

Your 2024 Western Health Advantage 4-Tier Preferred Drug List (PDL)

Effective May 1, 2024



For the most current list of covered medications or if you have questions:



Call Member Services:

- **1-916-563-2250** or **1-888-563-2250**, toll free
- TDD/TYY, **1-888-877-5378**



Visit **optumrx.com** to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.
- Find an electronic copy of the formulary.
- Get plan coverage information.

This PDL includes a list of medications covered by Western Health Advantage (WHA). This list is updated at least monthly and is subject to change. All previous versions are no longer in effect.

Health Plan Products:

- Advantage WHA Bronze 6900 HDHP HMO
- Advantage WHA Silver 4100 HDHP HMO
- Capital 15 Platinum 90 HMO
- Capital 2000 Silver 70 HMO
- Capital 2250 Silver 70 HMO
- Capital 250 Gold 80 HMO
- Capital 2500 Silver 70 HDHP HMO
- Capital 30 Gold 80 HMO
- Capital 6000 Bronze 60 HDHP HMO
- Capital 6300 Bronze 60 HMO
- Gateway 1500 Silver 70 HDHP HMO
- Gateway 20 Platinum 90 HMO
- Gateway 2000 Gold 80 HDHP HMO
- Gateway 30 Platinum 90 HMO
- Gateway 4010 Gold 80 HMO
- Gateway 4020 Gold 80 HMO
- Gateway 5020 Silver 70 HMO
- Gateway 5200 Bronze 60 HDHP HMO
- Gateway 6500 Bronze 60 HDHP HMO
- Gateway 6900 Bronze 60 HDHP HMO
- Gateway 70 Platinum 90 HMO
- Sierra 2000 Gold 80 HDHP HMO
- Sierra 25 Platinum 90 HMO
- Sierra 40 Gold 80 HMO
- Sierra 4010 Gold 80 HMO
- Sierra 50 Silver 70 HMO
- Sierra 6500 Bronze 60 HDHP HMO
- Sierra 6900 Bronze 60 HDHP HMO
- WHA \$0 Cost Share HMO AI-AN
- WHA Bronze 60 HDHP HMO
- WHA Bronze 60 HMO
- WHA Gold 80 HMO
- WHA Minimum Coverage HMO
- WHA Off Exchange Silver 70 HMO
- WHA Platinum 90 HMO
- WHA Silver 70 HMO
- WHA Silver 73 HMO
- WHA Silver 87 HMO
- WHA Silver 94 HMO

Western Health Advantage

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Understanding your PDL

What if I have questions about my prescription drug benefit?

You can contact Member Services at the phone number listed on your Western Health Advantage (WHA) ID card or located on the cover of this booklet. Member Services can help you with these and other questions:

- Submitting prior authorization and step therapy exception requests
- Providing your cost share amount under your pharmacy benefit for drugs subject to a copayment or coinsurance
- Answering questions about medications that may be a part of your medical benefit, or you can also contact your doctor for more information.

What is a PDL?

A PDL is a list of prescribed medications chosen by your plan for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA). The drug list in this PDL is organized by the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification system.

Western Health Advantage is guided by the Pharmacy and Therapeutics Committee (a group of doctors, nurses, and pharmacists) who reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my PDL?

You and your doctor can use the PDL to help you choose the most cost-effective prescription medications. This PDL booklet tells you if a medication is generic or brand, and if special rules apply. Bring this PDL with you when you see your doctor or use the website link located on the cover page. If your medication is not listed here, please visit the plan website or call the number on your member ID card.

You can find out if your medication is listed in the PDL and if it is covered by the plan by using the alphabetical index by its brand or generic name, or by using the Category list.

The index at the end of the PDL lists the names of drugs by both generic and brand name, in alphabetical order. Once you find the drug name, go to the page number listed to locate the coverage information.

Category List: Drugs are grouped into AHFS therapeutic categories, which are listed under the Table of Contents in the PDL. If you know what category your medication is in, refer to the Table of Contents to find the page.

If a generic equivalent for a brand name is not available on the market, the generic drug will not be listed separately. The presence of a drug on the PDL does not guarantee that your doctor will prescribe the drug for a particular medical condition.



About this PDL

Where differences between this PDL and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details. The presence of a prescription medication on the PDL does not guarantee an enrollee will be prescribed that drug by a provider for a particular medical condition.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

When does the PDL change?

- WHA will update the printed PDL formulary with changes on a monthly basis. All previous versions are no longer in effect.
- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage immediately if new information about drug safety or effectiveness is released or if the drug is removed from the market.

When a medication changes tiers, you may have to pay a different amount for that medication if:

- We add prior authorization, quantity limits and/or step therapy requirements.
- The medication moves to a higher tier.

Please note: We will notify you 60 days before the negative change becomes effective if you currently take the medication or at the time you request a refill (you will receive a 30-day supply). This notice will include (A) change in drug or dosage form; (B) changes in tier placement of a drug that results in an increase in cost sharing; and (C) any changes of utilization management restrictions, including any additions of these restrictions.

Understanding your PDL continued

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?

You or your authorized representative and your doctor can ask for a coverage request by calling the number on your member ID card. WHA member services representatives can help guide you further.

What is the copay amount for oral anti-cancer drugs?

Oral anti-cancer drugs are subject to a maximum copayment for each 1-month supply, after any deductible has been met.

Medication tips

What is the difference between brand-name and generic medications?

You can contact Member Services at the phone number listed on your Western Health Advantage (WHA) ID card or located on the cover of this booklet. Member Services can help you with these and other questions:

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

What are my pharmacy options for filling a prescription?

WHA uses the Optum Rx pharmacy network, which allows you to fill your prescription at one of the participating retail pharmacies. This includes most U.S. chain pharmacies and many independent pharmacies. To find a participating pharmacy near you, visit mywha.org and select pharmacy, or call WHA at the number on your member ID card or listed on the front cover of this booklet.

Can I use a mail order pharmacy?

For certain types of medications, you can save time and money by receiving a 90-day supply through Optum® Home Delivery or by using the Select90 program at Walgreens or CVS Pharmacy. The medications available through home delivery or Select90 are drugs that you may be taking on a regular basis for a chronic or long-term medical condition.

What if I am taking a specialty medication?

Specialty medications are for rare or complex medical conditions. They are oral or injectable medications that can cost more than \$600 for a 30-day supply. Please note, not all specialty medications are listed in this PDL. Most specialty medications require PA for coverage and all are limited to up to a 30-day supply through WHA's exclusive specialty pharmacy network.

Optum® Specialty Pharmacy can provide most of your specialty medications along with helpful programs and services. Call Optum Specialty Pharmacy at **1-855-427-4682** and have your prescriptions delivered right to your home. You may also contact NorthBay healthcare, UC Davis onsite pharmacies, or St. Joseph's McAuley pharmacy of Dignity Health. WHA will allow up to 2 initial fills at local retail pharmacies to make sure you get started on your medications in a timely manner. All other fills will be limited to WHA's exclusive specialty network, unless otherwise restricted by the manufacturer or FDA. Please refer to your Copayment Summary for specific copayment amounts.



Over-the-counter medications

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Definitions

Brand-name drug is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.

Coinsurance is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

Copayment is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

Deductible is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

Drug Tier is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.

Enrollee is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

Exception request is 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 nonformulary drug.

Formulary is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

Generic drug is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

Nonformulary drug is a prescription drug that is not listed on the health plan's formulary.

Out-of-pocket cost are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

Prescribing provider is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

Prescription is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

Prescription drug is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

Prior Authorization is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

Step therapy is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

Subscriber means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this PDL, a drug is listed alphabetically by its brand and generic name in its therapeutic category and class to which it belongs.

The generic drug name for a brand name drug is included after the brand name in parenthesis. If a generic equal for a brand name is both available and covered, the generic drug will be listed separately from the brand name in all **bold** and *italicized lowercase* letters.

Brand example:

sovaldi oral tablet 400 mg (<i>sofosbuvir</i>)	3	PA; SP; QL (30 day supply per 1 fill)
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If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface in all CAPITAL letters.

Generic drug example:

<i>triamterene-hctz oral tablet 375-25 mg, 75-50 mg</i>	1	
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Generic drug marketed under a proprietary brand name example:

<i>levothyroxine sodium</i> (LEVOXYL) TABS	1	
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Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

Drug tier	Includes	Helpful tips
Tier 1	Preferred generic and certain preferred brand-name medications	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	Preferred brand name and certain non-preferred generic medications	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	Non-preferred (generic or brand) medications	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.
Tier 4	Specialty medications	
INF	Infertility medications	
OA	Office administered medications	May be considered under the medical benefit of the enrollee's contract. Contact your doctor for more information and refer to your Evidence of Coverage (EOC) for coverage information and exceptions.

Reading your formulary continued

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

AL	Age limit – These medications may require prior authorization if your age does not fall within the drug manufacturer, Food and Drug Administration (FDA) or treatment guideline recommendations.
AC	Anti-cancer – These oral anti-cancer drugs are subject to a maximum copayment for up to each 30-day supply, after any deductible has been met (per California State Law). This amount is listed in your WHA Copayment Summary.
PA	Prior authorization – Your doctor is required to give Western Health Advantage more information to determine coverage.
QL	Quantity limit – Medication may be limited to a certain number of doses or other limit on the amount that will be covered. Your doctor must request PA approval from WHA for a higher quantity of the drug.
ST	Step therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered.
PV	Preventive health benefit – Due to Health Care Reform this product may be available at zero copay through your pharmacy benefit.
SP	Specialty medication – May require PA, limited to 30-day supply. Up to 2 initial fills allowed at local retail pharmacies. Exceptions may be allowed when manufacturer or FDA limits supply to select specialty pharmacies only.
*	Copayments waived for this medication; any plan deductible still applies.
^	Copayments waived for this medication; skip deductible .

How do I request a prior authorization?

If your medication requires prior authorization (PA), your doctor can fax a completed PA form (available at westernhealth.com/provider) to Western Health Advantage at **1-916-568-5280**. Should you or your doctor need additional information on how to request PA, please call the number on your member ID card. Once your doctor's request is received, we will notify your doctor of our decision within 72 hours. If WHA fails to respond to a completed PA or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved, and the health insurer may not deny the request thereafter.

If your doctor believes that waiting 72 hours for a standard decision could be harmful to your health, your doctor can ask for a fast decision. This applies only to requests for medications that you have not already received. We must make expedited decisions within 24 hours after we get your doctor's supporting statement.

In some cases, our plan requires you to first try certain medications to treat your medical condition before we will cover another drug for that condition. This is called step therapy. The required first step medication or preferred drug is a proven, cost-effective medication. Unless an exception is made, one or more preferred medications must be tried before progressing to a drug that is subject to step therapy.

A request for an exception to a step therapy requirement may be submitted by your doctor in the same manner as a request for PA. If a request for step therapy exception is denied, you or your doctor may appeal the denial. The denial documents provide more information on the appeal rights and procedures. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you are enrolled in your WHA plan, step therapy won't be required. Also, the medication will be approved for coverage when guidelines are met for being medically necessary.

If we approve your medication PA or step exception, the approval continues for the date range noted on the exception, which may be for a specified number of prescription fills and for a period up to a maximum of 1 year. To keep the exception in place, you must remain enrolled in our plan, your doctor must continue to prescribe your medication at the same dosage and frequency of use, and your drug must be safe for treating your condition.

Reading your formulary continued

Are all contraceptives covered?

Contraceptive benefits include coverage for all FDA-approved prescription and OTC contraceptive methods at \$0 cost-share. If a therapeutic equivalent of a particular brand name drug or device exists, members must use the generic product to be eligible for \$0 cost share. Contraceptive devices (including IUDs) and implantable contraceptives are not covered under the pharmacy benefit. They are covered under the medical benefit as described in your Evidence of Coverage (EOC). Refer to your EOC and Copay Summary for coverage information and limitations.

What blood glucose supplies are covered?

Specific brands of blood glucose testing strips, lancets, and insulin syringes are covered by your pharmacy plan. You will need a prescription to use the pharmacy benefit for covered items.

Other diabetes supplies, equipment, and services may be covered under your medical benefit. These include:

- blood glucose monitors
- insulin pumps and supplies
- ketone urine testing strips and
- insulin pen delivery systems

Please refer to your EOC and Copay Summary for coverage information specifics and exceptions.

Are HIV medications covered?

All HIV medications are covered under your pharmacy benefit if filled at a retail or specialty pharmacy. If administered by a health care professional, medications are covered under the medical benefit.

WHA covers antiretroviral drugs that are medically necessary for the prevention of HIV at \$0 cost share if delivered by a network health care provider and filled through a network pharmacy. These items include pre- or postexposure prophylaxis (PrEP or PEP). If there is a therapeutic equivalent of a brand-name drug, only the generic product will be eligible for \$0 cost share. WHA also covers services for initial HIV PrEP and follow-up care as recommended by the USPSTF and the CDC. HIV testing is covered, even if it is unrelated to a primary diagnosis.

Are COVID-19 Products Covered?

WHA members are covered for COVID-19 vaccines and prescription therapeutics at \$0 cost-share when obtained at a network pharmacy or at their primary care provider (PCP). WHA will reimburse the cost of up to eight (8) FDA-approved at-home COVID-19 test kits per month at a maximum reimbursement of \$12 per kit (including tax and shipping if applicable) when obtained at a network pharmacy. Standard cost-shares apply when filled at a pharmacy outside of Optum Rx's standard network. Claim reimbursement can be submitted through WHA Pharmacy partner Optum Rx at <https://optumrx.akamaized.net/content/dam/rxmember/pdfs/dmr-forms/Claim-Form-Commercial-PPO-And-Union.pdf>. All receipts dated on or after January 15, 2022 will be accepted. A printed claims form may also be submitted. WHA will also cover the cost of general COVID-19 testing. If you believe you have been exposed and want to get tested, contact your doctor.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE DRUGS - Drugs for Allergy		
<i>promethazine hcl oral tablet 25 mg</i>	1	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	3	
<i>ryvent oral tablet 6 mg</i>	1	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
ANTIVERT ORAL TABLET 50 MG (<i>meclizine hcl</i>)	3	
ANTIVERT ORAL TABLET CHEWABLE 25 MG (<i>meclizine hcl</i>)	3	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	

Tier 1: Preferred generic and certain preferred brand-name medications; Tier 2: Preferred brand name and certain non-preferred generic medications; Tier 3: Non-preferred (generic or brand) medications; Tier 4: Specialty medications; INF: Infertility medications; OA: Office administered medications; AL: Age Limit – These medications may require prior authorization if your age does not fall within the drug manufacturer, Food and Drug Administration (FDA) or treatment guideline recommendations; AC: Anti-Cancer – These oral anti-cancer drugs are subject to a maximum copayment for up to each 30-day supply, after any deductible has been met (per California State Law). This amount is listed in your WHA Copayment Summary; PA: Prior Authorization – Your doctor is required to give Western Health Advantage more information to determine coverage; QL: Quantity Limit – Medication may be limited to a certain quantity; ST: Step Therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered; PV: Due to Health Care Reform this product may be available at zero copay through your pharmacy benefit; SP: Specialty Medication – May require PA, limited to 30-day supply. Up to 2 initial fills allowed at local retail pharmacies. Exceptions may be allowed when manufacturer or FDA limits supply to select specialty pharmacies only; *: Copayments waived for this medication; any plan deductible still applies; ^: Copayments waived for this medication; skip deductible Effective Date 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dimenhydrinate injection solution 50 mg/ml</i>	OA	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	OA	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	3	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	OA	PA
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	OA	PA
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>ryvent oral tablet 6 mg</i>	1	
VISTARIL ORAL CAPSULE 25 MG (<i>hydroxyzine pamoate</i>)	3	
OTHER ANTIHISTAMINES - Drugs for Allergy		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine (pf) intravenous solution 20 mg/2ml</i>	OA	

Tier 1: Preferred generic and certain preferred brand-name medications; Tier 2: Preferred brand name and certain non-preferred generic medications; Tier 3: Non-preferred (generic or brand) medications; Tier 4: Specialty medications; INF: Infertility medications; OA: Office administered medications; AL: Age Limit – These medications may require prior authorization if your age does not fall within the drug manufacturer, Food and Drug Administration (FDA) or treatment guideline recommendations; AC: Anti-Cancer – These oral anti-cancer drugs are subject to a maximum copayment for up to each 30-day supply, after any deductible has been met (per California State Law). This amount is listed in your WHA Copayment Summary; PA: Prior Authorization – Your doctor is required to give Western Health Advantage more information to determine coverage; QL: Quantity Limit – Medication may be limited to a certain quantity; ST: Step Therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered; PV: Due to Health Care Reform this product may be available at zero copay through your pharmacy benefit; SP: Specialty Medication – May require PA, limited to 30-day supply. Up to 2 initial fills allowed at local retail pharmacies. Exceptions may be allowed when manufacturer or FDA limits supply to select specialty pharmacies only; *: Copayments waived for this medication; any plan deductible still applies: ^: Copayments waived for this medication; skip deductible Effective Date 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	OA	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	OA	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	OA	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>olopatadine hcl nasal solution 0.6 %</i>	1	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	1	
PEPCID ORAL TABLET 20 MG, 40 MG (<i>famotidine</i>)	3	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	ST
VISTARIL ORAL CAPSULE 25 MG (<i>hydroxyzine pamoate</i>)	3	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	OA	PA
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	OA	PA
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (<i>pseudoeph-bromphen-dm</i>)	3	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	3	PA
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>Iodoxamide tromethamine</i>)	2	
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	3	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	1	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML (<i>cetirizine hcl</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-%, 3-0.9 GM/100ML-%	OA	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm, 500 mg</i>	OA	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 GM/10ML, 2 GM/20ML	OA	
<i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i>	OA	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i>	OA	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	OA	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)</i>	OA	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	1	
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (<i>cefotetan disodium</i>)	OA	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	OA	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	OA	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	OA	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	OA	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	OA	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED 2.5 (2-0.5) GM (<i>ceftazidime-avibactam</i>)	OA	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cefepodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefepodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	OA	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	OA	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	OA	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg</i>	OA	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	OA	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	OA	
<i>tazicef injection solution reconstituted 1 gm</i>	OA	
TAZICEF INTRAVENOUS SOLUTION 1 GM/50ML (<i>ceftazidime sodium in dextrose</i>)	OA	
<i>tazicef intravenous solution reconstituted 1 gm, 2 gm, 6 gm</i>	OA	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM (<i>ceftolozane-tazobactam</i>)	OA	
4TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefepime hcl injection solution reconstituted 1 gm</i>	OA	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	OA	
<i>cefepime hcl intravenous solution reconstituted 100 gm, 2 gm</i>	OA	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
5TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG (<i>ceftaroline fosamil</i>)	OA	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM (<i>ceftolozane-tazobactam</i>)	OA	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG (<i>amantadine hcl</i>)	3	PA
<i>rimantadine hcl oral tablet 100 mg</i>	1	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	1	
AMEBICIDES - Drugs for the Mouth and Throat		
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	3	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3	
<i>metronidazole intravenous solution 500 mg/100ml</i>	OA	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	2	
VANAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	OA	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	4	ST; SP; QL (56 day supply per 1 fill)
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	OA	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	OA	
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	3	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION 4-320 %-MCG/ML	OA	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	OA	
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	4	ST; SP; QL (56 day supply per 1 fill)
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	4	SP; QL (56 day supply per 1 fill)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	4	SP; QL (56 day supply per 1 fill)
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	4	SP; QL (56 day supply per 1 fill)
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	PA; SP; QL (56 day supply per 1 fill)
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	OA	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML (<i>plazomicin sulfate</i>)	OA	
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>omadacycline tosylate</i>)	OA	PA
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	3	PA
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	3	PA
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	OA	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	OA	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	OA	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	2	
AUGMENTIN ORAL TABLET 500-125 MG (<i>amoxicillin-pot clavulanate</i>)	3	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	3	
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM (<i>ampicillin-sulbactam sodium</i>)	OA	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM (<i>ampicillin-sulbactam sodium</i>)	OA	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	3	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	3	PA
ANTHELMINTICS - Drugs for Parasites		
<i>albendazole oral tablet 200 mg</i>	1	
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	3	
EGATEN ORAL TABLET 250 MG (<i>triclabendazole</i>)	3	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	3	
<i>ivermectin oral tablet 3 mg</i>	1	PA
<i>praziquantel oral tablet 600 mg</i>	1	
STROMECTOL ORAL TABLET 3 MG (<i>ivermectin</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIBACTERIALS, MISCELLANEOUS - Antibiotics		
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML (<i>heparin (porcine)-taurolidine</i>)	OA	
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	3	ST
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaziltetracyclin oral capsule 140-125-125 mg</i>	1	
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML (<i>heparin (porcine)-taurolidine</i>)	OA	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	PA
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	3	PA
ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED 110 MG	OA	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>avidoxy oral tablet 100 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	3	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	4	SP; QL (30 day supply per 1 fill)
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG (<i>doxycycline hyclate</i>)	2	PA
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	OA	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	OA	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	PA
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	PA
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1	PA
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	3	PA
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	3	
<i>mefloquine hcl oral tablet 250 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>minocycline hcl</i>)	OA	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	PA
<i>mondoxyne nl oral capsule 100 mg</i>	1	
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	3	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	SP; QL (30 day supply per 1 fill)
QUALAQUIN ORAL CAPSULE 324 MG (<i>quinine sulfate</i>)	3	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	
SOVUNA ORAL TABLET 200 MG, 300 MG (<i>hydroxychloroquine sulfate</i>)	3	PA
TARGADOX ORAL TABLET 50 MG (<i>doxycycline hyclate</i>)	3	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	
VIBRAMYCIN ORAL CAPSULE 100 MG (<i>doxycycline hyclate</i>)	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>)	3	
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	3	
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL (60 EA per 365 days)
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidazole/tetracyclin oral capsule 140-125-125 mg</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	PA
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	2	
LAMPIT ORAL TABLET 120 MG, 30 MG (<i>nifurtimox</i>)	3	PA; QL (30 EA per 1 fill); AL (Min 18 Years)
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3	
MEPRON ORAL SUSPENSION 750 MG/5ML (<i>atovaquone</i>)	3	
<i>metronidazole intravenous solution 500 mg/100ml</i>	OA	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	3	PA
<i>nitazoxanide oral tablet 500 mg</i>	1	
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	OA	PA
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	OA	PA
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	2	PA
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	OA	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
ANTIRETROVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (<i>lenacapavir sodium</i>)	3	PA
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (<i>lenacapavir sodium</i>)	OA	PA
ANTITUBERCULOSIS AGENTS - Antibiotics		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	OA	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
cycloserine oral capsule 250 mg	1	
DEXAMETHASONE-MOXIFLOXACIN INTRAOCULAR SOLUTION 1-5 MG/ML	OA	
DEXAMETH-MOXIFLOX-KETOROLAC INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	OA	
ethambutol hcl oral tablet 100 mg, 400 mg	1	
isoniazid injection solution 100 mg/ml	OA	
isoniazid oral syrup 50 mg/5ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	OA	
levofloxacin intravenous solution 25 mg/ml	OA	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	OA	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 1 MG/ML, 5 MG/ML	OA	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	OA	
moxifloxacin hcl oral tablet 400 mg	1	
MYAMBUTOL ORAL TABLET 400 MG (ethambutol hcl)	3	
MYCOBUTIN ORAL CAPSULE 150 MG (rifabutin)	3	
PRETOMANID ORAL TABLET 200 MG	3	PA; QL (182 EA per 365 days); AL (Min 18 Years)
PRIFTIN ORAL TABLET 150 MG (rifapentine)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG (<i>rifampin</i>)	OA	
<i>rifampin intravenous solution reconstituted 600 mg</i>	OA	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	2	PA
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	OA	
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	3	
TRIAMCINOLONE-MOXIFLOXACIN INTRAOCULAR SUSPENSION 15-1 MG/ML	OA	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
<i>foscarnet sodium intravenous solution 6000 mg/250ml</i>	OA	
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML (<i>foscarnet sodium</i>)	OA	
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	2	^; QL (4 EA per 1 day); AL (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	2	^; QL (6 EA per 1 day); AL (Min 12 Years)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML (<i>letermovir</i>)	OA	
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	3	PA
TPOXX INTRAVENOUS SOLUTION 200 MG/20ML (<i>tecovirimat</i>)	OA	PA
TPOXX ORAL CAPSULE 200 MG (<i>tecovirimat</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	2	QL (1 fill per 180 days); AL (Min 5 Years)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	2	QL (1 fill per 180 days); AL (Min 5 Years)
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG (<i>isavuconazonium sulfate</i>)	OA	PA
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	3	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML (<i>fluconazole</i>)	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG (<i>fluconazole</i>)	3	
<i>fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%, 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	OA	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML (<i>posaconazole</i>)	OA	
NOXAFIL ORAL PACKET 300 MG (<i>posaconazole</i>)	3	PA
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	3	
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	3	
<i>posaconazole intravenous solution 300 mg/16.7ml</i>	OA	
<i>posaconazole oral suspension 40 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
posaconazole oral tablet delayed release 100 mg	1	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	3	
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	3	
TOLSURA ORAL CAPSULE 65 MG	3	
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>voriconazole</i>)	OA	PA
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	3	PA
VFEND ORAL TABLET 200 MG, 50 MG (<i>voriconazole</i>)	3	PA
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (<i>oteseconazole</i>)	3	PA
voriconazole intravenous solution reconstituted 200 mg	OA	PA
voriconazole oral suspension reconstituted 40 mg/ml	1	PA
voriconazole oral tablet 200 mg, 50 mg	1	PA
CARBAPENEM ANTIBIOTICS - Antibiotics		
ertapenem sodium injection solution reconstituted 1 gm	OA	
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	OA	
meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg	OA	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML	OA	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG (<i>imipenem-cilastatin</i>)	OA	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM (<i>imipenem-cilastatin-relebactam</i>)	OA	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM (<i>meropenem-vaborbactam</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CEPHAMYCIN ANTIBIOTICS - Antibiotics		
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (<i>cefotetan disodium</i>)	OA	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	OA	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	OA	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	OA	
CHLORAMPHENICOL ANTIBIOTICS - Antibiotics		
<i>chloramphenicol sod succinate intravenous solution reconstituted 1 gm</i>	OA	
CYCLIC LIPOPEPTIDE ANTIBIOTICS - Antibiotics		
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>daptomycin</i>)	OA	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	OA	
DAPTOMYCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 1000-0.9 MG/100ML-%, 350-0.9 MG/50ML-%, 500-0.9 MG/50ML-%, 700-0.9 MG/100ML-%	OA	
ECHINOCANDIN ANTIFUNGALS - Drugs for Fungus		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG (<i>caspofungin acetate</i>)	OA	
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	OA	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>anidulafungin</i>)	OA	
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>miconazole sodium</i>)	OA	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>rezoconazole acetate</i>)	OA	PA
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	3	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	2	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG (<i>erythromycin base</i>)	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>erythromycin lactobionate</i>)	OA	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	3	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
EXTENDED-SPECTRUM PENICILLINS - Antibiotics		
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	OA	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML (<i>piperacillin-tazobactam in dex</i>)	OA	
FLUOROCYCLINES - Antibiotics		
XERAIVA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>eravacycline dihydrochloride</i>)	OA	
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>dalbavancin hcl</i>)	OA	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	3	
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED 1200 MG (<i>oritavancin diphosphate</i>)	OA	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED 400 MG (<i>oritavancin diphosphate</i>)	OA	
VANCOGIN ORAL CAPSULE 125 MG, 250 MG (<i>vancomycin hcl</i>)	3	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	OA	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	OA	
<i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	OA	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	OA	
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1-0.9 GM/250ML-%, 1.25-0.9 GM/250ML-%, 1.5-0.9 GM/250ML-%, 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%, 2-0.9 GM/500ML-%	OA	
VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	OA	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	OA	
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	OA	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 100 gm, 5 gm, 500 mg, 750 mg	OA	
vancomycin hcl oral capsule 125 mg, 250 mg	1	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	1	
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG (<i>telavancin hcl</i>)	OA	
GLYCYLCYCLINE ANTIBIOTICS - Antibiotics		
tigecycline intravenous solution reconstituted 50 mg	OA	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>tigecycline</i>)	OA	
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; SP; QL (30 day supply per 1 fill)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; SP; QL (30 day supply per 1 fill)
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; SP; QL (30 day supply per 1 fill)
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; SP; QL (30 day supply per 1 fill)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)

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EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; SP; QL (30 day supply per 1 fill)
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; SP; QL (30 day supply per 1 fill)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	2	PA; SP; QL (30 day supply per 1 fill)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (<i>lenacapavir sodium</i>)	3	PA
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (<i>lenacapavir sodium</i>)	OA	PA
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	3	PA; QL (30 day supply per 1 fill)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	3	
SELZENTRY ORAL TABLET 150 MG, 300 MG (<i>maraviroc</i>)	3	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML (<i>ibalizumab-uiyk</i>)	OA	
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (<i>cabotegravir</i>)	OA	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofof</i>)	2	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML (<i>cabotegravir & rilpivirine</i>)	OA	
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	2	AL (Min 18 Years)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	2	
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	2	PV
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	3	PV
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	2	PV
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	3	PV
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	3	PA
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	3	
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	2	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (<i>abacavir-dolutegravir-lamivud</i>)	2	
VOCABRIA ORAL TABLET 30 MG (<i>cabotegravir sodium</i>)	3	
HIV NONNUCLEOSIDE REV.TRANScriP. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	2	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML (<i>cabotegravir & rilpivirine</i>)	OA	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofov</i>)	2	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>)	3	PA
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	2	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofov</i> oral tablet 400-300-300 mg, 600-300-300 mg	1	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
INTELENCE ORAL TABLET 100 MG, 200 MG (<i>etravirine</i>)	3	
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	2	
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	3	PA
<i>methocarbamol oral tablet 500 mg</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nevirapine oral suspension 50 mg/5ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofov af</i>)	2	
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	3	PA
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	3	
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	3	
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	
<i>abacavir sulfate oral tablet 300 mg</i>	1	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	2	
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	2	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	2	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>)	3	PA
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofovir af</i>)	2	PV
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	2	AL (Min 18 Years)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	1	PV
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	3	
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	2	
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	3	
EPIVIR ORAL TABLET 150 MG, 300 MG (<i>lamivudine</i>)	3	
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	2	
lamivudine oral solution 10 mg/ml	1	PV
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg	1	PV
lamivudine-zidovudine oral tablet 150-300 mg	1	PV
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofov af</i>)	2	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (<i>zidovudine</i>)	OA	
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	3	
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	3	
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	3	
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	3	
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	3	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	2	ST
tenofovir disoproxil fumarate oral tablet 300 mg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (<i>abacavir-dolutegravir-lamivud</i>)	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (<i>emtricitabine-tenofovir df</i>)	3	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	2	
VIREAD ORAL TABLET 300 MG (<i>tenofovir disoproxil fumarate</i>)	3	
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	3	
<i>zidovudine oral capsule 100 mg</i>	1	PV
<i>zidovudine oral syrup 50 mg/5ml</i>	1	PV
<i>zidovudine oral tablet 300 mg</i>	1	PV
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	2	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	1	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	3	PA
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (<i>lopinavir-ritonavir</i>)	3	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	PV
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	3	
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	3	
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	3	
PREZISTA ORAL TABLET 150 MG, 75 MG (<i>darunavir</i>)	2	
PREZISTA ORAL TABLET 600 MG, 800 MG (<i>darunavir</i>)	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (<i>atazanavir sulfate</i>)	3	
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	3	
<i>ritonavir oral tablet 100 mg</i>	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	2	ST
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	2	
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	OA	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
LINCOMYCIN ANTIBIOTICS - Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML (<i>clindamycin phosphate</i>)	OA	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	OA	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900- 0.9 MG/50ML-%	OA	
<i>clindamycin phosphate injection solution 900 mg/6ml, 9000 mg/60ml</i>	OA	
LINCOCIN INJECTION SOLUTION 300 MG/ML (<i>lincomycin hcl</i>)	OA	
<i>lincomycin hcl injection solution 300 mg/ml</i>	OA	
MONOBACTAM ANTIBIOTICS - Antibiotics		
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (<i>aztreonam</i>)	OA	
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	OA	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	4	PA; SP; QL (56 day supply per 1 fill)
MONOCLONAL ANTIBODY ANTIVIRALS - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>nirsevimab-alip</i>)	OA	
GOHIBIC INTRAVENOUS SOLUTION 200 MG/20ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEMGARDA INTRAVENOUS SOLUTION 500 MG/4ML (<i>pemivibart</i>)	OA	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	OA	
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML (<i>penicillin g benzathine & proc</i>)	OA	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML (<i>penicillin g benzathine & proc</i>)	OA	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML (<i>penicillin g benzathine</i>)	OA	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 20000 UNIT/ML, 40000 UNIT/ML, 60000 UNIT/ML <i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	OA	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	OA	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT (<i>penicillin g potassium</i>)	OA	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (20 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (10 EA per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	QL (180 ML per 180 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML (<i>peramivir</i>)	OA	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	3	QL (20 EA per 180 days)
TAMIFLU ORAL CAPSULE 30 MG (<i>oseltamivir phosphate</i>)	3	QL (20 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	3	QL (10 EA per 180 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	3	QL (180 ML per 180 days)
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	OA	
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	2	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	3	
<i>cidofovir intravenous solution 75 mg/ml</i>	OA	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250ML	OA	
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	OA	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	OA	
LAGEVRIO ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	3	^; QL (8 EA per 1 day); AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ribavirin inhalation solution reconstituted 6 gm</i>	1	PA; SP; QL (30 day supply per 1 fill)
<i>ribavirin oral capsule 200 mg</i>	1	PA; SP; QL (30 day supply per 1 fill)
<i>ribavirin oral tablet 200 mg</i>	1	PA; SP; QL (30 day supply per 1 fill)
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	3	
TEMBEXA ORAL SUSPENSION 10 MG/ML (<i>brincidofovir</i>)	3	
TEMBEXA ORAL TABLET 100 MG (<i>brincidofovir</i>)	3	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>)	3	
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	3	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	
<i>valganciclovir hcl oral tablet 450 mg</i>	1	
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	3	
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>remdesivir</i>)	OA	
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	2	PA
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM (<i>ribavirin</i>)	3	PA; SP; QL (30 day supply per 1 fill)
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	OA	
<i>azithromycin oral packet 1 gm</i>	1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	3	PA
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	2	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	3	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	3	PA
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>azithromycin</i>)	OA	
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	3	
OTHER MISC. ANTIBACTERIAL AGENTS - Antibiotics		
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED 1-1 GM (<i>sulbactam sod-durlobactam sod</i>)	OA	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	OA	
<i>linezolid intravenous solution 600 mg/300ml</i>	OA	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>linezolid oral tablet 600 mg</i>	1	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>tedizolid phosphate</i>)	OA	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	3	
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML (<i>linezolid</i>)	OA	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	3	
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	3	
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/100ML	OA	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	OA	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	OA	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML	OA	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	OA	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	OA	
POLYENE ANTIFUNGALS - Drugs for Fungus		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML (<i>amphotericin b lipid</i>)	OA	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG (<i>amphotericin b liposome</i>)	OA	
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	OA	
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	OA	

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<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	OA	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (<i>colistimethate sodium</i>)	OA	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	OA	
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	3	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
QUINOLONE ANTIBIOTICS - Antibiotics		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>delafloxacin meglumine</i>)	OA	PA
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	3	PA
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	OA	
DEXAMETHASONE-MOXIFLOXACIN INTRAOCULAR SOLUTION 1-5 MG/ML	OA	
DEXAMETH-MOXIFLOX-KETOROLAC INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	OA	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>levofloxacin intravenous solution 25 mg/ml</i>	OA	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	OA	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 1 MG/ML, 5 MG/ML	OA	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	OA	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
TRIAMCINOLONE-MOXIFLOXACIN INTRAOCULAR SUSPENSION 15-1 MG/ML	OA	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (<i>rifamycin sodium</i>)	3	PA
MYCOBUTIN ORAL CAPSULE 150 MG (<i>rifabutin</i>)	3	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	3	
<i>rifabutin oral capsule 150 mg</i>	1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG (<i>rifampin</i>)	OA	
<i>rifampin intravenous solution reconstituted 600 mg</i>	OA	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
XIFAXAN ORAL TABLET 200 MG, 550 MG (<i>rifaximin</i>)	3	PA
SIDEROPHORE CEPHALOSPORINS - Antibiotics		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (<i>cefiderocol sulfate tosylate</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	OA	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
<i>avidoxy oral tablet 100 mg</i>	1	
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	1	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG (<i>doxycycline hyclate</i>)	2	PA
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	OA	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	PA
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	PA
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1	PA
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline oral capsule delayed release 40 mg</i>	1	PA
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	PA
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>minocycline hcl</i>)	OA	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	PA
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	PA
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (<i>minocycline hcl</i>)	3	PA
<i>mondoxyne nl oral capsule 100 mg</i>	1	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (<i>minocycline hcl</i>)	3	PA
TARGADOX ORAL TABLET 50 MG (<i>doxycycline hyclate</i>)	3	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	
VIBRAMYCIN ORAL CAPSULE 100 MG (<i>doxycycline hyclate</i>)	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>)	3	
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
<i>fosfomycin tromethamine oral packet 3 gm</i>	1	
HIPREX ORAL TABLET 1 GM (<i>methenamine hippurate</i>)	3	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohyd macro</i>)	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	3	
<i>melnaphos/mb/lyo1 oral tablet 81.6 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystals oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	3	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	OA	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
trimethoprim oral tablet 100 mg	1	
UROGESIC-BLUE ORAL TABLET 81.6 MG (methen-hyosc-meth blue-na phos)	3	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ABECMA INTRAVENOUS SUSPENSION 460000000 CELLS (idecabtagene vicleucel)	OA	
abiraterone acetate oral tablet 250 mg, 500 mg	4	PA; SP; AC; QL (30 day supply per 1 fill)
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (paclitaxel protein-bound part)	OA	
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (brentuximab vedotin)	OA	
adriamycin intravenous solution reconstituted 50 mg	OA	
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML	OA	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (everolimus)	4	PA; SP; AC; QL (30 day supply per 1 fill)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (everolimus)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (<i>niraparib-abiraterone acetate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	OA	
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG (<i>pemetrexed disodium</i>)	OA	
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG (<i>copanlisib hcl</i>)	OA	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-maly</i>)	OA	PA
<i>anastrozole oral tablet 1 mg</i>	1	AC
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	3	AC
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	3	AC
ARRANON INTRAVENOUS SOLUTION 5 MG/ML (<i>nelarabine</i>)	OA	
<i>arsenic trioxide intravenous solution 10 mg/10ml, 12 mg/6ml</i>	OA	
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML, 1000 MG/50ML (<i>ofatumumab</i>)	OA	
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (<i>calaspargase pegol-mknl</i>)	OA	
AUGTYRO ORAL CAPSULE 40 MG (<i>repotrectinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab</i>)	OA	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	4	PA; SP; AC; QL (1 EA per 1 day); AL (Min 18 Years)
<i>azacitidine injection suspension reconstituted 100 mg</i>	OA	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML (<i>avelumab</i>)	OA	
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>belinostat</i>)	OA	
BELRAPZO INTRAVENOUS SOLUTION 100 MG/4ML (<i>bendamustine hcl</i>)	OA	
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	OA	
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i>	OA	
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML (<i>bendamustine hcl</i>)	OA	
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG (<i>inotuzumab ozogamicin</i>)	OA	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE 2.75 MG/0.11ML	OA	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML	OA	
<i>bexarotene oral capsule 75 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bicalutamide oral tablet 50 mg	1	AC
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit	OA	
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG (blinatumomab)	OA	
bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg	OA	PA
bortezomib intravenous solution 3.5 mg/1.4ml	OA	PA
BOSULIF ORAL CAPSULE 100 MG, 50 MG (bosutinib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (bosutinib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
BRAFTOVI ORAL CAPSULE 75 MG (encorafenib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML (lisocabtagene maraleucel)	OA	
BRUKINSA ORAL CAPSULE 80 MG (zanubrutinib)	3	PA; AC; QL (4 EA per 1 day); AL (Min 18 Years)
busulfan intravenous solution 6 mg/ml	OA	
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML (busulfan)	OA	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (cabozantinib s-malate)	4	PA; SP; AC; QL (30 day supply per 1 fill)
CALQUENCE ORAL TABLET 100 MG (acalabrutinib maleate)	4	PA; SP; AC; QL (30 day supply per 1 fill)
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG (leuprolide mesylate (6 month))	OA	PA
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML, 40 MG/2ML (irinotecan hcl)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
capecitabine oral tablet 150 mg, 500 mg	4	PA; SP; AC; QL (30 day supply per 1 fill)
CAPRELSA ORAL TABLET 100 MG, 300 MG (vandetanib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	OA	
carmustine intravenous solution reconstituted 100 mg, 300 mg	OA	
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS (ciltacabtagene autoleucl)	OA	PA
CASODEX ORAL TABLET 50 MG (bicalutamide)	3	AC
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	OA	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	OA	
cladribine intravenous solution 10 mg/10ml	OA	
clofarabine intravenous solution 1 mg/ml	OA	
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML (clofarabine)	OA	
COLUMVI INTRAVENOUS SOLUTION 10 MG/10ML, 2.5 MG/2.5ML (glofitamab-gxbm)	OA	PA
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG (cabozantinib s-malate)	4	PA; SP; AC; QL (30 day supply per 1 fill)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (duvelisib)	4	PA; SP; AC; QL (30 day supply per 1 fill)
COTELLIC ORAL TABLET 20 MG (cobimetinib fumarate)	4	PA; SP; AC; QL (30 day supply per 1 fill)
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML, 500 MG/ML	OA	
cyclophosphamide oral capsule 25 mg, 50 mg	1	AC
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	AC
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>ramucirumab</i>)	OA	
cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml	OA	
cytarabine injection solution 20 mg/ml	OA	
dacarbazine intravenous solution reconstituted 100 mg, 200 mg	OA	
dactinomycin intravenous solution reconstituted 0.5 mg	OA	
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML (<i>naxitamab-gqgk</i>)	OA	
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML (<i>daratumumab-hyaluronidase-fihj</i>)	OA	
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (<i>daratumumab</i>)	OA	
daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml	OA	
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
decitabine intravenous solution reconstituted 50 mg	OA	
docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml	OA	
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	OA	
DOXIL INTRAVENOUS INJECTABLE 2 MG/ML (<i>doxorubicin hcl liposomal</i>)	OA	
doxorubicin hcl intravenous solution 2 mg/ml	OA	

