Optum Rx®

Your 2026 Western Health Advantage 4-Tier Essential Health Benefits Base Formulary Preferred Drug List (PDL)

Effective August 1, 2026

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

Call WHA Member Services:
- Toll free at **1-888-563-2250,** local at **1-916-563-2250** or for the hearing-impaired call TTY **711**

Visit **optumrx.com** or log on to the Optum Rx app 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.

Visit **westernhealth.com/mywha/** and log in to your account to access your plan documents including:
- Evidence of Coverage (EOC)
- Summary of Benefits and Coverage (SBC)

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 All previous versions are no longer in effect.

Health plan products:

- WHA Platinum 90 HMO
- WHA Gold 80 HMO
- WHA Silver 94 HMO
- WHA Silver 87 HMO
- WHA Silver 73 HMO
- WHA $0 Cost Share HMO AI/AN
- WHA Silver 70 HMO
- WHA Off Exchange Silver 70 HMO
- WHA Bronze 60 HMO
- WHA Minimum Coverage HMO
- Advantage WHA Silver 5300 HDHP HMO
- Advantage WHA Bronze 7200 HDHP HMO

Updated August 1, 2026

Western Health Advantage

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Informational section

Understanding your PDL

What if I have questions about my prescription drug benefit?

You can contact Member Services at:

- Toll free at **1-888-563-2250,** local at **1-916-563-2250** or for the hearing-impaired call TTY **711**

These phone numbers are also listed on your Western Health Advantage (WHA) ID card. 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

About this PDL

Where differences exist between this PDL and your benefit plan, the benefit plan documents rule.

This is not a complete list of your covered medications. Please review your benefit plan documents 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. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

What is a PDL?

A PDL is a list of prescribed medications or other pharmacy care products, services or supplies 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.

Optum Rx® is guided by their Pharmacy and Therapeutics Committee. This group of doctors and pharmacists 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 your plan's 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.

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.

What are preventive drugs?

Preventive health drugs are select drugs required by law to be covered at no charge to members in select plans. Preventive health drugs are determined based upon evidence-based recommendations by the United States Preventive Services Task Force (USPSTF) with a rating of "A" or "B". Please refer to your EOC for more information on coverage.

When does the PDL change?

- WHA will update the printed PDL formulary with changes monthly. 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.

On January 1 and July 1 of each year:

- Medications may move to a higher tier or be excluded from coverage. You may have to pay a different amount for that medication.
- We may add prior authorization, quantity limits and/or step therapy requirements.

Please note: We will notify you 60 days before a 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.

Why are some medications excluded from coverage?

Drugs not listed on the formulary are called non-formulary or excluded drugs. A medication may be excluded from coverage under your pharmacy benefit when it works the same as or is similar to another prescription or over-the-counter (OTC) medication.

To request a non-formulary coverage exception, please call the customer service number on your WHA ID card or have your doctor submit an exception request to WHA. Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it

will continue to be covered for the length of the prescription, including refills. If WHA denies an exception request, the member, an authorized representative, or the provider can file an appeal/grievance with WHA, as described in the EOC.

What drugs are covered under the medical prescription drug benefit?

Office Administered drugs are products that require administration or observation by medical personnel. These drugs and products are covered under your medical benefit when prescribed by a participating network provider and they are administered to you at a participating facility. Please refer to your Evidence of Coverage for further information.

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

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

What if a drug that I am already taking is excluded or limited from coverage?

If WHA moves to exclude a drug that was previously covered and provided to a member, WHA will not limit or exclude coverage and will continue to provide the drug as long as it was previously approved by WHA and continues to be prescribed by the prescribing provider, and the drug is appropriately prescribed and is safe and effective for the member's medical condition, as required by law.

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

Oral anti-cancer drugs are subject to a maximum cost sharing of $250 for each 30-day supply. For members on high deductible health plans, cost sharing applies once the enrollee's deductible has been satisfied for the year.

Medication tips

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

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. In some situations, brand-name medications could be lower in cost.

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.

Over-the-counter medications (OTC)

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.

What are my pharmacy options for filling a prescription?

WHA uses the Optum Rx pharmacy network, which allows you to fill your prescription at any 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 medications you take regularly, such as for a chronic or long-term medical condition, you may be able to save time and money by receiving a 100-day supply through Optum® Home Delivery or a 90-day supply by using a network retail pharmacy.

