WELLFLEET
RX PLAN

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 7/1/2021. Next planned update 1/1/2022
All Previous versions of this document are no longer active or in effect.

WELLFLEET
RX PLAN

For California Plans
Plan Year 2020/2021
Student Formulary – July 2021

This document represents the efforts of the Kroger Prescription Plans (KPP) Pharmacy & Therapeutics (P&T) and Formulary 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.
- "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
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.
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.

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
	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

Plan/Group	Fulfillment Channels	Tier 1 – Preferred Generics	Tier 2 – Preferred Brand - High Cost Generics (HCG)	Tier 3 – Non-preferred Medications
California State University, Los Angeles	Retail	$35	$35	$35
	Specialty*	$35	$35	$35
Marymount California University	Retail	$20	$30	$50
	Specialty*	$50	$50	$50
Palo Alto University	Retail	$30	$60	$80
	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.

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/
- 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.
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.

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 7/1/2021. Next planned update 1/1/2022.

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%)
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 (Limited to one $0 fill per year)	
Naloxone Injection Auto-Injector	Naloxone Injection Solution
Naloxone Injection Syringe	Narcan Nasal Spray (brand)
Diabetes	
Freestyle Libre 14 Day Reader (brand)	Freestyle Libre 14 Day Sensor (brand)
Freestyle Libre 2 Reader (brand)	Freestyle Libre 2 Sensor (brand)

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

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

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOVE FREE ULTRA TURMERIC-TAMAR ORAL TABLET 250 MG (tamarindus indica seed/turmeric root extract)	Tier 3	
MOVE FREE ULTRA-BORATE-K2-D3 ORAL TABLET 20 MCG-180 MCG- 216 MG (cholecalciferol (vit D3)/vitamin K2/calcium fructoborate)	Tier 3	
OVEEZA ORAL CAPSULE 500 MCG-250 MCG-50 MG-50 MG (folic acid/B12/ALA/ubiquinone/omega-3/dha/epa)	Tier 3	
peppermint oil oil	Tier 1	
PREDIA ORAL TABLET 56.3 MG-0.04 MG-500 MG (magnesium oxide/chromium picolinate/grape seed extract)	Tier 3	
Q-GEL MEGA ORAL CAPSULE 100-150 MG-UNIT (ubidecarenone/vitamin E acetate)	Tier 1	
red yeast rice oral capsule 600 mg	Tier 3	
Analgesic, Anti-Inflammatory Or Antipyretic - Drugs For Pain And Fever		
Analgesic Opioid Agonists - Arthritis And Pain Drugs		
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 15 MG, 30 MG, 60 MG (morphine sulfate)	Tier 2	QL (3 EA per 1 day)
codeine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML (hydromorphone HCl/PF)	Tier 1	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (hydromorphone HCl/PF)	Tier 3	
DISKETS ORAL TABLET,SOLUBLE 40 MG (methadone HCl)	Tier 2	QL (1 EA per 1 day)
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML (morphine sulfate/PF)	Tier 3	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,250 mcg/25 ml (50 mcg/ml), 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 400 mcg/8 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf) intravenous syringe 250 mcg/5 ml (50 mcg/ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fentanyl citrate (pf)-0.9%nacl injection patient control.analgesia soln 600 mcg/30 ml, 750 mcg/30 ml	Tier 1	
fentanyl citrate (pf)-0.9%nacl injection prefilled pump reservoir 10 mcg/ml	Tier 1	
fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,100 mcg/55 ml, 1,250 mcg/25 ml	Tier 1	
fentanyl citrate (pf)-0.9%nacl injection solution 25 mcg/ml	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,250 mcg/50 ml (25 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml), 500 mcg/50 ml (10 mcg/ml), 600 mcg/30 ml (20 mcg/ml)	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 100 mcg/10 ml (10 mcg/ml), 50 mcg/5 ml (10 mcg/ml)	Tier 1	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Tier 1	PA
fentanyl citrate in d5w (pf) intravenous pt controlled analgesia syring 100 mcg/10 ml (10 mcg/ml), 300 mcg/30 ml (10 mcg/ml)	Tier 1	
fentanyl citrate in d5w (pf) intravenous solution 10 mcg/ml	Tier 1	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	PA; QL (1 EA per 3 days)
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	Tier 1	PA; QL (1 EA per 3 days)
hydromorphone (pf) in water injection syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)	Tier 1	
hydromorphone (pf) in water intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)	Tier 1	
hydromorphone (pf) injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml), 6 mg/30 ml (0.2 mg/ml)	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml), 20 mg/100 ml (0.2 mg/ml), 50 mg/50 ml (1 mg/ml)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg	Tier 2	PA; QL (1 EA per 1 day)
hydromorphone oral tablet extended release 24 hr 32 mg	Tier 2	PA; QL (2 EA per 1 day)
hydromorphone rectal suppository 3 mg	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (hydrocodone bitartrate)	Tier 2	QL (1 EA per 1 day)
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML (morphine sulfate/PF)	Tier 3	
levorphanol tartrate oral tablet 2 mg	Tier 1	
meperidine (pf) in 0.9 % nacl intravenous pt controlled analgesia syring 550 mg/55 ml (10 mg/ml)	Tier 1	
meperidine oral tablet 100 mg, 50 mg	Tier 1	QL (6 EA per 1 day)
methadone injection syringe 5 mg/0.5 ml	Tier 1	
methadone HCl (Methadone Intensol Oral Concentrate 10 Mg/Ml)	Tier 1	QL (4 ML per 1 day)
methadone intravenous syringe 10 mg/ml	Tier 1	
methadone oral concentrate 10 mg/ml	Tier 1	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml	Tier 1	QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml	Tier 1	QL (40 ML per 1 day)
methadone oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
methadone oral tablet 5 mg	Tier 1	QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	Tier 1	QL (1 EA per 1 day)
METHADOSE ORAL CONCENTRATE 10 MG/ML (methadone HCl)	Tier 2	QL (4 ML per 1 day)
methadone HCl (Methadose Oral Tablet,Soluble 40 Mg)	Tier 1	QL (1 EA per 1 day)
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML (morphine sulfate/PF)	Tier 1	
morphine (pf) in 0.9 % sod chl injection syringe 2 mg/2 ml (1 mg/ml)	Tier 1	
morphine (pf) in 0.9 % sod chl intravenous prefilled pump reservoir 100 mg/100 ml (1 mg/ml)	Tier 1	
morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 150 mg/30 ml (5 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml), 55 mg/55 ml (1 mg/ml)	Tier 1	

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
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)

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
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)

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		

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
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; Tier 2 for diagnosis of nr-axSpA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; SP; Tier 2 for diagnosis of nr-axSpA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; SP; Tier 2 for diagnosis of nr-axSpA
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; Tier 2 for diagnosis of nr-axSpA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; SP; Tier 2 for diagnosis of nr-axSpA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 3	PA; SP; Tier 2 for diagnosis of nr-axSpA
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

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
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		

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
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	

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
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	

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
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	

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
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	

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
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	

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
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	

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
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	

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
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)

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
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	$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; 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)

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
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	

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	

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
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

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
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)

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	

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
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)

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
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)

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
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)

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
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		

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
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)

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
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)

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
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

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
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	

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
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)

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
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)

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
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

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
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

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
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

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

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
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

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
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

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
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	

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
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)

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
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

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
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	

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	

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
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	

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
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

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
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

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
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		

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
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		

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
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)

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
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

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
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)

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
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

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
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)

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	

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
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)

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	

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
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	

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
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	

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
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)

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
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

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	

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
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		

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		

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
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	

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
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	

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