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doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg	OA	
doxorubicin hcl liposomal intravenous injectable 2 mg/ml	OA	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)	2	
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML (mirvetuximab soravtansine-gynx)	OA	PA
ELIGARD SUBCUTANEOUS KIT 22.5 MG (leuprolide acetate (3 month))	OA	
ELIGARD SUBCUTANEOUS KIT 30 MG (leuprolide acetate (4 month))	OA	
ELIGARD SUBCUTANEOUS KIT 45 MG (leuprolide acetate (6 month))	OA	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (leuprolide acetate)	OA	PA
ELLECE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML (epirubicin hcl)	OA	
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML, 76 MG/1.9ML (elranatamab-bcmm)	OA	PA
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML (tagraxofusp-erzs)	OA	
EMCYT ORAL CAPSULE 140 MG (estramustine phosphate sodium)	2	AC
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG (elotuzumab)	OA	
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (fam-trastuzumab deruxtec-nxki)	OA	
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML (epcoritamab-bysp)	OA	PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML (cetuximab)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ERLEADA ORAL TABLET 240 MG, 60 MG (<i>apalutamide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>etoposide phosphate</i>)	OA	
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	OA	
<i>etoposide oral capsule 50 mg</i>	1	AC
EULEXIN ORAL CAPSULE 125 MG (<i>flutamide</i>)	3	AC
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>melphalan hcl</i>)	OA	
<i>exemestane oral tablet 25 mg</i>	1	AC
EXKIVITY ORAL CAPSULE 40 MG (<i>mobocertinib succinate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	3	AC
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (<i>fulvestrant</i>)	OA	
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	3	AC
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	OA	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	OA	

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<i>floxuridine injection solution reconstituted 0.5 gm</i>	OA	
<i>fludarabine phosphate intravenous solution 50 mg/2ml</i>	OA	
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	OA	
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	OA	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML (<i>pralatrexate</i>)	OA	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (<i>fruquintinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	OA	
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (<i>sirolimus protein-bound part</i>)	OA	PA
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 day)
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML (<i>obinutuzumab</i>)	OA	
<i>gefitinib oral tablet 250 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml</i>	OA	
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	OA	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	2	AC
GLIADEL WAFER IMPLANT WAFER 7.7 MG (<i>carmustine in polifeprosan</i>)	OA	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML (<i>eribulin mesylate</i>)	OA	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML (<i>trastuzumab-hyaluronidase-oysk</i>)	OA	
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>trastuzumab</i>)	OA	
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-pkrb</i>)	OA	
HYCANTIN INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (<i>topotecan hcl</i>)	OA	
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	4	SP; AC; QL (30 day supply per 1 fill)
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	3	AC
<i>hydroxyurea oral capsule 500 mg</i>	1	AC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IDAMYCIN PFS INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML (<i>idarubicin hcl</i>)	OA	
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml</i>	OA	

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IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 3 GM (<i>ifosfamide</i>)	OA	
<i>ifosfamide intravenous solution 1 gml/20ml, 3 gml/60ml</i>	OA	
<i>ifosfamide intravenous solution reconstituted 1 gm, 3 gm</i>	OA	
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	1	PA; SP; AC; QL (30 day supply per 1 fill)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML (<i>durvalumab</i>)	OA	
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML (<i>tremelimumab-actl</i>)	OA	PA
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML (<i>talimogene laherparepvec</i>)	OA	
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>	OA	

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ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>romidepsin</i>)	OA	
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG (<i>ixabepilone</i>)	OA	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG (<i>mitomycin</i>)	OA	
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML (<i>dostarlimab-gxly</i>)	OA	PA
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML (<i>cabazitaxel</i>)	OA	
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; AC
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG (<i>ado-trastuzumab emtansine</i>)	OA	
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-anns</i>)	OA	
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML (<i>pembrolizumab</i>)	OA	
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML (<i>tebentafusp-tebn</i>)	OA	
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KISQALI ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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KOSELUGO ORAL CAPSULE 10 MG, 25 MG (<i>selumetinib sulfate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG (<i>carfilzomib</i>)	OA	
<i>lapatinib ditosylate oral tablet 250 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG (<i>lenvatinib mesylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>letrozole oral tablet 2.5 mg</i>	1	AC
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	2	AC
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	OA	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	OA	PA
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML (<i>cemiplimab-rwlc</i>)	OA	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine-tipiracil</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML (<i>toripalimab-tpzi</i>)	OA	PA
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LUMAKRAS ORAL TABLET 120 MG, 320 MG (<i>sotorasib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML (<i>mosunetuzumab-axgb</i>)	OA	PA

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LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	OA	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate (3 month)</i>)	OA	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	OA	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	OA	
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML (<i>lutetium lu 177 dotatate</i>)	OA	
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	2	AC
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML (<i>margetuximab-cmkb</i>)	OA	PA
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	4	SP; AC; QL (30 day supply per 1 fill)
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	1	AC
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	AC
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MEKINIST ORAL TABLET 0.5 MG, 2 MG (<i>trametinib dimethyl sulfoxide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>melfhalan hcl intravenous solution reconstituted 50 mg</i>	OA	
<i>melfhalan oral tablet 2 mg</i>	1	AC
<i>mercaptopurine oral tablet 50 mg</i>	1	AC
<i>methotrexate sodium (pf) injection solution 1 gml/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	QL (30 day supply per 1 fill)
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	QL (30 day supply per 1 fill)
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	OA	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	AC
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	OA	
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i>	OA	
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>tafasitamab-cxix</i>)	OA	PA
<i>mutamycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	OA	
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-awwb</i>)	OA	PA
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	2	AC
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG (<i>gemtuzumab ozogamicin</i>)	OA	
<i>nelarabine intravenous solution 5 mg/ml</i>	OA	
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	3	AC
<i>nilutamide oral tablet 150 mg</i>	1	AC
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>pentostatin</i>)	OA	
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-dkst</i>)	OA	
OGSIVEO ORAL TABLET 50 MG (<i>nirogacestat hydrobromide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (<i>momelotinib dihydrochloride</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (<i>pegaspargase</i>)	OA	
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML (<i>irinotecan hcl liposome</i>)	OA	
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-dttb</i>)	OA	
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML (<i>nivolumab</i>)	OA	
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML (<i>nivolumab-relatlimab-rmbw</i>)	OA	PA

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ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hydrochloride</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	OA	
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	OA	
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	OA	PA
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	OA	
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG (<i>enfortumab vedotin-ejfv</i>)	OA	
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML (<i>carboplatin</i>)	OA	
<i>pazopanib hcl oral tablet 200 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	4	PA; SP; AC; QL (0.667 EA per 1 day)
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML, 850 MG/34ML	OA	PA
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg</i>	OA	
PEMETREXED DITROMETHAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	OA	PA
PEMETREXED INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	OA	PA
PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML (<i>pemetrexed</i>)	OA	PA

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PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>pemetrexed disodium</i>)	OA	PA
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML (<i>pertuzumab</i>)	OA	
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML (<i>pertuz-trastuz-hyaluron-zzxf</i>)	OA	PA
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED 75 MG (<i>porfimer sodium</i>)	OA	
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG (<i>alpelisib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML (<i>lutetium lu 177 vipivotide tet</i>)	OA	
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG, 30 MG (<i>polatuzumab vedotin-piiq</i>)	OA	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML (<i>necitumumab</i>)	OA	
POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML (<i>mogamulizumab-kpkc</i>)	OA	
PRALATREXATE INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML	OA	
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (<i>aldesleukin</i>)	OA	
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS (<i>sipuleucel-t</i>)	OA	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	4	SP; AC; QL (30 day supply per 1 fill)

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QINLOCK ORAL TABLET 50 MG (<i>riporetinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RETEVMO ORAL CAPSULE 40 MG, 80 MG (<i>selpercatinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-arrx</i>)	OA	
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML (<i>rituximab-hyaluronidase human</i>)	OA	PA
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab</i>)	OA	
<i>romidepsin intravenous solution reconstituted 10 mg</i>	OA	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ROZLYTREK ORAL PACKET 50 MG (<i>entrectinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-pvvr</i>)	OA	
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML (<i>amivantamab-vmjw</i>)	OA	PA
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML (<i>asparaginase erwinia chry-rywn</i>)	OA	PA; SP; QL (30 day supply per 1 fill)

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SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML (<i>isatuximab-irfc</i>)	OA	
SCEMBLIX ORAL TABLET 20 MG, 40 MG (<i>asciminib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	3	
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	3	PV; AC
sorafenib tosylate oral tablet 200 mg	4	PA; SP; AC; QL (30 day supply per 1 fill)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION 1 MCI/ML	OA	
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	PA; SP; AC; QL (42 day supply per 1 fill)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	4	PA; SP; AC; QL (42 day supply per 1 fill)
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG (<i>siltuximab</i>)	OA	
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	2	AC
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	4	PA; SP; AC; QL (4 EA per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TAGRISSE ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML (<i>talquetamab-tgvs</i>)	OA	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	PV; AC
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (<i>erlotinib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	4	PA; SP; AC; QL (8 EA per 1 day)
TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS, 200000000 CELLS (<i>brexucabtagene autoleucl</i>)	OA	PA
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML (<i>atezolizumab</i>)	OA	
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML (<i>teclistamab-cqyv</i>)	OA	PA
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>temozolomide</i>)	OA	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>temsirolimus intravenous solution 25 mg/ml</i>	OA	
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG, 15 MG (<i>thiotepa</i>)	OA	
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>thiotepa injection solution reconstituted 100 mg, 15 mg</i>	OA	

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TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (<i>bcg live</i>)	OA	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>tisotumab vedotin-tftv</i>)	OA	PA
<i>topotecan hcl intravenous solution 4 mg/4ml</i>	OA	
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	OA	
<i>toremifene citrate oral tablet 60 mg</i>	1	AC
TORISEL INTRAVENOUS SOLUTION 25 MG/ML (<i>temsirolimus</i>)	OA	
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>trastuzumab-qyyp</i>)	OA	PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG (<i>trastuzumab-qyyp</i>)	OA	
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 25 MG (<i>bendamustine hcl</i>)	OA	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	OA	
<i>tretinoin oral capsule 10 mg</i>	1	AC
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	AC
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML (<i>arsenic trioxide</i>)	OA	
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG (<i>sacituzumab govitecan-hziy</i>)	OA	PA
TRUQAP ORAL TABLET 160 MG, 200 MG (<i>capivasertib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-abbs</i>)	OA	
TUKYSA ORAL TABLET 150 MG (<i>tucatinib</i>)	4	PA; SP; AC; QL (4 EA per 1 day)
TUKYSA ORAL TABLET 50 MG (<i>tucatinib</i>)	4	PA; SP; AC; QL (8 EA per 1 day)
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML (<i>dinutuximab</i>)	OA	
<i>valrubicin intravesical solution 40 mg/ml</i>	OA	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (<i>valrubicin</i>)	OA	
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (<i>panitumumab</i>)	OA	
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-adcd</i>)	OA	PA
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG (<i>bortezomib</i>)	OA	PA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG (<i>azacitidine</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	OA	
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	OA	
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	OA	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG (<i>daunorubicin-cytarabine lipo</i>)	OA	
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XALKORI ORAL CAPSULE SPRINKLE 150 MG (<i>crizotinib</i>)	3	PA; AC
XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG (<i>crizotinib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	AC
XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	4	PA; SP; AC; QL (56 day supply per 1 fill)

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XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XTANDI ORAL TABLET 40 MG, 80 MG (<i>enzalutamide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML (<i>ipilimumab</i>)	OA	
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS (<i>axicabtagene ciloleucel</i>)	OA	
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG (<i>trabectedin</i>)	OA	
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate micronized</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML (<i>ziv-aflibercept</i>)	OA	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (<i>streptozocin</i>)	OA	

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ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (<i>lurbinectedin</i>)	OA	PA
ZEVALIN Y-90 INTRAVENOUS KIT 3.2 MG/2ML (<i>ibritumomab tiuxetan for y-90</i>)	OA	
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-bvzr</i>)	OA	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin acetate</i>)	OA	
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	3	PA; SP; AC; QL (30 day supply per 1 fill)
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>loncastuximab tesirine-lpyl</i>)	OA	PA
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML (<i>retifanlimab-dlwr</i>)	OA	PA
ZYTIGA ORAL TABLET 250 MG, 500 MG (<i>abiraterone acetate</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM		
ALDER SUBCUTANEOUS SOLUTION 1:20	OA	

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AMERICAN BEECH POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN BEECH SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN ELM SUBCUTANEOUS SOLUTION 1:20	OA	
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION 1:20	OA	
BAHIA SUBCUTANEOUS SOLUTION 1:20	OA	
BALD CYPRESS SUBCUTANEOUS SOLUTION 1:20	OA	
BERMUDA GRASS INJECTION SOLUTION 10000 BAU/ML	OA	
BERMUDA GRASS SUBCUTANEOUS SOLUTION 10000 BAU/ML	OA	
BROME SUBCUTANEOUS SOLUTION 1:20	OA	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION 1:20	OA	
CAT HAIR EXTRACT INJECTION SOLUTION 10000 BAU/ML, 5000 BAU/ML	OA	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION 10000 BAU/ML	OA	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	OA	
CEDAR ELM SUBCUTANEOUS SOLUTION 1:20	OA	
CLADOSPORIUM CLADOSPORIODES INTRADERMAL SOLUTION 1:20	OA	
COCKLEBUR SUBCUTANEOUS SOLUTION 1:20	OA	
CORN POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	OA	
DOG FENNEL SUBCUTANEOUS SOLUTION 1:20	OA	
DUST MITE MIXED ALLERGEN EXT INJECTION SOLUTION 10000 AU/ML, 30000 AU/ML	OA	PA

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DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	PA
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION 1:20	OA	
FIRE ANT SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
GERMAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	OA	
GOLDENROD SUBCUTANEOUS SOLUTION 1:20	OA	
GRASS POLLEN MIXTURE OF 6 INJECTION SOLUTION 100000 BAU/ML	OA	
GRASS POLLEN(K-O-R-T-SWT VERN) INJECTION SOLUTION 100000 BAU/ML	OA	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	3	PA; QL (1 EA per 1 day)
HACKBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG (<i>honey bee venom</i>)	OA	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	OA	
JOHNSON GRASS SUBCUTANEOUS SOLUTION 1:20	OA	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
KOCHIA SUBCUTANEOUS SOLUTION 1:20	OA	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
MELALEUCA SUBCUTANEOUS SOLUTION 1:20	OA	
MESQUITE SUBCUTANEOUS SOLUTION 1:20	OA	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	

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MIXED FEATHERS SUBCUTANEOUS SOLUTION 1:20	OA	
MIXED RAGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550-550-550 MCG	OA	
MUCOR INTRADERMAL SOLUTION 1:20	OA	
MUGWORT SUBCUTANEOUS SOLUTION 1:20	OA	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	3	PA; QL (1 EA per 1 day)
OLIVE TREE SUBCUTANEOUS SOLUTION 1:20	OA	
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	3	PA; QL (1 EA per 1 day)
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (<i>grass mix pollens allergen ext</i>)	3	PA; 2 packs per year; QL (6 EA per 365 days)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	3	PA; QL (1 EA per 1 day)
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	OA	PA
PALFORZIA ORAL 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG (<i>peanut powder-dnfp</i>)	3	PA
PALFORZIA ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	3	PA
PERENNIAL RYE GRASS POLLEN INJECTION SOLUTION 100000 BAU/ML	OA	
PRIVET SUBCUTANEOUS SOLUTION 1:20	OA	
QUEEN PALM SUBCUTANEOUS SOLUTION 1:20	OA	

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RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	3	PA; QL (1 EA per 1 day)
RED MAPLE SUBCUTANEOUS SOLUTION 1:20	OA	
RED MULBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION 1:20	OA	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION 1:20	OA	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION 1:20	OA	
SHEEP SORREL SUBCUTANEOUS SOLUTION 1:20	OA	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION 1:20	OA	
SHORT-GIANT RAGWEED (DIAGNOST) INJECTION SOLUTION 1:20	3	
SPINY PIGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
SWEET GUM SUBCUTANEOUS SOLUTION 1:20	OA	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
TALL RAGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
TIMOTHY GRASS POLLEN ALLERGEN INJECTION SOLUTION 10000 BAU/ML, 100000 BAU/ML	OA	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED 550-550-550 MCG (<i>mixed vespid venom</i>)	OA	
WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	

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WESTERN JUNIPER SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE BIRCH SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE MULBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE OAK SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE PINE SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED 550 MCG (<i>white faced hornet venom</i>)	OA	
YELLOW DOCK SUBCUTANEOUS SOLUTION 1:20	OA	
YELLOW HORNET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
YELLOW JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
ANTITOXINS AND IMMUNE GLOBULINS - Organ Transplant		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)-stwk</i>)	OA	PA
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (<i>centruroides (scorpion) im fab</i>)	OA	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae immune fab (equine)</i>)	OA	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	OA	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	OA	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-slra</i>)	OA	
BABYBIG INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>botulism immune globulin human</i>)	OA	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/VIAL (<i>vaccinia immune globulin human</i>)	OA	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae polyval immune fab</i>)	OA	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	3	
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML (<i>cytomegalovirus immune glob</i>)	OA	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>digoxin immune fab</i>)	OA	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	OA	
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	3	PA; QL (30 day supply per 1 fill)
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	OA	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	

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HEPAGAM B INJECTION SOLUTION 312 UNIT/ML (<i>hepatitis b immune globulin</i>)	OA	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (<i>hepatitis b immune globulin</i>)	OA	
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML (<i>hepatitis b immune globulin</i>)	OA	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML (<i>rabies immune globulin</i>)	OA	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (<i>rho d immune globulin</i>)	OA	
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML (<i>tetanus immune globulin</i>)	OA	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML (<i>rabies immune globulin</i>)	OA	
KEDRAB INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	OA	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (<i>rho d immune globulin</i>)	OA	
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML (<i>hepatitis b immune globulin</i>)	OA	

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OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	OA	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	OA	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	OA	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (<i>varicella-zoster immune glob</i>)	OA	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (<i>rho d immune globulin</i>)	OA	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML (<i>bezlotoxumab</i>)	OA	
TOXOIDS - Vaccines		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	OA	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	OA	

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BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	OA	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (<i>diphth-acell pertussis-tetanus</i>)	OA	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (<i>diphth-acell pertussis-tetanus</i>)	OA	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>dtap-ipv vaccine</i>)	OA	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	OA	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	OA	
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	OA	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>dtap-ipv vaccine</i>)	OA	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (<i>tetanus-diphtheria toxoids td</i>)	OA	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (<i>tetanus-diphtheria toxoids td</i>)	OA	
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	OA	
VACCINES - Vaccines		
ACAM2000 INJECTION SOLUTION RECONSTITUTED (<i>smallpox vaccine</i>)	OA	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	OA	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	OA	PV; AL (Min 3 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	OA	PV; AL (Min 3 Years)
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	OA	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b recomb omv adj</i>)	OA	
BIOTHRAX INTRAMUSCULAR SUSPENSION (<i>anthrax vaccine adsorbed</i>)	OA	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	OA	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	OA	
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	1	PV
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	1	PV
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (<i>diphth-acell pertussis-tetanus</i>)	OA	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>dengue virus vaccine live tetr</i>)	OA	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	OA	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	OA	
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML (<i>influenza vac a&b sa adj quad</i>)	OA	PV; AL (Min 3 Years)

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FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	OA	PV; AL (Min 3 Years)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (<i>influenza vac recomb ha quad</i>)	OA	PV; AL (Min 3 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac subunit quad</i>)	OA	PV; AL (Min 3 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac subunit quad</i>)	OA	PV; AL (Min 3 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	OA	PV; AL (Min 3 Years)
FLUMIST QUADRIVALENT NASAL SUSPENSION (<i>influenza virus vac live quad</i>)	OA	PV; AL (Min 3 Years)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML (<i>influenza vac high-dose quad</i>)	OA	PV; AL (Min 3 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	OA	PV; AL (Min 3 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	OA	PV; AL (Min 3 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hvp 9-valent recomb vaccine</i>)	OA	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hvp 9-valent recomb vaccine</i>)	OA	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (<i>hepatitis a vaccine</i>)	OA	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (<i>hepatitis b vac recomb adj</i>)	OA	

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HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (<i>haemophilus b polysac conj vac</i>)	OA	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML (<i>rabies virus vaccine, hdc</i>)	OA	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (<i>diphth-acell pertussis-tetanus</i>)	OA	
IPOL INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	OA	
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	OA	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>dtap-ipv vaccine</i>)	OA	
MENQUADFI INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 tetanus conj</i>)	OA	
MENVEO INTRAMUSCULAR SOLUTION (<i>meningococcal a c y&w-135 olig</i>)	OA	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	OA	
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	OA	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML (<i>covid-19 mrna virus vaccine</i>)	1	PV
NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 5 MCG/0.5ML	1	PV; QL (3 fill per 300 days)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	OA	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (<i>haemophilus b polysac conj vac</i>)	OA	

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PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>mening acyw(tet conj)-b(rcmb)</i>)	OA	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	OA	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	1	PV
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML	1	PV
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	OA	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML (<i>hepatitis b vac 3-antigen rcmb</i>)	OA	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 20-val conj vacc</i>)	OA	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	OA	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	OA	
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	OA	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>dtap-ipv vaccine</i>)	OA	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies vaccine, pcec</i>)	OA	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	OA	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (zoster vac recomb adjuvanted)	OA	
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML (covid-19 mrna virus vaccine)	1	PV
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (covid-19 mrna virus vaccine)	1	PV
STAMARIL INJECTION SUSPENSION RECONSTITUTED	OA	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (bcg live)	OA	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML (tick-borne encephalitis vacc)	OA	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (meningococcal b vac (recomb))	OA	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (hepatitis a-hep b recomb vac)	OA	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML (typhoid vi polysaccharide vacc)	OA	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (typhoid vi polysaccharide vacc)	OA	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (hepatitis a vaccine)	OA	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML (varicella virus vaccine live)	OA	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (pneumococcal 15-val conj vacc)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIVOTIF ORAL CAPSULE DELAYED RELEASE (<i>typhoid vaccine</i>)	3	
YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>)	OA	
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	PV; QL (2 EA per 1 day)
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>goodsense nicotine mouth/throat gum 2 mg</i>	1	PV; QL (180 day supply per 365 days)
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>habitrol transdermal patch 24 hour 21 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG (<i>nicotine polacrilex</i>)	3	PV; QL (180 EA per 365 days)
NICORETTE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	3	PV; QL (180 day supply per 365 days)
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	3	PV; QL (180 EA per 365 days)
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	1	PV; QL (180 EA per 365 days)
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	1	PV; QL (180 day supply per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	3	PV; QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	3	PV; QL (180 day supply per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	PV; QL (180 day supply per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	PV; QL (180 day supply per 365 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	1	PV; QL (180 day supply per 365 days)
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (<i>epinephrine</i>)	OA	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (<i>ephedrine sulfate (pressors)</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (<i>ephedrine sulfate (pressors)</i>)	OA	
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE 4 %-1:100000 (<i>articaine-epinephrine</i>)	OA	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	3	PA; QL (30 day supply per 1 fill)
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (<i>pseudoeph-bromphen-dm</i>)	3	
<i>bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% -1:200000</i>	OA	
<i>bupivacaine-epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000</i>	OA	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	3	
DEXAMETH SOD PHOS-BUPIV-EPIN INJECTION SOLUTION PREFILLED SYRINGE 0.01-0.375 %-1:200000	3	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML (<i>ephedrine sulfate (pressors)</i>)	OA	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML, 50 MG/10ML (<i>ephedrine sulfate (pressors)</i>)	OA	
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE 25 MG/5ML, 50 MG/10ML, 50 MG/5ML	3	
<i>ephedrine sulfate (pressors) intravenous solution 5 mg/ml, 50 mg/ml</i>	OA	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
epinephrine (anaphylaxis) injection solution 1 mg/ml, 30 mg/30ml	OA	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	OA	
epinephrine injection solution 1 mg/ml, 10 mg/10ml	OA	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL (30 day supply per 1 fill)
EPINEPHRINE INTRAVENOUS SOLUTION 1 MG/10ML	OA	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	OA	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	OA	
epinephrine pf injection solution 1 mg/ml	OA	
epinephrine solution prefilled syringe 1 mg/10ml injection	OA	
EPINEPHRINE SOLUTION PREFILLED SYRINGE 1 MG/10ML INJECTION	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 5-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	3	QL (30 day supply per 1 fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	3	QL (30 day supply per 1 fill)
LEVOPHED INTRAVENOUS SOLUTION 1 MG/ML (<i>norepinephrine bitartrate</i>)	OA	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200000, 1.5 %-1:200000, 2 %-1:100000</i>	OA	
<i>lidocaine-epinephrine solution 1 %-1:100000 injection</i>	OA	
LIDOCAINE-EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	OA	
<i>lidocaine-epinephrine solution 2 %-1:200000 injection</i>	OA	
LIDOCAINE-EPINEPHRINE SOLUTION 2 %-1:200000 INJECTION	OA	
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% - 1:200000, 0.25-1:200000 %, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	OA	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	OA	
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i>	OA	
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 16-5 MG/250ML-%, 4-5 MG/250ML-%, 8-5 MG/250ML-%, 8-5 MG/500ML-%	OA	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%, 8-0.9 MG/500ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORABLOC INJECTION SOLUTION CARTRIDGE 4 %-1:100000, 4 %-1:200000 (<i>articaine-epinephrine</i>)	OA	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
REZIPRES INTRAVENOUS SOLUTION 47 MG/10ML (<i>ephedrine hcl</i>)	OA	
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	OA	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	OA	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (<i>bupivacaine-epinephrine</i>)	3	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000 (<i>lidocaine-epinephrine</i>)	OA	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000, 1.5 %-1:200000, 2 %-1:200000 (<i>lidocaine-epinephrine</i>)	OA	
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML (<i>phenylephrine hcl (pressors)</i>)	OA	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clonidine hcl (analgesia) epidural solution 100 mcg/ml, 500 mcg/ml	OA	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	3	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml	OA	
DEXMEDETOMIDINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MCG/5ML-%	OA	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	OA	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	OA	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION 200MCG/50ML -5%, 400MCG/100ML -5%	OA	
DURACLON EPIDURAL SOLUTION 100 MCG/ML (clonidine hcl (analgesia))	OA	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (dexmedetomidine hcl)	OA	PA
IMMPHENTIV INTRAVENOUS SOLUTION 0.5 MG/5ML, 1 MG/10ML (phenylephrine hcl (pressors))	OA	
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine hcl)	3	PA
METHYLDOPA ORAL TABLET 250 MG, 500 MG	3	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (clonidine hcl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML	OA	
<i>phenylephrine hcl (pressors) intravenous solution 10 mg/ml</i>	OA	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML, 1 MG/10ML	OA	
PHENYLEPHRINE HCL INTRACAVERNOSAL SOLUTION 2 MG/2ML	3	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 1 MG/10ML	OA	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/10ML, 1 MG/10ML	OA	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 100-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	OA	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	OA	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML <i>(dexmedetomidine hcl in nacl)</i>	OA	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML <i>(dexmedetomidine hcl)</i>	OA	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	1	
VAZCULEP INTRAVENOUS SOLUTION 10 MG/ML <i>(phenylephrine hcl (pressors))</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	3	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium- vilanterol</i>)	2	
<i>atropine sulfate injection solution 8 mg/20ml</i>	OA	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	OA	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	2	
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML (<i>dicyclomine hcl</i>)	OA	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	3	ST
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	2	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	3	
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	3	
<i>dicyclomine hcl intramuscular solution 10 mg/ml</i>	OA	
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (aclidinium bromoterol fumarate)	3	ST
GLYCATATE ORAL TABLET 1.5 MG (glycopyrrolate)	1	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml	OA	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	OA	
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	OA	
glycopyrrolate oral solution 1 mg/5ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	1	
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	OA	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	OA	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML (glycopyrrolate)	OA	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML (glycopyrrolate)	OA	
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (hydrocodone bitartrate)	3	
HYCODAN ORAL TABLET 5-1.5 MG (hydrocodone bitartrate)	3	
hydrocodone bitartrate oral solution 5-1.5 mg/5ml	1	
hydrocodone bitartrate oral tablet 5-1.5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	1	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	1	
<i>hyosyne oral solution 0.125 mg/ml</i>	1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	3	ST
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
LEVSIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	3	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (<i>hyoscyamine sulfate</i>)	3	
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	3	
<i>melnaphos/mb/lyo1 oral tablet 81.6 mg</i>	1	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	3	
OSCIMIN ORAL TABLET 0.125 MG	3	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	3	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE 3-0.6 MG/3ML (<i>neostigmine-glycopyrrolate</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	3	PA
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
ROBINUL ORAL TABLET 1 MG (<i>glycopyrrolate</i>)	3	
ROBINUL-FORTE ORAL TABLET 2 MG (<i>glycopyrrolate</i>)	3	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	2	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	3	ST
UROGESIC-BLUE ORAL TABLET 81.6 MG (<i>methen-hyosc-meth blue-na phos</i>)	3	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	2	
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
<i>benztropine mesylate injection solution 1 mg/ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
<i>ft nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>goodsense nicotine mouth/throat gum 2 mg</i>	1	PV; QL (180 day supply per 365 days)
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>habitrol transdermal patch 24 hour 21 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG (<i>nicotine polacrilex</i>)	3	PV; QL (180 EA per 365 days)
NICORETTE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	3	PV; QL (180 day supply per 365 days)
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	3	PV; QL (180 EA per 365 days)
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	1	PV; QL (180 EA per 365 days)
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	1	PV; QL (180 day supply per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	1	PV; QL (180 EA per 365 days)
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	1	PV; QL (180 day supply per 365 days)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	3	PV; QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	3	PV; QL (180 day supply per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	PV; QL (180 day supply per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	PV; QL (180 day supply per 365 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	1	PV; QL (180 day supply per 365 days)
BOTULINUM TOXINS - Drugs for Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (<i>onabotulinumtoxinA (cosmetic)</i>)	OA	PA
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxinA</i>)	OA	PA
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>daxibotulinumtoxinA-lanm</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxina</i>)	OA	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (<i>rimabotulinumtoxinb</i>)	OA	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	OA	PA
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	3	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
FEXMID ORAL TABLET 7.5 MG (<i>cyclobenzaprine hcl</i>)	3	
LORZONE ORAL TABLET 375 MG, 750 MG (<i>chlorzoxazone</i>)	3	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol injection solution 1000 mg/10ml</i>	OA	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
ROBAXIN INJECTION SOLUTION 1000 MG/10ML (<i>methocarbamol</i>)	OA	
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	3	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (<i>tizanidine hcl</i>)	3	
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED 20 MG (<i>dantrolene sodium</i>)	OA	
DANTRIUM ORAL CAPSULE 25 MG (<i>dantrolene sodium</i>)	3	
<i>dantrolene sodium intravenous solution reconstituted 20 mg</i>	OA	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>revonto intravenous solution reconstituted 20 mg</i>	OA	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED 250 MG (<i>dantrolene sodium</i>)	OA	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml, 40000 mcg/20ml</i>	OA	
<i>baclofen intrathecal solution prefilled syringe 50 mcg/ml</i>	OA	
BACLOFEN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML	3	PA; QL (80 ML per 1 day)
<i>baclofen oral suspension 25 mg/5ml</i>	1	PA; QL (16 ML per 1 day)
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (<i>baclofen</i>)	3	PA; QL (16 ML per 1 day)
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML (<i>baclofen</i>)	OA	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML (<i>baclofen</i>)	OA	
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/20ML, 10 MG/5ML, 40 MG/20ML (<i>baclofen</i>)	OA	
LYVISPAH ORAL PACKET 10 MG (<i>baclofen</i>)	3	PA; QL (3 EA per 1 day)
LYVISPAH ORAL PACKET 20 MG (<i>baclofen</i>)	3	PA; QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LYVISPAH ORAL PACKET 5 MG (<i>baclofen</i>)	3	PA; QL (9 EA per 1 day)
OZOBAX DS ORAL SOLUTION 10 MG/5ML (<i>baclofen</i>)	3	PA; QL (80 ML per 1 day)
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	PA
NORGESIC ORAL TABLET 25-385-30 MG (<i>orphenadrine- aspirin-caffeine</i>)	3	PA
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	OA	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	PA
NEUROMUSCULAR BLOCKING AGENTS - Drugs for Relaxing Muscles		
<i>atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml</i>	OA	
<i>cisatracurium besylate (pf) intravenous solution 10 mg/5ml, 200 mg/20ml</i>	OA	
<i>cisatracurium besylate intravenous solution 20 mg/10ml</i>	OA	
<i>rocuronium bromide intravenous solution 100 mg/10ml, 50 mg/5ml</i>	OA	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 50 MG/5ML, 75 MG/7.5ML	OA	
SUCCINYLBOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUCCINYLBCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/5ML, 140 MG/7ML, 200 MG/10ML	OA	
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/10ML	OA	
vecuronium bromide intravenous solution reconstituted 10 mg, 20 mg	OA	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl)	3	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (nebivolol hcl)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	3	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	4	SP; QL (30 day supply per 1 fill)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (propranolol hcl)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (propranolol hcl sr beads)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	PA
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
LABETALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	OA	
LABETALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	OA	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	OA	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
SOTALOL HCL INTRAVENOUS SOLUTION 150 MG/10ML	OA	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	2	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (<i>prazosin hcl</i>)	3	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5 MG	3	PA
DIBENZYLIN ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	3	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	QL (0.27 ML per 1 day)
<i>ergoloid mesylates oral tablet 1 mg</i>	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	2	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine- caffeine</i>)	3	
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	3	QL (0.27 ML per 1 day)
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>phentolamine mesylate injection solution reconstituted 5 mg</i>	OA	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10 MG	3	PA
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
SUPER TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-100 MG-MG-MCG	3	PA
TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5-50 MG-MG-MCG	3	PA
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (<i>dihydroergotamine mesylate hfa</i>)	3	PA; QL (0.43 ML per 1 day)
NON-SELECTIVE BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	OA	
ISOPROTERENOL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 200-0.9 MCG/50ML-%	OA	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (<i>donepezil hcl</i>)	3	PA; QL (0.15 EA per 1 day)
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (<i>donepezil hcl</i>)	3	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML (<i>neostigmine methylsulfate</i>)	OA	
<i>cevimeline hcl oral capsule 30 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
EVOXAC ORAL CAPSULE 30 MG (cevimeline hcl)	3	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (rivastigmine)	3	
FIRDAPSE ORAL TABLET 10 MG (amifampridine phosphate)	4	PA; SP; QL (30 day supply per 1 fill)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	
galantamine hydrobromide oral solution 4 mg/ml	1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	
MESTINON ORAL SOLUTION 60 MG/5ML (pyridostigmine bromide)	3	
MESTINON ORAL TABLET 60 MG (pyridostigmine bromide)	3	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (pyridostigmine bromide)	3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (memantine hcl-donepezil hcl)	3	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (memantine hcl-donepezil hcl)	3	PA
neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml	OA	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	OA	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 4 MG/4ML, 5 MG/5ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	OA	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS	OA	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE 3-0.6 MG/3ML (<i>neostigmine-glycopyrrolate</i>)	OA	
pyridostigmine bromide er oral tablet extended release 180 mg	1	
pyridostigmine bromide oral solution 60 mg/5ml	1	
pyridostigmine bromide oral tablet 30 mg, 60 mg	1	
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML (<i>pyridostigmine bromide</i>)	OA	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	3	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLOMAX ORAL CAPSULE 0.4 MG (<i>tamsulosin hcl</i>)	3	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	3	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
LABETALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	OA	
LABETALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	OA	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	3	PA
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	PA
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	3	
SELECTIVE BETA-1-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
<i>dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml</i>	OA	
<i>dobutamine-dextrose intravenous solution 1-5 mg/ml-%, 2-5 mg/ml-%, 4-5 mg/ml-%</i>	OA	
<i>dopamine hcl intravenous solution 40 mg/ml</i>	OA	
<i>dopamine-dextrose intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (2 EA per 1 day)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	2	QL (0.4 GM per 1 day)
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (<i>fluticasone-salmeterol(sensor)</i>)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (2 EA per 1 day)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	ST; QL (1.07 GM per 1 day)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcglact inhalation</i>	1	
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcglact inhalation</i>	1	QL (1.2 GM per 1 day)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	2	QL (1.2 GM per 1 day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
albuterol sulfate oral tablet 2 mg, 4 mg	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (umeclidinium-vilanterol)	2	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	1	QL (4 ML per 1 day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (glycopyrrolate-formoterol)	3	ST
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (fluticasone furoate-vilanterol)	2	
breyna inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact	1	QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (budeson-glycopyrrol-formoterol)	2	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (arformoterol tartrate)	3	QL (4 ML per 1 day)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact	1	QL (0.35 GM per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	3	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (aclidinium bromide-formoterol fumarate)	3	ST
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (mometasone furoate-formoterol fumarate)	3	QL (0.44 GM per 1 day)
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	2	QL (0.4 GM per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/lact, 250-50 mcg/lact, 500-50 mcg/lact	1	QL (2 EA per 1 day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (2 EA per 1 day)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	QL (4 ML per 1 day)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	3	QL (4 ML per 1 day)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (albuterol sulfate (sensor))	3	PA; QL (2 EA per 30 days); AL (Min 4 Years)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (albuterol sulfate)	2	QL (2 EA per 25 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (albuterol sulfate)	3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (salmeterol xinafoate)	2	QL (2 EA per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (tiotropium bromide-olodaterol)	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	3	QL (0.35 GM per 1 day)
<i>terbutaline sulfate injection solution 1 mg/ml</i>	OA	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	2	QL (1.2 GM per 1 day)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i>	1	QL (2 EA per 1 day)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	3	
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
BREVIBLOC IN NAACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (<i>esmolol hcl</i>)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	OA	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	OA	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (<i>onabotulinumtoxinA (cosmetic)</i>)	OA	PA
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxinA</i>)	OA	PA
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>daxibotulinumtoxinA-lanm</i>)	OA	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxinA</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (<i>rimabotulinumtoxinb</i>)	OA	PA
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	PA
NORGESIC ORAL TABLET 25-385-30 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	PA
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	OA	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	OA	PA
BLOOD DERIVATIVES - Drugs for the Blood		
BLOOD DERIVATIVES - Drugs for the Blood		
ALBUKED 25 INTRAVENOUS SOLUTION 25 % (<i>albumin human</i>)	OA	
ALBUKED 5 INTRAVENOUS SOLUTION 5 % (<i>albumin human</i>)	OA	
ALBUMIN HUMAN INTRAVENOUS SOLUTION 25 %, 5 %	OA	
ALBUMINEX INTRAVENOUS SOLUTION 25 %, 5 % (<i>albumin human-kjda</i>)	OA	
ALBUMIN-ZLB INTRAVENOUS SOLUTION 25 %, 5 %	OA	
ALBURX INTRAVENOUS SOLUTION 5 %	OA	
ALBUTEIN INTRAVENOUS SOLUTION 25 %, 5 % (<i>albumin human</i>)	OA	
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLEXBUMIN INTRAVENOUS SOLUTION 25 %, 5 % (<i>albumin human</i>)	OA	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	OA	
KEDBUMIN INTRAVENOUS SOLUTION 25 %	OA	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (<i>plasma human</i>)	OA	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (<i>plasma human</i>)	OA	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (<i>plasma human</i>)	OA	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (<i>plasma human</i>)	OA	
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG (<i>hemin</i>)	OA	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	OA	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG (<i>plasminogen human-tvmh</i>)	OA	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (<i>alpha1-proteinase inhibitor</i>)	OA	
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>daprodustat</i>)	3	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD FORMULA A IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML	3	
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (<i>anticoagulant cit dext soln a</i>)	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 %, 4 GM/100ML	3	
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	3	QL (35 ML per 180 days)
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>protein c concentrate (human)</i>)	OA	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	QL (35 ML per 180 days)

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SODIUM CITRATE IN VITRO SOLUTION PREFILLED SYRINGE 4 %	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE 120 MG/3ML	OA	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION 4-320 %-MCG/ML	OA	
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>antithrombin iii (human)</i>)	OA	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (<i>anticoagulant sodium citrate</i>)	3	
ANTIHEMORRHAGIC AGENTS, MISCELLANEOUS - Drugs to Prevent Bleeding		
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>coag fact xa inactivated-zhzo</i>)	OA	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GM/50ML (<i>idarucizumab</i>)	OA	
ANTIHEPARIN AGENTS - Drugs to Prevent Bleeding		
<i>protamine sulfate intravenous solution 10 mg/ml</i>	OA	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	4	PA; SP; QL (30 day supply per 1 fill)
DEFITELIO INTRAVENOUS SOLUTION 200 MG/2.5ML (<i>defibrotide sodium</i>)	OA	
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	3	PA
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML (<i>crizanlizumab-tmca</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML (<i>sutimlimab-jome</i>)	OA	PA
OXBRYTA ORAL TABLET 300 MG, 500 MG (<i>voxelotor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OXBRYTA ORAL TABLET SOLUBLE 300 MG (<i>voxelotor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>)	4	PA; SP; QL (2 EA per 1 day)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (<i>mitapivat sulfate</i>)	4	PA; SP; QL (1 EA per 1 day)
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	2	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	3	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	2	

