Plan Year 2026

2026 Formulary (List of Covered Drugs)

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THE FOLLOWING PLANS:

$0 Cost Share AI/AN HMO
Active Choice PPO Silver
Amber 50 HMO Silver
Bronze 60 HDHP HMO
Bronze 60 HMO
Gold 80 HMO
Jade 15 HMO
Minimum Coverage HMO
Opal 25 Gold HMO
Opal 50 Silver HMO
Platinum 90 HMO
Ruby 10 Platinum HMO
Ruby 20 Platinum HMO
Ruby 40 Platinum HMO
Silver 70 HMO
Silver 70 OFF Exchange HMO
Silver 73 HMO
Silver 87 HMO
Silver 94 HMO
Plan A
Plan B

This formulary was last updated on 06/01/2026. This formulary is subject to change and all previous versions of the formulary no longer apply. For more recent information or other questions, please contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681-8898.
The hours of operation are as follows:
October 1 – March 31: 7 days a week from 8 a.m. – 8 p.m.
April 1 – September 30: Monday-Friday, 8 a.m. – 8 p.m.
or visit www.balancebycchp.com/individual-and-family-plans/

Balance by CCHP

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Introduction to the formulary drug list

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

Definitions

The following words and definitions will be used throughout the formulary drug list.

Brand name drug	A drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
Coinsurance	A percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
Copayment	A fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
Deductible	The amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
Drug tier	A group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.
Enrollee	A person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.
Exception request	A request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.
Exigent circumstances	Are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.
Formulary	The complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.
Generic drug	The same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.
Non-formulary drug	A prescription drug that is not listed on the health plan's formulary.
Out-of-pocket costs	Are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

Prescribing provider	A health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.
Prescription	An oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.
Prescription drug	A drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.
Prior authorization	Health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.
Quantity limit	Restriction on the number of doses or any other limitations on the quantity of a prescription drug a health plan will cover during a specific time period.
Step therapy	A process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.
Subscriber	The person who is responsible for payment to a plan or whose employment or other status, exception for family dependency, is the basis for eligibility for membership in the plan.

How do I find a drug on this list?

The drugs are listed alphabetically under the column titled "Prescription Drug Name" by its brand or generic name under the therapeutic category and class to which it belongs. You can search this list using the brand or generic name of the drug by:

- Searching for the category or class to which the drug belongs and search for the name of the drug in alphabetical order or
- Searching the Alphabetical Index of Drugs by the name of the drug.

If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name.

Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor or prescriber.

How do I know if the drug listed is a brand or generic drug?

- A generic name drug for a brand name drug is listed in all lowercase bold italics

- A brand name drug is listed in all CAPITALS
    - The brand name may be listed in parenthesis after the generic name for reference only
- If a generic equivalent for a brand name drug and the brand name drug are both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase bold italics

Example

Drug type	How the drug name will appear in the formulary
Brand drug	LIPITOR
Generic drug	***atorvastatin calcium***
Generic drug with a brand name reference	***atorvastatin calcium*** (Lipitor)

What are drug tiers?

Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the Summary of Benefits of your Evidence of Coverage (EOC).

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

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

There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your Summary of Benefits or contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from October 1 – March 31 between the hours of 8:00 a.m. to 8:00 p.m., and Monday – Friday from April 1 - September 30 between the hours of 8:00 a.m. to 8:00 p.m.

How to read the formulary

The column titled "Coverage Requirements and Limits" identifies coverage restrictions or limits for drugs when applicable.

Coverage Requirements and Limits	Description
Age Limit (AGE)	The prescription is covered when certain age criteria are met.
Contraception (CT)	Contraceptive drugs and devices are covered at $0 when specific criteria are met.
Diabetic Drugs, Equipment, and Supplies (DD)	Drugs, equipment, and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes, and gestational diabetes

Gender Limit (GL)	Prior authorization may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender.
Oral Anti-Cancer (OCH)	There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs.
Preventative Health (EHB)	Affordable Care Act (ACA) preventive health drugs, which are covered at $0 when specific criteria are met.
Specialty Pharmacy (SP)	These drugs are available exclusively through select specialty pharmacies.
Prescriber Restriction (PR)	The prescription is covered when prescribed by certain providers.
Prior Authorization (PA)	Prior authorization is required to determine coverage.
Quantity Limit (QL)	The prescription quantity covered is limited. A prior authorization request for quantity exception is required for amounts greater than the limit.
Step Therapy (ST)	If a drug is subject to step therapy, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition

How often will the formulary change?

This formulary is subject to change monthly. Formulary changes that may not have prior notice include the following:

- A brand name drug may be moved to a higher tier or removed from the formulary if a new generic drug is added to the formulary,
- A drug may be removed from the formulary when is it removed from the market because the Food and Drug Administration (FDA) deems a drug to be unsafe or the drug's manufacturer removes the drug from the market, or
- A drug is added to the formulary, moved to a lower tier, or has a utilization management requirement removed.

When a drug or dosage form is removed from the formulary and a drug was previously approved for coverage for your medical condition, coverage for the drug will continue if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?

A medical benefit drug is a drug that is not generally self-administered and administered by a health care professional. The outpatient prescription drug benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

What are preventive health drugs?

Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to the insured. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, please contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from October 1 - March

31 between the hours of 8:00 a.m. to 8:00 p.m., and Monday - Fridayfrom April 1 - September 30 between the hours of 8:00 a.m. to 8:00 p.m.

What is a contraceptive drug or device?

Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy.

Most generic drug contraceptives and contraceptive devices are covered at no charge to the insured.

What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?

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

What if your drug is covered under the medical benefit?

A prescription drugs may be covered under the medical benefit and are not listed in this drug formulary. You should contact the Member Services Center at 1-415-834-2118 to ensure that the drug may be covered under the medical benefit. If the Member Services Center confirms that we may cover your drug under the medical benefit, you, your representative, or your doctor may submit a Service Authorization Request to the Chinese Community Health Plan Utilization Management Department.

What is step therapy?

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.

Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition. Your provider may submit a request for an exception to the step therapy requirement.

To request an exception, please contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from October 1 – March 31 between the hours of 8:00 a.m. to 8:00 p.m., and Monday – Friday from April 1 - September 30 between the hours of 8:00 a.m. to 8:00 p.m.

What is the prior authorization/exception request process?

Drug prior authorization involves getting advance approval of coverage for a prescription medication based on medical necessity. Some drugs require review of the patient's prescription and medical history to determine coverage.

The exception process involves requesting coverage of a non-formulary drug. A formulary exception, which allows coverage of a non-formulary drug is based on medical necessity.

To request prior authorization or a non-formulary coverage exception, please contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from October 1 – March 31 between the hours of 8:00 a.m. to 8:00 p.m., and Monday – Friday from April 1 - September 30 between the hours of 8:00 a.m. to 8:00 p.m. You, your representative, or your

doctor may submit an exception request.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If Chinese Community Health Plan denies a request for prior authorization or an exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Chinese Community Health Plan, as described in the "Grievance Process" section of the EOC.

Participating retail pharmacies

You can fill prescriptions at any participating (network) pharmacy, unless it is a prescription for a specialty drug. Chinese Community Health Plan contracts with a wide network of retail pharmacies. To find a network pharmacy, visit https://balancebycchp.com/find-a-pharmacy/ or contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from October 1 – March 31 between the hours of 8:00 a.m. to 8:00 p.m., and Monday – Friday from April 1 - September 30 between the hours of 8:00 a.m. to 8:00 p.m.

What are specialty drugs?

Specialty drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self- administration. These requirements generally cannot be met by a retail pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are usually high cost.

Specialty drugs may require prior authorization for medical necessity by Chinese Community Health Plan. Most specialty drugs are available exclusively from a Network Specialty Pharmacy. If coverage is approved, a Network Specialty Pharmacy can provide specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup. If you have questions about specialty drugs, please contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from October 1 – March 31 between the hours of 8:00 a.m. to 8:00 p.m. and Monday – Friday from April 1 - September 30 between the hours of 8:00 a.m. to 8:00 p.m.

Mail order pharmacy

Chinese Community Health Plan offers an easy-to-use mail service prescription drug program through our contracted mail service pharmacy. You can save time and money using the mail service drug program. It can be a convenient way to fill maintenance medications for up to a 90-day supply. Maintenance medications are drugs that doctors prescribe on an ongoing, regular basis to maintain health. For more information on using the mail service prescription benefit, please contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from October 1 – March 31 between the hours of 8:00 a.m. to 8:00 p.m. and Monday – Friday from April 1 - September 30 between the hours of 8:00 a.m. to 8:00 p.m.

What if your drug is not on the formulary?

If your prescription is not listed on the formulary, you should first contact the Member Services Center at 1-415-834-2118 to ensure that the drug is not covered under the outpatient prescription drug benefit. If the Member Services Center confirms that we do not cover your drug under the pharmacy benefit, you have three options:

1) You can ask your doctor if you can switch to another drug covered by us.
2) You can ask us to make an authorization to cover your drug.
3) You can pay-out-of-pocket for the drug and request that the Plan reimburse you by requesting an authorization. If the authorization request is not approved, the Plan is not obligated to reimburse you. If the authorization request is not approved, you may appeal the Plan's denial.

You can obtain non-formulary prescription drugs (those not listed on our drug formulary for your condition) if authorized by the Plan and a CCHP physician determines that they are medically necessary. If you disagree with your physician's determination that a non-formulary prescription drug is not medically necessary, you may file a grievance as described in the "Grievances and Appeals Process" section of your Evidence of Coverage booklet.

Who receives infertility benefits?

Balance by CCHP will provide for large group health care service plan contracts issued, amended, or renewed on or after January 1, 2026 coverage for the diagnosis and treatment of infertility and fertility services. For small group health care service plan contracts issued, amended, or renewed on or after January 1, 2026, Balance by CCHP will offer the option of coverage for the diagnosis and treatment of infertility and fertility services. For those benefit plans that cover infertility benefits, Balance by CCHP will cover the treatment of infertility and fertility services without discrimination on the basis of age, ancestry, color, disability, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation. Please see plan documents such as your Evidence of Coverage (EOC) for more details.

Insulin Cost Sharing Limits

Balance by CCHP limits how much members pay for covered insulin medications depending on the plan type and effective date. For Large Group plans starting on or after January 1, 2026, your cost for a 30 day supply of any covered insulin will be capped at $35. This includes copays, coinsurance, deductibles, and any other cost sharing. For Individual and Small Group plans starting on or after January 1, 2027, your cost for a 30 day supply of a covered Tier 1 and Tier 2 insulin will also be capped at $35. This includes copays, coinsurance, deductibles, and any other cost sharing. Some insulin medications may still require prior authorization or other utilization management steps. For full details about your coverage, please review your Evidence of Coverage (EOC) and the plan's Formulary.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alternative Therapy - Vitamins and Minerals		
Alternative Therapy - Unclassified - Vitamins and Minerals		
NUMOISYN MUCOUS MEMBRANE LIQUID (***flaxseed***)	Tier 3	
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever		
Analgesic - Central Alpha-2 Receptor Agonists - Arthritis and Pain Drugs		
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml), 5,000 mcg/10 ml	Tier 1	
Analgesic - Neuronal (N)-Type Calcium Channel Blockers (NCCBs) - Arthritis and Pain Drugs		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML (***ziconotide acetate***)	Tier 4	SP
Analgesic - Opioid Antagonists - Arthritis and Pain Drugs		
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (***naltrexone hcl***)	Tier 3	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (***naltrexone hcl***)	Tier 3	
Analgesic - Selective Sodium Channel Blockers - Arthritis and Pain Drugs		
JOURNAVX ORAL TABLET 50 MG (***suzetrigine***)	Tier 3	PA
Analgesic Opioid Agonists - Antipruritic - Arthritis and Pain Drugs		
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML (***difelikefalin acetate***)	Tier 4	PA; SP
Analgesic Opioid Agonists - Arthritis and Pain Drugs		
codeine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 25 MG/ML, 50 MG/ML, 75 MG/ML (***meperidine hcl/pf***)	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (***hydromorphone hcl/pf***)	Tier 3	
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)	Tier 1	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg	Tier 1	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	PA; ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	Tier 1	PA; ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 1	
hydromorphone oral liquid 1 mg/ml	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	Tier 1	PA; ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
hydromorphone rectal suppository 3 mg	Tier 1	
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML (***difelikefalin acetate***)	Tier 4	PA; SP
levorphanol tartrate oral tablet 2 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
meperidine (pf) injection solution 25 mg/ml	Tier 1	
meperidine oral solution 50 mg/5 ml	Tier 1	QL (30 ML per 1 day)
meperidine oral tablet 50 mg	Tier 1	QL (6 EA per 1 day)
methadone injection solution 10 mg/ml	Tier 1	QL (4 ML per 1 day)
methadone hcl (Methadone Intensol Oral Concentrate 10 Mg/Ml)	Tier 1	QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml	Tier 1	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml	Tier 1	QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml	Tier 1	QL (40 ML per 1 day)
methadone oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
methadone oral tablet 5 mg	Tier 1	QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	Tier 1	QL (1 EA per 1 day)
methadone hcl (Methadose Oral Tablet,Soluble 40 Mg)	Tier 1	QL (1 EA per 1 day)
morphine (pf) intravenous syringe 1 mg/2 ml	Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 1	PA
morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml	Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml	Tier 1	
morphine intramuscular pen injector 10 mg/0.7 ml	Tier 1	
morphine oral capsule, er multiphase 24 hr 120 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	Tier 1	
morphine oral tablet 15 mg	Tier 1	
morphine oral tablet 30 mg	Tier 2	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (***tapentadol hcl***)	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (***tapentadol hcl***)	Tier 3	QL (6 EA per 1 day)
oxycodone oral capsule 5 mg	Tier 1	
oxycodone oral concentrate 20 mg/ml	Tier 1	PA
oxycodone oral solution 5 mg/5 ml	Tier 1	
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1	
oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg	Tier 1	
oxycodone oral tablet,oral only,ext.rel.12 hr 20 mg, 40 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg	Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (***oxycodone hcl***)	Tier 3	
tapentadol oral tablet 100 mg, 50 mg, 75 mg	Tier 1	QL (6 EA per 1 day)
tramadol oral solution 5 mg/ml	Tier 1	PA
tramadol oral tablet 50 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG (***oxycodone myristate***)	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (***oxycodone myristate***)	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (***oxycodone myristate***)	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (8 EA per 1 day)
levorphanol tartrate (Xyvona Oral Tablet 2 Mg)	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	Tier 1	Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine phosphate/butalbital/aspirin/caffeine (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Fentanyl Combinations - Arthritis and Pain Drugs		
fentanyl (pf)-bupivacaine-nacl epidural prefilled pump reservoir 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %	Tier 1	
fentanyl (pf)-bupivacaine-nacl epidural syringe 2 mcg/ml- 0.125 %	Tier 1	
fentanyl-ropivacaine-nacl (pf) epidural prefilled pump reservoir 2-0.2 mcg/ml-%	Tier 1	
fentanyl-ropivacaine-nacl (pf) epidural solution 2-0.1 mcg/ml-%, 2-0.125 mcg/ml-%	Tier 1	
fentanyl-ropivacaine-nacl (pf) epidural syringe 100 mcg/50 ml (2 mcg/ml)-0.1%, 100 mcg/50 ml (2mcg/ml)-0.15%	Tier 1	
Analgesic Opioid Hydrocodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml	Tier 1	QL (200 ML per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Hydrocodone and NSAID Combinations - Arthritis and Pain Drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs		
hydrocodone-acetaminophen oral solution 10-300 mg/15 ml	Tier 1	QL (200 ML per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
oxycodone hcl/acetaminophen (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs		
oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
oxycodone hcl/acetaminophen (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (***buprenorphine hcl***)	Tier 2	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (2 EA per 1 day)
buprenorphine hcl injection solution 0.3 mg/ml	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
buprenorphine hcl injection syringe 0.3 mg/ml	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 1	ST: TRIAL OF SHORT-ACTING OPIOID FOR AT LEAST 7 CONSECUTIVE DAYS; QL (4 EA per 28 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	Tier 1	
butorphanol nasal spray,non-aerosol 10 mg/ml	Tier 1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	Tier 1	
pentazocine-naloxone oral tablet 50-0.5 mg	Tier 1	
Analgesic Opioid Tramadol and Non-Salicylate Combinations - Arthritis and Pain Drugs		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic or Antipyretic Non-Opioid/Sedative Combinations - Arthritis and Pain Drugs		
butalbital-acetaminophen oral tablet 50-300 mg	Tier 1	ST: TRIAL OF GENERIC BUTALBITAL/ACETAMINOPHEN 50MG-325MG COMBINATION PRODUCT REQUIRED WITHIN 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, 50-325-40 mg	Tier 1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	Tier 1	
butalbital/acetaminophen/caffeine (Fioricet Oral Capsule 50-300-40 Mg)	Tier 1	
butalbital/acetaminophen (Tencon Oral Tablet 50-325 Mg)	Tier 1	
Anti-inflammatory - Complement (C5) Receptor Inhibitors - Arthritis and Pain Drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAVNEOS ORAL CAPSULE 10 MG (***avacopan***)	Tier 4	PA; SP
Anti-Inflammatory - Interleukin-1 beta Blockers - Arthritis and Pain Drugs		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML (***canakinumab/pf***)	Tier 4	PA; SP
Anti-inflammatory - Interleukin-1 Receptor Antagonist - Arthritis and Pain Drugs		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (***rilonacept***)	Tier 4	PA; SP
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective - Arthritis and Pain Drugs		
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	Tier 4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	Tier 4	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (***etanercept***)	Tier 4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	Tier 4	PA; SP
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel - Arthritis and Pain Drugs		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 4	PA; SP
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 4	PA; SP
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	Tier 4	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 4	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	Tier 4	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	Tier 4	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	Tier 4	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	Tier 4	PA; SP
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	Tier 4	PA; SP
infliximab intravenous recon soln 100 mg	Tier 4	PA; SP
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	Tier 4	PA; SP
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***)	Tier 4	PA; SP
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab-ryvk***)	Tier 4	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 4	PA; SP
DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 4	PA; SP
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 4	PA; SP
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	Tier 4	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	Tier 4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	Tier 4	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (***etanercept***)	Tier 4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	Tier 4	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 4	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	Tier 4	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 4	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 4	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	Tier 4	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	Tier 4	PA; SP
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	Tier 4	PA; SP
infliximab intravenous recon soln 100 mg	Tier 4	PA; SP
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	Tier 4	PA; SP
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***)	Tier 4	PA; SP
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab-ryvk***)	Tier 4	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 4	PA; SP
DMARD - Antimalarials - Arthritis and Pain Drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydroxychloroquine oral tablet 100 mg	Tier 1	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	Tier 1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	Tier 1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg	Tier 1	QL (60 EA per 30 days)
SOVUNA ORAL TABLET 200 MG (***hydroxychloroquine sulfate***)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (***hydroxychloroquine sulfate***)	Tier 3	QL (60 EA per 30 days)
DMARD - Antimetabolites - Arthritis and Pain Drugs		
JYLAMVO ORAL SOLUTION 2 MG/ML (***methotrexate***)	Tier 3	PA; OCH
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	OCH
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (***methotrexate/pf***)	Tier 2	QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (***methotrexate/pf***)	Tier 2	QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (***methotrexate/pf***)	Tier 2	QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (***methotrexate/pf***)	Tier 2	QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (***methotrexate/pf***)	Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (***methotrexate/pf***)	Tier 2	QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (***methotrexate/pf***)	Tier 2	QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (***methotrexate/pf***)	Tier 2	QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (***methotrexate/pf***)	Tier 2	QL (0.6 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	Tier 2	OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***)	Tier 3	OCH; ST: TRIAL OF METHOTREXATE TABLETS OR INJECTION SOLUTION REQUIRED.|; QL (120 ML per 60 days)
DMARD - Antinflammatory, Select. costimulation modulator,T-cell Inhib. - Arthritis and Pain Drugs		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (***abatacept/maltose***)	Tier 4	PA; SP
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (***abatacept***)	Tier 4	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (***abatacept***)	Tier 4	PA; SP
DMARD - B Cell Targeted Agents - Arthritis and Pain Drugs		
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-arrx***)	Tier 4	PA; SP
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (***rituximab***)	Tier 4	PA; SP
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-pvvr***)	Tier 4	PA; SP
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-abbs***)	Tier 4	PA; SP
DMARD - Gold Compounds - Arthritis and Pain Drugs		
auranofin oral capsule 3 mg	Tier 1	
RIDAURA ORAL CAPSULE 3 MG (***auranofin***)	Tier 3	
DMARD - Immunosuppressives - Arthritis and Pain Drugs		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	Tier 4	SP
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	Tier 4	SP
cyclophosphamide intravenous solution 500 mg/ml	Tier 4	SP
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 4	SP; OCH
cyclophosphamide oral tablet 50 mg	Tier 4	SP; OCH
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclosporine modified oral solution 100 mg/ml	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 1	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	Tier 2	
DMARD - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis and Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (***anakinra***)	Tier 4	PA; SP
DMARD - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis and Pain Drugs		
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	Tier 4	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	Tier 4	PA; SP
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab-aazg***)	Tier 4	PA; SP
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (***tocilizumab-aazg***)	Tier 4	PA; SP
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab-aazg***)	Tier 4	PA; SP
DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***)	Tier 4	PA; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML (***upadacitinib***)	Tier 4	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (***upadacitinib***)	Tier 4	PA; SP

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	Tier 1	
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Tier 1	
VYSCOXA ORAL SUSPENSION 10 MG/ML (***celecoxib***)	Tier 3	PA; QL (40 ML per 1 day)
NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives - Arthritis and Pain Drugs		
meclofenamate oral capsule 100 mg, 50 mg	Tier 1	
mefenamic acid oral capsule 250 mg	Tier 1	
NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs		
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	Tier 1	
ketorolac injection solution 30 mg/ml	Tier 1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	Tier 1	
ketorolac intramuscular solution 60 mg/2 ml	Tier 1	
ketorolac intramuscular syringe 60 mg/2 ml	Tier 1	
ketorolac oral tablet 10 mg	Tier 1	QL (20 EA per 5 days)
nabumetone oral tablet 500 mg, 750 mg	Tier 1	
sulindac oral tablet 150 mg, 200 mg	Tier 1	
tolmetin oral capsule 400 mg	Tier 1	
tolmetin oral tablet 600 mg	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML (***ketorolac/norflurane and pentafluoropropane (hfc 245fa)***)	Tier 3	
TORONOVA SUIK KIT 30 MG/ML (***ketorolac/norflurane and pentafluoropropane (hfc 245fa)***)	Tier 3	
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs		
meloxicam oral suspension 7.5 mg/5 ml	Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	
piroxicam oral capsule 10 mg, 20 mg	Tier 1	
ZYBIC ORAL SUSPENSION 7.5 MG/5 ML (***meloxicam***)	Tier 1	
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs		
diclofenac potassium oral tablet 50 mg	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
aspirin oral tablet 325 mg	$0	EHB
aspirin oral tablet,chewable 81 mg	$0	EHB
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	$0	EHB
BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***)	$0	EHB
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
diflunisal oral tablet 500 mg	Tier 1	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
salsalate oral tablet 500 mg, 750 mg	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
Anesthetics - Drugs for Pain and Fever		
Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs for Sedation		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (***midazolam/ketamine hcl/ondansetron hcl***)	Tier 1	
General Anesthetic - Inhalant Volatile - Drugs for Sedation		
desflurane inhalation liquid 100 %	Tier 1	
isoflurane inhalation liquid 99.9 %	Tier 1	
sevoflurane inhalation liquid 99.97 %	Tier 1	
SUPRANE INHALATION LIQUID 100 % (***desflurane***)	Tier 3	
isoflurane (Terrell Inhalation Liquid 99.9 %)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
General Anesthetic - Parenteral, Benzodiazepines - Drugs for Sedation		
midazolam (pf) injection solution 5 mg/ml	Tier 1	
midazolam injection solution 5 mg/ml	Tier 1	
General Anesthetic Adjuncts - Opioid - Drugs for Sedation		
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
Local Anesthetic - Amides - Drugs for Sedation		
bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)	Tier 1	
bupivacaine in nacl(pf) epidural syringe 25 mg/10 ml (2.5mg/ml)0.25%	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (***bupivacaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
MARVONA-25 SUIK (PF) KIT 0.25 % (2.5 MG/ML) (***bupivacaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
ropivacaine (pf)-nacl,iso-osm epidural solution 0.2 % (2 mg/ml)	Tier 1	
ropivacaine(pf)-0.9 % sodchlor epidural prefilled pump reservoir 0.2 % (2 mg/ml)	Tier 1	
ropivacaine(pf)-0.9 % sodchlor epidural solution 0.1 %, 0.15 %, 0.2 %	Tier 1	
ropivacaine(pf)-0.9 % sodchlor epidural syringe 100 mg/50 ml (2 mg/ml) 0.2 %	Tier 1	
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
nitroglycerin rectal ointment 0.4 % (w/w)	Tier 1	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (***hydrocortisone acetate***)	Tier 1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G) (***hydrocortisone acetate/pramoxine hcl***)	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), 3-2.5 % (7 gram)	Tier 1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning		
Antidote - Acetaminophen Poisoning - Drugs for Overdose or Poisoning		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
Antidote - Anticholinesterase Agents - Drugs for Overdose or Poisoning		
pyridostigmine bromide oral tablet extended release 105 mg	Tier 3	
Antidote - Cholinesterase Reactivating Agent - Drugs for Overdose or Poisoning		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	
Antidote - Cholinesterase Reactivating Agent and Muscarinic Antagonist - Drugs for Overdose or Poisoning		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (***pralidoxime chloride/atropine sulfate***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
Chelating Agents - Copper - Drugs for Overdose or Poisoning		
CUVRIOR ORAL TABLET 300 MG (***trientine tetrahydrochloride***)	Tier 4	PA; SP
penicillamine oral capsule 250 mg	Tier 4	PA; SP
penicillamine oral tablet 250 mg	Tier 4	PA; SP
trientine oral capsule 250 mg	Tier 4	PA; SP
trientine oral capsule 500 mg	Tier 4	PA; SP
Chelating Agents - Iron - Drugs for Overdose or Poisoning		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	Tier 4	PA; SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 4	PA; SP
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	Tier 4	PA; SP
deferiprone oral tablet 1,000 mg, 500 mg	Tier 4	PA; SP
deferoxamine injection recon soln 2 gram, 500 mg	Tier 1	PA
Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning		
CHEMET ORAL CAPSULE 100 MG (***succimer***)	Tier 3	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning		
alvimopan oral capsule 12 mg	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (***naloxegol oxalate***)	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG (***methylnaltrexone bromide***)	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (***methylnaltrexone bromide***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (***methylnaltrexone bromide***)	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	Tier 2	QL (1 EA per 1 day)
Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION (***naloxone hcl***)	Tier 2	QL (4 EA per 30 days)
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	Tier 1	
naloxone nasal spray,non-aerosol 4 mg/actuation	Tier 1	QL (4 EA per 30 days)
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION (***nalmefene hcl***)	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (***naloxone hcl***)	Tier 3	QL (2 ML per 30 days)
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML (***nalmefene hcl***)	Tier 3	QL (2 ML per 30 days)
Anti-Infective Agents - Drugs for Infections		
Aminoglycoside Antibiotic - Antibiotics		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (***amikacin sulfate liposomal with nebulizer accessories***)	Tier 4	PA; SP
neomycin oral tablet 500 mg	Tier 1	
Aminomethylcycline Antibiotics - Antibiotics		
NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***)	Tier 3	PA
Aminopenicillin Antibiotic - Antibiotics		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	Tier 1	
ampicillin oral capsule 500 mg	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (***amoxicillin***)	Tier 3	
PIVYA ORAL TABLET 185 MG (***pivmecillinam hcl***)	Tier 3	PA
Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	Tier 1	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites		
albendazole oral tablet 200 mg	Tier 1	
EMVERM ORAL TABLET,CHEWABLE 100 MG (***mebendazole***)	Tier 2	PA
Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites		
ivermectin oral tablet 3 mg, 6 mg	Tier 1	
Anthelmintic Agents Other - Drugs for Parasites		
praziquantel oral tablet 600 mg	Tier 1	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (***sulfamethoxazole/trimethoprim***)	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
PRIMSOL ORAL SOLUTION 50 MG/5 ML (***trimethoprim***)	Tier 2	
trimethoprim oral tablet 100 mg	Tier 1	
Antibacterial Nitrofuran Derivatives - Antibiotics		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg	Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Tier 1	PA
Antibacterial Other - Antibiotics		
fosfomycin tromethamine oral packet 3 gram	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antifungal - Allylamines - Drugs for Fungus		
terbinafine hcl oral tablet 250 mg	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus		
nystatin oral tablet 500,000 unit	Tier 1	
Antifungal - Fluorinated Pyrimidine-type Agents - Drugs for Fungus		
flucytosine oral capsule 250 mg, 500 mg	Tier 1	
Antifungal - Imidazoles - Drugs for Fungus		
ketoconazole oral tablet 200 mg	Tier 1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (***miconazole***)	Tier 3	
Antifungal - Tetrazoles - Drugs for Fungus		
VIVJOA ORAL CAPSULE 150 MG (***oteseconazole***)	Tier 3	PA
Antifungal - Triazoles - Drugs for Fungus		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (***isavuconazonium sulfate***)	Tier 3	PA
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	Tier 1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
itraconazole oral capsule 100 mg	Tier 1	
itraconazole oral solution 10 mg/ml	Tier 1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG (***posaconazole***)	Tier 3	PA
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	Tier 1	PA
posaconazole oral tablet,delayed release (dr/ec) 100 mg	Tier 1	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	Tier 1	PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST
voriconazole oral tablet 200 mg, 50 mg	Tier 1	PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST
Antifungal other - Drugs for Fungus		
griseofulvin microsize oral suspension 125 mg/5 ml	Tier 1	
griseofulvin microsize oral tablet 500 mg	Tier 1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anti-Infective Immunologic Adjuvants - Interferons - Drugs for Infections		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (***interferon gamma-1b,recomb.***)	Tier 4	PA; SP
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***)	Tier 4	PA; SP
Antileprotic - Sulfone Agents - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	Tier 1	
Antimalarial Combinations - Drugs for Parasites		
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	Tier 1	
COARTEM ORAL TABLET 20-120 MG (***artemether/lumefantrine***)	Tier 3	
Antimalarials - Drugs for Parasites		
ARAKODA ORAL TABLET 100 MG (***tafenoquine succinate***)	Tier 3	
chloroquine phosphate oral tablet 250 mg	Tier 1	
chloroquine phosphate oral tablet 500 mg	Tier 1	
hydroxychloroquine oral tablet 100 mg	Tier 1	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	Tier 1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	Tier 1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG (***tafenoquine succinate***)	Tier 2	QL (2 EA per 1 FILL)
mefloquine oral tablet 250 mg	Tier 1	
primaquine oral tablet 26.3 mg (15 mg base)	Tier 2	
pyrimethamine oral tablet 25 mg	Tier 4	PA; SP
quinine sulfate oral capsule 324 mg	Tier 1	
SOVUNA ORAL TABLET 200 MG (***hydroxychloroquine sulfate***)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (***hydroxychloroquine sulfate***)	Tier 3	QL (60 EA per 30 days)
Antiprotozoal Agents - Nitrofuran Derivatives - Drugs for Parasites		
LAMPIT ORAL TABLET 120 MG, 30 MG (***nifurtimox***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs for Parasites		
benznidazole oral tablet 100 mg, 12.5 mg	Tier 1	
Antiprotozoal Agents - Other - Drugs for Parasites		
atovaquone oral suspension 750 mg/5 ml	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (***miltefosine***)	Tier 2	PA
Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs for Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (***nitazoxanide***)	Tier 3	QL (50 ML per 1 day)
nitazoxanide oral tablet 500 mg	Tier 1	QL (2 EA per 1 day)
Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML (***metronidazole***)	Tier 3	PA
metronidazole oral capsule 375 mg	Tier 1	
metronidazole oral tablet 250 mg, 500 mg	Tier 1	
Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (***secnidazole***)	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM 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 4	PA; SP
Antiretroviral - Capsid Inhibitors - Drugs for Infections		
SUNLENCA ORAL TABLET 300 MG (***lenacapavir sodium***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***)	Tier 4	PA; SP
YEZTUGO ORAL TABLET 300 MG (***lenacapavir sodium***)	Tier 4	PA; SP
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***)	Tier 4	PA; SP
Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections		
maraviroc oral tablet 150 mg	Tier 4	QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	Tier 4	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***)	Tier 4	QL (31 ML per 1 day)
Antiretroviral - CD4 Attachment Inhibitors - Drugs for Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (***fostemsavir tromethamine***)	Tier 4	PA
Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors - Drugs for Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (***cabotegravir***)	$0	EHB; $0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF HIV TREATMENT IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG (***raltegravir potassium***)	Tier 4	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG (***raltegravir potassium***)	Tier 4	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (***raltegravir potassium***)	Tier 4	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG (***raltegravir potassium***)	Tier 4	QL (6 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG (***raltegravir potassium***)	Tier 4	QL (24 EA per 1 day)
TIVICAY ORAL TABLET 50 MG (***dolutegravir sodium***)	Tier 4	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (***dolutegravir sodium***)	Tier 4	QL (6 EA per 1 day)
Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML (***cabotegravir/rilpivirine***)	Tier 4	SP; QL (4 ML per 30 days); Age (Min 12 Years)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML (***cabotegravir/rilpivirine***)	Tier 4	SP; QL (6 ML per 30 days); Age (Min 12 Years)
JULUCA ORAL TABLET 50-25 MG (***dolutegravir sodium/rilpivirine hcl***)	Tier 4	QL (1 EA per 1 day)
Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections		
DOVATO ORAL TABLET 50-300 MG (***dolutegravir sodium/lamivudine***)	Tier 4	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 4	QL (1 EA per 1 day)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG (***rilpivirine hcl***)	Tier 4	QL (180 EA per 30 days)
efavirenz oral tablet 600 mg	Tier 4	
etravirine oral tablet 100 mg	Tier 4	QL (4 EA per 1 day)
etravirine oral tablet 200 mg	Tier 4	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (***etravirine***)	Tier 4	QL (4 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml	Tier 4	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg	Tier 4	QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 100 mg	Tier 4	QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg	Tier 4	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 4	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG (***emtricitabine/tenofovir alafenamide fumarate***)	Tier 4	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG (***emtricitabine/tenofovir alafenamide fumarate***)	$0	EHB; $0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 4	QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	$0	EHB; $0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections		
abacavir oral solution 20 mg/ml	Tier 4	QL (960 ML per 30 days)
abacavir oral tablet 300 mg	Tier 4	QL (2 EA per 1 day)
emtricitabine oral capsule 200 mg	$0	EHB; $0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***)	Tier 4	QL (850 ML per 30 days)
lamivudine oral solution 10 mg/ml	Tier 4	QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	Tier 4	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	Tier 4	QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (***zidovudine***)	Tier 4	SP
stavudine oral capsule 15 mg, 20 mg	Tier 4	QL (2 EA per 1 day)
zidovudine oral capsule 100 mg	Tier 4	QL (6 EA per 1 day)
zidovudine oral syrup 10 mg/ml	Tier 4	QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg	Tier 4	QL (2 EA per 1 day)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections		
tenofovir disoproxil fumarate oral tablet 300 mg	$0	EHB; $0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***)	Tier 4	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	Tier 4	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral - Pre-Exposure Prophylaxis (PrEP) - Drugs for Infections		
YEZTUGO ORAL TABLET 300 MG (***lenacapavir sodium***)	Tier 4	PA; SP
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***)	Tier 4	PA; SP
Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	Tier 4	QL (1 EA per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 4	QL (10 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 4	QL (4 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 4	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor,Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir sodium/emtricitabine/tenofovir alafenamide fumar***)	Tier 4	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***)	Tier 4	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil***)	Tier 4	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 4	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	Tier 4	QL (6 EA per 1 day)
Antiretroviral-Nucleoside Analogs and Non-Nucleoside RTIs Combinations - Drugs for Viral Infections		
IDVYNSO ORAL TABLET 100-0.25 MG (***doravirine/islatravir***)	Tier 3	
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
abacavir-lamivudine oral tablet 600-300 mg	Tier 4	QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	Tier 4	QL (2 EA per 1 day)
Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections		
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	Tier 4	QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	Tier 4	QL (1 EA per 1 day)
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	Tier 4	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***)	Tier 4	QL (1 EA per 1 day)
Antitubercular - D-alanine Analogs - Antibiotics		
cycloserine oral capsule 250 mg	Tier 1	
Antitubercular - Diarylquinoline Antibiotics - Antibiotics		
SIRTURO ORAL TABLET 100 MG, 20 MG (***bedaquiline fumarate***)	Tier 4	PA; SP
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
isoniazid oral solution 50 mg/5 ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
Antitubercular - Niacinamide Derivatives - Antibiotics		
pyrazinamide oral tablet 500 mg	Tier 1	
Antitubercular - Nitroimidazole Derivatives - Antibiotics		
pretomanid oral tablet 200 mg	Tier 3	QL (1 EA per 1 day)
Antitubercular - Rifamycin and Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	Tier 3	
rifabutin oral capsule 150 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
Antitubercular Agents Other - Antibiotics		
ethambutol oral tablet 100 mg, 400 mg	Tier 1	
Bacterial Topoisomerase II Inhibitors, Others - Drugs for Infections		
BLUJEPA ORAL TABLET 750 MG (***gepotidacin mesylate***)	Tier 3	PA; QL (4 EA per 1 day)
Carbapenem Antibiotics (Thienamycins) - Antibiotics		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
meropenem intravenous recon soln 500 mg	Tier 1	
Cephalosporin Antibiotics - 1st Generation - Antibiotics		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1	
cefadroxil oral tablet 1 gram	Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporin Antibiotics - 2nd Generation - Antibiotics		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporin Antibiotics - 3rd Generation - Antibiotics		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML (***cefixime***)	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (***cefixime***)	Tier 2	
CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections		
valganciclovir oral recon soln 50 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
valganciclovir oral tablet 450 mg	Tier 1	
CMV Antiviral Agent - Protein Kinase Inhibitors - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (***maribavir***)	Tier 4	PA; SP
CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections		
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG (***letermovir***)	Tier 3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG (***letermovir***)	Tier 3	PA
Fluoroquinolone Antibiotics - Antibiotics		
BAXDELA ORAL TABLET 450 MG (***delafloxacin meglumine***)	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (***ciprofloxacin***)	Tier 2	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	Tier 1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	Tier 1	
levofloxacin oral solution 250 mg/10 ml	Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin oral tablet 400 mg	Tier 1	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
vancomycin oral capsule 125 mg	Tier 1	QL (77 EA per 28 days)
vancomycin oral capsule 250 mg	Tier 1	QL (112 EA per 1 FILL)
vancomycin oral recon soln 25 mg/ml	Tier 1	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml	Tier 1	QL (600 ML per 1 FILL)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***)	Tier 4	SP; QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	Tier 4	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	Tier 1	QL (1 EA per 1 day)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections		
adefovir oral tablet 10 mg	Tier 4	SP; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tenofovir disoproxil fumarate oral tablet 300 mg	$0	EHB; $0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide***)	Tier 4	SP; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***)	Tier 4	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	Tier 4	QL (1 EA per 1 day)
Hepatitis C - Interferons - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	Tier 4	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (***peginterferon alfa-2a***)	Tier 4	PA; SP
Hepatitis C - NS5A Inhibitor and NS3/4A Protease Inhibitor Combination - Drugs for Viral Infections		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG (***glecaprevir/pibrentasvir***)	Tier 4	PA; SP
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir/pibrentasvir***)	Tier 4	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 4	PA; SP
Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (***sofosbuvir/velpatasvir***)	Tier 4	PA; SP
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (***sofosbuvir/velpatasvir***)	Tier 4	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (***ledipasvir/sofosbuvir***)	Tier 4	PA; SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (***ledipasvir/sofosbuvir***)	Tier 4	PA; SP
Hepatitis C - Nucleos(t)ide Analog NS5B Polymerase Inhibitors - Drugs for Viral Infections		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG (***sofosbuvir***)	Tier 4	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG (***sofosbuvir***)	Tier 4	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	
valacyclovir oral tablet 1 gram, 500 mg	Tier 1	
Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	
Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections		
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	Tier 1	
oseltamivir oral suspension for reconstitution 6 mg/ml	Tier 1	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (***zanamivir***)	Tier 3	QL (40 EA per 180 days)
Influenza Antiviral Agents - PA Endonuclease Inhibitor - Drugs for Viral Infections		
XOFLUZA ORAL TABLET 40 MG (***baloxavir marboxil***)	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG (***baloxavir marboxil***)	Tier 2	QL (2 EA per 180 days)
Lincosamide Antibiotics - Antibiotics		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	Tier 1	
clindamycin palmitate hcl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	Tier 1	
Macrolide Antibiotics - Antibiotics		
azithromycin oral packet 1 gram	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (***fidaxomicin***)	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG (***fidaxomicin***)	Tier 1	QL (20 EA per 10 days)
erythromycin ethylsuccinate (E.E.S. 400 Oral Tablet 400 Mg)	Tier 1	
erythromycin base (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 250 Mg, 500 Mg)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (***erythromycin stearate***)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	Tier 1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	Tier 1	
erythromycin oral tablet 250 mg, 500 mg	Tier 1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	Tier 1	
fidaxomicin oral tablet 200 mg	Tier 1	QL (20 EA per 10 days)
Misc Anti-Infective - Drugs for Infections		
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	Tier 1	
pentamidine inhalation recon soln 300 mg	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine mandelate/sodium phosphate,monobasic***)	Tier 3	
Misc Anti-Infective Combinations - Drugs for Infections		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	Tier 1	
URELLE ORAL TABLET 81-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 3	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (***methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin***)	Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 3	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (***methenamine/sod phosph,monobasic/methylene blue/hyoscyamine***)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 1	
Oxazolidinone Antibiotics - Antibiotics		
linezolid oral suspension for reconstitution 100 mg/5 ml	Tier 1	PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST
linezolid oral tablet 600 mg	Tier 1	PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST
SIVEXTRO ORAL TABLET 200 MG (***tedizolid phosphate***)	Tier 2	PA; PR: RESTRICTED TO INFECTIOUS DISEASE SPECIALIST
Penem Antibiotic Combinations - Drugs for Infections		
ORLYNVAH ORAL TABLET 500-500 MG (***sulopenem etzadroxil/probenecid***)	Tier 3	PA; QL (2 EA per 1 day)
Penicillin Antibiotic - Natural - Antibiotics		
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
Penicillin Antibiotic - Penicillinase-resistant - Antibiotics		
dicloxacillin oral capsule 250 mg, 500 mg	Tier 1	
Pleuromutilin Antibiotics - Antibiotics		
XENLETA ORAL TABLET 600 MG (***lefamulin acetate***)	Tier 3	PA
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (***tipranavir***)	Tier 4	QL (4 EA per 1 day)
darunavir oral tablet 600 mg	Tier 4	QL (2 EA per 1 day)

