| Plan/Group | Fulfillment Channels | Tier 1 – Preferred Generics | Tier 2 – Preferred Brand - High Cost Generics (HCG) | Tier 3 – Non-preferred Medications |
|---|---|---|---|---|
| | Specialty* | $50 | $50 | $50 |
| University of Redlands | Retail | $20 | $50 | $75 |
| | Specialty* | $75 | $75 | $75 |
| Charles Drew University | Retail | $15 | $50 | 20% coinsurance up to $250 |
| | Specialty* | 20% coinsurance up to $250 | 20% coinsurance up to $250 | 20% coinsurance up to $250 |
| Touro University | Retail | $20 | $35 | $60 |
| | Specialty* | $60 | $60 | $60 |
| Menlo College | Retail | $15 | $30 | $50 |
| | Specialty* | $50 | $50 | $50 |
| Irvine Valley College | Retail | $10 | $20 | $40 |
| | Specialty* | $40 | $40 | $40 |
| Saddleback College | Retail | $10 | $20 | $40 |
| | Specialty* | $40 | $40 | $40 |
| California State University, Los Angeles | Retail | $35 | $35 | $35 |
| | Specialty* | $35 | $35 | $35 |
| Marymount California University | Retail | $20 | $30 | $50 |
| | Specialty* | $50 | $50 | $50 |



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| Plan/Group | Fulfillment Channels | Tier 1 – Preferred Generics | Tier 2 – Preferred Brand - High Cost Generics (HCG) | Tier 3 – Non-preferred Medications |
|---|---|---|---|---|
| Palo Alto University | Retail | $20 | $30 | $50 |
| | Specialty* | $80 | $80 | $80 |
| University of the Pacific Global | Retail | $10 | $20 | $40 |
| | Specialty* | $40 | $40 | $40 |
| American Collegiate, Los Angeles | Retail | $10 | $20 | $40 |
| | Specialty* | $40 | $40 | $40 |

* 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 Wellfleet at 877.657.5030.

**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.



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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.

***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:

- Submitting an ePA request by following the instructions on wellfleetrx.com/electronic-prior-authorization/



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- Faxing:
  - Wellfleet Rx/KPP (ID Card BIN: 012882): 858-790-7100 with a completed Medication Request Form
  - Wellfleet Rx/ESI (ID Card BIN: 003858): 877-251-5896 with a completed Prior Authorization Request Form
- Contacting Wellfleet Rx and providing all necessary information requested by calling:
  - Wellfleet Rx/KPP (ID Card BIN: 012882): 800-788-2949
  - Wellfleet Rx/ESI (ID Card BIN: 003858): 877-640-7938

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 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.



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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**

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.

**For Wellfleet Rx/KPP (ID Card BIN: 012882):**

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.

**For Wellfleet Rx/ESI (ID Card BIN: 003858):**

In the case of specialty drugs, all available specialty drugs may be filled at Accredo 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.



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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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## Zero Cost Generics

In addition to the ACA Preventive Care medications listed under the $0 Tier in the formulary, the generic drugs listed in the table below are covered at no cost to you. We encourage you to share this list with your prescriber if you are receiving a medication in one of the categories below to determine if a zero cost option may be appropriate for your treatment.

# $0 Copay Generics

| Antibiotics | |
|---|---|
| Amoxicillin Capsules (250mg, 500mg) | Amoxicillin Tablets (875mg) |
| Azithromycin Tablets (250mg, 500mg) | Cephalexin Capsules (250mg, 500mg) |
| Sulfamethoxazole-Trimethoprim Tablets (400-80mg, 800-160mg) | |

| Antianxiety/Antidepressants | |
|---|---|
| Citalopram HBr Tablets 10mg | Sertraline HCl Tablets (50mg, 100mg) |
| Paroxetine HCl Tablets (10mg, 20mg, 30mg, 40mg) | |

| Acne | |
|---|---|
| Benzoyl Peroxide External Gel (5%, 10%) | Benzoyl Peroxide Wash External Liquid (5%, 10%) |
| Clindamycin Phosphate External Gel (1%) | Clindamycin Phosphate External Solution (1%) |
| Clindamycin Phosphate External Swab (1%) | Erythromycin External Solution (2%) |
| Sulfacetamide Sodium External Lotion (10%) | Sulfacetamide Sodium-Sulfur External Emulsion (10-5%) |

| Bipolar Disease/Schizophrenia |
|---|
| Olanzapine Tablets (2.5mg, 5mg, 7.5mg, 10mg, 15mg) |
| Quetiapine Fumarate Tablets (25mg, 50mg, 100mg, 200mg) |
| Risperidone Tablets (0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg) |

| Narcotic Antagonists | |
|---|---|
| Naloxone Injection Auto-Injector | Naloxone Injection Solution |
| Naloxone Injection Syringe | Narcan Nasal Spray (brand) |



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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 | |

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| 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 |

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 |
|---|---|---|
| *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 | |

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 |
|---|---|---|
| *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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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 |
|---|---|---|
| *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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| 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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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 |
|---|---|---|
| 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 | |

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 |
|---|---|---|
| **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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| 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 | |

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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 |
|---|---|---|
| *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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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 |
|---|---|---|
| *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) |

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 |
|---|---|---|
| **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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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 |
|---|---|---|
| *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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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 |
|---|---|---|
| **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 | |

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 |
|---|---|---|
| **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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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 |
|---|---|---|
| *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 | |

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| 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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