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XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	2	
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>bivalirudin trifluoroacetate</i>)	OA	
<i>argatroban in sodium chloride intravenous solution 50-0.9 mg/50ml-%</i>	OA	
<i>argatroban intravenous solution 250 mg/2.5ml, 50 mg/50ml</i>	OA	
BIVALIRUDIN TRIFLUOROACETATE INTRAVENOUS SOLUTION 250 MG/50ML	OA	
<i>bivalirudin trifluoroacetate intravenous solution reconstituted 250 mg</i>	OA	
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	2	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	3	PA
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (<i>eltrombopag choline</i>)	4	PA; SP; QL (30 day supply per 1 fill)
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED 62 MG (<i>motixafortide acetate</i>)	OA	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (darbepoetin alfa)	4	PA; SP; QL (30 day supply per 1 fill)
DOPTELET ORAL TABLET 20 MG (avatrombopag maleate)	4	PA; SP; QL (30 day supply per 1 fill)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (epoetin alfa)	4	PA; SP; QL (30 day supply per 1 fill)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (pegfilgrastim-jmdb)	4	PA; SP; QL (30 day supply per 1 fill)
FYLNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (pegfilgrastim-pbbk)	4	PA; SP; QL (30 day supply per 1 fill)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (tbo-filgrastim)	4	PA; SP; QL (30 day supply per 1 fill)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (tbo-filgrastim)	4	PA; SP; QL (30 day supply per 1 fill)
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (daprodustat)	3	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (sargramostim)	4	PA; SP; QL (30 day supply per 1 fill)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (methoxy peg-epoetin beta)	4	PA; SP; QL (30 day supply per 1 fill)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (plerixafor)	4	PA; SP; QL (30 day supply per 1 fill)
MULPLETA ORAL TABLET 3 MG (lusutrombopag)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	OA	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	OA	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-apgf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>plerixafor subcutaneous solution 24 mg/1.2ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PROMACTA ORAL PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG (<i>luspatercept-aamt</i>)	OA	
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (<i>eflapegrastim-xnst</i>)	OA	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-fpgk</i>)	4	PA; SP; QL (30 day supply per 1 fill)
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	4	PA; SP; QL (30 day supply per 1 fill)
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	4	PA; SP; QL (30 day supply per 1 fill)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HEMORRHOLOGIC AGENTS - Drugs for Blood Flow		
LMD IN D5W INTRAVENOUS SOLUTION 10-5 % (<i>dextran 40 in d5w</i>)	OA	
LMD IN NAACL INTRAVENOUS SOLUTION 10-0.9 % (<i>dextran 40 in saline</i>)	OA	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	OA	
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	OA	
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	OA	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	OA	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	OA	
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-ehf</i>)	OA	
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	OA	
<i>aminocaproic acid oral solution 0.25 g/ml</i>	1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	1	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (<i>ferric subsulfate</i>)	3	
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>prothrombin complex human-lans</i>)	OA	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	OA	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	OA	
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	OA	
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML (<i>tranexamic acid</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DDAVP INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	OA	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	3	
DDAVP PF INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	OA	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	OA	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	4	SP; QL (30 day supply per 1 fill)
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	OA	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiifc)</i>)	OA	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	OA	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmlpx</i>)	OA	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	OA	
GELFILM OPHTHALMIC FILM (<i>gelatin adsorbable</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML (etranacogene dezaparvovec-drlb)	OA	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (emicizumab-kxwh)	OA	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor)	OA	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (antihemophilic factor-vwf)	OA	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (coagulation factor ix (rix-fp))	OA	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (coagulation factor ix (recomb))	OA	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (ahf (bdd-rfviii peg- aucl))	OA	
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (prothrombin complex conc human)	OA	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	OA	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	OA	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	OA	
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	3	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	OA	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	OA	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	OA	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	OA	
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	OA	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	OA	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	OA	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	OA	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	OA	
HEPARINS - Drugs to Prevent Blood Clots		
<i>bd heparin posiflush intravenous solution 10 unit/ml, 100 unit/ml</i>	OA	
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML (<i>heparin (porcine)-taurolidine</i>)	OA	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	4	SP; QL (35 ML per 180 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	QL (35 ML per 180 days)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	4	SP; QL (35 ML per 180 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	3	QL (35 ML per 180 days)
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/500ml-%</i>	OA	
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 4000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	OA	
<i>heparin (porcine) in nacl intravenous solution 25000-0.45 ut/250ml-%</i>	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 UNT/20ML-%, 50-0.9 UNT/50ML-%	OA	
<i>heparin na (pork) lock flsh pf intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml</i>	OA	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	OA	
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	OA	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i>	1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	1	PA
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	4	SP; QL (35 ML per 180 days)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	3	QL (35 ML per 180 days)
IRON PREPARATIONS - Vitamins and Minerals		
ACCRUFER ORAL CAPSULE 30 MG (<i>ferric maltol</i>)	3	PA
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML (<i>ferumoxytol</i>)	OA	
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML (<i>na ferric gluc cplx in sucrose</i>)	OA	
<i>ferumoxytol intravenous solution 510 mg/17ml</i>	OA	
<i>hematinic/folic acid oral tablet 324-1 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INFED INJECTION SOLUTION 50 MG/ML (<i>iron dextran</i>)	OA	
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML, 750 MG/15ML (<i>ferric carboxymaltose</i>)	OA	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	PV
MASONATAL ORAL TABLET 28-0.8 MG	3	PV
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML (<i>ferric derisomaltose</i>)	OA	
<i>multi-vitamin/fluorideliron oral solution 0.25-10 mg/ml</i>	1	
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	OA	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	3	PV
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	3	PV
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	3	PV
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (<i>prenat-fe carbonyl-fa-omega 3</i>)	3	PV
<i>prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-228 mg, 27-0.8-250 mg</i>	1	PV
<i>prenatal oral tablet 27-0.8 mg</i>	1	PV
<i>prenatal/folic acid+dha oral capsule 27-0.8-200 mg</i>	1	PV
PRENATVITE RX ORAL TABLET 0.8 MG	3	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vit-min-fluoride-fe-fa</i>)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (<i>iron sucrose</i>)	OA	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	PV
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	QL (30 day supply per 1 fill)
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	1	
DODEX INJECTION SOLUTION 1000 MCG/ML (<i>cyanocobalamin</i>)	3	QL (30 day supply per 1 fill)
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	OA	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED 10000 MCG, 50000 MCG	3	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	3	
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
AGGRASTAT INTRAVENOUS CONCENTRATE 3.75 MG/15ML (<i>tirofiban hcl</i>)	OA	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-% (<i>tirofiban hcl in nacl</i>)	OA	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin childrens oral tablet chewable 81 mg</i>	1	PV
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin low dose oral tablet chewable 81 mg</i>	1	PV
<i>aspirin low dose oral tablet delayed release 81 mg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aspirin oral tablet 325 mg</i>	1	
<i>aspirin oral tablet chewable 81 mg</i>	1	PV
<i>aspirin oral tablet delayed release 325 mg</i>	1	
<i>aspirin oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin regimen oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>)	3	
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole intravenous solution 5 mg/ml</i>	OA	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	3	
<i>eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml</i>	OA	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>ft aspirin oral tablet 325 mg</i>	1	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	1	
<i>genuine aspirin oral tablet 325 mg</i>	1	
<i>goodsense aspirin adults oral tablet 325 mg</i>	1	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>goodsense aspirin oral tablet 325 mg</i>	1	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>cangrelor tetrasodium</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>mm aspirin oral tablet delayed release 81 mg</i>	1	PV
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	3	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	3	PV
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	3	PV
<i>tirofiban hcl in nacl intravenous solution 12.5-0.9 mg/250ml-%, 5-0.9 mg/100ml-%</i>	OA	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	3	PA
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	3	
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	3	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	
THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>alteplase</i>)	OA	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin childrens oral tablet chewable 81 mg</i>	1	PV
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin low dose oral tablet chewable 81 mg</i>	1	PV
<i>aspirin low dose oral tablet delayed release 81 mg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aspirin oral tablet 325 mg</i>	1	
<i>aspirin oral tablet chewable 81 mg</i>	1	PV
<i>aspirin oral tablet delayed release 325 mg</i>	1	
<i>aspirin oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin regimen oral tablet delayed release 81 mg</i>	1	PV
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>)	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG (<i>alteplase</i>)	OA	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>ft aspirin oral tablet 325 mg</i>	1	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	1	
<i>genuine aspirin oral tablet 325 mg</i>	1	
<i>goodsense aspirin adults oral tablet 325 mg</i>	1	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>goodsense aspirin oral tablet 325 mg</i>	1	
<i>mm aspirin oral tablet delayed release 81 mg</i>	1	PV
RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT (<i>reteplase</i>)	OA	
RETAVASE INTRAVENOUS KIT 2 X 10 UNIT (<i>reteplase</i>)	OA	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	3	PV
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	3	PV
TNKASE INTRAVENOUS KIT 50 MG (<i>tenecteplase</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDIOVASCULAR DRUGS		
SODIUM-GLUC (SGLT) COTRANSPORTER INHIB		
INPEFA ORAL TABLET 200 MG, 400 MG (<i>sotagliflozin</i>)	3	ST
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
LABELALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABELALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
LABELALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	OA	
LABELALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (<i>prazosin hcl</i>)	3	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
LABELALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABELALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
LABELALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	OA	
LABELALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (<i>prazosin hcl</i>)	3	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	3	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (<i>irbesartan</i>)	3	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	3	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	3	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	3	ST
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	*
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	3	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
VALSARTAN ORAL SOLUTION 4 MG/ML	3	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	3	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	3	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (<i>irbesartan</i>)	3	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	3	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	3	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	3	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	3	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	3	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	3	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	3	ST
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	3	QL (2 EA per 1 day); AL (Min 1 Years)
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	3	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	3	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	*
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	*
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	3	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	3	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz 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</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
TRIBENZOR 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 (<i>olmesartan-amlodipine-hctz</i>)	3	
VALSARTAN ORAL SOLUTION 4 MG/ML	3	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	3	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	3	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalaprilat intravenous injectable 1.25 mg/ml</i>	OA	
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	3	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	*
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	3	PA
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	3	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (<i>quinapril-hydrochlorothiazide</i>)	3	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	3	
<i>amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>enalaprilat intravenous injectable 1.25 mg/ml</i>	OA	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	3	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	*
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	*
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	3	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	3	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril-hydrochlorothiazide</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	3	
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
<i>digoxin injection solution 0.25 mg/ml</i>	OA	
<i>digoxin oral solution 0.05 mg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	
LANOXIN INJECTION SOLUTION 0.25 MG/ML (<i>digoxin</i>)	OA	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (<i>digoxin</i>)	3	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML (<i>digoxin</i>)	OA	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	OA	
<i>magnesium sulfate injection solution 50 %</i>	OA	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	OA	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML (<i>evinacumab-dgnb</i>)	OA	PA
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inclisiran sodium</i>)	OA	PA
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	3	
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	2	PA; QL (1 EA per 1 day)
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	PA; QL (1 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	3	
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for Abnormal Heart Rhythms		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
BREVIBLOC IN NA CL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (<i>esmolol hcl</i>)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (<i>esmolol hcl-sodium chloride</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	
CORGARD ORAL TABLET 20 MG, 40 MG (<i>nadolol</i>)	3	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	OA	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	4	SP; QL (30 day supply per 1 fill)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	

Tier 1: Preferred generic and certain preferred brand-name medications; Tier 2: Preferred brand name and certain non-preferred generic medications; Tier 3: Non-preferred (generic or brand) medications; Tier 4: Specialty medications; INF: Infertility medications; OA: Office administered medications; AL: Age Limit – These medications may require prior authorization if your age does not fall within the drug manufacturer, Food and Drug Administration (FDA) or treatment guideline recommendations; AC: Anti-Cancer – These oral anti-cancer drugs are subject to a maximum copayment for up to each 30-day supply, after any deductible has been met (per California State Law). This amount is listed in your WHA Copayment Summary; PA: Prior Authorization – Your doctor is required to give Western Health Advantage more information to determine coverage; QL: Quantity Limit – Medication may be limited to a certain quantity; ST: Step Therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered; PV: Due to Health Care Reform this product may be available at zero copay through your pharmacy benefit; SP: Specialty Medication – May require PA, limited to 30-day supply. Up to 2 initial fills allowed at local retail pharmacies. Exceptions may be allowed when manufacturer or FDA limits supply to select specialty pharmacies only; *: Copayments waived for this medication; any plan deductible still applies: ^: Copayments waived for this medication; skip deductible Effective Date 05/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LABELTALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous	OA	
LABELTALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
LABELTALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	OA	
LABELTALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	OA	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate intravenous solution 5 mg/5ml	OA	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl intravenous solution 1 mg/ml	OA	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOTALOL HCL INTRAVENOUS SOLUTION 150 MG/10ML	OA	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	
TENORETIC 100 ORAL TABLET 100-25 MG (atenolol-chlorthalidone)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (atenolol-chlorthalidone)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (atenolol)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	3	
BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl af)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (sotalol hcl)	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (esmolol hcl-sodium chloride)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (esmolol hcl)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (esmolol hcl-sodium chloride)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (esmolol hcl-sodium chloride)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (carvedilol phosphate)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (carvedilol)	3	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	3	
esmolol hcl intravenous solution 100 mg/10ml	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	OA	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	4	SP; QL (30 day supply per 1 fill)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (propranolol hcl)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (propranolol hcl sr beads)	3	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (propranolol hcl sr beads)	3	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (metoprolol succinate)	3	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABELALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
LABELALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	OA	
LABELALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	OA	
<i>LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)</i>	3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	OA	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	OA	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
SOTALOL HCL INTRAVENOUS SOLUTION 150 MG/10ML	OA	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine light oral powder 4 gml/dose</i>	1	
<i>cholestyramine oral packet 4 gm</i>	1	
<i>cholestyramine oral powder 4 gml/dose</i>	1	
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
COLESTID FLAVORED ORAL PACKET 5 GM (<i>colestipol hcl</i>)	3	
COLESTID ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	2	
COLESTID ORAL TABLET 1 GM (<i>colestipol hcl</i>)	3	
<i>colestipol hcl oral granules 5 gm</i>	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>prevalite oral packet 4 gm</i>	1	
<i>prevalite oral powder 4 gml/dose</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (<i>cholestyramine light</i>)	3	
QUESTRAN ORAL PACKET 4 GM (<i>cholestyramine</i>)	3	
QUESTRAN ORAL POWDER 4 GM/DOSE (<i>cholestyramine</i>)	3	
WELCHOL ORAL PACKET 3.75 GM (<i>colesevelam hcl</i>)	3	
WELCHOL ORAL TABLET 625 MG (<i>colesevelam hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	OA	
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	OA	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	OA	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure & Angina		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	OA	
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	OA	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	OA	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	OA	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG (<i>ranolazine</i>)	3	PA
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	2	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CARDIOTONIC AGENTS - Drugs for Angina		
<i>digoxin injection solution 0.25 mg/ml</i>	OA	
<i>digoxin oral solution 0.05 mg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	
<i>dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml</i>	OA	
<i>dobutamine-dextrose intravenous solution 1-5 mg/ml-%, 2-5 mg/ml-%, 4-5 mg/ml-%</i>	OA	
<i>dopamine hcl intravenous solution 40 mg/ml</i>	OA	
<i>dopamine-dextrose intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%</i>	OA	
LANOXIN INJECTION SOLUTION 0.25 MG/ML (<i>digoxin</i>)	OA	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (<i>digoxin</i>)	3	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML (<i>digoxin</i>)	OA	
<i>milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%</i>	OA	
<i>milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CENTRAL ALPHA-AGONISTS - Drugs for High Blood Pressure & Angina		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	3	
<i>clonidine hcl (analgesia) epidural solution 100 mcg/ml, 500 mcg/ml</i>	OA	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	3	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
DURACLON EPIDURAL SOLUTION 100 MCG/ML (<i>clonidine hcl (analgesia)</i>)	OA	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	3	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (<i>clonidine hcl</i>)	3	
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	PA; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (<i>ezetimibe-rosuvastatin</i>)	3	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (<i>ezetimibe-simvastatin</i>)	3	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	3	
CLASS IA ANTIARRHYTHMICS - Drugs for Angina		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	3	
<i>procainamide hcl injection solution 100 mg/ml, 500 mg/ml</i>	OA	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
CLASS IB ANTIARRHYTHMICS - Drugs for Angina		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	3	
DILANTIN ORAL CAPSULE 100 MG (<i>phenytoin sodium extended</i>)	3	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	2	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 200 MG/10ML, 60 MG/3ML	OA	
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml</i>	OA	
<i>lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml</i>	OA	
<i>lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous</i>	OA	
LIDOCAINE HCL (CARDIAC) SOLUTION PREFILLED SYRINGE 100 MG/5ML INTRAVENOUS	OA	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	OA	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	OA	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium injection solution 50 mg/ml</i>	OA	
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
BREVIBLOC IN NA CL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (<i>esmolol hcl</i>)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	OA	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	4	SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
LABETALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	OA	
LABETALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	OA	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	OA	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>propranolol hcl intravenous solution 1 mg/ml</i>	OA	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
SOTALOL HCL INTRAVENOUS SOLUTION 150 MG/10ML	OA	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
AMIODARONE HCL IN DEXTROSE INTRAVENOUS SOLUTION 450-5 MG/250ML-%, 900-5 MG/500ML-%	OA	
<i>amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i>	OA	
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	
CORVERT INTRAVENOUS SOLUTION 1 MG/10ML (<i>ibutilide fumarate</i>)	OA	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>ibutilide fumarate intravenous solution 1 mg/10ml</i>	OA	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% (<i>amiodarone hcl in dextrose</i>)	OA	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (<i>amiodarone hcl</i>)	3	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
SOTALOL HCL INTRAVENOUS SOLUTION 150 MG/10ML	OA	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	3	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
<i>adenosine intravenous solution 12 mg/4ml, 6 mg/2ml</i>	OA	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	OA	
diltiazem hcl intravenous solution reconstituted 100 mg	OA	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl intravenous solution 2.5 mg/ml	OA	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine besylate-benzazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>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</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	3	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	3	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (<i>nicardipine hcl in nacl</i>)	OA	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML (<i>clevipidine</i>)	OA	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (<i>levamlodipine maleate</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (amlodipine-valsartan-hctz)	3	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (amlodipine besylate-valsartan)	3	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (amlodipine benzoate)	3	
LEVAMLODIPINE MALEATE ORAL TABLET 2.5 MG, 5 MG	3	PA
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (amlodipine besy-benazepril hcl)	3	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	OA	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
nicardipine hcl intravenous solution 2.5 mg/ml	OA	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	3	
<i>olmesartan-amlodipine-hctz 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</i>	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	3	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	3	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
TRIBENZOR 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 (<i>olmesartan-amlodipine-hctz</i>)	3	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (<i>nicardipine hcl in nacl</i>)	OA	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML (<i>clevudipine</i>)	OA	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (<i>levamlodipine maleate</i>)	3	PA
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LEVAMLODIPINE MALEATE ORAL TABLET 2.5 MG, 5 MG	3	PA
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	OA	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
<i>nicardipine hcl intravenous solution 2.5 mg/ml</i>	OA	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	3	
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	3	
<i>hydralazine hcl injection solution 20 mg/ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% (nitroprusside sodium-nacl)	OA	
nitroprusside sodium intravenous solution 25 mg/ml	OA	
nitroprusside sodium-nacl intravenous solution 20-0.9 mg/100ml-%, 50-0.9 mg/100ml-%	OA	
sodium nitroprusside intravenous solution 25 mg/ml	OA	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
elixophyllin oral elixir 80 mg/15ml	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (theophylline)	2	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	1	
fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG (<i>fenofibrate</i>)	3	
FIBRICOR ORAL TABLET 105 MG, 35 MG (<i>fenofibric acid</i>)	3	
<i>gemfibrozil oral tablet 600 mg</i>	1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	3	
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	3	
TRICOR ORAL TABLET 145 MG, 48 MG (<i>fenofibrate</i>)	3	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (<i>choline fenofibrate</i>)	3	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	3	
<i>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</i>	1	
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (<i>atorvastatin calcium</i>)	3	PA
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1	PV
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	1	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	3	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	3	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	3	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	3	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	1	PV
fluvastatin sodium oral capsule 20 mg, 40 mg	1	PV
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (fluvastatin sodium)	3	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (atorvastatin calcium)	3	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (pitavastatin calcium)	3	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	PV
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	1	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	PV
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (ezetimibe-rosuvastatin)	3	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	PV
simvastatin oral tablet 80 mg	1	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (ezetimibe-simvastatin)	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (simvastatin)	3	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (pitavastatin magnesium)	3	PA
HYPOTENSIVE AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
DIBENZYLINE ORAL CAPSULE 10 MG (phenoxybenzamine hcl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	
<i>phentolamine mesylate injection solution reconstituted 5 mg</i>	OA	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	3	
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>bumetanide injection solution 0.25 mg/ml</i>	OA	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
EDECIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	3	
<i>ethacrynate sodium intravenous solution reconstituted 50 mg</i>	OA	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (<i>furosemide</i>)	3	PA; QL (30 day supply per 1 fill)
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
<i>furosemide injection solution 10 mg/ml</i>	OA	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	3	
SOANZ ORAL TABLET 20 MG, 40 MG, 60 MG (<i>torseamide</i>)	3	
SODIUM EDECIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>ethacrynate sodium</i>)	OA	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	3	PA
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
NITRATES AND NITRITES - Drugs for the Heart		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	3	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	3	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>nitroglycerin</i>)	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	2	
<i>nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%</i>	OA	
<i>nitroglycerin intravenous solution 5 mg/ml</i>	OA	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (<i>nitroglycerin</i>)	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	3	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (<i>nitroglycerin</i>)	3	
OSMOTIC DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>mannitol intravenous solution 20 %, 25 %</i>	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (<i>mannitol</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PCSK9 INHIBITORS - Drugs for Cholesterol		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inclisiran sodium</i>)	OA	PA
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	2	PA; QL (30 day supply per 1 fill)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	2	PA; QL (30 day supply per 1 fill)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	2	PA; QL (30 day supply per 1 fill)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	2	PA; QL (30 day supply per 1 fill)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>alyq oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (<i>tadalafil</i>)	3	QL (0.27 EA per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	3	PA
LIQREV ORAL SUSPENSION 10 MG/ML (<i>sildenafil citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	OA	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (0.27 EA per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	3	QL (0.27 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (0.27 EA per 1 day)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (0.27 EA per 1 day)
<i>vardenafil hcl oral tablet dispersible 10 mg</i>	1	QL (0.27 EA per 1 day)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	3	QL (0.27 EA per 1 day)
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>amiloride hcl oral tablet 5 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RENIN INHIBITORS - Drugs for the Heart		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	
TEKTURNA ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	3	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	3	QL (2 EA per 1 day); AL (Min 1 Years)
SCLEROSING AGENTS - Drugs for Varicose Veins		
ABLYSINOL INTRA-ARTERIAL SOLUTION (<i>dehydrated alcohol</i>)	OA	
ASCLERA INTRAVENOUS SOLUTION 0.5 %, 1 % (<i>polidocanol</i>)	OA	
ETHAMOLIN INTRAVENOUS SOLUTION 5 % (<i>ethanolamine oleate</i>)	OA	
POLIDOCANOL INTRAVENOUS SOLUTION 5 %	OA	
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GM (<i>talc</i>)	3	
<i>sodium tetradecyl sulfate intravenous solution 3 %</i>	OA	
SOTRADECOL INTRAVENOUS SOLUTION 1 %, 3 % (<i>sodium tetradecyl sulfate</i>)	OA	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED 5 GM (<i>talc</i>)	3	
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM (<i>talc</i>)	3	
VARITHENA INTRAVENOUS FOAM 180 MG/18ML (<i>polidocanol</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>chlorothiazide sodium intravenous solution reconstituted 500 mg</i>	OA	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	3	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5 MG	3	PA
bosentan oral tablet 125 mg, 62.5 mg	4	PA; SP; QL (30 day supply per 1 fill)
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (nicardipine hcl in nacl)	OA	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (diltiazem hcl coated beads)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (diltiazem hcl)	3	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (alprostadil (vasodilator))	3	PA; QL (0.27 EA per 1 day)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (alprostadil (vasodilator))	3	PA; QL (0.27 EA per 1 day)
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (levamlodipine maleate)	3	PA
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	2	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	OA	
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	OA	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>dipyridamole intravenous solution 5 mg/ml</i>	OA	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	PA; QL (0.27 EA per 1 day)
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	OA	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	OA	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	3	
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
LEVAMLODIPINE MALEATE ORAL TABLET 2.5 MG, 5 MG	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG (alprostadil (vasodilator))	3	QL (0.27 EA per 1 day)
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	OA	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
nicardipine hcl intravenous solution 2.5 mg/ml	OA	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (amlodipine besylate)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)	3	
OPSUMIT ORAL TABLET 10 MG (macitentan)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	3	
PROSTIN VR INJECTION SOLUTION 500 MCG/ML (<i>alprostadil</i>)	OA	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	OA	
SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10 MG	3	PA
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
SUPER TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-100 MG-MG-MCG	3	PA
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	OA	
TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5-50 MG-MG-MCG	3	PA
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (treprostinil)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO INHALATION SOLUTION 0.6 MG/ML (treprostinil)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (treprostinil)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (treprostinil)	4	PA; SP; QL (30 day supply per 1 fill)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (epoprostenol sodium)	OA	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (iloprost)	4	PA; SP; QL (30 day supply per 1 fill)
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl intravenous solution 2.5 mg/ml	OA	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (verapamil hcl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	3	PA
CELLULAR AND GENE THERAPY - Drugs for Cancer		
CELLULAR THERAPY - Drugs for Cancer		
AMTAGVI INTRAVENOUS SUSPENSION 72000000000 CELLS (<i>lifileucel</i>)	OA	PA
LANTIDRA INTRAVENOUS SUSPENSION (<i>donislecel-jujn</i>)	OA	PA
OMISIRGE INTRAVENOUS SUSPENSION (<i>omidubicel-only</i>)	OA	PA
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS (<i>sipuleucel-t</i>)	OA	
RETHYMIC INTRAMUSCULAR IMPLANT (<i>allogeneic thymus tissue-agdc</i>)	OA	
GENE THERAPY - Drugs for Cancer		
ABECMA INTRAVENOUS SUSPENSION 460000000 CELLS (<i>idecabtagene vicleucel</i>)	OA	
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML	OA	PA
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML (<i>lisocabtagene maraleucel</i>)	OA	
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS (<i>ciltacabtagene autoleucel</i>)	OA	PA
CASGEVY INTRAVENOUS SUSPENSION (<i>exagamglogene autotemcel</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELEVIDYS INTRAVENOUS KIT 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML, 49 X 10 ML, 50 X 10 ML, 51 X 10 ML, 52 X 10 ML, 53 X 10 ML, 54 X 10 ML, 55 X 10 ML, 56 X 10 ML, 57 X 10 ML, 58 X 10 ML, 59 X 10 ML, 60 X 10 ML, 61 X 10 ML, 62 X 10 ML, 63 X 10 ML, 64 X 10 ML, 65 X 10 ML, 66 X 10 ML, 67 X 10 ML, 68 X 10 ML, 69 X 10 ML, 70 X 10 ML (delandistrogene moxeparvo-rokl)	OA	PA
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML (etranacogene dezaparvovec-drlb)	OA	PA
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML (talimogene laherparepvec)	OA	
KYMRIAH INTRAVENOUS SUSPENSION 250000000 CELLS, 600000000 CELLS (tisagenlecleucel)	OA	
LENMELDY INTRAVENOUS SUSPENSION (atidarsagene autotemcel)	OA	PA
LUXTURNA INTRAOCULAR SUSPENSION 5000000000000 VG/ML (voretigene neparvovec-rzyl)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LYFGENIA INTRAVENOUS SUSPENSION (<i>lovotibeglogene autotemcel</i>)	OA	PA
ROCTAVIAN INTRAVENOUS SUSPENSION 2000000000000000 VG/ML (<i>valoctocogene roxaparvov-rvox</i>)	OA	PA
SKYSONA INTRAVENOUS SUSPENSION (<i>elivaldogene autotemcel</i>)	OA	PA
TECARTUS INTRAVENOUS SUSPENSION 1000000000 CELLS, 2000000000 CELLS (<i>brexucabtagene autoleucl</i>)	OA	PA
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (<i>beremagene geperpavec-svdt</i>)	OA	PA
YESCARTA INTRAVENOUS SUSPENSION 2000000000 CELLS (<i>axicabtagene ciloleucl</i>)	OA	
ZOLGENSMA INTRAVENOUS KIT 10X8.3 ML, 11X8.3 ML, 12X8.3 ML, 13X8.3 ML, 14X8.3 ML, 1X5.5ML & 10X8.3ML, 1X5.5ML & 11X8.3ML, 1X5.5ML & 12X8.3ML, 1X5.5ML & 13X8.3ML, 1X5.5ML & 2X8.3ML, 1X5.5ML & 3X8.3ML, 1X5.5ML & 4X8.3ML, 1X5.5ML & 5X8.3ML, 1X5.5ML & 6X8.3ML, 1X5.5ML & 7X8.3ML, 1X5.5ML & 8X8.3ML, 1X5.5ML & 9X8.3ML, 2X5.5ML & 10X8.3ML, 2X5.5ML & 11X8.3ML, 2X5.5ML & 12X8.3ML, 2X5.5ML & 1X8.3ML, 2X5.5ML & 2X8.3ML, 2X5.5ML & 3X8.3ML, 2X5.5ML & 4X8.3ML, 2X5.5ML & 5X8.3ML, 2X5.5ML & 6X8.3ML, 2X5.5ML & 7X8.3ML, 2X5.5ML & 8X8.3ML, 2X5.5ML & 9X8.3ML, 2X8.3 ML, 3X8.3 ML, 4X8.3 ML, 5X8.3 ML, 6X8.3 ML, 7X8.3 ML, 8X8.3 ML, 9X8.3 ML (<i>onasemnogene abeparvovec-xioi</i>)	OA	
ZYNTEGLO INTRAVENOUS SUSPENSION (<i>betibeglogene autotemcel</i>)	OA	PA
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
<i>amantadine hcl oral capsule 100 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG (<i>amantadine hcl</i>)	3	PA
AMPHETAMINE DERIVATIVES - Drugs for the Nervous System		
ADIPEX-P ORAL TABLET 37.5 MG (<i>phentermine hcl</i>)	3	PA
LOMAIRA ORAL TABLET 8 MG (<i>phentermine hcl</i>)	3	PA
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	PA
<i>phentermine hcl oral tablet 37.5 mg</i>	1	PA
AMPHETAMINES - Drugs for the Nervous System		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	3	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	3	ST; AL (Min 6 Years)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	3	ST; AL (Min 6 Years)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	AL (Min 3 Years)
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	AL (Min 6 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	AL (Min 6 Years)
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (<i>dextroamphetamine sulfate</i>)	3	ST; AL (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	AL (Min 6 Years)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	3	ST; AL (Min 6 Years)
DYANAVAL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	3	ST; AL (Min 6 Years)
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	3	AL (Min 3 Years)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	AL (Min 6 Years)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	AL (Min 6 Years)
<i>methamphetamine hcl oral tablet 5 mg</i>	1	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	3	ST; AL (Min 6 Years)
PROCENTRA ORAL SOLUTION 5 MG/5ML (<i>dextroamphetamine sulfate</i>)	3	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	3	ST; AL (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	3	ST; AL (Min 6 Years)
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>)	3	ST; AL (Min 6 Years)
ZENZEDI ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
acetaminophen intravenous solution 10 mg/ml	OA	
ACETAMINOPHEN INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
acetaminophen-codeine oral solution 120-12 mg/5ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
ALLZITAL ORAL TABLET 25-325 MG (butalbital-acetaminophen)	3	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	
bac oral tablet 50-325-40 mg	1	
BUPAP ORAL TABLET 50-300 MG (butalbital-acetaminophen)	3	
butalbital-acetaminophen capsule 50-300 mg oral	1	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	1	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
COMBOGESIC INTRAVENOUS SOLUTION 1000-300 MG/100ML (ibuprofen-acetaminophen)	OA	PA
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	3	
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	3	
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GRALISE ORAL 300 (9) & 600(24) MG (<i>gabapentin (once-daily)</i>)	3	
GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	3	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	3	
NALOCET ORAL TABLET 2.5-300 MG	2	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	3	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	3	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	PA
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	2	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	3	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	1	
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (ziconotide acetate)	OA	
PROLATE ORAL SOLUTION 10-300 MG/5ML (oxycodone-acetaminophen)	3	PA
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	2	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	3	
ANOREXIGENIC AGENTS AND STIMULANTS, MISC - Drugs for the Nervous System		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (phentermine-topiramate)	3	PA; QL (1 EA per 1 day)
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (naltrexone-bupropion hcl)	3	PA; QL (4 EA per 1 day)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (setmelanotide acetate)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA; QL (30 day supply per 1 fill)
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
<i>benztropine mesylate injection solution 1 mg/ml</i>	OA	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	OA	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	OA	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	3	PA; QL (2 EA per 1 day)
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	3	PA
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	3	PA
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML (<i>brivaracetam</i>)	OA	
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	3	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	3	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	3	PA
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (<i>levetiracetam</i>)	3	ST; QL (3 EA per 1 day)
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
epitol oral tablet 200 mg	1	
EPRONTIA ORAL SOLUTION 25 MG/ML (topiramate)	3	PA
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine (antipsychotic))	3	
felbamate oral suspension 600 mg/5ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FELBATOL ORAL TABLET 400 MG, 600 MG (felbamate)	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (fenfluramine hcl)	4	PA; SP; QL (30 day supply per 1 fill)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)	3	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (perampanel)	2	
gabapentin (once-daily) oral tablet 300 mg, 600 mg	1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GRALISE ORAL 300 (9) & 600(24) MG (gabapentin (once-daily))	3	
GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG (gabapentin (once-daily))	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (gabapentin enacarbil)	3	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML (levetiracetam)	OA	
KEPPRA ORAL SOLUTION 100 MG/ML (levetiracetam)	3	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	3	
<i>lacosamide intravenous solution 200 mg/20ml</i>	OA	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	3	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	3	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	3	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	1	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 250 mg/50ml, 500 mg/100ml	OA	
levetiracetam intravenous solution 500 mg/5ml	OA	
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (pregabalin)	3	
LYRICA ORAL SOLUTION 20 MG/ML (pregabalin)	3	
magnesium sulfate injection solution 50 %	OA	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	OA	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (lacosamide)	3	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (gabapentin)	3	
NEURONTIN ORAL SOLUTION 250 MG/5ML (gabapentin)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (gabapentin)	3	
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (oxcarbazepine)	3	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pregabalin oral solution 20 mg/ml	1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (topiramate)	3	
roweepira oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	1	PA
rufinamide oral tablet 200 mg, 400 mg	1	PA
SABRIL ORAL PACKET 500 MG (vigabatrin)	4	PA; SP; QL (30 day supply per 1 fill)
SABRIL ORAL TABLET 500 MG (vigabatrin)	4	PA; SP; QL (30 day supply per 1 fill)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (levetiracetam)	3	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter kit-blue oral kit 35 x 25 mg	1	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (carbamazepine)	3	
TEGRETOL ORAL TABLET 200 MG (carbamazepine)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (carbamazepine)	3	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (topiramate)	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (topiramate)	3	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	3	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	3	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	
<i>valproate sodium intravenous solution 100 mg/ml</i>	OA	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>vigabatrin oral packet 500 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>vigabatrin oral tablet 500 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>vigadrone oral packet 500 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>vigadrone oral tablet 500 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>vigpoder oral packet 500 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (<i>lacosamide</i>)	OA	
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>cenobamate</i>)	3	PA; QL (2 EA per 1 day); AL (Min 18 Years)
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (<i>cenobamate</i>)	3	PA; QL (2 EA per 1 day); AL (Min 18 Years)
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	3	
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	3	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	3	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (<i>dextromethorphan-bupropion</i>)	3	ST; QL (2 EA per 1 day); AL (Min 18 Years)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	PV; QL (2 EA per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (<i>bupropion hcl</i>)	2	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	3	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG (<i>bupropion hcl</i>)	3	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>bupropion hcl</i>)	3	
ZULRESSO INTRAVENOUS SOLUTION 100 MG/20ML (<i>brexanolone</i>)	OA	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (<i>zuranolone</i>)	3	PA
ANTIMANIC AGENTS - Drugs for Personality Disorder		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML (<i>aripiprazole</i>)	3	PA; 1 dose per fill; QL (2.4 ML per 1 fill)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML (<i>aripiprazole</i>)	3	PA; 1 dose per fill; QL (3.2 ML per 1 fill)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	3	PA; 1 dose per fill
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	3	PA; 1 dose per fill
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole wl sens-strip-pod</i>)	3	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole wl sens-strip-pod</i>)	3	QL (2 fill per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	3	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	3	PA; 1 dose per fill
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	3	PA; 1 dose per fill
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	1	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	3	PA; QL (30 day supply per 1 fill)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	3	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	3	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	3	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	3	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium oral solution 8 meq/5ml	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	3	
olanzapine intramuscular solution reconstituted 10 mg	1	PA; QL (30 day supply per 1 fill)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	3	PA; 1 dose per fill
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (risperidone microspheres)	3	PA; 1 dose per fill
RISPERDAL ORAL SOLUTION 1 MG/ML (risperidone)	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (risperidone)	3	
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA; 1 dose per fill
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (risperidone)	3	PA; QL (1 EA per 1 fill)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (asenapine maleate)	3	ST; QL (2 EA per 1 day); AL (Min 10 Years)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (asenapine)	3	ST; QL (1 EA per 1 day); AL (Min 18 Years)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)	3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (quetiapine fumarate)	3	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter kit-blue oral kit 35 x 25 mg	1	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	3	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	3	
valproate sodium intravenous solution 100 mg/ml	OA	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	1	PA; QL (30 day supply per 1 fill)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	3	PA; QL (30 day supply per 1 fill)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	3	PA; 1 dose per fill
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	3	
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
acetaminophen intravenous solution 10 mg/ml	OA	
ACETAMINOPHEN INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	3	
aspirin 81 oral tablet delayed release 81 mg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin childrens oral tablet chewable 81 mg</i>	1	PV
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin low dose oral tablet chewable 81 mg</i>	1	PV
<i>aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin oral tablet 325 mg</i>	1	
<i>aspirin oral tablet chewable 81 mg</i>	1	PV
<i>aspirin oral tablet delayed release 325 mg</i>	1	
<i>aspirin oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin regimen oral tablet delayed release 81 mg</i>	1	PV
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>)	3	
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	OA	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	QL (10 ML per 30 days)
<i>caffeine citrate intravenous solution 60 mg/3ml</i>	OA	
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	1	
CAFFEINE-SODIUM BENZOATE INJECTION SOLUTION 125-125 MG/ML	OA	
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	3	PA
COMBOGESIC INTRAVENOUS SOLUTION 1000-300 MG/100ML (<i>ibuprofen-acetaminophen</i>)	OA	PA
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	3	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	1	PA
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	QL (0.27 ML per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	3	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (<i>celecoxib (migraine)</i>)	3	PA; QL (0.96 ML per 1 day)
EPRONTIA ORAL SOLUTION 25 MG/ML (<i>topiramate</i>)	3	PA
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	2	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>ft aspirin oral tablet 325 mg</i>	1	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	1	
<i>genuine aspirin oral tablet 325 mg</i>	1	
<i>goodsense aspirin adults oral tablet 325 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
goodsense aspirin low dose oral tablet delayed release 81 mg	1	PV
goodsense aspirin oral tablet 325 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	4	SP; QL (30 day supply per 1 fill)
ibuprofen lysine intravenous solution 10 mg/ml	OA	
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (propranolol hcl)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (propranolol hcl sr beads)	3	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (propranolol hcl sr beads)	3	PA
ketoprofen er oral capsule extended release 24 hour 200 mg	1	
ketoprofen oral capsule 25 mg, 50 mg	1	
KIPROFEN ORAL CAPSULE 25 MG (ketoprofen)	3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (ergotamine-caffeine)	3	
MIGRANAL NASAL SOLUTION 4 MG/ML (dihydroergotamine mesylate)	3	QL (0.27 ML per 1 day)
mm aspirin oral tablet delayed release 81 mg	1	PV
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (naproxen sodium)	3	PA
NAPROSYN ORAL SUSPENSION 125 MG/5ML (naproxen)	3	
NAPROSYN ORAL TABLET 500 MG (naproxen)	3	
naproxen dr oral tablet delayed release 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>naproxen oral suspension 125 mg/5ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	PA
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML (<i>ibuprofen lysine</i>)	OA	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	OA	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	3	PV
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (<i>aspirin</i>)	3	PV
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	3	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (<i>dihydroergotamine mesylate hfa</i>)	3	PA; QL (0.43 ML per 1 day)
<i>valproate sodium intravenous solution 100 mg/ml</i>	OA	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	PA
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety & Sleep Disorder		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	3	QL (1 EA per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	3	QL (1 EA per 1 day)
ANESTHESIA S/I-40A INTRAVENOUS KIT 200 MG/20ML	OA	
ANESTHESIA S/I-40H INTRAVENOUS KIT 200 MG/20ML	OA	
ANESTHESIA S/I-40S INTRAVENOUS KIT 200 MG/20ML	OA	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	3	PA
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	3	ST; QL (1 EA per 1 day); AL (Min 65 Years)
<i>dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml</i>	OA	
DEXMEDETOMIDINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MCG/5ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	OA	
<i>dexmedetomidine hcl intravenous solution 200 mcg/2ml</i>	OA	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION 200MCG/50ML -5%, 400MCG/100ML -5%	OA	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML (<i>propofol</i>)	OA	
<i>droperidol injection solution 2.5 mg/ml</i>	OA	
DROPERIDOL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.625 MG/ML	OA	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	3	QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL (1 EA per 1 day)
<i>fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml</i>	OA	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	OA	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (<i>dexmedetomidine hcl</i>)	OA	PA
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	3	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
meprobamate oral tablet 200 mg, 400 mg	1	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (promethazine hcl)	OA	PA
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML (dexmedetomidine hcl in nacl)	OA	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (dexmedetomidine hcl)	OA	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	OA	PA
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	OA	
propofol-lipuro intravenous emulsion 1000 mg/100ml	OA	
ramelteon oral tablet 8 mg	1	QL (1 EA per 1 day)
ROZEREM ORAL TABLET 8 MG (ramelteon)	3	QL (1 EA per 1 day)
tasimelteon oral capsule 20 mg	4	PA; SP; QL (30 day supply per 1 fill)
VISTARIL ORAL CAPSULE 25 MG (hydroxyzine pamoate)	3	
zaleplon oral capsule 10 mg	1	QL (2 EA per 1 day)
zaleplon oral capsule 5 mg	1	QL (1 EA per 1 day)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	QL (1 EA per 1 day)
ZOLPIDEM TARTRATE ORAL CAPSULE 7.5 MG	3	
zolpidem tartrate oral tablet 10 mg, 5 mg	1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	1	QL (1 EA per 1 day)
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML (aripiprazole)	3	PA; 1 dose per fill; QL (2.4 ML per 1 fill)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML (aripiprazole)	3	PA; 1 dose per fill; QL (3.2 ML per 1 fill)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (aripiprazole)	3	PA; 1 dose per fill
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (aripiprazole)	3	PA; 1 dose per fill
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole wl sens-strip-pod)	3	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole wl sens-strip-pod)	3	QL (2 fill per 365 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (aripiprazole)	3	
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (aripiprazole lauroxil)	3	PA; 1 dose per fill
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (aripiprazole lauroxil)	3	PA; 1 dose per fill