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAGEVRIO (EUA) ORAL CAPSULE 200 MG (***molnupiravir***)	Tier 1	$0 COPAY; QL (40 EA per 29 days); Age (Min 18 Years)
Sulfonamide Antibiotic - Antibiotics		
sulfadiazine oral tablet 500 mg	Tier 1	
Tetracycline Antibiotics - Antibiotics		
demeclocycline oral tablet 150 mg, 300 mg	Tier 1	
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 1	
doxycycline hyclate oral tablet 100 mg	Tier 1	
doxycycline hyclate oral tablet 150 mg	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 150 MG TABLET REQUIRED
doxycycline hyclate oral tablet 50 mg	Tier 1	ST: TRIAL OF DOXYCYCLINE HYCLATE 50MG CAPSULE OR DOXYCYCLINE MONOHYDRATE 50MG CAPSULES OR TABLETS REQUIRED
doxycycline hyclate oral tablet 75 mg	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 1	
doxycycline monohydrate oral capsule 150 mg	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLET OR 50, 100 MG CAPSULE IN THE PAST 120 DAYS
doxycycline monohydrate oral capsule 75 mg	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	Tier 1	PA
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate oral tablet 100 mg	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 50, 75 OR 100MG TABLET OR 50, 100 MG CAPSULE IN THE PAST 120 DAYS
doxycycline monohydrate oral tablet 50 mg, 75 mg	Tier 1	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (***minocycline hcl***)	Tier 3	PA
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	Tier 1	ST: TRIAL OF GENERIC MINOCYCLINE IR REQUIRED; QL (1 EA per 1 day)
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	Tier 1	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 75 Mg)	Tier 1	ST: TRIAL OF GENERIC DOXYCYCLINE MONOHYDRATE 75MG TABLET REQUIRED
NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***)	Tier 3	PA
tetracycline oral capsule 250 mg, 500 mg	Tier 1	
Variola (Smallpox) Virus Antiviral Agents - Drugs for Viral Infections		
TEMBEXA ORAL SUSPENSION 10 MG/ML (***brincidofovir***)	Tier 2	
TEMBEXA ORAL TABLET 100 MG (***brincidofovir***)	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (***tecovirimat***)	Tier 2	
Antineoplastics - Drugs for Cancer		
ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody - Drugs for Cancer		
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-maly***)	Tier 4	PA; SP
MVASI INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-awwb***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-adcd***)	Tier 4	PA; SP
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-bvzr***)	Tier 4	PA; SP
Antineoplasic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer		
lapatinib oral tablet 250 mg	Tier 4	PA; SP; OCH
Antineoplastic - Bispecific EGFR and MET Recept Inhibitor MC Antibody - Drugs for Cancer		
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML (***amivantamab-hyaluronidase, human recombinant-lpuj***)	Tier 4	PA; SP
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML (***amivantamab-vmjw***)	Tier 4	PA; SP
Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer		
abiraterone oral tablet 250 mg, 500 mg	Tier 4	PA; SP; OCH
abiraterone acetate (Abirtega Oral Tablet 250 Mg)	Tier 4	PA; SP; OCH
YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***)	Tier 4	PA; SP; OCH
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
erlotinib oral tablet 100 mg, 150 mg, 25 mg	Tier 4	PA; SP; OCH
gefitinib oral tablet 250 mg	Tier 4	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 4	PA; SP; OCH
NERLYNX ORAL TABLET 40 MG (***neratinib maleate***)	Tier 4	PA; SP; OCH
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (***dacomitinib***)	Tier 4	PA; SP; OCH
Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAZCLUZE ORAL TABLET 240 MG, 80 MG (***lazertinib mesylate***)	Tier 4	PA; SP; OCH
TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib mesylate***)	Tier 4	PA; SP; OCH
Antineoplastic - AKT (Protein Kinase B (PKB)) Inhibitor - Drugs for Cancer		
TRUQAP ORAL TABLET 160 MG, 200 MG (***capivasertib***)	Tier 4	PA; SP; OCH
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer		
busulfan intravenous solution 60 mg/10 ml	Tier 4	SP
MYLERAN ORAL TABLET 2 MG (***busulfan***)	Tier 4	SP; OCH
Antineoplastic - Alkylating Agent - Ethylenimines and Methylmelamines - Drugs for Cancer		
TEPADINA INJECTION RECON SOLN 100 MG (***thiotepa***)	Tier 4	SP
TEPADINA INJECTION SOLUTION 200 MG (***thiotepa***)	Tier 4	SP
thiotepa injection recon soln 100 mg, 15 mg	Tier 4	SP
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer		
MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***)	Tier 4	SP; OCH
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer		
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	Tier 4	SP
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	Tier 4	SP
cyclophosphamide intravenous solution 500 mg/ml	Tier 4	SP
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 4	SP; OCH
cyclophosphamide oral tablet 50 mg	Tier 4	SP; OCH
EVOMELA INTRAVENOUS RECON SOLN 50 MG (***melphalan hcl/betadex sulfobutyl ether sodium***)	Tier 4	SP
ifosfamide intravenous recon soln 1 gram, 3 gram	Tier 4	SP
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	Tier 4	SP
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	Tier 4	SP; OCH
melphalan hcl intravenous recon soln 50 mg	Tier 4	SP
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer		
carmustine intravenous recon soln 100 mg	Tier 4	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLIADEL WAFER IMPLANT WAFER 7.7 MG (***carmustine in polifeprosan 20***)	Tier 4	SP
lomustine oral capsule 10 mg, 100 mg, 40 mg	Tier 4	PA; SP; OCH
Antineoplastic - Alkylating Agent - Other - Drugs for Cancer		
bendamustine intravenous recon soln 100 mg, 25 mg	Tier 4	SP
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (***bendamustine hcl***)	Tier 4	SP
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (***bendamustine hcl***)	Tier 4	SP
Antineoplastic - Alkylating Agent - Triazenes - Drugs for Cancer		
TEMODAR INTRAVENOUS RECON SOLN 100 MG (***temozolomide***)	Tier 4	PA; SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 4	PA; SP; OCH
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer		
ALECENSA ORAL CAPSULE 150 MG (***alectinib hcl***)	Tier 4	PA; SP; OCH
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (***brigatinib***)	Tier 4	PA; SP; OCH
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (***brigatinib***)	Tier 4	PA; SP; OCH
ENSACOVE ORAL CAPSULE 100 MG, 25 MG (***ensartinib hydrochloride***)	Tier 4	PA; SP; OCH
LORBRENA ORAL TABLET 100 MG, 25 MG (***lorlatinib***)	Tier 4	PA; SP; OCH
XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***)	Tier 4	PA; SP; OCH
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG (***crizotinib***)	Tier 4	PA; SP; OCH
ZYKADIA ORAL TABLET 150 MG (***ceritinib***)	Tier 4	PA; SP; OCH
Antineoplastic - Antiadrenals - Drugs for Cancer		
LYSODREN ORAL TABLET 500 MG (***mitotane***)	Tier 4	SP; OCH
Antineoplastic - Antiandrogens - Drugs for Cancer		
abiraterone oral tablet 250 mg, 500 mg	Tier 4	PA; SP; OCH
abiraterone acetate (Abirtega Oral Tablet 250 Mg)	Tier 4	PA; SP; OCH
bicalutamide oral tablet 50 mg	Tier 1	OCH
ERLEADA ORAL TABLET 240 MG, 60 MG (***apalutamide***)	Tier 4	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nilutamide oral tablet 150 mg	Tier 4	SP; OCH; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG (***darolutamide***)	Tier 4	PA; SP; OCH
XTANDI ORAL CAPSULE 40 MG (***enzalutamide***)	Tier 4	PA; SP; OCH
XTANDI ORAL TABLET 40 MG, 80 MG (***enzalutamide***)	Tier 4	PA; SP; OCH
YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***)	Tier 4	PA; SP; OCH
Antineoplastic - Antibiotic and Antimetabolite Combinations - Drugs for Cancer		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG (***daunorubicin/cytarabine liposomal***)	Tier 4	PA; SP
Antineoplastic - Antibody-Drug Conjugates (ADCs) - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (***brentuximab vedotin***)	Tier 4	PA; SP
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (***inotuzumab ozogamicin***)	Tier 4	PA; SP
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (***mirvetuximab soravtansine-gynx***)	Tier 4	PA; SP
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG (***telisotuzumab vedotin-tllv***)	Tier 4	PA; SP
ENHERTU INTRAVENOUS RECON SOLN 100 MG (***fam-trastuzumab deruxtecan-nxki***)	Tier 4	PA; SP
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (***ado-trastuzumab emtansine***)	Tier 4	PA; SP
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (***gemtuzumab ozogamicin***)	Tier 4	PA; SP
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (***enfortumab vedotin-ejfv***)	Tier 4	PA; SP
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (***polatuzumab vedotin-piiq***)	Tier 4	PA; SP
TIVDAK INTRAVENOUS RECON SOLN 40 MG (***tisotumab vedotin-tftv***)	Tier 4	PA; SP
Antineoplastic - Anti-GD2 Ganglioside Monoclonal Antibody - Drugs for Cancer		
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML (***naxitamab-gqgk***)	Tier 4	PA; SP
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG (***pemetrexed dipotassium***)	Tier 4	PA; SP
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) (***pralatrexate***)	Tier 4	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML (***methotrexate***)	Tier 3	PA; OCH
methotrexate sodium (pf) injection recon soln 1 gram	Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	OCH
pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg	Tier 4	PA; SP
pemetrexed disodium intravenous recon soln 100 mg, 500 mg	Tier 4	PA; SP
pemetrexed disodium intravenous solution 25 mg/ml	Tier 4	PA; SP
pemetrexed intravenous solution 25 mg/ml	Tier 4	PA; SP
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (***pemetrexed***)	Tier 4	PA; SP
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML (***pemetrexed disodium***)	Tier 4	PA; SP
pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)	Tier 4	PA; SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	Tier 2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***)	Tier 3	OCH; ST: TRIAL OF METHOTREXATE TABLETS OR INJECTION SOLUTION REQUIRED.|; QL (120 ML per 60 days)
Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer		
cladribine intravenous solution 10 mg/10 ml	Tier 4	SP
clofarabine intravenous solution 1 mg/ml	Tier 4	SP
fludarabine intravenous recon soln 50 mg	Tier 4	SP
fludarabine intravenous solution 50 mg/2 ml	Tier 4	SP
mercaptopurine oral suspension 20 mg/ml	Tier 4	SP; OCH; ST: TRIAL OF MERCAPTOPURINE TABLET REQUIRED.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mercaptopurine oral tablet 50 mg	Tier 1	OCH
nelarabine intravenous solution 5 mg/ml	Tier 4	SP
NIPENT INTRAVENOUS RECON SOLN 10 MG (***pentostatin***)	Tier 4	SP
PURIXAN ORAL SUSPENSION 20 MG/ML (***mercaptopurine***)	Tier 4	SP; OCH; ST: TRIAL OF MERCAPTOPURINE TABLET REQUIRED.
TABLOID ORAL TABLET 40 MG (***thioguanine***)	Tier 4	SP; OCH
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer		
azacitidine injection recon soln 100 mg	Tier 4	SP
capecitabine oral tablet 150 mg, 500 mg	Tier 4	PA; SP; OCH
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	Tier 4	SP
cytarabine injection solution 20 mg/ml	Tier 4	SP
decitabine intravenous recon soln 50 mg	Tier 4	SP
floxuridine injection recon soln 0.5 gram	Tier 4	SP
gemcitabine intravenous recon soln 1 gram, 200 mg	Tier 4	SP
gemcitabine intravenous recon soln 2 gram	Tier 4	SP
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml)	Tier 4	SP
gemcitabine intravenous solution 100 mg/ml, 200 mg/5.26 ml (38 mg/ml)	Tier 4	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 4	SP
INLEXZO INTRAVESICAL IMPLANT 225 MG (***gemcitabine hcl***)	Tier 3	SP
ONUREG ORAL TABLET 200 MG, 300 MG (***azacitidine***)	Tier 4	PA; SP; OCH
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer		
hydroxyurea oral capsule 500 mg	Tier 1	OCH
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (***trifluridine/tipiracil hcl***)	Tier 4	PA; SP; OCH
Antineoplastic - Anti-PD-1 and Anti-LAG-3 Monoclonal Antibodies - Drugs for Cancer		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML (***nivolumab-relatlimab-rmbw***)	Tier 4	PA; SP
Antineoplastic - Anti-SLAMF7 Monoclonal Antibody Agents - Drugs for Cancer		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG (***elotuzumab***)	Tier 4	PA; SP
Antineoplastic - Aromatase Inhibitors - Drugs for Cancer		
anastrozole oral tablet 1 mg	$0	OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
exemestane oral tablet 25 mg	$0	OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
letrozole oral tablet 2.5 mg	Tier 1	OCH
Antineoplastic - Arsenic Compounds - Drugs for Cancer		
arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml	Tier 4	SP
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML (***arsenic trioxide***)	Tier 4	SP
Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs for Cancer		
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML (***calaspargase pegol-mknl***)	Tier 4	PA; SP
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (***pegaspargase***)	Tier 4	PA; SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (***asparaginase erwinia chrysanthemi (recombinant)-rywn***)	Tier 4	PA; SP
Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors - Drugs for Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (***venetoclax***)	Tier 4	PA; SP; OCH
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (***venetoclax***)	Tier 4	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Bispecific HER2-Directed Monoclonal Antibody - Drugs for Cancer		
ZIIHERA INTRAVENOUS RECON SOLN 300 MG (***zanidatamab-hrii***)	Tier 4	PA; SP
Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer		
BRAFTOVI ORAL CAPSULE 75 MG (***encorafenib***)	Tier 4	PA; SP; OCH
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML (***tovorafenib***)	Tier 4	PA; SP; OCH
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) (***tovorafenib***)	Tier 4	PA; SP; OCH
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (***dabrafenib mesylate***)	Tier 4	PA; SP; OCH
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (***dabrafenib mesylate***)	Tier 4	PA; SP; OCH
ZELBORAF ORAL TABLET 240 MG (***vemurafenib***)	Tier 4	PA; SP; OCH
Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer		
BRUKINSA ORAL CAPSULE 80 MG (***zanubrutinib***)	Tier 4	PA; SP; OCH
BRUKINSA ORAL TABLET 160 MG (***zanubrutinib***)	Tier 4	PA; SP; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (***acalabrutinib maleate***)	Tier 4	PA; SP; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***)	Tier 4	PA; SP; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***)	Tier 4	PA; SP; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***)	Tier 4	PA; SP; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (***pirtobrutinib***)	Tier 4	PA; SP; OCH
Antineoplastic - Caseinolytic Protease P (ClpP) Activators - Drugs for Cancer		
MODEYSO ORAL CAPSULE 125 MG (***dordaviprone hcl***)	Tier 4	PA; SP; QL (20 EA per 28 days)
Antineoplastic - CC Chemokine Receptor 4 (CCR4) Antagonist, Rec-MAb - Drugs for Cancer		
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML (***mogamulizumab-kpkc***)	Tier 4	PA; SP
Antineoplastic - CD19 Directed Antibody - Alkylating Agent Conjugate - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG (***loncastuximab tesirine-lpyl***)	Tier 4	PA; SP
Antineoplastic - CD19 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
MONJUVI INTRAVENOUS RECON SOLN 200 MG (***tafasitamab-cxix***)	Tier 4	PA; SP
Antineoplastic - CD20 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML (***obinutuzumab***)	Tier 4	PA; SP
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-arrx***)	Tier 4	PA; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) (***rituximab/hyaluronidase, human recombinant***)	Tier 4	PA; SP
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (***rituximab***)	Tier 4	PA; SP
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-pvvr***)	Tier 4	PA; SP
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-abbs***)	Tier 4	PA; SP
Antineoplastic - CD38 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML (***daratumumab-hyaluronidase-fihj***)	Tier 4	PA; SP
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML (***daratumumab***)	Tier 4	PA; SP
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML (***isatuximab-irfc***)	Tier 4	PA; SP
Antineoplastic - Claudin (CLDN) Directed Monoclonal Antibody - Drugs for Cancer		
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG (***zolbetuximab-clzb***)	Tier 4	PA; SP
Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (***palbociclib***)	Tier 4	PA; SP; OCH
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (***palbociclib***)	Tier 4	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 4	PA; SP; OCH
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***abemaciclib***)	Tier 4	PA; SP; OCH
Antineoplastic - Cytotoxic T-Lymphocyte antigen (CTLA-4),R-MC Antibody - Drugs for Cancer		
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML (***tremelimumab-actl***)	Tier 4	PA; SP
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) (***ipilimumab***)	Tier 4	PA; SP
Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer		
HERNEXEOS ORAL TABLET 60 MG (***zongertinib***)	Tier 4	PA; SP; OCH; QL (3 EA per 1 day)
HYRNUO ORAL TABLET 10 MG (***sevabertinib***)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
TUKYSA ORAL TABLET 150 MG, 50 MG (***tucatinib***)	Tier 4	PA; SP; OCH
Antineoplastic - Epipodophyllotoxins - Drugs for Cancer		
etoposide oral capsule 50 mg	Tier 1	OCH
Antineoplastic - Epothilones and Analogs - Drugs for Cancer		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG (***ixabepilone***)	Tier 4	PA; SP
Antineoplastic - Exportin-1 (XPO1) Inhibitors - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK) (***selinexor***)	Tier 4	PA; SP; OCH
Antineoplastic - Fibroblast Growth Factor Receptor (FGFR) Kinase Inhib - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (***erdafitinib***)	Tier 4	PA; SP; OCH
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) (***futibatinib***)	Tier 4	PA; SP; OCH
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (***pemigatinib***)	Tier 4	PA; SP; OCH
Antineoplastic - FMS-Like Tyrosine Kinase 3 (FLT3) Inhibitors - Drugs for Cancer		
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (***quizartinib dihydrochloride***)	Tier 4	PA; SP; OCH
XOSPATA ORAL TABLET 40 MG (***gilteritinib fumarate***)	Tier 4	PA; SP; OCH
Antineoplastic - Gamma-Secretase Inhibitor (GSI) - Drugs for Cancer		
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (***nirogacestat hydrobromide***)	Tier 4	PA; SP; OCH
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (***glasdegib maleate***)	Tier 4	PA; SP; OCH
ERIVEDGE ORAL CAPSULE 150 MG (***vismodegib***)	Tier 4	PA; SP; OCH
ODOMZO ORAL CAPSULE 200 MG (***sonidegib phosphate***)	Tier 4	PA; SP; OCH
Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG (***belinostat***)	Tier 4	PA; SP
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (***romidepsin***)	Tier 4	PA; SP
romidepsin intravenous recon soln 10 mg/2 ml	Tier 4	PA; SP
romidepsin intravenous solution 5 mg/ml	Tier 4	PA; SP
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	Tier 4	SP; OCH
Antineoplastic - Hypoxia Inducible Factor (HIF) Inhibitors - Drugs for Cancer		
WELIREG ORAL TABLET 40 MG (***belzutifan***)	Tier 4	PA; SP; OCH
Antineoplastic - Interferons - Drugs for Cancer		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (***ropeginterferon alfa-2b-njft***)	Tier 4	PA; SP
Antineoplastic - Interleukin-6 (IL-6) Inhibitors, Monoclonal Antibody - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG (***siltuximab***)	Tier 4	PA; SP
Antineoplastic - Interleukins - Drugs for Cancer		
LYMPHIR INTRAVENOUS RECON SOLN 300 MCG (***denileukin diftitox-cxdl***)	Tier 4	PA; SP
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (***aldesleukin***)	Tier 4	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 4	PA; SP; OCH; QL (2 EA per 1 day)
Antineoplastic - Janus Kinase (JAK), ACVR1/ALK2 Inhibitors - Drugs for Cancer		
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (***momelotinib dihydrochloride***)	Tier 4	PA; SP; OCH
Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer		
INREBIC ORAL CAPSULE 100 MG (***fedratinib dihydrochloride***)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
VONJO ORAL CAPSULE 100 MG (***pacritinib citrate***)	Tier 4	PA; SP; OCH; QL (4 EA per 1 day)
Antineoplastic - Kirsten Rat Sarcoma (KRAS) Protein Inhibitor - Drugs for Cancer		
KRAZATI ORAL TABLET 200 MG (***adagrasib***)	Tier 4	PA; SP; OCH
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (***sotorasib***)	Tier 4	PA; SP; OCH
Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Cancer		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG (***leuprolide mesylate***)	Tier 4	PA; SP
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (***leuprolide acetate***)	Tier 4	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (***leuprolide acetate***)	Tier 4	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***)	Tier 4	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (***leuprolide acetate***)	Tier 4	PA; SP
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (***leuprolide acetate***)	Tier 3	PA; SP
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG (***triptorelin pamoate***)	Tier 4	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (***goserelin acetate***)	Tier 4	PA; SP
Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG (***degarelix acetate***)	Tier 4	SP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (***degarelix acetate***)	Tier 4	SP; QL (1 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG (***relugolix***)	Tier 4	PA; SP; OCH
Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer		
cromolyn oral concentrate 100 mg/5 ml	Tier 1	
Antineoplastic - MEK Kinase Inhibitors - Drugs for Cancer		
COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***)	Tier 4	PA; SP; OCH
GOMEKLI ORAL CAPSULE 1 MG, 2 MG (***mirdametinib***)	Tier 4	PA; SP; OCH
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG (***mirdametinib***)	Tier 4	PA; SP; OCH
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (***selumetinib sulfate***)	Tier 4	PA; SP; OCH
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG (***selumetinib sulfate***)	Tier 4	PA; SP; OCH
MEKINIST ORAL RECON SOLN 0.05 MG/ML (***trametinib dimethyl sulfoxide***)	Tier 4	PA; SP; OCH
MEKINIST ORAL TABLET 0.5 MG, 2 MG (***trametinib dimethyl sulfoxide***)	Tier 4	PA; SP; OCH
MEKTOVI ORAL TABLET 15 MG (***binimetinib***)	Tier 4	PA; SP; OCH
Antineoplastic - Menin Inhibitors - Drugs for Cancer		
KOMZIFTI ORAL CAPSULE 200 MG (***ziftomenib***)	Tier 4	PA; SP; OCH; QL (3 EA per 1 day)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG (***revumenib citrate***)	Tier 4	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Microtubule Inhibitors - Drugs for Cancer		
eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)	Tier 4	PA; SP
Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer		
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 4	PA; SP; OCH
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	Tier 4	PA; SP; OCH
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (***sirolimus protein-bound***)	Tier 4	PA; SP
temsirolimus intravenous recon soln 25 mg/ml (dilute10mg/ml)	Tier 4	PA; SP
everolimus (Torpenz Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg)	Tier 4	PA; SP; OCH
Antineoplastic - Multikinase Inhibitors - Drugs for Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (***cabozantinib s-malate***)	Tier 4	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 4	PA; SP; OCH
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (***ponatinib hcl***)	Tier 4	PA; SP; OCH
sorafenib oral tablet 200 mg	Tier 4	PA; SP; OCH
STIVARGA ORAL TABLET 40 MG (***regorafenib***)	Tier 4	PA; SP; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer		
REZLIDHIA ORAL CAPSULE 150 MG (***olutasidenib***)	Tier 4	PA; SP; OCH
TIBSOVO ORAL TABLET 250 MG (***ivosidenib***)	Tier 4	PA; SP; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (***enasidenib mesylate***)	Tier 4	PA; SP; OCH
Antineoplastic - Ornithine Decarboxylase (ODC) Inhibitors - Drugs for Cancer		
IWILFIN ORAL TABLET 192 MG (***eflornithine hcl***)	Tier 4	PA; SP; OCH
Antineoplastic - Other - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML (***nogapendekin alfa inbakicept-pmln***)	Tier 4	PA; SP
Antineoplastic - PARP Inhibitor and Antiandrogen Combinations - Drugs for Cancer		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (***niraparib tosylate/abiraterone acetate***)	Tier 4	PA; SP; OCH
Antineoplastic - Peptide Receptor Radionuclide Therapy (PRRT) - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (***lutetium lu 177 dotatate***)	Tier 4	PA; SP
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (***lutetium lu-177 vipivotide tetraxetan***)	Tier 4	PA; SP
Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***)	Tier 4	PA; SP; OCH
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	Tier 4	PA; SP; OCH
Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer		
ITOVEBI ORAL TABLET 3 MG, 9 MG (***inavolisib***)	Tier 4	PA; SP; OCH
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (***alpelisib***)	Tier 4	PA; SP; OCH
Antineoplastic - PI3K-Delta and Gamma Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***)	Tier 4	PA; SP; OCH
Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	Tier 4	PA; SP; OCH
Antineoplastic - Platinum Complexes - Drugs for Cancer		
carboplatin intravenous recon soln 150 mg	Tier 4	SP
carboplatin intravenous solution 10 mg/ml	Tier 4	SP
cisplatin intravenous recon soln 50 mg	Tier 4	SP
cisplatin intravenous solution 1 mg/ml	Tier 4	SP
KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML (***cisplatin***)	Tier 4	SP
oxaliplatin intravenous recon soln 100 mg, 50 mg	Tier 4	SP
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	Tier 4	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (***olaparib***)	Tier 4	PA; SP; OCH
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (***rucaparib camsylate***)	Tier 4	PA; SP; OCH
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (***talazoparib tosylate***)	Tier 4	PA; SP; OCH
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (***niraparib tosylate***)	Tier 4	PA; SP; OCH
Antineoplastic - Progestins - Drugs for Cancer		
megestrol oral tablet 20 mg, 40 mg	Tier 1	OCH
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer		
bortezomib injection recon soln 1 mg, 2.5 mg	Tier 4	PA; SP
bortezomib injection recon soln 3.5 mg	Tier 4	PA; SP
bortezomib intravenous recon soln 3.5 mg	Tier 4	PA; SP
bortezomib intravenous solution 2.5 mg/ml	Tier 4	PA; SP
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG (***carfilzomib***)	Tier 4	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (***ixazomib citrate***)	Tier 4	PA; SP; OCH
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer		
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (***repotrectinib***)	Tier 4	PA; SP; OCH
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (***avapritinib***)	Tier 4	PA; SP; OCH
BOSULIF ORAL CAPSULE 100 MG, 50 MG (***bosutinib***)	Tier 4	PA; SP; OCH
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (***bosutinib***)	Tier 4	PA; SP; OCH
BRUKINSA ORAL CAPSULE 80 MG (***zanubrutinib***)	Tier 4	PA; SP; OCH
BRUKINSA ORAL TABLET 160 MG (***zanubrutinib***)	Tier 4	PA; SP; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (***acalabrutinib maleate***)	Tier 4	PA; SP; OCH
CAPRELSA ORAL TABLET 100 MG, 300 MG (***vandetanib***)	Tier 4	PA; SP; OCH
DANZITEN ORAL TABLET 71 MG, 95 MG (***nilotinib tartrate***)	Tier 4	PA; SP; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	Tier 4	PA; SP; OCH
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (***tivozanib hcl***)	Tier 4	PA; SP; OCH
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (***fruquintinib***)	Tier 4	PA; SP; OCH
IBTROZI ORAL CAPSULE 200 MG (***taletrectinib adipate***)	Tier 4	PA; SP; OCH
imatinib oral tablet 100 mg, 400 mg	Tier 4	PA; SP; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***)	Tier 4	PA; SP; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***)	Tier 4	PA; SP; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***)	Tier 4	PA; SP; OCH
IMKELDI ORAL SOLUTION 80 MG/ML (***imatinib mesylate***)	Tier 4	PA; SP; OCH
INLYTA ORAL TABLET 1 MG, 5 MG (***axitinib***)	Tier 4	PA; SP; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (***pirtobrutinib***)	Tier 4	PA; SP; OCH
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (***lenvatinib mesylate***)	Tier 4	PA; SP; OCH
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	Tier 4	PA; SP; OCH
nintedanib oral capsule 100 mg, 150 mg	Tier 4	PA; SP
pazopanib oral tablet 200 mg	Tier 4	PA; SP; OCH
pazopanib oral tablet 400 mg	Tier 4	PA; SP; OCH
QINLOCK ORAL TABLET 50 MG (***ripretinib***)	Tier 4	PA; SP; OCH
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (***vimseltinib***)	Tier 4	PA; SP; OCH
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (***entrectinib***)	Tier 4	PA; SP; OCH
ROZLYTREK ORAL PELLETS IN PACKET 50 MG (***entrectinib***)	Tier 4	PA; SP; OCH
RYDAPT ORAL CAPSULE 25 MG (***midostaurin***)	Tier 4	PA; SP; OCH
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (***asciminib hydrochloride***)	Tier 4	PA; SP; OCH
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 4	PA; SP; OCH

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK) (***selinexor***)	Tier 4	PA; SP; OCH
Antineoplastic - Selective RET Kinase Inhibitor - Drugs for Cancer		
GAVRETO ORAL CAPSULE 100 MG (***pralsetinib***)	Tier 4	PA; SP; OCH
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (***selpercatinib***)	Tier 4	PA; SP; OCH
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer		
bexarotene oral capsule 75 mg	Tier 4	PA; SP; OCH
Antineoplastic - Systemic Enzyme Inhibitors Combinations - Drugs for Cancer		
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG (***avutometinib potassium/defactinib hydrochloride***)	Tier 4	PA; SP
Antineoplastic - Taxanes - Drugs for Cancer		
BEIZRAY INTRAVENOUS SOLUTION 20 MG/ML (1 ML) (***docetaxel***)	Tier 4	SP
BEIZRAY-ALBUMIN INTRAVENOUS SOLUTION 20 MG/ML (***docetaxel/albumin, human***)	Tier 4	SP
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	Tier 4	SP
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml)	Tier 4	SP
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5 ML (DILUTE10MG/ML) (***cabazitaxel***)	Tier 4	SP
paclitaxel intravenous concentrate 6 mg/ml	Tier 4	SP
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	Tier 4	PA; SP
Antineoplastic - Telomerase Inhibitors - Drugs for Cancer		
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG (***imetelstat sodium***)	Tier 4	PA; SP
Antineoplastic - Thalidomide Analogs - Drugs for Cancer		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 4	PA; SP; OCH
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	Tier 4	PA; SP; OCH

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML (***pembrolizumab***)	Tier 4	PA; SP
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML (***pembrolizumab-berahyaluronidase alfa-pmph***)	Tier 4	PA; SP
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML (***cemiplimab-rwlc***)	Tier 4	PA; SP
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) (***toripalimab-tpzi***)	Tier 4	PA; SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML (***nivolumab***)	Tier 4	PA; SP
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML (***nivolumab-hyaluronidase-nvhy***)	Tier 4	PA; SP
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML (***tislelizumab-jsgr***)	Tier 4	PA; SP
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML (***retifanlimab-dlwr***)	Tier 4	PA; SP
Antineoplastic-CD123-Directed Cytotoxin (IL-3 and diphth.) Conjugate - Drugs for Cancer		
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML (***tagraxofusp-erzs***)	Tier 4	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 4	PA; SP
Antineoplastic-CD30 Directed Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (***brentuximab vedotin***)	Tier 4	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 4	PA; SP
Antineoplastic-CD79b Direct Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (***polatuzumab vedotin-piiq***)	Tier 4	PA; SP
Antineoplastic-FR alpha Directed Antibody-Microtubule Disrupting Conj - Drugs for Cancer		
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (***mirvetuximab soravtansine-gynx***)	Tier 4	PA; SP
Antineoplastic-HER2 Targeted Antibody-Microtubule Inhibitor Conjugate - Drugs for Cancer		
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (***ado-trastuzumab emtansine***)	Tier 4	PA; SP
Antineoplastic-HER2 Targeted Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
ENHERTU INTRAVENOUS RECON SOLN 100 MG (***fam-trastuzumab deruxtecan-nxki***)	Tier 4	PA; SP
Antineoplastic-Isocitrate Dehydrogenase-1 and -2 (IDH1 and IDH2) Inhib - Drugs for Cancer		
VORANIGO ORAL TABLET 10 MG, 40 MG (***vorasidenib citrate***)	Tier 4	PA; SP; OCH
Antineoplastic-Nectin-4 Targeted Antibody-Microtubule Inhib Conjugate - Drugs for Cancer		
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (***enfortumab vedotin-ejfv***)	Tier 4	PA; SP
Antineoplastic-Pyrimidine Analog and Cytidine Deaminase Inhibitor Comb - Drugs for Cancer		
INQOVI ORAL TABLET 35-100 MG (***decitabine/cedazuridine***)	Tier 4	PA; SP; OCH
Antineoplastic-Tissue Factor Dir. Antibody-Microtubule Disrupting Conj - Drugs for Cancer		
TIVDAK INTRAVENOUS RECON SOLN 40 MG (***tisotumab vedotin-tftv***)	Tier 4	PA; SP
Antineoplastic-TROP2 Directed Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
DATROWAY INTRAVENOUS RECON SOLN 100 MG (***datopotamab deruxtecan-dlnk***)	Tier 4	PA; SP
TRODELVY INTRAVENOUS RECON SOLN 180 MG (***sacituzumab govitecan-hziy***)	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-Vasc Endothelial Growth Fac(VEGF-A,B and PlGF)Inhibitor - Drugs for Cancer		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) (***ziv-aflibercept***)	Tier 4	PA; SP
Bispecific BCMA-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML (***elranatamab-bcmm***)	Tier 4	PA; SP
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML (***linvoseltamab-gcpt***)	Tier 4	PA; SP; QL (15 ML per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML (***linvoseltamab-gcpt***)	Tier 4	PA; SP; QL (40 ML per 28 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML (***teclistamab-cqyv***)	Tier 4	PA; SP
Bispecific CD19-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
BLINCYTO INTRAVENOUS KIT 35 MCG (***blinatumomab***)	Tier 4	PA; SP
Bispecific CD20-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML (***glofitamab-gxbm***)	Tier 4	PA; SP
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML (***epcoritamab-bysp***)	Tier 4	PA; SP
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML (***mosunetuzumab-axgb***)	Tier 4	PA; SP
Bispecific DLL3-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG (***tarlatamab-dlle***)	Tier 4	PA; SP
Bispecific GPRC5D-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML (***talquetamab-tgvs***)	Tier 4	PA; SP
Epidermal Growth Factor Recept (HER-2) Subdomain II Blocker, Rec-MC Ab - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) (***pertuzumab***)	Tier 4	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 4	PA; SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) (***panitumumab***)	Tier 4	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 4	PA; SP
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-pkrb***)	Tier 4	PA; SP
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-anns***)	Tier 4	PA; SP
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML (***margetuximab-cmkb***)	Tier 4	PA; SP
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-dkst***)	Tier 4	PA; SP
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-dttb***)	Tier 4	PA; SP
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML (***pertuzumab-trastuzumab-hyaluronidase-zzxf***)	Tier 4	PA; SP
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-qyyp***)	Tier 4	PA; SP
Fluorouracil and Related Rescue Agents - Drugs for Cancer		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (***uridine triacetate***)	Tier 4	SP; OCH; QL (24 EA per 14 days)
Immune-Mobilizing Monoclonal TCR Against Cancer (ImmTAC) - Drugs for Cancer		
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML (***tebentafusp-tebn***)	Tier 4	PA; SP
Methotrexate Rescue Agents - Carboxypeptidase G2 Type - Drugs for Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (***glucarpidase***)	Tier 4	SP
Methotrexate Rescue Agents - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG (***levoleucovorin***)	Tier 4	SP
leucovorin calcium oral tablet 10 mg, 15 mg	Tier 1	OCH
leucovorin calcium oral tablet 25 mg, 5 mg	Tier 1	OCH
levoleucovorin calcium intravenous solution 10 mg/ml	Tier 4	SP
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (***glucarpidase***)	Tier 4	SP
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG (***levoleucovorin***)	Tier 4	SP
leucovorin calcium oral tablet 10 mg, 15 mg	Tier 1	OCH
leucovorin calcium oral tablet 25 mg, 5 mg	Tier 1	OCH
levoleucovorin calcium intravenous solution 10 mg/ml	Tier 4	SP
Otoprotective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML) (***sodium thiosulfate***)	Tier 4	SP
Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
mesna oral tablet 400 mg	Tier 1	OCH
Antiseptics and Disinfectants - Antiseptics and Disinfectants		
Antiseptic - Alcohols - Antiseptics and Disinfectants		
ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
alcohol swabs topical pads, medicated	Tier 1	DD
ALCOHOL WIPES TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
PRO-COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
WEBCOL TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 1	DD
Antiseptic - Chlorine Releasing - Antiseptics and Disinfectants		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (***hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water***)	Tier 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
RENOVAR TOPICAL SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
Antiseptic - Iodine/Iodophores - Antiseptics and Disinfectants		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (***cadexomer iodine***)	Tier 3	
IODOSORB TOPICAL GEL 0.9 % (***cadexomer iodine***)	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 % (***iodine/potassium iodide***)	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (***iodine/potassium iodide***)	Tier 1	
Biologicals - Biological Agents		
Allergenic Extracts - Grass Pollen - Biological Agents		
GRASTEK SUBLINGUAL TABLET 2,800 BAU (***allergenic extract,grass pollen-timothy,standard***)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***)	Tier 2	PA
Allergenic Extracts - Mite Extracts - Biological Agents		
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (***allergenic extract, mite-d.farinae-d.pteronyssinus,standard***)	Tier 2	PA
Allergenic Extracts - Weed Pollen - Biological Agents		
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (***allergenic extract-weed pollen-short ragweed***)	Tier 2	PA
Antivenoms - Scorpion Antivenoms - Biological Agents		
ANASCORP INTRAVENOUS RECON SOLN 35 MG (***centruroides (scorpion) polyvalent antivenom***)	Tier 3	
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML (***nirsevimab-alip***)	$0	PA; EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (***palivizumab***)	Tier 4	PA; SP
Antiviral Monoclonal Antibodies - SARS-CoV-2 Coronavirus - Biological Agents		
PEMGARDA (EUA) INTRAVENOUS SOLUTION 125 MG/ML (***pemivibart***)	Tier 4	PA; SP
Chemicals, foods, irritant/allergenic - Biological Agents		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED (***chemical allergens***)	Tier 3	
Hepatitis A and Hepatitis B Vaccine Combinations - Vaccines		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (***hepatitis a virus and hepatitis b virus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis B Vaccine Combinations - Vaccines		
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (***hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immune Globulin - Cytomegalovirus (CMV) - Biological Agents		
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML (***cytomegalovirus immune globulin (human)***)	Tier 4	SP
Immune Globulin - gamma globulin (IgG), human - Biological Agents		
ALYGLO INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)-stwk human***)	Tier 4	PA; SP
BIVIGAM INTRAVENOUS SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	Tier 4	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % (***immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml***)	Tier 4	PA; SP
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (***immune globulin,gamma(igg)/glycine***)	Tier 4	PA; SP
GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 % (***immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml***)	Tier 4	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM (***immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml***)	Tier 4	PA; 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 4	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % (***immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml***)	Tier 4	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml***)	Tier 4	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 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) (***immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml***)	Tier 4	PA; 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 4	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***)	Tier 4	PA; 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 4	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % (***immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml***)	Tier 4	PA; SP
PANZYGA INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma(igg)-ifas human/glycine***)	Tier 4	PA; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***)	Tier 4	PA; SP
QIVIGY INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)-kthm human***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg)-klhw human***)	Tier 4	PA; SP
YIMMUGO INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)-dira human***)	Tier 4	PA; SP
Immune Globulin - Rho(D) - Biological Agents		
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML (***rho(d) immune globulin/maltose***)	Tier 4	SP
Live Vaccine and Live Virus Formulations - Vaccines		
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	Tier 3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (***typhoid vacc,live,attenuated***)	Tier 3	
Peanut Desensitization Agents - Biological Agents		
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG (***peanut allergen powder-dnfp***)	Tier 4	PA; SP
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (***peanut allergen powder-dnfp***)	Tier 4	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (***peanut allergen powder-dnfp***)	Tier 4	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (***peanut allergen powder-dnfp***)	Tier 4	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (***peanut allergen powder-dnfp***)	Tier 4	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (***peanut allergen powder-dnfp***)	Tier 4	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (***peanut allergen powder-dnfp***)	Tier 4	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (***peanut allergen powder-dnfp***)	Tier 4	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) (***peanut allergen powder-dnfp***)	Tier 4	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (***peanut allergen powder-dnfp***)	Tier 4	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (***peanut allergen powder-dnfp***)	Tier 4	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***)	Tier 4	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG (***peanut allergen powder-dnfp***)	Tier 4	PA; SP
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (***peanut allergen powder-dnfp***)	Tier 4	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***)	Tier 4	PA; SP
Toxoid Vaccine Combinations - Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis(acellular),tetanus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis(acellular),tetanus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML (***diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (***haemophilus b conjugate vaccine (meningococcal prot.conj)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (***typhoid vacc,live,attenuated***)	Tier 3	
Vaccine Bacterial - Gram Negative Cocci - Vaccines		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (***meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML (***meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML (***meningoc a,c,y,w-135,dt cmp/n.mening b nhba,nada,fhbp,omv/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Gram Positive Cocci - Vaccines		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (***meningococcal group b vaccine, 4-component***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML (***meningoc a,c,y,w-135,dt cmp/n.mening b nhba,nada,fhbp,omv/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (***neisseria meningitidis group b, lipidated fhbp recombinant***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	Tier 3	
Vaccine Mixed Combinations (Bacterial and Viral) - Vaccines		
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - COVID-19 (SARS-CoV-2) - Vaccines		
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (***covid vacc 2025-2026 (5-11 years) (pfizer)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (***covid vaccine 2025-2026 (12 yrs up) (pfizer)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML (***covid vaccine 2025-2026 (12 years up) (moderna)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (***covid vaccine 2025-2026 (12 yrs up)/adjuvant-matrix/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***covid vaccine 2025-2026 (12 years up) (moderna)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML (***covid vaccine 2025-2026 (6 months-11 years)(moderna)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Human Papillomavirus (HPV) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Influenza A and B - Vaccines		
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trival split 2025-26 (36 mos up)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trivalent 2025-26 (6 mos and older)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza vaccine tvs 2025-26 (65 yr up)/adjuvant mf59c.1/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2025-2026(6 months and older)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML (***influenza virus vaccine tv 2025-26(9 yrs and older)rcmb/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***flu vaccine tri 2025-2026(6 month and older)cell derived/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***flu vaccine triv 2025-2026(6 month and older)cell derived***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2025-2026(6 months and older)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2025-2026(6 months and older)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trivalent 2025-26 (6 mos and older)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (***influenza virus vaccine trival split 2025-2026(65 yr up)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Measles - Vaccines		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Mumps and Related - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Poliomyelitis - Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (***poliomyelitis vaccine, killed***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Respiratory Syncytial Virus (RSV) - Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref a and b/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (***respiratory syncytial virus vacc. antigen/as01e adjuvant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref protein, mrna/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Rotavirus - Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Rubella - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Varicella - Vaccines		
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral Combinations - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Cardiovascular Therapy Agents - Drugs for the Heart		
ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 1	
ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
ACE Inhibitors - Drugs for High Blood Pressure		