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 or that require special training or clinical monitoring. Please note, not all specialty medications are listed in this PDL. Most specialty medications require prior authorization 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 Health, UC Davis onsite pharmacies, or St. Joseph's McAuley pharmacy of Dignity Health. Please refer to your Copayment Summary for specific copayment amounts.

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 or generic name in the therapeutic category and class to which it belongs. Brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

The generic drug name for a brand name drug is included after the brand name in parenthesis and all bold and italicized letters. 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.

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.

Brand drug example:		
SOVALDI TABS 200 MG ***(sofosbuvir)***	4	PA; SP; QL (30 day supply per 1 fill)
Generic drug example:		
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5mg	1	
Generic drug marketed under a proprietary brand name example:		
[Ethynodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG	1	PV

Tier information

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Review your Evidence of Coverage and Copayment Summary for specific information about your plan. Please note:

- If the pharmacy's retail price for a prescription drug is less than your applicable copayment or coinsurance amount, you will not be required to pay more than the retail price.
- 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 medication	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	Preferred brand name and certain non-preferred generic medication	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	Non-preferred (generic or brand) medication	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 medication, drugs that require special training or clinical monitoring, and drugs that cost more than $600 per month	Generally highest in copayment and cost. These drugs are sometimes used for complex and chronic conditions and may require special monitoring and handling.
OA	**Office administered medication**	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.

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 cost sharing for up to each 30-day supply (per California State Law). This amount is listed in your WHA Copayment Summary.
M	Authorized generic or cobranded product
PA	**Prior authorization** – Your doctor is required to give WHA more information to determine coverage.
PV	**Preventive drugs** – May have coverage and no copayment when health care reform requirements are met.
PV*	**Preventive drugs** – Available at $0 if Health Care Reform copay waiver is approved.
QL	**Quantity limit** – Restriction on the number of doses or any other limitations on the quantity of a prescription drug a health plan will cover during a specific time period.
SP	**Specialty medication** – Medication is designated as specialty.
ST	**Step therapy** – Must try lower-cost medication(s) before a higher-cost medication can be covered
3P	Tier 3 preferred
^	Copayments waived for this medication; **skip deductible.**

How do I request a prior authorization or step therapy exception?

If your medication requires prior authorization (PA) or a step therapy exception, your doctor can fax a completed PA form (available at westernhealth.com/provider) to Western Health Advantage at **1-916-563-5280** or submit an Electronic Prior Authorization (ePA). 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 upon enrollment 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 and effective for treating your condition.

Some covered drugs may have additional requirements or limits on coverage, such as quantity limits (QL). A QL sets the amount of drug that you can receive. A prior authorization request for medical necessity may be required to exceed these limits.

Are Flu and other vaccines covered?

Routine vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are covered at $0 cost share when administered at a network pharmacy. Some restrictions or limitations apply. The flu and COVID-19 vaccines are available at $0 cost share for members 3 years of age and older. Many other routine vaccines are available at $0 cost share for members 9 years of age and older. When administered in a doctor's office, vaccines are covered under the medical benefit.

Please refer to your EOC and Copay summary for coverage information specifics and exceptions on vaccines administered in your doctor's office.

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. Prescriptive medications for the treatment of diabetes, including insulin and glucagon, are also covered under your pharmacy benefit.

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

- blood glucose monitors
- ketone urine testing strips
- insulin pumps and supplies
- 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.

For combination antiretroviral drug treatments that are medically necessary for the treatment of AIDS/HIV, WHA will cover a single-tablet drug regimen that is as effective as a multitablet regimen unless, consistent with clinical guidelines and peer-reviewed scientific and medical literature, the multitablet regimen is clinically equally or more effective and more likely to result in adherence to a drug regimen.

WHA covers pre-exposure prophylaxis (PrEP) 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. If there is a therapeutic equivalent of a brand-name drug, only the generic product will be eligible for $0 cost share.