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (lumateperone tosylate)	3	PA; QL (1 EA per 1 day); AL (Min 18 Years)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (clozapine)	3	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (iloperidone)	3	ST; QL (2 EA per 1 day); AL (Min 18 Years)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (iloperidone)	3	ST; QL (1 EA per 180 days); AL (Min 18 Years)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (ziprasidone mesylate)	3	PA; QL (30 day supply per 1 fill)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (ziprasidone hcl)	3	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (paliperidone palmitate)	3	PA; 1 dose per fill
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG (paliperidone)	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (paliperidone palmitate)	3	PA; 1 dose per fill
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (paliperidone palmitate)	3	PA; 1 dose per fill

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	3	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine-samidorphan</i>)	3	PA; QL (1 EA per 1 day); AL (Min 18 Years)
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	PA; QL (30 day supply per 1 fill)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	3	PA; 1 dose per fill
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	3	PA; 1 dose per fill
RISPERDAL ORAL SOLUTION 1 MG/ML (<i>risperidone</i>)	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	3	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; 1 dose per fill
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (<i>risperidone</i>)	3	PA; QL (1 EA per 1 fill)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	3	ST; QL (2 EA per 1 day); AL (Min 10 Years)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	3	ST; QL (1 EA per 1 day); AL (Min 18 Years)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	3	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	3	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML (<i>risperidone</i>)	3	PA; QL (0.28 ML per 1 fill)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML (<i>risperidone</i>)	3	PA; QL (0.35 ML per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML (<i>risperidone</i>)	3	PA; QL (0.42 ML per 1 fill)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML (<i>risperidone</i>)	3	PA; QL (0.56 ML per 1 fill)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML (<i>risperidone</i>)	3	PA; QL (0.7 ML per 1 fill)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML (<i>risperidone</i>)	3	PA; QL (0.14 ML per 1 fill)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML (<i>risperidone</i>)	3	PA; QL (0.21 ML per 1 fill)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	3	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	3	PA
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	3	PA
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	1	PA; QL (30 day supply per 1 fill)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	3	PA; QL (30 day supply per 1 fill)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	3	PA; 1 dose per fill
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG (<i>methohexital sodium</i>)	OA	
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	3	
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	OA	
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	1	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>phenobarbital sodium</i>)	OA	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	3	
AMYTAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG (<i>amobarbital sodium</i>)	OA	
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>bac oral tablet 50-325-40 mg</i>	1	
BUPAP ORAL TABLET 50-300 MG (<i>butalbital-acetaminophen</i>)	3	
<i>butalbital-acetaminophen capsule 50-300 mg oral</i>	1	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	3	
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-apap-caffeine)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital-apap-caff-cod)	3	
pentobarbital sodium injection solution 50 mg/ml	OA	
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	OA	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (phenobarbital sodium)	OA	
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
BARBITURATES (GENERAL ANESTHETICS) - Anesthetics		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG (methohexital sodium)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (<i>lorazepam</i>)	OA	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>diazepam injection solution 10 mg/2ml</i>	OA	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
<i>diazepam solution 5 mg/ml injection</i>	OA	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	OA	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	3	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	OA	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (<i>lorazepam</i>)	3	PA
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	ST; QL (10 EA per 30 days); AL (Min 12 Years)
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	3	PA
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	3	PA
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	3	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	3	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML (<i>diazepam</i>)	3	ST; QL (0.34 EA per 1 day); AL (Min 6 Years)
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML (<i>diazepam</i>)	3	ST; QL (0.67 EA per 1 day); AL (Min 6 Years)
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP) - Drugs for Anxiety & Sleep Disorder		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (<i>lorazepam</i>)	OA	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	3	
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED 20 MG (<i>remimazolam besylate</i>)	OA	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet 10 mg, 20 mg	1	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
diazepam injection solution 10 mg/2ml	OA	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
diazepam solution 5 mg/ml injection	OA	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	OA	
DORAL ORAL TABLET 15 MG (quazepam)	3	QL (1 EA per 1 day)
estazolam oral tablet 1 mg, 2 mg	1	QL (1 EA per 1 day)
flurazepam hcl oral capsule 15 mg, 30 mg	1	QL (1 EA per 1 day)
HALCION ORAL TABLET 0.25 MG (triazolam)	3	QL (1 EA per 1 day)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (clonazepam)	3	
LIBRAX ORAL CAPSULE 5-2.5 MG (chlordiazepoxide-clidinium)	3	
lorazepam injection solution 2 mg/ml, 4 mg/ml	OA	
lorazepam intensol oral concentrate 2 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (lorazepam)	3	PA
midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml	1	PA
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml	1	PA
MIDAZOLAM HCL INTRAVENOUS SOLUTION 150 MG/30ML	3	PA
midazolam hcl oral syrup 2 mg/ml	OA	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 100-0.9 MG/100ML-%, 50-0.8 MG/50ML-%, 50-0.9 MG/50ML-%	OA	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2-0.9 MG/2ML-%, 30-0.9 MG/30ML-%, 5-0.9 MG/5ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%	OA	
MIDAZOLAM INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 25 MG/25ML, 30 MG/30ML, 50 MG/50ML	OA	
midazolam-sodium chloride (pf) intravenous solution 100-0.8 mg/100ml-%	OA	
midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous	OA	
MIDAZOLAM-SODIUM CHLORIDE SOLUTION 100-0.9 MG/100ML-% INTRAVENOUS	OA	
midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous	OA	
MIDAZOLAM-SODIUM CHLORIDE SOLUTION 50-0.9 MG/50ML-% INTRAVENOUS	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	3	PA
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	3	PA
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>quazepam oral tablet 15 mg</i>	1	QL (1 EA per 1 day)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	3	QL (1 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	3	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	QL (1 EA per 1 day)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	QL (1 EA per 1 day)
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	3	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (<i>alprazolam</i>)	3	
BUTYROPHENONES - Drugs for Depression & Psychosis		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (<i>haloperidol decanoate</i>)	3	PA; QL (30 day supply per 1 fill)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>haloperidol lactate injection solution 5 mg/ml</i>	OA	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	3	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	3	PA; QL (30 day supply per 1 fill)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	3	PA; QL (30 day supply per 1 fill)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; QL (30 day supply per 1 fill)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; QL (30 day supply per 1 fill)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	2	PA; QL for abortive treatment is 8/30 days. QL for preventive treatment is 16/30 days; QL (0.27 EA per 1 day)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	3	PA; QL (1 EA per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	2	PA; QL (0.54 EA per 1 day)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (<i>eptinezumab-jjmr</i>)	OA	PA
ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	3	PA
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
<i>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</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	3	PA
STALEVO 150 ORAL TABLET 37.5-150-200 MG (<i>carbidopa-levodopa-entacapone</i>)	3	
TASMAR ORAL TABLET 100 MG (<i>tolcapone</i>)	3	
<i>tolcapone oral tablet 100 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
acamprosate calcium oral tablet delayed release 333 mg	1	
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	3	PA
ADUHELM INTRAVENOUS SOLUTION 170 MG/1.7ML, 300 MG/3ML (<i>aducanumab-avwa</i>)	OA	PA
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
EXSERVAN ORAL FILM 50 MG (<i>riluzole</i>)	3	PA; QL (2 EA per 1 day)
flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml	OA	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	1	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	3	
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML (<i>lecanemab-irmb</i>)	OA	PA
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (<i>memantine hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	3	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	3	PA
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	3	PA; QL (1 EA per 1 day); AL (Min 18 Years)
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	3	PA
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (<i>tofersen</i>)	OA	PA
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	3	ST; AL (Min 6 Years)
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML (<i>edaravone</i>)	OA	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RELYVRIO ORAL PACKET 3-1 GM (<i>phenylbutyrate-taurursodiol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RILUTEK ORAL TABLET 50 MG (<i>riluzole</i>)	3	PA; QL (2 EA per 1 day)
<i>riluzole oral tablet 50 mg</i>	1	PA; QL (2 EA per 1 day)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SP; QL (30 day supply per 1 fill)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	3	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	3	PA; QL (20 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VEOZAH ORAL TABLET 45 MG (<i>fezolinetant</i>)	3	PA
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	4	PA; QL (8 ML per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	3	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (<i>celecoxib (migraine)</i>)	3	PA; QL (0.96 ML per 1 day)
SEGLENTIS ORAL TABLET 56-44 MG (<i>celecoxib-tramadol hcl</i>)	3	PA
DOPAMINE PRECURSORS - Drugs for Parkinson		
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>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</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DHIVY ORAL TABLET 25-100 MG (<i>carbidopa-levodopa</i>)	3	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
LODOSYN ORAL TABLET 25 MG (<i>carbidopa</i>)	3	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	3	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (<i>carbidopa-levodopa-entacapone</i>)	3	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
PARLODEL ORAL CAPSULE 5 MG (<i>bromocriptine mesylate</i>)	3	
PARLODEL ORAL TABLET 2.5 MG (<i>bromocriptine mesylate</i>)	3	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	3	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	3	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran hcl)	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (milnacipran hcl)	3	
GENERAL ANESTHETICS, MISCELLANEOUS - Anesthetics		
AMIDATE INTRAVENOUS SOLUTION 2 MG/ML (etomidate)	OA	
ANESTHESIA S/I-40A INTRAVENOUS KIT 200 MG/20ML	OA	
ANESTHESIA S/I-40H INTRAVENOUS KIT 200 MG/20ML	OA	
ANESTHESIA S/I-40S INTRAVENOUS KIT 200 MG/20ML	OA	
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML (propofol)	OA	
etomidate intravenous solution 2 mg/ml	OA	
fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	OA	
KETALAR INJECTION SOLUTION 10 MG/ML, 100 MG/ML, 50 MG/ML (ketamine hcl)	OA	
KETAMINE HCL INJECTION SOLUTION 0.6 MG/ML, 1 MG/ML	OA	
ketamine hcl injection solution 100 mg/ml, 50 mg/ml	OA	
KETAMINE HCL INJECTION SOLUTION PREFILLED SYRINGE 30 MG/3ML, 50 MG/5ML	OA	
KETAMINE HCL INTRAVENOUS SOLUTION 100 MG/100ML	OA	
KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/2ML, 30 MG/3ML, 50 MG/5ML, 50 MG/ML	OA	
ketamine hcl solution 10 mg/ml injection	OA	
KETAMINE HCL SOLUTION 10 MG/ML INJECTION	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KETAMINE HCL-SODIUM CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 20-0.9 MG/2ML-%, 50-0.9 MG/5ML-%	OA	
KETOROLAC-BUPIV-KETAMINE INJECTION SOLUTION PREFILLED SYRINGE 60-150-60 MG/50ML	3	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	OA	
propofol-lipuro intravenous emulsion 1000 mg/100ml	OA	
HYDANTOINS - Drugs for Seizures		
CEREBYX INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML (fosphenytoin sodium)	OA	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (phenytoin)	3	
DILANTIN ORAL CAPSULE 100 MG (phenytoin sodium extended)	3	
DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)	2	
DILANTIN ORAL SUSPENSION 125 MG/5ML (phenytoin)	3	
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	OA	
phenytek oral capsule 200 mg, 300 mg	1	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>phenytoin sodium injection solution 50 mg/ml</i>	OA	
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	3	PA
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	2	
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	2	
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	3	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	3	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	2	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>)	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	3	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
OPIATE AGONISTS - Drugs for Pain		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>tramadol hcl</i>)	3	
DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (<i>meperidine hcl</i>)	OA	
DILAUDID INJECTION SOLUTION 0.2 MG/ML (<i>hydromorphone hcl</i>)	3	
DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML (<i>hydromorphone hcl</i>)	OA	
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	3	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (<i>hydromorphone hcl</i>)	3	
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG (<i>sufentanil citrate</i>)	3	
DURAMORPH INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	OA	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml	OA	
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	
FENTANYL CITRATE BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	
FENTANYL CITRATE INJECTION SOLUTION 1500 MCG/30ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FENTANYL CITRATE INTRAVENOUS SOLUTION 1500 MCG/30ML, 2500 MCG/50ML, 5000 MCG/100ML	OA	
FENTANYL CITRATE INTRAVENOUS SOLUTION 1600 MCG/100ML	OA	PA
FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MCG/10ML, 100 MCG/2ML, 1000 MCG/20ML, 1250 MCG/25ML, 1500 MCG/30ML, 20 MCG/2ML, 250 MCG/5ML, 2750 MCG/55ML, 50 MCG/5ML, 500 MCG/50ML	OA	
<i>fentanyl citrate pf injection solution prefilled syringe 25 mcg/0.5ml, 50 mcg/ml</i>	OA	
<i>fentanyl citrate solution prefilled syringe 100 mcg/2ml injection</i>	OA	
FENTANYL CITRATE SOLUTION PREFILLED SYRINGE 100 MCG/2ML INJECTION	OA	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	OA	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 100-0.9 MCG/10ML-%, 1000-0.9 MCG/50ML-%, 5-0.9 MCG/ML-%, 500-0.9 MCG/50ML-%, 550-0.9 MCG/55ML-%	OA	
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.2-0.9 MG/100ML-%, 0.3-0.2-0.9 MG/150ML-%, 0.4-0.1-0.9 MG/200ML-%, 0.4-0.2-0.9 MG/200ML-%, 0.5-0.2-0.9 MG/250ML-%	OA	
<i>fentanyl transdermal patch 72 hour 100 mcg/1hr, 12 mcg/1hr, 25 mcg/1hr, 37.5 mcg/1hr, 50 mcg/1hr, 62.5 mcg/1hr, 75 mcg/1hr, 87.5 mcg/1hr</i>	1	QL (0.34 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%, 0.8-0.1667-0.9 MG/200ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.1-0.125-0.9 MG/50ML-%	OA	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2-0.125-0.9 MCG/ML-%-%	OA	
FENTANYL-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%	OA	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	3	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	1	
HYDROMORPHONE HCL INJECTION SOLUTION 0.2 MG/ML	3	
<i>hydromorphone hcl injection solution 0.25 mg/0.5ml, 2 mg/ml, 4 mg/ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYDROMORPHONE HCL INTRAVENOUS SOLUTION 0.2 MG/ML	OA	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	OA	
<i>hydromorphone hcl rectal suppository 3 mg</i>	1	
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	OA	
<i>hydromorphone hcl solution 1 mg/ml injection</i>	OA	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION 20-0.9 MG/100ML-%	OA	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE 10-0.9 MG/50ML-%, 30-0.9 MG/30ML-%	OA	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/50ML-%, 100-0.9 MG/50ML-%, 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%	OA	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.2-0.9 MG/0.2ML-%, 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 15-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 5-0.9 MG/25ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	OA	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	3	
INFUMORPH 200 INJECTION SOLUTION 200 MG/20ML (10 MG/ML) (<i>morphine sulfate microinfusion</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INFUMORPH 500 INJECTION SOLUTION 500 MG/20ML (25 MG/ML) (<i>morphine sulfate microinfusion</i>)	OA	
<i>levorphanol tartrate oral tablet 2 mg</i>	1	
<i>levorphanol tartrate oral tablet 3 mg</i>	1	PA
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	OA	
<i>meperidine hcl oral solution 50 mg/5ml</i>	1	
<i>meperidine hcl oral tablet 50 mg</i>	1	
<i>methadone hcl injection solution 10 mg/ml</i>	OA	
<i>methadone hcl intensol oral concentrate 10 mg/ml</i>	1	
<i>methadone hcl oral concentrate 10 mg/ml</i>	1	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	
<i>methadone hcl oral tablet soluble 40 mg</i>	1	
METHADONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	OA	
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	OA	
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	3	
<i>methadose oral tablet soluble 40 mg</i>	1	
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	3	
<i>mitigo injection solution 200 mg/20ml (10 mg/ml), 500 mg/20ml (25 mg/ml)</i>	OA	
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	OA	
<i>morphine sulfate (pf) intravenous solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	OA	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	OA	
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	OA	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	OA	
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>	OA	
<i>morphine sulfate oral solution 10 mg/5ml</i>	1	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/ML-%, 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	OA	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%, 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 30-0.9 MG/30ML-%, 4-0.9 MG/ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%	OA	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	3	
NALOCET ORAL TABLET 2.5-300 MG	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	3	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (<i>tapentadol hcl</i>)	3	
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2ML, 30 MG/30ML (<i>oliceridine fumarate</i>)	OA	
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG	2	QL (2 EA per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	PA
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	2	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	2	QL (2 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	1	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROLATE ORAL SOLUTION 10-300 MG/5ML (oxycodone-acetaminophen)	3	PA
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (oxycodone-acetaminophen)	2	
QDOLO ORAL SOLUTION 5 MG/ML (tramadol hcl)	3	
remifentanil hcl intravenous solution reconstituted 1 mg, 2 mg, 5 mg	OA	
ROXICODONE ORAL TABLET 15 MG, 30 MG (oxycodone hcl)	3	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (oxycodone hcl)	3	PA
SEGLENTIS ORAL TABLET 56-44 MG (celecoxib-tramadol hcl)	3	PA
sufentanil citrate intravenous solution 100 mcg/2ml, 250 mcg/5ml, 50 mcg/ml	OA	
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	
TRAMADOL HCL ORAL SOLUTION 5 MG/ML	3	
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	1	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	3	
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG (remifentanil hcl)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	3	PA; QL (2 EA per 1 day)
OPIATE ANTAGONISTS - Drugs for Overdose or Poisoning		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	PA
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	3	
NALMEFENE HCL INJECTION SOLUTION 1 MG/ML	OA	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	QL (30 day supply per 1 fill)
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	QL (30 day supply per 1 fill)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	QL (30 day supply per 1 fill)
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	3	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	3	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	3	ST; QL (30 day supply per 1 fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	3	ST; QL (30 day supply per 1 fill)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	PA
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	OA	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	3	QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 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, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	PA
OPIATE PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	3	
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML (<i>buprenorphine</i>)	OA	
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML (<i>buprenorphine</i>)	OA	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	OA	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	PA
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	OA	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	QL (10 ML per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	3	
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	OA	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	PA
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 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, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	PA
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	3	PA
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	3	ST; QL (1 EA per 1 day); AL (Min 65 Years)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	3	PA
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Pain		
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	3	
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	3	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML (<i>ibuprofen</i>)	OA	
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	3	PA
COXANTO ORAL CAPSULE 300 MG (<i>oxaprozin</i>)	3	PA
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	3	
DEXAMETH-MOXIFLOX-KETOROLAC INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	OA	
DICLOFENAC PATCH EXTERNAL PATCH 1.3 %	3	PA
<i>diclofenac potassium oral capsule 25 mg</i>	1	PA
<i>diclofenac potassium oral tablet 25 mg, 50 mg</i>	1	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	3	PA
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	3	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
FELDENE ORAL CAPSULE 10 MG, 20 MG (<i>piroxicam</i>)	3	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	3	PA
<i>fenoprofen calcium oral tablet 600 mg</i>	1	
FLECTOR EXTERNAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	3	PA
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>ibuprofen lysine intravenous solution 10 mg/ml</i>	OA	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	PA
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	3	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5ml</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>indomethacin sodium intravenous solution reconstituted 1 mg</i>	OA	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	1	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	1	
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	1	PA; QL (30 day supply per 1 fill)
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	3	PA; QL (30 day supply per 1 fill)
KETOROLAC-BUPIV-KETAMINE INJECTION SOLUTION PREFILLED SYRINGE 60-150-60 MG/50ML	3	
KIPROFEN ORAL CAPSULE 25 MG (<i>ketoprofen</i>)	3	
LICART EXTERNAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	3	PA
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	3	
LOFENA ORAL TABLET 25 MG (<i>diclofenac potassium</i>)	3	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
meloxicam oral capsule 10 mg, 5 mg	1	PA
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	3	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
NALFON ORAL CAPSULE 400 MG (fenoprofen calcium)	3	PA
NALFON ORAL TABLET 600 MG (fenoprofen calcium)	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (naproxen sodium)	3	PA
NAPROSYN ORAL SUSPENSION 125 MG/5ML (naproxen)	3	
NAPROSYN ORAL TABLET 500 MG (naproxen)	3	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral suspension 125 mg/5ml	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	1	PA
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	1	
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML (ibuprofen lysine)	OA	
OXAPROZIN ORAL CAPSULE 300 MG	3	PA
oxaprozin oral tablet 600 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
RELAFEN DS ORAL TABLET 1000 MG (nabumetone)	3	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (ketorolac tromethamine)	3	PA; QL (30 day supply per 1 fill)

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<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	1	QL (0.3 EA per 1 day)
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	3	QL (0.3 EA per 1 day)
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	3	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	3	PA
ZYNRELEF INJECTION SOLUTION 200-6 MG/7ML, 400-12 MG/14ML (<i>bupivacaine-meloxicam</i>)	OA	PA
PHENOTHIAZINES - Drugs for Depression & Psychosis		
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	OA	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>compro rectal suppository 25 mg</i>	1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	OA	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	OA	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	OA	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (methylphenidate hcl)	3	ST; AL (Min 6 Years)
ascomp-codeine oral capsule 50-325-40-30 mg	1	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (serdexmethylphen-dexmethylphen)	3	ST; AL (Min 6 Years)
bac oral tablet 50-325-40 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
caffeine citrate intravenous solution 60 mg/3ml	OA	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
CAFFEINE-SODIUM BENZOATE INJECTION SOLUTION 125-125 MG/ML	OA	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (methylphenidate hcl)	3	ST; AL (Min 6 Years)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (methylphenidate)	3	ST; AL (Min 6 Years)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (methylphenidate)	3	ST; AL (Min 6 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	AL (Min 6 Years)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML (doxapram hcl)	OA	
elixophyllin oral elixir 80 mg/15ml	1	
ergotamine-caffeine oral tablet 1-100 mg	1	
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	3	
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (butalbital-apap-caffeine)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (butalbital-apap-caff-cod)	3	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (dexmethylphenidate hcl)	3	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (dexmethylphenidate hcl)	3	ST; AL (Min 6 Years)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (methylphenidate hcl)	3	ST; AL (Min 6 Years)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (methylphenidate hcl)	3	
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	AL (Min 6 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg</i>	1	AL (Min 6 Years)
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	ST; AL (Min 6 Years)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	1	AL (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	1	AL (Min 6 Years)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	PA
NORGESIC ORAL TABLET 25-385-30 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	PA
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	PA
PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40-1 MG/ML-%	OA	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	3	ST; AL (Min 6 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	3	ST; AL (Min 6 Years)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG (<i>methylphenidate hcl</i>)	3	ST; AL (Min 6 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	3	ST; AL (Min 6 Years)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (<i>methylphenidate hcl</i>)	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	
SALICYLATES - Drugs for Pain		
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin childrens oral tablet chewable 81 mg</i>	1	PV
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin low dose oral tablet chewable 81 mg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin oral tablet 325 mg</i>	1	
<i>aspirin oral tablet chewable 81 mg</i>	1	PV
<i>aspirin oral tablet delayed release 325 mg</i>	1	
<i>aspirin oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin regimen oral tablet delayed release 81 mg</i>	1	PV
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>)	3	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>ft aspirin oral tablet 325 mg</i>	1	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	1	
<i>genuine aspirin oral tablet 325 mg</i>	1	
<i>goodsense aspirin adults oral tablet 325 mg</i>	1	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	1	PV
<i>goodsense aspirin oral tablet 325 mg</i>	1	
<i>mm aspirin oral tablet delayed release 81 mg</i>	1	PV
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	PA
NORGESIC ORAL TABLET 25-385-30 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	PA
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
salsalate oral tablet 750 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (aspirin)	3	PV
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (aspirin)	3	PV
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (duloxetine hcl)	3	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	3	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	1	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (venlafaxine hcl)	3	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (levomilnacipran hcl)	3	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (levomilnacipran hcl)	3	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (desvenlafaxine succinate)	3	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (milnacipran hcl)	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (milnacipran hcl)	3	
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 112.5 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	1	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1	QL (0.4 EA per 1 day)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	1	QL (0.4 EA per 1 day)
FROVA ORAL TABLET 2.5 MG (frovatriptan succinate)	3	QL (0.6 EA per 1 day)
frovatriptan succinate oral tablet 2.5 mg	1	QL (0.6 EA per 1 day)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (sumatriptan succinate)	3	QL (0.3 EA per 1 day)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (sumatriptan succinate)	3	QL (30 day supply per 1 fill)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (sumatriptan succinate)	3	QL (0.17 ML per 1 day)
MAXALT ORAL TABLET 10 MG (rizatriptan benzoate)	3	QL (0.6 EA per 1 day)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (rizatriptan benzoate)	3	QL (0.6 EA per 1 day)
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	QL (0.3 EA per 1 day)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (sumatriptan succinate)	3	PA
RELPAK ORAL TABLET 20 MG, 40 MG (eletriptan hydrobromide)	3	QL (0.4 EA per 1 day)
REYVOW ORAL TABLET 100 MG, 50 MG (lasmiditan succinate)	3	PA; QL (0.14 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	QL (0.6 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	QL (0.6 EA per 1 day)
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	1	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (0.3 EA per 1 day)
<i>sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (30 day supply per 1 fill)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (30 day supply per 1 fill)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (0.17 ML per 1 day)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	1	QL (0.3 EA per 1 day)
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	3	QL (12 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	3	QL (0.3 EA per 1 day)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	4	SP; QL (0.27 ML per 1 day)
<i>zolmitriptan nasal solution 5 mg</i>	1	QL (0.4 EA per 1 day)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (0.4 EA per 1 day)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>	1	QL (0.4 EA per 1 day)
<i>zolmitriptan oral tablet dispersible 5 mg</i>	1	QL (0.3 EA per 1 day)
ZOMIG NASAL SOLUTION 2.5 MG (<i>zolmitriptan</i>)	2	QL (0.4 EA per 1 day)
ZOMIG NASAL SOLUTION 5 MG (<i>zolmitriptan</i>)	3	QL (0.4 EA per 1 day)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>citalopram hydrobromide</i>)	3	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE 30 MG	3	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	1	PA
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	1	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	3	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	3	
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	3	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	3	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>fluoxetine hcl</i>)	3	
SERTRALINE HCL ORAL CAPSULE 150 MG, 200 MG	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	3	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (<i>sertraline hcl</i>)	3	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sertraline hcl</i>)	3	
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	3	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	3	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	
SUCCINIMIDES - Drugs for Seizures		
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	3	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	
<i>methsuximide oral capsule 300 mg</i>	1	
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	3	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	3	
THIOXANTHENES - Drugs for Depression & Psychosis		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	3	
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	3	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	3	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG (<i>deutetrabenazine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG (<i>deutetrabenazine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (<i>armodafinil</i>)	3	
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	3	
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	2	PA
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DENTAL AGENTS - Oral Care		
DENTAL AGENTS - Oral Care		
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	3	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	3	
MI PASTE DENTAL PASTE (<i>dentifrices</i>)	3	
MI PASTE PLUS DENTAL PASTE (<i>dentifrices</i>)	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
REMESENSE DENTAL 3 % (<i>dental desensitizing product</i>)	3	
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA IN VITRO SOLUTION (<i>blood glucose calibration</i>)	3	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AEROCHAMBER HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER MINI CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER MV (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLOW VU (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER W/FLOWSIGNAL (<i>spacer/aero-holding chambers</i>)	2	
AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION (<i>blood glucose calibration</i>)	3	
AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION (<i>blood glucose calibration</i>)	3	
ALCOHOL PREP PADS PAD , 70 %	3	
ALCOHOL PREP PADS SHEET 70 %	3	
AMD FOAM DRESSING PAD 3-1/2"X3" , 6"X6" (<i>gauze pads & dressings</i>)	3	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	2	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	2	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	2	
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	2	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	2	
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (<i>insulin syringeneedle u-500</i>)	2	
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	
BIOFREQUENCY INSOLES (<i>foot care products</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BLULINK CONTROL HIGH & LOW IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
BREATHE EASE LARGE DEVICE	2	
BREATHE EASE MEDIUM DEVICE	2	
BREATHE EASE SMALL DEVICE	2	
BREATHERITE VALVED MDI CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION (<i>blood glucose calibration</i>)	3	
CARESENS LANCETS 30G (<i>lancets</i>)	2	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
CEFALY KIT DEVICE (<i>nerve stimulator</i>)	OA	
CEQUR SIMPLICITY 2U DEVICE (<i>injection device for insulin</i>)	3	QL (30 day supply per 1 fill)
CEQUR SIMPLICITY INSERTER (<i>injection device for insulin</i>)	OA	
CHEMSTRIP BG LOG BOOK (<i>blood glucose monitoring suppl</i>)	3	
CLEVER CHOICE COMFORT EZ (<i>lancets</i>)	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
CLEVER CHOICE TENS UNIT DEVICE (<i>nerve stimulator</i>)	OA	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	2	
COMPACT SPACE CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
COMPACT SPACE CHAMBER/LG MASK DEVICE (<i>spacer/aero-holding chambers</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMPACT SPACE CHAMBER/MED MASK DEVICE (<i>spacer/aero-holding chambers</i>)	2	
COMPACT SPACE CHAMBER/SM MASK DEVICE (<i>spacer/aero-holding chambers</i>)	2	
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL (<i>blood glucose calibration</i>)	3	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (<i>blood glucose calibration</i>)	3	
CURITY AMD ANTIMICROBIAL STRIP (<i>gauze pads & dressings</i>)	3	
CURITY IODOFORM PACKING STRIP (<i>gauze pads & dressings</i>)	3	
DIASCREEN 10 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 1B (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 1G STRIP (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 1K (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 1K STRIP (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 2GK STRIP (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 2GP (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 3 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 4NL (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 4OBL (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 4PH (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 5 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 6 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 7 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 8 (<i>urine glucose monitoring suppl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIASCREEN 9 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN LIQUID URINE CONTROL	3	
DIATHRIVE GLUCOSE CONTROL SOLN IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
DROPLET MICRON 34G X 3.5 MM (<i>insulin pen needle</i>)	2	
DROPSAFE ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	3	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
EASIVENT (<i>spacer/aero-holding chambers</i>)	2	
EASY TALK PLUS II CONTROL IN VITRO SOLUTION HIGH , LOW	3	
EASY TRAK II CONTROL IN VITRO LIQUID NORMAL	3	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
EASYMAX CONTROL IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	3	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
ELECTRODES 25MM	OA	
ELECTRODES 50X100MM	OA	
ELECTRODES 50X50MM	OA	
ELECTRODES 50X90MM	OA	
ELECTRODES BUTTERFLY 105X155MM	OA	
ELECTRODES FACE 30X50MM	OA	
ELECTRODES JOINT 150MM	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION HIGH , LOW (<i>blood glucose calibration</i>)	3	
EMJOI TENS DEVICE (<i>nerve stimulator</i>)	OA	
FLEXICHAMBER ADULT MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER CHILD MASK/LARGE (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER CHILD MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
FORTISCARE CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (<i>blood glucose calibration</i>)	3	
GAMMACORE DEVICE (<i>nerve stimulator</i>)	OA	
GAMMACORE SAPPHIRE 31-DAY DEVICE (<i>nerve stimulator</i>)	OA	
GAMMACORE SAPPHIRE D DEVICE (<i>nerve stimulator</i>)	OA	
GAMMACORE SAPPHIRE REFILL KIT (<i>nerve stimulator</i>)	OA	
GOJJI CONTROL IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	3	
HUMATROPEN FOR 12MG DEVICE (<i>injection device</i>)	3	QL (30 day supply per 1 fill)
HUMATROPEN FOR 24MG DEVICE (<i>injection device</i>)	3	QL (30 day supply per 1 fill)
HUMATROPEN FOR 6MG DEVICE (<i>injection device</i>)	3	QL (30 day supply per 1 fill)
IGLOVE	OA	
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
INSPIREASE RESERVOIR BAGS (<i>spacer/aero-hold chamber bags</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 5MM , 29G X 8MM , 30G X 6 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 6 MM , 33G X 4 MM (<i>insulin pen needle</i>)	2	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 8 MM , 33G X 5 MM , 33G X 6 MM	2	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	
INSULIN SYRINGES 27G X 5/8" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	2	
ISOCK	OA	
KERLIX AMD ANTIMICROBIAL (<i>gauze pads & dressings</i>)	3	
KERLIX AMD SUPER SPONGES PAD 6"X6-3/4" (<i>gauze pads & dressings</i>)	3	
KNEESTIM	OA	
LANCETS (<i>lancets</i>)	2	
LANCETS (<i>lancets misc.</i>)	3	
MICROCHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
MONARCH ETNS SYSTEM DEVICE	OA	
NERIVIO DEVICE (<i>nerve stimulator</i>)	OA	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM (<i>insulin pen needle</i>)	2	
NOVOFINE PEN NEEDLE 32G X 6 MM (<i>insulin pen needle</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	
NOVOPEN ECHO DEVICE (<i>injection device for insulin</i>)	3	QL (30 day supply per 1 fill)
NOZIN NASAL SANITIZER POPSWAB NASAL SWAB (<i>alcohol</i>)	3	
NS-2 ELECTRIC PATCH POUCH	OA	
OMNIPOD 5 G6 INTRO (GEN 5) KIT (<i>insulin disposable pump</i>)	3	PA
OMNIPOD 5 G6 PODS (GEN 5) (<i>insulin disposable pump</i>)	3	PA; QL (0.5 EA per 1 day)
OMNIPOD 5 G7 INTRO (GEN 5) KIT (<i>insulin disposable pump</i>)	3	PA
OMNIPOD 5 G7 PODS (GEN 5) (<i>insulin disposable pump</i>)	3	PA; QL (0.5 EA per 1 day)
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	3	PA
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	3	PA
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	3	PA; QL (0.5 EA per 1 day)
ONETOUCH DELICA SAFETY LANCING (<i>lancets</i>)	2	
ONETOUCH ULTRA IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
ONETOUCH VERIO IN VITRO LIQUID HIGH (<i>blood glucose calibration</i>)	3	
OPTICHAMBER DIAMOND (<i>spacer/aero-holding chambers</i>)	2	
OPTICHAMBER DIAMOND-LG MASK DEVICE (<i>spacer/aero-holding chambers</i>)	2	
OPTICHAMBER DIAMOND-MD MASK (<i>spacer/aero-holding chambers</i>)	2	
OPTICHAMBER DIAMOND-SM MASK (<i>spacer/aero-holding chambers</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PAIN AIDE DEVICE	OA	
PAIN RELIEF WITH TENS S2000 DEVICE	OA	
PANDA MASK LARGE (<i>spacer/aero-hold chamber mask</i>)	2	
PANDA MASK MEDIUM (<i>spacer/aero-hold chamber mask</i>)	2	
PANDA MASK SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
PARI VORTEX ADULT MASK (<i>spacer/aero-hold chamber mask</i>)	2	
PEDIATRIC PANDA MASK (<i>spacer/aero-hold chamber mask</i>)	2	
PERFECT EMS DEVICE	OA	
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM	2	
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	2	
POCKET SPACER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
PONS MOUTHPIECE (<i>nerve stimulator</i>)	OA	
PONS SYSTEM DEVICE (<i>nerve stimulator</i>)	OA	
PRO COMFORT TENS UNIT DEVICE	OA	
PROCARE TENS & EMS DEVICE	OA	
PROLIXUS	OA	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	2	
S.T. GENESIS NERVE STIMULATOR DEVICE (<i>nerve stimulator</i>)	OA	
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPABUDDY SPORT ELITE DEVICE	OA	
SPORTS TENS 2 DEVICE	OA	
SUSVIMO OCULAR IMPLANT INTRAVITREAL IMPLANT (<i>ocular implant</i>)	OA	PA
TECHLITE LANCETS 26G (<i>lancets</i>)	2	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM (<i>insulin pen needle</i>)	2	
TELFA AMD ISLAND DRESSING PAD 4"X8" (<i>gauze pads & dressings</i>)	3	
TENS WIRED PAIN MANAGEMENT DEVICE	OA	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	3	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	3	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH (<i>blood glucose calibration</i>)	3	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
UNISTRIP CONTROL IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	3	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
VERIFINE SAFE LANCET MINI 21G (<i>lancets</i>)	2	
VERIFINE SAFE LANCET MINI 23G (<i>lancets</i>)	2	
VERIFINE SAFE LANCET MINI 28G (<i>lancets</i>)	2	
VERIFINE SAFE LANCET MINI 30G (<i>lancets</i>)	2	
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	3	
VIVAGUARD LANCETS 30G (<i>lancets</i>)	2	
VORTEX VALVED HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
XEROFORM OIL EMULSION STRIP EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM OIL ROLL 4"X9' EXTERNAL 3 % (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
ZEWA DIGITAL TENS UNIT DEVICE (<i>nerve stimulator</i>)	OA	
ZEWA TENS/EMS COMBO UNIT DEVICE (<i>nerve stimulator</i>)	OA	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	OA	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (<i>cosyntropin</i>)	OA	
<i>cosyntropin injection solution reconstituted 0.25 mg</i>	OA	
ALLERGENIC EXTRACTS (DIAGNOSTIC)		
ALDER SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN BEECH POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN BEECH SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN ELM SUBCUTANEOUS SOLUTION 1:20	OA	
BAHIA SUBCUTANEOUS SOLUTION 1:20	OA	
BERMUDA GRASS INJECTION SOLUTION 10000 BAU/ML	OA	
BERMUDA GRASS SUBCUTANEOUS SOLUTION 10000 BAU/ML	OA	
BROME SUBCUTANEOUS SOLUTION 1:20	OA	
CAT HAIR EXTRACT INJECTION SOLUTION 10000 BAU/ML, 5000 BAU/ML	OA	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION 10000 BAU/ML	OA	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	OA	
CEDAR ELM SUBCUTANEOUS SOLUTION 1:20	OA	
CLADOSPORIUM CLADOSPORIODES INTRADERMAL SOLUTION 1:20	OA	
COCKLEBUR SUBCUTANEOUS SOLUTION 1:20	OA	
CORN POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	OA	
DOG FENNEL SUBCUTANEOUS SOLUTION 1:20	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DUST MITE MIXED ALLERGEN EXT INJECTION SOLUTION 10000 AU/ML, 30000 AU/ML	OA	PA
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	PA
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION 1:20	OA	
GOLDENROD SUBCUTANEOUS SOLUTION 1:20	OA	
GRASS POLLEN MIXTURE OF 6 INJECTION SOLUTION 100000 BAU/ML	OA	
GRASS POLLEN(K-O-R-T-SWT VERN) INJECTION SOLUTION 100000 BAU/ML	OA	
HACKBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG (<i>honey bee venom</i>)	OA	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	OA	
JOHNSON GRASS SUBCUTANEOUS SOLUTION 1:20	OA	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
KOCHIA SUBCUTANEOUS SOLUTION 1:20	OA	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
MELALEUCA SUBCUTANEOUS SOLUTION 1:20	OA	
MESQUITE SUBCUTANEOUS SOLUTION 1:20	OA	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	
MIXED FEATHERS SUBCUTANEOUS SOLUTION 1:20	OA	
MIXED RAGWEED SUBCUTANEOUS SOLUTION 1:20	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550-550-550 MCG	OA	
MUGWORT SUBCUTANEOUS SOLUTION 1:20	OA	
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
PERENNIAL RYE GRASS POLLEN INJECTION SOLUTION 100000 BAU/ML	OA	
PRIVET SUBCUTANEOUS SOLUTION 1:20	OA	
QUEEN PALM SUBCUTANEOUS SOLUTION 1:20	OA	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
RED MULBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION 1:20	OA	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION 1:20	OA	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION 1:20	OA	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION 1:20	OA	
SHORT-GIANT RAGWEED (DIAGNOST) INJECTION SOLUTION 1:20	3	
SPINY PIGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
TALL RAGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
TIMOTHY GRASS POLLEN ALLERGEN INJECTION SOLUTION 10000 BAU/ML, 100000 BAU/ML	OA	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED 550-550-550 MCG (<i>mixed vespid venom</i>)	OA	
WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE MULBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE OAK SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE PINE SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED 550 MCG (<i>white faced hornet venom</i>)	OA	
YELLOW HORNET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
YELLOW JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
CARDIAC FUNCTION		
<i>adenosine (diagnostic) intravenous solution 3 mg/ml</i>	OA	
<i>adenosine intravenous solution 3 mg/ml</i>	OA	
CARDIOGEN-82 INTRAVENOUS SOLUTION RECONSTITUTED (<i>rubidium rb 82 chloride</i>)	OA	
<i>dipyridamole intravenous solution 5 mg/ml</i>	OA	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>indocyanine green intravenous solution reconstituted 25 mg</i>	OA	
LEXISCAN INTRAVENOUS SOLUTION 0.4 MG/5ML (<i>regadenoson</i>)	OA	
<i>regadenoson intravenous solution 0.4 mg/5ml</i>	OA	
DIABETES MELLITUS		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	3	PA
ACCU-CHEK SMARTVIEW TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	PA
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	3	PA
BLOOD GLUCOSE TEST IN VITRO STRIP	3	PA
BLOOD GLUCOSE TEST STRIPS 333 IN VITRO STRIP	3	PA
BLULINK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
EASY TALK PLUS II TEST STRIPS IN VITRO STRIP	3	PA
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	PA
EASY TRAK II GLUCOSE TEST IN VITRO STRIP	3	PA
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	PA
FORA 6 CONNECT IN VITRO STRIP (<i>glucose blood</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
FORA TN'G ADVANCE PRO IN VITRO STRIP (<i>glucose blood</i>)	3	PA
FORTISCARE G1 TEST STRIP IN VITRO STRIP (<i>glucose blood</i>)	3	PA
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	2	
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	2	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	2	
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	2	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	3	PA
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
LANCETS IN VITRO STRIP (<i>glucose blood</i>)	3	PA
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
MM BLULINK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
ONE DROP TEST IN VITRO STRIP	3	PA
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	2	
ONETOUCH ULTRA TEST IN VITRO STRIP (<i>glucose blood</i>)	2	
ONETOUCH VERIO STRIP IN VITRO (<i>glucose blood</i>)	2	
ONETOUCH VERIO STRIP IN VITRO (<i>glucose blood</i>)	3	PA
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (<i>glucose blood</i>)	3	PA
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (<i>glucose blood</i>)	3	PA
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	2	
PTS PANELS EGLU TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
RELION PREMIER TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	PA
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	PA
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	PA
DIAGNOSTIC AGENTS		
ADVIN COVID-19 ANTIGEN TEST IN VITRO KIT	1	^; QL (8 EA per 1 day)
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
CARESTART COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
CLEARDETECT COVID-19 AG HOME IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
CLINITEST RAPID COVID-19 TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
COVID-19 AT HOME ANTIGEN TEST IN VITRO KIT	1	^; QL (8 EA per 1 day)
COVID-19 AT-HOME TEST IN VITRO KIT	1	^; QL (8 EA per 1 day)
COVID-19 OTC ANTIGEN 1-PACK IN VITRO KIT	1	^; QL (8 EA per 1 day)
COVID-19 OTC ANTIGEN 2-PACK IN VITRO KIT	1	^; QL (8 EA per 1 day)
CYSVIEW INTRAVESICAL SOLUTION RECONSTITUTED 100 MG (<i>hexaminolevulinate hcl</i>)	OA	
DIATRUST COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
ELLUME COVID-19 HOME TEST IN VITRO KIT	1	^; QL (8 EA per 1 day)
FASTEP COVID-19 ANTIGEN TEST IN VITRO KIT	1	^; QL (8 EA per 1 day)
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
FLUDEOXYGLUCOSE F 18 INTRAVENOUS SOLUTION 20-200 MCI/ML	OA	
GENABIO COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GOTOKNOW COVID-19 ANTIGEN RAPI IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
IHEALTH COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
INDICAID COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
<i>isosulfan blue subcutaneous solution 1 %</i>	OA	
LYMPHOSEEK INJECTION KIT (<i>technetium tc 99m tilmanocept</i>)	OA	
METHACHOLINE CHLORIDE INHALATION KIT	OA	
NEUROLITE INTRAVENOUS KIT (<i>technetium tc 99m bicisate</i>)	OA	
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
PILOT COVID-19 AT-HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
PROVOCHOLINE INHALATION KIT (<i>methacholine chloride</i>)	OA	
PTS PANELS CHOL+GLU TEST IN VITRO STRIP (<i>cholesterol and glucose test</i>)	3	PA
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT (<i>covid-19 at home test</i>)	1	^; QL (8 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DRUG HYPERSENSITIVITY		
PRE-PEN INTRADERMAL SOLUTION 0.25 ML <i>(benzylpenicilloyl polylysine)</i>	OA	
GALLBLADDER FUNCTION		
KINEVAC INJECTION SOLUTION RECONSTITUTED 5 MCG <i>(sincalide)</i>	OA	
SINCALIDE INJECTION SOLUTION RECONSTITUTED 5 MCG	OA	
KIDNEY FUNCTION		
BLUDIGO INTRAVENOUS SOLUTION 8 MG/ML <i>(indigotindisulfonate sodium)</i>	OA	
LIVER FUNCTION		
CYTALUX INTRAVENOUS SOLUTION 3.2 MG/1.6ML <i>(pafolacianine sodium)</i>	OA	
<i>indocyanine green intravenous solution reconstituted 25 mg</i>	OA	
MYASTHENIA GRAVIS		
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML <i>(neostigmine methylsulfate)</i>	OA	
<i>neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml</i>	OA	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	OA	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 4 MG/4ML, 5 MG/5ML	OA	
<i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS	OA	
OCULAR DISORDERS		
<i>ak-fluor intravenous solution 10 %, 25 %</i>	OA	
<i>fluorescein intravenous solution 10 %</i>	OA	
FLUORESCITE INTRAVENOUS SOLUTION 10 % (<i>fluorescein sodium</i>)	OA	
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.025 % (<i>brilliant blue g</i>)	OA	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.06 % (<i>trypan blue</i>)	OA	
PANCREATIC FUNCTION		
CHIRHOSTIM INTRAVENOUS SOLUTION RECONSTITUTED 16 MCG (<i>secretin acetate (human)</i>)	OA	
SECFLO INTRAVENOUS SOLUTION RECONSTITUTED 16 MCG (<i>secretin acetate</i>)	OA	
PHEOCHROMOCYTOMA		
DEMSEER ORAL CAPSULE 250 MG (<i>metirosine</i>)	3	
HISTATROL INJECTION SOLUTION 2.75 MG/ML (<i>histamine phosphate</i>)	OA	
HISTATROL INTRADERMAL SOLUTION 0.275 MG/ML (<i>histamine phosphate</i>)	OA	
<i>metirosine oral capsule 250 mg</i>	1	
PITUITARY FUNCTION		
R-GENE 10 INTRAVENOUS SOLUTION 10 % (<i>arginine hcl (diagnostic)</i>)	OA	
ROENTGENOGRAPHY AND OTHER IMAGING AGENTS		
CYTALUX INTRAVENOUS SOLUTION 3.2 MG/1.6ML (<i>pafolacianine sodium</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELUCIREM INTRAVENOUS SOLUTION 0.5 MMOL/ML (<i>gadopiclenol</i>)	OA	
FLUORODOPA F 18 INTRAVENOUS SOLUTION 37-1480 MBQ/ML	OA	
GDAVIST INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MMOL/10ML, 15 MMOL/15ML, 7.5 MMOL/7.5ML (<i>gadobutrol</i>)	OA	
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM (<i>aminolevulinic acid hcl</i>)	OA	
POSLUMA INTRAVENOUS SOLUTION 296-5846 MBQ/ML (<i>flotufolastat f 18 gallium</i>)	OA	
SODIUM FLUORIDE F 18 INTRAVENOUS SOLUTION 10-200 MCI/ML	OA	
TAUVID INTRAVENOUS SOLUTION 300-3700 MBQ/ML (<i>flortaucipir f 18</i>)	OA	
VUEWAY INTRAVENOUS SOLUTION 0.5 MMOL/ML (<i>gadopiclenol</i>)	OA	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
<i>formaldehyde external solution 10 %, 37 %</i>	1	
<i>glutaraldehyde external solution 25 %</i>	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>pot & sod ac phosphates</i>)	3	
ALKALINIZING AGENTS		
<i>cytra k crystals oral packet 3300-1002 mg</i>	1	