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
losartan oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	Tier 1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	Tier 1	
nitroglycerin (Nitro-Bid Transdermal Ointment 2 %)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (***nitroglycerin***)	Tier 2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	Tier 1	
nitroglycerin transdermal ointment 2 %	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	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY (***nitroglycerin***)	Tier 3	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (***nitroglycerin***)	Tier 1	
Antianginal and Anti-ischemic Agents - Drugs for Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (***vericiguat***)	Tier 3	PA
Antianginal and Anti-ischemic Agents, Non-hemodynamic - Drugs for Angina		
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	Tier 1	
Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (***disopyramide phosphate***)	Tier 2	
quinidine gluconate oral tablet extended release 324 mg	Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms		
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Tier 1	
Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms		
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	Tier 1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	Tier 1	
Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms		
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	Tier 3	250mL Bottle; ST: TRIAL OF SOTALOL TABLETS REQUIRED WITHIN THE PAST 120 DAYS; QL (2000 ML per 30 days)
Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 1	
MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***)	Tier 2	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg)	Tier 1	
Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms		
CARDAMYST NASAL SPRAY,NON-AEROSOL 70 MG/2 SPRAY (***etripamil***)	Tier 3	QL (2 EA per 1 FILL)
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
Antihyperlipidemic - Angiopoietin-like 3 (ANGPTL3) Inhibitor, MAb - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML (***evinacumab-dgnb***)	Tier 4	PA; SP
Antihyperlipidemic - apolipoprotein C-III Synthesis Inhibitors - Drugs for Diabetes		
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (***plozasiran sodium***)	Tier 4	PA; SP; QL (0.5 ML per 90 days)
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (***olezarsen sodium***)	Tier 4	PA; SP
Antihyperlipidemic - Apolipoprotein Inhibitors - Drugs for Cholesterol		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (***plozasiran sodium***)	Tier 4	PA; SP; QL (0.5 ML per 90 days)
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (***olezarsen sodium***)	Tier 4	PA; SP
Antihyperlipidemic - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***)	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol		
cholestyramine (with sugar) oral powder 4 gram	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram	Tier 1	
cholestyramine (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
cholestyramine (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
colesevelam oral powder in packet 3.75 gram	Tier 1	
colesevelam oral tablet 625 mg	Tier 1	
colestipol oral granules 5 gram	Tier 1	
colestipol oral packet 5 gram	Tier 1	
colestipol oral tablet 1 gram	Tier 1	
cholestyramine (Prevalite Oral Powder 4 Gram)	Tier 1	
cholestyramine (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Tier 1	
fenofibrate oral capsule 150 mg, 50 mg	Tier 1	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	Tier 1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	Tier 1	
gemfibrozil oral tablet 600 mg	Tier 1	
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (***atorvastatin calcium***)	Tier 3	PA
atorvastatin oral tablet 10 mg, 20 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin oral tablet 40 mg, 80 mg	Tier 1	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (***rosuvastatin calcium***)	Tier 3	ST: TRIAL OF GENERIC ROSUVASTATIN REQUIRED IN THE PREVIOUS 120 DAYS; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (***simvastatin***)	Tier 3	PA
fluvastatin oral capsule 20 mg	$0	EHB; ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluvastatin oral capsule 40 mg	$0	EHB; ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; $0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin oral tablet extended release 24 hr 80 mg	$0	EHB; ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: ATORVASTATIN, LOVASTATIN, PRAVASTATIN, OR SIMVASTATIN; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***)	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***)	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***)	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***)	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***)	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic- ATP-Citrate Lyase and Cholesterol Absorption Inhib - Drugs for Cholesterol		
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid/ezetimibe***)	Tier 2	ST: TRIAL OF GENERIC STATIN IN THE PREVIOUS 120 DAYS
Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit - Drugs for Cholesterol		
ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	Tier 1	
ezetimibe-simvastatin oral tablet 10-80 mg	Tier 1	PA; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (***ezetimibe/rosuvastatin calcium***)	Tier 3	QL (1 EA per 1 day)
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (MTP)Inhib - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (***lomitapide mesylate***)	Tier 4	PA; SP
JUXTAPID ORAL CAPSULE 2 MG (***lomitapide mesylate***)	Tier 3	PA; SP
Beta Blockers Cardiac Selective - Drugs for High Blood Pressure		
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
betaxolol oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	
bisoprolol fumarate oral tablet 2.5 mg	Tier 1	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol succinate***)	Tier 3	
LOPRESSOR ORAL SOLUTION 10 MG/ML (***metoprolol tartrate***)	Tier 3	PA
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 12.5 mg	Tier 3	QL (4 EA per 1 day)
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	Tier 1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
acebutolol oral capsule 200 mg, 400 mg	Tier 1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
pindolol oral tablet 10 mg, 5 mg	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (***propranolol hcl***)	Tier 3	ST: TRIAL OF GENERIC PROPRANOLOL ORAL SOLUTION REQUIRED WITHIN THE PAST 120 DAYS|FOR PATIENTS 1 YEAR AND OLDER, TRIAL OF PROPRANOLOL SOLUTION REQUIRED.; QL (360 ML per 30 days)
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	Tier 1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	Tier 3	250mL Bottle; ST: TRIAL OF SOTALOL TABLETS REQUIRED WITHIN THE PAST 120 DAYS; QL (2000 ML per 30 days)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs for the Heart		
icatibant subcutaneous syringe 30 mg/3 ml	Tier 4	PA; SP
icatibant acetate (Sajazir Subcutaneous Syringe 30 Mg/3 Ml)	Tier 4	PA; SP
Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure		
diltiazem hcl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	Tier 1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (***diltiazem hcl***)	Tier 1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
diltiazem hcl (Tiadylt Er Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs for High Blood Pressure		
nimodipine oral capsule 30 mg	Tier 1	
nimodipine oral solution 60 mg/20 ml	Tier 4	PA; SP
NYMALIZE ORAL SOLUTION 60 MG/10 ML (***nimodipine***)	Tier 3	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (***nimodipine***)	Tier 3	PA
Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG (***levamlodipine maleate***)	Tier 3	PA
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 1	
isradipine oral capsule 2.5 mg, 5 mg	Tier 1	
levamlodipine oral tablet 2.5 mg, 5 mg	Tier 1	PA
nicardipine oral capsule 20 mg, 30 mg	Tier 1	
nifedipine oral capsule 10 mg, 20 mg	Tier 1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	Tier 1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	Tier 1	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML (***amlodipine besylate***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Calcium Channel Blockers - Phenylakylamines - Drugs for High Blood Pressure		
CARDAMYST NASAL SPRAY,NON-AEROSOL 70 MG/2 SPRAY (***etripamil***)	Tier 3	QL (2 EA per 1 FILL)
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 1	
Cardiac Myosin Inhibitor - Drugs for the Heart		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (***mavacamten***)	Tier 4	PA; SP
Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (***epinephrine***)	Tier 2	QL (2 EA per 365 days)
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 1	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY,NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML) (***epinephrine***)	Tier 3	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 4	PA; SP
midodrine oral tablet 10 mg, 2.5 mg, 5 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
guanfacine oral tablet 1 mg, 2 mg	Tier 1	
JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML) (***clonidine hcl***)	Tier 3	PA; QL (120 ML per 1 day)
methyldopa oral tablet 250 mg, 500 mg	Tier 1	
Digitalis Glycosides - Drugs for the Heart		
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	Tier 2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Tier 1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (***digoxin***)	Tier 2	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (***digoxin***)	Tier 2	PA
Direct Acting Vasodilators - Drugs for High Blood Pressure		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Non-selective - Drugs for High Blood Pressure		
spironolactone oral suspension 25 mg/5 ml	Tier 1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs for High Blood Pressure		
eplerenone oral tablet 25 mg, 50 mg	Tier 1	
Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure		
acetazolamide oral capsule, extended release 500 mg	Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
dichlorphenamide oral tablet 50 mg	Tier 4	PA; SP
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
Diuretic - Loop - Drugs for High Blood Pressure		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
ethacrynic acid oral tablet 25 mg	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML (***furosemide***)	Tier 4	PA; SP
furosemide oral solution 10 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
furosemide oral solution 40 mg/5 ml (8 mg/ml)	Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
LASIX ONYU SUBCUTANEOUS KIT 80 MG/2.67 ML (***furosemide***)	Tier 4	PA; SP; QL (1 EA per 1 FILL)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	
Diuretic - Potassium Sparing - Drugs for High Blood Pressure		
amiloride oral tablet 5 mg	Tier 1	
triamterene oral capsule 100 mg, 50 mg	Tier 1	
Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	Tier 1	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs for High Blood Pressure		
tolvaptan oral tablet 15 mg	Tier 4	SP; QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	Tier 4	SP; QL (60 EA per 365 days)
Diuretic - Thiazides and Related - Drugs for High Blood Pressure		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML (***chlorothiazide***)	Tier 3	
HEMICLOR ORAL TABLET 12.5 MG (***chlorthalidone***)	Tier 3	
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 25 mg, 50 mg	Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML (***hydrochlorothiazide***)	Tier 3	PA
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
THALITONE ORAL TABLET 15 MG (***chlorthalidone***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Endothelin Receptor Antagonists - Drugs for the Heart		
TRYVIO ORAL TABLET 12.5 MG (***aprocitentan***)	Tier 4	PA; SP
VANRAFIA ORAL TABLET 0.75 MG (***atrasentan hydrochloride***)	Tier 4	PA; SP
Endothelin-Angiotensin Receptor Antagonist - Drugs for the Heart		
FILSPARI ORAL TABLET 200 MG, 400 MG (***sparsentan***)	Tier 4	PA; SP
Factor XII Inhibitors - Drugs to Prevent Bleeding		
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML (***garadacimab-gxii***)	Tier 4	PA; SP
Ganglionic Blocking, Non-Depolarizing - Drugs for High Blood Pressure		
VECAMYL ORAL TABLET 2.5 MG (***mecamylamine hcl***)	Tier 4	PA; SP
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5 ML (***ivabradine hcl***)	Tier 2	QL (20 ML per 1 day)
ivabradine oral tablet 5 mg, 7.5 mg	Tier 1	ST: TRIAL OF METOPROLOL SUCCINATE, BISOPROLOL, OR CARVEDILOL REQUIRED 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	
PAH Agents - Selective Prostacyclin Receptor (IP) Agonists - Drugs for High Blood Pressure		
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG (***selexipag***)	Tier 4	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	Tier 4	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (***selexipag***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAH-Endothelin Receptor Antagonist-Selective cGMP PDE5 Inhibitor Comb - Drugs for the Heart		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (***macitentan/tadalafil***)	Tier 4	PA; SP
Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (***doxazosin mesylate***)	Tier 3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
phenoxybenzamine oral capsule 10 mg	Tier 4	PA; SP
prazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
TEZRULY ORAL SOLUTION 1 MG/ML (***terazosin hcl***)	Tier 3	PA
Peripheral Vasodilators, Single Agents - Drugs for High Blood Pressure		
papaverine injection solution 30 mg/ml	Tier 1	
Pheochromocytoma, Agents to Treat - Drugs for High Blood Pressure		
metyrosine oral capsule 250 mg	Tier 4	PA; SP
Plasma Kallikrein Inhibitor Agents, Antisense Oligonucleotide (ASO) - Drugs for the Heart		
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (***donidalorsen sodium***)	Tier 4	PA; SP; QL (0.8 ML per 28 days)
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs for the Heart		
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (***lanadelumab-flyo***)	Tier 4	PA; SP
Plasma Kallikrein Inhibitor Agents, Recombinant Protein - Drugs for the Heart		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) (***ecallantide***)	Tier 4	PA; SP
Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs for the Heart		
EKTERLY ORAL TABLET 300 MG (***sebetralstat***)	Tier 4	PA; SP; QL (4 EA per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hydrochloride***)	Tier 4	PA; SP
ORLADEYO ORAL PELLETS IN PACKET 108 MG, 132 MG, 72 MG, 96 MG (***berotralstat hydrochloride***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pulmonary Antihypertensive Agent - Activin Receptor IIA-Fc (ActRIIA) - Drugs for the Heart		
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) (***sotatercept-csrk***)	Tier 4	PA; SP
Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure		
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	Tier 4	PA; SP
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (***treprostinil diolamine***)	Tier 4	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (***treprostinil diolamine***)	Tier 4	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (***treprostinil diolamine***)	Tier 4	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	Tier 4	PA; SP
REMODULIN INJECTION SOLUTION 0.4 MG/ML, 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (***treprostinil sodium***)	Tier 4	PA; SP
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	Tier 4	PA; SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 64 MCG, 80 MCG (***treprostinil***)	Tier 4	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil***)	Tier 4	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	Tier 4	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil/nebulizer accessories***)	Tier 4	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	Tier 4	PA; SP

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

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 (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety		
meprobamate oral tablet 200 mg, 400 mg	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists - Drugs for Seizures /Personality Disorder/Nerve Pain		
perampanel oral suspension 0.5 mg/ml	Tier 1	QL (680 ML per 28 days)
perampanel oral tablet 10 mg, 12 mg, 8 mg	Tier 1	QL (30 EA per 30 days)
perampanel oral tablet 2 mg	Tier 1	QL (120 EA per 30 days)
perampanel oral tablet 4 mg, 6 mg	Tier 1	QL (60 EA per 30 days)
Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	Tier 1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	Tier 1	
primidone oral tablet 125 mg	Tier 1	
primidone oral tablet 250 mg, 50 mg	Tier 1	
Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
clobazam oral suspension 2.5 mg/ml	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	
midazolam intramuscular auto-injector 10 mg/0.7 ml	Tier 3	QL (7 ML per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***)	Tier 2	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (***diazepam***)	Tier 2	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
EPIDIOLEX ORAL SOLUTION 100 MG/ML (***cannabidiol (cbd)***)	Tier 4	SP; ST: TRIAL OF ONE OF THE FOLLOWING GENERIC ANTICONVULSANTS: CLOBAZAM, VALPROIC ACID DERIVATIVES, LAMOTRIGINE, LEVETIRACETAM, TOPIRAMATE, VIGABATRIN, CARBAMAZEPINE, AND OXCARBAZEPINE IN THE LAST 365 DAYS
Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
felbamate oral suspension 600 mg/5 ml	Tier 1	
felbamate oral tablet 400 mg, 600 mg	Tier 1	
Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***)	Tier 2	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (***divalproex sodium***)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***)	Tier 2	
divalproex oral capsule, delayed rel sprinkle 125 mg	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain		
lacosamide oral solution 10 mg/ml	Tier 1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	
gabapentin oral solution 250 mg/5 ml	Tier 1	
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	Tier 1	
gabapentin oral tablet 600 mg, 800 mg	Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	
pregabalin oral solution 20 mg/ml	Tier 1	
gabapentin (Relgaabi Oral Capsule 300 Mg, 400 Mg)	Tier 1	
Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tiagabine oral tablet 12 mg, 2 mg, 4 mg	Tier 1	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX REQUIRED; QL (4 EA per 1 day)
tiagabine oral tablet 16 mg	Tier 1	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX REQUIRED; QL (3 EA per 1 day)
Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain		
vigabatrin oral powder in packet 500 mg	Tier 4	PA; SP
vigabatrin oral tablet 500 mg	Tier 4	PA; SP
vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)	Tier 4	PA; SP
vigabatrin (Vigadrone Oral Tablet 500 Mg)	Tier 4	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML (***vigabatrin***)	Tier 4	PA; SP
Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain		
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	Tier 2	
phenytoin (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	Tier 2	
phenytoin sodium extended (Dilantin Oral Capsule 30 Mg)	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (***phenytoin***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	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	
Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral tablet,chewable 100 mg	Tier 1	
carbamazepine oral tablet,chewable 200 mg	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	Tier 2	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	Tier 3	
eslicarbazepine oral tablet 200 mg, 400 mg	Tier 1	QL (1 EA per 1 day)
eslicarbazepine oral tablet 600 mg, 800 mg	Tier 1	QL (2 EA per 1 day)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg	Tier 1	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (3 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxcarbazepine oral tablet extended release 24 hr 600 mg	Tier 1	ST: TRIAL OF 2 AGENTS (CARBAMAZEPINE, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM IR OR ER, OXCARBAZEPINE, TOPIRAMATE, ZONISAMIDE, VALPROIC ACID OR DIVALPROEX) REQUIRED.; QL (4 EA per 1 day)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***)	Tier 2	
Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
topiramate oral capsule, sprinkle 15 mg, 25 mg	Tier 1	
topiramate oral capsule, sprinkle 50 mg	Tier 1	
topiramate oral capsule,extended release 24hr 100 mg	Tier 1	QL (3 EA per 1 day)
topiramate oral capsule,extended release 24hr 200 mg	Tier 1	QL (2 EA per 1 day)
topiramate oral capsule,extended release 24hr 25 mg	Tier 1	QL (8 EA per 1 day)
topiramate oral capsule,extended release 24hr 50 mg	Tier 1	QL (7 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg	Tier 1	ST: TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (3 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	Tier 1	ST: TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
topiramate oral capsule,sprinkle,er 24hr 25 mg	Tier 1	ST: TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 50 mg	Tier 1	ST: TRIAL OF TOPIRAMATE IMMEDIATE RELEASE TABLETS/SPRINKLE CAPSULES.; QL (7 EA per 1 day)
topiramate oral solution 25 mg/ml	Tier 1	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
Anticonvulsant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZTALMY ORAL SUSPENSION 50 MG/ML (***ganaxolone***)	Tier 4	PA; SP
Anticonvulsant - Phenyltriazine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (***lamotrigine***)	Tier 3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (***lamotrigine***)	Tier 3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (***lamotrigine***)	Tier 3	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	Tier 1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	Tier 1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	Tier 1	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	Tier 1	
SUBVENITE ORAL SUSPENSION 10 MG/ML (***lamotrigine***)	Tier 3	PA
Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
brivaracetam oral solution 10 mg/ml	Tier 1	QL (600 ML per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
levetiracetam oral solution 100 mg/ml	Tier 1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	
Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain		
ethosuximide oral capsule 250 mg	Tier 1	
ethosuximide oral solution 250 mg/5 ml	Tier 1	
methsuximide oral capsule 300 mg	Tier 1	
Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZONISADE ORAL SUSPENSION 100 MG/5 ML (***zonisamide***)	Tier 3	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
rufinamide oral suspension 40 mg/ml	Tier 1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	Tier 1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM IN THE PAST 120 DAYS; QL (16 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rufinamide oral tablet 400 mg	Tier 1	ST: TRIAL OF VALPROIC ACID OR DIVALPROEX OR CLOBAZAM 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 4	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (***stiripentol***)	Tier 4	PA; SP
FINTEPLA ORAL SOLUTION 2.2 MG/ML (***fenfluramine hcl***)	Tier 4	PA; SP
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (***cenobamate***)	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (***cenobamate***)	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG (***cenobamate***)	Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (***cenobamate***)	Tier 2	QL (1 EA per 1 day)
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: TRIAL OF PHENELZINE, TRANYLCYPROMINE, OR MARPLAN IN THE PREVIOUS 120 DAYS; QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (***isocarboxazid***)	Tier 3	
phenelzine oral tablet 15 mg	Tier 1	
tranylcypromine oral tablet 10 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - NDMA Receptor Antagonist and NDRI Combinations - Drugs for Depression		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (***dextromethorphan hbr/bupropion hcl***)	Tier 3	ST: TRIAL OF ONE OF THE FOLLOWING: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, DESVENLAFAXINE, FLUVOXAMINE, OR DULOXETINE IN THE PAST 120 DAYS
Antidepressant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Depression		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (***zuranolone***)	Tier 4	PA; SP
Antidepressant - N-methyl D-aspartate (NMDA) receptor antagonist - Drugs for Depression		
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) (***esketamine hcl***)	Tier 4	PA; SP
Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression		
citalopram oral solution 10 mg/5 ml	Tier 1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
escitalopram oxalate oral solution 5 mg/5 ml	Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	Tier 1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	Tier 1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	Tier 1	
fluoxetine oral tablet 10 mg, 20 mg	Tier 1	
fluoxetine oral tablet 60 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	Tier 1	ST: TRIAL OF PAROXETINE, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, OR FLUVOXAMINE IR REQUIRED.; QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
paroxetine hcl oral suspension 10 mg/5 ml	Tier 1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	Tier 1	
sertraline oral concentrate 20 mg/ml	Tier 1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	
RALDESY ORAL SOLUTION 10 MG/ML (***trazodone hcl***)	Tier 3	PA
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression		
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING: GENERIC PAROXETINE HCL, VENLAFAXINE ER OR IR, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, MIRTAZAPINE, OR BUPROPRION IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (***duloxetine hcl***)	Tier 3	ST: TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	
duloxetine oral capsule,delayed release(dr/ec) 40 mg	Tier 1	ST: TRIAL OF GENERIC DULOXETINE TWO 20MG CAPSULES REQUIRED.; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (***levomilnacipran hcl***)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (***levomilnacipran hcl***)	Tier 2	QL (1 EA per 1 day)
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)	Tier 1	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
venlafaxine besylate oral tablet extended release 24hr 112.5 mg	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, DESVENLAFAXINE, FLUVOXAMINE, OR DULOXETINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	Tier 1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 1	
Antidepressant - SSRI and 5HT1A Partial Agonist - Drugs for Depression		
vilazodone oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (***vortioxetine hydrobromide***)	Tier 2	QL (1 EA per 1 day)
Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
Antidepressant- SSRI and Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs for Depression		
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 1	ST: TRIAL OF BUPROPION HCL ER (XL), BUPROPION HCL, OR BUPROPION HCL ER (SR) IN THE PAST 120 DAYS; QL (1 EA per 1 day)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	Tier 1	
Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	Tier 1	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin oral concentrate 10 mg/ml	Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Tier 1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 1	
nortriptyline oral solution 10 mg/5 ml	Tier 1	
protriptyline oral tablet 10 mg, 5 mg	Tier 1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb - Drugs for Parkinson		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson		
carbidopa-levodopa oral capsule, extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	Tier 1	ST: TRIAL OF GENERIC CARBIDOPA/LEVODOPA ER (25MG-100 MG, 50MG-200 MG) IN THE PAST 120 DAYS; QL (10 EA per 1 day)
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (***carbidopa/levodopa***)	Tier 4	PA; SP
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML (***foscarbidopa/foslevodopa***)	Tier 4	PA; SP
Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors - Drugs for Parkinson		
tolcapone oral tablet 100 mg	Tier 1	ST: TRIAL OF COMTAN (ENTACAPONE) REQUIRED.; QL (3 EA per 1 day)
Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson		
entacapone oral tablet 200 mg	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (***opicapone***)	Tier 3	PA
Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson		
carbidopa oral tablet 25 mg	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml	Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 1	
Antiparkinson Therapy - Dopamine Precursors - Drugs for Parkinson		
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (***levodopa***)	Tier 4	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson		
bromocriptine oral capsule 5 mg	Tier 1	
bromocriptine oral tablet 2.5 mg	Tier 1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson		
rasagiline oral tablet 0.5 mg	Tier 1	QL (1 EA per 1 day)
rasagiline oral tablet 1 mg	Tier 1	
selegiline hcl oral capsule 5 mg	Tier 1	
selegiline hcl oral tablet 5 mg	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG (***safinamide mesylate***)	Tier 3	ST: TRIAL OF LEVODOPA/CARBIDOPA (SINEMET IR, SINEMET CR, DUOPA, PARCOPA, OR RYTARY) REQUIRED; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG (***selegiline hcl***)	Tier 3	ST: TRIAL OF GENERIC SELEGILINE CAPSULES OR TABLETS IN THE PREVIOUS 120 DAYS; QL (2 EA per 1 day)
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson		
amantadine hcl oral capsule 100 mg	Tier 1	
amantadine hcl oral solution 50 mg/5 ml	Tier 1	
amantadine hcl oral tablet 100 mg	Tier 1	
apomorphine subcutaneous cartridge 10 mg/ml	Tier 4	PA; 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 2	ST: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML (***apomorphine hcl***)	Tier 4	PA; SP
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; 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: TRIAL OF PRAMIPEXOLE IR OR ROPINIROLE IR REQUIRED.; QL (1 EA per 1 day)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs for Severe Mental Disorders		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (***asenapine***)	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders		
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	Tier 1	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	Tier 1	QL (60 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders		
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (***paliperidone palmitate***)	Tier 3	QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML (***paliperidone palmitate***)	Tier 3	QL (1 ML per 21 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (***iloperidone***)	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) (***iloperidone***)	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) (***iloperidone***)	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) (***iloperidone***)	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML (***paliperidone palmitate***)	Tier 2	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML (***paliperidone palmitate***)	Tier 2	QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML (***paliperidone palmitate***)	Tier 2	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML (***paliperidone palmitate***)	Tier 2	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (***paliperidone palmitate***)	Tier 2	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML (***paliperidone palmitate***)	Tier 2	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML (***paliperidone palmitate***)	Tier 2	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML (***paliperidone palmitate***)	Tier 2	QL (0.88 ML per 70 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML (***paliperidone palmitate***)	Tier 2	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML (***paliperidone palmitate***)	Tier 2	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML (***paliperidone palmitate***)	Tier 2	QL (2.63 ML per 70 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG (***risperidone***)	Tier 3	QL (1 EA per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	Tier 1	QL (1 EA per 14 days)
risperidone oral solution 1 mg/ml	Tier 1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg	Tier 1	
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (***risperidone microspheres***)	Tier 2	QL (1 EA per 14 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML (***risperidone***)	Tier 2	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML (***risperidone***)	Tier 2	QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML (***risperidone***)	Tier 2	QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML (***risperidone***)	Tier 2	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML (***risperidone***)	Tier 2	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML (***risperidone***)	Tier 2	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML (***risperidone***)	Tier 2	QL (0.21 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs for Severe Mental Disorders		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (***lumateperone tosylate***)	Tier 2	QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	QL (3 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (***clozapine***)	Tier 3	ST: TRIAL OF TWO GENERIC ATYPICAL ANTIPSYCHOTICS REQUIRED IN THE PAST 365 DAYS; QL (18 ML per 1 day)
Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (***loxapine***)	Tier 4	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Antipsychotic - Dihydroindolones - Drugs for Severe Mental Disorders		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Antipsychotic - Muscarinic Agonist/Antagonist Combinations - Drugs for Severe Mental Disorders		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (***xanomeline tartrate/trospium chloride***)	Tier 3	ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI OR VRAYLAR IN THE PAST 120 DAYS; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG (***xanomeline tartrate/trospium chloride***)	Tier 3	ST: TRIAL OF A GENERIC ATYPICAL ANTIPSYCHOTIC, CAPLYTA, REXULTI OR VRAYLAR IN THE PAST 120 DAYS
Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders		
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders		
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs for Severe Mental Disorders		
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine oral tablet 150 mg	Tier 1	QL (1 EA per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs for Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***)	Tier 3	ST: TRIAL OF ONE GENERIC ATYPICAL ANTIPSYCHOTIC IN THE PAST 365 DAYS; QL (1 EA per 1 day)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG (***olanzapine pamoate***)	Tier 3	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG (***olanzapine pamoate***)	Tier 3	QL (1 EA per 28 days)
Antipsychotic-Atyp Selective Serotonin 5-HT2A Inverse Agonists (SSIA) - Drugs for Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (***pimavanserin tartrate***)	Tier 4	PA; SP
NUPLAZID ORAL TABLET 10 MG (***pimavanserin tartrate***)	Tier 4	PA; SP
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML (***aripiprazole***)	Tier 2	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML (***aripiprazole***)	Tier 2	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG (***aripiprazole***)	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG (***aripiprazole***)	Tier 2	QL (2 EA per 26 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG (***aripiprazole***)	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 400 MG (***aripiprazole***)	Tier 2	QL (2 EA per 26 days)
aripiprazole oral solution 1 mg/ml	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.; QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML (***aripiprazole lauroxil, submicronized***)	Tier 2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML (***aripiprazole lauroxil***)	Tier 2	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML (***aripiprazole lauroxil***)	Tier 2	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML (***aripiprazole lauroxil***)	Tier 2	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML (***aripiprazole lauroxil***)	Tier 2	QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (***aripiprazole***)	Tier 3	ST: TRIAL OF GENERIC ARIPIPRAZOLE TABLETS IN THE PAST 120 DAYS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***brexpiprazole***)	Tier 2	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs for Severe Mental Disorders		
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***)	Tier 2	QL (1 EA per 1 day)
Antipsychotics,Atypical,Dopamine,Serotonin Antag and Opioid Antag Comb - Drugs for Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***)	Tier 3	ST: TRIAL OF ONE GENERIC ATYPICAL ANTIPSYCHOTIC IN THE PAST 365 DAYS; QL (1 EA per 1 day)
Attention Deficit-Hyperact. Disorder (ADHD)- alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	Tier 1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML (***clonidine hcl***)	Tier 3	ST: TRIAL OF CLONIDINE 0.1 MG ER TABLETS IN THE PAST 120 DAYS; QL (4 ML per 1 day)
Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	QL (4 EA per 1 day)
ARYNTA ORAL SOLUTION 10 MG/ML (***lisdexamfetamine dimesylate***)	Tier 3	PA; QL (7 ML per 1 day)
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG (***serdexmethylphenidate chloride/dexmethylphenidate hcl***)	Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate oral capsule, extended release 10 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 20 mg	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 30 mg	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (***methylphenidate hcl***)	Tier 2	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Tier 1	QL (1 EA per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG (***methylphenidate hcl***)	Tier 1	QL (90 EA per 30 days)
methamphetamine oral tablet 5 mg	Tier 1	QL (150 EA per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg	Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg	Tier 1	QL (6 EA per 1 day)
methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg	Tier 1	QL (90 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	Tier 1	ST: TRIAL OF ORAL METHYLPHENIDATE CD, ER OR LA FORMULATION OR METHYLPHENIDATE SUSPENSION/SOLUTION REQUIRED.; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG (***methylphenidate hcl***)	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG (***methylphenidate hcl***)	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***)	Tier 3	120mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (240 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***)	Tier 3	150mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***)	Tier 3	180mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***)	Tier 3	60mL Bottle; ST: TRIAL OF 1 OF THE FOLLOWING: GENERIC LISDEXAMFETAMINE, METHYLPHENIDATE ER/LA/CD, OR DEXTROAMPHETAMINE/AMPHETAMINE XR/ER IN THE PAST 120 DAYS; QL (60 ML per 30 days)
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (***viloxazine hcl***)	Tier 3	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG (***viloxazine hcl***)	Tier 3	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE IN THE PAST 120 DAYS; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (***viloxazine hcl***)	Tier 3	ST: TRIAL OF ATOMOXETINE, CLONIDINE ER (KAPVAY), GUANFACINE ER (INTUNIV), GENERIC IR METHYLPHENIDATE, DEXMETHYLPHENIDATE OR DEXTROAMPHETAMINE/AMPHETAMINE IN THE PAST 120 DAYS; QL (3 EA per 1 day)
Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (***alprazolam***)	Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	
clobazam oral suspension 2.5 mg/ml	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
midazolam (pf) injection solution 5 mg/ml	Tier 1	
midazolam injection solution 5 mg/ml	Tier 1	
midazolam intramuscular auto-injector 10 mg/0.7 ml	Tier 3	QL (7 ML per 30 days)
midazolam oral syrup 2 mg/ml	Tier 1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***)	Tier 2	QL (10 EA per 30 days)
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quazepam oral tablet 15 mg	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING ORAL GENERICS: ZOLPIDEM TABLETS, ZALEPLON, ESZOPICLONE, TEMAZEPAM OR FLURAZEPAM WITHIN THE PAST 120 DAYS.
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (***diazepam***)	Tier 2	QL (10 EA per 30 days)
Bipolar Therapy Agents - Anticonvulsant Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral tablet,chewable 100 mg	Tier 1	
carbamazepine oral tablet,chewable 200 mg	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	Tier 2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***)	Tier 2	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (***divalproex sodium***)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***)	Tier 2	
divalproex oral capsule, delayed rel sprinkle 125 mg	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	Tier 3	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	Tier 1	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	Tier 1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***)	Tier 2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders		
aripiprazole oral solution 1 mg/ml	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.; QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	ST: TRIAL OF TWO GENERIC SSRIS, SNRIS OR ATYPICAL ANTI-PSYCHOTICS REQUIRED.; QL (2 EA per 1 day)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***)	Tier 3	ST: TRIAL OF ONE GENERIC ATYPICAL ANTIPSYCHOTIC IN THE PAST 365 DAYS; QL (1 EA per 1 day)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (***aripiprazole***)	Tier 3	ST: TRIAL OF GENERIC ARIPIPRAZOLE TABLETS IN THE PAST 120 DAYS
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine oral tablet 150 mg	Tier 1	QL (1 EA per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	
risperidone oral solution 1 mg/ml	Tier 1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg	Tier 1	
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***)	Tier 2	QL (1 EA per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders		
lithium carbonate oral capsule 150 mg, 600 mg	Tier 1	
lithium carbonate oral capsule 300 mg	Tier 1	
lithium carbonate oral tablet 300 mg	Tier 1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	Tier 1	
lithium citrate oral solution 8 meq/5 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cannabis and Cannabinoids - Drugs for Seizures /Personality Disorder/Nerve Pain		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	ST: TRIAL OF 5HT3 ANTAGONIST, CORTICOSTEROIDS, MEGESTROL SUSPENSION, OR EMEND REQUIRED IN PAST 120 DAYS; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***)	Tier 3	ST: TRIAL OF GENERIC DRONABINOL CAPSULES IN THE PAST 120 DAYS; QL (60 ML per 30 days)
CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder		
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)
CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	QL (4 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 20 mg	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 30 mg	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
methamphetamine oral tablet 5 mg	Tier 1	QL (150 EA per 30 days)
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System		
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	Tier 1	
Diabetic Peripheral Neuropathy Agents - Drugs for Seizures /Personality Disorder/Nerve Pain		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (3 EA per 1 day)
pregabalin oral tablet extended release 24 hr 330 mg	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (2 EA per 1 day)
Fibromyalgia Agents - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	
pregabalin oral solution 20 mg/ml	Tier 1	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (***duloxetine hcl***)	Tier 3	ST: TRIAL OF GENERIC DULOXETINE IN THE PAST 120 DAYS; QL (1 EA per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	
duloxetine oral capsule,delayed release(dr/ec) 40 mg	Tier 1	ST: TRIAL OF GENERIC DULOXETINE TWO 20MG CAPSULES REQUIRED.; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)	Tier 1	ST: TRIAL OF TWO: AMITRIPTYLINE TABS, CYCLOBENZAPRINE IR TABS, DULOXETINE (20, 30, 60MG) CAPS, GENERIC GABAPENTIN IR TABS/CAPS OR PREGABALIN IR CAPS IN THE PAST 365 DAYS; QL (2 EA per 1 day)
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (***tasimelteon***)	Tier 4	PA; SP
ramelteon oral tablet 8 mg	Tier 1	ST: TRIAL OF ZOLPIDEM IR (AMBIEN), ZALEPLON (SONATA) OR ESZOPICLONE (LUNESTA) REQUIRED WITHIN THE PAST 120 DAYS
tasimelteon oral capsule 20 mg	Tier 4	PA; SP
Migraine Therapy - Carboxylic Acid Derivatives - Drugs for Migraine Headaches		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***)	Tier 2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody - Drugs for Migraine Headaches		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (***fremanezumab-vfrm***)	Tier 2	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (***fremanezumab-vfrm***)	Tier 2	PA; QL (1.5 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	Tier 2	PA; QL (1 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (***galcanezumab-gnlm***)	Tier 2	PA; QL (1 ML per 30 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (***eptinezumab-jjmr***)	Tier 4	PA; SP; QL (3 ML per 90 days)
Migraine Therapy - CGRP Receptor Blockers (gepants and mAb) - Drugs for Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (***erenumab-aooe***)	Tier 2	PA; QL (1 ML per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (***rimegepant sulfate***)	Tier 2	PA; QL (18 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (***atogepant***)	Tier 2	PA; QL (1 EA per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***)	Tier 2	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION (***zavegepant hcl***)	Tier 3	PA; QL (8 EA per 30 days)
Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches		
dihydroergotamine injection solution 1 mg/ml	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: SUMATRIPTAN INJECTION [CARTRIDGE, PEN, SYRINGE], SUMATRIPTAN INTRANASAL OR ZOLMITRIPTAN INTRANASAL IN THE PAST 120 DAYS; QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (8 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG (***ergotamine tartrate***)	Tier 3	QL (10 EA per 7 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) (***dihydroergotamine mesylate***)	Tier 3	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (12 ML per 28 days); Age (Min 18 Years)
Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches		
ergotamine-caffeine oral tablet 1-100 mg	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (10 EA per 7 days)
Migraine Therapy - NSAID Analgesics (Cyclooxygenase Inhibitor) - Drugs for Migraine Headaches		
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) (***celecoxib***)	Tier 3	PA
Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
eletriptan oral tablet 20 mg, 40 mg	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
frovatriptan oral tablet 2.5 mg	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	Tier 1	QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	Tier 1	QL (27 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	Tier 1	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	Tier 1	QL (36 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	Tier 1	QL (18 ML per 30 days)
zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
zolmitriptan (Zomig Oral Tablet 2.5 Mg, 5 Mg)	Tier 1	ST: TRIAL OF ORAL SUMATRIPTAN OR RIZATRIPTAN REQUIRED IN PREVIOUS 180 DAYS; QL (18 EA per 30 days)
Migraine Therapy - Selective Serotonin Agonists 5-HT(1F) - Drugs for Migraine Headaches		
REYVOW ORAL TABLET 100 MG, 50 MG (***lasmiditan succinate***)	Tier 2	PA; QL (8 EA per 30 days)
Movement Disorder Drug Therapy - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 9 MG (***deutetrabenazine***)	Tier 4	PA; SP; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG (***deutetrabenazine***)	Tier 4	PA; SP; QL (2 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (***deutetrabenazine***)	Tier 4	PA; SP; QL (1 EA per 1 day)

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine tosylate***)	Tier 4	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 4	PA; SP; QL (1 EA per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 4	PA; SP; QL (1 EA per 1 day)
Narcolepsy and Cataplexy Therapy Agents - Sedative-Type - Drugs for Sleep Disorder		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM (***sodium oxybate***)	Tier 4	PA; SP
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM (***sodium oxybate***)	Tier 4	PA; SP
sodium oxybate oral solution 500 mg/ml	Tier 4	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML (***sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate***)	Tier 4	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 2	PA
Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs for Sleep Disorder		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (***pitolisant hcl***)	Tier 4	PA; 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)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs for Sleep Disorder		
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet,chewable 10 mg	Tier 1	QL (6 EA per 1 day)
methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg	Tier 1	QL (90 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Amphetamines - Drugs for Sleep Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 20 mg	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 30 mg	Tier 1	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; 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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST: TRIAL OF DEXTROAMPHETAMINE SULFATE IR 5MG OR 10MG TABLETS OR DEXTROAMPHETAMINE SOLUTION IN THE PAST 120 DAYS; QL (4 EA per 1 day)
Neuropathic Pain Therapy - Drugs for Seizures /Personality Disorder/Nerve Pain		
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (3 EA per 1 day)
pregabalin oral tablet extended release 24 hr 330 mg	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (2 EA per 1 day)
Postherpetic Neuralgia Agents - Drugs for Seizures /Personality Disorder/Nerve Pain		
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (3 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pregabalin oral tablet extended release 24 hr 330 mg	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING REQUIRED: GABAPENTIN, A TRICYCLIC ANTIDEPRESSANT, DULOXETINE, VENLAFAXINE, VALPROIC ACID, PREGABALIN IR, OR DIVALPROEX.; QL (2 EA per 1 day)
Pseudobulbar Affect (PBA) Agents, NMDA antagonists type - Drugs for Severe Mental Disorders		
NUEDEXTA ORAL CAPSULE 20-10 MG (***dextromethorphan hbr/quinidine sulfate***)	Tier 3	PA
Sedative-Hypnotic - Barbiturates - Drugs for Insomnia		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	Tier 1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	Tier 1	
Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia		
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
midazolam oral syrup 2 mg/ml	Tier 1	
quazepam oral tablet 15 mg	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING ORAL GENERICS: ZOLPIDEM TABLETS, ZALEPLON, ESZOPICLONE, TEMAZEPAM OR FLURAZEPAM WITHIN THE PAST 120 DAYS.
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	
Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 1	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	Tier 1	QL (1 EA per 1 day)
Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs for Insomnia		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***)	Tier 2	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG (***lemborexant***)	Tier 2	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (***daridorexant hcl***)	Tier 3	ST: TRIAL OF ZOLPIDEM TARTRATE, ESZOPICLONE, OR ZALEPLON IN THE LAST 130 DAYS; QL (1 EA per 1 day)
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs for Insomnia		
doxepin oral tablet 3 mg	Tier 1	ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED.|TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxepin oral tablet 6 mg	Tier 1	ST: TRIAL OF ZOLPIDEM, ZALEPLON, ESZOPICLONE, DOXEPIN SOLUTION, OR DOXEPIN 10MG CAPSULE REQUIRED.; QL (1 EA per 1 day)
Chemical Dependency, Agents to Treat - Drugs for Addiction		
Agents for Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs for Opioid Addiction		
lofexidine oral tablet 0.18 mg	Tier 1	PA
Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML (***buprenorphine***)	Tier 4	SP
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Tier 1	QL (3 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML (***buprenorphine***)	Tier 4	PA; SP
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG (***buprenorphine hcl/naloxone hcl***)	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG (***buprenorphine hcl/naloxone hcl***)	Tier 2	QL (2 EA per 1 day)
Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	Tier 1	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs for Alcohol Addiction		
naltrexone oral tablet 50 mg	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG (***naltrexone microspheres***)	Tier 4	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alcohol Deterrents - Drugs for Alcohol Addiction		
disulfiram oral tablet 250 mg, 500 mg	Tier 1	
Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	$0	EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction		
nicotine (polacrilex) buccal gum 2 mg, 4 mg	$0	EHB; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	$0	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	$0	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (***nicotine polacrilex***)	$0	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction		
varenicline tartrate oral tablet 0.5 mg, 1 mg	$0	EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	$0	EHB; $0 COPAY IF QUANTITY 53 IN 28 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Chemicals-Pharmaceutical Adjuvants		
Bulk Chemicals		
guaiacol liquid	Tier 3	
Chemicals - Cryopreservative Agents		
CRYOSERV SOLUTION 99 % (***dimethyl sulfoxide***)	Tier 3	
Chemicals - Solvents		
isopropyl alcohol solution 70 %, 91 %, 99 %	Tier 3	DD
MURI-LUBE OIL (***mineral oil, light sterile***)	Tier 3	
Pharmaceutical Adjuvant - Coloring Agents		
methylene blue (bulk-solid) powder	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	Tier 1	
Pharmaceutical Adjuvant - Suspending Agents		
hydroxypropyl cellulose powder	Tier 3	
Cognitive Disorder Therapy - Drugs for the Nervous System		
Alzheimer's Disease Therapy - Amyloid Directed Monoclonal Antibody - Drugs for Alzheimer's Disease		
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML (***lecanemab-irmb***)	Tier 4	PA; SP
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML (***lecanemab-irmb***)	Tier 4	PA; SP
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)
galantamine oral solution 4 mg/ml	Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 1	QL (60 EA per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	Tier 1	QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG (***benzgalantamine gluconate***)	Tier 3	ST: TRIAL OF GENERIC GALANTAMINE TABS OR GALANTAMINE ER CAPS IN THE PAST 120 DAYS; QL (2 EA per 1 day)
Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml	Tier 1	QL (300 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
memantine oral tablet 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG (***memantine hcl***)	Tier 2	ST: TRIAL OF MEMANTINE IMMEDIATE RELEASE TABLETS IN THE PAST 120 DAYS; QL (28 EA per 28 days)
Alzheimer's Thx - NMDA Receptor Antag. and Cholinesterase Inhib. Comb - Drugs for Alzheimer's Disease		
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	Tier 1	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG (***memantine hcl/donepezil hcl***)	Tier 2	ST: TRIAL OF DONEPEZIL AND MEMANTINE IN THE PAST 365 DAYS.; QL (1 EA per 1 day)
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease		
ergoloid oral tablet 1 mg	Tier 1	
Rett Syndrome Agents - Glypromate (GPE) Analogs - Drugs for Alzheimer's Disease		
DAYBUE ORAL SOLUTION 200 MG/ML (***trofinetide***)	Tier 4	PA; SP
DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG, 8,000 MG (***trofinetide***)	Tier 4	PA; SP
Contraceptives - Drugs for Women		
Contraceptive - Vaginal pH Modulator - Medical Supplies and Durable Medical Equipment		
PHEXX VAGINAL GEL 1.8-1-0.4 % (***lactic acid/citric acid/potassium bitartrate***)	$0	CT; EHB
PHEXXI VAGINAL GEL 1.8-1-0.4 % (***lactic acid/citric acid/potassium bitartrate***)	$0	CT; EHB
Contraceptive Implant - Progestin - Birth Control Pills		
NEXPLANON SUBDERMAL IMPLANT 68 MG (***etonogestrel***)	$0	CT; EHB
Contraceptive Injectable - Progestin - Birth Control Pills		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (***medroxyprogesterone acetate***)	$0	CT; EHB
medroxyprogesterone intramuscular suspension 150 mg/ml	$0	CT; EHB
medroxyprogesterone intramuscular syringe 150 mg/ml	$0	CT; EHB
Contraceptive Intrauterine - Copper IUD - Birth Control Pills		
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM (***copper***)	$0	CT; EHB
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (***copper***)	$0	CT; EHB
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (***copper***)	$0	CT; EHB
Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG (***levonorgestrel***)	$0	CT; EHB
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG (***levonorgestrel***)	$0	CT; EHB
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG (***levonorgestrel***)	$0	CT; EHB
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG (***levonorgestrel***)	$0	CT; EHB
Contraceptive Oral - Biphasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	$0	CT; EHB
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	$0	CT; EHB