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 as required by state law. Standard cost-shares apply when filled at a pharmacy outside of the Optum Rx standard network. Claim reimbursement can be submitted through WHA Pharmacy partner Optum Rx at **https://www2.optumrx.com/forms.html.** 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
ANTIDOTE THERAPEUTICS		
ACETAMINOPHEN ANTIDOTE		
acetylcysteine inhalation solution 10 %, 20 %	3	
ALCOHOL DETERRENTS (91:02)		
acamprosate calcium oral tablet delayed release 333 mg	3	
disulfiram oral tablet 250 mg, 500 mg	3	
naltrexone hcl oral tablet 50 mg	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	OA	SP
ANTIDOTE THERAPEUTICS		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (***centruroides (scorpion) im fab***)	OA	
ANTICHOLIUM INTRAVENOUS SOLUTION 2 MG/5ML (***physostigmine salicylate***)	OA	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	OA	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	OA	
atropine sulfate ophthalmic solution 1 %	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	2	
CHEMET ORAL CAPSULE 100 MG (***succimer***)	3	
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	OA	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (***deferoxamine mesylate***)	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 medication – Specialty medications, drugs that require special training or clinical monitoring, and drugs that cost more than $600 per month; 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 cost sharing for up to each 30-day supply (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; M: Authorized generic or cobranded product; QL: Quantity Limit – Restriction on the number of doses or any other limitations on the quantity of a prescription drug a health plan will cover during a specific time period; ST: Step Therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered; PV: Preventive drugs – May have coverage and no copayment when health care reform requirements are met; PV*: Preventive drugs – Available at $0 if Health Care Reform copay waiver is approved; SP: Medication is designated as specialty; 3P: Tier 3 preferred; ^: Copayments waived for this medication; skip deductible
Effective Date 08/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (***digoxin immune fab***)	OA	
EDETATE CALCIUM DISODIUM INJECTION SOLUTION 1 GM/5ML	OA	
ft naloxone hcl nasal liquid 4 mg/0.1ml	1	
glucagon emergency kit injection solution reconstituted 1 mg	OA	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GLUCAGON HCL (DIAGNOSTIC) INJECTION SOLUTION RECONSTITUTED 1 MG	OA	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
iodine strong oral solution 5 %	1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (***naloxone hcl***)	2	
magnesium sulfate injection solution 50 %	OA	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 3 gm/100ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	OA	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naloxone hcl nasal liquid 4 mg/0.1ml	1	
penicillamine oral tablet 250 mg	4	SP