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LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE 1-8.4 %	OA	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	1	
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml	1	
sodium acetate intravenous solution 2 meq/ml, 4 meq/ml	OA	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	OA	
sodium bicarbonate solution 8.4 % intravenous	OA	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	OA	
THAM INTRAVENOUS SOLUTION 30 MEQ/100ML (tromethamine)	OA	
tricitrates oral solution 550-500-334 mg/5ml	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (potassium citrate)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (potassium citrate)	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (potassium citrate)	3	
AMMONIA DETOXICANTS		
AMMONUL INTRAVENOUS SOLUTION 10-10 % (sod benz-sod phenylacet)	OA	
BUPHENYL ORAL POWDER 3 GM/TSP (sodium phenylbutyrate)	4	PA; SP; QL (30 day supply per 1 fill)
BUPHENYL ORAL TABLET 500 MG (sodium phenylbutyrate)	4	PA; SP; QL (30 day supply per 1 fill)
CARBAGLU ORAL TABLET SOLUBLE 200 MG (carglumic acid)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>carglumic acid oral tablet soluble 200 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (<i>lactulose</i>)	2	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
<i>lactulose oral packet 10 gm</i>	1	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	1	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	3	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM (<i>sodium phenylbutyrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM (<i>sodium phenylbutyrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (<i>sodium phenylbutyrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (<i>sodium phenylbutyrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (<i>sodium phenylbutyrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (<i>sodium phenylbutyrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PHEBURANE ORAL PELLETT 483 MG/GM (<i>sodium phenylbutyrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>sod benz-sod phenylacet intravenous solution 10-10 %</i>	OA	
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	4	SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
CALORIC AGENTS - Drugs for Nutrition		
AMINO ACID INTRAVENOUS SOLUTION 5 %	OA	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	OA	
<i>aminoamrms oral capsule</i>	1	
AMINOPMRMS ORAL CAPSULE (<i>nutritional supplements</i>)	3	
AMINOPROTECT INTRAVENOUS SOLUTION 5 % (<i>amino acid infusion</i>)	OA	
<i>aminoreliefrms oral capsule</i>	1	
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 % (<i>amino acid infusion</i>)	OA	
AMINOSYN-PF 7% INTRAVENOUS SOLUTION 7 % (<i>amino acid infusion</i>)	OA	
AMINOSYN-PF INTRAVENOUS SOLUTION 10 % (<i>amino acid infusion</i>)	OA	
AMIODARONE HCL IN DEXTROSE INTRAVENOUS SOLUTION 450-5 MG/250ML-%, 900-5 MG/500ML-%	OA	
APP SLIM RMS ORAL CAPSULE (<i>nutritional supp - diet aids</i>)	3	
ARGININE HCL INJECTION SOLUTION 6 GM/30ML	3	
<i>asilnasalrms oral capsule</i>	1	
<i>bupivacaine in dextrose intrathecal solution 0.75-8.25 %</i>	OA	
<i>bupivacaine spinal intrathecal solution 0.75-8.25 %</i>	OA	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i>	OA	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	OA	
cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	OA	
ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml	OA	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	OA	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	OA	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 % (amino ac elect-calc in d5w)	OA	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % (amino ac elect-calc in d10w)	OA	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % (amino ac elect-calc in d5w)	OA	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % (amino ac elect-calc in d15w)	OA	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % (amino ac elect-calc in d20w)	OA	
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	OA	
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	OA	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % (amino acid infusion in d10w)	OA	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % (amino acid infusion in d5w)	OA	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % (amino acid infusion in d15w)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % <i>(amino acid infusion in d20w)</i>	OA	
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	OA	
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	OA	
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	OA	
CLINISOL SF INTRAVENOUS SOLUTION 15 % <i>(amino acid infusion)</i>	OA	
CLINOLIPID INTRAVENOUS EMULSION 20 % <i>(fat emuls plant base(soy/oliv))</i>	OA	
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	OA	
<i>dextrose in lactated ringers intravenous solution 5 %</i>	OA	
<i>dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %</i>	OA	
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	OA	
<i>dextrose solution 250 mg/ml intravenous</i>	OA	
DEXTROSE SOLUTION 50 % INTRAVENOUS	OA	
<i>dextrose solution 50 % intravenous</i>	OA	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	OA	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	
DOJOLVI ORAL LIQUID 100 % <i>(triheptanoin)</i>	3	PA
ELCYS INTRAVENOUS SOLUTION 50 MG/ML <i>(cysteine hcl)</i>	OA	
ELLIOTTS B INTRATHECAL SOLUTION <i>(intrathecal elec-dextrose)</i>	OA	
ENU PRO3 PLUS ORAL POWDER <i>(nutritional supplements)</i>	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	
EQUACARE JR ORAL POWDER	3	
ESSENTIAL CARE JR ORAL POWDER (<i>nutritional supplements</i>)	3	
FOLITE ORAL TABLET	3	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML, 6 GM/30ML	3	
GLUTATHIONE INTRAVENOUS SOLUTION 6 GM/30ML	OA	
GLYCINE INJECTION SOLUTION 50 MG/ML	3	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	OA	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % (<i>fat emulsion plant based (soy)</i>)	OA	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-mb in dextrose</i>)	OA	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-p in dextrose</i>)	OA	
KABIVEN INTRAVENOUS EMULSION 3.3-9.8-3.9-0.7 % (<i>amino ac-dext-lipid-electrolyt</i>)	OA	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	OA	
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LABETALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	OA	
LABETALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	OA	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	OA	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	OA	
LMD IN D5W INTRAVENOUS SOLUTION 10-5 % (dextran 40 in d5w)	OA	
LYSINE HCL INJECTION SOLUTION 100 MG/ML	3	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	OA	
MARCAINE SPINAL INTRATHECAL SOLUTION 0.75-8.25 % (bupivacaine in dextrose)	OA	
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%	OA	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/100ML	OA	
NEOKE ALCAR ORAL POWDER (acetylcarnitine)	3	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% (amiodarone hcl in dextrose)	OA	
nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%	OA	
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 16-5 MG/250ML-%, 4-5 MG/250ML-%, 8-5 MG/250ML-%, 8-5 MG/500ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-m in dextrose</i>)	OA	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-r in dextrose</i>)	OA	
NUTRILIPID INTRAVENOUS EMULSION 20 % (<i>fat emulsion plant based (soy)</i>)	OA	
OMEGAVEN INTRAVENOUS EMULSION 10 GM/100ML, 5 GM/50ML (<i>fish oil triglyceride based</i>)	OA	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML	OA	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 20000 UNIT/ML, 40000 UNIT/ML, 60000 UNIT/ML	OA	
PERIKABIVEN INTRAVENOUS EMULSION 2.4-6.8-3.5-0.5 % (<i>amino ac-dext-lipid-electrolyt</i>)	OA	
PLENAMINE INTRAVENOUS SOLUTION 15 % (<i>amino acid infusion</i>)	OA	
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	OA	
PREMASOL INTRAVENOUS SOLUTION 10 % (<i>amino acid infusion</i>)	OA	
PROSOL INTRAVENOUS SOLUTION 20 % (<i>amino acid infusion</i>)	OA	
SMOFLIPID INTRAVENOUS EMULSION 20 % (<i>fat emul fish oil/plant based</i>)	OA	
TAURINE INJECTION SOLUTION 50 MG/ML	3	
TAZICEF INTRAVENOUS SOLUTION 1 GM/50ML (<i>ceftazidime sodium in dextrose</i>)	OA	
TRAVASOL INTRAVENOUS SOLUTION 10 % (<i>amino acid infusion</i>)	OA	
TRI-AMINO INJECTION SOLUTION 100-100-100 MG/ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TROPHAMINE INTRAVENOUS SOLUTION 10 % (<i>amino acid infusion</i>)	OA	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	OA	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	OA	
<i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i>	OA	
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	OA	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML (<i>piperacillin-tazobactam in dex</i>)	OA	
CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	OA	
DIURETICS, MISCELLANEOUS - Drugs for Water Balance		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>theophylline oral solution 80 mg/15ml</i>	1	
ELECTROLYTIC,CALORIC,WATER BALANCE MISC,		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (<i>burosumab-twza</i>)	OA	
IRRIGATING SOLUTIONS		
<i>acetic acid irrigation solution 0.25 %</i>	1	
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 % (<i>sodium chloride (gu irrigant)</i>)	3	
<i>argyle sterile water irrigation solution</i>	OA	
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 % (<i>sodium chloride (gu irrigant)</i>)	3	
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 394 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 483 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 347 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 398 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION 344 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION 395 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 346 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	

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DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 396 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 485 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
EXTRANEAL INTRAPERITONEAL SOLUTION 7.5 % (<i>icodextrin-electrolytes</i>)	OA	
<i>glycine irrigation solution 1.5 %</i>	1	
<i>glycine urologic irrigation solution 1.5 %</i>	1	
<i>lactated ringers irrigation solution</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION (<i>irrigation solns physiological</i>)	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION (<i>irrigation solns physiological</i>)	3	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	3	
<i>ringers irrigation irrigation solution</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml</i>	1	
<i>sterile water for irrigation irrigation solution</i>	OA	
TIS-U-SOL IRRIGATION SOLUTION (<i>ringers irrigation</i>)	3	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION 346 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION 396 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION 485 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
ULTRABAG/DIANEAL/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 395 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
<i>water for irrigation, sterile irrigation solution</i>	OA	
LOOP DIURETICS - Drugs for Water Balance		
<i>bumetanide injection solution 0.25 mg/ml</i>	OA	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
EDECIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	3	
<i>ethacrynate sodium intravenous solution reconstituted 50 mg</i>	OA	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (<i>furosemide</i>)	3	PA; QL (30 day supply per 1 fill)
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
<i>furosemide injection solution 10 mg/ml</i>	OA	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	3	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (<i>torseamide</i>)	3	
SODIUM EDECIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>ethacrynate sodium</i>)	OA	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
OSMOTIC DIURETICS - Drugs for Water Balance		
<i>mannitol intravenous solution 20 %, 25 %</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (<i>mannitol</i>)	OA	
OTHER ION-REMOVING AGENTS		
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	3	PA
PHOSPHATE-REMOVING AGENTS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	3	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	3	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
REVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	3	
REVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	3	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	3	
XPHOZAH ORAL TABLET 20 MG, 30 MG (<i>tenapanor hcl (ckd)</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POTASSIUM-REMOVING AGENTS		
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	2	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	3	
XPHOZAH ORAL TABLET 30 MG (<i>tenapanor hcl (ckd)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
REPLACEMENT PREPARATIONS		
<i>600+d3 oral tablet 600-20 mg-mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADENOCAINE INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>cardioplegic soln w/ lidocaine</i>)	OA	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-% (<i>tirofiban hcl in nacl</i>)	OA	
AQUASTAT INTRAVENOUS SOLUTION 0.9 % (<i>sodium chloride flush</i>)	OA	
AQUASTAT SFR INTRAVENOUS SOLUTION 0.9 % (<i>sodium chloride flush</i>)	OA	
BD POSIFLUSH INTRAVENOUS SOLUTION 0.9 % (<i>sodium chloride flush</i>)	OA	
BD POSIFLUSH SAFESCRUB INTRAVENOUS SOLUTION 0.9 % (<i>sodium chloride flush</i>)	OA	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.125-0.9 %	OA	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.25-0.9 %	OA	
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	OA	
<i>calcium chloride solution 10 % intravenous</i>	OA	
<i>calcium gluconate intravenous solution 10 %</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1000 MG/10ML	OA	
calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 2-0.675 gm/100ml-%	OA	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.8 GM/100ML-%, 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	OA	
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION	OA	
CARDIOPLEGIA IND PLASMA HIGH K PERFUSION SOLUTION	OA	
CARDIOPLEGIA INDUCTION HIGH K PERFUSION SOLUTION	OA	
cardioplegic perfusion solution	OA	
CARDIOPLEGIC SOLN W/ LIDOCAINE PERFUSION SOLUTION	OA	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-%, 3-0.9 GM/100ML-%	OA	
chromic chloride intravenous solution 40 mcg/10ml	OA	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	OA	
cupric chloride intravenous solution 0.4 mg/ml	OA	
DEXAMETHASONE SOD PHOS-NACL INTRAVENOUS SOLUTION 6-0.9 MG/25ML-%	OA	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml	OA	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MCG/5ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION 200MCG/50ML -5%, 400MCG/100ML -5%	OA	
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	OA	
<i>dextrose in lactated ringers intravenous solution 5 %</i>	OA	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarb-citric acid</i>)	2	
<i>effer-k oral tablet effervescent 25 meq</i>	1	
ELLIOTTS B INTRATHECAL SOLUTION (<i>intrathecal elec-dextrose</i>)	OA	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 5-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	OA	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 100-0.9 MCG/10ML-%, 1000-0.9 MCG/50ML-%, 5-0.9 MCG/ML-%, 500-0.9 MCG/50ML-%, 550-0.9 MCG/55ML-%	OA	
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.2-0.9 MG/100ML-%, 0.3-0.2-0.9 MG/150ML-%, 0.4-0.1-0.9 MG/200ML-%, 0.4-0.2-0.9 MG/200ML-%, 0.5-0.2-0.9 MG/250ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%, 0.8-0.1667-0.9 MG/200ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.1-0.125-0.9 MG/50ML-%	OA	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2-0.125-0.9 MCG/ML-%-%	OA	
FENTANYL-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%	OA	
fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%, 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	OA	
FOLITE ORAL TABLET	3	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
GALZIN ORAL CAPSULE 25 MG, 50 MG (zinc acetate (oral))	3	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	OA	
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOLE/ML (sodium glycerophosphate)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/500ml-%	OA	
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 4000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	OA	
heparin (porcine) in nacl intravenous solution 25000-0.45 ut/250ml-%	OA	PA
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 UNT/20ML-%, 50-0.9 UNT/50ML-%	OA	
HESPAN INTRAVENOUS SOLUTION 6-0.9 % (hetastarch-nacl)	OA	
hetastarch-nacl intravenous solution 6-0.9 %	OA	
HEXTEND INTRAVENOUS SOLUTION 6 % (hetastarch-electrolytes)	OA	
HYDROMORPHONE HCL-NAACL INJECTION SOLUTION 20-0.9 MG/100ML-%	OA	
HYDROMORPHONE HCL-NAACL INJECTION SOLUTION PREFILLED SYRINGE 10-0.9 MG/50ML-%, 30-0.9 MG/30ML-%	OA	
HYDROMORPHONE HCL-NAACL INTRAVENOUS SOLUTION 10-0.9 MG/50ML-%, 100-0.9 MG/50ML-%, 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.2-0.9 MG/0.2ML-%, 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 15-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 5-0.9 MG/25ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	OA	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (<i>calfactant in nacl</i>)	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-mb in dextrose</i>)	OA	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-p in dextrose</i>)	OA	
ISOLYTE-S INTRAVENOUS SOLUTION (<i>electrolyte-s</i>)	OA	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-s (ph 7.4)</i>)	OA	
ISOPROTERENOL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 200-0.9 MCG/50ML-%	OA	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	PV
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meqll-%, 20-0.9 meqll-%</i>	OA	
<i>kcl (0.298%) in nacl intravenous solution 40-0.9 meqll-%</i>	OA	
KCL (IN NACL 0.9%) INTRAVENOUS SOLUTION 40 MEQ/500ML	OA	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meqll-%-%, 20-5-0.2 meqll-%-%, 20-5-0.225 meqll-%-%, 20-5-0.45 meqll-%-%, 20-5-0.9 meqll-%-%, 30-5-0.45 meqll-%-%, 40-5-0.45 meqll-%-%, 40-5-0.9 meqll-%-%</i>	OA	
<i>kcl-lactated ringers-d5w intravenous solution 20 meqll</i>	OA	
KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION 10-10 MEQ-MG /100ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KETAMINE HCL-SODIUM CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 20-0.9 MG/2ML-%, 50-0.9 MG/5ML-%	OA	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con m10 oral tablet extended release 10 meq</i>	1	
<i>klor-con m15 oral tablet extended release 15 meq</i>	1	
<i>klor-con m20 oral tablet extended release 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con oral tablet extended release 8 meq</i>	1	
<i>klor-conlef oral tablet effervescent 25 meq</i>	1	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	3	
<i>k-prime oral tablet effervescent 25 meq</i>	1	
<i>lactated ringers intravenous solution</i>	OA	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 250 mg/50ml, 500 mg/100ml</i>	OA	
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	OA	
LMD IN D5W INTRAVENOUS SOLUTION 10-5 % (<i>dextran 40 in d5w</i>)	OA	
LMD IN NAACL INTRAVENOUS SOLUTION 10-0.9 % (<i>dextran 40 in saline</i>)	OA	
<i>magnesium chloride injection solution 200 mg/ml</i>	OA	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
MANGANESE CHLORIDE INTRAVENOUS SOLUTION 0.1 MG/ML	OA	
METHADONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	OA	
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	OA	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 100-0.9 MG/100ML-%, 50-0.8 MG/50ML-%, 50-0.9 MG/50ML-%	OA	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2-0.9 MG/2ML-%, 30-0.9 MG/30ML-%, 5-0.9 MG/5ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%	OA	
midazolam-sodium chloride (pf) intravenous solution 100-0.8 mg/100ml-%	OA	
midazolam-sodium chloride solution 100-0.9 mg/100ml-% intravenous	OA	
MIDAZOLAM-SODIUM CHLORIDE SOLUTION 100-0.9 MG/100ML-% INTRAVENOUS	OA	
midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous	OA	
MIDAZOLAM-SODIUM CHLORIDE SOLUTION 50-0.9 MG/50ML-% INTRAVENOUS	OA	
MONOJECT FLUSH SYRINGE INTRAVENOUS SOLUTION 0.9 % (sodium chloride flush)	OA	
MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS SOLUTION 0.9 % (sodium chloride flush)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/ML-%, 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	OA	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%, 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 30-0.9 MG/30ML-%, 4-0.9 MG/ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%	OA	
multiple electro type 1 ph 5.5 intravenous solution	OA	
multiple electro type 1 ph 7.4 intravenous solution	OA	
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION 1-100-25-1000 MCG/ML (trace minerals cr-cu-mn-zn)	OA	
MULTRYS INTRAVENOUS SOLUTION 60-3-6-1000 MCG/ML (trace minerals cu-mn-se-zn)	OA	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (insulin regular(human) in nacl)	OA	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% (nitroprusside sodium-nacl)	OA	
nitroprusside sodium-nacl intravenous solution 20-0.9 mg/100ml-%, 50-0.9 mg/100ml-%	OA	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%, 8-0.9 MG/500ML-%	OA	
normal saline flush intravenous solution 0.9 %	OA	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION (electrolyte-m in dextrose)	OA	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (electrolyte-r in dextrose)	OA	
NORMOSOL-R INTRAVENOUS SOLUTION (electrolyte-r)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-r (ph 7.4)</i>)	OA	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 15 UNIT/250ML, 20 UNIT/L, 30 UNIT/500ML	OA	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 20-0.9 UNIT/L-%, 30-0.9 UT/500ML-%	OA	
<i>oyster shell calcium wld oral tablet 500-5 mg-mcg</i>	1	PV
<i>oyster shell calcium/d3 oral tablet 500-5 mg-mcg</i>	1	PV
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	1	PV
<i>oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg</i>	1	PV
<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	1	PV
PHENYLEPHRINE HCL-NAACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 100-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	OA	
PHENYLEPHRINE HCL-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	OA	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	3	
<i>phosphorous oral tablet 155-852-130 mg</i>	1	
<i>phospho-trin 250 neutral oral tablet 155-852-130 mg</i>	1	
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION 22-4-1 MEQ-MMOL/L	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5-1 MEQ-MMOL/L	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION (<i>electrolyte-148</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLASMA-LYTE A INTRAVENOUS SOLUTION (<i>electrolyte-a</i>)	OA	
PLEGISOL PERFUSION SOLUTION (<i>cardioplegic soln</i>)	OA	
POKONZA ORAL PACKET 10 MEQ (<i>potassium chloride</i>)	3	
<i>potassium acetate solution 2 meq/ml intravenous</i>	OA	
POTASSIUM ACETATE SOLUTION 2 MEQ/ML INTRAVENOUS	OA	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	OA	
<i>potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	OA	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	OA	
<i>potassium phosphates intravenous solution 15 mmole/5ml, 150 mmole/50ml</i>	OA	
<i>potassium phosphates(66 meq k) intravenous solution 45 mmole/15ml</i>	OA	
<i>potassium phosphates(71 meq k) intravenous solution 45 mmole/15ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML (<i>dexmedetomidine hcl in nacl</i>)	OA	
<i>prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-250 mg</i>	1	PV
<i>prenatal folic acid+dha oral capsule 27-0.8-200 mg</i>	1	PV
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L (<i>bicarb-dextrose-k (crrt)</i>)	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L (<i>bicarb-dextrose-ca (crrt)</i>)	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L (<i>bicarb-dextrose-k (crrt)</i>)	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L (<i>bicarb-dextrose-k-ca (crrt)</i>)	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L (<i>bicarb-dextrose-k-mg (crrt)</i>)	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L (<i>bicarb-dextrose-k-ca (crrt)</i>)	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L (<i>bicarb-mg (crrt)</i>)	3	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vitamin-fluoride-fe-fa</i>)	3	
<i>ringers intravenous solution</i>	OA	
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %, 0.2-0.9 %	OA	
ROPIVACAINE HCL-NACL INJECTION SOLUTION 0.2-0.9 %	3	
<i>saline bacteriostatic injection solution 0.9 %</i>	OA	
SALINE-PHENOL INJECTION SOLUTION 0.4-0.9 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SELENIUM ACID INTRAVENOUS SOLUTION 12 MCG/2ML, 60 MCG/ML	OA	
sodium chloride (pf) injection solution 0.9 %	OA	
sodium chloride bacteriostatic injection solution 0.9 %	OA	
sodium chloride flush intravenous solution 0.9 %	OA	
sodium chloride injection solution 2.5 meq/ml	OA	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	OA	
SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS	OA	
sodium chloride solution 4 meq/ml intravenous	OA	
sodium phosphates intravenous solution 15 mmole/5ml, 150 mmole/50ml, 45 mmole/15ml	OA	
THE LIQUILIFT TRACE INTRAVENOUS KIT 10-1000-500-60 MCG/ML (trace minerals cr-cu-mn-se-zn)	OA	
tirofiban hcl in nacl intravenous solution 12.5-0.9 mg/250ml-%, 5-0.9 mg/100ml-%	OA	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE (parenteral electrolytes)	OA	
TRALEMENT INTRAVENOUS SOLUTION 300-55-60-3000 MCG/ML (trace minerals cu-mn-se-zn)	OA	
TRISODIUM CITRATE/CRRT EXTRACORPOREAL SOLUTION	3	
ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg	1	PV
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	OA	
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1-0.9 GM/250ML-%, 1.25-0.9 GM/250ML-%, 1.5-0.9 GM/250ML-%, 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%, 2-0.9 GM/500ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	OA	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	OA	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 20-0.9 UT/100ML-%, 40-0.9 UT/100ML-%	OA	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	PV
wes-phos 250 neutral oral tablet 155-852-130 mg	1	
zinc chloride intravenous solution 1 mg/ml	OA	
zinc sulfate intravenous solution 1 mg/ml, 3 mg/ml, 5 mg/ml	OA	
SALT AND SUGAR SUBSTITUTES		
sodium saccharin powder	1	
THIAZIDE DIURETICS - Drugs for Water Balance		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (quinapril-hydrochlorothiazide)	3	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (candesartan cilexetil-hctz)	3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (irbesartan-hydrochlorothiazide)	3	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (olmesartan medoxomil-hctz)	3	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
chlorothiazide sodium intravenous solution reconstituted 500 mg	OA	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (valsartan-hydrochlorothiazide)	3	
DIURIL ORAL SUSPENSION 250 MG/5ML (chlorothiazide)	2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan-chlorthalidone)	3	ST
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (amlodipine-valsartan-hctz)	3	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (losartan potassium-hctz)	3	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	*
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	*
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	3	

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metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (telmisartan-hctz)	3	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz 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	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
TRIBENZOR 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 (olmesartan-amlodipine-hctz)	3	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
VASERETIC ORAL TABLET 10-25 MG (enalapril-hydrochlorothiazide)	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (lisinopril-hydrochlorothiazide)	3	
THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	

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TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	3	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	3	
URICOSURIC AGENTS		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
ENZYMES		
ENZYMES		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>alteplase</i>)	OA	
ADZYNMA INTRAVENOUS KIT 1500 UNIT, 500 UNIT	OA	PA
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>)	OA	PA
AMPHADASE INJECTION SOLUTION 150 UNIT/ML (<i>hyaluronidase bovine</i>)	OA	
BRINEURA KIT 2 X 150 MG/5ML (<i>cerliponase alfa</i>)	OA	PA
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG (<i>alteplase</i>)	OA	

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CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	OA	
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	OA	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	OA	
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML (<i>pegunigalsidase alfa-iwxj</i>)	OA	PA
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG (<i>rasburicase</i>)	OA	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>)	OA	PA
HYLENEX INJECTION SOLUTION 150 UNIT/ML (<i>hyaluronidase human</i>)	OA	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	4	PA; SP; QL (30 day supply per 1 fill)
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>)	OA	
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>velmanase alfa-tycv</i>)	OA	PA
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>alglucosidase alfa</i>)	OA	
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML (<i>vestronidase alfa-vjbk</i>)	OA	

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NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>)	OA	
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>avalglucosidase alfa-ngpt</i>)	OA	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000- 54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG (<i>cipaglucosidase alfa-atga</i>)	OA	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT (<i>reteplase</i>)	OA	
RETAVASE INTRAVENOUS KIT 2 X 10 UNIT (<i>reteplase</i>)	OA	
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML (<i>elapegamase-lvlr</i>)	OA	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	4	SP; QL (30 day supply per 1 fill)
TNKASE INTRAVENOUS KIT 50 MG (<i>tenecteplase</i>)	OA	

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VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (<i>elosulfase alfa</i>)	OA	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>glucarpidase</i>)	OA	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	OA	
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 4 MG (<i>olipudase alfa-rpcp</i>)	OA	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (<i>collagenase clostrid histolyt</i>)	OA	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (<i>brimonidine tartrate</i>)	3	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	3	

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SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	3	
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALOCRIAL OPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>Iodoxamide tromethamine</i>)	2	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	1	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	1	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	1	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	3	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	3	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
<i>olopatadine hcl nasal solution 0.6 %</i>	1	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	ST
ZERVIAE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	3	PA; QL (2 EA per 1 day); AL (Max 2 Years)
ANTIBACTERIALS (EENT) - Drugs for Infections		
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	3	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	

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<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % <i>(besifloxacin hcl)</i>	3	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	4	ST; SP; QL (56 day supply per 1 fill)
CETRAXAL OTIC SOLUTION 0.2 % (<i>ciprofloxacin hcl</i>)	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	3	
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	3	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION 0.3-0.025 %	2	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML <i>(neomycin-colist-hc-thonzonium)</i>	3	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	OA	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
KLARITY-A OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	3	
<i>levofloxacin ophthalmic solution 1.5 %</i>	1	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 <i>(neomycin-polymyxin-dexameth)</i>	3	

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MAXITROL OPHTHALMIC SUSPENSION 0.1 % (<i>neomycin-polymyxin-dexameth</i>)	3	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	1	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 1 MG/ML, 5 MG/ML	OA	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.16 %	OA	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
MOXIFLOXACIN HCL-BSS INTRAVITREAL SOLUTION 1 MG/ML	OA	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	1	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	3	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	

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OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	2	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLONE ACET-MOXIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
PREDNISOLONE-GATIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	2	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION 1-0.5 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	4	ST; SP; QL (56 day supply per 1 fill)
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	4	SP; QL (56 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	2	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	2	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	4	SP; QL (56 day supply per 1 fill)
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	4	SP; QL (56 day supply per 1 fill)
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	PA; SP; QL (56 day supply per 1 fill)
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	OA	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	OA	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
TOBEX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	2	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	3	
ANTIVIRALS (EENT) - Drugs for Infections		
<i>trifluridine ophthalmic solution 1 %</i>	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	3	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	

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BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	2	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	3	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	3	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	3	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ocudose ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol maleate</i>)	3	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	OA	
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	3	
<i>brinzolamide ophthalmic suspension 1 %</i>	1	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	3	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	2	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	3	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	ST; QL (1.07 GM per 1 day)
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	3	
<i>azelastine-fluticasone nasal suspension 137-50 mcglact</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	3	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION 0.3-0.025 %	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	3	
DERMOTIC OTIC OIL 0.01 % (<i>fluocinolone acetonide</i>)	3	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
DEXAMETHASONE-MOXIFLOXACIN INTRAOCULAR SOLUTION 1-5 MG/ML	OA	
DEXAMETH-MOXIFLOX-KETOROLAC INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	OA	
DEXTENZA OPHTHALMIC INSERT 0.4 MG (<i>dexamethasone</i>)	3	
DEXYCU INTRAOCULAR SUSPENSION 9 % (<i>dexamethasone</i>)	OA	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	1	
DUREZOL OPHTHALMIC EMULSION 0.05 % (<i>difluprednate</i>)	3	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	3	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	3	PA; QL (8.3 ML per 1 fill)
<i>flac otic oil 0.01 %</i>	1	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	3	
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	1	QL (0.84 ML per 1 day)
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>fluticasone propionate nasal suspension 50 mcglact</i>	1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	2	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone-acetic acid otic solution 1-2 %	1	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (fluocinolone acetonide)	OA	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	3	ST; QL (1 fill per 1 lifetime)
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 % (loteprednol etabonate)	3	
LOTEMAX OPHTHALMIC GEL 0.5 % (loteprednol etabonate)	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)	3	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (loteprednol etabonate)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)	3	
loteprednol etabonate ophthalmic gel 0.5 %	1	
loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %	1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (dexamethasone)	3	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (neomycin-polymyxin-dexameth)	3	
mometasone furoate nasal suspension 50 mcg/lact	1	QL (1.14 GM per 1 day)
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
neo-polycin hc ophthalmic ointment 1 %	1	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (ciclesonide)	3	QL (0.42 GM per 1 day)
OTOVEL OTIC SOLUTION 0.3-0.025 % (ciprofloxacin-fluocinolone)	2	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (dexamethasone)	OA	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (prednisolone acetate)	3	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	2	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
prednisolone acetate ophthalmic suspension 1 %	1	
PREDNISOLONE ACETATE P-F OPHTHALMIC SUSPENSION 1 %	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.1 %	3	
PREDNISOLONE ACET-MOXIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
PREDNISOLONE-BROMFENAC OPHTHALMIC SOLUTION 1-0.075 %	3	
PREDNISOLONE-GATIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	2	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION 1-0.5 %	3	

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PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
RETISERT INTRAVITREAL IMPLANT 0.59 MG (<i>fluocinolone acetonide</i>)	OA	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	ST
SINUVA NASAL IMPLANT 1350 MCG (<i>mometasone furoate</i>)	OA	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	2	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	2	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
TRIAMCINOLONE-MOXIFLOXACIN INTRAOCULAR SUSPENSION 15-1 MG/ML	OA	
TRIESENCE INTRAOCULAR SUSPENSION 40 MG/ML (<i>triamcinolone acetonide</i>)	OA	PA
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	3	PA

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XIPERE INTRAOCULAR SUSPENSION 40 MG/ML (<i>triamcinolone acetonide</i>)	OA	PA
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (<i>fluocinolone acetonide</i>)	OA	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (<i>ciclesonide</i>)	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	3	
EENT ANTI-INFECTIVES, MISCELLANEOUS - Drugs for Infections		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (<i>povidone-iodine</i>)	3	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<i>perio gard mouth/throat solution 0.12 %</i>	1	
POVIDONE-IODINE OPHTHALMIC SOLUTION 5 %	3	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylonol</i>)	3	
<i>silver nitrate external solution 0.5 %</i>	1	
XDEMVIY OPHTHALMIC SOLUTION 0.25 % (<i>lotilaner</i>)	3	PA; QL (10 ML per 42 days)
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	3	PA
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	1	
DISCOVISC INTRAOCULAR SOLUTION 40-17 MG/ML (<i>na chondroit sulf-na hyaluron</i>)	OA	
DUOVISC INTRAOCULAR KIT 0.4-0.35 ML, 0.55-0.5 ML, 0.85-0.5 ML (<i>na hyalur & na chond-na hyalur</i>)	OA	