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

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

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))	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Dolishale Oral Tablet 90-20 Mcg (28))	$0	CT; EHB
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	$0	CT; EHB
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	$0	CT; EHB
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-0.035 Mg)	$0	CT; EHB
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Feirza Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7), 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG (***norethindrone acetate/ethinyl estradiol***)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	$0	CT; EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Kaitlib Fe Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	$0	CT; EHB
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	$0	CT; EHB
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	$0	CT; EHB
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0	CT; EHB
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Luizza Oral Tablet 1-20 Mg-Mcg, 1.5-30 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-0.035 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol/iron (Minzoya Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	$0	CT; EHB
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-0.035 Mg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	$0	CT; EHB
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) (***drospirenone/estetrol***)	$0	CT; EHB
ethinyl estradiol/drospirenone (Nikki (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	$0	CT; EHB
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	$0	CT; EHB
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0	CT; EHB
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	$0	CT; EHB
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	$0	CT; EHB
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (***norethindrone-ethinyl estradiol***)	$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Nylia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Portia 28 Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	$0	CT; EHB
norgestimate-ethinyl estradiol (Sprintec (28) Oral Tablet 0.25-0.035 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Syeda Oral Tablet 3-0.03 Mg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestrel-ethinyl estradiol (Turqoz (28) Oral Tablet 0.3-30 Mg-Mcg)	$0	CT; EHB
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG (***levonorgestrel/ethinyl estradiol***)	$0	CT; EHB
drospirenone/ethinyl estradiol/levomefolate calcium (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7))	$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Valtya Oral Tablet 1-35 Mg-Mcg, 1-50 Mg-Mcg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Vestura (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Vienva Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-0.035 Mg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Wymzya Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Xelria Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	$0	CT; EHB
ethinyl estradiol/drospirenone (Zarah Oral Tablet 3-0.03 Mg)	$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Zumandimine (28) Oral Tablet 3-0.03 Mg)	$0	CT; EHB
Contraceptive Oral - Progestin - Birth Control Pills		
norethindrone (Camila Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Deblitane Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Emzahh Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Errin Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Heather Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Incassia Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Jencycla Oral Tablet 0.35 Mg)	$0	CT; EHB

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Contraceptive Transdermal Combinations - Estrogen and Progestin Comb. - Birth Control Pills		
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	$0	CT; EHB
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (***levonorgestrel/ethinyl estradiol***)	$0	CT; EHB
norelgestromin/ethinyl estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)	$0	CT; EHB
norelgestromin/ethinyl estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	$0	CT; EHB
Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb. - Birth Control Pills		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (***segesterone acetate/ethinyl estradiol***)	$0	CT; EHB
etonogestrel/ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	$0	CT; EHB
etonogestrel/ethinyl estradiol (Enilloring Vaginal Ring 0.12-0.015 Mg/24 Hr)	$0	CT; EHB
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	$0	CT; EHB
etonogestrel/ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr)	$0	CT; EHB
Emergency Contraceptives - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	$0	CT; EHB
levonorgestrel oral tablet 1.5 mg	$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills		
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	$0	CT; EHB
Emergency Contraceptives - Progestin Type - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
levonorgestrel oral tablet 1.5 mg	$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
Spermicides - Birth Control Pills		
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	$0	CT; EHB
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	$0	CT; EHB
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (***nonoxynol 9***)	$0	CT; EHB
Dermatological - Drugs for the Skin		
Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin		
isotretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
Acne Therapy Systemic - Tetracycline antibiotic - Drugs for the Skin		
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	Tier 1	ST: TRIAL OF GENERIC MINOCYCLINE IR REQUIRED; QL (1 EA per 1 day)
Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs for the Skin		
WINLEVI TOPICAL CREAM 1 % (***clascoterone***)	Tier 3	PA; QL (60 GM per 30 days)
Acne Therapy Topical - Anti-infective - Drugs for the Skin		
ABENOR HP TOPICAL LOTION 15-4 % (***sulfacetamide sodium/niacinamide***)	Tier 3	
ABENOR TOPICAL CREAM 10-4 % (***sulfacetamide sodium/niacinamide***)	Tier 3	
ACIOXIAY TOPICAL CREAM 15-4 % (***azelaic acid/niacinamide***)	Tier 3	
AMZEEQ TOPICAL FOAM 4 % (***minocycline hcl***)	Tier 3	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS; Age (Min 9 Years)
APORIX TOPICAL GEL 1-4 % (***clindamycin/niacinamide***)	Tier 3	
azelaic acid topical gel 15 %	Tier 1	
clindamycin phosphate topical foam 1 %	Tier 1	
clindamycin phosphate topical gel 1 %	Tier 1	
clindamycin phosphate topical gel, once daily 1 %	Tier 1	
clindamycin phosphate topical lotion 1 %	Tier 1	
clindamycin phosphate topical solution 1 %	Tier 1	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	Tier 1	
dapsone topical gel 5 %	Tier 1	
dapsone topical gel 7.5 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dapsone topical gel with pump 7.5 %	Tier 1	
DEOXIA TOPICAL GEL 1-4 % (***clindamycin/niacinamide***)	Tier 3	
ECEOXIA TOPICAL CREAM 10-4 % (***sulfacetamide sodium/niacinamide***)	Tier 3	
erythromycin base in ethanol (Ery Pads Topical Swab 2 %)	Tier 1	
erythromycin with ethanol topical gel 2 %	Tier 1	
erythromycin with ethanol topical solution 2 %	Tier 1	QL (180 ML per 1 FILL)
FINACEA TOPICAL FOAM 15 % (***azelaic acid***)	Tier 2	
MELZARA TOPICAL CREAM 10-6-2 % (***azelaic acid/tranexamic acid/niacinamide***)	Tier 3	
OXIAICE TOPICAL LOTION 15-4 % (***sulfacetamide sodium/niacinamide***)	Tier 3	
RUMILO TOPICAL CREAM 15-4 % (***azelaic acid/niacinamide***)	Tier 3	
sulfacetamide sodium (acne) topical suspension 10 %	Tier 1	
Acne Therapy Topical - Anti-infective Combinations Other - Drugs for the Skin		
ADMIRAZOL DUAL TOPICAL CREAM 6-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
ADMIRAZOL HP DUAL TOPICAL CREAM 8.5-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
ADMIRAZOL TOPICAL CREAM 6-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
ALIXI HP TOPICAL CREAM 8.5-4 % (***dapsone/niacinamide***)	Tier 3	
ALIXI TOPICAL CREAM 6-4 % (***dapsone/niacinamide***)	Tier 3	
APORIX TOPICAL LOTION 1-4 % (***clindamycin/niacinamide***)	Tier 3	
DEOXIA TOPICAL LOTION 1-4 % (***clindamycin/niacinamide***)	Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIAOXIA TOPICAL CREAM 6-4 % (***dapsone/niacinamide***)	Tier 3	
DIAOXIA TOPICAL GEL 6-4 % (***dapsone/niacinamide***)	Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 % (***dapsone/niacinamide***)	Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 % (***dapsone/niacinamide***)	Tier 3	
Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin		
APEXOL HP TOPICAL SUSPENSION 5-10 % (***salicylic acid/sulfacetamide sodium***)	Tier 3	
APEXOL TOPICAL SUSPENSION 2-8 % (***salicylic acid/sulfacetamide sodium***)	Tier 3	
ARTILIS HP TOPICAL GEL 5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
ARTILIS TOPICAL GEL 2.5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (***sulfacetamide sodium/sulfur/urea***)	Tier 1	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %	Tier 1	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	Tier 1	ST: TRIAL OF GENERIC CLINDAMYCIN/BENZOYL PEROXIDE GEL REQUIRED
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DRAXACE TOPICAL SUSPENSION 2-8 % (***salicylic acid/sulfacetamide sodium***)	Tier 3	
DRAXACEY TOPICAL SUSPENSION 2-8 % (***salicylic acid/sulfacetamide sodium***)	Tier 3	
DRIXECE TOPICAL SUSPENSION 5-10 % (***salicylic acid/sulfacetamide sodium***)	Tier 3	
erythromycin-benzoyl peroxide topical gel 3-5 %	Tier 1	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
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	
ONZDEOXIA TOPICAL GEL 5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (***sulfacetamide sodium/sulfur***)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 8-4 %	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	Tier 1	
sulfacetamide sodium-sulfur topical suspension 8-4 %	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (***sulfacetamide sodium/sulfur***)	Tier 1	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (***sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal***)	Tier 3	
Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin		
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADERMICA TOPICAL GEL 0.025-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
ALOMIRA LP TOPICAL GEL 0.025-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
ALOMIRA TOPICAL GEL 0.05-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
ALUXOF DUAL TOPICAL GEL 0.025-5-1-2-2 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 3	
ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 3	
ALUXOF TOPICAL GEL 0.05-10-2-4-4 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 3	
AUGUSTIL TOPICAL GEL 0.025-1-2-4 % (***tretinoin/clindamycin phosphate/spironolactone/niacinamide***)	Tier 3	
AVIDORA HP TOPICAL CREAM 0.05-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
AVIDORA TOPICAL CREAM 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
AVIDORA TOPICAL SOLUTION 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
AWANIS TOPICAL CREAM 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***)	Tier 3	
CABTREO TOPICAL GEL 0.15-3.1-1.2 % (***adapalene/benzoyl peroxide/clindamycin phosphate***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin-tretinoin topical gel 1.2-0.025 %	Tier 1	ST: TRIAL OF ONE TOPICAL GENERIC CLINDAMYCIN, ERYTHROMYCIN, METRONIDAZOLE, BENZOYL PEROXIDE, SULFACETAMIDE AND COMBINATIONS, OR AZELAIC ACID GEL IN THE PAST 120 DAYS
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (***tretinoin/clindamycin phosphate/spironolactone/niacinamide***)	Tier 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***)	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***)	Tier 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
TARDEOXIA TOPICAL CREAM 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 3	
Acne Therapy Topical - Keratolytic - Drugs for the Skin		
benzoyl peroxide topical foam 9.8 %	Tier 1	
BPO TOPICAL GEL 8 % (***benzoyl peroxide***)	Tier 1	
PACNEX HP TOPICAL PADS, MEDICATED 7 % (***benzoyl peroxide***)	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (***benzoyl peroxide***)	Tier 3	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (***benzoyl peroxide microspheres***)	Tier 1	
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs for the Skin		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (***benzoyl peroxide/hydrocortisone***)	Tier 2	
Acne Therapy Topical - Retinoid Combinations Other - Drugs for the Skin		
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (***adapalene/benzoyl peroxide/niacinamide***)	Tier 3	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	Tier 1	
ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 3	
ALURIS HP TOPICAL CREAM 0.1-4 % (***tretinoin/niacinamide***)	Tier 3	
ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 3	
ALURIS LP TOPICAL CREAM 0.025-4 % (***tretinoin/niacinamide***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 3	
ALURIS TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***)	Tier 3	
ALURIS TOPICAL GEL 0.05-4 % (***tretinoin/niacinamide***)	Tier 3	
APHORIA TOPICAL GEL 0.3-2.5-4 % (***adapalene/benzoyl peroxide/niacinamide***)	Tier 3	
AZALTA HP TOPICAL GEL 0.05-5-2 % (***tretinoin/spironolactone/niacinamide***)	Tier 3	
AZALTA TOPICAL GEL 0.025-5-2 % (***tretinoin/spironolactone/niacinamide***)	Tier 3	
IDYYXIATAR TOPICAL GEL 0.025-5 % (***tretinoin/niacinamide***)	Tier 3	
OXIATAR TOPICAL CREAM 0.025-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 3	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 % (***tretinoin/niacinamide***)	Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 3	
SAROXIA TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***)	Tier 3	
SIRVANA TOPICAL GEL 0.025-5 % (***tretinoin/niacinamide***)	Tier 3	
SORIXIA TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***)	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 % (***tretinoin/spironolactone/niacinamide***)	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 % (***tretinoin/niacinamide***)	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 % (***tretinoin/niacinamide***)	Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 % (***tretinoin/spironolactone/niacinamide***)	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***)	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 % (***tretinoin/niacinamide***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin		
adapalene topical cream 0.1 %	Tier 1	
adapalene topical gel 0.3 %	Tier 1	
adapalene topical gel with pump 0.3 %	Tier 1	
adapalene topical lotion 0.1 %	Tier 1	Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 % (***tretinoin***)	Tier 3	
ALVOX HP TOPICAL CREAM 0.1-4 % (***tazarotene/niacinamide***)	Tier 3	
ALVOX TOPICAL CREAM 0.05-4 % (***tazarotene/niacinamide***)	Tier 3	
ETHOXIA TOPICAL CREAM 0.05-4 % (***tazarotene/niacinamide***)	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 % (***tazarotene/niacinamide***)	Tier 3	
tretinoin microspheres topical gel 0.04 %, 0.1 %	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.08 %	Tier 1	ST: TRIAL OF GENERIC TRETINOIN MICROSPHERES 0.04% AND 0.10% REQUIRED; Age (Max 39 Years)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	Tier 1	
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	Tier 1	
Acne Therapy Topical Combinations Other - Drugs for the Skin		
ADALINA TOPICAL GEL 5-4 % (***spironolactone/niacinamide***)	Tier 3	
DIMOXIA TOPICAL GEL 5-4 % (***spironolactone/niacinamide***)	Tier 3	
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin		
calcipotriene-betamethasone topical ointment 0.005-0.064 %	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcipotriene-betamethasone topical suspension 0.005-0.064 %	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENSTILAR TOPICAL FOAM 0.005-0.064 % (***calcipotriene/betamethasone dipropionate***)	Tier 2	
WYNZORA TOPICAL CREAM 0.005-0.064 % (***calcipotriene/betamethasone dipropionate***)	Tier 3	ST: TRIAL OF GENERIC TACLONEX OINTMENT IN THE PAST 120 DAYS.
Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors,MC Antibody - Drugs for the Skin		
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-stba***)	Tier 4	PA; SP
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-stba***)	Tier 4	PA; SP
ustekinumab-aekn subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml	Tier 4	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-kfce***)	Tier 4	PA; SP
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-kfce***)	Tier 4	PA; SP
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin		
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***risankizumab-rzaa***)	Tier 4	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (***risankizumab-rzaa***)	Tier 4	PA; SP
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***)	Tier 4	PA; SP
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML (***guselkumab***)	Tier 4	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (***guselkumab***)	Tier 4	PA; SP
Antipsoriatic Agents - Interleukin-36 (IL-36) Receptor Antagonist, MC - Drugs for the Skin		
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML (***spesolimab-sbzo***)	Tier 4	PA; SP
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (***spesolimab-sbzo***)	Tier 4	PA; SP
Antipsoriatic Agents - Tyrosine Kinase 2 (TYK2) Inhibitor - Drugs for the Skin		
SOTYKTU ORAL TABLET 6 MG (***deucravacitinib***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin		
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML (***bimekizumab-bkzx***)	Tier 4	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML (***bimekizumab-bkzx***)	Tier 4	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 4	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 4	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 4	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML (***ixekizumab***)	Tier 4	PA; SP
Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin		
OPZELURA TOPICAL CREAM 1.5 % (***ruxolitinib phosphate***)	Tier 2	PA; QL (60 GM per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (***upadacitinib***)	Tier 4	PA; SP
Dermatitis Agents, Systemic - Interleukin-13 Inhibitors MAb - Drugs for the Skin		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML (***tralokinumab-ldrm***)	Tier 4	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (***tralokinumab-ldrm***)	Tier 4	PA; SP
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML (***lebrikizumab-lbkz***)	Tier 4	PA; SP
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML (***lebrikizumab-lbkz***)	Tier 4	PA; SP
Dermatitis Agents,Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb - Drugs for the Skin		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 4	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 4	PA; SP
Dermatitis or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs for the Skin		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EUCRISA TOPICAL OINTMENT 2 % (***crisaborole***)	Tier 2	PA; QL (100 GM per 30 days)
ZORYVE TOPICAL CREAM 0.05 %, 0.15 % (***roflumilast***)	Tier 2	PA; QL (60 GM per 30 days)
Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin		
gentamicin topical cream 0.1 %	Tier 1	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %	Tier 1	QL (90 GM per 1 FILL)
Dermatological - Antibacterial Other - Drugs for the Skin		
BASADROX TOPICAL GEL IN PACKET (***silver***)	Tier 3	
BATIZIA TOPICAL OINTMENT 2-2 % (***mupirocin/lidocaine***)	Tier 3	
CENTANY AT TOPICAL OINTMENT KIT 2 % (***mupirocin***)	Tier 3	
mupirocin calcium topical cream 2 %	Tier 1	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	Tier 1	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 % (***mupirocin/lidocaine***)	Tier 3	
NORMLGEL AG TOPICAL GEL 0.11 % (***silver carbonate***)	Tier 3	
silver nitrate topical solution 0.5 %	Tier 1	
silver nitrate topical solution 10 %, 25 %, 50 %	Tier 1	
Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs for the Skin		
ALTABAX TOPICAL OINTMENT 1 % (***retapamulin***)	Tier 3	ST: TRIAL OF MUPIROCIN OINTMENT REQUIRED IN PREVIOUS 120 DAYS
Dermatological - Antibacterial Quinolones - Drugs for the Skin		
XEPI TOPICAL CREAM 1 % (***ozenoxacin***)	Tier 3	ST: TRIAL OF MUPIROCIN OINTMENT REQUIRED IN PREVIOUS 120 DAYS
Dermatological - Antibacterial,Antifungal Agent with Glucocorticoid - Drugs for the Skin		
DAZINIA TOPICAL CREAM 2-1-2.5 % (***ketoconazole/iodoquinol/hydrocortisone***)	Tier 3	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	Tier 1	
PHEODOYO TOPICAL CREAM 2-1-2.5 % (***ketoconazole/iodoquinol/hydrocortisone***)	Tier 3	
Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs for the Skin		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (***neomycin sulfate/fluocinolone acetonide/emollient comb no.65***)	Tier 3	ST: TRIAL OF GENERIC FLUOCINOLONE ACETONIDE CREAM, OIL, OINTMENT OR SOLUTION IN THE PAST 120 DAYS
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (***neomycin sulfate/fluocinolone acetonide***)	Tier 3	ST: TRIAL OF GENERIC FLUOCINOLONE ACETONIDE CREAM, OIL, OINTMENT OR SOLUTION IN THE PAST 120 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 1	
naftifine topical cream 2 %	Tier 1	QL (180 GM per 1 FILL)
naftifine topical gel 2 %	Tier 1	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin		
nystatin (Klayesta Topical Powder 100,000 Unit/Gram)	Tier 1	
nystatin (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	
nystatin topical cream 100,000 unit/gram	Tier 1	
nystatin topical ointment 100,000 unit/gram	Tier 1	QL (90 GM per 1 FILL)
nystatin topical powder 100,000 unit/gram	Tier 1	
nystatin (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Combinations Other - Drugs for the Skin		
DENVITA TOPICAL CREAM 2-4 % (***ketoconazole/niacinamide***)	Tier 3	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (***fluconazole/ibuprofen/itraconazole/terbinafine hcl***)	Tier 3	
EXODERM TOPICAL LOTION 25-1 % (***sodium thiosulfate/salicylic acid***)	Tier 1	
FENOVIA TOPICAL SOLUTION 4-2-1-4 % (***fluconazole/ibuprofen/itraconazole/terbinafine hcl***)	Tier 3	
FERVINA TOPICAL LOTION 3-5-20 % (***ciclopirox olamine/itraconazole/urea***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIDILA TOPICAL SHAMPOO 2-2 % (***ketoconazole/salicylic acid***)	Tier 3	
FRIVO TOPICAL CREAM 1-4 % (***econazole nitrate/niacinamide***)	Tier 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 % (***ciclopirox olamine/itraconazole/urea***)	Tier 3	
IMIOXIA TOPICAL CREAM 1-4 % (***econazole nitrate/niacinamide***)	Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 % (***ketoconazole/salicylic acid***)	Tier 3	
PHEOXIA TOPICAL CREAM 2-4 % (***ketoconazole/niacinamide***)	Tier 3	
Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin		
CICLODAN KIT TOPICAL COMBO PACK 0.77 % (***ciclopirox olamine/skin cleanser combination no.28***)	Tier 3	
ciclopirox topical cream 0.77 %	Tier 1	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %	Tier 1	
ciclopirox topical shampoo 1 %	Tier 1	
ciclopirox topical solution 8 %	Tier 1	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	Tier 1	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	Tier 1	QL (19.8 ML per 1 FILL)
DAFILOR TOPICAL SHAMPOO 0.77-2 % (***ciclopirox olamine/salicylic acid***)	Tier 3	
FILOMA TOPICAL SOLUTION 8-1-1 % (***ciclopirox olamine/fluconazole/terbinafine hcl***)	Tier 3	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (***ciclopirox olamine/salicylic acid***)	Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % (***ciclopirox olamine/fluconazole/terbinafine hcl***)	Tier 3	
Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin		
clotrimazole topical cream 1 %	Tier 1	
clotrimazole topical solution 1 %	Tier 1	
econazole nitrate topical cream 1 %	Tier 1	QL (170 GM per 1 FILL)
econazole nitrate topical foam 1 %	Tier 1	
EXELDERM TOPICAL CREAM 1 % (***sulconazole nitrate***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXELDERM TOPICAL SOLUTION 1 % (***sulconazole nitrate***)	Tier 2	
ketoconazole topical cream 2 %	Tier 1	QL (180 GM per 1 FILL)
ketoconazole topical shampoo 2 %	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 % (***ketoconazole/skin cleanser combination no.28***)	Tier 3	
luliconazole topical cream 1 %	Tier 1	ST: TRIAL OF KETOCONAZOLE AND CLOTRIMAZOLE CREAM REQUIRED.; QL (60 GM per 28 days)
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	Tier 1	
oxiconazole topical cream 1 %	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 % (***oxiconazole nitrate***)	Tier 3	
sulconazole topical cream 1 %	Tier 1	
sulconazole topical solution 1 %	Tier 1	
Dermatological - Antifungal Oxaborole - Drugs for the Skin		
tavaborole topical solution with applicator 5 %	Tier 1	PA
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin		
clotrimazole-betamethasone topical cream 1-0.05 %	Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %	Tier 1	
DELIBON TOPICAL CREAM 2-2.5 % (***ketoconazole/hydrocortisone***)	Tier 3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (***hydrocortisone/iodoquinol***)	Tier 3	
DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 % (***ciclopirox olamine/clobetasol propionate/salicylic acid***)	Tier 3	
DIVENDO TOPICAL SHAMPOO 0.77-0.05 % (***ciclopirox olamine/clobetasol propionate***)	Tier 3	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (***ciclopirox olamine/clobetasol propionate***)	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (***ciclopirox olamine/clobetasol propionate/salicylic acid***)	Tier 3	
hydrocortisone-iodoquinol topical cream 1-1 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	Tier 1	QL (180 GM per 1 FILL)
PHEYO TOPICAL CREAM 2-2.5 % (***ketoconazole/hydrocortisone***)	Tier 3	
Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin		
VALCHLOR TOPICAL GEL 0.016 % (***mechlorethamine hcl***)	Tier 4	PA; SP
Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin		
fluorouracil topical cream 0.5 %	Tier 1	PA
fluorouracil topical cream 5 %	Tier 1	
fluorouracil topical solution 2 %, 5 %	Tier 1	
TOLAK TOPICAL CREAM 4 % (***fluorouracil***)	Tier 2	
Dermatological - Antineoplastic or Premalig. Lesions - Antimicrotubule - Drugs for the Skin		
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % (***tirbanibulin***)	Tier 3	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 % (***tirbanibulin***)	Tier 3	QL (5 EA per 1 FILL)
Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin		
diclofenac sodium topical gel 3 %	Tier 1	
Dermatological - Antineoplastic Retinoids - Drugs for the Skin		
PANRETIN TOPICAL GEL 0.1 % (***alitretinoin***)	Tier 4	SP; QL (60 GM per 28 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin		
bexarotene topical gel 1 %	Tier 4	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: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcipotriene topical cream 0.005 %	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcipotriene topical ointment 0.005 %	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
calcitriol topical ointment 3 mcg/gram	Tier 1	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
DIOOXIA TOPICAL CREAM 0.005-4 % (***calcipotriene/niacinamide***)	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 % (***anthralin***)	Tier 2	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
PURAZIL TOPICAL CREAM 0.005-4 % (***calcipotriene/niacinamide***)	Tier 3	
tazarotene topical cream 0.05 %	Tier 1	Age (Max 39 Years)
tazarotene topical cream 0.1 %	Tier 1	
tazarotene topical gel 0.05 %, 0.1 %	Tier 1	Age (Max 39 Years)
VTAMA TOPICAL CREAM 1 % (***tapinarof***)	Tier 2	PA; QL (60 GM per 30 days)
ZITHRANOL TOPICAL SHAMPOO 1 % (***anthralin micronized***)	Tier 3	ST: TRIAL OF TOPICAL CORTICOSTEROID REQUIRED
ZORYVE TOPICAL CREAM 0.3 % (***roflumilast***)	Tier 2	PA; QL (60 GM per 30 days)
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin		
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (***apremilast***)	Tier 4	PA; SP
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG (***apremilast***)	Tier 4	PA; SP
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG (***apremilast***)	Tier 4	PA; SP
Dermatological - Antiseborrheic - Drugs for the Skin		
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (***sulfacetamide sodium***)	Tier 2	
PLEXION NS TOPICAL SHAMPOO 9.8 % (***sulfacetamide sodium***)	Tier 3	
selenium sulfide topical lotion 2.5 %	Tier 1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	Tier 1	
sulfacetamide sodium topical cleanser 10 %	Tier 1	
sulfacetamide sodium topical cleanser, gel 10 %	Tier 1	
sulfacetamide sodium topical shampoo 10 %, 9.8 %	Tier 1	
ZORYVE TOPICAL FOAM 0.3 % (***roflumilast***)	Tier 2	PA; QL (60 GM per 30 days)
Dermatological - Antiviral, Herpes - Drugs for the Skin		
acyclovir topical ointment 5 %	Tier 1	
Dermatological - Burn Products - Drugs for the Skin		
NEXOBRID TOPICAL GEL 8.8 % (***anacaulase-bcdb***)	Tier 3	
Dermatological - Burn Products Anti-infective - Drugs for the Skin		
mafenide acetate topical packet 50 gram	Tier 1	
silver sulfadiazine topical cream 1 %	Tier 1	
SSD TOPICAL CREAM 1 % (***silver sulfadiazine***)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G (***mafenide acetate***)	Tier 3	
Dermatological - Calcineurin Inhibitors - Drugs for the Skin		
ELYZIA (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (***tacrolimus/hyaluronate sodium/niacinamide***)	Tier 3	
ELYZIA TOPICAL OINTMENT 0.1-4 % (***tacrolimus/niacinamide***)	Tier 3	
HOVYN TOPICAL SOLUTION 0.1 % (***tacrolimus***)	Tier 3	
NUJO TOPICAL SOLUTION 0.1 % (***tacrolimus***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUJU TOPICAL CREAM 0.1 % (***tacrolimus in vehicle base no.238***)	Tier 3	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (***tacrolimus/hyaluronate sodium/niacinamide***)	Tier 3	
OXIANUJO TOPICAL OINTMENT 0.1-4 % (***tacrolimus/niacinamide***)	Tier 3	
pimecrolimus topical cream 1 %	Tier 1	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% OR 0.5% OINTMENT IN THE PAST 120 DAYS
tacrolimus topical ointment 0.03 %, 0.1 %	Tier 1	ST: TRIAL OF GENERIC MOMETASONE CREAM OR OINTMENT, CLOBETASOL CREAM OR OINTMENT, HYDROCORTISONE 1% OR 2.5% CREAM OR OINTMENT, OR TRIAMCINOLONE 0.1% OR 0.5% OINTMENT IN THE PAST 120 DAYS
VEVEN TOPICAL CREAM 0.1 % (***tacrolimus in vehicle base no.238***)	Tier 3	
Dermatological - Emollient Combinations Other - Drugs for the Skin		
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 % (***emol53/e.water/namgfs/naphos/nacl/hypochlorous acid/nahypocl***)	Tier 1	
Dermatological - Emollient Mixtures - Drugs for the Skin		
XCLAIR TOPICAL CREAM (***hyaluronate sodium/vit e/emollient no.12/allantoin/shea tree***)	Tier 3	
Dermatological - Emollients - Drugs for the Skin		
ammonium lactate topical cream 12 %	Tier 1	
ammonium lactate topical lotion 12 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KERASTAT TOPICAL CREAM (***keratin***)	Tier 3	
KERASTAT TOPICAL GEL 5 % (***keratin***)	Tier 3	
RADIAGEL TOPICAL GEL (***emollient base***)	Tier 3	
urea topical cream 20 %	Tier 1	
Dermatological - Enzymes - Drugs for the Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (***collagenase clostridium histolyticum***)	Tier 3	PA
Dermatological - Glucocorticoid - Drugs for the Skin		
hydrocortisone (Ala-Cort Topical Cream 1 %)	Tier 1	
hydrocortisone (Ala-Scalp Topical Lotion 2 %)	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
alclometasone topical cream 0.05 %	Tier 1	
alclometasone topical ointment 0.05 %	Tier 1	
amcinonide topical cream 0.1 %	Tier 1	ST: TRIAL OF BETAMETHASONE 0.1% OINT, FLUTICASONE 0.005% OINT, TRIAMCINOLONE 0.5% (OINT, CREAM), OR MOMETASONE 0.1% OINT IN THE PAST 120 DAYS.
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	
betamethasone, augmented topical cream 0.05 %	Tier 1	
betamethasone, augmented topical gel 0.05 %	Tier 1	
betamethasone, augmented topical lotion 0.05 %	Tier 1	
betamethasone, augmented topical ointment 0.05 %	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 % (***fluocinolone acetonide***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clobetasol scalp solution 0.05 %	Tier 1	
clobetasol topical cream 0.05 %	Tier 1	
clobetasol topical foam 0.05 %	Tier 1	
clobetasol topical gel 0.05 %	Tier 1	
clobetasol topical lotion 0.05 %	Tier 1	
clobetasol topical ointment 0.05 %	Tier 1	
clobetasol topical shampoo 0.05 %	Tier 1	
clobetasol topical spray,non-aerosol 0.05 %	Tier 1	
clobetasol-emollient topical cream 0.05 %	Tier 1	
clobetasol-emollient topical foam 0.05 %	Tier 1	
clocortolone pivalate topical cream 0.1 %	Tier 1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 (***flurandrenolide***)	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED (OINT, GEL, LOTION), FLUOCINONIDE 0.1% CREAM, CLOBETASOL (SPRAY, LOTION, GEL, OINT, CRM, SOLN), OR HALOBETASOL 0.05% (CREAM, OINT) IN PAST 120 DAS; QL (2 EA per 30 days)
desonide topical cream 0.05 %	Tier 1	
desonide topical gel 0.05 %	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desonide topical lotion 0.05 %	Tier 1	
desonide topical ointment 0.05 %	Tier 1	
desoximetasone topical cream 0.05 %, 0.25 %	Tier 1	
desoximetasone topical gel 0.05 %	Tier 1	
desoximetasone topical ointment 0.05 %, 0.25 %	Tier 1	
desoximetasone topical spray,non-aerosol 0.25 %	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: BETAMETHASONE AUGMENTED 0.05% (CRM, GEL, LTN, OINT), DESOXIMETASONE (CRM,GEL,OINT), FLUOCINONIDE (CRM,GEL), CLOBETASOL (EXCEPT FOAM/SHAMPOO), OR HALOBETASOL (CRM,OINT)
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	
fluocinonide-emollient topical cream 0.05 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flurandrenolide topical cream 0.05 %	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
flurandrenolide topical lotion 0.05 %	Tier 1	
flurandrenolide topical ointment 0.05 %	Tier 1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS; QL (180 GM per 30 days)
fluticasone propionate topical cream 0.05 %	Tier 1	
fluticasone propionate topical lotion 0.05 %	Tier 1	
fluticasone propionate topical ointment 0.005 %	Tier 1	
halcinonide topical cream 0.1 %	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
halcinonide topical solution 0.1 %	Tier 1	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
halobetasol propionate topical cream 0.05 %	Tier 1	
halobetasol propionate topical ointment 0.05 %	Tier 1	
HALOG TOPICAL SOLUTION 0.1 % (***halcinonide***)	Tier 3	ST: TRIAL OF ONE OF THE FOLLOWING: BETAMETHASONE 0.05% OINTMENT OR AUGMENTED CREAM, FLUOCINONIDE 0.05% (GEL, OINT, SOLUTION, CREAM), OR DESOXIMETASONE (CREAM, GEL, OINT) IN THE PREVIOUS 120 DAYS.
hydrocortisone butyrate topical cream 0.1 %	Tier 1	
hydrocortisone butyrate topical lotion 0.1 %	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (236 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone butyrate topical ointment 0.1 %	Tier 1	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS
hydrocortisone butyrate topical solution 0.1 %	Tier 1	
hydrocortisone topical cream 1 %, 2.5 %	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	
hydrocortisone topical lotion 2 %	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
hydrocortisone topical lotion 2.5 %	Tier 1	
hydrocortisone topical ointment 1 %, 2.5 %	Tier 1	
hydrocortisone topical solution 2.5 %	Tier 1	ST: TRIAL OF GENERIC HYDROCORTISONE 2.5% LOTION IN THE PAST 120 DAYS
hydrocortisone valerate topical cream 0.2 %	Tier 1	
hydrocortisone valerate topical ointment 0.2 %	Tier 1	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	
mometasone topical cream 0.1 %	Tier 1	
mometasone topical ointment 0.1 %	Tier 1	
mometasone topical solution 0.1 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PANDEL TOPICAL CREAM 0.1 % (***hydrocortisone probutate***)	Tier 3	ST: TRIAL OF 1 OF THE FOLLOWING: FLUTICASONE 0.05% CRM, TRIAMCINOLONE (0.1% LTN, 0.025% OINT), DESONIDE 0.05% OINT, HYDROCORTISONE 0.2% CRM, OR BETAMETHASONE (0.05% LTN, 0.1% CRM) IN THE PAST 120 DAYS; QL (160 GM per 30 days)
prednicarbate topical cream 0.1 %	Tier 1	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (***hydrocortisone/salicylic acid/sulfur/shampoo no.1***)	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % (***betamethasone dipropionate***)	Tier 3	ST: TRIAL OF MOMETASONE 0.1% CREAM/SOLN OR TRIAMCINOLONE 0.1 % CREAM/OINT IN THE PAST 120 DAYS
triamcinolone acetonide topical aerosol 0.147 mg/gram	Tier 1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical cream 0.5 %	Tier 1	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Tier 1	
triamcinolone acetonide (Triderm Topical Cream 0.5 %)	Tier 1	QL (454 GM per 30 days)
Dermatological - Glucocorticoid Combinations Other - Drugs for the Skin		
ACIOXIA TOPICAL GEL 0.1-0.5 % (***triamcinolone acetonide/pentoxifylline***)	Tier 3	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (***clobetasol propionate/levocetirizine dihydrochloride***)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHLOOXIA TOPICAL CREAM 0.05-4 % (***clobetasol propionate/niacinamide***)	Tier 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (***clobetasol propionate/niacinamide***)	Tier 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (***clobetasol propionate/niacinamide***)	Tier 3	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (***clobetasol propionate/calcipotriene***)	Tier 3	
DIVINIX TOPICAL CREAM 0.05-4 % (***clobetasol propionate/niacinamide***)	Tier 3	
DIVINIX TOPICAL OINTMENT 0.05-4 % (***clobetasol propionate/niacinamide***)	Tier 3	
DIVINIX TOPICAL SOLUTION 0.05-4 % (***clobetasol propionate/niacinamide***)	Tier 3	
DOMELA TOPICAL CREAM 0.01-4 % (***fluocinolone acetonide/niacinamide***)	Tier 3	
DYNOMA TOPICAL CREAM 0.05-4 % (***desoximetasone/niacinamide***)	Tier 3	
FLUOXIA TOPICAL CREAM 0.05-4 % (***desoximetasone/niacinamide***)	Tier 3	
ILEXOR TOPICAL SHAMPOO 0.05-2 % (***clobetasol propionate/levocetirizine dihydrochloride***)	Tier 3	
PLENURA TOPICAL SOLUTION 0.05-0.005 % (***clobetasol propionate/calcipotriene***)	Tier 3	
TELIORA TOPICAL GEL 0.1-0.5 % (***triamcinolone acetonide/pentoxifylline***)	Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 % (***fluocinolone acetonide/niacinamide***)	Tier 3	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin		
NUCORT TOPICAL LOTION 2 % (***hydrocortisone acetate/aloe vera***)	Tier 3	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (***fluocinolone acetonide/emollient combination no.65***)	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % (***fluocinolone acetonide/emollient combination no.65***)	Tier 3	QL (375 GM per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin		
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 3	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	ST: TRIAL OF HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM IN THE PAST 120 DAYS
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	
Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs for the Skin		
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 % (***clobetasol propionate/skin cleanser combination no.28***)	Tier 3	
SYNALAR TS TOPICAL KIT 0.01 % (***fluocinolone acetonide/skin cleanser comb no.28***)	Tier 3	
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin		
imiquimod topical cream in packet 5 %	Tier 1	
Dermatological - Immunomodulator - Interferons - Drugs for the Skin		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (***interferon alfa-n3***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Immunomodulator Combinations - Drugs for the Skin		
KAZURI TOPICAL GEL 5-0.05-1 % (***imiquimod/tretinoin/levocetirizine dihydrochloride***)	Tier 3	
KERIDA TOPICAL GEL 5-0.1-30 % (***imiquimod/tretinoin/salicylic acid***)	Tier 3	
KYNARA TOPICAL GEL 5-1-2 % (***imiquimod/levocetirizine dihydrochloride/niacinamide***)	Tier 3	
QUIDROXZAR TOPICAL GEL 5-0.1-30 % (***imiquimod/tretinoin/salicylic acid***)	Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 % (***imiquimod/levocetirizine dihydrochloride/niacinamide***)	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (***imiquimod/tretinoin/levocetirizine dihydrochloride***)	Tier 3	
Dermatological - Keratolytic Combinations Other - Drugs for the Skin		
METDRAY TOPICAL GEL 17-2 % (***salicylic acid/ibuprofen***)	Tier 3	
NENDRUX TOPICAL GEL 40-5 % (***salicylic acid/lidocaine***)	Tier 3	
PRONAL TOPICAL GEL 10-40 % (***lactic acid/urea***)	Tier 3	
URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 % (***urea/emollient combination no.65***)	Tier 3	
WAYZEN TOPICAL GEL 40-5 % (***salicylic acid/lidocaine***)	Tier 3	
WELERIS TOPICAL GEL 17-2 % (***salicylic acid/ibuprofen***)	Tier 3	
XIRUN TOPICAL GEL 10-40 % (***lactic acid/urea***)	Tier 3	
Dermatological - Keratolytic-Antimitotic Combinations - Drugs for the Skin		
silver nitrate applicators topical stick 75-25 %	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin		
CEM-UREA TOPICAL GEL 45 % (***urea***)	Tier 1	
PODOCON TOPICAL LIQUID 25 % (***podophyllum resin***)	Tier 1	
podofilox topical gel 0.5 %	Tier 1	ST: TRIAL OF 0.5% PODOFILOX SOLUTION REQUIRED; QL (0.5 GM per 1 day)
podofilox topical solution 0.5 %	Tier 1	QL (0.5 ML per 1 day)
salicylic acid topical cream 6 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
salicylic acid topical cream,extended release 6 %	Tier 1	
salicylic acid topical film forming liquid w/appl 27.5 %	Tier 1	
salicylic acid topical film-forming soln er w/ appl 28.5 %	Tier 1	
salicylic acid topical foam 6 %	Tier 1	
salicylic acid topical liquid 26 %	Tier 1	
salicylic acid topical lotion 6 %	Tier 1	
salicylic acid topical lotion,extended release 6 %	Tier 1	
salicylic acid topical ointment 3 %	Tier 1	
salicylic acid topical shampoo 6 %	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 % (***salicylic acid***)	Tier 3	
URAMAXIN TOPICAL FOAM 20 % (***urea***)	Tier 3	
URAMAXIN TOPICAL LOTION 45 % (***urea***)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (***urea***)	Tier 1	
urea topical cream 39 %, 40 %, 45 %, 50 %	Tier 1	
urea topical foam 35 %	Tier 1	
urea topical gel 45 %	Tier 1	
urea topical lotion 40 %	Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (***salicylic acid***)	Tier 3	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (***cantharidin***)	Tier 3	PA
Dermatological - Local Anesthetic Combinations - Drugs for the Skin		
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC) (***tetracaine/benzocaine/butamben***)	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 % (***lidocaine/tetracaine/benzocaine***)	Tier 3	
lidocaine-prilocaine topical cream 2.5-2.5 %	Tier 1	
NOBELA TOPICAL OINTMENT 10-10-20 % (***lidocaine/tetracaine/benzocaine***)	Tier 3	
Dermatological - Local Anesthetic Gas Combinations - Drugs for the Skin		
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
Dermatological - Local Anesthetic Gas Single Agents - Drugs for the Skin		
ethyl chloride topical aerosol,spray 100 %	Tier 1	
Dermatological - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for the Skin		
HYFTOR TOPICAL GEL 0.2 % (***sirolimus***)	Tier 4	PA; SP
Dermatological - Miscellaneous Combinations - Drugs for the Skin		
KEFUNOVA TOPICAL CREAM 5-0.005 % (***fluorouracil/calcipotriene***)	Tier 3	
Dermatological - Miscellaneous Single Agents - Drugs for the Skin		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 % (***baclofen***)	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***gabapentin***)	Tier 3	
SIVORA TOPICAL CREAM 0.3 % (***estriol***)	Tier 3	
Dermatological - Nitric Oxide Releasing Agents - Drugs for the Skin		
ZELSUVMI TOPICAL GEL 10.3 % (***berdazimer sodium***)	Tier 3	PA
Dermatological - NSAID Combinations - Drugs for the Skin		
KERAXA TOPICAL GEL 3-2-4 % (***diclofenac sodium/hyaluronate sodium/niacinamide***)	Tier 3	
ROAOXIA TOPICAL GEL 3-2-4 % (***diclofenac sodium/hyaluronate sodium/niacinamide***)	Tier 3	
Dermatological - NSAID Single Agents - Drugs for the Skin		
diclofenac epolamine transdermal patch 12 hour 1.3 %	Tier 1	
diclofenac sodium topical drops 1.5 %	Tier 1	
diclofenac sodium topical gel 1 %	Tier 1	
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	Tier 1	ST: TRIAL OF DICLOFENAC 1% GEL OR DICLOFENAC 1.5% DROPS IN THE PAST 120 DAYS; QL (224 GM per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (***diclofenac epolamine***)	Tier 3	ST: TRIAL OF GENERIC FLECTOR PATCH IN THE LAST 120 DAYS; QL (1 EA per 1 day)
Dermatological - Photodynamic Therapy Agents Topical - Drugs for the Skin		
AMELUZ TOPICAL GEL 10 % (***aminolevulinic acid hcl***)	Tier 3	
LEVULAN TOPICAL SOLUTION 20 % (***aminolevulinic acid hcl***)	Tier 3	
Dermatological - Protectant Combinations - Drugs for the Skin		
PR CREAM TOPICAL CREAM (***protectives combination no.2/ceramides 1,3,6-ii***)	Tier 1	
RECEDO TOPICAL GEL (***polydimethylsiloxanes/silicon dioxide***)	Tier 3	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (***hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol***)	Tier 3	
Dermatological - Protectants - Drugs for the Skin		
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 % (***zinc oxide***)	Tier 1	
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (***petrolatum,white***)	Tier 1	
zinc oxide topical ointment 20 %	Tier 1	
zinc oxide topical paste 25 %	Tier 1	
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs for the Skin		
tazarotene topical cream 0.1 %	Tier 1	
Dermatological - Rosacea Therapy, Systemic - Drugs for the Skin		
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	Tier 1	PA
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (***minocycline hcl***)	Tier 3	PA
Dermatological - Rosacea Therapy, Topical - Drugs for the Skin		
AVEIDA TOPICAL GEL 1-1 % (***ivermectin/metronidazole***)	Tier 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 % (***ivermectin/metronidazole/niacinamide***)	Tier 3	
azelaic acid topical gel 15 %	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAXONIL TOPICAL OINTMENT 1-2 % (***metronidazole/mupirocin***)	Tier 3	