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 medication – Specialty medications, drugs that require special training or clinical monitoring, and drugs that cost more than $600 per month; 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 cost sharing for up to each 30-day supply (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; M: Authorized generic or cobranded product; QL: Quantity Limit – Restriction on the number of doses or any other limitations on the quantity of a prescription drug a health plan will cover during a specific time period; ST: Step Therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered; PV: Preventive drugs – May have coverage and no copayment when health care reform requirements are met; PV*: Preventive drugs – Available at $0 if Health Care Reform copay waiver is approved; SP: Medication is designated as specialty; 3P: Tier 3 preferred; ^: Copayments waived for this medication; skip deductible
Effective Date 08/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	OA	
phytonadione oral tablet 5 mg	3	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	OA	
ANTIDOTES (91:04)		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML (***acetylcysteine***)	OA	
acetylcysteine intravenous solution 200 mg/ml	OA	
ATROPINE SULFATE +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/2.5ML	OA	
atropine sulfate injection solution 8 mg/20ml	OA	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	OA	
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM (***hydroxocobalamin***)	OA	
EDETATE DISODIUM INTRAVENOUS SOLUTION 150 MG/ML	OA	
flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml	OA	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	OA	
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	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
methylene blue (antidote) intravenous solution 1 %	OA	
methylene blue intravenous solution 50 mg/10ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naltrexone hcl oral tablet 50 mg	1	
protamine sulfate intravenous solution 10 mg/ml	OA	
PROVAYBLUE INTRAVENOUS SOLUTION 50 MG/10ML (***methylene blue (antidote)***)	OA	
sevelamer carbonate oral tablet 800 mg	3	
sodium polystyrene sulfonate combination suspension 15 gm/60ml	1	
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (***sodium polystyrene sulfonate***)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (***sodium polystyrene sulfonate***)	3	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	OA	SP
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (***glucarpidase***)	OA	
CHEMOTHERAPY ANTIDOTES/PROTECTANTS		
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML (***sugammadex sodium***)	OA	
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***trilaciclib dihydrochloride***)	OA	SP
dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg	OA	SP
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***amifostine***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (***levoleucovorin***)	OA	SP
lederle leucovorin oral tablet 5 mg	1	AC
leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml	OA	
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	OA	
leucovorin calcium oral tablet 10 mg, 5 mg	1	AC
leucovorin calcium oral tablet 15 mg, 25 mg	3	AC
levoleucovorin calcium intravenous solution reconstituted 50 mg	OA	SP
levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml	OA	SP
PEDMARK INTRAVENOUS SOLUTION 12.5 % (***sodium thiosulfate***)	OA	
VYKOURA INJECTION SOLUTION 350 MG/35ML, 50 MG/5ML, 500 MG/50ML (***leucovorin calcium***)	OA	
CYANIDE ANTIDOTES		
sodium nitrite intravenous solution 30 mg/ml	OA	
sodium thiosulfate intravenous solution 250 mg/ml	OA	
FLUOROPYRIMIDINE ANTIDOTE		
VISTOGARD ORAL PACKET 10 GM (***uridine triacetate***)	OA	
GABA-MEDIATED BENZODIAZEPINE ANTIDOTES		
flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml	OA	
METHANOL OR ETHYLENE GLYCOL POISONING		
fomepizole intravenous solution 1.5 gm/1.5ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORGANOPHOSPHATE ANTIDOTE		
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (***pralidoxime chloride***)	OA	
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE DRUGS - Drugs for Allergy		
promethazine hcl oral tablet 25 mg	1	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
dimenhydrinate injection solution 50 mg/ml	OA	
diphenhydramine hcl injection solution 50 mg/ml	1	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	OA	
hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1	
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
meclizine hcl oral tablet 50 mg	2	
meclizine hcl oral tablet chewable 25 mg	1	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (***promethazine hcl***)	OA	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	OA	
promethazine hcl oral solution 12.5 mg/10ml, 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	3	
OTHER ANTIHISTAMINES - Drugs for Allergy		
cimetidine hcl oral solution 300 mg/5ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
famotidine (pf) intravenous solution 20 mg/2ml	OA	
famotidine intravenous solution 20 mg/5ml, 200 mg/20ml, 200 mg/50ml, 40 mg/10ml, 40 mg/4ml	OA	
famotidine oral suspension reconstituted 40 mg/5ml	3	
famotidine oral tablet 20 mg, 40 mg	1	
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	OA	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	OA	
hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg	3	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1	
nizatidine oral capsule 150 mg, 300 mg	1	
olopatadine hcl nasal solution 0.6 %	3	QL (1.02 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
olopatadine hcl ophthalmic solution 0.2 %	1	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (***promethazine hcl***)	OA	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	OA	
promethazine hcl oral solution 12.5 mg/10ml, 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	3	
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	1	
desloratadine oral tablet 5 mg	3	
epinastine hcl ophthalmic solution 0.05 %	3	
levocetirizine dihydrochloride oral tablet 5 mg	1	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (***cetirizine hcl***)	3	PA; ST
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	3	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-%, 3-0.9 GM/100ML-%	OA	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm, 500 mg	OA	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 GM/10ML, 2 GM/10ML, 2 GM/20ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	OA	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%	OA	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	OA	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)	OA	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (***cefotetan disodium***)	OA	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	OA	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	OA	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	OA	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cefuroxime sodium injection solution reconstituted 750 mg	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cefuroxime sodium intravenous solution reconstituted 1.5 gm	OA	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED 2.5 (2-0.5) GM (***ceftazidime-avibactam***)	OA	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	OA	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	3	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	3	