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RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	3	
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	3	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	3	PA; QL (4 EA per 1 day)
VEVYE OPHTHALMIC SOLUTION 0.1 % (<i>cyclosporine</i>)	3	PA
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE 20-15 MG/0.5ML, 30-22.5 MG/0.75ML (<i>na chondroit sulf-na hyaluron</i>)	OA	
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	3	PA
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid otic solution 2 %</i>	1	
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML (<i>sodium hyaluronate</i>)	OA	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
AQUORAL MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	3	
BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE 2.75 MG/0.11ML	OA	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML	OA	
BOCASAL MOUTH/THROAT PACKET (<i>artificial saliva</i>)	3	
BSS INTRAOCULAR SOLUTION (<i>ophth irr soln-intraocular</i>)	OA	
BSS PLUS INTRAOCULAR SOLUTION (<i>ophth irr soln-intraocular</i>)	OA	
CELLUGEL INTRAOCULAR SOLUTION 2 % (<i>hypromellose</i>)	OA	
CHONDROITIN SULFATE OPHTHALMIC SOLUTION 0.25 %	3	PA
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (<i>sulfuric acid-sulf phenolics</i>)	3	
DISCOVISC INTRAOCULAR SOLUTION 40-17 MG/ML (<i>na chondroit sulf-na hyaluron</i>)	OA	
DUOVISC INTRAOCULAR KIT 0.4-0.35 ML, 0.55-0.5 ML, 0.85-0.5 ML (<i>na hyalur & na chond-na hyalur</i>)	OA	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	OA	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	OA	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (<i>cromolyn sodium</i>)	3	
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 1 & 3 % (<i>sodium hyaluronate</i>)	OA	
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 15.3 MG/0.85ML (<i>sodium hyaluronate</i>)	OA	
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 5.5 MG/0.55ML, 8.5 MG/0.85ML (<i>sodium hyaluronate</i>)	OA	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 13.8 MG/0.6ML (<i>sodium hyaluronate</i>)	OA	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	3	
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (<i>avacincaptad pegol</i>)	OA	PA
LACRISERT OPHTHALMIC INSERT 5 MG (<i>artificial tear insert</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE 1-1.5 % (1ML)	OA	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	OA	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	3	PA; QL (0.4 ML per 1 day)
NUMOISYN MOUTH/THROAT LOZENGE (<i>artificial saliva</i>)	3	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 4 MG/0.4ML, 5.5 MG/0.55ML, 8.5 MG/0.85ML (<i>sodium hyaluronate</i>)	OA	
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	OA	PA
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	OA	PA
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (<i>pegcetacoplan (ophthalmic)</i>)	OA	PA
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>teprotumumab-trbw</i>)	OA	PA
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	3	PA
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE 20-15 MG/0.5ML, 30-22.5 MG/0.75ML (<i>na chondroit sulf-na hyaluron</i>)	OA	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	OA	
XEROSTOMIA RELIEF SPRAY MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (ketorolac tromethamine)	3	
ACULAR OPHTHALMIC SOLUTION 0.5 % (ketorolac tromethamine)	3	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (ketorolac tromethamine)	2	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	1	
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	1	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (bromfenac sodium)	3	
diclofenac sodium ophthalmic solution 0.1 %	1	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (nepafenac)	2	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (nepafenac)	2	
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 % (phenylephrine-ketorolac)	OA	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.1 %	3	
PREDNISOLONE-BROMFENAC OPHTHALMIC SOLUTION 1-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	

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PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	3	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	PA
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
AKTEN OPHTHALMIC GEL 3.5 % (<i>lidocaine hcl</i>)	3	
ALCAINE OPHTHALMIC SOLUTION 0.5 % (<i>proparacaine hcl</i>)	3	
ALTACAIN OPHTHALMIC SOLUTION 0.5 % (<i>tetracaine hcl</i>)	3	
COCAINE HCL NASAL SOLUTION 40 MG/ML	OA	
GOPRELTO NASAL SOLUTION 40 MG/ML	OA	
IHEEZO OPHTHALMIC GEL 3 % (<i>chloroprocaine hcl</i>)	OA	
<i>lidocaine hcl mouth/throat solution 4 %</i>	1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
LIDOCAINE-EPINEPHRINE INTRAOCULAR SOLUTION 7.5-0.25 MG/ML	OA	
LIDOCAINE-PHENYLEPHRINE INTRAOCULAR SOLUTION 1-1.5 %	OA	
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE 1-1.5 % (1ML)	OA	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylonol</i>)	3	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (<i>lidocapsaicin-men-methyl sal</i>)	3	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	1	

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TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	PA
MIOTICS - Drugs for the Eye		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED 20 MG (<i>acetylcholine chloride</i>)	OA	
MIOSTAT INTRAOCULAR SOLUTION 0.01 % (<i>carbachol</i>)	OA	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (<i>echothiophate iodide</i>)	2	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
VUITY OPHTHALMIC SOLUTION 1.25 % (<i>pilocarpine hcl</i>)	3	PA; QL (0.3 ML per 1 day)
MYDRIATICS - Drugs for the Eye		
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
<i>atropine sulfate injection solution 8 mg/20ml</i>	OA	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	OA	
<i>atropine sulfate ophthalmic ointment 1 %</i>	1	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % (<i>cyclopentolate hcl</i>)	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 % (<i>cyclopentolate hcl</i>)	2	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	3	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 % (<i>homatropine hbr</i>)	3	
LIDOCAINE-EPINEPHRINE INTRAOCULAR SOLUTION 7.5-0.25 MG/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 % (<i>phenylephrine-ketorolac</i>)	OA	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
TROPICAMIDE-PHENYLEPHRINE OPHTHALMIC SOLUTION 1-2.5 %	3	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	PA
OSMOTIC AGENTS - Drugs for the Eye		
<i>mannitol intravenous solution 20 %, 25 %</i>	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (<i>mannitol</i>)	OA	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	
DURYSTA INTRAOCULAR IMPLANT 10 MCG (<i>bimatoprost</i>)	OA	
IDOSE TR INTRAOCULAR IMPLANT 75 MCG (<i>travoprost</i>)	OA	PA
IYUZEH OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	3	PA
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	2	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	PA
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	1	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	3	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	3	PA
XALATAN OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	3	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	3	

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ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	3	
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	3	PA
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	PA
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG		
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-maly</i>)	OA	PA
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab</i>)	OA	PA
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML (<i>brolocizumab-dbli</i>)	OA	
BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE 2.75 MG/0.11ML	OA	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML	OA	
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (<i>ranibizumab-nuna</i>)	OA	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab-eqrn</i>)	OA	PA
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07ML (<i>aflibercept</i>)	OA	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	OA	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	OA	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	OA	

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MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-awwb</i>)	OA	PA
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	OA	PA
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	OA	PA
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05ML (<i>faricimab-svoa</i>)	OA	PA
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-adcd</i>)	OA	PA
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-bvzr</i>)	OA	PA
VASOCONSTRICTORS		
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	3	
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	1	
L.E.T. EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LIDOCAINE-PHENYLEPHRINE INTRAOCULAR SOLUTION 1-1.5 %	OA	
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE 1-1.5 % (1ML)	OA	
LIDO-EPINEPHRINE-TETRACAINE EXTERNAL SOLUTION 4-0.05-0.5 %	3	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 0.18-4-0.5 % (<i>lido-epinephrine-tetracaine</i>)	OA	
TOPICAL L.E.T. EXTERNAL GEL 4-0.09-0.5 %	3	

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TROPICAMIDE-PHENYLEPHRINE OPHTHALMIC SOLUTION 1-2.5 %	3	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	PA
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (<i>oxymetazoline hcl</i>)	3	PA
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
KONVOMEF ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (<i>omeprazole-sodium bicarbonate</i>)	3	ST
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	1	PA; QL (2 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	1	PA; QL (2 EA per 1 day)
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	3	PA; QL (2 EA per 1 day)
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	3	PA; QL (2 EA per 1 day)
IMMUNOMODULATORY AGENT		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	OA	PA
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML (<i>mirikizumab-mrkz</i>)	OA	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	4	PA; SP; QL (1 day supply per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	3	
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	3	QL (0.24 EA per 1 day)
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	OA	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL (0.47 EA per 1 day)
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	OA	
<i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>	OA	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	QL (30 ML per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	1	QL (0.07 EA per 1 day)
<i>ondansetron hcl oral tablet 4 mg</i>	1	QL (6 EA per 1 day)
<i>ondansetron hcl oral tablet 8 mg</i>	1	QL (3 EA per 1 day)
<i>ondansetron odt oral tablet dispersible 4 mg</i>	1	QL (6 EA per 1 day)
<i>ondansetron odt oral tablet dispersible 8 mg</i>	1	QL (3 EA per 1 day)
<i>palonosetron hcl intravenous solution 0.25 mg/2ml, 0.25 mg/5ml</i>	OA	
<i>palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	3	QL (0.07 EA per 1 day)
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML (<i>granisetron</i>)	OA	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	PA
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate- atropine</i>)	3	
<i>loperamide hcl oral capsule 2 mg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	3	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	2	PA
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit- metronid-tetracyc</i>)	3	
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4ML (<i>amisulpride (antiemetic)</i>)	OA	
BARHEMSYS INTRAVENOUS SOLUTION 5 MG/2ML (<i>amisulpride (antiemetic)</i>)	OA	PA
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
MARINOL ORAL CAPSULE 2.5 MG (<i>dronabinol</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	OA	PA
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	OA	PA
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	3	
ANTI-HISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
ANTIVERT ORAL TABLET 50 MG (<i>meclizine hcl</i>)	3	
ANTIVERT ORAL TABLET CHEWABLE 25 MG (<i>meclizine hcl</i>)	3	
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	3	
<i>compro rectal suppository 25 mg</i>	1	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	3	
<i>dimenhydrinate injection solution 50 mg/ml</i>	OA	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	OA	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (<i>trimethobenzamide hcl</i>)	OA	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	3	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
<i>balsalazide disodium oral capsule 750 mg</i>	1	
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	3	
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	3	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	3	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	2	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	3	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	3	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	1	
<i>mesalamine er oral capsule extended release 500 mg</i>	1	
<i>mesalamine oral capsule delayed release 400 mg</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (<i>mesalamine</i>)	3	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	3	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidazltetracyclin oral capsule 140-125-125 mg</i>	1	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	PA
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	3	
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3	
<i>metronidazole intravenous solution 500 mg/100ml</i>	OA	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	1	PV
<i>bisacodyl oral tablet delayed release 5 mg</i>	1	PV
<i>citroma oral solution 1.745 gm/30ml</i>	1	PV
<i>clearlax oral powder 17 gm/scoop</i>	1	PV
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acid</i>)	2	QL (350 ML per 1 fill)
<i>ft clearlax oral powder 17 gm/scoop</i>	1	PV
<i>ft laxative oral tablet delayed release 5 mg</i>	1	PV
<i>ft magnesium citrate oral solution 1.745 gm/30ml</i>	1	PV
<i>ft milk of magnesia oral suspension 1200 mg/15ml</i>	1	PV
<i>gavilax oral powder 17 gm/scoop</i>	1	PV
<i>gavilyte-c oral solution reconstituted 240 gm</i>	1	PV
<i>gavilyte-g oral solution reconstituted 236 gm</i>	1	PV
<i>gentle laxative oral tablet delayed release 5 mg</i>	1	PV
<i>gentlelax oral powder 17 gm/scoop</i>	1	PV
<i>glycolax oral powder 17 gm/scoop</i>	1	PV
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
goodsense milk of magnesia oral suspension 1200 mg/15ml	1	PV
healthylax oral packet 17 gm	1	PV
magnesium citrate oral solution 1.745 gm/30ml	1	PV
milk of magnesia concentrate oral suspension 2400 mg/10ml	1	PV
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml	1	PV
mineral oil heavy oral oil	1	
MIRALAX MIX-IN PAX ORAL PACKET 17 GM (polyethylene glycol 3350)	3	PV
mm clearlax oral powder 17 gmlscoop	1	PV
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (peg-kcl-nacl-nasulf-na asc-c)	3	ST; QL (1 EA per 1 fill)
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	PV; QL (354 ML per 1 fill)
peg 3350 oral packet 17 gm	1	PV
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	PV
peg-3350/electrolytes oral solution reconstituted 236 gm	1	PV
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	1	QL (1 EA per 1 fill)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	QL (1 EA per 1 fill)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (peg-kcl-nacl-nasulf-na asc-c)	3	ST; QL (3 EA per 1 fill)
polyethylene glycol 3350 oral packet 17 gm	1	PV
polyethylene glycol 3350 oral powder 17 gmlscoop	1	PV
qc magnesium citrate oral solution 1.745 gm/30ml	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sm milk of magnesia oral suspension 1200 mg/15ml</i>	1	PV
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>)	2	QL (2 EA per 1 fill)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	3	QL (354 ML per 1 fill)
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>)	3	
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	4	SP; QL (30 day supply per 1 fill)
RELTONE ORAL CAPSULE 200 MG, 400 MG (<i>ursodiol</i>)	3	PA
URSO 250 ORAL TABLET 250 MG (<i>ursodiol</i>)	3	
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	3	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	PA
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
DIGESTANTS - Drugs for the Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-FKJP SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-FKJP SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
<i>alvimopan oral capsule 12 mg</i>	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	OA	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (<i>odevixibat</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IBSRELA ORAL TABLET 50 MG (<i>tenapanor hcl</i>)	3	ST
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	OA	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	2	
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	ST
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	3	ST
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	2	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML (<i>mirikizumab-mrkz</i>)	OA	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	3	ST; QL (30 day supply per 1 fill)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	3	ST; QL (30 day supply per 1 fill)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	OA	
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	OA	PA
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	OA	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (<i>risankizumab-rzaa</i>)	OA	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab</i>)	OA	PA
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	2	
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	3	ST
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	3	PA
XPHOZAH ORAL TABLET 30 MG (<i>tenapanor hcl (ckd)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	3	PA
<i>famotidine (pf) intravenous solution 20 mg/2ml</i>	OA	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	OA	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	OA	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	PA
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
PEPCID ORAL TABLET 20 MG, 40 MG (<i>famotidine</i>)	3	
LIPOTROPIC AGENTS - Drugs for the Stomach		
LIPO INTRAMUSCULAR SOLUTION 50-50-25 MG/ML	3	
LIPO-C INTRAMUSCULAR SOLUTION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MIC-L-CARNITINE INJECTION SOLUTION 25-50-50-50 MG/ML	3	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	3	
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML (<i>aprepitant</i>)	OA	
<i>aprepitant oral 80 & 125 mg</i>	1	QL (6 EA per 30 days)
<i>aprepitant oral capsule 125 mg</i>	1	QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	1	QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	QL (6 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	1	QL (8 EA per 30 days)
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML (<i>aprepitant</i>)	OA	
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>fosaprepitant dimeglumine</i>)	OA	
EMEND ORAL CAPSULE 80 MG (<i>aprepitant</i>)	3	QL (8 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	3	
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (<i>aprepitant</i>)	3	QL (6 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fosaprepitant dimeglumine intravenous solution reconstituted 150 mg</i>	OA	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	3	PA
POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	3	PA
VOQUEZNA ORAL TABLET 10 MG, 20 MG (<i>vonoprazan fumarate</i>)	3	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	3	PA
PROKINETIC AGENTS - Drugs for the Stomach		
GIMOTI NASAL SOLUTION 15 MG/ACT (<i>metoclopramide hcl</i>)	3	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	OA	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	1	
REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	3	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	3	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	3	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	^

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucralfate</i>)	3	
CARAFATE ORAL TABLET 1 GM (<i>sucralfate</i>)	3	
<i>sucralfate oral suspension 1 gm/10ml</i>	1	
<i>sucralfate oral tablet 1 gm</i>	1	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	3	QL (2 EA per 1 day)
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	3	QL (2 EA per 1 day)
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	1	QL (2 EA per 1 day)
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	OA	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (<i>lansoprazole</i>)	3	
KONVOMEF ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (<i>omeprazole-sodium bicarbonate</i>)	3	ST
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	QL (2 EA per 1 day)
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	1	QL (2 EA per 1 day)
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	1	
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>esomeprazole sodium</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG (<i>esomeprazole magnesium</i>)	3	QL (2 EA per 1 day)
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (<i>esomeprazole magnesium</i>)	3	QL (2 EA per 1 day)
NEXIUM ORAL PACKET 2.5 MG, 5 MG (<i>esomeprazole magnesium</i>)	2	QL (2 EA per 1 day)
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicillin-clarithro-omeprazole</i>)	3	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	QL (2 EA per 1 day)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (<i>omeprazole</i>)	3	
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	1	PA; QL (2 EA per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	1	PA; QL (2 EA per 1 day)
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	OA	
<i>pantoprazole sodium oral packet 40 mg</i>	1	QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	QL (2 EA per 1 day)
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	3	QL (2 EA per 1 day)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (<i>lansoprazole</i>)	3	QL (2 EA per 1 day)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	3	
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>pantoprazole sodium</i>)	OA	
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	3	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	3	QL (2 EA per 1 day)
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 10 MG	3	QL (2 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	1	QL (2 EA per 1 day)
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	3	
VOQUEZNA ORAL TABLET 10 MG, 20 MG (<i>vonoprazan fumarate</i>)	3	PA
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	3	PA
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	3	PA; QL (2 EA per 1 day)
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	3	PA; QL (2 EA per 1 day)
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	2	
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	3	
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	3	
CUVRIOR ORAL TABLET 300 MG (<i>trientine tetrahydrochloride</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	OA	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	3	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	OA	
DIMERCAPTOPROPANE-SULFONATE INJECTION SOLUTION 250 MG/5ML	OA	
EDETATE CALCIUM DISODIUM INJECTION SOLUTION 1 GM/5ML	OA	
EDETATE DISODIUM INTRAVENOUS SOLUTION 150 MG/ML	OA	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FERRIPROX ORAL TABLET 1000 MG, 500 MG (<i>deferiprone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	4	PA; SP; QL (30 day supply per 1 fill)
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML (<i>sodium nitrite-sod thiosulfate</i>)	OA	
<i>penicillamine oral capsule 250 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>penicillamine oral tablet 250 mg</i>	1	
PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION 200 MG/ML	3	
PENTETATE ZINC TRISODIUM COMBINATION SOLUTION 200 MG/ML	3	
<i>sodium nitrite intravenous solution 30 mg/ml</i>	OA	
<i>sodium thiosulfate intravenous solution 250 mg/ml</i>	OA	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	4	SP; QL (30 day supply per 1 fill)
<i>trientine hcl oral capsule 250 mg, 500 mg</i>	4	SP; QL (30 day supply per 1 fill)
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR ANTAGONISTS		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (<i>afamelanotide acetate</i>)	OA	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	4	PA; QL (8 ML per 30 days)
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (2 EA per 1 day)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	2	QL (0.4 GM per 1 day)
AGAMREE ORAL SUSPENSION 40 MG/ML (<i>vamorolone</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (<i>fluticasone-salmeterol(sensor)</i>)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	QL (2 EA per 1 day)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	ST; QL (1.07 GM per 1 day)
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	3	PA
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	3	QL (0.41 GM per 1 day)
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (<i>fluticasone propionate(sensor)</i>)	3	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	2	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	2	QL (0.04 EA per 1 day)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	2	QL (0.04 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (<i>mometasone furoate</i>)	2	QL (0.04 EA per 1 day)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	2	QL (0.04 EA per 1 day)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>mometasone furoate</i>)	2	QL (0.46 GM per 1 day)
BETAMETHASONE COMBO INJECTION SUSPENSION 6 (3-3) MG/ML, 7 (4-3) MG/ML	OA	
BETAMETHASONE SOD PHOS & ACET INJECTION SUSPENSION 7 (4-3) MG/ML	OA	
BETAMETHASONE SOD PHOS & ACET SUSPENSION 6 (3-3) MG/ML INJECTION	OA	
<i>betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection</i>	OA	
BETAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 12 MG/2ML, 6 MG/ML	OA	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	2	
<i>breyndra inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	1	QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budesonide-glycopyrrrol-formoterol</i>)	2	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	PA
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	1	QL (0.35 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BUPIVILOG INJECTION KIT 40 & 0.5 MG/ML-%	OA	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 (3-3) MG/ML (<i>betamethasone sod phos & acet</i>)	OA	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	3	
CORTISONE ACETATE ORAL TABLET 25 MG	3	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML (<i>methylprednisolone acetate</i>)	OA	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	2	
DEXAMETH SOD PHOS-BUPIV-EPIN INJECTION SOLUTION PREFILLED SYRINGE 0.01-0.375 %-1:200000	3	
DEXAMETHASONE (LA) INJECTION SUSPENSION 16 MG/ML, 8 MG/ML	OA	
DEXAMETHASONE ACE & SOD PHOS INJECTION SUSPENSION 8-4 MG/ML	OA	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	1	
DEXAMETHASONE SOD PHOS-NACL INTRAVENOUS SOLUTION 6-0.9 MG/25ML-%	OA	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml	1	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	OA	
dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml	OA	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	OA	
dexamethasone sodium phosphate solution 10 mg/ml injection	OA	
DEXLIDO INJECTION KIT 10 & 1 MG/ML-% (dexamethasone sod phos-lido)	OA	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (dexamethasone sodium phosphate)	OA	
DOUBLEDEX INJECTION KIT 10 MG/ML (dexamethasone sodium phosphate)	OA	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (mometasone furo-formoterol fum)	3	QL (0.44 GM per 1 day)
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	4	PA; SP; QL (30 day supply per 1 fill)
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	4	PA; SP; QL (30 day supply per 1 fill)
EOHILIA ORAL SUSPENSION 2 MG/10ML (budesonide)	3	PA
fludrocortisone acetate oral tablet 0.1 mg	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	QL (0.84 ML per 1 day)
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT	2	QL (4 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	2	QL (8 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (2 EA per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (0.8 GM per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (0.71 GM per 1 day)
fluticasone propionate nasal suspension 50 mcg/lact	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	2	QL (0.4 GM per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/lact, 250-50 mcg/lact, 500-50 mcg/lact	1	QL (2 EA per 1 day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (2 EA per 1 day)
HEMADY ORAL TABLET 20 MG (dexamethasone)	3	PA
HEXATRIONE INTRA-ARTICULAR SUSPENSION 20 MG/ML (triamcinolone hexacetonide)	OA	
HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) (dexamethasone)	2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
INTRAROSA VAGINAL INSERT 6.5 MG (prasterone)	3	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML (triamcinolone acetonide)	OA	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (triamcinolone acetonide)	3	

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LIDOCIDEX I INJECTION SOLUTION 5-10 MG/1.5ML	OA	
LIDOLOG INJECTION KIT 40 & 2 MG/ML-%	OA	
MAS CARE-PAK INJECTION KIT 10 MG/ML (dexamethasone sodium phosphate)	OA	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (methylprednisolone)	3	
MEDROL ORAL TABLET 2 MG (methylprednisolone)	2	
MEDROL ORAL TABLET THERAPY PACK 4 MG (methylprednisolone)	3	
METHYLPREDNISOLONE ACE-LIDO INJECTION SUSPENSION 40-10 MG/ML, 80-10 MG/ML	3	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	OA	
methylprednisolone acetate injection suspension 80 mg/ml	OA	
methylprednisolone acetate suspension 40 mg/ml injection	OA	
METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION	OA	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablet therapy pack 4 mg	1	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	OA	
methylprednisolone sodium succ injection solution reconstituted 500 mg	1	
METHYLPREDNISOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML, 80-5 MG/ML	OA	
mometasone furoate nasal suspension 50 mcg/lact	1	QL (1.14 GM per 1 day)
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)	3	
P-CARE K40 INJECTION KIT 40 MG/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
P-CARE K80 INJECTION KIT 2 X 40 MG/ML	OA	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML <i>(prednisolone sodium phosphate)</i>	2	
PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40-1 MG/ML-%	OA	
PHYSICIANS EZ USE M-PRED INJECTION KIT 40-0.5 MG/ML-%	OA	
POD-CARE 100K INJECTION KIT 40 MG/ML	OA	
POINT OF CARE KM INJECTION KIT 40 & 0.5 MG/ML-% <i>(triamcinolone-bupivacaine)</i>	OA	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
PRO-C-DURE 5 INJECTION KIT 2 X 40 MG/ML <i>(triamcinolone acetonide)</i>	OA	
PRO-C-DURE 6 INJECTION KIT 3 X 40 MG/ML <i>(triamcinolone acetonide)</i>	OA	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT <i>(budesonide)</i>	2	QL (0.07 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PULMICORT SUSPENSION INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	3	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (<i>prednisone</i>)	3	PA
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	ST
SINUVA NASAL IMPLANT 1350 MCG (<i>mometasone furoate</i>)	OA	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG (<i>hydrocortisone sod succinate</i>)	3	PA; QL (30 day supply per 1 fill)
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG (<i>methylprednisolone sodium succ</i>)	OA	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 500 MG (<i>methylprednisolone sodium succ</i>)	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM (<i>methylprednisolone sodium succ</i>)	OA	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>methylprednisolone sodium succ</i>)	3	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	3	QL (0.35 GM per 1 day)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	2	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21) (<i>dexamethasone</i>)	2	

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TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	2	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (<i>budesonide</i>)	4	PA; SP; QL (4 EA per 1 day)
TOPIDEX INJECTION KIT 10 MG/ML	OA	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 50 MG/ML	OA	
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	OA	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	OA	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 40 MG/ML, 80 MG/ML	OA	
TRIAMCINOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML	OA	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	3	PA
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i>	1	QL (2 EA per 1 day)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	3	PA
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER 32 MG (<i>triamcinolone acetonide</i>)	OA	
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMYLINOMIMETICS - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	3	PA; QL (30 day supply per 1 fill)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	3	PA; QL (30 day supply per 1 fill)
ANDROGENS - Hormones		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	3	QL (1 EA per 1 day)
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	3	QL (5 GM per 1 day)
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (<i>testosterone undecanoate</i>)	4	PA; SP; QL (90 day supply per 1 fill)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML (<i>testosterone cypionate</i>)	3	PA; QL (30 day supply per 1 fill)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML (<i>testosterone cypionate</i>)	3	QL (4 ML per 28 days)
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (<i>testosterone</i>)	3	QL (4 GM per 1 day)
JATENZO ORAL CAPSULE 158 MG, 198 MG (<i>testosterone undecanoate</i>)	3	PA; QL (4 EA per 1 day)
JATENZO ORAL CAPSULE 237 MG (<i>testosterone undecanoate</i>)	3	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 100 MG (<i>testosterone undecanoate</i>)	3	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 150 MG, 200 MG (<i>testosterone undecanoate</i>)	3	PA; QL (4 EA per 1 day)
METHITEST ORAL TABLET 10 MG	3	
<i>methyltestosterone oral capsule 10 mg</i>	1	

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NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	3	QL (1.5 GM per 1 day)
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	3	QL (10 GM per 1 day)
TESTOPEL IMPLANT PELLETT 75 MG (<i>testosterone</i>)	OA	
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	1	PA; QL (30 day supply per 1 fill)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	1	QL (4 ML per 28 days)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	PA; QL (30 day supply per 1 fill)
TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 25 MG, 50 MG	OA	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%)</i>	1	QL (5 GM per 1 day)
<i>testosterone transdermal gel 10 mg/lact (2%)</i>	1	QL (4 GM per 1 day)
<i>testosterone transdermal gel 12.5 mg/lact (1%), 50 mg/5gm (1%)</i>	1	QL (10 GM per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	1	QL (7.5 GM per 1 day)
<i>testosterone transdermal solution 30 mg/lact</i>	1	
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	3	PA; QL (4 EA per 1 day)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	3	QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	3	QL (10 GM per 1 day)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	3	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	3	
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>mifepristone oral tablet 300 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML (<i>teplizumab-mzvv</i>)	OA	PA
WELCHOL ORAL PACKET 3.75 GM (<i>colesevelam hcl</i>)	3	
WELCHOL ORAL TABLET 625 MG (<i>colesevelam hcl</i>)	3	
ANTIESTROGENS - Drugs for Women		
<i>anastrozole oral tablet 1 mg</i>	1	AC
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	3	AC
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	3	AC
<i>exemestane oral tablet 25 mg</i>	1	AC
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	3	AC
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
<i>letrozole oral tablet 2.5 mg</i>	1	AC
ANTIGONADTROPINS - Hormones		
<i>cetorelix acetate subcutaneous kit 0.25 mg</i>	INF	PA; QL (30 day supply per 1 fill)
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	INF	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	OA	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	OA	
<i>fyremadel subcutaneous solution prefilled syringe 250 mcg/0.5ml</i>	INF	PA; QL (30 day supply per 1 fill)
<i>ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml</i>	INF	PA; QL (30 day supply per 1 fill)
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	3	PA; QL (1 EA per 1 day)
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	3	PA
ORLISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	3	PA
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
<i>diazoxide oral suspension 50 mg/ml</i>	1	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	3	
ANTIPARATHYROID AGENTS - Drugs for Bones		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	OA	PA
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	1	PA
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	OA	PA
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (<i>etelcalcetide hcl</i>)	OA	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTITHYROID AGENTS - Drugs for the Thyroid		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SODIUM IODIDE I-131 ORAL SOLUTION 1000 MCI/ML	OA	
BIGUANIDES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	3	
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	3	ST
DAPAGLIFLOZIN PRO-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG	3	PA
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	3	PA
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	3	ST
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	3	ST
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	2	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	2	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	QL (1 EA per 1 day)
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	1	PA
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	1	PA
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	*
<i>metformin hcl oral solution 500 mg/5ml</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	*
<i>metformin hcl oral tablet 625 mg</i>	1	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	3	
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	1	ST
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	3	ST
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	2	
CONTRACEPTIVES - Drugs for Women		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>aftera oral tablet 1.5 mg</i>	1	PV
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>amethyst oral tablet 90-20 mcg</i>	1	PV
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	3	PV; QL (1 EA per 365 days)
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	3	PV
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	3	PV
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>camila oral tablet 0.35 mg</i>	1	PV
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	1	PV
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	PV
<i>curae oral tablet 1.5 mg</i>	1	PV
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>deblitane oral tablet 0.35 mg</i>	1	PV
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	OA	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	OA	PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	OA	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>dolishale oral tablet 90-20 mcg</i>	1	PV
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	PV
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	PV
<i>econtra one-step oral tablet 1.5 mg</i>	1	PV
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	PV
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	3	PV
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>errin oral tablet 0.35 mg</i>	1	PV
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	PV
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>heather oral tablet 0.35 mg</i>	1	PV
<i>her style oral tablet 1.5 mg</i>	1	PV
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	PV
<i>incassia oral tablet 0.35 mg</i>	1	PV
<i>introvale oral tablet 0.15-0.03 mg</i>	1	PV
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>jasmiel oral tablet 3-0.02 mg</i>	1	PV
<i>jencycla oral tablet 0.35 mg</i>	1	PV
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	PV
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	PV
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	PV
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	1	PV
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	PV
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>levonorgestrel oral tablet 1.5 mg</i>	1	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	PV
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	OA	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	2	PV
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	3	PV
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	3	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	3	PV
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	3	PV
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	1	PV
<i>loryna oral tablet 3-0.02 mg</i>	1	PV
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	PV
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	1	PV
<i>lutera oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>lyleq oral tablet 0.35 mg</i>	1	PV
<i>lyza oral tablet 0.35 mg</i>	1	PV
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	OA	PV
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	OA	PV
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	PV
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	PV
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	OA	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>my choice oral tablet 1.5 mg</i>	1	PV
<i>my way oral tablet 1.5 mg</i>	1	PV
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	3	PV
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>new day oral tablet 1.5 mg</i>	1	PV
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	OA	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	3	PV
<i>nikki oral tablet 3-0.02 mg</i>	1	PV
<i>nora-be oral tablet 0.35 mg</i>	1	PV
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	PV
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	PV
<i>norethindrone oral tablet 0.35 mg</i>	1	PV
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	1	PV
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>norlyroc oral tablet 0.35 mg</i>	1	PV
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	PV
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	3	PV
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>ocella oral tablet 3-0.03 mg</i>	1	PV
<i>opcicon one-step oral tablet 1.5 mg</i>	1	PV
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	3	PV
<i>option 2 oral tablet 1.5 mg</i>	1	PV
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>react oral tablet 1.5 mg</i>	1	PV
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	PV
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	3	PV
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	PV
<i>sharobel oral tablet 0.35 mg</i>	1	PV
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>simpesse oral tablet 0.15-0.03 &0.01 mg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	OA	
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	3	PV
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>syeda oral tablet 3-0.03 mg</i>	1	PV
<i>take action oral tablet 1.5 mg</i>	1	PV
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	PV
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	PV
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	3	PV
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	PV
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	3	PV
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	3	PV
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	PV
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	PV
<i>vestura oral tablet 3-0.02 mg</i>	1	PV
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	PV
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	3	PV
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	3	PV
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>zumandimine oral tablet 3-0.03 mg</i>	1	PV
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	3	ST
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	2	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	2	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	2	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	QL (1 EA per 1 day)
ONGLYZA ORAL TABLET 5 MG (<i>saxagliptin hcl</i>)	3	ST
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	3	ST
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	1	ST
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	1	ST
SITAGLIPTIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	3	ST
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metform</i>)	2	
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
CLOMID ORAL TABLET 50 MG (<i>clomiphene citrate</i>)	INF	PA
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	3	
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	3	
FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	3	AC
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	3	
<i>raloxifene hcl oral tablet 60 mg</i>	1	PV
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	3	PV; AC
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	PV; AC
<i>toremifene citrate oral tablet 60 mg</i>	1	AC
ESTROGENS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	3	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	PV
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	2	QL (0.3 EA per 1 day)
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>amabelz oral tablet 0.5-0.1 mg</i>	1	
<i>amethyst oral tablet 90-20 mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	3	PV; QL (1 EA per 365 days)
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	3	PV
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	PV
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	3	PV
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (<i>estradiol-progesterone</i>)	3	PA
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	1	PV
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	PV
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	2	QL (0.15 EA per 1 day)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	QL (0.2 EA per 1 day)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	3	QL (0.3 EA per 1 day)
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	PV
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (<i>estradiol valerate</i>)	3	PA; QL (30 day supply per 1 fill)
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	PV
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	3	PA; QL (30 day supply per 1 fill)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM (<i>estradiol</i>)	3	QL (1 EA per 1 day)
DIVIGEL TRANSDERMAL GEL 1 MG/GM (<i>estradiol</i>)	3	QL (1 GM per 1 day)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM (<i>estradiol</i>)	3	

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<i>dolishale oral tablet 90-20 mcg</i>	1	PV
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (0.3 EA per 1 day)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	PV
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	PV
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	3	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	3	QL (1.74 GM per 1 day)
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	PV
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	PV
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>estradiol</i>)	3	
ESTRACE VAGINAL CREAM 0.1 MG/GM (<i>estradiol</i>)	3	
ESTRADIOL IMPLANT PELLETT 6 MG	OA	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm</i>	1	QL (1 EA per 1 day)
<i>estradiol transdermal gel 1 mg/gm</i>	1	QL (1 GM per 1 day)
<i>estradiol transdermal gel 1.25 mg/1.25gm</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (0.3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (0.2 EA per 1 day)
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	PA; QL (30 day supply per 1 fill)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (estradiol)	3	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	3	QL (1.67 GM per 1 day)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	PV
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	PV
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (estradiol)	3	QL (0.55 ML per 1 day)
falmina oral tablet 0.1-20 mg-mcg	1	PV
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (estradiol acetate)	3	
finzala oral tablet chewable 1-20 mg-mcg(24)	1	PV
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
gemmily oral capsule 1-20 mg-mcg(24)	1	PV
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	PV
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	PV
haloette vaginal ring 0.12-0.015 mg/24hr	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	PV
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	2	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	2	
<i>introvale oral tablet 0.15-0.03 mg</i>	1	PV
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>jasmiel oral tablet 3-0.02 mg</i>	1	PV
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	PV
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	PV
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	PV

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<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	1	PV
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	PV
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	PV
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	2	PV
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	3	PV
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	3	PV
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	3	PV
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	3	PV
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	1	PV
<i>loryna oral tablet 3-0.02 mg</i>	1	PV

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<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	PV
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	1	PV
<i>lutera oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (0.3 EA per 1 day)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	PV
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (esterified estrogens)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (estradiol)	3	QL (0.2 EA per 1 day)
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	PV
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>mimvey oral tablet 1-0.5 mg</i>	1	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	3	QL (0.3 EA per 1 day)
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	PV
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	3	PA; QL (1 EA per 1 day)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	3	PV
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	PV

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NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	3	PV
<i>nikki oral tablet 3-0.02 mg</i>	1	PV
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	PV
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	PV
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	1	PV
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	PV
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	3	PV
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>ocella oral tablet 3-0.03 mg</i>	1	PV
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	3	PA
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	PV
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG (<i>estrogens conjugated</i>)	OA	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	2	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrog-medroxyprogest ace</i>)	2	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	PV
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	3	PV
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	PV
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>simpesse oral tablet 0.15-0.03 &0.01 mg</i>	1	PV
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>syeda oral tablet 3-0.03 mg</i>	1	PV
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV

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<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	PV
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	PV
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	3	PV
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	PV
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	3	PV
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	3	PV
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	PV
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	3	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	PV
<i>vestura oral tablet 3-0.02 mg</i>	1	PV

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<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	QL (0.3 EA per 1 day)
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	PV
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	3	PV
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	3	PV
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>zumandimine oral tablet 3-0.03 mg</i>	1	PV
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	3	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	3	
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl rdna (diagnostic)</i>)	OA	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	3	QL (30 day supply per 1 fill)

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glucagon emergency kit injection kit 1 mg	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	
GLUCAGON HCL (DIAGNOSTIC) INJECTION SOLUTION RECONSTITUTED 1 MG	OA	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (glucagon)	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (glucagon)	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (glucagon)	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (glucagon)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	3	
GONADOTROPINS - Hormones		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG (leuprolide mesylate (6 month))	OA	PA
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	INF	PA; QL (30 day supply per 1 fill)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (leuprolide acetate (3 month))	OA	
ELIGARD SUBCUTANEOUS KIT 30 MG (leuprolide acetate (4 month))	OA	
ELIGARD SUBCUTANEOUS KIT 45 MG (leuprolide acetate (6 month))	OA	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (leuprolide acetate)	OA	PA

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FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG <i>(leuprolide acetate (6 month))</i>	OA	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	INF	PA; QL (30 day supply per 1 fill)
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (<i>follitropin alfa</i>)	INF	PA; QL (30 day supply per 1 fill)
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (<i>follitropin alfa</i>)	INF	PA; QL (30 day supply per 1 fill)
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>follitropin alfa</i>)	INF	PA; QL (30 day supply per 1 fill)
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	OA	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	OA	PA
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION 25-5 MG/ML	3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	OA	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate (3 month)</i>)	OA	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	OA	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	OA	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	OA	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (<i>leuprolide acetate (3 month)</i>)	OA	

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LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	OA	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	INF	PA; QL (30 day supply per 1 fill)
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (<i>chorionic gonadotropin</i>)	INF	PA; QL (30 day supply per 1 fill)
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	INF	PA; QL (30 day supply per 1 fill)
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	INF	PA; QL (30 day supply per 1 fill)
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (<i>histrelin acetate (cpp)</i>)	OA	PA
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	2	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	OA	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	OA	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin acetate</i>)	OA	
INCRETIN MIMETICS - Drugs for Diabetes		
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (<i>exenatide</i>)	2	PA; QL (30 day supply per 1 fill)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (<i>exenatide</i>)	2	PA; QL (30 day supply per 1 fill)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (<i>exenatide</i>)	2	PA; QL (30 day supply per 1 fill)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide</i>)	2	PA; QL (30 day supply per 1 fill)

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OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML (<i>semaglutide</i>)	2	PA; QL (30 day supply per 1 fill)
RYBELSUS ORAL TABLET 14 MG, 7 MG (<i>semaglutide</i>)	2	PA
RYBELSUS ORAL TABLET 3 MG (<i>semaglutide</i>)	2	PA; QL (60 EA per 365 days)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	3	PA; QL (30 day supply per 1 fill)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	2	ST; QL (30 day supply per 1 fill)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	2	PA; QL (30 day supply per 1 fill)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	2	PA; QL (30 day supply per 1 fill)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (<i>semaglutide-weight management</i>)	3	PA; QL (30 day supply per 1 fill)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	2	PA; QL (30 day supply per 1 fill)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide-weight management</i>)	3	PA; QL (30 day supply per 1 fill)
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	2	

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HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	2	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	ST
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	ST
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	ST
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	ST
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	3	ST
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	3	ST
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	3	ST
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	3	ST
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
LONG-ACTING INSULINS - Drugs for Diabetes		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	3	ST
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INSULIN DEGLUDEC FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	ST
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
INSULIN GLARGINE MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	PA
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	ST
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	2	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	2	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin detemir</i>)	3	ST
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	3	ST
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-aglr</i>)	3	ST
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	3	ST
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	3	ST
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	2	ST; QL (30 day supply per 1 fill)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	2	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	3	ST
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	3	ST
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	2	PA; QL (30 day supply per 1 fill)
MEGLITINIDES - Drugs for Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
PARATHYROID AGENTS - Drugs for Bones		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA; SP; QL (30 day supply per 1 fill)
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PITUITARY - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	OA	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	OA	PA
DDAVP INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	OA	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DDAVP PF INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	OA	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	OA	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	4	SP; QL (30 day supply per 1 fill)
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	OA	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (<i>somatropin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (<i>somatropin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatrogon-ghla</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	3	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	3	PA; SP; QL (30 day supply per 1 fill)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	3	PA; SP; QL (30 day supply per 1 fill)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	3	PA; SP; QL (30 day supply per 1 fill)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	3	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG (<i>somatropin (non-refrigerated)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somapacitan-beco</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED 0.85 MG (<i>terlipressin acetate</i>)	OA	
<i>vasopressin +rfid intravenous solution 20 unit/ml</i>	OA	
<i>vasopressin intravenous solution 20 unit/ml</i>	OA	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 20-0.9 UT/100ML-%, 40-0.9 UT/100ML-%	OA	
VASOSTRICT INTRAVENOUS SOLUTION 0.2 UNIT/ML, 0.4 UNIT/ML, 20 UNIT/ML (<i>vasopressin</i>)	OA	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PROGESTINS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	3	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>aftera oral tablet 1.5 mg</i>	1	PV
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	PV