brimonidine topical gel with pump 0.33 %	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (***sulfacetamide sodium/sulfur/urea***)	Tier 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % (***brimonidine tartrate/ivermectin/metronidazole/niacinamide***)	Tier 3	
DAZOMON TOPICAL GEL 0.25 % (***brimonidine tartrate***)	Tier 3	
FINACEA TOPICAL FOAM 15 % (***azelaic acid***)	Tier 2	
IDARAN TOPICAL OINTMENT 1-2 % (***metronidazole/mupirocin***)	Tier 3	
ivermectin topical cream 1 %	Tier 1	ST: TRIAL OF FINACEA GEL OR FOAM REQUIRED
metronidazole topical cream 0.75 %	Tier 1	
metronidazole topical gel 0.75 %, 1 %	Tier 1	
metronidazole topical gel with pump 1 %	Tier 1	
metronidazole topical lotion 0.75 %	Tier 1	
REMYDA TOPICAL GEL 0.25 % (***brimonidine tartrate***)	Tier 3	
RENSOTI TOPICAL CREAM 1-1-4 % (***ivermectin/oxymetazoline hcl/niacinamide***)	Tier 3	
RESTIMO TOPICAL GEL 1-1 % (***ivermectin/metronidazole***)	Tier 3	
ROCELIX TOPICAL CREAM 1-4 % (***oxymetazoline hcl/niacinamide***)	Tier 3	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
ROSITARA TOPICAL GEL 1-1-4 % (***ivermectin/metronidazole/niacinamide***)	Tier 3	
ROVIS TOPICAL GEL 0.25-1-1-4 % (***brimonidine tartrate/ivermectin/metronidazole/niacinamide***)	Tier 3	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (***sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal***)	Tier 3	
Dermatological - Tissue/Wound Adhesives - Fibrin Sealants - Drugs for the Skin		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) (***thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride***)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML (***thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride***)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML (***thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride***)	Tier 3	
Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin		
ANASTIA TOPICAL LOTION 2.75 % (***lidocaine hcl***)	Tier 3	
lidocaine (Dermacinrx Lidocan Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 % (***lidocaine hcl***)	Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 % (***lidocaine hcl***)	Tier 3	
lidocaine hcl (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (***lidocaine hcl/racepinephrine hcl/tetracaine hcl***)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (***lidocaine hcl/racepinephrine hcl/tetracaine hcl***)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 % (***lidocaine hcl/epinephrine bitartrate/tetracaine hcl***)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % (***lidocaine hcl/epinephrine bitartrate/tetracaine hcl***)	Tier 3	
lidocaine hcl mucous membrane jelly 2 %	Tier 1	
lidocaine hcl mucous membrane jelly in applicator 2 %	Tier 1	
lidocaine hcl topical cream 3 %	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	Tier 1	QL (90 EA per 30 days)
lidocaine topical ointment 5 %	Tier 1	QL (240 GM per 30 days)
lidocaine (Lidocan Iii Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine (Lidocan Iv Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
lidocaine (Lidocan V Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 % (***lidocaine hcl***)	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***lidocaine***)	Tier 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 % (***lidocaine***)	Tier 3	
NOLIRA TOPICAL CREAM 23-7 % (***lidocaine/tetracaine***)	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 % (***lidocaine hcl***)	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 % (***lidocaine/tetracaine***)	Tier 3	
REGENECARE TOPICAL GEL 2 % (***lidocaine hcl/collagen***)	Tier 3	
TRANZAREL TOPICAL GEL 4 % (***lidocaine***)	Tier 3	
Dermatological - Topical Local Anesthetic Esters - Drugs for the Skin		
ANACAINE TOPICAL OINTMENT 10 % (***benzocaine***)	Tier 3	
Dermatological - Topical Local Anesthetic Others - Drugs for the Skin		
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % (***ketamine hcl***)	Tier 3	
Dermatological Irritants-Counter-Irritant Single Agents - Drugs for the Skin		
methyl salicylate oil	Tier 1	
methyl salicylate topical liquid	Tier 1	
QUTENZA TOPICAL KIT 8 % (***capsaicin/skin cleanser***)	Tier 3	PA
WINTERGREEN OIL OIL (***methyl salicylate***)	Tier 1	
Hair Growth Agents - Kinase Inhibitor - Drugs for the Skin		
LITFULO ORAL CAPSULE 50 MG (***ritlecitinib tosylate***)	Tier 4	PA; SP
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***)	Tier 4	PA; SP
Human Cellular Regenerative Tissue Matrix - Drugs for the Skin		
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM (***human regenerative tissue matrix***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (***human regenerative tissue matrix***)	Tier 3	
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (***human regenerative tissue matrix***)	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (***human regenerative tissue matrix***)	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (***human regenerative tissue matrix***)	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (***human regenerative tissue matrix***)	Tier 3	
Nail Protectives - Drugs for the Skin		
GENADUR (WITH LEXINAL) KIT 2,500 MCG (***biotin/carbitol/equisetum xt/ethanol/hydroxypropyl chito/msm***)	Tier 3	
Porcine Skin Dressings, Non-Living - Drugs for the Skin		
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG (***extracellular matrix (ecm), porcine derived***)	Tier 3	
MIRO3D TOPICAL SHEET 10 X 2 X 2 CM, 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 2 X 2 CM, 5 X 5 X 2 CM, 6 X 5 X 2 CM, 7 X 5 X 2 CM, 8 X 5 X 2 CM (***extracellular matrix (ecm), porcine derived***)	Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (***extracellular matrix (ecm),porcine derived,fenestrated***)	Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (***extracellular matrix (ecm),porcine derived,fenestrated***)	Tier 3	
MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 2 CM, 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 2 CM, 5 X 5 CM, 5 X 7 CM, 6 X 5 CM, 8 X 5 CM (***extracellular matrix (ecm), porcine derived***)	Tier 3	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM (***extracellular matrix (ecm), porcine derived***)	Tier 3	
Scabicide and Pediculicide Single Agents - Drugs for the Skin		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
malathion topical lotion 0.5 %	Tier 1	
permethrin topical cream 5 %	Tier 1	
spinosad topical suspension 0.9 %	Tier 1	
ULESFIA TOPICAL LOTION 5 % (***benzyl alcohol***)	Tier 3	
Skin Replacement, Live Tissue Dressings - Drugs for the Skin		
APLIGRAF TOPICAL DISK (***cultured skin substitute,human and bovine***)	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (***porcine acellular small intestine submucosa, fenestrated***)	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (***porcine acell submucosa,meshed***)	Tier 3	
Wound Care - Cleanser Combinations - Drugs for the Skin		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (***hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water***)	Tier 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
RENOVAR TOPICAL SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
Wound Care - Cleansers - Drugs for the Skin		
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 % (***sodium chloride irrigating solution/hypochlorous acid***)	Tier 3	
Wound Care - Dressings - Drugs for the Skin		
ACESO AG TOPICAL BANDAGE 4 X 4 " (***silver/silicone/foam bandage***)	Tier 3	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 " (***silver***)	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 " (***foam bandage***)	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (***gel dressing***)	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL (***gel dressing***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 " (***silver/foam bandage***)	Tier 3	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 " (***silver/calcium alginate***)	Tier 3	
KERAGEL TOPICAL GEL (***gel dressing***)	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
L-MESITRAN SOFT TOPICAL GEL 40 % (***honey***)	Tier 3	
OCM TOPICAL OINTMENT IN PACKET (***collagen, hydrolyzed/cod liver oil***)	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 " (***silver/calcium alginate***)	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 " (***silver/calcium alginate***)	Tier 3	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " (***silver/silicone/foam bandage***)	Tier 3	
SPECTRAGEL TOPICAL GEL (***gel dressing***)	Tier 3	
STRATACTX TOPICAL GEL (***gel dressing***)	Tier 3	
STRATAGRT TOPICAL GEL (***gel dressing***)	Tier 3	
STRATAXRT TOPICAL GEL (***gel dressing***)	Tier 3	
THERAHONEY TOPICAL BANDAGE 4 X 5 " (***honey***)	Tier 3	
Wound Care Combinations Other - Drugs for the Skin		
FILSUVEZ TOPICAL GEL 10 % (***birch bark extract***)	Tier 4	PA; SP
Diagnostic Agents		
Diagnostic - Blood Test Others		
PRECISION XTRA B-KETONE STRIP (***blood ketone test, strips***)	Tier 2	$0 COPAY; QL (200 EA per 30 days)
Electrolyte Balance-Nutritional Products - Drugs for Nutrition		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Amino Acid - Carnitine Derivatives - Drugs for Nutrition		
levocarnitine oral tablet 330 mg	Tier 1	
Amino Acids, Single Ingredient, Oral (non-injectable) - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	Tier 4	PA; SP
glutamine (sickle cell) oral powder in packet 5 gram	Tier 4	PA; SP
B-Complex Vitamins - Drugs for Nutrition		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML (***thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine***)	Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML (***thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine***)	Tier 1	
Diluents - Insulin Diluting Solutions - Drugs for Nutrition		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (***diluent for insulin aspart***)	Tier 3	
Diluents - Sodium Chloride - Drugs for Nutrition		
sodium chlor 0.9% bacteriostat injection solution 0.9 %	Tier 1	
sodium chloride 0.9 % injection solution	Tier 1	
sodium chloride injection syringe 0.9 %	Tier 1	
Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition		
sodium polystyrene sulfonate (Kionex Oral Suspension 15 Gram/60 Ml)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (***sodium zirconium cyclosilicate***)	Tier 2	
sodium polystyrene sulfonate oral powder 15 gram	Tier 1	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	Tier 1	
sodium polystyrene sulfonate/sorbitol solution (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 Ml)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (***sodium polystyrene sulfonate/sorbitol solution***)	Tier 3	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM (***patiromer calcium sorbitex***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Electrolyte Depleters - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitors - Drugs for Nutrition		
XPHOZAH ORAL TABLET 20 MG, 30 MG (***tenapanor hcl***)	Tier 3	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (2 EA per 1 day)
Irrigation Solutions - Drugs for Nutrition		
lactated ringers irrigation solution	Tier 3	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (***physiological irrigating solution no.1***)	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (***physiological irrigating solution no.1***)	Tier 3	
ringer's irrigation solution	Tier 1	
sodium chloride irrigation solution 0.9 %	Tier 1	
water for irrigation, sterile irrigation solution	Tier 1	
Minerals and Electrolytes - Iodine - Drugs for Nutrition		
LUGOLS ORAL SOLUTION 5 % (***potassium iodide/iodine***)	Tier 3	
potassium iodide oral solution 1 gram/ml	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 % (***potassium iodide/iodine***)	Tier 1	
Minerals and Electrolytes - Iron - Drugs for Nutrition		
ferric citrate oral tablet 210 mg iron	Tier 1	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (12 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML (***ferric carboxymaltose***)	Tier 4	SP
Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (***potassium bicarbonate/citric acid***)	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (***potassium bicarbonate/citric acid***)	Tier 1	
potassium chloride (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	Tier 1	
potassium chloride (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq)	Tier 1	
potassium chloride (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	Tier 1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 1	
potassium chloride oral packet 20 meq	Tier 1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	Tier 1	
potassium chloride oral tablet extended release 15 meq	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	Tier 1	
Minerals and Electrolytes - Trace Minerals - Drugs for Nutrition		
ZYCUBO SUBCUTANEOUS RECON SOLN 2.9 MG (***copper histidinate***)	Tier 4	PA; SP; QL (1 EA per 1 day)
Multivitamin and Mineral Combinations - Drugs for Nutrition		
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (***multivitamin-min no.110/folic acid/omega-3/dha/epa/fish oil***)	$0	EHB
Multivitamins - Drugs for Nutrition		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha***)	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (***multivitamin no.53/ferrous fum/folic acid/docusate/dha***)	Tier 1	
Nutritional Product - Lipid Others - Drugs for Nutrition		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (***triheptanoin***)	Tier 4	PA; SP
Nutritional Product - Medical Condition Specific Formulation - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	Tier 4	PA; SP
glutamine (sickle cell) oral powder in packet 5 gram	Tier 4	PA; SP
Prenatal Vitamins and Minerals - Drugs for Nutrition		
ATABEX ONE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 27 MG IRON- 1,000 MCG DFE (***prenatal vit no.203/iron bis-glycinate/methyltetrahyrofolate***)	$0	EHB
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG (***prenatal vit no.100/iron ps cplex,sod edta/folic acid/omega3***)	$0	EHB
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG (***prenatal vit no.81/iron ps,sod.feredetate/folic acid/omega-3***)	$0	EHB
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (***prenatal vitamins no.83/iron fumarate/folate no.6/dha***)	$0	EHB
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (***prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate***)	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (***prenatal vit no.72/iron carbony,gluc/folic acid/docusate/dha***)	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (***prenatal vit no.73/iron carbony,gluc/folic acid/docusate/dha***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (***prenatal vits no.76/iron carbon,gluc/folic acid/docusate/dha***)	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (***prenatal vitamin no.59/iron carb,fum/folic acid/docusate/dha***)	Tier 3	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (***prenatal vitamins no.52/iron/folic acid/omega-3/dha***)	$0	EHB
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.14/ferrous fumarate/folic acid***)	$0	EHB
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha***)	Tier 3	
KPN ORAL TABLET 9 MG IRON- 267 MCG (***prenatal vits with calcium no.98/ferrous fumarate/folic acid***)	$0	EHB
MASONATAL PRENATAL ORAL TABLET 28 MG IRON-800 MCG (***prenatal vitamins no.159/ferrous fumarate/folic acid***)	$0	EHB
MATRONEX ORAL TABLET 27 MG IRON- 1,000 MCG (***prenatal vitamins no.204/ferrous fumarate/folic acid***)	$0	EHB
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG (***prenatal vitamins no.49/ferrous fumarate/folic acid***)	$0	EHB
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	$0	EHB
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (***prenatal vit with calcium 15/iron/folic acid/docusate sodium***)	$0	EHB
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
MYNATAL ORAL TABLET 90-1-50 MG (***prenatal vitamins with calcium/iron,carb/docusate/folic acid***)	$0	EHB
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (***prenatal vitamins with calcium/ferrous fum/docusate/folic ac***)	$0	EHB
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (***prenatal vits no.53/iron fum/folic acid/docusate calcium/dha***)	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG (***prenatal vits no.12/iron,carb/folic acid/docusate/omega-3***)	$0	EHB
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK,TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE (***prenatal vitamins no.12/iron carbonyl/levomefolate calc/dha***)	$0	EHB
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE (***prenatal vitamins no.12/iron,carbonyl/levomefolate calcium***)	$0	EHB
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (***prenatal vitamins no.127/iron,carbonyl/folic acid/docusate***)	$0	EHB
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha***)	Tier 3	
ONE-A-DAY PRENATAL ADVANCED ORAL COMBO PACK 27 MG IRON-800 MCG-110 MG (***pnv168/iron,carb/folic ac/choline bit/om-3/dha/epa/fish oil***)	$0	EHB
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON-800 MCG-235 MG (***prenatal vitamins no.168/iron/folic acid/omega-3/dha/epa***)	$0	EHB
P2I PRENATAL WITH CHOLINE ORAL CAPSULE 4.25 MG IRON- 333.5 MCG DFE (***prenatal vitamin no.200/iron bis-glycinate/levomefolate calc***)	$0	EHB
pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg	$0	EHB
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (***prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha***)	$0	EHB
PNV-SELECT ORAL TABLET 27-1 MG (***prenatal vits with calcium no.40/iron fumarate/folate no.1***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-400 MG (***prenatal vit no.19/iron bg hcl,suc-prot/folic acid/omega-3***)	$0	EHB
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (***prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3***)	$0	EHB
PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-430 MG (***prenatal vit 55/iron bisgly hcl,suc-prot/folic acid/omega-3***)	$0	EHB
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG - 430 MG (***prenatal vit with calcium 54/iron bis,s-p/folic acid/omega-3***)	$0	EHB
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (***prenatal vits with calcium no.80/iron fum/folic acid/dss/dha***)	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (***prenatal vit with calcium no.69/iron/folic acid/docusate/dha***)	Tier 1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.37/ferrous fumarate/folic acid***)	$0	EHB
PRENATABS FA ORAL TABLET 29-1 MG (***prenatal vits with calcium no.78/ferrous fumarate/folic acid***)	$0	EHB
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	$0	EHB
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-975 MCG-200 MG (***prenatal vits, calcium no.91/ferrous fumarate/folic acid/dha***)	$0	EHB
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (***prenatal vit with calcium 95/ferrous fumarate/folic acid/dha***)	$0	EHB
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (***prenatal vits no.115/iron fumarate/folic acid/docusate sod.***)	$0	EHB
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins no.119/iron fumarate/folic acid***)	$0	EHB
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (***prenatal vits with calcium no.115/iron fumarate/folic acid***)	$0	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (***prenatal vits with calcium no.21/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON-272 MCG DFE (***prenatal vits no.173/iron bisglycinate/folate no.11***)	$0	EHB
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG (***prenatal vits with calcium no.93/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG (***prenatal vitamins no.116/iron fumarate/folic acid/dha***)	$0	EHB
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG (***prenatal vit with calcium no.122/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG (***prenatal vitamins no.40/ferrous fumarate/folic acid/dha***)	$0	EHB
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG (***prenatal vits no.151/iron fum/folic acid/omega3/dha/epa/fish***)	$0	EHB
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vit with calcium no.129/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL ORAL TABLET 28-800 MG-MCG (***prenatal vits with calcium 133/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (***pnv no.72/ferrous fumarate/folic acid/omega-3/dha***)	$0	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (***prenatal vits with calcium no.72/iron,carbonyl/folic acid***)	$0	EHB
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.180/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg	$0	EHB
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (***prenatal vit with calcium no.130/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vits with calcium no.124/ferrous fumarat/folic acid***)	$0	EHB
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg	$0	EHB
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG (***prenatal vitamins no.103/folic acid/omega-3s/dha/fish oil***)	$0	EHB
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (***prenatal vits no.65/ferrous fumarate,iron polysac/folic acid***)	$0	EHB
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vits with calcium 118/ferrous fumarate/folic acid***)	$0	EHB
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins no.119/iron fumarate/folic acid***)	$0	EHB
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG (***prenatal vits, calcium no.102/ferrous fum/folic acid/dha/lut***)	$0	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG (***prenatal vitamins no.63/iron,carbonyl/folic acid/dha***)	$0	EHB
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (***multivitamin no.53/ferrous fum/folic acid/docusate/dha***)	Tier 1	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG (***prenatal vitamins no.32/ferrous fumarate/folic acid/dha***)	$0	EHB
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG (***prenatal vitamins no.100/iron fumarate/folic acid/dha/epa***)	$0	EHB
THERANATAL ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.28/ferrous fumarate/folic acid***)	$0	EHB
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON-1 MG-300 MG (***prenatal vitamins no.74/ferrous fumarate/folic acid/dha***)	$0	EHB
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	$0	EHB
TRICARE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium 103/ferrous fumarate/folic acid***)	$0	EHB
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (***prenatal vitamin 27 with calcium/ferrous fumarate/folic acid***)	$0	EHB
TRINATE ORAL TABLET 28 MG IRON- 1 MG (***prenatal vits with calcium no.73/ferrous fumarate/folic acid***)	$0	EHB
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG (***prenatal vit no.166/iron/folic acid/omega-3/dha/epa/fish oil***)	$0	EHB
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG (***prenatal vits no.102/iron polysacch/folate no.1/docusate/dha***)	Tier 3	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG (***prenatal vits no.34/iron,carb/folic acid/docusate sodium/dha***)	Tier 1	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (***prenatal vitamins no.52/iron/folic acid/omega-3/dha***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	$0	EHB
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG (***prenatal vit with calcium no.61/iron fumarate/folic acid/dha***)	$0	EHB
Prenatal Vitamins with Low or No Iron (less than 27 mg) - Drugs for Nutrition		
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG (***prenatal vitamins no.167/folic acid/docosahexaenoic acid***)	$0	EHB
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG (***prenatal vitamins no.153/folic acid/omega3/dha/epa/fish oil***)	$0	EHB
PRENATAL ORAL TABLET,CHEWABLE 400 MCG (***prenatal vitamins no.144/folic acid***)	$0	EHB
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT (***prenatal vitamins no.74/ferrous fumarate/folic acid/coq10***)	$0	EHB
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (***prenatal vits no.112/iron phosph/folic acid/omega-3s/dha/epa***)	$0	EHB
Sodium Chloride Flushes - Drugs for Nutrition		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	Tier 1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %	Tier 1	
sodium chloride 0.9 % (flush) injection syringe	Tier 1	
sodium chloride 0.9 % injection solution	Tier 1	
Sodium Chloride, Parenteral - Drugs for Nutrition		
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	Tier 1	
sodium chloride 0.9 % intravenous parenteral solution	Tier 1	
sodium chloride 0.9 % intravenous piggyback	Tier 1	
Vitamins - B-1, Thiamine and Derivatives - Drugs for Nutrition		
thiamine hcl (vitamin b1) injection solution 100 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition		
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	Tier 1	
cyanocobalamin (vitamin b-12) (Dodex Injection Solution 1,000 Mcg/Ml)	Tier 1	
hydroxocobalamin intramuscular solution 1,000 mcg/ml	Tier 1	
mecobalamin (vitamin b12) injection recon soln 10,000 mcg	Tier 1	
Vitamins - B-3, Niacin and Derivatives - Drugs for Nutrition		
niacin oral tablet 500 mg	Tier 1	
Vitamins - B-6, Pyridoxine and Derivatives - Drugs for Nutrition		
pyridoxine (vitamin b6) injection solution 100 mg/ml	Tier 1	
Vitamins - C, Ascorbic Acid and Derivatives - Drugs for Nutrition		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML (***ascorbic acid***)	Tier 3	
Vitamins - D Derivatives - Drugs for Nutrition		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	Tier 1	
ergocalciferol (vitamin d2) (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	Tier 1	
Vitamins - Folic Acid and Derivatives - Drugs for Nutrition		
folic acid injection solution 5 mg/ml	Tier 1	
folic acid oral tablet 1 mg	Tier 1	
folic acid oral tablet 400 mcg, 800 mcg	$0	EHB
PUREVITA FOLIC ACID ORAL TABLET 400 MCG (***folic acid***)	$0	EHB
Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition		
phytonadione (vitamin k1) injection solution 10 mg/ml	Tier 1	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml	Tier 1	
phytonadione (vitamin k1) oral tablet 5 mg	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (***phytonadione (vit k1)***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phytonadione (vit k1) (Vitamin K1 Injection Solution 10 Mg/Ml)	Tier 1	
Endocrine - Hormones		
Abortifacients or Cervical Ripening Agents - Prostaglandin Analogs - Drugs for Women		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (***dinoprostone***)	Tier 3	
PREPIDIL VAGINAL GEL 0.5 MG/3 G (***dinoprostone***)	Tier 3	
Abortifacients- Progesterone Receptor Antagonist - Drugs for Women		
MIFEPREX ORAL TABLET 200 MG (***mifepristone***)	Tier 3	
mifepristone oral tablet 200 mg	Tier 1	
Adrenal Steroid Inhibitors - Hormones		
ISTURISA ORAL TABLET 1 MG, 5 MG (***osilodrostat phosphate***)	Tier 4	PA; SP
RECORLEV ORAL TABLET 150 MG (***levoketoconazole***)	Tier 4	PA; SP
Adrenocorticotrophic Hormones - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***)	Tier 4	PA; SP
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML (***corticotropin***)	Tier 4	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML (***corticotropin***)	Tier 4	PA; SP
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML (***corticotropin***)	Tier 4	PA; SP
Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (***glucagon***)	Tier 2	DD; QL (4 EA per 1 FILL)
diazoxide oral suspension 50 mg/ml	Tier 1	DD
glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	Tier 1	DD; ST: TRIAL OF BAQSIMI OR GVOKE IN THE PAST 120 DAYS; QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (***glucagon***)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (***glucagon***)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
Amyloidosis Agents- Transthyretin (TTR) Stabilizer - Hormones		
ATTRUBY ORAL TABLET 356 MG (***acoramidis hcl***)	Tier 4	PA; SP
VYNDAMAX ORAL CAPSULE 61 MG (***tafamidis***)	Tier 4	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG (***tafamidis meglumine***)	Tier 4	PA; SP
Amyloidosis Agents-TTR Suppression, Antisense Oligonucleotide-based - Hormones		
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML (***eplontersen sodium***)	Tier 4	PA; SP
Amyloidosis Agents-TTR Suppression, RNA Interfering (RNAi) based - Hormones		
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (***vutrisiran sodium***)	Tier 4	PA; SP
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML (***patisiran sodium, lipid complex***)	Tier 4	PA; SP
Androgen - Single Agents - Drugs for Men		
KYZATREX ORAL CAPSULE 150 MG, 200 MG (***testosterone undecanoate***)	Tier 3	PA; QL (4 EA per 1 day)
METHITEST ORAL TABLET 10 MG (***methyltestosterone***)	Tier 3	PA
methyltestosterone oral capsule 10 mg	Tier 1	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	Tier 1	PA; QL (10 ML per 28 days)
testosterone enanthate intramuscular oil 200 mg/ml	Tier 1	PA; QL (5 ML per 28 days)
testosterone transdermal gel 50 mg/5 gram (1 %)	Tier 1	PA; QL (10 GM per 1 day)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	Tier 1	PA; QL (4 GM per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	Tier 1	PA; QL (10 GM per 1 day)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	Tier 1	PA; QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)	Tier 1	PA; QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	Tier 1	PA; QL (10 GM per 1 day)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	Tier 1	PA; QL (1.25 GM per 1 day)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	Tier 1	PA; QL (6 ML per 1 day)
TLANDO ORAL CAPSULE 112.5 MG (***testosterone undecanoate***)	Tier 3	PA; QL (4 EA per 1 day)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (***testosterone enanthate***)	Tier 3	PA; QL (2 ML per 28 days)
Antidiabetic - CD3 Directed Monoclonal Antibody - Drugs for Diabetes		
TZIELD INTRAVENOUS SOLUTION 1 MG/ML (***teplizumab-mzwv***)	Tier 4	PA; SP; DD
Antidiuretic and Vasopressor Hormones - Hormones		
desmopressin injection solution 4 mcg/ml	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)	Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (***desmopressin acetate***)	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (***desmopressin acetate***)	Tier 3	QL (1 EA per 1 day)
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 1	DD
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (***sitagliptin phosphate***)	Tier 2	DD; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists - Drugs for Diabetes		
CYCLOSET ORAL TABLET 0.8 MG (***bromocriptine mesylate***)	Tier 3	DD; ST: TRIAL OF METFORMIN (GLUCOPHAGE), METFORMIN ER, GLYBURIDE/METFORMIN (GLUCOVANCE) OR GLIPIZIDE/METFORMIN (METAGLIP) WITHIN THE PAST 180 DAYS
Antihyperglycemic - Dual GIP and GLP-1 Receptor Agonists - Drugs for Diabetes		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***)	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; DD; QL (0.5 ML per 7 days)
Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Diabetes		
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; DD; QL (2.4 ML per 30 days)
exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; DD; QL (1.2 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	Tier 1	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; DD; QL (9 ML per 30 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG (***semaglutide***)	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; DD; QL (1 EA per 1 day)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (***semaglutide***)	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; DD; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (***semaglutide***)	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; DD; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (***dulaglutide***)	Tier 2	PA; DIAGNOSIS CODE FOR MEDICALLY ACCEPTED INDICATION REQUIRED OR SUBMIT A PA REQUEST; DD; QL (2 ML per 28 days)
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes		
KORLYM ORAL TABLET 300 MG (***mifepristone***)	Tier 4	PA; SP; DD
mifepristone oral tablet 300 mg	Tier 4	PA; SP; DD
Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	Tier 1	DD
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	DD
Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-500 mg, 5-500 mg	Tier 1	DD; QL (1 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (***empagliflozin/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (***empagliflozin/metformin hcl***)	Tier 2	DD; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (***empagliflozin/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (***dapagliflozin/metformin***)	Tier 2	DD; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (***dapagliflozin/metformin***)	Tier 2	DD; QL (2 EA per 1 day)
Antihyperglycemic - SGLT-2 Inhibitor and DPP-4 Inhibitor Combinations - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin/linagliptin***)	Tier 2	DD; QL (1 EA per 1 day)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors - Drugs for Diabetes		
dapagliflozin oral tablet 10 mg, 5 mg	Tier 1	DD; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***)	Tier 2	DD; QL (1 EA per 1 day)
Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	DD
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	DD
Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	DD
glipizide oral tablet 10 mg, 5 mg	Tier 1	DD
glipizide oral tablet 2.5 mg	Tier 1	DD; QL (2 EA per 1 day)
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	Tier 1	DD
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	DD
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes		
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	Tier 1	DD; ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYLUREA COMBO REQUIRED WITHIN THE PAST 120 DAYS
Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes		
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	Tier 1	DD; ST: TRIAL OF METFORMIN, PREFERRED SULFONYLUREA OR PREFERRED METFORMIN/SULFONYLUREA COMBO REQUIRED WITHIN THE PAST 120 DAYS
Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (***sitagliptin phosphate/metformin hcl***)	Tier 2	DD; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
Antihyperglycemic-Insulin, Long Acting and GLP-1 Receptor Agonist Comb - Drugs for Diabetes		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (***insulin glargine,human recombinant analog/lixisenatide***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (***insulin degludec/liraglutide***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (15 ML per 28 days)
Antihyperglycemic-SGLT-2 inhibitor, DPP-4 inhibitor and Biguanide comb - Drugs for Diabetes		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***)	Tier 2	DD; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid		
propylthiouracil oral tablet 50 mg	Tier 1	
Bone Formation Stimulating Agents - Natriuretic Peptide - Drugs for Menopause and Bone Loss		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG (***vosoritide***)	Tier 4	PA; SP
YUVIWEL SUBCUTANEOUS RECON SOLN 1.3 MG, 2.8 MG (***navepegritide***)	Tier 4	PA; SP; QL (1 EA per 28 days)
YUVIWEL SUBCUTANEOUS RECON SOLN 5.5 MG (***navepegritide***)	Tier 4	PA; SP; QL (2 EA per 28 days)
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs for Menopause and Bone Loss		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (***abaloparatide***)	Tier 4	PA; SP
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss		
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bone Resorption Inhibitors - Bisphosphonate and Vitamin D Combinations - Drugs for Menopause and Bone Loss		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT (***alendronate sodium/cholecalciferol (vitamin d3)***)	Tier 2	
Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss		
alendronate oral solution 70 mg/75 ml	Tier 1	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	Tier 1	
ibandronate oral tablet 150 mg	Tier 1	
risedronate oral tablet 150 mg	Tier 1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg	Tier 1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	Tier 1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 7 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	Tier 1	ST: TRIAL OF GENERIC ALENDRONATE AND IBANDRONATE REQUIRED; QL (1 EA per 7 days)
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss		
cinacalcet oral tablet 30 mg, 60 mg	Tier 4	SP
cinacalcet oral tablet 90 mg	Tier 4	SP; QL (4 EA per 1 day)
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML (***etelcalcetide hydrochloride***)	Tier 4	PA; SP
Calcitonins - Drugs for Menopause and Bone Loss		
calcitonin (salmon) injection solution 200 unit/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 1	
Corticotropin-Releasing Factor (CRF) Type 1 Receptor Antagonists - Hormones		
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (***crinecerfont***)	Tier 4	PA; SP
CRENESSITY ORAL SOLUTION 50 MG/ML (***crinecerfont***)	Tier 4	PA; SP
Estrogen and Progestin with Antimineralocorticoid Activity,Combination - Drugs for Women		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (***drospirenone/estradiol***)	Tier 3	
Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (***estrogens, conjugated/bazedoxifene acetate***)	Tier 2	
Estrogen-Androgen - Drugs for Women		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	Tier 1	
Estrogen-Progestin - Drugs for Women		
estradiol/norethindrone acetate (Abigale Lo Oral Tablet 0.5-0.1 Mg)	Tier 1	
estradiol/norethindrone acetate (Abigale Oral Tablet 1-0.5 Mg)	Tier 1	
BIJUVA ORAL CAPSULE 0.5-100 MG (***estradiol/progesterone***)	Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG (***estradiol/progesterone***)	Tier 2	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (***estradiol/norethindrone acetate***)	Tier 2	QL (2 EA per 7 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1	
norethindrone acetate/ethinyl estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
norethindrone acetate/ethinyl estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	
estradiol/norethindrone acetate (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (***estrogens, conjugated/medroxyprogesterone acetate***)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***estrogens, conjugated/medroxyprogesterone acetate***)	Tier 2	
Estrogens - Drugs for Women		
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Tier 1	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (***estradiol cypionate***)	Tier 3	
estradiol (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (***estradiol***)	Tier 3	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (52 GM per 30 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	Tier 1	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)	Tier 1	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	Tier 1	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (30 GM per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	Tier 1	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (37.5 GM per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	Tier 1	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%) (***estradiol***)	Tier 3	ST: TRIAL OF GENERIC CLIMARA, MINIVELLE, OR VIVELLE-DOT IN THE PAST 120 DAYS; QL (16.2 ML per 30 days)
estradiol (Lyllana Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (***estradiol***)	Tier 3	QL (1 EA per 7 days)
Fertility Enhancer - Luteal Phase Supporting, Progesterone-type - Drugs for Women		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CRINONE VAGINAL GEL 8 % (***progesterone, micronized***)	Tier 2	Coverage varies by benefit plan. It may apply to certain Employer Group Plans, depending on plan type and effective date. See plan documents such as your EOC for more details.
progesterone micronized vaginal insert 100 mg	Tier 1	Coverage varies by benefit plan. It may apply to certain Employer Group Plans, depending on plan type and effective date. See plan documents such as your EOC for more details.
Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-FSH) - Drugs for Women		
clomiphene citrate oral tablet 50 mg	Tier 1	Coverage varies by benefit plan. It may apply to certain Employer Group Plans, depending on plan type and effective date. See plan documents such as your EOC for more details.
clomiphene citrate (Milophene Oral Tablet 50 Mg)	Tier 1	Coverage varies by benefit plan. It may apply to certain Employer Group Plans, depending on plan type and effective date. See plan documents such as your EOC for more details.
Fibroblast Growth Factor 23 (FGF23) Inhibitors, Monoclonal Antibody - Drugs for Menopause and Bone Loss		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (***burosumab-twza***)	Tier 4	PA; SP
Follicle-Stimulating and Luteinizing Hormones - Drugs for Women		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (***menotropins***)	Tier 4	SP; Coverage varies by benefit plan. It may apply to certain Employer Group Plans, depending on plan type and effective date. See plan documents such as your EOC for more details.
Follicle-Stimulating Hormone (FSH) - Drugs for Women		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML (***follitropin beta,recombinant***)	Tier 4	SP; Coverage varies by benefit plan. It may apply to certain Employer Group Plans, depending on plan type and effective date. See plan documents such as your EOC for more details.; ST: TRIAL OF GONAL-F OR GONAL-F-RFF REQUIRED IN THE PAST 120 DAYS
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML (***follitropin alfa, recombinant***)	Tier 4	SP; Coverage varies by benefit plan. It may apply to certain Employer Group Plans, depending on plan type and effective date. See plan documents such as your EOC for more details.
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT (***follitropin alfa, recombinant***)	Tier 4	SP; Coverage varies by benefit plan. It may apply to certain Employer Group Plans, depending on plan type and effective date. See plan documents such as your EOC for more details.
Glucocorticoid Salt Combinations - Drugs for Inflammation		
BETALOAN SUIK KIT 6 MG/ML (***betamethasone acetate and sodium phosph/norflurane/hfc 245fa***)	Tier 3	
Glucocorticoids - Drugs for Inflammation		
AGAMREE ORAL SUSPENSION 40 MG/ML (***vamorolone***)	Tier 4	PA; SP
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (***hydrocortisone***)	Tier 4	PA; SP
cortisone oral tablet 25 mg	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
deflazacort oral suspension 22.75 mg/ml	Tier 4	PA; SP
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Tier 4	PA; SP
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (***dexamethasone***)	Tier 3	
dexamethasone oral elixir 0.5 mg/5 ml	Tier 1	
dexamethasone oral solution 0.5 mg/5 ml	Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	Tier 1	
dexamethasone oral tablet 1 mg, 2 mg	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 % (***dexamethasone sodium phosphate***)	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (***deflazacort***)	Tier 4	PA; SP
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
hydrocortisone sod succinate injection recon soln 100 mg	Tier 1	
deflazacort (Jaythari Oral Suspension 22.75 Mg/Ml)	Tier 4	PA; SP
deflazacort (Jaythari Oral Tablet 18 Mg, 30 Mg, 36 Mg, 6 Mg)	Tier 4	PA; SP
KENALOG INJECTION SUSPENSION 10 MG/ML (***triamcinolone acetonide***)	Tier 3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (***triamcinolone acetonide***)	Tier 3	
deflazacort (Kymbee Oral Tablet 18 Mg, 30 Mg, 36 Mg, 6 Mg)	Tier 4	PA; SP
MEDROL ORAL TABLET 2 MG (***methylprednisolone***)	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML (***methylprednisolone acetate/norflurane/hfc 245fa***)	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML (***methylprednisolone acetate/norflurane/hfc 245fa***)	Tier 3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	Tier 1	
prednisolone oral solution 15 mg/5 ml	Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (***prednisone***)	Tier 2	
prednisone oral solution 5 mg/5 ml	Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg	Tier 1	
deflazacort (Pyquvi Oral Suspension 22.75 Mg/Ml)	Tier 4	PA; SP
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML (***hydrocortisone sodium succinate/pf***)	Tier 3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG (***budesonide***)	Tier 4	PA; SP
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml	Tier 1	
TRILOAN II SUIK KIT 40 MG/ML (***triamcinolone/norflurane and pentafluoropropane (hfc 245fa)***)	Tier 3	
TRILOAN SUIK KIT 40 MG/ML (***triamcinolone/norflurane and pentafluoropropane (hfc 245fa)***)	Tier 3	
Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women		
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	
Growth Hormone Receptor Antagonists - Drugs for Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (***pegvisomant***)	Tier 4	SP
Growth Hormone Releasing Hormones (GHRH) - Drugs for Growth		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (***tesamorelin acetate***)	Tier 4	PA; SP
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG (***tesamorelin acetate***)	Tier 4	PA; SP
Growth Hormones - Drugs for Growth		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (***somatropin***)	Tier 4	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (***somatropin***)	Tier 4	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***)	Tier 4	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***)	Tier 4	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (***somatropin***)	Tier 4	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (***lonapegsomatropin-tcgd***)	Tier 4	PA; SP
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somapacitan-beco***)	Tier 4	PA; SP
Human Chorionic Gonadotropin (hCG) - Drugs for Women		
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	Tier 3	Coverage varies by benefit plan. It may apply to certain Employer Group Plans, depending on plan type and effective date. See plan documents such as your EOC for more details.; ST: TRIAL OF NOVAREL OR OVIDREL REQUIRED IN THE PAST 120 DAYS
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT (***chorionic gonadotropin, human***)	Tier 2	Coverage varies by benefit plan. It may apply to certain Employer Group Plans, depending on plan type and effective date. See plan documents such as your EOC for more details.

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (***choriogonadotropin alfa***)	Tier 2	Coverage varies by benefit plan. It may apply to certain Employer Group Plans, depending on plan type and effective date. See plan documents such as your EOC for more details.
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (***chorionic gonadotropin, human***)	Tier 3	Coverage varies by benefit plan. It may apply to certain Employer Group Plans, depending on plan type and effective date. See plan documents such as your EOC for more details.; ST: TRIAL OF NOVAREL OR OVIDREL REQUIRED IN THE PAST 120 DAYS
Human Insulins - Fixed Combinations - Drugs for Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)
Human Insulins - Intermediate Acting - Drugs for Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (40 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (40 ML per 28 days)
Human Insulins - Rapid Acting - Drugs for Diabetes		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (***insulin regular, human***)	Tier 3	PA; Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD
Human Insulins - Short Acting - Drugs for Diabetes		
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (40 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (***insulin regular, human***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (24 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin regular, human***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (40 ML per 28 days)
Insulin Analogs - Fixed Combinations - Drugs for Diabetes		
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (40 ML per 28 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	Tier 1	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (***insulin aspart protamine human/insulin aspart***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin aspart protamine human/insulin aspart***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)
Insulin Analogs - Long Acting - Drugs for Diabetes		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml)	Tier 1	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)
insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)	Tier 1	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (18 ML per 28 days)
insulin degludec subcutaneous solution 100 unit/ml	Tier 1	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (40 ML per 28 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
insulin glargine-yfgn subcutaneous solution 100 unit/ml	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine-aglr***)	Tier 3	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; ST: TRIAL OF INSULIN GLARGINE-YFGN, TOUJEO OR TRESIBA IN THE PAST 120 DAYS; QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (***insulin glargine,human recombinant analog***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (13.5 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin degludec***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin degludec***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin degludec***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (40 ML per 28 days)
Insulin Analogs - Rapid Acting - Drugs for Diabetes		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart (niacinamide)***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) (***insulin aspart (niacinamide)***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) (***insulin aspart (niacinamide)/pump cartridge***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart (niacinamide)***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (40 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (12 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin lispro***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	Tier 1	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	Tier 1	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	Tier 1	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (40 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro-aabc***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro-aabc***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro-aabc***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (40 ML per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin aspart***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (30 ML per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart***)	Tier 2	Some plans such as Employer Group and Individual & Family limit certain insulin copays to $35 depending on plan type and effective date. Check your plan documents, including your EOC, for details.; DD; QL (40 ML per 28 days)
Insulin Response Enhancers - Biguanides - Drugs for Diabetes		
metformin oral solution 500 mg/5 ml	Tier 1	DD
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	DD
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	DD
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes		
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	Tier 1	DD
Insulin-like Growth Factor-1 (IGF-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (***mecasermin***)	Tier 4	PA; SP
Leptin Hormone Analogs - Hormones		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (***metreleptin***)	Tier 4	PA; SP
LHRH (GnRH) Agonist Analog Pit Suppres - Central Precocious Puberty - Drugs for Women		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***)	Tier 4	PA; SP
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) (***histrelin acetate***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (***triptorelin pamoate***)	Tier 4	PA; SP
LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women		
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (***nafarelin acetate***)	Tier 4	PA; SP
LHRH (GnRH) Antagonist, Estrogen and Progestin Combinations - Drugs for Woman		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (***relugolix/estradiol/norethindrone acetate***)	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (***elagolix sodium/estradiol/norethindrone acetate***)	Tier 2	PA
LHRH (GnRH) Antagonists - Drugs for Women		
cetrorelix subcutaneous kit 0.25 mg	Tier 4	SP; Coverage varies by benefit plan. It may apply to certain Employer Group Plans, depending on plan type and effective date. See plan documents such as your EOC for more details.
ganirelix acetate (Fyremadel Subcutaneous Syringe 250 Mcg/0.5 Ml)	Tier 4	SP; Coverage varies by benefit plan. It may apply to certain Employer Group Plans, depending on plan type and effective date. See plan documents such as your EOC for more details.
ganirelix subcutaneous syringe 250 mcg/0.5 ml	Tier 4	SP; Coverage varies by benefit plan. It may apply to certain Employer Group Plans, depending on plan type and effective date. See plan documents such as your EOC for more details.
ORILISSA ORAL TABLET 150 MG, 200 MG (***elagolix sodium***)	Tier 2	PA
Menopausal Symptoms Suppressant-Neurokinin 3 (NK3) Receptor Antagonist - Drugs for Woman		
VEOZAH ORAL TABLET 45 MG (***fezolinetant***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Menopausal Symptoms Suppressant-SSRI Antidepressant Type - Drugs for Women		
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	Tier 1	ST: TRIAL OF PAROXETINE HCL OR VENLAFAXINE REQUIRED; QL (1 EA per 1 day)
Mineralocorticoids - Drugs for Inflammation		
fludrocortisone oral tablet 0.1 mg	Tier 1	
Oxytocic - Ergot Alkaloids - Drugs for Women		
methylergonovine oral tablet 0.2 mg	Tier 1	QL (28 EA per 30 days)
Parathyroid Hormones and Analogs - Drugs for Menopause and Bone Loss		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML (***palopegteriparatide***)	Tier 4	PA; SP
Progestins - Drugs for Women		
norethindrone acetate (Gallifrey Oral Tablet 5 Mg)	Tier 1	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
norethindrone acetate oral tablet 5 mg	Tier 1	
progesterone intramuscular oil 50 mg/ml	Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women		
cabergoline oral tablet 0.5 mg	Tier 1	
RANK ligand (RANKL) inhibitor, MC Antibody - Drugs for Menopause and Bone Loss		
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (***denosumab-bmwo***)	Tier 4	PA; SP
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML (***denosumab-bmwo***)	Tier 4	PA; SP
Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss		
raloxifene oral tablet 60 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Somatostatic Agents - Drugs for Growth		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML) (***octreotide acetate***)	Tier 4	PA; SP
lanreotide subcutaneous syringe 120 mg/0.5 ml	Tier 4	PA; SP
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (***octreotide acetate***)	Tier 4	PA; SP
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	SP
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 4	SP
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	Tier 4	PA; SP
PALSONIFY ORAL TABLET 20 MG, 30 MG (***paltusotine hcl***)	Tier 4	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (***pasireotide pamoate***)	Tier 4	PA; SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (***pasireotide diaspartate***)	Tier 4	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML (***lanreotide acetate***)	Tier 4	PA; SP
Thyroid Eye Disease Agents - Drugs for Thyroid		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG (***teprotumumab-trbw***)	Tier 4	PA; SP
Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (***thyroid,pork***)	Tier 3	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (***thyroid,pork***)	Tier 1	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 1	ST: TRIAL OF LEVOTHYROXINE OR LIOTHYRONINE IN THE PAST 120 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid		
liothyronine sodium (Liomny Oral Tablet 25 Mcg, 5 Mcg, 50 Mcg)	Tier 1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***)	Tier 1	
levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	PA
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	
THYQUIDITY ORAL SOLUTION 20 MCG/ML (***levothyroxine sodium***)	Tier 3	ST: TRIAL OF GENERIC LEVOTHYROXINE TABLETS IN THE PAST 120 DAYS; QL (20 ML per 1 day)
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG (***levothyroxine sodium***)	Tier 3	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (***levothyroxine sodium***)	Tier 3	PA
FDB Class Obsolete-Not Used		
Alternative Therapy - Homeopathic Products		
AURUMHEEL ORAL DROPS (***homeopathic drugs***)	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS (***homeopathic drugs***)	Tier 3	
CRALONIN ORAL DROPS (***homeopathic drugs***)	Tier 3	
EYE ORAL TABLET,SOLUBLE (***homeopathic drugs***)	Tier 3	
LAMIOFLUR ORAL DROPS (***homeopathic drugs***)	Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS (***homeopathic drugs***)	Tier 3	
POPULUS COMPOSITUM ORAL DROPS (***homeopathic drugs***)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PSORINOHEEL ORAL DROPS (***homeopathic drugs***)	Tier 3	
RENEEL ORAL TABLET,SOLUBLE (***homeopathic drugs***)	Tier 3	
SABAL-HOMACCORD ORAL DROPS (***homeopathic drugs***)	Tier 3	
SYZYGIUM COMPOSITUM ORAL DROPS (***homeopathic drugs***)	Tier 3	
VERTIGOHEEL ORAL DROPS (***homeopathic drugs***)	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE (***homeopathic drugs***)	Tier 3	
Gastrointestinal Therapy Agents - Drugs for the Stomach		
Agents to Treat CHAPLE Disease - Drugs to Relax Muscles		
VEOPOZ INJECTION SOLUTION 200 MG/ML (***pozelimab-bbfg***)	Tier 4	PA; SP
Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea		
loperamide oral capsule 2 mg	Tier 1	
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs for Diarrhea		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG (***crofelemer***)	Tier 4	SP; ST: TRIAL OF ANTI-RETROVIRAL THERAPY REQUIRED.; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs for Diarrhea		
XERMELO ORAL TABLET 250 MG (***telotristat etiprate***)	Tier 4	PA; SP
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 1	
Antidiarrheal Opioid Agents - Drugs for Diarrhea		
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea		
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 1	
Antiemetic - Antihistamines - Drugs for Vomiting and Nausea		
meclizine oral tablet 12.5 mg, 25 mg	Tier 1	
meclizine oral tablet,chewable 25 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Antihistamine-Vitamin Combinations - Drugs for Vomiting and Nausea		
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	Tier 1	QL (120 EA per 30 days)
Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	ST: TRIAL OF 5HT3 ANTAGONIST, CORTICOSTEROIDS, MEGESTROL SUSPENSION, OR EMEND REQUIRED IN PAST 120 DAYS; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***)	Tier 3	ST: TRIAL OF GENERIC DRONABINOL CAPSULES IN THE PAST 120 DAYS; QL (60 ML per 30 days)
Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea		
trimethobenzamide oral capsule 300 mg	Tier 1	
Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea		
prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
prochlorperazine rectal suppository 25 mg	Tier 1	
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg	Tier 1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea		
granisetron hcl oral tablet 1 mg	Tier 1	ST: TRIAL OF ONDANSETRON TABLETS OR ODT REQUIRED.; QL (10 EA per 21 days)
ondansetron hcl oral solution 4 mg/5 ml	Tier 1	QL (150 ML per 21 days)
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ondansetron oral tablet,disintegrating 4 mg, 8 mg	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (***granisetron***)	Tier 3	ST: TRIAL OF ONDANSETRON TABLETS OR ODT REQUIRED.; QL (1 EA per 7 days)
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea		
aprepitant oral capsule 125 mg	Tier 1	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg	Tier 1	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	Tier 1	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	Tier 1	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (***aprepitant***)	Tier 2	QL (3 EA per 21 days)
VARUBI ORAL TABLET 90 MG (***rolapitant hcl***)	Tier 2	PR: RESTRICTED TO ONCOLOGY OR HEMATOLOGY SPECIALIST; QL (2 EA per 14 days)
Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (***netupitant/palonosetron hcl***)	Tier 2	PR: RESTRICTED TO ONCOLOGY OR HEMATOLOGY SPECIALIST; QL (1 EA per 21 days)
Bile Acids - Drugs for the Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (***cholic acid***)	Tier 4	PA; SP
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Constipation		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	Tier 2	QL (1 EA per 1 day)
Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach		
lactulose (Enulose Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose (Generlac Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose oral solution 10 gram/15 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Digestive Enzyme Mixtures - Drugs for the Stomach		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (***lipase/protease/amylase (porcine)***)	Tier 2	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT (***lipase/protease/amylase (porcine)***)	Tier 2	
Digestive Enzymes - Drugs for the Stomach		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (***sacrosidase***)	Tier 4	PA; SP
Fecal Microbiota Transplantation (FMT) - Drugs for Stomach		
REBYOTA RECTAL ENEMA 150 ML (***fecal microbiota, live-jslm***)	Tier 4	PA; SP
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL (***fecal microbiota spores, live-brpk***)	Tier 4	PA; SP
Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach		
CTEXLI ORAL TABLET 250 MG (***chenodiol***)	Tier 4	PA; SP
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg, 500 mg	Tier 1	
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid		
cimetidine hcl oral solution 300 mg/5 ml	Tier 1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Tier 1	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	Tier 1	
famotidine oral tablet 20 mg, 40 mg	Tier 1	
nizatidine oral capsule 150 mg, 300 mg	Tier 1	
Gastric Acid Secretion Reducer - Potassium-Competitive Acid Blockers - Drugs for Ulcers and Stomach Acid		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOQUEZNA ORAL TABLET 10 MG, 20 MG (***vonoprazan fumarate***)	Tier 3	PA; QL (1 EA per 1 day)
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG (***rabeprazole sodium***)	Tier 3	ST: TRIAL OF 2 OF THE FOLLOWING: OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 365 DAYS|TRIAL OF 2 OF THE FOLLOWING: OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 365 DAYS.; QL (1 EA per 1 day)
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	Tier 1	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	Tier 1	QL (2 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	Tier 1	QL (2 EA per 1 day)
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	Tier 1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	Tier 1	ST: TRIAL OF LANSOPRAZOLE, OMEPRAZOLE OR PANTOPRAZOLE REQUIRED WITHIN THE PAST 120 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	Tier 1	
pantoprazole oral granules dr for susp in packet 40 mg	Tier 1	ST: TRIAL OF PRILOSEC SUSPENSION, OR OMEPRAZOLE OR PANTOPRAZOLE CAPSULES/TABLETS WITHIN THE PAST 120 DAYS
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	Tier 1	
rabeprazole oral capsule, delayed rel sprinkle 10 mg	Tier 1	ST: TRIAL OF 2 OF THE FOLLOWING: OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 365 DAYS|TRIAL OF 2 OF THE FOLLOWING: OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 365 DAYS.; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	Tier 1	QL (1 EA per 1 day)
Gastric Acid Secretion Reducer-Proton Pump Inhibitor and Antacid Comb - Drugs for Ulcers and Stomach Acid		
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	Tier 1	ST: TRIAL OF OMEPRAZOLE, LANSOPRAZOLE OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS; QL (1 EA per 1 day)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid		
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs for the Stomach		
prucalopride oral tablet 1 mg, 2 mg	Tier 1	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (***metoclopramide hcl***)	Tier 4	PA; SP
metoclopramide hcl oral solution 5 mg/5 ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (***hyoscyamine sulfate***)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (***hyoscyamine sulfate***)	Tier 1	
methscopolamine oral tablet 2.5 mg, 5 mg	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (***hyoscyamine sulfate***)	Tier 3	
GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps		
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG (***glycopyrrolate***)	Tier 3	ST: TRIAL OF GLYCOPYRROLATE 2 MG IN THE PAST 120 DAYS.; QL (4 EA per 1 day); Age (Min 18 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	Tier 1	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps		
dicyclomine oral capsule 10 mg	Tier 1	
dicyclomine oral solution 10 mg/5 ml	Tier 1	
dicyclomine oral tablet 20 mg	Tier 1	
GI Antispasmodic and Benzodiazepine Combinations - Drugs for Stomach Cramps		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	
GI Antispasmodic and Opioid Combinations - Drugs for Stomach Cramps		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 1	
GI Antispasmodic Combinations Other - Drugs for Stomach Cramps		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	
H. Pylori Therapy - Bismuth and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	Tier 1	
H. Pylori Therapy - Proton Pump Inhibitor and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (***omeprazole/clarithromycin/amoxicillin trihydrate***)	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (***omeprazole magnesium/amoxicillin trihydrate/rifabutin***)	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
H.Pylori Therapy-Potassium-Competitive Acid Blocker and Antibiotics - Drugs for the Stomach		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) (***vonoprazan fumarate/amoxicillin trihydrate***)	Tier 3	PA; QL (112 EA per 14 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (***vonoprazan fumarate/amoxicillin trihydrate/clarithromycin***)	Tier 3	PA; QL (112 EA per 14 days)
IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome		
lubiprostone oral capsule 24 mcg	Tier 1	QL (2 EA per 1 day)
lubiprostone oral capsule 8 mcg	Tier 1	QL (4 EA per 1 day)
IBS Agent - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Irritable Bowel Syndrome		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	Tier 2	QL (1 EA per 1 day)
IBS Agent - Mixed Opioid Receptor Agonist and Antagonist - Drugs for Irritable Bowel Syndrome		
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	Tier 2	QL (2 EA per 1 day)
IBS Agent - Selective 5-HT3 Receptor Antagonists - Drugs for Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease		
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-aekn***)	Tier 4	PA; SP
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-stba***)	Tier 4	PA; SP
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-stba***)	Tier 4	PA; SP
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab-stba***)	Tier 4	PA; SP
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-kfce***)	Tier 4	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-kfce***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab-kfce***)	Tier 4	PA; SP
Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab - Drugs for Inflammatory Bowel Disease		
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML) (***mirikizumab-mrkz***)	Tier 4	PA; SP
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) (***mirikizumab-mrkz***)	Tier 4	PA; SP
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) (***mirikizumab-mrkz***)	Tier 4	PA; SP
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (***risankizumab-rzaa***)	Tier 4	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (***risankizumab-rzaa***)	Tier 4	PA; SP
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) (***guselkumab***)	Tier 4	PA; SP
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***)	Tier 4	PA; SP
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML (***guselkumab***)	Tier 4	PA; SP
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (***guselkumab***)	Tier 4	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (***guselkumab***)	Tier 4	PA; SP
Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease		
balsalazide oral capsule 750 mg	Tier 1	
mesalamine oral capsule, extended release 500 mg	Tier 1	
mesalamine oral capsule,extended release 24hr 0.375 gram	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	Tier 1	
mesalamine rectal enema 4 gram/60 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mesalamine rectal suppository 1,000 mg	Tier 1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG (***mesalamine***)	Tier 3	
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease		
budesonide oral capsule,delayed,extend.release 3 mg	Tier 1	
budesonide oral tablet,delayed and ext.release 9 mg	Tier 1	ST: TRIAL OF BALSALAZIDE REQUIRED.
budesonide rectal foam 2 mg/actuation	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (***hydrocortisone acetate***)	Tier 2	
hydrocortisone rectal enema 100 mg/60 ml	Tier 1	
Inflammatory Bowel Agent - Integrin Receptor Antagonist, MC Antibody - Drugs for Inflammatory Bowel Disease		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG (***vedolizumab***)	Tier 4	PA; SP
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML (***vedolizumab***)	Tier 4	PA; SP
Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (***upadacitinib***)	Tier 4	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	Tier 4	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (***tofacitinib citrate***)	Tier 4	PA; SP
Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs for Irritable Bowel Syndrome		
ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hydrochloride***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (***ozanimod hydrochloride***)	Tier 4	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (***ozanimod hydrochloride***)	Tier 4	PA; SP
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 4	PA; SP
adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 4	PA; SP
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	Tier 4	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 4	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	Tier 4	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 4	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 4	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	Tier 4	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	Tier 4	PA; SP
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	Tier 4	PA; SP
infliximab intravenous recon soln 100 mg	Tier 4	PA; SP
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***)	Tier 4	PA; SP
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab-ryvk***)	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (***golimumab***)	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (***golimumab***)	Tier 4	PA; SP
Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
lubiprostone oral capsule 24 mcg	Tier 1	QL (2 EA per 1 day)
lubiprostone oral capsule 8 mcg	Tier 1	QL (4 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	Tier 2	QL (2 EA per 1 day)
Keratinocyte Growth Factor (KGF) - Drugs for the Stomach		
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG (***palifermin***)	Tier 4	SP
Laxative - Saline and Osmotic - Drugs to Prevent Constipation		
lactulose (Constulose Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose oral solution 10 gram/15 ml	Tier 1	
Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (***peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium chloride/sodium bicarbonate/potassium chloride/peg (Gavilyte-N Oral Recon Soln 420 Gram)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
peg-electrolyte soln oral recon soln 420 gram	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (***peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c***)	$0	EHB; ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; $0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (3 EA per 1 FILL)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM (***peg 3350/sodium sulfate,chloride/potassium chlor/magnesium***)	$0	EHB; ST: TRIAL OF SUTAB, CLENPIQ OR GENERIC BOWEL PREP IN THE LAST 120 DAYS; $0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM (***sodium sulfate/potassium chloride/magnesium sulfate***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Laxative - Stimulant and Saline/Osmotic Combinations - Drugs to Prevent Constipation		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (***sodium picosulfate/magnesium oxide/citric acid***)	$0	EHB; $0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid		
sucralfate oral suspension 100 mg/ml	Tier 1	
sucralfate oral tablet 1 gram	Tier 1	
Short Bowel Syndrome (SBS) - glucagon-like peptide-2 (GLP-2) Analog - Drugs for the Stomach		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	Tier 4	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	Tier 4	PA; SP
Short Bowel Syndrome (SBS) Agents - Drugs for the Stomach		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML) (***octreotide acetate***)	Tier 4	PA; SP
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 4	SP
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	Tier 4	PA; SP
Genitourinary Therapy - Drugs for the Urinary System		
BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb - Drugs for the Prostate		
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	Tier 1	ST: TRIAL OF FINASTERIDE 5MG, ALFUZOSIN, DOXAZOSIN, PRAZOSIN, SILODOSIN, TAMSULOSIN OR TERAZOSIN REQUIRED.
Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (***cysteamine bitartrate***)	Tier 4	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (***cysteamine bitartrate***)	Tier 4	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (***cysteamine bitartrate***)	Tier 4	PA; SP
G.U. Irrigants - Anti-infective - Drugs for the Urinary System		
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	Tier 1	
G.U. Irrigants - Drugs for the Urinary System		
acetic acid irrigation solution 0.25 %	Tier 1	
glycine urologic solution irrigation solution 1.5 %	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (***citric acid/gluconolactone/magnesium carbonate***)	Tier 3	
sorbitol irrigation solution 3 %	Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml	Tier 1	
Interstitial Cystitis Agents - Drugs for the Urinary System		
ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***)	Tier 2	PA
Kidney Stone Agents - Drugs for the Urinary System		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (***tiopronin***)	Tier 4	SP
tiopronin oral tablet 100 mg	Tier 4	SP
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	Tier 4	SP
tiopronin (Venxxiva Oral Tablet,Delayed Release (Dr/Ec) 100 Mg, 300 Mg)	Tier 4	SP
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs for the Bladder		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML (***mirabegron***)	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (***mirabegron***)	Tier 1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, small interfering RNA Directed - Drugs for the Urinary System		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML (***lumasiran sodium***)	Tier 4	PA; SP
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) (***nedosiran sodium***)	Tier 4	PA; SP
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML (***nedosiran sodium***)	Tier 4	PA; SP
Phosphate Binders - Calcium-based - Drugs for the Urinary System		
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	
Phosphate Binders - Drugs for the Urinary System		
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	
ferric citrate oral tablet 210 mg iron	Tier 1	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (12 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (***lanthanum carbonate***)	Tier 3	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (3 EA per 1 day)
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	Tier 1	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	Tier 1	
sevelamer carbonate oral tablet 800 mg	Tier 1	
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	Tier 2	QL (6 EA per 1 day)
Phosphate Binders - Iron-based - Drugs for the Urinary System		
ferric citrate oral tablet 210 mg iron	Tier 1	ST: TRIAL OF VELPHORO AND ONE OF THE FOLLOWING: GENERIC SEVELAMER HCL, SEVELAMER CARBONATE, CALCIUM ACETATE, OR LANTHANUM CARBONATE IN THE PAST 365 DAYS; QL (12 EA per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	Tier 2	QL (6 EA per 1 day)
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs for the Urinary System		
JYNARQUE ORAL TABLET 15 MG, 30 MG (***tolvaptan***)	Tier 4	PA; SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (***tolvaptan***)	Tier 4	PA; SP
Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate		
alfuzosin oral tablet extended release 24 hr 10 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
silodosin oral capsule 4 mg, 8 mg	Tier 1	
tamsulosin oral capsule 0.4 mg	Tier 1	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate		
finasteride oral tablet 5 mg	Tier 1	
Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate		
dutasteride oral capsule 0.5 mg	Tier 1	
Urinary Acidifier - Bacterial Urease Inhibitor - Drugs for Infections		
LITHOSTAT ORAL TABLET 250 MG (***acetohydroxamic acid***)	Tier 3	
Urinary Acidifier - Phosphates - Drugs for Infections		
K-PHOS NO 2 ORAL TABLET 305-700 MG (***sodium phosphate,monobasic/potassium phosphate,monobasic***)	Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (***potassium phosphate,monobasic***)	Tier 3	
Urinary Alkalinizer - Citrates - Drugs for Infections		
ORACIT ORAL SOLUTION 490-640 MG/5 ML (***citric acid/sodium citrate***)	Tier 3	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	Tier 1	
sodium citrate-citric acid oral solution 490-640 mg/5 ml	Tier 1	
Urinary Analgesics - Drugs for Infections		
phenazopyridine oral tablet 100 mg, 200 mg	Tier 1	
Urinary Antibacterial - Methenamine and Salts - Drugs for Infections		
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine mandelate/sodium phosphate,monobasic***)	Tier 3	
Urinary Antibacterial - Nitrofuran Derivatives - Drugs for Infections		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg	Tier 1	QL (4 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Tier 1	PA
Urinary Antibacterials Other - Drugs for Infections		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
Urinary Anti-infective Methenamine-Antispas-Analg Combinations - Drugs for Infections		
URELLE ORAL TABLET 81-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 3	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (***methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin***)	Tier 3	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 3	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 1	
Urinary Anti-infective Methenamine-Antispasmodic Combinations - Drugs for Infections		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (***methenamine/sod phosph,monobasic/methylene blue/hyoscyamine***)	Tier 1	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs for the Bladder		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	Tier 1	
solifenacin oral tablet 10 mg, 5 mg	Tier 1	
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (***hyoscyamine sulfate***)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (***hyoscyamine sulfate***)	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (***hyoscyamine sulfate***)	Tier 3	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	Tier 1	QL (1 EA per 1 day)
flavoxate oral tablet 100 mg	Tier 1	
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 1	
oxybutynin chloride oral tablet 2.5 mg	Tier 1	
oxybutynin chloride oral tablet 5 mg	Tier 1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (***oxybutynin***)	Tier 3	ST: TRIAL OF OXYBUTYNIN IR/XR AND MYRBETRIQ IN THE PAST 365 DAYS
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 1	
tolterodine oral tablet 1 mg, 2 mg	Tier 1	
trospium oral capsule,extended release 24hr 60 mg	Tier 1	
trospium oral tablet 20 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
colchicine oral capsule 0.6 mg	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	Tier 1	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (***colchicine***)	Tier 3	ST: TRIAL OF COLCHICINE CAPS OR TABS IN THE PAST 120 DAYS; QL (10 ML per 1 day)
Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs		
probenecid-colchicine oral tablet 500-0.5 mg	Tier 1	
Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type - Gout Drugs		
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50 ML, 8 MG/ML (***pegloticase***)	Tier 4	PA; SP
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
probenecid oral tablet 500 mg	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	
febuxostat oral tablet 40 mg, 80 mg	Tier 1	
Hematological Agents - Drugs for the Blood		
Agents to treat aTTP- anti von Willebrand Factor (vWF) A1 domain - Drugs for the Blood		
CABLIVI INJECTION KIT 11 MG (***caplacizumab-yhdp***)	Tier 4	PA; SP
Agents to Treat Cold Agglutinin Disease (CAD) - Drugs for the Blood		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (***sutimlimab-jome***)	Tier 4	PA; SP
Agents to Treat cTTP - anti vWF, ADAMTS13 Enzyme Therapy - Drugs to Prevent Blood Clots		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT (***adamts13, recombinant-krhn***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Agents to Treat Paroxysmal Nocturnal Hemoglobinuria (PNH) - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (***pegcetacoplan***)	Tier 4	PA; SP
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab-aagh***)	Tier 4	PA; SP
FABHALTA ORAL CAPSULE 200 MG (***iptacopan hcl***)	Tier 4	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (***ravulizumab-cwvz***)	Tier 4	PA; SP
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (***danicopan***)	Tier 4	PA; SP
Anticoagulants - Citrate-based - Drugs to Prevent Blood Clots		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML (***dextrose-water/sodium citrate/citric acid***)	Tier 3	
ACD-A SOLUTION (***citrate dextrose solution***)	Tier 3	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML (***dextrose-water/sodium citrate/citric acid***)	Tier 3	
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	
sodium citrate intra-catheter solution 4 %	Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
Anticoagulants - Coumarin - Drugs to Prevent Blood Clots		
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	
Anti-Inhibitor Coagulation Complex - Drugs to Prevent Bleeding		
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (***anti-inhibitor coagulant complex***)	Tier 4	SP
Antiporphyria Factors - Drugs for the Blood		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG (***hemin***)	Tier 4	SP
Blood Cell and Platelet Disorder Treatment-Tyrosine Kinase Inhibitors - Drugs for the Blood		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XARELTO ORAL TABLET 15 MG, 2.5 MG (***rivaroxaban***)	Tier 2	QL (2 EA per 1 day)
Erythropoietins - Drugs for the Blood		
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (***epoetin alfa-epbx***)	Tier 4	PA; SP
Factor IX Complex (Prothrombin Complex Concentrate) Preparations - Drugs to Prevent Bleeding		
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT (***human prothrombin complex concentrate-lans***)	Tier 4	SP
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT) (***human prothrombin complex concentrate 4-factor***)	Tier 4	SP
Factor IX Preparations - Drugs to Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix***)	Tier 4	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (***factor ix recombinant, fc fusion protein***)	Tier 4	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant***)	Tier 4	SP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix recombinant,albumin fusion protein***)	Tier 4	SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant, threonine 148***)	Tier 4	SP
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix complex, prothrombin complex conc no.4, 3-factor***)	Tier 4	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***factor ix (human) recombinant, pegylated***)	Tier 4	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant***)	Tier 4	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Factor VII Preparations - Drugs to Prevent Bleeding		
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG) (***coagulation factor viia (recombinant)***)	Tier 4	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG) (***coagulation factor viia recombinant-jncw***)	Tier 4	SP
Factor VIII Preparations (AHF) - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***)	Tier 4	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (***antihemophilic factor (fviii) recombinant, full length, peg***)	Tier 4	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (***antihemophilic factor viii recomb,single-chn,b-dom truncated***)	Tier 4	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML (***antihemophilic factor, human/von willebrand factor,human***)	Tier 4	SP
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl***)	Tier 4	SP
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (***antihemophilic factor (fviii) recombinant, fc fusion protein***)	Tier 4	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) rec, b-dom truncated peg-exei***)	Tier 4	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (***antihemophilic factor, human***)	Tier 4	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (***antihemophilic factor, human***)	Tier 4	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (***antihemophilic factor, human***)	Tier 4	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (***antihemophilic factor, human***)	Tier 4	SP
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT (***antihemophilic factor, human/von willebrand factor,human***)	Tier 4	SP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) rec, b-domain deleted peg-aucl***)	Tier 4	SP
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor, human***)	Tier 4	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***)	Tier 4	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***)	Tier 4	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii recombinant, b-domain truncated***)	Tier 4	SP
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (***antihemophilic factor viii rec hek cell, b-domain deleted***)	Tier 4	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (***antihemophilic factor viii, recombinant porcine sequence***)	Tier 4	SP
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii, human recombinant***)	Tier 4	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (***antihemophilic factor, human/von willebrand factor,human***)	Tier 4	SP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (factor viii) recomb,b-domain deleted***)	Tier 4	SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (factor viii) recomb,b-domain deleted***)	Tier 4	SP
Factor X Preparations - Drugs to Prevent Bleeding		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (***coagulation factor x***)	Tier 4	SP
Factor XIII Preparations - Drugs to Prevent Bleeding		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (***factor xiii***)	Tier 4	SP
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (***factor xiii a-subunit, recombinant***)	Tier 4	SP
Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood		
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim-aafi***)	Tier 4	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-aafi***)	Tier 4	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (***pegfilgrastim-cbqv***)	Tier 4	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-bmez***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) - Drugs for the Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (***sargramostim***)	Tier 4	PA; SP
Hematopoietic Agents - Erythroid (RBC) Maturation Agents - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (***luspatercept-aamt***)	Tier 4	PA; SP
Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh - Drugs for the Blood		
VAFSEO ORAL TABLET 150 MG, 300 MG (***vadadustat***)	Tier 3	PA
Hematorheologic Agents - Drugs for the Blood		
pentoxifylline oral tablet extended release 400 mg	Tier 1	
Hemophilia Treatment Agents - Monoclonal Antibody - Drugs for the Blood		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML) (***concizumab-mtci***)	Tier 4	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML (***emicizumab-kxwh***)	Tier 4	PA; SP
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***marstacimab-hncq***)	Tier 4	PA; SP
Hemophilia Treatment Agents - Small Interfering RNA (siRNA) - Drugs for the Blood		
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML (***fitusiran sodium***)	Tier 4	PA; SP
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML (***fitusiran sodium***)	Tier 4	PA; SP
Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding		
aminocaproic acid oral solution 250 mg/ml (25 %)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	Tier 1	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG), 2 GRAM (1,400 MG-2,600 MG) (***fibrinogen***)	Tier 4	SP
tranexamic acid oral tablet 650 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hemostatic Systemic- von Willebrand factor (vWF) Preparations - Drugs to Prevent Bleeding		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (***von willebrand factor (recombinant)***)	Tier 4	SP
Hemostatic Topical Agents - Drugs to Prevent Bleeding		
AVITENE FLOUR TOPICAL POWDER (***microfibrillar collagen***)	Tier 3	
AVITENE TOPICAL POWDER IN PACKET (***microfibrillar collagen***)	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM (***microfibrillar collagen***)	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM (***microfibrillar collagen***)	Tier 3	
GELFILM IMPLANT FILM (***gelatin***)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT (***thrombin (bovine)/gelatin sponge,absorbable***)	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT (***thrombin (bovine)/gelatin sponge,absorbable***)	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200 (***gelatin sponge,absorbable/porcine skin***)	Tier 3	
MONSEL'S TOPICAL SOLUTION 0.2 TO 0.22 GRAM/ML IRON (***ferric subsulfate***)	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML (***ferric subsulfate***)	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT (***thrombin (recombinant)***)	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (***thrombin (recombinant)***)	Tier 3	
SYRINGE AVITENE TOPICAL POWDER (***microfibrillar collagen***)	Tier 3	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT (***thrombin (bovine)***)	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (***thrombin (bovine)***)	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT (***thrombin (bovine)***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT (***thrombin (bovine)***)	Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM (***microfibrillar collagen***)	Tier 3	
Hemostatic Topical Combinations - Drugs to Prevent Bleeding		
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) (***thrombin(human plasma derived)/fibrinogen/calcium chloride***)	Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML) (***thrombin(human plasma derived)/fibrinogen/calcium chloride***)	Tier 3	
Heparin Flush Formulations - Drugs to Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	Tier 1	
Heparins - Drugs to Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Tier 1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	Tier 1	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	Tier 1	
heparin (porcine) injection syringe 5,000 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/ml	Tier 1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	Tier 1	
Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
fondaparinux subcutaneous syringe 10 mg/0.8 ml	Tier 1	QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	Tier 1	QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	Tier 1	QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	Tier 1	QL (18 ML per 30 days)
Low Molecular Weight Heparins - Drugs to Prevent Blood Clots		
enoxaparin subcutaneous solution 300 mg/3 ml	Tier 1	QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	Tier 1	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 3	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 3	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 3	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (***dalteparin sodium,porcine***)	Tier 3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (***dalteparin sodium,porcine***)	Tier 3	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (***dalteparin sodium,porcine***)	Tier 3	QL (43.2 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML (***dalteparin sodium,porcine***)	Tier 3	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (***dalteparin sodium,porcine***)	Tier 3	QL (18 ML per 30 days)
Monoclonal Antibody - P-Selectin Inhibitors - Drugs for the Blood		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML (***crizanlizumab-tmca***)	Tier 4	PA; SP
Plasma Proteins Which Facilitate Anticoagulation - Drugs for the Blood		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG (***plasminogen, human-tvmh***)	Tier 4	PA; SP
Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood		
ticagrelor oral tablet 60 mg, 90 mg	Tier 1	QL (2 EA per 1 day)
Platelet Aggregation Inhibitor Combinations - Drugs for the Blood		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	Tier 1	
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood		
cilostazol oral tablet 100 mg, 50 mg	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood		
anagrelide oral capsule 0.5 mg, 1 mg	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
aspirin oral tablet 325 mg	$0	EHB
aspirin oral tablet,chewable 81 mg	$0	EHB
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	$0	EHB
BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***)	$0	EHB
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood		
clopidogrel oral tablet 300 mg	Tier 1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	Tier 1	
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist - Drugs for the Blood		
ZONTIVITY ORAL TABLET 2.08 MG (***vorapaxar sulfate***)	Tier 3	PR: RESTRICTED TO CARDIOLOGY SPECIALIST; QL (1 EA per 1 day)
PNH - Complement (C3) Inhibitors - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (***pegcetacoplan***)	Tier 4	PA; SP
PNH - Complement Factor B Inhibitors - Drugs for the Blood		
FABHALTA ORAL CAPSULE 200 MG (***iptacopan hcl***)	Tier 4	PA; SP
PNH - Complement Factor D Inhibitors - Drugs for the Blood		
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (***danicopan***)	Tier 4	PA; SP
PNH - Human Monoclonal Antibody Complement (C5) Inhibitors - Drugs for the Blood		
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab-aagh***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (***ravulizumab-cwvz***)	Tier 4	PA; SP
Protein C Preparations - Drugs for the Blood		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (***protein c, human***)	Tier 4	SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (***protein c, human***)	Tier 4	SP
Pyruvate Kinase (PK) Activators - Drugs for the Blood		
AQVESME ORAL TABLET 100 MG (***mitapivat sulfate***)	Tier 4	PA; SP; QL (2 EA per 1 day)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (***mitapivat sulfate***)	Tier 4	PA; SP
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (***mitapivat sulfate***)	Tier 4	PA; SP
Sickle Cell Anemia Agents, Others - Drugs for the Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	Tier 4	PA; SP
glutamine (sickle cell) oral powder in packet 5 gram	Tier 4	PA; SP
SIKLOS ORAL TABLET 1,000 MG (***hydroxyurea***)	Tier 3	ST: TRIAL OF GENERIC HYDROXYUREA AND DROXIA REQUIRED.
SIKLOS ORAL TABLET 100 MG (***hydroxyurea***)	Tier 3	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML (***hydroxyurea***)	Tier 3	PA
Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
Thrombopoietin Receptor Agonists - Drugs for the Blood		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (***eltrombopag choline***)	Tier 4	PA; SP
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 4	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 4	PA; SP
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG (***avatrombopag maleate***)	Tier 4	PA; SP
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	Tier 4	PA; SP
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	Tier 4	PA; SP
MULPLETA ORAL TABLET 3 MG (***lusutrombopag***)	Tier 4	PA; SP
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG (***romiplostim***)	Tier 4	PA; SP
Transforming Growth Factor (TGF) Ligands Agent - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (***luspatercept-aamt***)	Tier 4	PA; SP
Hepatobiliary System Treatment Agents - Drugs for the Liver		
Agents to Treat Cerebrotendinous Xanthomatosis (CTX) - Drugs for the Liver		
CTEXLI ORAL TABLET 250 MG (***chenodiol***)	Tier 4	PA; SP
AHP Agents - ALAS1 Degradation, small interfering RNA (siRNA) based - Drugs for the Liver		
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML (***givosiran sodium***)	Tier 4	PA; SP
Ileal Bile Acid Transporter (IBAT) Inhibitor - Drugs for the Liver		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (***odevixibat***)	Tier 4	PA; SP
BYLVAY ORAL PELLET 200 MCG, 600 MCG (***odevixibat***)	Tier 4	PA; SP
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (***maralixibat chloride***)	Tier 4	PA; SP
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (***maralixibat chloride***)	Tier 4	PA; SP
Non-Alcoholic Steatohepatitis (NASH) Agents - THR-Beta Agonist - Drugs for the Liver		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (***resmetirom***)	Tier 4	PA; SP
Peroxisome Proliferator-Activated Receptor (PPAR) Agonist - Drugs for the Liver		
IQIRVO ORAL TABLET 80 MG (***elafibranor***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIVDELZI ORAL CAPSULE 10 MG (***seladelpar lysine***)	Tier 4	PA; SP
Immunosuppressive Agents - Drugs for Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants		
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG (***voclosporin***)	Tier 4	PA; SP
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***)	Tier 2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	Tier 2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (***tacrolimus***)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	Tier 2	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg	Tier 1	ST: TRIAL OF GENERIC TACROLIMUS IN THE PAST 120 DAYS
Immunosuppressive - CD19 (B Lymphocyte) Monoclonal Antibody - Drugs for the Eye		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML (***inebilizumab-cdon***)	Tier 4	PA; SP
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants		
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 1	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYHIBBIN ORAL SUSPENSION 200 MG/ML (***mycophenolate mofetil***)	Tier 3	PA
Immunosuppressive - Interferon Inhibitor, Monoclonal Antibody - Drugs for Organ Transplants		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML (***emapalumab-lzsg***)	Tier 4	PA; SP
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML) (***anifrolumab-fnia***)	Tier 4	PA; SP
Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs for Organ Transplants		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (***satralizumab-mwge***)	Tier 4	PA; SP
Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants		
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 1	
sirolimus oral solution 1 mg/ml	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
Immunosuppressive - Purine Analogs - Drugs for Organ Transplants		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
Immunosuppressive - Selective T-cell costimulation blocker - Drugs for Organ Transplants		
NULOJIX INTRAVENOUS RECON SOLN 250 MG (***belatacept***)	Tier 2	SP
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones		
Agents to Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs for Muscles, Ligaments, Tendons, and Bones		
dichlorphenamide oral tablet 50 mg	Tier 4	PA; SP
KEVEYIS ORAL TABLET 50 MG (***dichlorphenamide***)	Tier 4	PA; SP
dichlorphenamide (Ormalvi Oral Tablet 50 Mg)	Tier 4	PA; SP
ALS Agents - Antioxidants/Anti-inflammatories - Drugs for Nerves and Muscles		
edaravone intravenous solution 30 mg/100 ml	Tier 1	PA; SP
edaravone intravenous solution 60 mg/100 ml	Tier 4	PA; SP