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<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>amabelz oral tablet 0.5-0.1 mg</i>	1	
<i>amethyst oral tablet 90-20 mcg</i>	1	PV
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	3	PV; QL (1 EA per 365 days)
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	3	PV
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	PV
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	3	PV
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (<i>estradiol-progesterone</i>)	3	PA

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<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>camila oral tablet 0.35 mg</i>	1	PV
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	1	PV
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	PV
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	2	QL (0.15 EA per 1 day)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	3	QL (0.3 EA per 1 day)
CRINONE VAGINAL GEL 4 % (<i>progesterone</i>)	3	PA
CRINONE VAGINAL GEL 8 % (<i>progesterone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	PV
<i>curae oral tablet 1.5 mg</i>	1	PV
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>deblitane oral tablet 0.35 mg</i>	1	PV
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	OA	PV

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DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	OA	PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	OA	PV
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>dolishale oral tablet 90-20 mcg</i>	1	PV
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	PV
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	PV
<i>econtra one-step oral tablet 1.5 mg</i>	1	PV
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	PV
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	3	PV
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>errin oral tablet 0.35 mg</i>	1	PV
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	PV
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	PV

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<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>heather oral tablet 0.35 mg</i>	1	PV
<i>her style oral tablet 1.5 mg</i>	1	PV
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	PV
<i>incassia oral tablet 0.35 mg</i>	1	PV
<i>introvale oral tablet 0.15-0.03 mg</i>	1	PV
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV
<i>jasmiel oral tablet 3-0.02 mg</i>	1	PV
<i>jencycla oral tablet 0.35 mg</i>	1	PV
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	PV
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	PV
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	PV
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	OA	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	1	PV
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	PV
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>levonorgestrel oral tablet 1.5 mg</i>	1	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	PV
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (levonorgestrel)	OA	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphase)	2	PV
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (norethindrone acet-ethinyl est)	3	PV
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (norethindrone acet-ethinyl est)	3	PV
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (norethin ace-eth estrad-fe)	3	PV
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (norethin ace-eth estrad-fe)	3	PV
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	1	PV
loryna oral tablet 3-0.02 mg	1	PV
low-ogestrel oral tablet 0.3-30 mg-mcg	1	PV
lo-zumandimine oral tablet 3-0.02 mg	1	PV
lutra oral tablet 0.1-20 mg-mcg	1	PV
lyleq oral tablet 0.35 mg	1	PV
lyza oral tablet 0.35 mg	1	PV
marlissa oral tablet 0.15-30 mg-mcg	1	PV
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	OA	PV
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	OA	PV
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	AC

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	AC
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	PV
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>mimvey oral tablet 1-0.5 mg</i>	1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	OA	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>my choice oral tablet 1.5 mg</i>	1	PV
<i>my way oral tablet 1.5 mg</i>	1	PV
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	3	PA; QL (1 EA per 1 day)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	3	PV
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>new day oral tablet 1.5 mg</i>	1	PV
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	OA	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	3	PV
<i>nikki oral tablet 3-0.02 mg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nora-be oral tablet 0.35 mg</i>	1	PV
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	PV
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	PV
<i>norethindrone oral tablet 0.35 mg</i>	1	PV
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	1	PV
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>norlyroc oral tablet 0.35 mg</i>	1	PV
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	PV
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	3	PV

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<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>nylia 7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>ocella oral tablet 3-0.03 mg</i>	1	PV
<i>opcicon one-step oral tablet 1.5 mg</i>	1	PV
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	3	PV
<i>option 2 oral tablet 1.5 mg</i>	1	PV
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	3	PA
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
PODPROG EXTERNAL SOLUTION 0.1-7 %	3	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	PV
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>progesterone oral capsule 100 mg, 200 mg</i>	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone</i>)	3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	3	
<i>react oral tablet 1.5 mg</i>	1	PV
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	3	PV
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	PV
<i>sharobel oral tablet 0.35 mg</i>	1	PV
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>simpesse oral tablet 0.15-0.03 &0.01 mg</i>	1	PV
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	OA	
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	3	PV
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>syeda oral tablet 3-0.03 mg</i>	1	PV
<i>take action oral tablet 1.5 mg</i>	1	PV
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	PV
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	PV
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	3	PV
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV

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<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	PV
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	3	PV
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	3	PV
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	PV
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	PV
<i>vestura oral tablet 3-0.02 mg</i>	1	PV
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	PV
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	3	PV
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	3	PV
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zumandimine oral tablet 3-0.03 mg	1	PV
RAPID-ACTING INSULINS - Drugs for Diabetes		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	3	ST
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	3	ST
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	3	PA
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	3	ST
APIDRA VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	3	ST
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (wlniacinamide)</i>)	3	ST
FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (wlniacinamide)</i>)	3	ST
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (wlniacinamide)</i>)	3	ST
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (wlniacinamide)</i>)	3	ST
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	2	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	2	
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	3	ST
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	2	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	ST
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	ST
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	3	ST
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	ST
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	ST
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	PA
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	3	PA
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	PA
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	PA
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro-aabc</i>)	3	ST
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	2	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	3	ST
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	3	ST
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	3	ST
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	3	ST
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	3	ST
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	3	ST
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	3	ST
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	3	ST
NOVOLOG U-100 VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	3	ST
RENIN-ANGIOTENSIN-ALDOSTERONE SYST(RAAS) - Hormones		
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML (<i>angiotensin ii acetate</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	2	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	2	
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	2	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	OA	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	ST
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	ST
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	ST
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	ST
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	3	ST
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	3	ST
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOLIN R VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	3	ST
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
BEXAGLIFLOZIN ORAL TABLET 20 MG	3	ST
BRENZAVVY ORAL TABLET 20 MG (<i>bexagliflozin</i>)	3	ST
DAPAGLIFLOZIN PRO-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG	3	PA
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	3	PA
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	2	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	
INPEFA ORAL TABLET 200 MG, 400 MG (<i>sotagliflozin</i>)	3	ST
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	3	ST
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	3	ST
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	3	ST
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	2	
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	3	ST
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	3	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyroglutamicac</i>)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	3	ST
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	2	
SOMATOSTATIN AGONISTS - Hormones		
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML	OA	PA
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	OA	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspertate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	OA	PA
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (<i>tesamorelin acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (<i>somatropin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (<i>somatropin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	3	PA; SP; QL (30 day supply per 1 fill)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	3	PA; SP; QL (30 day supply per 1 fill)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	3	PA; SP; QL (30 day supply per 1 fill)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	3	PA; SP; QL (30 day supply per 1 fill)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG (<i>somatropin (non-refrigerated)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	3	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (<i>glipizide</i>)	3	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THIAZOLIDINEDIONES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	3	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	3	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	3	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	
THYROID AGENTS - Drugs for the Thyroid		
ADTHYZA ORAL TABLET 65 MG (<i>thyroid</i>)	3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	3	
ERMEZA ORAL SOLUTION 150 MCG/5ML (<i>levothyroxine sodium</i>)	3	PA
<i>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</i>	1	
<i>levo-t 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</i>	1	
<i>levothyroxine sodium intravenous solution 100 mcg/5ml, 100 mcg/ml, 200 mcg/5ml, 500 mcg/5ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levothyroxine sodium intravenous solution reconstituted 100 mcg, 200 mcg, 500 mcg	OA	
LEVOTHYROXINE SODIUM ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
levothyroxine sodium 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	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine sodium intravenous solution 10 mcg/ml	OA	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (resmetirom)	4	PA; SP; QL (30 day supply per 1 fill)
SYNTHROID 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 (levothyroxine sodium)	3	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (levothyroxine sodium)	3	
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)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>unithroid 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</i>	1	
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE 4 %-1:100000 (<i>articaine-epinephrine</i>)	OA	
<i>bupivacaine fisiopharma injection solution 2.5 mg/ml, 5 mg/ml</i>	OA	
<i>bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %, 0.75 %</i>	OA	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.125 % (50 ML)	3	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML)	OA	
<i>bupivacaine hcl solution 0.25 % injection</i>	OA	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	OA	
<i>bupivacaine hcl solution 0.5 % injection</i>	OA	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	OA	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.125-0.9 %	OA	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.25-0.9 %	OA	
<i>bupivacaine in dextrose intrathecal solution 0.75-8.25 %</i>	OA	
<i>bupivacaine spinal intrathecal solution 0.75-8.25 %</i>	OA	
<i>bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% -1:200000</i>	OA	
<i>bupivacaine-epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BUPIVILLOG INJECTION KIT 40 & 0.5 MG/ML-%	OA	
chloroprocaine hcl (pf) injection solution 2 %, 3 %	OA	
CLOROTEKAL INTRATHECAL SOLUTION 50 MG/5ML (chloroprocaine hcl)	OA	
DEXAMETH SOD PHOS-BUPIV-EPIN INJECTION SOLUTION PREFILLED SYRINGE 0.01-0.375 %-1:200000	3	
DEXLIDO INJECTION KIT 10 & 1 MG/ML-% (dexamethasone sod phos-lido)	OA	
EXPAREL INJECTION SUSPENSION 1.3 % (bupivacaine liposome)	OA	
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.2-0.9 MG/100ML-%, 0.3-0.2- 0.9 MG/150ML-%, 0.4-0.1-0.9 MG/200ML-%, 0.4-0.2-0.9 MG/200ML-%, 0.5-0.2-0.9 MG/250ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2- 0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625- 0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%, 0.8-0.1667-0.9 MG/200ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.1-0.125-0.9 MG/50ML-%	OA	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2- 0.125-0.9 MCG/ML-%-%	OA	
FENTANYL-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2- 0.1-0.9 MG/100ML-%	OA	
KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION 10-10 MEQ-MG /100ML	OA	
KETOROLAC-BUPIV-KETAMINE INJECTION SOLUTION PREFILLED SYRINGE 60-150-60 MG/50ML	3	
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION 25-5 MG/ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %</i>	OA	
<i>lidocaine hcl injection solution 0.5 %</i>	OA	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML, 100 MG/10ML, 100 MG/5ML, 200 MG/10ML	OA	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 9 MG/ML	3	
LIDOCAINE HCL SOLUTION 1 % INJECTION	OA	
<i>lidocaine hcl solution 1 % injection</i>	OA	
LIDOCAINE HCL SOLUTION 2 % INJECTION	OA	
<i>lidocaine hcl solution 2 % injection</i>	OA	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200000, 1.5 %-1:200000, 2 %-1:100000</i>	OA	
<i>lidocaine-epinephrine solution 1 %-1:100000 injection</i>	OA	
LIDOCAINE-EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	OA	
<i>lidocaine-epinephrine solution 2 %-1:200000 injection</i>	OA	
LIDOCAINE-EPINEPHRINE SOLUTION 2 %-1:200000 INJECTION	OA	
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE 1-8.4 %	OA	
LIDOCIDEX I INJECTION SOLUTION 5-10 MG/1.5ML	OA	
LIDOLOG INJECTION KIT 40 & 2 MG/ML-%	OA	
LIDOMAR INJECTION SOLUTION 50-18.75 MG/5ML <i>(lidocaine hcl-bupivacaine hcl)</i>	OA	
MARCAINE INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 % <i>(bupivacaine hcl)</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 %, 0.5 % (<i>bupivacaine hcl</i>)	OA	
MARCAINE SPINAL INTRATHECAL SOLUTION 0.75-8.25 % (<i>bupivacaine in dextrose</i>)	OA	
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% - 1:200000, 0.25-1:200000 %, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	OA	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	OA	
METHYLPREDNISOLONE ACE-LIDO INJECTION SUSPENSION 40-10 MG/ML, 80-10 MG/ML	3	
METHYLPREDNISOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML, 80-5 MG/ML	OA	
NAROPIN INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 5 MG/ML, 7.5 MG/ML (<i>ropivacaine hcl</i>)	OA	
NESACAINE INJECTION SOLUTION 1 %, 2 % (<i>chloroprocaine hcl</i>)	OA	
NESACAINE-MPF INJECTION SOLUTION 2 %, 3 % (<i>chloroprocaine hcl</i>)	OA	
ORABLOC INJECTION SOLUTION CARTRIDGE 4 %-1:100000, 4 %-1:200000 (<i>articaine-epinephrine</i>)	OA	
PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40-1 MG/ML-%	OA	
PHYSICIANS EZ USE M-PRED INJECTION KIT 40-0.5 MG/ML-%	OA	
POINT OF CARE KM INJECTION KIT 40 & 0.5 MG/ML-% (<i>triamcinolone-bupivacaine</i>)	OA	
POLOCAINE INJECTION SOLUTION 1 %, 2 % (<i>mepivacaine hcl</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POLOCAINE-MPF INJECTION SOLUTION 1 %, 1.5 %, 2 % (<i>mepivacaine hcl</i>)	OA	
POSIMIR INJECTION SOLUTION 660 MG/5ML (<i>bupivacaine</i>)	OA	
ROPIVACAINE HCL EPIDURAL SOLUTION 0.2 %	OA	
<i>ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml</i>	OA	
ROPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.2 %, 0.5 %	3	
<i>ropivacaine hcl solution 2 mg/ml injection</i>	OA	
ROPIVACAINE HCL SOLUTION 2 MG/ML INJECTION	OA	
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %, 0.2-0.9 %	OA	
ROPIVACAINE HCL-NACL INJECTION SOLUTION 0.2-0.9 %	3	
SENSORCAINE INJECTION SOLUTION 0.25 %, 0.5 % (<i>bupivacaine hcl</i>)	OA	
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	OA	
SENSORCAINE-MPF INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 % (<i>bupivacaine hcl</i>)	OA	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	OA	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (<i>bupivacaine-epinephrine</i>)	3	
TRIAMCINOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML	OA	
XARACOLL IMPLANT IMPLANT 3 X 100 MG (<i>bupivacaine hcl</i>)	OA	
XYLOCAINE INJECTION SOLUTION 0.5 %, 1 %, 2 % (<i>lidocaine hcl</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000 (<i>lidocaine-epinephrine</i>)	OA	
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 % (<i>lidocaine hcl</i>)	OA	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000, 1.5 %-1:200000, 2 %-1:200000 (<i>lidocaine-epinephrine</i>)	OA	
ZTLIDO EXTERNAL PATCH 1.8 % (<i>lidocaine</i>)	3	
ZYNRELEF INJECTION SOLUTION 200-6 MG/7ML, 400-12 MG/14ML (<i>bupivacaine-meloxicam</i>)	OA	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
AVODART ORAL CAPSULE 0.5 MG (<i>dutasteride</i>)	3	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	3	PA
FINAPOD EXTERNAL SOLUTION 0.1-7 %	3	
<i>finasteride oral tablet 5 mg</i>	1	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	3	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	3	
ALCOHOL DETERRENTS - Drugs for Alcohol Dependence		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIDOTES - Drugs for Overdose or Poisoning		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML (<i>acetylcysteine</i>)	OA	
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
<i>acetylcysteine intravenous solution 200 mg/ml</i>	OA	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae immune fab (equine)</i>)	OA	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	OA	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	OA	
<i>atropine sulfate injection solution 8 mg/20ml</i>	OA	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	OA	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	3	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	3	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML (<i>sugammadex sodium</i>)	OA	
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae polyval immune fab</i>)	OA	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM (<i>hydroxocobalamin</i>)	OA	
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	OA	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>digoxin immune fab</i>)	OA	
EDETATE CALCIUM DISODIUM INJECTION SOLUTION 1 GM/5ML	OA	
EDETATE DISODIUM INTRAVENOUS SOLUTION 150 MG/ML	OA	
<i>flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml</i>	OA	
<i>fomepizole intravenous solution 1.5 gm/1.5ml</i>	OA	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	3	
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl rdna (diagnostic)</i>)	OA	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	3	QL (30 day supply per 1 fill)
<i>glucagon emergency kit injection kit 1 mg</i>	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	
GLUCAGON HCL (DIAGNOSTIC) INJECTION SOLUTION RECONSTITUTED 1 MG	OA	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	3	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (<i>levoleucovorin</i>)	OA	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
<i>leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml</i>	OA	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	OA	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	AC
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	OA	
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>	OA	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	OA	
<i>magnesium sulfate injection solution 50 %</i>	OA	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	OA	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
<i>methylene blue intravenous solution 50 mg/10ml</i>	OA	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	QL (30 day supply per 1 fill)
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	QL (30 day supply per 1 fill)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	QL (30 day supply per 1 fill)
<i>naltrexone hcl oral tablet 50 mg</i>	1	
PEDMARK INTRAVENOUS SOLUTION 12.5 % (<i>sodium thiosulfate</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	OA	
<i>phytonadione oral tablet 5 mg</i>	1	
<i>protamine sulfate intravenous solution 10 mg/ml</i>	OA	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (<i>pralidoxime chloride</i>)	OA	
PROVAYBLUE INTRAVENOUS SOLUTION 50 MG/10ML (<i>methylene blue (antidote)</i>)	OA	
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	3	PA
REVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	3	
REVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	3	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sodium thiosulfate intravenous solution 250 mg/ml</i>	OA	
SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	OA	PA
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	OA	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	OA	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>glucarpidase</i>)	OA	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	3	

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ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	3	QL (30 day supply per 1 fill)
ANTIGOUT AGENTS - Drugs for Gout		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
ALLOPURINOL ORAL TABLET 200 MG	3	
<i>allopurinol sodium intravenous solution reconstituted 500 mg</i>	OA	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>allopurinol sodium</i>)	OA	
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	3	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	3	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (<i>colchicine</i>)	3	
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	3	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	3	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5ml</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>indomethacin sodium intravenous solution reconstituted 1 mg</i>	OA	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	OA	
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	3	PA
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	3	
NAPROSYN ORAL TABLET 500 MG (<i>naproxen</i>)	3	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral suspension 125 mg/5ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	PA
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	3	ST
ANTISENSE OLIGONUCLEOTIDES		
AMONDYS 45 INTRAVENOUS SOLUTION 100 MG/2ML	OA	PA
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML (<i>eteplirsen</i>)	OA	PA
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (<i>tofersen</i>)	OA	PA
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML (<i>nusinersen</i>)	OA	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML (<i>viltolarsen</i>)	OA	PA
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML (<i>golodirsen</i>)	OA	PA
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (<i>eplontersen sodium</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BONE ANABOLIC AGENTS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	OA	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA; SP; QL (30 day supply per 1 fill)
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
ACTONEL ORAL TABLET 150 MG, 35 MG (<i>risedronate sodium</i>)	3	
<i>alendronate sodium oral solution 70 mg/75ml</i>	1	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	2	QL (0.3 EA per 1 day)
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	3	
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	OA	PA
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	1	PA
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	QL (0.2 EA per 1 day)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (<i>estradiol valerate</i>)	3	PA; QL (30 day supply per 1 fill)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	3	PA; QL (30 day supply per 1 fill)
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM (<i>estradiol</i>)	3	QL (1 EA per 1 day)
DIVIGEL TRANSDERMAL GEL 1 MG/GM (<i>estradiol</i>)	3	QL (1 GM per 1 day)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM (<i>estradiol</i>)	3	
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (0.3 EA per 1 day)
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	3	QL (1.74 GM per 1 day)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>estradiol</i>)	3	
ESTRACE VAGINAL CREAM 0.1 MG/GM (<i>estradiol</i>)	3	
ESTRADIOL IMPLANT PELLETT 6 MG	OA	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm</i>	1	QL (1 EA per 1 day)
<i>estradiol transdermal gel 1 mg/gm</i>	1	QL (1 GM per 1 day)
<i>estradiol transdermal gel 1.25 mg/1.25gm</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (0.3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (0.2 EA per 1 day)
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	PA; QL (30 day supply per 1 fill)
ESTRING VAGINAL RING 7.5 MCG/24HR (<i>estradiol</i>)	3	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	3	QL (1.67 GM per 1 day)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	3	QL (0.55 ML per 1 day)
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	3	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	3	
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	2	
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	OA	
<i>ibandronate sodium oral tablet 150 mg</i>	1	
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	QL (0.3 EA per 1 day)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>esterified estrogens</i>)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	3	QL (0.2 EA per 1 day)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	OA	PA

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MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	QL (0.3 EA per 1 day)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>	OA	
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG (<i>estrogens conjugated</i>)	OA	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	2	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	OA	PA
<i>raloxifene hcl oral tablet 60 mg</i>	1	PV
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	OA	PA
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	1	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	1	
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	3	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	QL (0.3 EA per 1 day)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	OA	
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	OA	
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BRADYKININ RECEPTOR ANTAGONISTS		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (<i>icatibant acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
<i>dichlorphenamide oral tablet 50 mg</i>	4	SP; QL (30 day supply per 1 fill)
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	4	SP; QL (30 day supply per 1 fill)
ORMALVI ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	4	SP; QL (30 day supply per 1 fill)
CARIOSTATIC AGENTS - Vitamins and Fluoride		
<i>adclf (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	PV
CLINPRO 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	3	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	3	
DENTAGEL DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	3	
<i>easygel dental gel 0.4 %</i>	1	
<i>fluoridex daily renewal mouth/throat concentrate 0.63 %</i>	1	
FLUORIDEX DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (sod fluoride-potassium nitrate)	3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	3	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (sodium fluoride)	3	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	PV
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	PV
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	PV
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (sod fluoride-potassium nitrate)	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (sodium fluoride)	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (sod fluoride-potassium nitrate)	3	
PREVIDENT DENTAL GEL 1.1 % (sodium fluoride)	3	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (multi vit-min-fluoride-fe-fa)	3	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	1	
<i>sodium fluoride dental cream 1.1 %</i>	1	
<i>sodium fluoride dental gel 1.1 %</i>	1	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	1	PV
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	PV
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	PV
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	PV
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	PV
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	OA	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	OA	PA
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	OA	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (<i>eculizumab</i>)	OA	
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (<i>ravulizumab-cwvz</i>)	OA	PA

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VEOPOZ INJECTION SOLUTION 400 MG/2ML (<i>pozelimab-bbfg</i>)	OA	PA
VOYDEYA ORAL TABLET 100 MG (<i>danicopan</i>)	3	PA
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (<i>danicopan</i>)	3	PA
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (<i>zilucoplan sodium</i>)	4	PA; SP; QL (30 day supply per 1 fill)
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	OA	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADB (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)

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ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADB (CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADB (PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-FKJP SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-FKJP SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ARAVAL ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	3	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	OA	
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	OA	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	

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AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (<i>secukinumab</i>)	OA	PA
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	3	
<i>cyclosporine intravenous solution 50 mg/ml</i>	OA	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	3	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	OA	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; AC
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gml/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	QL (30 day supply per 1 fill)
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	QL (30 day supply per 1 fill)
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methotrexate sodium oral tablet 2.5 mg	1	AC
NEORAL ORAL CAPSULE 100 MG, 25 MG (cyclosporine modified)	3	
NEORAL ORAL SOLUTION 100 MG/ML (cyclosporine modified)	3	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (baricitinib)	4	PA; SP; QL (30 day supply per 1 fill)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (abatacept)	4	PA; SP; QL (30 day supply per 1 fill)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (abatacept)	OA	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (abatacept)	4	PA; SP; QL (30 day supply per 1 fill)
OTEZLA ORAL TABLET 30 MG (apremilast)	4	PA; SP; QL (30 day supply per 1 fill)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (apremilast)	4	PA; SP; QL (30 day supply per 1 fill)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (methotrexate (anti-rheumatic))	3	PA; QL (30 day supply per 1 fill)
penicillamine oral capsule 250 mg	1	
penicillamine oral tablet 250 mg	1	
PLAQUENIL ORAL TABLET 200 MG (hydroxychloroquine sulfate)	3	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (methotrexate (anti-rheumatic))	3	PA; QL (30 day supply per 1 fill)

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REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	OA	
RENFLXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	OA	
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-arrx</i>)	OA	
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (<i>upadacitinib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	OA	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	2	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	OA	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SOVUNA ORAL TABLET 200 MG, 300 MG (<i>hydroxychloroquine sulfate</i>)	3	PA
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	

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TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	AC
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	AC
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	OA	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (<i>interferon gamma-1b</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-FKJP SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ADALIMUMAB-FKJP SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP; QL (30 day supply per 1 fill)
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	OA	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ARAVAL ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	3	
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	OA	
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	OA	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	4	PA; SP; QL (4 EA per 1 day)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML (<i>ublituximab-xiyy</i>)	OA	PA
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (<i>glatiramer acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>cyclosporine intravenous solution 50 mg/ml</i>	OA	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	4	PA; SP; QL (30 day supply per 1 fill)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>fingolimod hcl oral capsule 0.5 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (<i>fingolimod hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	2	PA; SP; QL (30 day supply per 1 fill)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	2	PA; SP; QL (30 day supply per 1 fill)
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	OA	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; AC
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (<i>alemtuzumab</i>)	OA	
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; SP; AC; QL (30 day supply per 1 fill)
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (24 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (14 EA per 365 days)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	QL (30 day supply per 1 fill)
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	QL (30 day supply per 1 fill)
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	OA	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	AC
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	3	
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML (<i>ocrelizumab</i>)	OA	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	OA	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	3	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (<i>ponesimod</i>)	4	PA; SP; QL (28 EA per 365 days)
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (<i>aldesleukin</i>)	OA	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	OA	

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RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	OA	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	2	
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML (<i>rozanolixizumab-noli</i>)	OA	PA
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	OA	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	2	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-ryvk</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	OA	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SOVUNA ORAL TABLET 200 MG, 300 MG (<i>hydroxychloroquine sulfate</i>)	3	PA
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (<i>fingolimod lauryl sulfate</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (<i>dimethyl fumarate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	AC
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	OA	
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (<i>inebilizumab-cdon</i>)	OA	
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	4	PA; SP; QL (1 day supply per 1 day)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	4	PA; SP; QL (4 EA per 1 day)
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML (<i>efgartigimod alfa-hyalur-qvfc</i>)	OA	PA
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML (<i>efgartigimod alfa-fcab</i>)	OA	PA
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	AC
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-aaty</i>)	4	PA; SP; QL (30 day supply per 1 fill)
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>)	4	PA; SP; QL (56 EA per 365 days)
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
ARAVAL ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	3	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	3	
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML (<i>lymphocyte, anti-thymo imm glob</i>)	OA	
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	OA	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (<i>belimumab</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>mycophenolate mofetil hcl</i>)	OA	
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (<i>mycophenolate mofetil</i>)	3	
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	3	
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	OA	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML, 500 MG/ML	OA	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	AC
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	AC
<i>cyclosporine intravenous solution 50 mg/ml</i>	OA	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	3	
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	3	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML (<i>emapalumab-lzsg</i>)	OA	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gengraf oral solution 100 mg/ml	1	
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	3	QL (10 GM per 30 days); AL (Min 6 Years)
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	3	
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; AC
leflunomide oral tablet 10 mg, 20 mg	1	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	4	PA; SP; QL (30 day supply per 1 fill)
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
mercaptopurine oral tablet 50 mg	1	AC
methotrexate sodium (pf) injection solution 1 gml/40ml, 250 mg/10ml, 50 mg/2ml	1	QL (30 day supply per 1 fill)
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	QL (30 day supply per 1 fill)
methotrexate sodium injection solution reconstituted 1 gm	OA	
methotrexate sodium oral tablet 2.5 mg	1	AC
mycophenolate mofetil hcl intravenous solution reconstituted 500 mg	OA	
mycophenolate mofetil intravenous solution reconstituted 500 mg	OA	
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	1	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	3	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	3	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>belatacept</i>)	OA	
OXIANUJO EXTERNAL OINTMENT 4-0.1 % <i>pimecrolimus external cream 1 %</i>	3 1	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	OA	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	3	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	4	SP; AC; QL (30 day supply per 1 fill)
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>sirolimus</i>)	3	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	OA	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	2	
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML (<i>anifrolumab-fnia</i>)	OA	PA
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (<i>basiliximab</i>)	OA	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (<i>anti-thymocyte glob (rabbit)</i>)	OA	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	2	AC
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	AC
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	3	
KALLIKREIN INHIBITORS		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>lanadelumab-flyo</i>)	4	PA; SP; QL (30 day supply per 1 fill)
KALLIKREIN-KININ SYSTEM INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	OA	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	OA	PA
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (<i>icatibant acetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	OA	
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (<i>eculizumab</i>)	OA	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (<i>ravulizumab-cwvz</i>)	OA	PA
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ALPHA-LIPOIC ACID INJECTION SOLUTION 25 MG/ML	3	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>vutrisiran sodium</i>)	OA	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ASPYRERX (<i>dtx app - type 2 diabetes</i>)	3	
<i>betaine oral powder</i>	4	SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (<i>onabotulinumtoxin</i> <i>cosmetic</i>)	OA	PA
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxin</i>)	OA	PA
CANVAS DX DIAGNOSIS AID AUTISM (<i>digital diagnostic aid</i>)	3	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML (<i>levocarnitine</i>)	OA	PA
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	3	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	3	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	3	
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COENZYME Q-10 INJECTION SOLUTION 20 MG/ML	3	
CYSTADANE ORAL POWDER (<i>betaine</i>)	4	SP; QL (30 day supply per 1 fill)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	4	SP; QL (30 day supply per 1 fill)
CYTOTINE ORAL POWDER (<i>creatine monohydrate</i>)	3	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>daxibotulinumtoxin-lanm</i>)	OA	PA
DEMSEER ORAL CAPSULE 250 MG (<i>metirosine</i>)	3	
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxin</i>)	OA	PA

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ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	3	
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ENDEAVORRX (<i>dtx app - adhd</i>)	3	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	3	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	4	PA; SP; QL (30 day supply per 1 fill)
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (<i>cross-linked hyaluronate</i>)	OA	PA
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML (<i>givosiran sodium</i>)	OA	
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (<i>hyaluronan</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ISTURISA ORAL TABLET 1 MG, 5 MG (<i>osilodrostat phosphate</i>)	4	PA; SP; QL (30 day supply per 1 fill); AL (Max 18 Years)
JAVYGTOR ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	4	SP; QL (30 day supply per 1 fill)
JAVYGTOR ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	4	SP; QL (30 day supply per 1 fill)
KUVAN ORAL PACKET 100 MG, 500 MG (<i>sapropterin dihydrochloride</i>)	4	SP; QL (30 day supply per 1 fill)
KUVAN ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	4	SP; QL (30 day supply per 1 fill)
LEVOCARNITINE INJECTION SOLUTION 500 MG/ML	OA	
<i>levocarnitine intravenous solution 200 mg/ml</i>	OA	PA
<i>levocarnitine oral solution 1 gm/10ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	1	
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	3	PA
LUMINOPIA (<i>dtx app - visual</i>)	3	
MACI INTRA-ARTICULAR SHEET (<i>autolog cult chond coll membr</i>)	OA	
MAHANA IBS (<i>dtx app - gastrointestinal</i>)	3	
<i>melnaphos/mb/lyo1 oral tablet 81.6 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	
<i>miglustat oral capsule 100 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
MODIA (<i>dtx app - subst use disorder</i>)	3	

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MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (<i>hyaluronan</i>)	OA	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (<i>rimabotulinumtoxinb</i>)	OA	PA
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (<i>liver derivative complex</i>)	OA	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	4	SP; QL (30 day supply per 1 fill)
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	4	SP; QL (30 day supply per 1 fill)
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG (<i>fosdenopterin hydrobromide</i>)	OA	PA
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (<i>prenat-fe carbonyl-fa-omega 3</i>)	3	PV
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML (<i>patisiran sodium</i>)	OA	PA
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	4	SP; QL (30 day supply per 1 fill)
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	4	SP; QL (30 day supply per 1 fill)
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (<i>hyaluronan</i>)	OA	PA
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML (<i>lumasiran sodium</i>)	OA	PA
PENTOSAN POLYSULFATE SODIUM ORAL CAPSULE DELAYED RELEASE 150 MG, 200 MG	3	
<i>prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-228 mg, 27-0.8-250 mg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prenatal/folic acid+dha oral capsule 27-0.8-200 mg</i>	1	PV
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	2	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REBYOTA RECTAL SUSPENSION 150 ML (<i>fecal microbiota, live-jslm</i>)	OA	PA
RECORLEV ORAL TABLET 150 MG (<i>levoketoconazole</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
RESET (<i>dtx app - subst use disorder</i>)	3	
RESET NON-MONETARY CM (<i>dtx app - subst use disorder</i>)	3	
RESET-O (<i>dtx app - subst use disorder</i>)	3	
RESET-O NON-MONETARY CM (<i>dtx app - subst use disorder</i>)	3	
RETHYMIC INTRAMUSCULAR IMPLANT (<i>allogeneic thymus tissue-agdc</i>)	OA	
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RIMSO-50 INTRAVESICAL SOLUTION 50 % (<i>dimethyl sulfoxide</i>)	OA	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (<i>nedosiran sodium</i>)	4	PA; SP; QL (30 day supply per 1 fill)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML (<i>nedosiran sodium</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	4	SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sapropterin dihydrochloride oral tablet 100 mg	4	SP; QL (30 day supply per 1 fill)
SKYCLARYS ORAL CAPSULE 50 MG (omaveloxolone)	4	PA; SP; QL (30 day supply per 1 fill)
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (palovarotene)	4	PA; SP; QL (30 day supply per 1 fill)
SOLESTA INJECTION GEL 50-15 MG/ML (dextranomer-sodium hyaluronate)	OA	
SOMRYST (dtx app - sleep)	3	
STRIBILD ORAL TABLET 150-150-200-300 MG (elviteg-cobic-emtricit-tenofdf)	3	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (sodium hyaluronate (viscosup))	OA	PA
SYMTUZA ORAL TABLET 800-150-200-10 MG (darun-cobic-emtricit-tenofaf)	2	ST
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (sodium hyaluronate (viscosup))	OA	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (hylan g-f 20)	OA	PA
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (hylan g-f 20)	OA	PA
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (tiopronin)	3	
THIOLA ORAL TABLET 100 MG (tiopronin)	4	SP; QL (30 day supply per 1 fill)
tiopronin oral tablet 100 mg	4	SP; QL (30 day supply per 1 fill)
tiopronin oral tablet delayed release 100 mg, 300 mg	1	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (sodium hyaluronate (viscosup))	OA	PA

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TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	2	
UROGESIC-BLUE ORAL TABLET 81.6 MG (<i>methen-hyosc-meth blue-na phos</i>)	3	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (<i>alpelisib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
VORVIDA (<i>dtx app - subst use disorder</i>)	3	
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	3	PA; QL (24 EA per 365 days)
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	PV
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	PV
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	OA	PA
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
yargesa oral capsule 100 mg	4	PA; SP; QL (30 day supply per 1 fill)
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PROTECTIVE AGENTS		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>trilaciclib dihydrochloride</i>)	OA	PA
<i>dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg</i>	OA	
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>	OA	
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>amifostine</i>)	OA	
<i>mesna intravenous solution 100 mg/ml</i>	OA	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML (<i>mesna</i>)	OA	
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	3	AC
PEDMARK INTRAVENOUS SOLUTION 12.5 % (<i>sodium thiosulfate</i>)	OA	PA
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	3	PV
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	3	PV
FC2 FEMALE CONDOM (<i>condoms - female</i>)	3	PV
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	3	PV
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	3	PV
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	OA	
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	3	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TODAY SPONGE VAGINAL 1000 MG (<i>nonoxynol-9</i>)	3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	3	PV
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	3	PV
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	3	PV
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	3	PV
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	3	PV
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	3	PV
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	3	PV
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	3	PV
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	3	PV
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
<i>carboprost tromethamine intramuscular solution 250 mcg/ml</i>	OA	
CERVIDIL VAGINAL INSERT 10 MG (<i>dinoprostone</i>)	3	
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML (<i>carboprost tromethamine</i>)	OA	
<i>methergine oral tablet 0.2 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methylergonovine maleate injection solution 0.2 mg/ml</i>	OA	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	1	
MIFEPREX ORAL TABLET 200 MG (<i>mifepristone</i>)	3	
<i>mifepristone oral tablet 200 mg</i>	1	^
<i>oxytocin injection solution 10 unit/ml</i>	OA	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 15 UNIT/250ML, 20 UNIT/L, 30 UNIT/500ML	OA	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 20-0.9 UNIT/L-%, 30-0.9 UT/500ML-%	OA	
PITOCIN INJECTION SOLUTION 10 UNIT/ML (<i>oxytocin</i>)	OA	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (<i>dinoprostone</i>)	3	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
BACTERIOSTATIC WATER(BENZ ALC) INJECTION SOLUTION	3	
<i>diluent for treprostinil intravenous solution</i>	OA	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
STERILE DILUENT FLOLAN PH 12 INTRAVENOUS SOLUTION (<i>glycine diluent</i>)	OA	
STERILE DILUENT FOR REMODULIN INTRAVENOUS SOLUTION (<i>glycine diluent</i>)	OA	
<i>sterile water for injection injection solution</i>	OA	
RADIOACTIVE AGENTS		
RADIOACTIVE AGENTS		
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML (<i>lutetium lu 177 dotatate</i>)	OA	
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML (<i>lutetium lu 177 vipivotide tet</i>)	OA	

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STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION 1 MCI/ML	OA	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML (<i>radium ra 223 dichloride</i>)	OA	
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (<i>epinephrine</i>)	OA	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (<i>ephedrine sulfate (pressors)</i>)	OA	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (<i>ephedrine sulfate (pressors)</i>)	OA	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	3	PA; QL (30 day supply per 1 fill)
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML (<i>ephedrine sulfate (pressors)</i>)	OA	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML, 50 MG/10ML (<i>ephedrine sulfate (pressors)</i>)	OA	
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE 25 MG/5ML, 50 MG/10ML, 50 MG/5ML	3	
<i>ephedrine sulfate (pressors) intravenous solution 5 mg/ml, 50 mg/ml</i>	OA	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	OA	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	

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epinephrine (anaphylaxis) injection solution 1 mg/ml, 30 mg/30ml	OA	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	OA	
epinephrine injection solution 1 mg/ml, 10 mg/10ml	OA	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL (30 day supply per 1 fill)
EPINEPHRINE INTRAVENOUS SOLUTION 1 MG/10ML	OA	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	OA	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	OA	
epinephrine pf injection solution 1 mg/ml	OA	
epinephrine solution prefilled syringe 1 mg/10ml injection	OA	
EPINEPHRINE SOLUTION PREFILLED SYRINGE 1 MG/10ML INJECTION	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 5-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (epinephrine)	3	QL (30 day supply per 1 fill)

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EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	3	QL (30 day supply per 1 fill)
REZIPRES INTRAVENOUS SOLUTION 47 MG/10ML (<i>ephedrine hcl</i>)	OA	
ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD		
<i>atropine sulfate injection solution 8 mg/20ml</i>	OA	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	OA	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	2	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	3	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ESBRIET ORAL TABLET 267 MG, 801 MG (<i>pirfenidone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>pirfenidone oral capsule 267 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML (<i>mepolizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	OA	PA
ANTITUSSIVES - Drugs for Cough and Cold		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (<i>pseudoeph-bromphen-dm</i>)	3	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (<i>hydrocodone bit-homatrop mbr</i>)	3	
HYCODAN ORAL TABLET 5-1.5 MG (<i>hydrocodone bit-homatrop mbr</i>)	3	
<i>hydrocod poli-chlorophe poli er oral suspension extended release 10-8 mg/5ml</i>	1	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor-ivacaftor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	4	PA; SP; QL (30 day supply per 1 fill); AL (Min 6 Years)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	4	PA; SP; QL (30 day supply per 1 fill); AL (Min 2 Years and Max 5 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor-ivacaftor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	4	PA; SP; QL (30 day supply per 1 fill); AL (Min 6 Years)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	4	PA; SP; QL (30 day supply per 1 fill); AL (Min 2 Years and Max 5 Years)
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (<i>macitentan-tadalafil</i>)	3	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
EXPECTORANTS - Drugs for the Lungs		
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	
<i>iodine strong oral solution 5 %</i>	1	
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	OA	PA
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	OA	PA
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>ryvent oral tablet 6 mg</i>	1	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (<i>reslizumab</i>)	OA	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>)	OA	PA
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	3	
<i>montelukast sodium oral packet 4 mg</i>	1	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	3	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	3	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	3	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	1	PA
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	3	PA
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRILOPHthalmic SOLUTION 2 % (<i>nedocromil sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (<i>cromolyn sodium</i>)	3	
MUCOLYTIC AGENTS - Drugs for the Lungs		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (<i>sodium chloride</i>)	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %, 6 % (<i>sodium chloride</i>)	3	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	3	
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	1	QL (0.84 ML per 1 day)
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	1	QL (1.14 GM per 1 day)
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	ST
SINUVA NASAL IMPLANT 1350 MCG (<i>mometasone furoate</i>)	OA	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	3	PA
NON-SELECT.BETA-ADRENERGIC AGONT(RESPIR) - Drugs for Asthma/COPD		
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	OA	
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	ST; QL (1.07 GM per 1 day)
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (<i>fluticasone propionate(sensor)</i>)	3	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	2	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT	2	QL (4 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	2	QL (8 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	QL (2 EA per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (0.8 GM per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (0.71 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	2	QL (0.07 EA per 1 day)
PULMICORT SUSPENSION INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	3	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	3	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>alyq oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG (<i>tadalafil</i>)	3	QL (0.27 EA per 1 day)
LIQREV ORAL SUSPENSION 10 MG/ML (<i>sildenafil citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (<i>macitentan-tadalafil</i>)	3	PA
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	OA	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (0.27 EA per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>tadalafil (pah) oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (0.27 EA per 1 day)
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	3	QL (0.27 EA per 1 day)
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES - Drugs for the Lungs		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	OA	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	OA	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	OA	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	OA	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	OA	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	4	PA; SP; QL (30 day supply per 1 fill)
PULMONARY SURFACTANTS - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML (<i>poractant alfa</i>)	3	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (<i>calfactant in nacl</i>)	3	
SURVANTA INTRATRACHEAL SUSPENSION 25-0.9 MG/ML-% (<i>beractant in nacl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	OA	
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ESBRIET ORAL TABLET 267 MG, 801 MG (<i>pirfenidone</i>)	4	PA; SP; QL (30 day supply per 1 fill)
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	OA	
<i>pirfenidone oral capsule 267 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	OA	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	OA	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (<i>alpha1-proteinase inhibitor</i>)	OA	
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	1	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	1	
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	3	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	3	
QUZYTIR INTRAVENOUS SOLUTION 10 MG/ML (<i>cetirizine hcl</i>)	OA	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	3	PA; QL (2 EA per 1 day); AL (Max 2 Years)
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	ST; QL (1.07 GM per 1 day)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/lact inhalation</i>	1	
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/lact inhalation</i>	1	QL (1.2 GM per 1 day)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	2	QL (1.2 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	QL (4 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	3	QL (4 ML per 1 day)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (albuterol sulfate (sensor))	3	PA; QL (2 EA per 30 days); AL (Min 4 Years)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (albuterol sulfate)	2	QL (2 EA per 25 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (albuterol sulfate)	3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (salmeterol xinafoate)	2	QL (2 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	3	
terbutaline sulfate injection solution 1 mg/ml	OA	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (albuterol sulfate)	2	QL (1.2 GM per 1 day)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (levalbuterol tartrate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>alyq oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	OA	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	OA	
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil diolamine)	4	PA; SP; QL (30 day supply per 1 fill)
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (treprostinil)	OA	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (sildenafil citrate)	OA	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (sildenafil citrate)	4	PA; SP; QL (30 day supply per 1 fill)
REVATIO ORAL TABLET 20 MG (sildenafil citrate)	4	PA; SP; QL (30 day supply per 1 fill)
sildenafil citrate intravenous solution 10 mg/12.5ml	OA	
sildenafil citrate oral suspension reconstituted 10 mg/ml	4	PA; SP; QL (30 day supply per 1 fill)
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL (0.27 EA per 1 day)
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL (30 day supply per 1 fill)
tadalafil (pah) oral tablet 20 mg	4	PA; SP; QL (30 day supply per 1 fill)
TADLIQ ORAL SUSPENSION 20 MG/5ML (tadalafil (pah))	4	PA; SP; QL (30 day supply per 1 fill)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (bosentan)	4	PA; SP; QL (30 day supply per 1 fill)
TRACLEER ORAL TABLET SOLUBLE 32 MG (bosentan)	4	PA; SP; QL (30 day supply per 1 fill)
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	OA	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (30 day supply per 1 fill)
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (<i>selexipag</i>)	OA	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	4	PA; SP; QL (30 day supply per 1 fill)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	OA	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sildenafil citrate</i>)	3	QL (0.27 EA per 1 day)
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	4	PA; SP; QL (30 day supply per 1 fill)
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (<i>selexipag</i>)	OA	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	4	PA; SP; QL (30 day supply per 1 fill)
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
DIFMETIOXRIME EXTERNAL SOLUTION 4-2-1-4 %	3	
<i>naftifine hcl external cream 1 %, 2 %</i>	1	
<i>naftifine hcl external gel 2 %</i>	1	
NAFTIN EXTERNAL GEL 1 %, 2 % (<i>naftifine hcl</i>)	3	
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	3	
ACZONE EXTERNAL GEL 5 %, 7.5 % (<i>dapsone</i>)	3	PA
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	3	PA; QL (30 GM per 1 fill); AL (Min 9 Years)
BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	3	