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML (***zilucoplan sodium***)	Tier 4	PA; SP
Duchenne Muscular Dystrophy - Exon Skipping Antisense Oligonucleotide - Drugs for Nerves and Muscles		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML (***casimersen***)	Tier 4	PA; SP
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML (***eteplirsen***)	Tier 4	PA; SP
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML (***viltolarsen***)	Tier 4	PA; SP
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML (***golodirsen***)	Tier 4	PA; SP
Duchenne Muscular Dystrophy - Histone Deacetylase (HDAC) Inhibitor - Drugs for Nerves and Muscles		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (***givinostat hydrochloride***)	Tier 4	PA; SP
Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists - Drugs for Nerves and Muscles		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (***palovarotene***)	Tier 4	PA; SP
Friedreich Ataxia-Nuclear Factor Erythroid-rel.factor2(Nrf2) Activator - Drugs for Nerves and Muscles		
SKYCLARYS ORAL CAPSULE 50 MG (***omaveloxolone***)	Tier 4	PA; SP
Musculoskeletal Therapy Agent - Viscosupplements - Drugs for Muscles, Ligaments, Tendons, and Bones		
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (***hyaluronate sodium***)	Tier 2	PA; QL (12 ML per 180 days)
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (***hylan g-f 20***)	Tier 2	PA; QL (12 ML per 180 days)
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (***hylan g-f 20***)	Tier 2	PA; QL (12 ML per 180 days)
Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme - Drugs for Muscles, Ligaments, Tendons, and Bones		
XIAFLEX INJECTION RECON SOLN 0.9 MG (***collagenase clostridium histolyticum***)	Tier 4	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Neuromuscular Blocker - Neurotoxins - Drugs for Nerves and Muscles		
BOTOX INJECTION RECON SOLN 100 UNIT (***onabotulinumtoxina***)	Tier 4	PA; SP; QL (4 EA per 90 days)
BOTOX INJECTION RECON SOLN 200 UNIT (***onabotulinumtoxina***)	Tier 4	PA; SP; QL (1 EA per 90 days)
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT (***daxibotulinumtoxina-lanm***)	Tier 4	PA; SP
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	Tier 4	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (***rimabotulinumtoxinb***)	Tier 4	PA; SP
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	Tier 4	PA; SP
Neuromuscular Therapy Agents - Barth Syndrome - Drugs for Muscles, Ligaments, Tendons, and Bones		
FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML (***elamipretide hcl***)	Tier 4	PA; SP; QL (3.5 ML per 7 days)
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin oral tablet 200-325 mg	Tier 1	
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
ATMEKSI ORAL SUSPENSION 750 MG/5 ML (***methocarbamol***)	Tier 3	PA; QL (54 ML per 1 day)
baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml	Tier 1	PA
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	Tier 1	PA
baclofen oral tablet 10 mg, 20 mg	Tier 1	
baclofen oral tablet 5 mg	Tier 1	
carisoprodol oral tablet 250 mg, 350 mg	Tier 1	
chlorzoxazone oral tablet 500 mg	Tier 1	
cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg	Tier 1	
metaxalone oral tablet 400 mg, 800 mg	Tier 1	
methocarbamol oral tablet 500 mg, 750 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
orphenadrine citrate oral tablet extended release 100 mg	Tier 1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	Tier 1	
tizanidine oral tablet 2 mg, 4 mg	Tier 1	
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
dantrolene oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Spinal Muscular Atrophy - Exon Inclusion Antisense Oligonucleotide - Drugs for Nerves and Muscles		
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML, 28 MG/5 ML, 50 MG/5 ML (***nusinersen sodium/pf***)	Tier 4	PA; SP
Spinal Muscular Atrophy - Motor Neuron 2 (SMN2) Splicing Modifier - Drugs for Nerves and Muscles		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML (***risdiplam***)	Tier 4	PA; SP
EVRYSDI ORAL TABLET 5 MG (***risdiplam***)	Tier 4	PA; SP
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment		
Medical Supplies and DME - Blood Coagulation Testing Supplies - Medical Supplies and Durable Medical Equipment		
COAGUCHEK XS (***prothrombin time/inr test meter***)	Tier 3	
Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment		
CONTOUR NEXT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	Tier 2	$0 COPAY; DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	$0 COPAY; DD; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	$0 COPAY; DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	$0 COPAY; DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	Tier 2	$0 COPAY; DD; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (***blood sugar diagnostic***)	Tier 2	$0 COPAY; DD; QL (200 EA per 30 days)
Medical Supplies and DME - Cervical Caps - Medical Supplies and Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	$0	CT; EHB
Medical Supplies and DME - Compression Stockings - Medical Supplies and Durable Medical Equipment		
T.E.D. ANTI-EMBOLISM STOCKING (***compression stocking, knee high, regular length, small***)	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR (***compression stocking, knee high, regular length, small***)	Tier 3	
Medical Supplies and DME - Conception Assistance Supplies - Medical Supplies and Durable Medical Equipment		
CONCEPTION KIT (***conception assistance supplies combination no.1***)	Tier 3	
Medical Supplies and DME - COVID-19 Miscellaneous Testing Supplies - Medical Supplies and Durable Medical Equipment		
ADVIN COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
BINAXNOW COVD AG CARD HOME TST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARESTART COVID-19 AG HOME TST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
CLINITEST COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
CORDX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
COVID-19 RAPID AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	
ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
FASTEP COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
GENABIO COVID-19 RAPID AT-HOME KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
INDICAID COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***)	Tier 3	$0 COPAY
ON-GO COVID-19 AG AT HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
PILOT COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
RAPID SARS-COV-2 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
SPEEDYSWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
Medical Supplies and DME - Dental Supplies Other - Medical Supplies and Durable Medical Equipment		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Q-CARE RX Q2 KIT 0.12 % (***dental suction device/chlorhexidine/dental swab 1/mouthwash***)	Tier 3	
Q-CARE RX Q4 KIT 0.12 % (***dental suction device/chlorhexidine gl/dental swab comb no.1***)	Tier 3	
Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	$0	CT; EHB
Medical Supplies and DME - Digital Therapeutics, Software - Medical Supplies and Durable Medical Equipment		
NATURAL CYCLES DIGITAL APP (***digital therapeutics,fertility monitor***)	$0	EHB
Medical Supplies and DME - Drug Application Supplies - Medical Supplies and Durable Medical Equipment		
MAD NASAL ATOMIZER NASAL DEVICE (***atomizer***)	Tier 3	
PCCA ACCUPEN-15 DEVICE (***topical cream metered-dose device***)	Tier 3	
Medical Supplies and DME - Epidural Administration Sets - Medical Supplies and Durable Medical Equipment		
IVENIX LVP EPIDURAL ADMIN SET EPIDURAL INFUSION SET (***epidural administration set***)	Tier 3	
IVENIX LVP EPIDURAL SET NRFIT EPIDURAL INFUSION SET (***epidural administration set***)	Tier 3	
Medical Supplies and DME - Feeding Tubes and Supplies - Medical Supplies and Durable Medical Equipment		
ENFIT IRRIGAT SYRINGE-CONTAINR KIT (***feeder irrigation kit***)	Tier 3	
enteral connector, enfit	Tier 3	
ENTERAL GRAVITY BAG SET-ENFIT (***feeder container with gravity set, enfit***)	Tier 3	
KANGAROO 924 SAFETY SCREW (***pump set***)	Tier 3	
KANGAROO EPUMP SET (***feeder container with pump set***)	Tier 3	
KANGAROO GRAVITY SET (***feeder container with gravity set***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELIZORB CARTRIDGE (***enteral pump accessory for fat hydrolysis***)	Tier 3	
Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment		
FC2 FEMALE CONDOM (***condoms, female***)	$0	CT; EHB
Medical Supplies and DME - Gauze Bandages - Medical Supplies and Durable Medical Equipment		
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " (***gauze bandage***)	Tier 3	
Medical Supplies and DME - Gauze Pads and Dressings - Medical Supplies and Durable Medical Equipment		
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (***iodoform***)	Tier 3	
PETROLEUM GAUZE TOPICAL BANDAGE (***petrolatum,white***)	Tier 3	
RESTORE TOPICAL BANDAGE 2 X 2 " (***silver/calcium alginate***)	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 " (***bismuth tribromophenate/petrolatum,white***)	Tier 3	
Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	Tier 2	DD
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ADVANCED TRAVEL LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
ADVANTAGE SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (***lancets***)	Tier 2	DD
ALTERNATE SITE LANCET 26 GAUGE (***lancets***)	Tier 2	DD
ASSURE LANCE 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
ASSURE TITANIUM GLUCOSE SYSTEM (***blood-glucose meter***)	Tier 3	DD
BD MICROTAINER LANCET 1.5 X 2 MM (***blade lancet, safety***)	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
BIGFOOT UNITY KIT (***flash glucose sensor/blood glucose test strips/pen needles***)	Tier 3	DD
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (***lancets***)	Tier 2	DD
CAREONE ULTRA THIN LANCET (***lancets***)	Tier 2	DD
CARESENS LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
CEQUR SIMPLICITY INSERTER (***diabetic supplies,miscell***)	Tier 2	DD; QL (1 EA per 365 days)
CHOSEN LANCET 30 GAUGE (***lancets***)	Tier 2	DD
CHOSEN SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD
CLEVER CHEK LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
COAGUCHEK LANCETS (***lancets***)	Tier 2	DD
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (***lancets***)	Tier 2	DD
DEXCOM G6 RECEIVER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 90 days)
DEXCOM G7 15 DAY SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 30 days)
DEXCOM G7 RECEIVER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DROPLET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
DROPSAFE ACTI-LANCE 23 GAUGE (***lancets***)	Tier 2	DD
DROPSAFE MEDLANCE PLUS 30 GAUGE (***lancets***)	Tier 2	DD
EASY COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EASY COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EMBRACE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE (***glucose sensor,implantable,continuous/dexamethasone acetate***)	Tier 3	PA; DD
EVERSENSE 365 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
EZ SMART LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
FINGERSTIX LANCETS (***lancets***)	Tier 2	DD
FONDCIRCLE LANCET 30 GAUGE (***lancets***)	Tier 2	DD
FORACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
FREESTYLE LANCETS 28 GAUGE (***lancets***)	Tier 2	$0 COPAY; DD
FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE UNISTIK 2 (***lancets***)	Tier 2	$0 COPAY; DD
GLUCOCOM AUTOLINK (***diabetic supplies,miscell***)	Tier 3	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
GOJJI LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
GUARDIAN 4 GLUCOSE SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
GUARDIAN 4 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
GUARDIAN SENSOR 3 DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
INVACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
lancets , 26 gauge, 28 gauge, 30 gauge, 33 gauge	Tier 2	DD
LANCETS,THIN 28 GAUGE (***lancets***)	Tier 2	DD
MEDISENSE THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (***blade lancet, safety***)	Tier 2	DD
MICRO THIN LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
MICROLET LANCET (***lancets***)	Tier 2	DD
MICROLET NEXT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
MOBILE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
MONOLET LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
NOVA SUREFLEX LANCETS (***lancets***)	Tier 2	DD
ON CALL LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ON-THE-GO LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
PURE COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PUSH BUTTON SAFETY LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
RELIAMED LANCET 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
SENSILANCE 21 GAUGE, 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SIMPLERA SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPLERA SYNC SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
SINGLE-LET (***lancets***)	Tier 2	DD
SMARTEST LANCET (***lancets***)	Tier 2	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***)	Tier 2	DD
SURE-TOUCH LANCET (***lancets***)	Tier 2	DD
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
TEMPO REFILL KIT WITH GAUZE KIT (***lancets/blood glucose test strips/pen needles/gauze***)	Tier 2	DD
TEMPO WELCOME KIT KIT (***blood glucose meter/insulin data transf accessory, bluetooth***)	Tier 3	DD
THIN LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
TRUE COMFORT LANCET 30 GAUGE (***lancets***)	Tier 2	DD
TRUE-COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
ULTILET BASIC LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD
ULTRA TLC LANCETS (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-CARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***)	Tier 2	DD
UNILET GP LANCET (***lancets***)	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
UNILET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 2 EXTRA LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 2 NORMAL LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 DUAL LANCET 18 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNIVERSAL 1 LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
VIVAGUARD LANCET 30 GAUGE (***lancets***)	Tier 2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD
Medical Supplies and DME - Incontinence Supplies - Medical Supplies and Durable Medical Equipment		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CURITY DRAINAGE BAG 2,000 ML (***drainage bag***)	Tier 3	
FLEXI-SEAL SIGNAL FMS RECTAL (***fecal collector with charcoal filter/catheter/syringe***)	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML (***drainage bag***)	Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE (***incont device,muscle toner,elt***)	Tier 3	
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM (***pessary***)	Tier 3	
Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment		
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic, safety***)	Tier 2	DD
EXTENDED RESERVOIR 3 ML (***insulin pump syringe, 3 ml***)	Tier 3	DD
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"	Tier 2	DD
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***)	Tier 3	DD
OMNIPOD DASH PDM KIT (GEN 4) (***insulin pump controller***)	Tier 2	DD; QL (1 EA per 365 days)
PARADIGM RESERVOIR 1.8 ML (***insulin pump syringe, 1.8 ml***)	Tier 3	DD
PARADIGM RESERVOIR 3 ML (***insulin pump syringe, 3 ml***)	Tier 3	DD
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (***pen needle, diabetic***)	Tier 2	DD
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
Medical Supplies and DME - IV Sets-Tubing - Medical Supplies and Durable Medical Equipment		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (***intravenous catheter***)	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (***intravenous catheter kit***)	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (***intravenous catheter***)	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (***intravenous administration set***)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (***intravenous administration set***)	Tier 3	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (***intravenous administration set***)	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (***intravenous catheter***)	Tier 3	
PHASEAL SECONDARY SET INFUSION SET (***intravenous piggyback administration set***)	Tier 3	
PHASEAL Y-SITE (***y-site line connector, closed system***)	Tier 3	
Medical Supplies and DME - Male Condoms - Medical Supplies and Durable Medical Equipment		
AIMSCO LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***)	$0	CT; EHB
DUREX EXTRA SENSITIVE CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
DUREX TROPICAL CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
FANTASY CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO THIN LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN BARESKIN DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN ULTRA RIBBED CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUE COVER CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Male Erectile Dysfunction Aids - Medical Supplies and Durable Medical Equipment		
RAPPORT VACUUM THERAPY KIT (***vacuum erection device system***)	Tier 3	
Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment		
AIRS PEDIATRIC DISPOSABLE MASK (***nebulizer accessories***)	Tier 3	
AMIELLE VAGINAL TRAINER KIT (***medical supply, miscellaneous***)	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY (***medical supply, miscellaneous***)	Tier 3	
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (***data transfer pen cap for insulin glulisine, reusable, bt***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-ASPART DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-FIASP DEVICE (***data transfer pen cap for insulin aspart (b3), reusable, bt***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (***data transfer pen cap for insulin lispro-aabc, reusable, bt***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (***data transfer pen cap for insulin degludec, reusable, bt***)	Tier 3	DD
CEFALY COMBO PACK (***transcutaneous electrical nerve stimulators(tens)/electrodes***)	Tier 3	
ENFIT MEDICAL STRAW (***medical supply, miscellaneous***)	Tier 3	
eua patient assessment	Tier 3	
PRO COMFORT TENS ELECTRODE PAD (***tens unit electrodes***)	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK (***transcutaneous electrical nerve stimulators(tens)/electrodes***)	Tier 3	
PRO-CEPTION VAGINAL (***medical supply, miscellaneous***)	Tier 3	
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (***ocular implant with insertion tool for ranibizumab***)	Tier 4	SP
T.E.D. ANTI-EMBOLISM STOCKING (***compression stocking, knee high, regular length, small***)	Tier 3	
TEMPO SMART BUTTON DEVICE (***data transfer accessory (insulin pen), bluetooth***)	Tier 3	DD
TENS 502 DEVICE (***transcutaneous electrical nerve stimulators (tens units)***)	Tier 3	
TENS 504 DEVICE (***transcutaneous electrical nerve stimulators (tens units)***)	Tier 3	
VIBRANT ORAL CAPSULE (***vibrating transient device for constipation***)	Tier 3	
VIBRANT STARTER KIT COMBO PACK (***vibrating transient device for constipation***)	Tier 3	
Medical Supplies and DME - Nebulizers - Medical Supplies and Durable Medical Equipment		
AEROECLIPSE II NEBULIZER (***nebulizer***)	Tier 3	
AEROECLIPSE XL NEBULIZER (***nebulizer***)	Tier 3	
AERONEB GO NEBULIZER (***nebulizer***)	Tier 3	
ALTERA NEBULIZER HANDSET (***nebulizer***)	Tier 3	
ALTERA NEBULIZER SYSTEM (***nebulizer***)	Tier 3	
AURA PORTANEB (***nebulizer***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEVILBISS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 3	
INNOSPIRE GO NEBULIZER (***nebulizer***)	Tier 3	
LC PLUS (***nebulizer***)	Tier 3	
LC PLUS NEBULIZER-PED MASK (***nebulizer***)	Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE (***nebulizer***)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING (***nebulizer***)	Tier 3	
MICROAIR MESH NEBULIZER (***nebulizer***)	Tier 3	
MINI PLUS NEBULIZER (***nebulizer***)	Tier 3	
PARI LC SPRINT NEBULIZER SET (***nebulizer***)	Tier 3	
PARI LC SPRINT SINUS (***nebulizer***)	Tier 3	
PRODIGY MINI-MIST NEBULIZER (***nebulizer***)	Tier 3	
SIDESTREAM (***nebulizer***)	Tier 3	
SIDESTREAM NEBULIZER (***nebulizer***)	Tier 3	
SIDESTREAM PLUS (***nebulizer***)	Tier 3	
SINUSTAR NEBULIZER (***nebulizer***)	Tier 3	
SOOTHENEB MESH NEBULIZER (***nebulizer***)	Tier 3	
Medical Supplies and DME - Parenteral Therapy Supplies - Medical Supplies and Durable Medical Equipment		
ADD-VANTAGE ADDAPTOR (***infusion adapter, closed system***)	Tier 3	
INTERLINK LEVER LOCK CANNULA (***syringe accessory***)	Tier 3	
I-PORT (***injection ports***)	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT (***injection ports***)	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT (***injection ports***)	Tier 3	
KENDALL DISINFECTANT CAP (***alcohol swab cap***)	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (***intravenous equipment***)	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE (***assembly system, vial to transfer device, closed system***)	Tier 3	
PHASEAL CONNECTOR LUER LOCK (***connector luer lock, closed system***)	Tier 3	
PHASEAL INFUSION ADAPTER (***infusion adapter, closed system***)	Tier 3	
PHASEAL INFUSION CLAMP (***clamp, iv tubing***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHASEAL INJECTOR LUER (***needle injector, luer, closed system***)	Tier 3	
PHASEAL INJECTOR LUER LOCK (***needle injector, luer lock, closed system***)	Tier 3	
VARITHENA ADMINISTRATION PACK (***transfer set/syringe, disposable/bandages,compression/tubing***)	Tier 3	
Medical Supplies and DME - Peak Flow Meters - Medical Supplies and Durable Medical Equipment		
ASTHMAPACK CHILDREN'S KIT (***peak flow meter/inhaler, assist devices***)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 3	
TRUZONE PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 3	
Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***)	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE (***mucus clearing device***)	Tier 3	
AEROCHAMBER MECHANICAL VENT SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER MINI SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER MV SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (***inhaler,assist device with large mask***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (***inhaler,assist device with small mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS Z STAT SM MSK SPACER (***inhaler,assist device with small mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER2GO SPACER (***inhaler, assist devices***)	Tier 3	
AEROTRACH PLUS SPACER (***inhaler, assist devices***)	Tier 3	
AEROVENT PLUS SPACER (***inhaler, assist devices***)	Tier 3	
AIRS ADULT AEROSOL MASK (***nebulizer accessories***)	Tier 3	
AIRS PEDIATRIC DISPOSABLE MASK (***nebulizer accessories***)	Tier 3	
ALL FLOW 1000 KIT (***nebulizer accessories***)	Tier 3	
ALL FLOW 1000 PFT FILTER (***nebulizer accessories***)	Tier 3	
ALL FLOW 3000 KIT (***nebulizer accessories***)	Tier 3	
ALL FLOW 3000 PFT FILTER (***nebulizer accessories***)	Tier 3	
ALL FLOW 4000 KIT (***nebulizer accessories***)	Tier 3	
ALL FLOW 4000 PFT FILTER (***nebulizer accessories***)	Tier 3	
ALL FLOW 5000 KIT (***nebulizer accessories***)	Tier 3	
ALL FLOW 5000 PFT FILTER (***nebulizer accessories***)	Tier 3	
ALL FLOW 6000 PFT FILTER (***nebulizer accessories***)	Tier 3	
BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER (***inhaler,assist device with large mask***)	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREATHERITE VALVED MDI SPACER SPACER (***inhaler, assist devices***)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
CLEVER CHOICE NEB KIT-ADULT (***nebulizer accessories***)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD (***nebulizer accessories***)	Tier 3	
CLEVER CHOICE NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE (***nebulizer and compressor***)	Tier 3	
COMFORTSEAL LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
COMFORTSEAL SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (***compressor, for nebulizer***)	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (***compressor, for nebulizer***)	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
EASIVENT MASK LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASY NEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
EBASE CONTROLLER DEVICE (***compressor, for nebulizer***)	Tier 3	
FLEXICHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE DELUXE DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE ELEGANCE DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE ESSENCE DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE MINI DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE REPLACEMENT FILTER (***nebulizer accessories***)	Tier 3	
INSPIRACHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***)	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***)	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSPIRATION ELITE FILTER (***nebulizer accessories***)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
MICROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
MICROSPACER SPACER (***inhaler, assist devices***)	Tier 3	
nebulizer and compressor device	Tier 3	
NOSE CLIP (***nebulizer accessories***)	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE (***nebulizer and compressor***)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT (***nebulizer accessories***)	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT (***nebulizer accessories***)	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT (***nebulizer accessories***)	Tier 3	
PARI TREK S COMBO PACK DEVICE (***nebulizer and compressor***)	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 3	
PARI TREK S PORTABLE PWR KIT (***nebulizer accessories***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIATRIC BEAR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (***nebulizer and compressor***)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
PILLOW MASK CHILD (***nebulizer accessories***)	Tier 3	
POCKET CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
PRIMEAIRE SPACER (***inhaler, assist devices***)	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
PROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (***nebulizer and compressor***)	Tier 3	
PRONEB MAX COMPRESSR-LC SPRINT DEVICE (***nebulizer and compressor***)	Tier 3	
PRONEB ULTRA II FILTER ASSEM (***nebulizer accessories***)	Tier 3	
PROVENT NASAL DEVICE (***nasal exhalation resistance device***)	Tier 3	
PROVENT STARTER NASAL DEVICE (***nasal exhalation resistance device***)	Tier 3	
PULMO-AIDE COMPRESSOR DEVICE (***compressor, for nebulizer***)	Tier 3	
PULMONEB LT COMPRESSOR NEBUL DEVICE (***nebulizer and compressor***)	Tier 3	
PUREAIR MINI NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
QUAKE VIBRATORY PEP DEVICE (***mucus clearing device***)	Tier 3	
REUSABLE NEBULIZER KIT KIT (***nebulizer accessories***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
RUBBER MOUTHPIECE (***nebulizer accessories***)	Tier 3	
SAMI THE SEAL DEVICE (***nebulizer and compressor***)	Tier 3	
SAMI THE SEAL MASK (***nebulizer accessories***)	Tier 3	
SIDESTREAM MASK (***nebulizer accessories***)	Tier 3	
SILICONE MASK (***nebulizer accessories***)	Tier 3	
SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
SMARTNEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (***compressor, for nebulizer***)	Tier 3	
THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (***nebulizer and compressor***)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
VORTEX VHC PEDIATRIC MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
WILLIS THE WHALE COMPRESSR NEB DEVICE (***nebulizer and compressor***)	Tier 3	
Medical Supplies and DME - Subcutaneous Administration Supply - Medical Supplies and Durable Medical Equipment		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSUFLON INFUSION SET 25 X 18 MM (***subcutaneous administration set***)	Tier 3	
Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment		
CEQUR SIMPLICITY DEVICE 2 UNIT (***subcutaneous bolus insulin patch pump, 200 unit, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
ILET STARTER KIT CONTACT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 3	DD
ILET STARTER KIT-INSET KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 3	DD
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/l2***)	Tier 2	DD
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/g7 with controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/g7***)	Tier 2	DD
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/l2 with controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous infusion,bt and controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,bluetooth***)	Tier 2	DD
T:FLEX SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	Tier 3	DD
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	Tier 3	DD
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT (***insulin pump cartridge/insulin infusion set/syringe/needle***)	Tier 2	DD
TWIIST STARTER KIT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 2	DD; QL (1 EA per 365 days)
V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***)	Tier 2	DD
V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***)	Tier 2	DD
Medical Supplies and DME - Subcutaneous Insulin Pump - Medical Supplies and Durable Medical Equipment		
ILET INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
MINIMED 780G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
T:SLIM X2 BASAL-IQ INSULIN PMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
T:SLIM X2 CONTROL-IQ (***subcutaneous insulin pump***)	Tier 3	PA; DD
TANDEM MOBI SYSTEM (***subcutaneous insulin pump***)	Tier 3	PA; DD
TANDEM T:SLIM X2 STARTER KIT (***subcutaneous insulin pump***)	Tier 3	PA; DD
Medical Supplies and DME - Urinary Catheters and Related Devices - Medical Supplies and Durable Medical Equipment		
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (***catheter***)	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (***urinary bag/catheter***)	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (***catheter***)	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (***catheter***)	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK (***urinary bag/catheterization tray***)	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (***catheter***)	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR (***catheter***)	Tier 3	
DOVER UNIVERSAL TRAY (***catheterization tray***)	Tier 3	
FEMALE CATHETER 14 FR (***catheter***)	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-" (***catheter***)	Tier 3	
KENGUARD FOLEY CATHETER TRAY (***catheterization tray***)	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-" (***catheter***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOFRIC ORIGO 14-16 FR-" (***catheter***)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (***catheter***)	Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (***catheter***)	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (***catheter***)	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR (***catheter***)	Tier 3	
SELF-CATHETER, FEMALE 14 FR (***catheter***)	Tier 3	
SILASTIC FOLEY CATHETER 20 FR (***catheter***)	Tier 3	
SPEEDICATH (FEMALE) 16 FR (***catheter***)	Tier 3	
TOUCH-TROL 10 FR (***catheter***)	Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (***urinary bag/catheter***)	Tier 3	
Medical Supplies and DME - Urine Ketone Tests - Medical Supplies and Durable Medical Equipment		
KETONE CARE STRIP (***urine acetone test strips***)	Tier 1	DD
KETONE URINE TEST STRIP (***urine acetone test strips***)	Tier 1	DD
KETOSTIX STRIP (***urine acetone test strips***)	Tier 1	DD
TRUEPLUS KETONE STRIP (***urine acetone test strips***)	Tier 1	DD
Medical Supplies and DME- Blood Collection Sets with Local Anesthetics - Medical Supplies and Durable Medical Equipment		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 % (***blood collection set/lidocaine/prilocaine***)	Tier 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 % (***blood collection set/lidocaine/prilocaine***)	Tier 3	
Medical Supplies and DME-Eustachian Tube/Middle Ear Ventilator Devices - Medical Supplies and Durable Medical Equipment		
EAR POPPER INFLATION DEVICE NASAL DEVICE (***middle ear inflation device***)	Tier 3	
Medical Supplies and DME-Glucose Monitoring and Insulin Admin Supplies - Medical Supplies and Durable Medical Equipment		
AUTOSOFT 30 INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUTOSOFT 90 INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
AUTOSOFT XC INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
AUTOSOFT XC INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
AUTOSOFT XC INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
ILET INFUSION KIT-FLEX 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION KIT-INSET 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION KIT-INSET 32" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MEDTRONIC EXT INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MEDTRONIC EXT INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED MIO ADVANCE INF SET23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED MIO ADVANCE INF SET43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED QUICK SET 18" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED QUICK SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED QUICK SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED QUICK SET 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SILHOUETTE 18" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SILHOUETTE 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINIMED SILHOUETTE 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SILHOUETTE 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SURE T 18" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SURE T 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SURE T 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TRUSTEEL INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
TRUSTEEL INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARISOFT INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
VARISOFT INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
VARISOFT INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
Tissue Bulking Implants - Anorectal - Medical Supplies and Durable Medical Equipment		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4) (***dextranomer microspheres/hyaluronate sod in 0.9 % sodium chl***)	Tier 4	SP
Medical Supply, FDB Superset		
Medical Supply, FDB Superset		
ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	Tier 2	DD
ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ADD-VANTAGE ADDAPTOR (***infusion adapter, closed system***)	Tier 3	
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (***catheter***)	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (***urinary bag/catheter***)	Tier 3	
ADVANCED TRAVEL LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
ADVANTAGE SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD
ADVIN COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
AEROBIKA OSCILLATING PEP SYSTM DEVICE (***mucus clearing device***)	Tier 3	
AEROCHAMBER MECHANICAL VENT SPACER (***inhaler, assist devices***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER MINI SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER MV SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (***inhaler,assist device with large mask***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (***inhaler,assist device with small mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (***inhaler,assist device with small mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER2GO SPACER (***inhaler, assist devices***)	Tier 3	
AEROECLIPSE II NEBULIZER (***nebulizer***)	Tier 3	
AEROECLIPSE XL NEBULIZER (***nebulizer***)	Tier 3	
AERONEB GO NEBULIZER (***nebulizer***)	Tier 3	
AEROTRACH PLUS SPACER (***inhaler, assist devices***)	Tier 3	
AEROVENT PLUS SPACER (***inhaler, assist devices***)	Tier 3	
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (***lancets***)	Tier 2	DD
AIMSCO LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
AIRS ADULT AEROSOL MASK (***nebulizer accessories***)	Tier 3	
AIRS PEDIATRIC DISPOSABLE MASK (***nebulizer accessories***)	Tier 3	
ALL FLOW 1000 KIT (***nebulizer accessories***)	Tier 3	
ALL FLOW 1000 PFT FILTER (***nebulizer accessories***)	Tier 3	
ALL FLOW 3000 KIT (***nebulizer accessories***)	Tier 3	
ALL FLOW 3000 PFT FILTER (***nebulizer accessories***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALL FLOW 4000 KIT (***nebulizer accessories***)	Tier 3	
ALL FLOW 4000 PFT FILTER (***nebulizer accessories***)	Tier 3	
ALL FLOW 5000 KIT (***nebulizer accessories***)	Tier 3	
ALL FLOW 5000 PFT FILTER (***nebulizer accessories***)	Tier 3	
ALL FLOW 6000 PFT FILTER (***nebulizer accessories***)	Tier 3	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 " (***foam bandage***)	Tier 3	
ALTERA NEBULIZER HANDSET (***nebulizer***)	Tier 3	
ALTERA NEBULIZER SYSTEM (***nebulizer***)	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (***lancets***)	Tier 2	DD
AMIELLE VAGINAL TRAINER KIT (***medical supply, miscellaneous***)	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-" (***catheter***)	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (***catheter***)	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY (***medical supply, miscellaneous***)	Tier 3	
ASSURE LANCE 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
ASSURE TITANIUM GLUCOSE SYSTEM (***blood-glucose meter***)	Tier 3	DD
ASTHMAPACK CHILDREN'S KIT (***peak flow meter/inhaler, assist devices***)	Tier 3	
AURA PORTANEB (***nebulizer***)	Tier 3	
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic, safety***)	Tier 2	DD
AUTOSOFT 30 INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
AUTOSOFT 90 INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
AUTOSOFT XC INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
AUTOSOFT XC INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUTOSOFT XC INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (***intravenous catheter***)	Tier 3	
BD MICROTAINER LANCET 1.5 X 2 MM (***blade lancet, safety***)	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (***intravenous catheter kit***)	Tier 3	
BIGFOOT UNITY KIT (***flash glucose sensor/blood glucose test strips/pen needles***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (***data transfer pen cap for insulin glulisine, reusable, bt***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-ASPART DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-FIASP DEVICE (***data transfer pen cap for insulin aspart (b3), reusable, bt***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (***data transfer pen cap for insulin lispro-aabc, reusable, bt***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 3	DD
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (***data transfer pen cap for insulin degludec, reusable, bt***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BINAXNOW COVD AG CARD HOME TST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER (***inhaler,assist device with large mask***)	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (***inhaler, assist devices***)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (***lancets***)	Tier 2	DD
CAREONE ULTRA THIN LANCET (***lancets***)	Tier 2	DD
CARESENS LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
CARESTART COVID-19 AG HOME TST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (***gel dressing***)	Tier 3	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	$0	CT; EHB
CEFALY COMBO PACK (***transcutaneous electrical nerve stimulators(tens)/electrodes***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CEQUR SIMPLICITY DEVICE 2 UNIT (***subcutaneous bolus insulin patch pump, 200 unit, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
CEQUR SIMPLICITY INSERTER (***diabetic supplies,miscell***)	Tier 2	DD; QL (1 EA per 365 days)
CHOSEN LANCET 30 GAUGE (***lancets***)	Tier 2	DD
CHOSEN SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD
CLEVER CHEK LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
CLEVER CHOICE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
CLEVER CHOICE NEB KIT-ADULT (***nebulizer accessories***)	Tier 3	
CLEVER CHOICE NEB KIT-CHILD (***nebulizer accessories***)	Tier 3	
CLEVER CHOICE NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE (***nebulizer and compressor***)	Tier 3	
CLINITEST COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
COAGUCHEK LANCETS (***lancets***)	Tier 2	DD
COAGUCHEK XS (***prothrombin time/inr test meter***)	Tier 3	
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (***lancets***)	Tier 2	DD
COMFORTSEAL LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
COMFORTSEAL SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 3	
CONCEPTION KIT (***conception assistance supplies combination no.1***)	Tier 3	
CONTOUR NEXT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
CORDX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
COVID-19 RAPID AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL (***gel dressing***)	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " (***gauze bandage***)	Tier 3	
CURITY DRAINAGE BAG 2,000 ML (***drainage bag***)	Tier 3	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (***iodoform***)	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (***compressor, for nebulizer***)	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (***compressor, for nebulizer***)	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 3	
DEXCOM G6 RECEIVER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 90 days)
DEXCOM G7 15 DAY SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 30 days)
DEXCOM G7 RECEIVER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DOVER COATED LATEX FOLEY COMBO PACK (***urinary bag/catheterization tray***)	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (***catheter***)	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR (***catheter***)	Tier 3	
DOVER UNIVERSAL TRAY (***catheterization tray***)	Tier 3	
DROPLET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
DROPSAFE ACTI-LANCE 23 GAUGE (***lancets***)	Tier 2	DD
DROPSAFE MEDLANCE PLUS 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***)	$0	CT; EHB
DUREX EXTRA SENSITIVE CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
DUREX TROPICAL CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
EAR POPPER INFLATION DEVICE NASAL DEVICE (***middle ear inflation device***)	Tier 3	
EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
EASIVENT MASK LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASY COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EASY COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
EASY NEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EBASE CONTROLLER DEVICE (***compressor, for nebulizer***)	Tier 3	
ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
EMBRACE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ENFIT IRRIGAT SYRINGE-CONTAINR KIT (***feeder irrigation kit***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENFIT MEDICAL STRAW (***medical supply, miscellaneous***)	Tier 3	
enteral connector, enfit	Tier 3	
ENTERAL GRAVITY BAG SET-ENFIT (***feeder container with gravity set, enfit***)	Tier 3	
eua patient assessment	Tier 3	
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE (***glucose sensor,implantable,continuous/dexamethasone acetate***)	Tier 3	PA; DD
EVERSENSE 365 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
EXTENDED RESERVOIR 3 ML (***insulin pump syringe, 3 ml***)	Tier 3	DD
EZ SMART LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
FANTASY CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
FASTEP COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
FC2 FEMALE CONDOM (***condoms, female***)	$0	CT; EHB
FEMALE CATHETER 14 FR (***catheter***)	Tier 3	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	$0	CT; EHB
FINGERSTIX LANCETS (***lancets***)	Tier 2	DD
FLEXICHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
FLEXI-SEAL SIGNAL FMS RECTAL (***fecal collector with charcoal filter/catheter/syringe***)	Tier 3	
FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
FONDCIRCLE LANCET 30 GAUGE (***lancets***)	Tier 2	DD
FORACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	Tier 2	$0 COPAY; DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	$0 COPAY; DD; QL (200 EA per 30 days)
FREESTYLE LANCETS 28 GAUGE (***lancets***)	Tier 2	$0 COPAY; DD
FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	$0 COPAY; DD; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	$0 COPAY; DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	Tier 2	$0 COPAY; DD; QL (200 EA per 30 days)
FREESTYLE UNISTIK 2 (***lancets***)	Tier 2	$0 COPAY; DD
GENABIO COVID-19 RAPID AT-HOME KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
GLUCOCOM AUTOLINK (***diabetic supplies,miscell***)	Tier 3	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
GOJJI LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
GUARDIAN 4 GLUCOSE SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
GUARDIAN 4 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
GUARDIAN SENSOR 3 DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
HOME NEBULIZER PLUS SIDESTREAM DEVICE (***nebulizer and compressor***)	Tier 3	
IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
ILET INFUSION KIT-FLEX 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION KIT-INSET 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION KIT-INSET 32" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
ILET STARTER KIT CONTACT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 3	DD
ILET STARTER KIT-INSET KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 3	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
INDICAID COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
INNOSPIRE DELUXE DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE ELEGANCE DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE ESSENCE DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE GO NEBULIZER (***nebulizer***)	Tier 3	
INNOSPIRE MINI DEVICE (***nebulizer and compressor***)	Tier 3	
INNOSPIRE REPLACEMENT FILTER (***nebulizer accessories***)	Tier 3	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INSPIRACHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***)	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***)	Tier 3	
INSPIRATION ELITE FILTER (***nebulizer accessories***)	Tier 3	
INSUFLON INFUSION SET 25 X 18 MM (***subcutaneous administration set***)	Tier 3	
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"	Tier 2	DD
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (***intravenous catheter***)	Tier 3	
INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
INTERLINK LEVER LOCK CANNULA (***syringe accessory***)	Tier 3	
INVACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
I-PORT (***injection ports***)	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT (***injection ports***)	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT (***injection ports***)	Tier 3	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (***intravenous administration set***)	Tier 3	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (***intravenous administration set***)	Tier 3	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (***intravenous administration set***)	Tier 3	
IVENIX LVP EPIDURAL ADMIN SET EPIDURAL INFUSION SET (***epidural administration set***)	Tier 3	
IVENIX LVP EPIDURAL SET NRFIT EPIDURAL INFUSION SET (***epidural administration set***)	Tier 3	
KANGAROO 924 SAFETY SCREW (***pump set***)	Tier 3	
KANGAROO EPUMP SET (***feeder container with pump set***)	Tier 3	
KANGAROO GRAVITY SET (***feeder container with gravity set***)	Tier 3	
KENDALL DISINFECTANT CAP (***alcohol swab cap***)	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-" (***catheter***)	Tier 3	
KENGUARD FOLEY CATHETER TRAY (***catheterization tray***)	Tier 3	
KERAGEL TOPICAL GEL (***gel dressing***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (***polyhexamethylene biguanide/gauze bandage***)	Tier 3	
KETONE CARE STRIP (***urine acetone test strips***)	Tier 1	DD
KETONE URINE TEST STRIP (***urine acetone test strips***)	Tier 1	DD
KETOSTIX STRIP (***urine acetone test strips***)	Tier 1	DD
KIMONO LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO THIN LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
lancets , 26 gauge, 28 gauge, 30 gauge, 33 gauge	Tier 2	DD
LANCETS,THIN 28 GAUGE (***lancets***)	Tier 2	DD
LC PLUS (***nebulizer***)	Tier 3	
LC PLUS NEBULIZER-PED MASK (***nebulizer***)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-" (***catheter***)	Tier 3	
LOFRIC ORIGO 14-16 FR-" (***catheter***)	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (***catheter***)	Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" (***catheter***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***)	Tier 3	$0 COPAY
MAD NASAL ATOMIZER NASAL DEVICE (***atomizer***)	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (***catheter***)	Tier 3	
MC 300 NEBULIZER W-MOUTHPIECE (***nebulizer***)	Tier 3	
MC 300 NEBULIZER-UNVRSL TUBING (***nebulizer***)	Tier 3	
MEDISENSE THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (***blade lancet, safety***)	Tier 2	DD
MEDTRONIC EXT INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MEDTRONIC EXT INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MEDTRONIC EXT INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MICRO THIN LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
MICROAIR MESH NEBULIZER (***nebulizer***)	Tier 3	
MICROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
MICROLET LANCET (***lancets***)	Tier 2	DD
MICROLET NEXT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
MICROSPACER SPACER (***inhaler, assist devices***)	Tier 3	
MINI PLUS NEBULIZER (***nebulizer***)	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 3	
MINIMED 780G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
MINIMED MIO ADVANCE INF SET23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED MIO ADVANCE INF SET43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED QUICK SET 18" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINIMED QUICK SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED QUICK SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED QUICK SET 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SILHOUETTE 18" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SILHOUETTE 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SILHOUETTE 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SILHOUETTE 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SURE T 18" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SURE T 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MINIMED SURE T 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
MOBILE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
MONO-FLO DRAINAGE BAG 2,000 ML (***drainage bag***)	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (***intravenous equipment***)	Tier 3	
MONOLET LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
NATURAL CYCLES DIGITAL APP (***digital therapeutics,fertility monitor***)	$0	EHB
nebulizer and compressor device	Tier 3	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (***intravenous catheter***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOSE CLIP (***nebulizer accessories***)	Tier 3	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
NOVA SUREFLEX LANCETS (***lancets***)	Tier 2	DD
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***)	Tier 3	DD
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (***porcine acellular small intestine submucosa, fenestrated***)	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (***porcine acell submucosa,meshed***)	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE (***nebulizer and compressor***)	Tier 3	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/l2***)	Tier 2	DD
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/g7 with controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/g7***)	Tier 2	DD
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/l2 with controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous infusion,bt and controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) (***insulin pump controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,bluetooth***)	Tier 2	DD
ON CALL LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ON-GO COVID-19 AG AT HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
ON-THE-GO LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
PARADIGM RESERVOIR 1.8 ML (***insulin pump syringe, 1.8 ml***)	Tier 3	DD
PARADIGM RESERVOIR 3 ML (***insulin pump syringe, 3 ml***)	Tier 3	DD
PARI BABY CONV KIT - SIZE 1 KIT (***nebulizer accessories***)	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT (***nebulizer accessories***)	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT (***nebulizer accessories***)	Tier 3	
PARI LC SPRINT NEBULIZER SET (***nebulizer***)	Tier 3	
PARI LC SPRINT SINUS (***nebulizer***)	Tier 3	
PARI TREK S COMBO PACK DEVICE (***nebulizer and compressor***)	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 3	
PARI TREK S PORTABLE PWR KIT (***nebulizer accessories***)	Tier 3	
PCCA ACCUPEN-15 DEVICE (***topical cream metered-dose device***)	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (***nebulizer and compressor***)	Tier 3	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
PETROLEUM GAUZE TOPICAL BANDAGE (***petrolatum,white***)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE (***assembly system, vial to transfer device, closed system***)	Tier 3	
PHASEAL CONNECTOR LUER LOCK (***connector luer lock, closed system***)	Tier 3	
PHASEAL INFUSION ADAPTER (***infusion adapter, closed system***)	Tier 3	
PHASEAL INFUSION CLAMP (***clamp, iv tubing***)	Tier 3	
PHASEAL INJECTOR LUER (***needle injector, luer, closed system***)	Tier 3	
PHASEAL INJECTOR LUER LOCK (***needle injector, luer lock, closed system***)	Tier 3	
PHASEAL SECONDARY SET INFUSION SET (***intravenous piggyback administration set***)	Tier 3	
PHASEAL Y-SITE (***y-site line connector, closed system***)	Tier 3	
PILLOW MASK CHILD (***nebulizer accessories***)	Tier 3	
PILOT COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
POCKET CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
PRECISION XTRA B-KETONE STRIP (***blood ketone test, strips***)	Tier 2	$0 COPAY; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (***blood sugar diagnostic***)	Tier 2	$0 COPAY; DD; QL (200 EA per 30 days)
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRIMEAIRE SPACER (***inhaler, assist devices***)	Tier 3	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT TENS ELECTRODE PAD (***tens unit electrodes***)	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK (***transcutaneous electrical nerve stimulators(tens)/electrodes***)	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PROCARE PEDIATRIC NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
PRO-CEPTION VAGINAL (***medical supply, miscellaneous***)	Tier 3	
PROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRODIGY MINI-MIST NEBULIZER (***nebulizer***)	Tier 3	
PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (***nebulizer and compressor***)	Tier 3	
PRONEB MAX COMPRESSR-LC SPRINT DEVICE (***nebulizer and compressor***)	Tier 3	
PRONEB ULTRA II FILTER ASSEM (***nebulizer accessories***)	Tier 3	
PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM (***pessary***)	Tier 3	
PROVENT NASAL DEVICE (***nasal exhalation resistance device***)	Tier 3	
PROVENT STARTER NASAL DEVICE (***nasal exhalation resistance device***)	Tier 3	
PULMO-AIDE COMPRESSOR DEVICE (***compressor, for nebulizer***)	Tier 3	
PULMONEB LT COMPRESSOR NEBUL DEVICE (***nebulizer and compressor***)	Tier 3	
PURE COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PUREAIR MINI NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
PUSH BUTTON SAFETY LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
QUAKE VIBRATORY PEP DEVICE (***mucus clearing device***)	Tier 3	
QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
RAPID SARS-COV-2 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
RAPPORT VACUUM THERAPY KIT (***vacuum erection device system***)	Tier 3	
RELIAMED LANCET 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIZORB CARTRIDGE (***enteral pump accessory for fat hydrolysis***)	Tier 3	
RESTORE TOPICAL BANDAGE 2 X 2 " (***silver/calcium alginate***)	Tier 3	
REUSABLE NEBULIZER KIT KIT (***nebulizer accessories***)	Tier 3	
RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR (***catheter***)	Tier 3	
RUBBER MOUTHPIECE (***nebulizer accessories***)	Tier 3	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
SAMI THE SEAL DEVICE (***nebulizer and compressor***)	Tier 3	
SAMI THE SEAL MASK (***nebulizer accessories***)	Tier 3	
SELF-CATHETER, FEMALE 14 FR (***catheter***)	Tier 3	
SENSILANCE 21 GAUGE, 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SIDESTREAM (***nebulizer***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIDESTREAM MASK (***nebulizer accessories***)	Tier 3	
SIDESTREAM NEBULIZER (***nebulizer***)	Tier 3	
SIDESTREAM PLUS (***nebulizer***)	Tier 3	
SILASTIC FOLEY CATHETER 20 FR (***catheter***)	Tier 3	
SILICONE MASK (***nebulizer accessories***)	Tier 3	
SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
SIMPLERA SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
SIMPLERA SYNC SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
SINGLE-LET (***lancets***)	Tier 2	DD
SINUSTAR NEBULIZER (***nebulizer***)	Tier 3	
SMARTEST LANCET (***lancets***)	Tier 2	DD
SMARTNEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 3	
SOOTHENEB MESH NEBULIZER (***nebulizer***)	Tier 3	
SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
SPECTRAGEL TOPICAL GEL (***gel dressing***)	Tier 3	
SPEEDICATH (FEMALE) 16 FR (***catheter***)	Tier 3	
SPEEDYSWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 3	$0 COPAY
STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
STRATACTX TOPICAL GEL (***gel dressing***)	Tier 3	
STRATAGRT TOPICAL GEL (***gel dressing***)	Tier 3	
STRATAXRT TOPICAL GEL (***gel dressing***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUNRISE COMPRESSOR-NEBULIZER DEVICE (***compressor, for nebulizer***)	Tier 3	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***)	Tier 2	DD
SURE-TOUCH LANCET (***lancets***)	Tier 2	DD
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (***ocular implant with insertion tool for ranibizumab***)	Tier 4	SP
T.E.D. ANTI-EMBOLISM STOCKING (***compression stocking, knee high, regular length, small***)	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR (***compression stocking, knee high, regular length, small***)	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	Tier 3	DD
T:SLIM X2 BASAL-IQ INSULIN PMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
T:SLIM X2 CONTROL-IQ (***subcutaneous insulin pump***)	Tier 3	PA; DD
T:SLIM X2 SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI SYSTEM (***subcutaneous insulin pump***)	Tier 3	PA; DD
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM X2 STARTER KIT (***subcutaneous insulin pump***)	Tier 3	PA; DD
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
TEMPO REFILL KIT WITH GAUZE KIT (***lancets/blood glucose test strips/pen needles/gauze***)	Tier 2	DD
TEMPO SMART BUTTON DEVICE (***data transfer accessory (insulin pen), bluetooth***)	Tier 3	DD
TEMPO WELCOME KIT KIT (***blood glucose meter/insulin data transf accessory, bluetooth***)	Tier 3	DD
TENS 502 DEVICE (***transcutaneous electrical nerve stimulators (tens units)***)	Tier 3	
TENS 504 DEVICE (***transcutaneous electrical nerve stimulators (tens units)***)	Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE (***incont device,muscle toner,elt***)	Tier 3	
THERAHONEY TOPICAL BANDAGE 4 X 5 " (***honey***)	Tier 3	
THIN LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***)	Tier 3	
TOUCH-TROL 10 FR (***catheter***)	Tier 3	
TROJAN BARESKIN DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROJAN ULTRA RIBBED CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUE COMFORT LANCET 30 GAUGE (***lancets***)	Tier 2	DD
TRUE COVER CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUE-COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
TRUEPLUS KETONE STRIP (***urine acetone test strips***)	Tier 1	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
TRUSTEEL INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
TRUSTEEL INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
TRUZONE PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 3	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT (***insulin pump cartridge/insulin infusion set/syringe/needle***)	Tier 2	DD
TWIIST STARTER KIT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 2	DD; QL (1 EA per 365 days)
TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
ULTILET BASIC LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTILET SAFETY LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD
ULTRA TLC LANCETS (***lancets***)	Tier 2	DD
ULTRA-CARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (***pen needle, diabetic***)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***)	Tier 2	DD
UNILET GP LANCET (***lancets***)	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
UNILET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 2 EXTRA LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 2 NORMAL LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 DUAL LANCET 18 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNIVERSAL 1 LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (***urinary bag/catheter***)	Tier 3	
VARISOFT INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
VARISOFT INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
VARISOFT INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***)	Tier 3	DD
VARITHENA ADMINISTRATION PACK (***transfer set/syringe, disposable/bandages,compression/tubing***)	Tier 3	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***)	Tier 2	DD
V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***)	Tier 2	DD
V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***)	Tier 2	DD
VIBRANT ORAL CAPSULE (***vibrating transient device for constipation***)	Tier 3	
VIBRANT STARTER KIT COMBO PACK (***vibrating transient device for constipation***)	Tier 3	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (***nebulizer and compressor***)	Tier 3	
VIVAGUARD LANCET 30 GAUGE (***lancets***)	Tier 2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD
VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
VORTEX VHC PEDIATRIC MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
WILLIS THE WHALE COMPRESSR NEB DEVICE (***nebulizer and compressor***)	Tier 3	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 " (***bismuth tribromophenate/petrolatum,white***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM (***pessary***)	Tier 3	
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease		
Drugs to Treat Neuronal Ceroid Lipofuscinosis type 2 (CLN2) - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (***cerliponase alfa***)	Tier 4	PA; SP
Metabolic Disease Enzyme Replacement, Acid Sphingomyelinase Deficiency - Drugs for Metabolic Disease		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG (***olipudase alfa-rpcp***)	Tier 4	PA; SP
Metabolic Disease Enzyme Replacement, Alpha-Mannosidosis - Drugs for Metabolic Disease		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG (***velmanase alfa-tycv***)	Tier 4	PA; SP
Metabolic Disease Enzyme Replacement, Batten Disease - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (***cerliponase alfa***)	Tier 4	PA; SP
Metabolic Disease Enzyme Replacement, Fabry's Disease - Drugs for Metabolic Disease		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML (***pegunigalsidase alfa-iwxj***)	Tier 4	PA; SP
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG (***agalsidase beta***)	Tier 4	PA; SP
Metabolic Disease Enzyme Replacement, Gaucher's Disease - Drugs for Metabolic Disease		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT (***imiglucerase***)	Tier 4	PA; SP
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT (***taliglucerase alfa***)	Tier 4	PA; SP
VPRIV INTRAVENOUS RECON SOLN 400 UNIT (***velaglucerase alfa***)	Tier 4	PA; SP
Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs for Metabolic Disease		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (***asfotase alfa***)	Tier 4	PA; SP
Metabolic Disease Enzyme Replacement, Lysosomal Acid Lipase Deficiency - Drugs for Metabolic Disease		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML (***sebelipase alfa***)	Tier 4	PA; SP
Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs for Metabolic Disease		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (***fosdenopterin hydrobromide***)	Tier 4	PA; SP
Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis - Drugs for Metabolic Disease		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (***laronidase***)	Tier 4	SP
AVLAYAH INTRAVENOUS RECON SOLN 150 MG (***tividenofusp alfa-eknm***)	Tier 4	SP
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML (***idursulfase***)	Tier 4	SP
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML (***vestronidase alfa-vjbk***)	Tier 4	PA; SP
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML (***galsulfase***)	Tier 4	SP
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) (***elosulfase alfa***)	Tier 4	PA; SP
Metabolic Disease Enzyme Replacement, Pompe Disease - Drugs for Metabolic Disease		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG (***alglucosidase alfa***)	Tier 4	PA; SP
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG (***avalglucosidase alfa-ngpt***)	Tier 4	PA; SP
POMBILITI INTRAVENOUS RECON SOLN 105 MG (***cipaglucosidase alfa-atga***)	Tier 4	PA; SP
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs for Metabolic Disease		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (***elapegademase-lvlr***)	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifiers - Drugs that Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG (***calcifediol***)	Tier 2	QL (2 EA per 1 day)
Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism		
levocarnitine (with sugar) oral solution 100 mg/ml	Tier 1	
levocarnitine oral solution 100 mg/ml	Tier 1	
levocarnitine oral tablet 330 mg	Tier 1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs that Alter Metabolism		
CERDELGA ORAL CAPSULE 84 MG (***eliglustat tartrate***)	Tier 4	SP
miglustat oral capsule 100 mg	Tier 4	PA; SP
miglustat (Yargesa Oral Capsule 100 Mg)	Tier 4	PA; SP
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs that Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (***uridine triacetate***)	Tier 4	PA; SP
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs that Alter Metabolism		
betaine oral powder 1 gram/scoop	Tier 4	PA; SP
Metabolic Modifier - Neimann Pick Disease Type C (NPC) - Drugs that Alter Metabolism		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM (***levacetylleucine***)	Tier 4	PA; SP
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (***arimoclomol citrate***)	Tier 4	PA; SP
Metabolic Modifier - Phosphatidylinositol-3-Kinase (PI3K) Inhibitors - Drugs that Alter Metabolism		
JOENJA ORAL TABLET 70 MG (***leniolisib phosphate***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIJOICE ORAL GRANULES IN PACKET 50 MG (***alpelisib***)	Tier 4	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (***alpelisib***)	Tier 4	PA; SP
Metabolic Modifier - Pompe Disease - GCS inhibitor - Drugs that Alter Metabolism		
OPFOLDA ORAL CAPSULE 65 MG (***miglustat***)	Tier 4	PA; SP
Metabolic Modifier - Tyrosine Metabolism Disorder Agents - Drugs that Alter Metabolism		
HARLIKU ORAL TABLET 2 MG (***nitisinone***)	Tier 4	PA; SP
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 4	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (***nitisinone***)	Tier 4	PA; SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (***nitisinone***)	Tier 4	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (***nitisinone***)	Tier 4	PA; SP
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism		
glycerol phenylbutyrate oral liquid 1.1 gram/ml	Tier 4	PA; SP
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (***sodium phenylbutyrate***)	Tier 4	PA; SP
PHEBURANE ORAL GRANULES 483 MG/GRAM (***sodium phenylbutyrate***)	Tier 4	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML (***glycerol phenylbutyrate***)	Tier 4	PA; SP
sodium phenylbutyrate oral powder 0.94 gram/gram	Tier 4	PA; SP
sodium phenylbutyrate oral tablet 500 mg	Tier 4	PA; SP
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (CPS 1) activator - Drugs that Alter Metabolism		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (***carglumic acid***)	Tier 4	PA; SP
carglumic acid oral tablet, dispersible 200 mg	Tier 4	PA; SP
Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs that Alter Metabolism		
TYBOST ORAL TABLET 150 MG (***cobicistat***)	Tier 2	QL (1 EA per 1 day)
Pharmacological Chaperone Tx - alpha-galactosidase A enzyme stabilizer - Drugs that Alter Metabolism		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GALAFOLD ORAL CAPSULE 123 MG (***migalastat hcl***)	Tier 4	PA; SP
Phenylketonuria(PKU) Tx Agents - Cofactor of Phenylalanine Hydroxylase - Drugs that Alter Metabolism		
sapropterin dihydrochloride (Javygtor Oral Powder In Packet 100 Mg, 500 Mg)	Tier 4	SP
sapropterin dihydrochloride (Javygtor Oral Tablet,Soluble 100 Mg)	Tier 4	SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (***sapropterin dihydrochloride***)	Tier 4	SP
KUVAN ORAL TABLET,SOLUBLE 100 MG (***sapropterin dihydrochloride***)	Tier 4	SP
sapropterin oral powder in packet 100 mg, 500 mg	Tier 4	SP
sapropterin oral tablet,soluble 100 mg	Tier 4	SP
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG (***sepiapterin***)	Tier 4	PA; SP
sapropterin dihydrochloride (Zelvysia Oral Powder In Packet 100 Mg, 500 Mg)	Tier 4	SP
Phenylketonuria(PKU) Tx Agents - Phenylalanine Ammonia Lyase - Drugs that Alter Metabolism		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (***pegvaliase-pqpz***)	Tier 4	PA; SP
Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs that Alter Metabolism		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (***lonafarnib***)	Tier 4	PA; SP
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat		
Dental Product - Fluoride Preparations - Drugs for the Mouth and Throat		
CLINPRO 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (***fluoride (sodium)***)	Tier 1	
fluoride (sodium) dental cream 1.1 %	Tier 1	
fluoride (sodium) dental gel 1.1 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluoride (sodium) dental paste 1.1 %	Tier 1	
fluoride (sodium) dental solution 0.2 %	Tier 1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	$0	EHB; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	$0	EHB; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	Tier 3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 % (***sodium fluoride/hydroxyapatite***)	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	
SF DENTAL GEL 1.1 % (***fluoride (sodium)***)	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	Tier 1	
Mouth and Throat - Antifungals - Drugs for the Mouth and Throat		
clotrimazole mucous membrane troche 10 mg	Tier 1	
nystatin oral suspension 100,000 unit/ml	Tier 1	
Mouth and Throat - Anti-infective Mixtures - Drugs for the Mouth and Throat		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (***sulfuric acid/sulfonated phenol***)	Tier 3	
Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chlorhexidine gluconate (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth and Throat - Artificial Saliva - Drugs for the Mouth and Throat		
NUMOISYN MUCOUS MEMBRANE LIQUID (***flaxseed***)	Tier 3	
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (***sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos***)	Tier 3	
Mouth and Throat - Glucocorticoids - Drugs for the Mouth and Throat		
triamcinolone acetonide (Oralone Dental Paste 0.1 %)	Tier 1	
triamcinolone acetonide dental paste 0.1 %	Tier 1	
Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat		
lidocaine hcl mucous membrane jelly 2 %	Tier 1	
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)	Tier 1	
Mouth and Throat - Mucositis-Stomatitis Agents - Drugs for the Mouth and Throat		
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (***potassium sorbate/maltodextrin/aloe vera/mann ps***)	Tier 3	
Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat		
cevimeline oral capsule 30 mg	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat		
doxycycline hyclate oral tablet 20 mg	Tier 1	
Therapy for Drooling- primary or secondary sialorrhea-Anticholinergic - Drugs for the Mouth and Throat		
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	Tier 1	
Multiple Sclerosis Agents - Drugs for the Nervous System		
Leukocyte adhesion inhibitors, alpha4-mediated, IgG4k mc antibody - Drugs for Multiple Sclerosis		
TYRUKO INTRAVENOUS SOLUTION 300 MG/15 ML (***natalizumab-sztn***)	Tier 4	PA; SP
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML (***natalizumab***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Multiple Sclerosis Agent - CD20 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML (***ublituximab-xiiy***)	Tier 4	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (***ofatumumab***)	Tier 4	PA; SP
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML (***ocrelizumab***)	Tier 4	PA; SP
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML (***ocrelizumab-hyaluronidase-ocsq***)	Tier 4	PA; SP
Multiple Sclerosis Agent - CD52 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML (***alemtuzumab***)	Tier 4	PA; SP
Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 4	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 4	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	Tier 4	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 4	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 4	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 4	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (***interferon beta-1a/albumin human***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***)	Tier 4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***)	Tier 4	PA; SP
Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis		
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (***glatiramer acetate***)	Tier 4	PA; SP
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	Tier 4	PA; SP
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	Tier 4	PA; SP
glatiramer acetate (Glatopa Subcutaneous Syringe 20 Mg/Ml, 40 Mg/Ml)	Tier 4	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (***diroximel fumarate***)	Tier 4	PA; SP
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis		
dalfampridine oral tablet extended release 12 hr 10 mg	Tier 4	PA; SP
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA; SP
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
teriflunomide oral tablet 14 mg, 7 mg	Tier 4	PA; SP
Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis		
fingolimod oral capsule 0.5 mg	Tier 4	PA; SP
GILENYA ORAL CAPSULE 0.25 MG (***fingolimod hcl***)	Tier 4	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (***siponimod***)	Tier 4	PA; SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (***siponimod***)	Tier 4	PA; SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (***siponimod***)	Tier 4	PA; SP
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG (***fingolimod lauryl sulfate***)	Tier 4	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hydrochloride***)	Tier 4	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (***ozanimod hydrochloride***)	Tier 4	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (***ozanimod hydrochloride***)	Tier 4	PA; SP
Ophthalmic Agents - Drugs for the Eye		
Artificial Tears and Lubricant Single Agents - Drugs for the Eye		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (***chondroitin sulfate a sodium/pf***)	Tier 3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (***perfluorohexyloctane/pf***)	Tier 2	
Bispecific VEGF-A and Angiopoietin-2 (Ang-2) Inhibitors - Drugs for Cancer		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML (***faricimab-svoa***)	Tier 4	PA; SP
VABYSMO INTRAVITREAL SYRINGE 6 MG/0.05 ML (***faricimab-svoa***)	Tier 4	PA; SP
Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (***echothiophate iodide***)	Tier 4	SP
Miotics - Direct Acting - Drugs for Glaucoma		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	
Mydriatic and Cycloplegic Combinations - Drugs for the Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (***cyclopentolate hcl/phenylephrine hcl***)	Tier 3	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 1	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %	Tier 1	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %	Tier 1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 % (***phenylephrine hcl/tropicamide***)	Tier 3	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	
Ophth - Beta Blocker-Adrenerg-Carbonic Anhyd Inh-Prostaglandin Analog - Drugs for Glaucoma		
timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %	Tier 1	
timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %	Tier 1	
timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %	Tier 1	
Ophthalmic - Adrenergic Receptor Agonist - Drugs for the Eye		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (***oxymetazoline hcl/pf***)	Tier 3	PA
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %	Tier 1	
brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %	Tier 1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (***brinzolamide/brimonidine tartrate***)	Tier 2	
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhib-Prostaglandin Analog - Drugs for the Eye		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
brimonidine-dorzol-bimatoprost ophthalmic (eye) drops 0.1-2-0.01 %	Tier 1	
Ophthalmic - Agents for Corneal Collagen Cross-Linking - Drugs for the Eye		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % (***riboflavin 5-phosphate sodium in 20 % dextran***)	Tier 4	SP
Ophthalmic - Agents for Presbyopia - Drugs for the Eye		
pilocarpine hcl ophthalmic (eye) drops 1.25 %	Tier 1	QL (10 ML per 30 days)
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 % (***pilocarpine hcl***)	Tier 3	ST: TRIAL OF ONE GENERIC PILOCARPINE OPHTHALMIC SOLUTION IN THE PAST 120 DAYS; QL (2 EA per 1 day)
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 % (***aceclidine hcl***)	Tier 3	QL (1 EA per 1 day)
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % (***sulfacetamide sodium/prednisolone acetate***)	Tier 2	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	Tier 1	
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)	Tier 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % (***gentamicin sulfate/prednisolone acetate***)	Tier 3	
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %	Tier 1	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %	Tier 1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (***tobramycin/dexamethasone***)	Tier 2	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	Tier 1	
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	Tier 1	
Ophthalmic - Antibacterial-Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	Tier 1	
prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %	Tier 1	
prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %	Tier 1	
prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %	Tier 1	
Ophthalmic - Antibacterial-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %	Tier 1	
Ophthalmic Antibiotic - Vancomycin and Derivatives - Anti-Infective/Anti-Inflammatories		
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	Tier 1	
vancomycin in water ophthalmic (eye) drops 2.5 %	Tier 1	
Ophthalmic - Anticholinergics - Drugs for the Eye		
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %	Tier 1	
atropine ophthalmic (eye) drops 1 %	Tier 1	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %	Tier 1	
cyclopentolate hcl (Cyclogyl Ophthalmic (Eye) Drops 0.5 %)	Tier 3	
cyclopentolate ophthalmic (eye) drops 1 %	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (***homatropine hbr***)	Tier 1	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	Tier 1	
Ophthalmic - Antifibrotic Agents - Drugs for the Eye		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml	Tier 4	SP
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (***mitomycin***)	Tier 3	
Ophthalmic - Antihistamines - Drugs for Itchy Eye		
azelastine ophthalmic (eye) drops 0.05 %	Tier 1	QL (12 ML per 30 days)
epinastine ophthalmic (eye) drops 0.05 %	Tier 1	QL (10 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	Tier 1	
olopatadine ophthalmic (eye) drops 0.2 %	Tier 1	QL (3 ML per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
clobetasol ophthalmic (eye) drops,suspension 0.05 %	Tier 1	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (3.5 ML per 14 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (***dexamethasone***)	Tier 3	
difluprednate ophthalmic (eye) drops 0.05 %	Tier 1	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***loteprednol etabonate***)	Tier 2	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	Tier 1	QL (10 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (***loteprednol etabonate***)	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (***loteprednol etabonate***)	Tier 2	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	Tier 1	QL (10 GM per 14 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	Tier 1	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (10 ML per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***dexamethasone***)	Tier 3	ST: TRIAL OF GENERIC OPHTHALMIC FLUOROMETHOLONE 0.1%, DEXAMETHASONE 0.1%, OR PREDNISOLONE 1% IN THE PAST 120 DAYS; QL (25 ML per 14 days)
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %	Tier 1	QL (20 ML per 14 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	Tier 1	QL (20 ML per 14 days)
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 1	QL (20 ML per 14 days)
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML (***triamcinolone acetonide/pf***)	Tier 4	SP
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
cyclosporine ophthalmic (eye) dropperette 0.05 %	Tier 1	PR: RESTRICTED TO OPHTHALMOLOGY OR OPTOMETRY SPECIALIST; QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (***cyclosporine***)	Tier 2	PR: RESTRICTED TO OPHTHALMOLOGY OR OPTOMETRY SPECIALIST; QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (***cyclosporine***)	Tier 1	PR: RESTRICTED TO OPHTHALMOLOGY OR OPTOMETRY SPECIALIST; QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 % (***cyclosporine***)	Tier 3	PA
Ophthalmic - Anti-inflammatory, LFA-1 antagonists - Anti-Infective/Anti-Inflammatories		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (***lifitegrast***)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (***ketorolac tromethamine/pf***)	Tier 3	ST: TRIAL OF ILEVRO 0.3% AND ONE OF THE FOLLOWING: DICLOFENAC 0.1% OR KETOROLAC 0.5% IN THE PAST 365 DAYS; QL (60 EA per 15 days)
bromfenac ophthalmic (eye) drops 0.07 %	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMMIC DROPS IN THE PAST 120 DAYS; QL (3 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.075 %	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMMIC DROPS IN THE PAST 120 DAYS; QL (5 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.09 %	Tier 1	ST: TRIAL OF GENERIC KETOROLAC OR DICLOFENAC OPHTHALMMIC DROPS IN THE PAST 120 DAYS; QL (3.4 ML per 16 days)
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 1	QL (10 ML per 14 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (***nepafenac***)	Tier 2	QL (3.4 ML per 16 days)
ketorolac ophthalmic (eye) drops 0.4 %	Tier 1	
ketorolac ophthalmic (eye) drops 0.5 %	Tier 1	QL (20 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Beta blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs for Glaucoma		
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %	Tier 1	
Ophthalmic - Beta Blocker-Carbonic Anhydrase Inh-Prostaglandin Analog - Drugs for Glaucoma		
timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %	Tier 1	
timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %	Tier 1	
Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	Tier 1	
Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	Tier 1	ST: TRIAL OF DORZOLAMIDE/TIMOLOL (NON-COSOPT PF FORMULATION) REQUIRED; QL (2 EA per 1 day)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Tier 1	
Ophthalmic - Beta blockers-Prostaglandin Analog Combinations - Drugs for Glaucoma		
timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma		
brinzolamide ophthalmic (eye) drops,suspension 1 %	Tier 1	
dorzolamide (pf) ophthalmic (eye) drops 2 %	Tier 1	
dorzolamide ophthalmic (eye) drops 2 %	Tier 1	
Ophthalmic - Cystine Depleting Agents - Drugs for the Eye		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (***cysteamine hcl***)	Tier 4	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (***cysteamine hcl***)	Tier 4	PA; SP
Ophthalmic - Decongestants - Drugs for Itchy Eye		

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	Tier 4	PA; SP
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept-ayyh***)	Tier 4	PA; SP
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept-ayyh***)	Tier 4	PA; SP
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab/needle, initial fill, filter***)	Tier 4	PA; SP
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab***)	Tier 4	PA; SP
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML (***pegcetacoplan/pf***)	Tier 4	PA; SP
Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye		
cromolyn ophthalmic (eye) drops 4 %	Tier 1	QL (50 ML per 30 days)
Ophthalmic - Mydriatic-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (***tropicamide/proparacaine/phenylephrine/ketorolac in water***)	Tier 1	
Ophthalmic - Photodynamic Therapy Agents - Drugs for the Eye		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG (***verteporfin***)	Tier 4	SP
Ophthalmic - Rho Kinase Inhibitor and Prostaglandin Analog Combination - Drugs for Glaucoma		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (***netarsudil mesylate/latanoprost***)	Tier 3	ST: TRIAL OF LATANOPROST AND ONE OF THE FOLLOWING: LUMIGAN 0.01%, COMBIGAN, ALPHAGAN P 0.1%, BRIMONIDINE 0.2%, TRAVATAN Z, AZOPT, OR SIMBRINZA REQUIRED.; QL (2.5 ML per 25 days)
Ophthalmic - Surgical Aids Other - Drugs for the Eye		
GELFILM OPHTHALMIC (EYE) FILM (***gelatin***)	Tier 3	
Ophthalmic - Viscoelastic Agents - Drugs for the Eye		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMVISC INTRAOCULAR SYRINGE 12 MG/ML (***hyaluronate sodium***)	Tier 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML (***hyaluronate sodium***)	Tier 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML (***hyaluronate sodium***)	Tier 3	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML (***hyaluronate sodium***)	Tier 3	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML) (***hyaluronate sodium***)	Tier 3	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 1	
neomycin sulfate/bacitracin/polymyxin b (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)	Tier 1	
bacitracin/polymyxin b sulfate (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 1	
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (***tobramycin***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 1	
Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories		
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (***besifloxacin hcl***)	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (***ciprofloxacin hcl***)	Tier 2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	Tier 1	
ofloxacin ophthalmic (eye) drops 0.3 %	Tier 1	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 1	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
sulfacetamide sodium ophthalmic (eye) drops 10 %	Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	Tier 1	
Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***)	Tier 3	
Ophthalmic Antifungals - Tetraene Polyene-type - Drugs for the Eye		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***)	Tier 3	
Ophthalmic Antiparasitics - Drugs for the Eye		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (***lotilaner***)	Tier 4	PA; SP
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (***povidone-iodine***)	Tier 3	
povidone-iodine ophthalmic (eye) solution 5 %	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
trifluridine ophthalmic (eye) drops 1 %	Tier 1	ST: TRIAL OF ORAL ACYCLOVIR, VALACYCLOVIR OR FAMCICLOVIR IN THE PAST 120 DAYS
Ophthalmic Complement Inhibitors - Drugs for the Eye		
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (***avacincaptad pegol sodium/pf***)	Tier 4	PA; SP
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML (***pegcetacoplan/pf***)	Tier 4	PA; SP
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma		
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (***apraclonidine hcl***)	Tier 3	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma		
bimatoprost (pf) ophthalmic (eye) drops 0.01 %	Tier 1	
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 1	QL (2.5 ML per 25 days)
DURYSTA INTRACAMERAL IMPLANT 10 MCG (***bimatoprost***)	Tier 4	SP
IDOSE TR INTRACAMERAL IMPLANT 75 MCG (***travoprost***)	Tier 4	SP
latanoprost ophthalmic (eye) drops 0.005 %	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (***bimatoprost***)	Tier 2	QL (2.5 ML per 25 days)
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	Tier 1	QL (1 EA per 1 day)
travoprost ophthalmic (eye) drops 0.004 %	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (***latanoprostene bunod***)	Tier 3	ST: TRIAL OF GENERIC PROSTAGLANDIN ANALOG AND LUMIGAN IN THE PAST 365 DAYS; QL (2.5 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (***latanoprost***)	Tier 3	ST: TRIAL OF GENERIC PROSTAGLANDIN ANALOG AND LUMIGAN IN THE PAST 365 DAYS; QL (2.5 ML per 25 days)
ZOLYMBUS OPHTHALMIC (EYE) DROPPERETTE,GEL 0.01 % (***bimatoprost/pf***)	Tier 3	
Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs for Glaucoma		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (***netarsudil mesylate***)	Tier 3	ST: TRIAL OF LATANOPROST AND ONE OF THE FOLLOWING: LUMIGAN 0.01%, COMBIGAN, ALPHAGAN P 0.1%, TRAVATAN Z, AZOPT, OR SIMBRINZA REQUIRED.; QL (2.5 ML per 30 days)
Vascular Endothelial Growth Factor (VEGF-A) Receptor Antagonists - Drugs for the Eye		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (***brolucizumab-dbll***)	Tier 4	PA; SP
bevacizumab intravitreal syringe 1.25 mg/0.05 ml	Tier 4	PA; SP
bevacizumab intravitreal syringe 2.25 mg/0.09 ml, 2.75 mg/0.11 ml	Tier 4	PA; SP
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (***ranibizumab-nuna***)	Tier 4	PA; SP
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab-eqrn***)	Tier 4	PA; SP
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	Tier 4	PA; SP
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab/needle, initial fill, filter***)	Tier 4	PA; SP
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab***)	Tier 4	PA; SP
Vascular Endothelial Growth Factor(VEGF-A and PlGF)Receptor Inhibitors - Drugs for the Eye		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (***aflibercept***)	Tier 4	PA; SP
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept***)	Tier 4	PA; SP
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept***)	Tier 4	PA; SP
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept-ayyh***)	Tier 4	PA; SP
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept-ayyh***)	Tier 4	PA; SP
Organ Preservation Solutions		
Microplegic Solutions		
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
Organ Preservation Solutions - Drugs for the Heart		
Cardioplegic Solutions - Drugs for the Heart		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (***cardioplegic solution no.16***)	Tier 1	
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (***cardioplegic solution no.35***)	Tier 3	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.10***)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM) (***cardioplegic no.23 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM) (***cardioplegic solution no.18 (induction 8:1)***)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM) (***cardioplegic solution no.22 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM) (***cardioplegic solution no.20 (maintenance 4:1)***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 36 MEQ/L (POTASSIUM) (***cardioplegic solution no.26 (maintenance 4:1)***)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM) (***cardioplegic no.21 (reperfusate 4:1)***)	Tier 1	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.33 (warm induction 4:1)***)	Tier 3	
cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)	Tier 1	
cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)	Tier 1	
cardioplegic soln perfusion solution 16 meq/l (= k+)	Tier 1	
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 1	
DEL NIDO CARDIOPLEGIA PERFUSION SOLUTION 31 MEQ/1,052.8 ML (POTASSIUM) (***cardioplegic solution no.36***)	Tier 3	
Otic (Ear) - Drugs for the Ear		
Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	Tier 1	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	Tier 1	
ciprofloxacin-hydrocortisone otic (ear) drops,suspension 0.2-1 %	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (***neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom***)	Tier 3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
Otic (Ear) - Anti-infectives other - Antibiotics		
acetic acid otic (ear) solution 2 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Otic (Ear) - Fluoroquinolones - Antibiotics		
ciprofloxacin hcl otic (ear) dropperette 0.2 %	Tier 1	
ofloxacin otic (ear) drops 0.3 %	Tier 1	
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
fluocinolone acetonide oil otic (ear) drops 0.01 %	Tier 1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	Tier 1	
Otic (Ear) - Pinna Combinations - Antibiotics		
CORTANE-B TOPICAL LOTION 1-1-0.1 % (***hydrocortisone/pramoxine hcl/chloroxylenol***)	Tier 3	
Respiratory Therapy Agents - Drugs for the Lungs		
1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	Tier 1	
1st Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs for Cough and Cold		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (***pseudoephedrine hcl/chlorpheniramine maleate/bellad alk***)	Tier 1	
2nd Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (***desloratadine/pseudoephedrine sulfate***)	Tier 3	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED
Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml	Tier 1	ST: TRIAL OF IMMEDIATE-RELEASE CARBINOXAMINE MALEATE ORAL SOLUTION REQUIRED.; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
carbinoxamine maleate (Carbzah Oral Liquid 4 Mg/5 Ml)	Tier 1	Age (Min 2 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diphenhydramine hcl (Diphen Oral Elixir 12.5 Mg/5 Ml)	Tier 1	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (***carbinoxamine maleate***)	Tier 3	ST: TRIAL OF IMMEDIATE-RELEASE CARBINOXAMINE MALEATE ORAL SOLUTION REQUIRED.; QL (960 ML per 30 days); Age (Min 2 Years)
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg	Tier 1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamines - 2nd Generation - Drugs for Allergies		
cetirizine oral solution 1 mg/ml	Tier 1	
desloratadine oral tablet 5 mg	Tier 1	
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED.
levocetirizine oral solution 2.5 mg/5 ml	Tier 1	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED.
levocetirizine oral tablet 5 mg	Tier 1	
Antihistamines - 2nd Generation - Piperazines - Drugs for Allergies		
cetirizine oral solution 1 mg/ml	Tier 1	
levocetirizine oral solution 2.5 mg/5 ml	Tier 1	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED.
levocetirizine oral tablet 5 mg	Tier 1	
Antihistamines - 2nd Generation - Piperidines - Drugs for Allergies		
desloratadine oral tablet 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST: TRIAL OF DESLORATADINE OR LEVOCERTIRIZINE TABLET REQUIRED.
Antitussives - Non-Opioid - Drugs for Allergies		
benzonatate oral capsule 100 mg, 200 mg	Tier 1	
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs for Asthma/COPD		
epinephrine injection syringe 0.1 mg/ml	Tier 1	
Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb - Drugs for Asthma/COPD		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***)	Tier 4	PA; SP
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (***omalizumab***)	Tier 4	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***)	Tier 4	PA; SP
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone furoate***)	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***mometasone furoate***)	Tier 2	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (***mometasone furoate***)	Tier 2	QL (1 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	Tier 1	QL (120 ML per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation	Tier 1	QL (60 EA per 30 days)
fluticasone propionate inhalation blister with device 250 mcg/actuation	Tier 1	QL (120 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation	Tier 1	QL (12 GM per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation	Tier 1	QL (24 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	Tier 1	QL (21.2 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (***beclomethasone dipropionate***)	Tier 2	QL (21.2 GM per 30 days)
Asthma Therapy - Interleukin-4 (IL-4) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 4	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 4	PA; SP
Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAb - Drugs for Asthma/COPD		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML (***reslizumab***)	Tier 4	PA; SP
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	Tier 4	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (***mepolizumab***)	Tier 4	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (***mepolizumab***)	Tier 4	PA; SP
Asthma Therapy - Interleukin-5 (IL-5) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (***benralizumab***)	Tier 4	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML (***benralizumab***)	Tier 4	PA; SP
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD		
montelukast oral granules in packet 4 mg	Tier 1	
montelukast oral tablet 10 mg	Tier 1	
montelukast oral tablet,chewable 4 mg, 5 mg	Tier 1	
zafirlukast oral tablet 10 mg, 20 mg	Tier 1	
Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, MAb - Drugs for Asthma/COPD		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (***tezepelumab-ekko***)	Tier 4	PA; SP
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) (***tezepelumab-ekko***)	Tier 4	PA; SP
Asthma Therapy - Xanthines - Drugs for Asthma/COPD		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline anhydrous***)	Tier 2	
theophylline oral elixir 80 mg/15 ml	Tier 1	
theophylline oral solution 80 mg/15 ml	Tier 1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 1	
Asthma/COPD - Phosphodiesterase-3 and -4 (PDE3 and PDE4) Inhibitors - Drugs for Asthma/COPD		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML (***ensifentrine***)	Tier 4	PA; SP
Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors - Drugs for Asthma/COPD		
roflumilast oral tablet 250 mcg, 500 mcg	Tier 1	QL (1 EA per 1 day)
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (***umeclidinium bromide***)	Tier 2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (***tiotropium bromide***)	Tier 2	QL (4 GM per 30 days)
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	Tier 1	QL (30 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (***revefenacin***)	Tier 3	QL (90 ML per 30 days)
Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (***ipratropium bromide***)	Tier 2	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %	Tier 1	
Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (***olodaterol hcl***)	Tier 2	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD		
arformoterol inhalation solution for nebulization 15 mcg/2 ml	Tier 1	ST: TRIAL OF SEREVENT, STRIVERDI, OR PERFOROMIST IN THE PAST 120 DAYS; QL (120 ML per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (***salmeterol xinafoate***)	Tier 2	QL (60 EA per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	Tier 1	6.7gm/Pkg
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	Tier 1	
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	Tier 1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	Tier 1	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD		
albuterol sulfate oral syrup 2 mg/5 ml	Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (***umeclidinium bromide/vilanterol trifenatate***)	Tier 2	QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***)	Tier 2	4gm/Pkg
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***)	Tier 2	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***)	Tier 2	QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (***albuterol sulfate/budesonide***)	Tier 2	10.7gm/Pkg; QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE (***fluticasone furoate/vilanterol trifenatate***)	Tier 2	QL (60 EA per 30 days)
budesonide/formoterol fumarate (Breyna Inhalation Hfa Aerosol Inhaler 160-4.5 Mcg/Actuation, 80-4.5 Mcg/Actuation)	Tier 1	QL (30.9 GM per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	Tier 1	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	Tier 2	QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	Tier 2	QL (13 GM per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	Tier 1	QL (1 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	Tier 1	QL (60 EA per 30 days)
fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	QL (60 EA per 30 days)
Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb, - Drugs for Cystic Fibrosis		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (***budesonide/glycopyrrolate/formoterol fumarate***)	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	Tier 2	QL (2 EA per 1 day)
Bronchiectasis Therapy Agents - Drugs for Cystic Fibrosis		
BRINSUPRI ORAL TABLET 10 MG, 25 MG (***brensocatib***)	Tier 4	PA; SP; QL (1 EA per 1 day)
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis		
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (***tobramycin***)	Tier 4	PA; SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tier 4	PA; SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
tobramycin inhalation solution for nebulization 300 mg/4 ml	Tier 4	PA; SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	Tier 4	PA; SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (***aztreonam lysine***)	Tier 4	PA; SP; PR: RESTRICTED TO INFECTIOUS DISEASE OR PULMONOLOGY SPECIALIST
Cystic Fibrosis - Inhaled Osmotic Agents - Drugs for Cystic Fibrosis		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (***mannitol***)	Tier 4	SP; ST: TRIAL OF INHALED 7% SODIUM CHLORIDE SOLUTION IN THE PAST 120 DAYS.; QL (20 EA per 1 day)
Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator - Drugs for Cystic Fibrosis		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (***ivacaftor***)	Tier 4	PA; SP
KALYDECO ORAL TABLET 150 MG (***ivacaftor***)	Tier 4	PA; SP
Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (***vanzacaftor calcium/tezacaftor/deutivacaftor***)	Tier 4	PA; SP
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (***lumacaftor/ivacaftor***)	Tier 4	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor/ivacaftor***)	Tier 4	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (***tezacaftor/ivacaftor***)	Tier 4	PA; SP
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) (***elexacaftor/tezacaftor/ivacaftor***)	Tier 4	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (***elexacaftor/tezacaftor/ivacaftor***)	Tier 4	PA; SP
Elastase Inhibitors - Drugs for Asthma/COPD		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (***alpha-1-proteinase inhibitor***)	Tier 4	PA; SP
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %) (***alpha-1-proteinase inhibitor***)	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (***alpha-1-proteinase inhibitor***)	Tier 4	PA; SP
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG (***alpha-1-proteinase inhibitor***)	Tier 4	PA; SP
Lung Surfactants - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (***poractant alfa***)	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (***calfactant***)	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (***beractant***)	Tier 3	
Mucolytics - Drugs for the Lungs		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***)	Tier 4	PA; SP
Nasal Anesthetics - Allergy		
cocaine nasal solution 4 %	Tier 1	
NUMBRINO NASAL SOLUTION 4 % (***cocaine hcl***)	Tier 1	
Nasal Anticholinergics - Allergy		
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	Tier 1	
Nasal Antihistamine and Anti-inflammatory Steroid Combinations - Allergy		
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	Tier 1	ST: TRIAL OF FLUTICASONE OR FLUNISOLIDE (NASAL FORMULATION) IN THE PAST 120 DAYS; QL (23 GM per 30 days)
Nasal Antihistamines - Allergy		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)	Tier 1	
olopatadine nasal spray,non-aerosol 0.6 %	Tier 1	
Nasal Corticosteroids - Allergy		
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Tier 1	QL (25 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone propionate nasal spray,suspension 50 mcg/actuation	Tier 1	
mometasone nasal spray,non-aerosol 50 mcg/actuation	Tier 1	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (***beclomethasone dipropionate***)	Tier 2	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (***beclomethasone dipropionate***)	Tier 2	ST: TRIAL OF NASAL FLUNISOLIDE OR FLUTICASONE REQUIRED; QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (***fluticasone propionate***)	Tier 2	ST: TRIAL OF ONE OF THE FOLLOWING INTRANASAL CORTICOSTEROIDS : MOMETASONE, FLUTICASONE PROPIONATE, OR FLUNISOLIDE IN THE PAST 120 DAYS; QL (32 ML per 30 days)
Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs for the Nose		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (***varenicline tartrate***)	Tier 2	PA
Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
brompheniramine maleate/pseudoephedrine hcl/dextromethorphan (Bromfed Dm Oral Syrup 2-30-10 Mg/5 Ml)	Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	Tier 1	
Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold		
promethazine-dm oral solution 6.25-15 mg/5 ml	Tier 1	
Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (***chlorpheniramine maleate/codeine phosphate***)	Tier 3	ST: TRIAL OF PROMETHAZINE/CODEINE REQUIRED IN THE PREVIOUS 120 DAYS.; QL (2 EA per 1 day); Age (Min 18 Years)
Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold		
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
hydrocodone bitartrate/homatropine methylbromide (Hydromet Oral Solution 5-1.5 Mg/5 Ml)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Opioid Antitussive-Expectorant Combinations - Drugs for Cough and Cold		
codeine-guaifenesin oral liquid 10-100 mg/5 ml	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (***codeine phosphate/guaifenesin***)	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (***codeine phosphate/guaifenesin***)	Tier 1	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML (***codeine phosphate/guaifenesin***)	Tier 1	Age (Min 12 Years)
Pleural Sclerosing Agents - Drugs for the Lungs		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM (***talc***)	Tier 3	
sterile talc intrapleural suspension for reconstitution 5 gram	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM (***talc***)	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM (***talc***)	Tier 3	
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs		
pirfenidone oral capsule 267 mg	Tier 4	PA; SP
pirfenidone oral tablet 267 mg, 801 mg	Tier 4	PA; SP
pirfenidone oral tablet 534 mg	Tier 4	PA; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs		
nintedanib oral capsule 100 mg, 150 mg	Tier 4	PA; SP
Pulmonary Fibrosis Treatment Agents - PDE4 Inhibitors - Drugs for Cystic Fibrosis		
JASCAYD ORAL TABLET 18 MG, 9 MG (***nerandomilast***)	Tier 4	PA; SP; QL (2 EA per 1 day)
Vaginal Products - Drugs for Women		
Vaginal Antibacterial - Lincosamides - Drugs for Infections		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (***clindamycin phosphate***)	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS; QL (3 EA per 30 days)
clindamycin phosphate vaginal cream 2 %	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % (***clindamycin phosphate***)	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
Vaginal Antifungal - Imidazoles - Drugs for Infections		
GYNAZOLE-1 VAGINAL CREAM 2 % (***butoconazole nitrate***)	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (***miconazole nitrate***)	Tier 1	
Vaginal Antifungal - Triazoles - Drugs for Infections		
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections		
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (***metronidazole***)	Tier 3	ST: TRIAL OF TWO OF THE FOLLOWING GENERICS: ORAL METRONIDAZOLE TABLETS, ORAL CLINDAMYCIN CAPSULES, INTRAVAGINAL METRONIDAZOLE GEL, INTRAVAGINAL CLINDAMYCIN CREAM IN THE PAST 365 DAYS
Vaginal Antiseptic Mixtures - Drugs for Infections		
FEM PH VAGINAL GEL 0.9-0.025 % (***acetic acid/oxyquinoline sulfate***)	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 % (***acetic acid/oxyquinoline sulfate***)	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (***oxyquinoline sulfate/sodium lauryl sulfate***)	Tier 3	
Vaginal Estrogens - Drugs for Women		
estradiol vaginal cream 0.01 % (0.1 mg/gram)	Tier 1	
estradiol vaginal tablet 10 mcg	Tier 1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (***estrogens, conjugated***)	Tier 2	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	Tier 1	
Vaginal Progestins - Drugs for Women		
CRINONE VAGINAL GEL 4 % (***progesterone, micronized***)	Tier 2	
Vaginal-Cervical Care and Treatment Agents - Drugs for Women		
PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM (***pessary***)	Tier 3	
Weight Loss/Gain Agents - Drugs for Eating Disorders		
Anti-Obesity - Dual GIP and GLP-1 Receptor Agonists - Drugs for Eating Disorders		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***)	Tier 2	PA; FOR OBSTRUCTIVE SLEEP APNEA ONLY; QL (2 ML per 28 days)
Anti-Obesity - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Eating Disorders		
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML (***semaglutide***)	Tier 2	PA; COVERED FOR CV RISK REDUCTION AND METABOLIC DYSFUNCTION-ASSOCIATED STEATOHEPATITIS(MASH) ONLY; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (***semaglutide***)	Tier 2	PA; COVERED FOR CV RISK REDUCTION AND METABOLIC DYSFUNCTION-ASSOCIATED STEATOHEPATITIS(MASH) ONLY; QL (3 ML per 28 days)
Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	ST: TRIAL OF 5HT3 ANTAGONIST, CORTICOSTEROIDS, MEGESTROL SUSPENSION, OR EMEND REQUIRED IN PAST 120 DAYS; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***)	Tier 3	ST: TRIAL OF GENERIC DRONABINOL CAPSULES IN THE PAST 120 DAYS; QL (60 ML per 30 days)
Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders		
megestrol oral suspension 400 mg/10 ml (10 ml)	Tier 1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Tier 1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 1	ST: TRIAL OF MEGESTROL ACETATE 40MG/ML SUSPENSION REQUIRED

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Melanocortin 4 (MC4) Receptor Agonist - Drugs for Eating Disorders		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (***setmelanotide acetate***)	Tier 4	PA; SP
Treatment of Hyperphagia in Prader-Willi Syndrome (PWS) - Drugs for Eating Disorders		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG (***diazoxide choline***)	Tier 4	PA; SP

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