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benzoyl peroxide-erythromycin external gel 5-3 %	1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (adapalene-benzoyl per-clindamy)	3	PA
CLEOCIN VAGINAL CREAM 2 % (clindamycin phosphate)	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (clindamycin phosphate)	2	
CLEOCIN-T EXTERNAL LOTION 1 % (clindamycin phosphate)	3	
clindacin etz external swab 1 %	1	
clindacin external foam 1 %	1	
clindacin-p external swab 1 %	1	
CLINDAGEL EXTERNAL GEL 1 % (clindamycin phosphate)	3	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
clindamycin phosphate external foam 1 %	1	
clindamycin phosphate external gel 1 %	1	
clindamycin phosphate external lotion 1 %	1	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
clindamycin phosphate vaginal cream 2 %	1	
clindamycin-tretinoin external gel 1.2-0.025 %	1	AL (Max 29 Years)
CLINDESSE VAGINAL CREAM 2 % (clindamycin phosphate (1 dose))	2	
dapsone external gel 5 %, 7.5 %	1	PA
DEOXIA EXTERNAL LOTION 1-4 %	3	
DRAXACEY EXTERNAL SUSPENSION 2-8 %	3	
DRIXECE EXTERNAL SUSPENSION 5-10 %	3	

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ECEOXIA EXTERNAL CREAM 4-10 %	3	
<i>ery external pad 2 %</i>	1	
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	3	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>gentamicin sulfate external ointment 0.1 %</i>	1	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	OA	
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	3	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	3	
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	3	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	3	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>mupirocin calcium external cream 2 %</i>	1	
<i>mupirocin external ointment 2 %</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	3	PA
<i>neuac external gel 1.2-5 %</i>	1	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	2	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	2	

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ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phosphobenzoyl perox</i>)	3	
OVACE PLUS EXTERNAL CREAM 10 % (<i>sulfacetamide sodium</i>)	3	
OVACE PLUS EXTERNAL LOTION 9.8 % (<i>sulfacetamide sodium</i>)	3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	3	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	OA	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	1	
SUMAXIN EXTERNAL PAD 10-4 % (<i>sulfacetamide sodium-sulfur</i>)	3	
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
VANAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	3	
XACIATO VAGINAL GEL 2 % (<i>clindamycin phosphate</i>)	3	ST
XEPI EXTERNAL CREAM 1 % (<i>ozenoxacin</i>)	3	PA
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	3	AL (Max 29 Years)
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	3	PA; QL (1 GM per 1 day)
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	
FUNGIMEZ EXTERNAL SOLUTION	3	
MYCOZYL HC EXTERNAL GEL 1-0.667 % (<i>tolnaftate-hydrocortisone</i>)	3	
RECURA EXTERNAL CREAM (<i>misc antifungal combo products</i>)	3	PA

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ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	3	ST
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	3	PA
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ASTERO EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	3	PA
BRUSELIX EXTERNAL CREAM 3.88 % (<i>lidocaine hcl</i>)	3	PA
BRUSELIX EXTERNAL GEL 3.88 % (<i>lidocaine hcl</i>)	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxyleneol</i>)	3	
CRYODOSE TA EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	3	
DERMACINRX LIDOGEL EXTERNAL GEL 2.8 % (<i>lidocaine hcl</i>)	3	
<i>doxepin hcl external cream 5 %</i>	1	
EHA EXTERNAL LOTION 4 %	3	
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	3	
<i>ethyl chloride external aerosol</i>	1	
GEBAUERS PAIN EASE EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	3	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	3	

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<i>glydo external prefilled syringe 2 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	1	
L.E.T. EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LDO PLUS EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	3	PA
LEVATIO EXTERNAL PATCH 0.03-5 %	3	
<i>lidocaine external ointment 5 %</i>	1	QL (2 GM per 1 day)
<i>lidocaine external patch 5 %</i>	1	
<i>lidocaine hcl external cream 3 %</i>	1	PA
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine hcl urethral mucosal external prefilled syringe 2 %</i>	1	
<i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i>	1	
LIDOCAINE-HYDROCORTISONE ACE EXTERNAL CREAM 1-1 %	3	
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL 2.8-0.55 %	3	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	
LIDOCAN EXTERNAL PATCH 5 % (<i>lidocaine</i>)	3	
LIDOCORT EXTERNAL CREAM 3-0.5 % (<i>lidocaine-hydrocortisone ace</i>)	3	
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	3	
LIDO-EPINEPHRINE-TETRACAIN EXTERNAL SOLUTION 4-0.05-0.5 %	3	
<i>lidopin external cream 3 %</i>	1	PA
LIDOPIN EXTERNAL CREAM 3.25 %	3	
LIDOREX EXTERNAL GEL 2.8 % (<i>lidocaine hcl</i>)	3	

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LIDOTHOL EXTERNAL GEL 4.5-5 % (<i>lidocaine-menthol</i>)	3	
LIDOTHOL EXTERNAL PATCH 4.5-5 % (<i>lidocaine-menthol</i>)	3	
LIDOTRAL + HYDROCORTISONE EXTERNAL CREAM 5-1 % (<i>lidocaine-hydrocortisone ace</i>)	3	
<i>phenazo oral tablet 200 mg</i>	1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
PRAMOSONE EXTERNAL CREAM 1-1 % (<i>pramoxine-hc</i>)	3	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	3	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	3	
<i>premium lidocaine external ointment 5 %</i>	1	QL (2 GM per 1 day)
PREMIUM SCAR EXTERNAL PATCH 2-4-30 %	3	
PROCORT EXTERNAL CREAM 1.85-1.15 % (<i>hydrocortisone ace-pramoxine</i>)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
PROXIVOL EXTERNAL GEL 2 % (<i>lidocaine hcl</i>)	3	
PRUDOXIN EXTERNAL CREAM 5 % (<i>doxepin hcl antipruritic</i>)	3	
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG (<i>phenazopyridine hcl</i>)	3	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 0.18-4-0.5 % (<i>lido-epinephrine-tetracaine</i>)	OA	
TOPICAL L.E.T. EXTERNAL GEL 4-0.09-0.5 %	3	
TRIDACAINE EXTERNAL PATCH 5 % (<i>lidocaine</i>)	3	
ZERUVIA EXTERNAL PATCH 4-1 %	3	

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ZONALON EXTERNAL CREAM 5 % (<i>doxepin hcl</i> (<i>antipruritic</i>))	3	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>acyclovir external cream 5 %</i>	1	
<i>acyclovir external ointment 5 %</i>	1	
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	3	
<i>penciclovir external cream 1 %</i>	1	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	3	
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	3	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	3	
ASTRINGENTS - Drugs for the Skin		
DRYSOL EXTERNAL SOLUTION 20 % (<i>aluminum chloride</i>)	3	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
PREMIUM SCAR EXTERNAL PATCH 2-4-30 %	3	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	3	
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	3	
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>clotrimazole external cream 1 %</i>	1	
<i>clotrimazole external solution 1 %</i>	1	
<i>clotrimazole mouth/throat troche 10 mg</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	

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DIFMETIOXRIME EXTERNAL SOLUTION 4-2-1-4 %	3	
econazole nitrate external cream 1 %	1	
ECOZA EXTERNAL FOAM 1 % (econazole nitrate)	3	
ERTACZO EXTERNAL CREAM 2 % (sertaconazole nitrate)	3	
EXELDERM EXTERNAL CREAM 1 % (sulconazole nitrate)	2	
EXELDERM EXTERNAL SOLUTION 1 % (sulconazole nitrate)	2	
GYNAZOLE-1 VAGINAL CREAM 2 % (butoconazole nitrate (1 dose))	3	
IMIOXIA EXTERNAL CREAM 1-4 %	3	
JUBLIA EXTERNAL SOLUTION 10 % (efinaconazole)	3	PA
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	
ketoconazole external shampoo 2 %	1	
ketodan external foam 2 %	1	
LULICONAZOLE EXTERNAL CREAM 1 %	2	
LUZU EXTERNAL CREAM 1 % (luliconazole)	3	
miconazole 3 vaginal suppository 200 mg	1	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
ORAVIG BUCCAL TABLET 50 MG (miconazole)	3	
oxiconazole nitrate external cream 1 %	1	
OXISTAT EXTERNAL CREAM 1 % (oxiconazole nitrate)	3	
OXISTAT EXTERNAL LOTION 1 % (oxiconazole nitrate)	3	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
PHEYO EXTERNAL CREAM 2.5-2 %	3	
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	3	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (<i>salicylic acid-lactic acid</i>)	3	
<i>lactic acid external lotion 10 %</i>	1	
<i>methyl salicylate external liquid</i>	1	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (<i>lido-capsaicin-men-methyl sal</i>)	3	
<i>turpentine external spirit</i>	1	
<i>urea hydrating external foam 35 %</i>	1	
BASIC OILS AND OTHER SOLVENTS - Drugs for the Skin		
<i>lactic acid e external cream 10-3500 %-unt/30gm</i>	1	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
<i>hydrocortisone external cream 1 %</i>	1	
<i>iodoquinol-hc-aloe polysacch external gel 1-2-1 %</i>	1	
<i>lactic acid e external cream 10-3500 %-unt/30gm</i>	1	
PROSILK EXTERNAL GEL (<i>silicone</i>)	3	
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	3	AL (Max 29 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	3	AL (Max 29 Years)
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	AL (Max 29 Years)
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG (<i>palifermin</i>)	OA	
OXIATAR EXTERNAL CREAM 4-0.025 %	3	
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	3	AL (Max 29 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	3	AL (Max 29 Years)
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	3	AL (Max 29 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	3	AL (Max 29 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (<i>tretinoin microsphere</i>)	2	AL (Max 29 Years)
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
TAROXIA EXTERNAL CREAM 4-0.025 %	3	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	AL (Max 29 Years)
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	1	AL (Max 29 Years)
<i>tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %</i>	1	AL (Max 29 Years)
<i>tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %</i>	1	AL (Max 29 Years)
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	3	PA; QL (1 GM per 1 day)
VARDIMAXIA EXTERNAL GEL 2-5-0.05 %	3	
VAROXIA EXTERNAL GEL 4-0.05 %	3	
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	3	AL (Max 29 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	3	
<i>ala-cort external cream 1 %</i>	1	
<i>aclometasone dipropionate external cream 0.05 %</i>	1	
<i>aclometasone dipropionate external ointment 0.05 %</i>	1	
<i>amcinonide external ointment 0.1 %</i>	1	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	3	
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	3	
BENZOYL PEROX-HYDROCORTISONE EXTERNAL LOTION 5-0.5 %	3	
BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION 7.5-1 %	3	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>betamethasone valerate external foam 0.12 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	3	
<i>budesonide rectal foam 2 mg</i>	1	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	1	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	1	
CAPEX EXTERNAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	3	QL (30 day supply per 1 fill)
CHLOOXIA EXTERNAL CREAM 0.05-4 %	3	
CHLOOXIA EXTERNAL OINTMENT 0.05-4 %	3	
CHLOOXIA EXTERNAL SOLUTION 0.05-4 %	3	
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external foam 0.05 %</i>	1	
<i>clobetasol propionate external gel 0.05 %</i>	1	
<i>clobetasol propionate external liquid 0.05 %</i>	1	
<i>clobetasol propionate external lotion 0.05 %</i>	1	
<i>clobetasol propionate external ointment 0.05 %</i>	1	
<i>clobetasol propionate external shampoo 0.05 %</i>	1	
<i>clobetasol propionate external solution 0.05 %</i>	1	
CLOBEX EXTERNAL LOTION 0.05 % (<i>clobetasol propionate</i>)	3	

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CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	3	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	3	
<i>clocortolone pivalate external cream 0.1 %</i>	1	
<i>clodan external shampoo 0.05 %</i>	1	
CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	3	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxylonol</i>)	3	
CORTENEMA RECTAL ENEMA 100 MG/60ML (<i>hydrocortisone</i>)	3	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	2	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	3	QL (30 day supply per 1 fill)
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	3	
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external gel 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>)	3	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	
<i>desoximetasone external liquid 0.25 %</i>	1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	1	

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<i>diflorasone diacetate external cream 0.05 %</i>	1	
<i>diflorasone diacetate external ointment 0.05 %</i>	1	
DIOCHLOY EXTERNAL SOLUTION 0.005-0.05 %	3	
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	3	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	3	PA
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	3	
<i>fluocinolone acetonide body external oil 0.01 %</i>	1	QL (30 day supply per 1 fill)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	QL (30 day supply per 1 fill)
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	QL (30 day supply per 1 fill)
<i>fluocinolone acetonide external solution 0.01 %</i>	1	QL (30 day supply per 1 fill)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>flurandrenolide external cream 0.05 %</i>	1	
<i>flurandrenolide external lotion 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halcinonide external cream 0.1 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	

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<i>halobetasol propionate external foam 0.05 %</i>	1	
<i>halobetasol propionate external ointment 0.05 %</i>	1	
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	3	
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	3	
HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>)	3	
HAXCHLO EXTERNAL SHAMPOO 0.77-0.05 %	3	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	1	
HYDROXYM EXTERNAL CREAM 2 % (<i>hydrocortisone</i>)	3	
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	2	
<i>iodoquinol-hc-aloe polysacch external gel 1-2-1 %</i>	1	
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	3	

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<i>kourzeq mouth/throat paste 0.1 %</i>	1	
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	3	
<i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i>	1	
LIDOCAINE-HYDROCORTISONE ACE EXTERNAL CREAM 1-1 %	3	
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL 2.8-0.55 %	3	
LIDOCORT EXTERNAL CREAM 3-0.5 % (<i>lidocaine-hydrocortisone ace</i>)	3	
LIDOTRAL + HYDROCORTISONE EXTERNAL CREAM 5-1 % (<i>lidocaine-hydrocortisone ace</i>)	3	
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	3	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>)	3	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
MYCOZYL HC EXTERNAL GEL 1-0.667 % (<i>tolnaftate-hydrocortisone</i>)	3	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	3	PA
NUCORT EXTERNAL LOTION 2 % (<i>hydrocortisone acetate</i>)	3	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>oralone mouth/throat paste 0.1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PANDEL EXTERNAL CREAM 0.1 % (hydrocortisone probutate)	3	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
PHEYO EXTERNAL CREAM 2.5-2 %	3	
PRAMOSONE EXTERNAL CREAM 1-1 % (pramoxine-hc)	3	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (pramoxine-hc)	3	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (pramoxine-hc)	3	
PROCORT EXTERNAL CREAM 1.85-1.15 % (hydrocortisone ace-pramoxine)	3	
PROCTOCORT EXTERNAL CREAM 1 % (hydrocortisone)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	
procto-med hc external cream 2.5 %	1	
proctosol hc external cream 2.5 %	1	
proctozone-hc external cream 2.5 %	1	
SERNIVO EXTERNAL EMULSION 0.05 % (betamethasone dipropionate)	3	
SYNALAR EXTERNAL CREAM 0.025 % (fluocinolone acetonide)	3	QL (30 day supply per 1 fill)
SYNALAR EXTERNAL OINTMENT 0.025 % (fluocinolone acetonide)	3	QL (30 day supply per 1 fill)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (calcipotriene-betameth diprop)	3	
TEXACORT EXTERNAL SOLUTION 2.5 % (hydrocortisone)	3	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (desoximetasone)	3	
TOPICORT EXTERNAL GEL 0.05 % (desoximetasone)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	3	
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	3	
<i>tovet external foam 0.05 %</i>	1	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	
<i>triamcinolone in absorbbase external ointment 0.05 %</i>	1	
<i>triderm external cream 0.5 %</i>	1	
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	3	
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	3	PA
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	3	
VANOXIDE-HC EXTERNAL LOTION 5-0.5 % (<i>benzoyl peroxide-hydrocortisone</i>)	3	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	3	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - Drugs for the Skin		
INOVA EXTERNAL KIT 4 & 5 % (<i>benzoyl peroxide-vitamin e</i>)	2	

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MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
PREMIUM SCAR EXTERNAL PATCH 2-4-30 %	3	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	3	
XEROFORM OIL EMULSION STRIP EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM OIL ROLL 4"X9' EXTERNAL 3 % (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
<i>ciclodan external solution 8 %</i>	1	
<i>ciclopirox external gel 0.77 %</i>	1	
<i>ciclopirox external shampoo 1 %</i>	1	
<i>ciclopirox external solution 8 %</i>	1	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
HAXCHLO EXTERNAL SHAMPOO 0.77-0.05 %	3	
IMMUNOMODULATORY AGENT(S) - Drugs for the Skin		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (<i>bimekizumab-bkzx</i>)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	3	
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	3	QL (10 GM per 30 days); AL (Min 6 Years)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	OA	PA
<i>pimecrolimus external cream 1 %</i>	1	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML (<i>spesolimab-sbzo</i>)	OA	PA
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	3	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
KERATOLYTIC AGENTS - Drugs for the Skin		
CANTHARIDIN EXTERNAL SOLUTION 0.7 %	OA	PA
CEM-UREA EXTERNAL SOLUTION 45 % (<i>urea</i>)	3	
DRAXACEY EXTERNAL SUSPENSION 2-8 %	3	
DRIXECE EXTERNAL SUSPENSION 5-10 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (<i>salicylic acid-lactic acid</i>)	3	
HYDRO 40 EXTERNAL FOAM 40 % (<i>urea</i>)	3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	3	
PROMISEB EXTERNAL CREAM (<i>antiseborrheic products, misc.</i>)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
RESORCINOL-SULFUR EXTERNAL LOTION 2-5 %	3	
<i>salicylic acid er external solution 28.5 %</i>	1	
<i>salicylic acid external foam 6 %</i>	1	
<i>salicylic acid external shampoo 6 %</i>	1	
<i>salicylic acid external solution 26 %</i>	1	
<i>salicylic acid wart remover external liquid 27.5 %</i>	1	
SALIMEZ FORTE EXTERNAL CREAM 10 %	3	
SALVAX EXTERNAL FOAM 6 % (<i>salicylic acid</i>)	3	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	1	
SUMAXIN EXTERNAL PAD 10-4 % (<i>sulfacetamide sodium-sulfur</i>)	3	
ULTRASAL-ER EXTERNAL SOLUTION 28.5 % (<i>salicylic acid</i>)	3	
UMECTA MOUSSE EXTERNAL FOAM 40 % (<i>urea</i>)	3	
URAMAXIN EXTERNAL GEL 45 % (<i>urea</i>)	3	
UREA EXTERNAL FOAM 35 %	3	
<i>urea external lotion 40 %</i>	1	
<i>urea hydrating external foam 35 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
urea nail external gel 45 %	1	
VIRASAL EXTERNAL LIQUID 27.5 % (salicylic acid)	3	
XALIX EXTERNAL SOLUTION 28 % (salicylic acid)	3	
YCANATH EXTERNAL SOLUTION 0.7 % (cantharidin)	OA	PA
KERATOPLASTIC AGENTS - Drugs for the Skin		
coal tar external solution 20 %	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (clindamycin phos-benzoyl perox)	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	1	
benzalkonium chloride external solution , 50 %	1	
BENZAMYCIN EXTERNAL GEL 5-3 % (benzoyl peroxide-erythromycin)	3	
BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 % (benzoyl peroxide)	3	
benzebro external foam 5.3 %	1	
BENZOYL PEROX-HYDROCORTISONE EXTERNAL LOTION 5-0.5 %	3	
benzoyl peroxide external foam 9.8 %	1	
BENZOYL PEROXIDE EXTERNAL GEL 6.5 %, 8 %	3	
BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION 7.5-1 %	3	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (adapalene-benzoyl per-clindamy)	3	PA
chlorhexidine gluconate mouth/throat solution 0.12 %	1	

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CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (hc-pramoxine-chloroxyleneol)	3	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (sulfuric acid-sulf phenolics)	3	
EPIDUO EXTERNAL GEL 0.1-2.5 % (adapalene-benzoyl peroxide)	3	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (adapalene-benzoyl peroxide)	3	
EPSOLAY EXTERNAL CREAM 5 % (benzoyl peroxide)	3	PA; QL (1 GM per 1 day)
FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid-oxyquinoline)	3	
hydrocortisone-iodoquinol external cream 1-1 %	1	
hydrogen peroxide solution 30 %	1	
INOVA EXTERNAL KIT 4 & 5 % (benzoyl peroxide-vitamin e)	2	
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
mafenide acetate external packet 5 %	1	
neuac external gel 1.2-5 %	1	
ONEXTON EXTERNAL GEL 1.2-3.75 % (clindamycin phos-benzoyl perox)	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	3	
periogard mouth/throat solution 0.12 %	1	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
selenium sulfide external lotion 2.5 %	1	

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SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	3	
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>ssd external cream 1 %</i>	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	3	
SULFAMYLON EXTERNAL PACKET 5 % (<i>mafenide acetate</i>)	3	
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	3	PA; QL (1 GM per 1 day)
VANOXIDE-HC EXTERNAL LOTION 5-0.5 % (<i>benzoyl peroxide-hydrocortisone</i>)	3	
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
<i>diclofenac sodium external gel 1 %</i>	1	
<i>diclofenac sodium external gel 3 %</i>	1	PA
<i>diclofenac sodium external solution 1.5 %</i>	1	PA; QL (1 ML per 30 days)
<i>diclofenac sodium external solution 2 %</i>	1	PA; QL (112 GM per 25 days)
DICLOFONO EXTERNAL GEL 1.6 % (<i>diclofenac sodium</i>)	3	
DIFMETIOXRIME EXTERNAL SOLUTION 4-2-1-4 %	3	
PENNSAID EXTERNAL SOLUTION 2 % (<i>diclofenac sodium</i>)	3	PA; QL (112 GM per 25 days)
OXABOROLES - Drugs for the Skin		
<i>tavaborole external solution 5 %</i>	1	PA
PIGMENTING AGENTS - Drugs for the Skin		
<i>methoxsalen rapid oral capsule 10 mg</i>	1	
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML (<i>methoxsalen (photopheresis)</i>)	OA	

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POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>klayesta external powder 100000 unit/gm</i>	1	
<i>nyamyc external powder 100000 unit/gm</i>	1	
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>nystop external powder 100000 unit/gm</i>	1	
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	3	
<i>ivermectin external cream 1 %</i>	1	
<i>malathion external lotion 0.5 %</i>	1	
NATROBA EXTERNAL SUSPENSION 0.9 % (<i>spinosad</i>)	3	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	3	
<i>permethrin external cream 5 %</i>	1	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	3	
<i>spinosad external suspension 0.9 %</i>	1	
<i>sulfurated lime external solution</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	3	PA

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ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	3	PA
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
ACIOXIAY EXTERNAL CREAM 15-4 %	3	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
ACZONE EXTERNAL GEL 5 %, 7.5 % (<i>dapsone</i>)	3	PA
adapalene external cream 0.1 %	1	PA
adapalene external gel 0.1 %	1	PA
adapalene external gel 0.3 %	1	AL (Max 29 Years)
ADAPALENE EXTERNAL PAD 0.1 %	3	PA
ADAPALENE EXTERNAL SOLUTION 0.1 %	3	PA
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	1	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	4	PA; SP; QL (30 day supply per 1 fill)
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	3	PA; AL (Min 9 Years)
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	3	
amnestem oral capsule 10 mg, 20 mg, 40 mg	1	PA
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	3	PA
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	OA	
azelaic acid external gel 15 %	1	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	3	
bexarotene external gel 1 %	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (<i>bimekizumab-bkzx</i>)	4	PA; SP; QL (30 day supply per 1 fill)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>brimonidine tartrate external gel 0.33 %</i>	1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (<i>adapalene-benzoyl per-clindamy</i>)	3	PA
<i>calcipotriene external cream 0.005 %</i>	1	
CALCIPOTRIENE EXTERNAL FOAM 0.005 %	3	
<i>calcipotriene external ointment 0.005 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	1	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	1	
CALCITRENE EXTERNAL OINTMENT 0.005 % (<i>calcipotriene</i>)	3	
<i>calcitriol external ointment 3 mcg/gm</i>	1	
CARAC EXTERNAL CREAM 0.5 % (<i>fluorouracil</i>)	2	
CHLOOXIA EXTERNAL CREAM 0.05-4 %	3	
CHLOOXIA EXTERNAL OINTMENT 0.05-4 %	3	
CHLOOXIA EXTERNAL SOLUTION 0.05-4 %	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	PA
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	AL (Max 29 Years)
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (<i>secukinumab</i>)	OA	PA
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>dapsone external gel 5 %, 7.5 %</i>	1	PA
DEOXIA EXTERNAL LOTION 1-4 %	3	
<i>diclofenac sodium external gel 1 %</i>	1	
<i>diclofenac sodium external solution 1.5 %</i>	1	PA; QL (1 ML per 30 days)
<i>diclofenac sodium external solution 2 %</i>	1	PA; QL (112 GM per 25 days)
DICLOFONO EXTERNAL GEL 1.6 % (<i>diclofenac sodium</i>)	3	
DIFFERIN EXTERNAL CREAM 0.1 % (<i>adapalene</i>)	3	PA
DIFFERIN EXTERNAL GEL 0.3 % (<i>adapalene</i>)	3	AL (Max 29 Years)
DIFFERIN EXTERNAL LOTION 0.1 % (<i>adapalene</i>)	3	PA
DIMOXIA EXTERNAL GEL 4-5 %	3	
DIOCHLOY EXTERNAL SOLUTION 0.005-0.05 %	3	
<i>doxycycline oral capsule delayed release 40 mg</i>	1	PA
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML (dupilumab)	4	PA; SP; QL (30 day supply per 1 fill)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (dupilumab)	4	PA; SP; QL (30 day supply per 1 fill)
ECEOXIA EXTERNAL CREAM 4-10 %	3	
EFUDEX EXTERNAL CREAM 5 % (fluorouracil)	3	
ELIDEL EXTERNAL CREAM 1 % (pimecrolimus)	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	3	
EPIDUO EXTERNAL GEL 0.1-2.5 % (adapalene-benzoyl peroxide)	3	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (adapalene-benzoyl peroxide)	3	
ESKATA EXTERNAL SOLUTION 40 % (hydrogen peroxide)	2	
ETHOXIA EXTERNAL CREAM 4-0.05 %	3	
FABIOR EXTERNAL FOAM 0.1 % (tazarotene)	3	PA
FEM PH VAGINAL GEL 0.9-0.025 % (acetic acid-oxyquinoline)	3	
FINACEA EXTERNAL FOAM 15 % (azelaic acid)	3	
FINAPOD EXTERNAL SOLUTION 0.1-7 %	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
HPR PLUS EXTERNAL FOAM (dermatological products, misc.)	3	
HYFTOR EXTERNAL GEL 0.2 % (sirolimus)	3	QL (10 GM per 30 days); AL (Min 6 Years)

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ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	OA	PA
IMIOXIA EXTERNAL CREAM 1-4 %	3	
<i>imiquimod external cream 3.75 %, 5 %</i>	1	
<i>imiquimod pump external cream 3.75 %</i>	1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	OA	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	PA
ITHOXIA EXTERNAL CREAM 4-0.1 %	3	
KLISYRI EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	3	PA; QL (1 EA per 5 days)
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML (<i>difelikefalin acetate</i>)	OA	PA
LEVATIO EXTERNAL PATCH 0.03-5 %	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	3	
LIDOTHOL EXTERNAL GEL 4.5-5 % (<i>lidocaine-menthol</i>)	3	
LIDOTHOL EXTERNAL PATCH 4.5-5 % (<i>lidocaine-menthol</i>)	3	
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	PA
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (<i>minocycline hcl</i>)	3	PA
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	3	
MUSCUSOLICE EXTERNAL CREAM 2 %, 5 % (<i>baclofen</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEOSALUS EXTERNAL FOAM (<i>dermatological products, misc.</i>)	3	
NEXOBRID EXTERNAL GEL 8.8 % (<i>anacaulase-bcdb</i>)	OA	PA
<i>nitroglycerin rectal ointment 0.4 %</i>	1	
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	3	ST; QL (6.67 GM per 1 day)
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	3	PA
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	4	PA; SP; QL (30 day supply per 1 fill)
OXIANUJO EXTERNAL OINTMENT 4-0.1 %	3	
OXIATAR EXTERNAL CREAM 4-0.025 %	3	
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	2	PA
PENNSAID EXTERNAL SOLUTION 2 % (<i>diclofenac sodium</i>)	3	PA; QL (112 GM per 25 days)
<i>pimecrolimus external cream 1 %</i>	1	
<i>podofilox external gel 0.5 %</i>	1	
<i>podofilox external solution 0.5 %</i>	1	
PODPROG EXTERNAL SOLUTION 0.1-7 %	3	
PRAKETAMIDE EXTERNAL CREAM 5 % (<i>ketamine hcl</i>)	3	
PRESERA EXTERNAL FOAM (<i>dermatological products, misc.</i>)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	3	PA
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	3	

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REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	OA	
RENFLXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	OA	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	3	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (<i>afamelanotide acetate</i>)	OA	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (<i>minocycline hcl</i>)	3	PA
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (<i>lidocapsaicin-men-methyl sal</i>)	3	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	3	
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	4	PA; SP; QL (30 day supply per 1 fill)
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML (<i>spesolimab-sbzo</i>)	OA	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TACHOSIL EXTERNAL PATCH 4.8 X 4.8 CM, 9.5 X 4.8 CM (<i>absorbable fibrin sealant</i>)	3	

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TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TAROXIA EXTERNAL CREAM 4-0.025 %	3	
<i>tazarotene external cream 0.1 %</i>	1	PA
TAZAROTENE EXTERNAL FOAM 0.1 %	3	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	PA
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (<i>tazarotene</i>)	3	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	3	PA
TISSEEL EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	2	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	4	PA; SP; QL (30 day supply per 1 fill)
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	4	SP; QL (30 day supply per 1 fill)
VARDIMAXIA EXTERNAL GEL 2-5-0.05 %	3	
VAROXIA EXTERNAL GEL 4-0.05 %	3	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	3	
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	3	

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VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	3	PA
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (<i>beremagene geperpavec-svdt</i>)	OA	PA
WINLEVI EXTERNAL CREAM 1 % (<i>clascoterone</i>)	3	PA; QL (2 GM per 1 day)
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	PA
ZERUVIA EXTERNAL PATCH 4-1 %	3	
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	3	AL (Max 29 Years)
ZITHRANOL EXTERNAL SHAMPOO 1 % (<i>anthralin</i>)	3	
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3	PA
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast (antiseborrheic)</i>)	3	PA
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	3	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (<i>imiquimod</i>)	3	
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	4	PA; SP; QL (30 day supply per 1 fill)
THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
MYCOZYL AL EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	3	
DETROL ORAL TABLET 1 MG, 2 MG (<i>tolterodine tartrate</i>)	3	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	1	
<i>flavoxate hcl oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	3	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	3	
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	1	
<i>tropium chloride oral tablet 20 mg</i>	1	
VESICARE LS ORAL SUSPENSION 5 MG/5ML (<i>solifenacin succinate</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	3	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
<i>aminophylline intravenous solution 25 mg/ml</i>	OA	
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
LIQREV ORAL SUSPENSION 10 MG/ML (<i>sildenafil citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	OA	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	4	PA; SP; QL (30 day supply per 1 fill)
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	OA	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; SP; QL (30 day supply per 1 fill)
<i>sildenafil citrate oral tablet 20 mg</i>	4	PA; SP; QL (30 day supply per 1 fill)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	2	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System		
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	3	QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (<i>mirabegron</i>)	3	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	3	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
<i>adclf (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	PV
INFUVITE ADULT INTRAVENOUS INJECTABLE (<i>multiple vitamin</i>)	OA	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (<i>pediatric multiple vitamins</i>)	OA	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	PV
MASONATAL ORAL TABLET 28-0.8 MG	3	PV
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	PV
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	PV
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	PV
<i>multi-vitamin/fluorideliron oral solution 0.25-10 mg/ml</i>	1	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	3	PV
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	3	PV
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	3	PV
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (<i>prenat-fe carbonyl-fa-omega 3</i>)	3	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-228 mg, 27-0.8-250 mg</i>	1	PV
<i>prenatal oral tablet 27-0.8 mg</i>	1	PV
<i>prenatal folic acid+dha oral capsule 27-0.8-200 mg</i>	1	PV
PRENATVITE RX ORAL TABLET 0.8 MG	3	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vitamin-fluoride-fe-fa</i>)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
<i>tri-vitelfluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	PV
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	PV
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	PV
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	PV
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
VITAMIN A		
<i>adclf (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	PV
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML (<i>vitamin a</i>)	OA	
<i>tri-vitelfluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	PV
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	PV
VITAMIN B COMPLEX		
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	3	PV
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	QL (30 day supply per 1 fill)
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEXPANTHENOL INJECTION SOLUTION 250 MG/ML	3	
DODEX INJECTION SOLUTION 1000 MCG/ML (<i>cyanocobalamin</i>)	3	QL (30 day supply per 1 fill)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	PV
<i>folate oral tablet 400 mcg</i>	1	PV
<i>folic acid injection solution 5 mg/ml</i>	OA	
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	1	PV
FOLIC D3 ORAL CAPSULE 1-3775 MG-UNIT	3	
FOLITE ORAL TABLET	3	
<i>hematinic/folic acid oral tablet 324-1 mg</i>	1	
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	OA	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	PV
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (<i>levoleucovorin</i>)	OA	
<i>leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml</i>	OA	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	OA	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	AC
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	OA	
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>	OA	
LIPO-C INTRAMUSCULAR SOLUTION	3	
MASONATAL ORAL TABLET 28-0.8 MG	3	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED 10000 MCG, 50000 MCG	3	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	PV
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (cyanocobalamin)	3	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	3	PV
NESTABS ORAL TABLET 32-1 MG (prenat-fe bisgly-fa-w/o vit a)	3	PV
niacin (antihyperlipidemic) oral tablet 500 mg	1	
niacor oral tablet 500 mg	1	
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	3	PV
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (prenat-fe carbonyl-fa-omega 3)	3	PV
prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-228 mg, 27-0.8-250 mg	1	PV
prenatal oral tablet 27-0.8 mg	1	PV
prenatal/folic acid+dha oral capsule 27-0.8-200 mg	1	PV
PRENATVITE RX ORAL TABLET 0.8 MG	3	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (multi vit-min-fluoride-fe-fa)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (drospiren-eth estrad-levomefol)	3	PV
thiamine hcl injection solution 100 mg/ml, 200 mg/2ml	1	
TRUE FOLIC ACID ORAL TABLET 1 MG	3	
TRUE FOLIC ACID ORAL TABLET 400 MCG	3	PV
tydemy oral tablet 3-0.03-0.451 mg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
vitamin b complex 100 injection injectable	OA	
vitamin b-complex 100 injection injectable	OA	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	PV
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	PV
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
yl folic acid oral tablet 400 mcg	1	PV
VITAMIN C		
adclf (0.5mg/ml) oral solution 0.5 mg/ml	1	PV
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML (<i>ascorbic acid</i>)	OA	
ASCORBIC ACID INJECTION SOLUTION 500 MG/ML	OA	
ASCORBIC ACID INTRAVENOUS SOLUTION 15000 MG/30ML	OA	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	3	ST; QL (1 EA per 1 fill)
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	1	QL (1 EA per 1 fill)
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	QL (1 EA per 1 fill)
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg- kcl-nacl-nasulf-na asc-c</i>)	3	ST; QL (3 EA per 1 fill)
tri-vitelfluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	PV
vitamins acd-fluoride oral solution 0.25 mg/ml	1	PV
VITAMIN D		
600+d3 oral tablet 600-20 mg-mcg	1	PV
adclf (0.5mg/ml) oral solution 0.5 mg/ml	1	PV
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12- boron-mg</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>calcitriol intravenous solution 1 mcg/ml</i>	OA	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>d3 high potency oral capsule 25 mcg (1000 ut)</i>	1	PV
<i>d3 oral capsule 25 mcg (1000 ut)</i>	1	PV
<i>doxercalciferol intravenous solution 4 mcg/2ml</i>	OA	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (<i>ergocalciferol</i>)	3	
<i>d-vite pediatric oral liquid 10 mcg/ml</i>	1	PV
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	1	
<i>finest nutrition vitamin d3 oral capsule 25 mcg (1000 ut)</i>	1	PV
FOLIC D3 ORAL CAPSULE 1-3775 MG-UNIT	3	
FOLITE ORAL TABLET	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	2	
<i>ft vitamin d3 oral capsule 25 mcg</i>	1	PV
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML (<i>doxercalciferol</i>)	OA	
<i>kids first vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)</i>	1	PV
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	1	PV
<i>oyster shell calcium/d3 oral tablet 500-5 mg-mcg</i>	1	PV
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	1	PV
<i>oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg</i>	1	PV
<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	OA	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
<i>pharmacist choice d-vitamin oral liquid 400 unit/ml</i>	1	PV
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	3	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	3	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	3	
<i>tri-vitelfluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	PV
TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 25 MCG (1000 UT)	3	
TRUE VITAMIN D3 ORAL TABLET 25 MCG (1000 UT)	3	
<i>ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	1	PV
<i>vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	1	PV
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	PV
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML (<i>paricalcitol</i>)	OA	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	3	
VITAMIN E		
<i>wheat germ oil oral oil</i>	1	
VITAMIN K ACTIVITY		
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	OA	
<i>phytonadione oral tablet 5 mg</i>	1	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	OA	

Tier 1: Preferred generic and certain preferred brand-name medications; Tier 2: Preferred brand name and certain non-preferred generic medications; Tier 3: Non-preferred (generic or brand) medications; Tier 4: Specialty medications; INF: Infertility medications; OA: Office administered medications; AL: Age Limit – These medications may require prior authorization if your age does not fall within the drug manufacturer, Food and Drug Administration (FDA) or treatment guideline recommendations; AC: Anti-Cancer – These oral anti-cancer drugs are subject to a maximum copayment for up to each 30-day supply, after any deductible has been met (per California State Law). This amount is listed in your WHA Copayment Summary; PA: Prior Authorization – Your doctor is required to give Western Health Advantage more information to determine coverage; QL: Quantity Limit – Medication may be limited to a certain quantity; ST: Step Therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered; PV: Due to Health Care Reform this product may be available at zero copay through your pharmacy benefit; SP: Specialty Medication – May require PA, limited to 30-day supply. Up to 2 initial fills allowed at local retail pharmacies. Exceptions may be allowed when manufacturer or FDA limits supply to select specialty pharmacies only; *: Copayments waived for this medication; any plan deductible still applies: ^: Copayments waived for this medication; skip deductible Effective Date 05/01/2024

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