ceftazidime injection solution reconstituted 1 gm, 6 gm	OA	
ceftazidime intravenous solution reconstituted 2 gm	OA	
ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml	OA	
ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg	OA	
ceftriaxone sodium intravenous solution reconstituted 10 gm, 2 gm	OA	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	OA	
tazicef injection solution reconstituted 1 gm	OA	
TAZICEF INTRAVENOUS SOLUTION 1 GM/50ML (***ceftazidime sodium in dextrose***)	OA	
tazicef intravenous solution reconstituted 2 gm, 6 gm	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM (***ceftolozane-tazobactam***)	OA	
4TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefepime hcl injection solution reconstituted 1 gm	OA	
cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml	OA	
cefepime hcl intravenous solution reconstituted 2 gm	OA	
cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	OA	
5TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg	OA	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG (***ceftaroline fosamil***)	OA	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM (***ceftolozane-tazobactam***)	OA	
ZEVTERA INTRAVENOUS SOLUTION RECONSTITUTED 667 MG (***ceftobiprole medocaril***)	OA	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 100 mg/10ml, 50 mg/5ml	1	
rimantadine hcl oral tablet 100 mg	1	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
terbinafine hcl oral tablet 250 mg	1	QL (84 day supply per 180 days)
AMEBICIDES - Drugs for the Mouth and Throat		
chlorhexidine gluconate mouth/throat solution 0.12 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMATIN ORAL CAPSULE 250 MG (***paromomycin sulfate***)	2	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %	1	
metronidazole intravenous solution 500 mg/100ml	OA	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	1	
periogard mouth/throat solution 0.12 %	1	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	OA	
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	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	OA	
gentamicin sulfate ophthalmic solution 0.3 %	1	
HUMATIN ORAL CAPSULE 250 MG (***paromomycin sulfate***)	2	
neomycin sulfate oral tablet 500 mg	1	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION 4-320 %-MCG/ML	OA	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION PREFILLED SYRINGE 4-320 %-MCG/ML	OA	
streptomycin sulfate intramuscular solution reconstituted 1 gm	OA	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (***tobramycin-dexamethasone***)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (***tobramycin-dexamethasone***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tobramycin nebulization solution 300 mg/5ml inhalation	4	SP; QL (10 ML per 1 day)
tobramycin ophthalmic solution 0.3 %	1	
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml	OA	
tobramycin sulfate injection solution reconstituted 1.2 gm	OA	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (***tobramycin***)	3	
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML (***plazomicin sulfate***)	OA	
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***omadacycline tosylate***)	OA	
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml	3	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
ampicillin oral capsule 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ampicillin sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	OA	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	OA	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	OA	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	OA	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (***amoxicillin-pot clavulanate***)	3	
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM (***ampicillin-sulbactam sodium***)	OA	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM (***ampicillin-sulbactam sodium***)	OA	
ANTHELMINTICS - Drugs for Parasites		
albendazole oral tablet 200 mg	3	PA; QL (120 EA per 180 days)
EMVERM ORAL TABLET CHEWABLE 100 MG (***mebendazole***)	2	QL (6 EA per 180 days)
ivermectin oral tablet 3 mg	3	QL (18 EA per 180 days)
praziquantel oral tablet 600 mg	3	QL (105 EA per 180 days)
ANTIBACTERIALS, MISCELLANEOUS - Antibiotics		
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML (***heparin (porcine)-taurolidine***)	OA	
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
griseofulvin microsize oral suspension 125 mg/5ml	3	
griseofulvin microsize oral tablet 500 mg	3	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	3	
iodine strong oral solution 5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	3	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	3	
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML (***heparin (porcine)-taurolidine***)	OA	
ANTILEPROSY AGENTS - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	3	
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED 110 MG	OA	
atovaquone-proguanil hcl oral tablet 250-100 mg	3	
atovaquone-proguanil hcl oral tablet 62.5-25 mg	1	
chloroquine phosphate oral tablet 250 mg, 500 mg	3	
COARTEM ORAL TABLET 20-120 MG (***artemether-lumefantrine***)	3	
doxy 100 intravenous solution reconstituted 100 mg	OA	
doxycycline hyclate intravenous solution reconstituted 100 mg	OA	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	3	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydroxychloroquine sulfate oral tablet 400 mg	2	
mefloquine hcl oral tablet 250 mg	1	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***minocycline hcl***)	OA	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral tablet 25 mg	4	PA; SP
quinidine sulfate oral tablet 200 mg, 300 mg	1	
quinine sulfate oral capsule 324 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	3	
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	3	
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS - Drugs for the Mouth and Throat		
nitazoxanide oral tablet 500 mg	3	
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
atovaquone oral suspension 750 mg/5ml	3	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	3	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	3	
dapsone oral tablet 100 mg, 25 mg	3	
IMPAVIDO ORAL CAPSULE 50 MG (***miltefosine***)	3	
metronidazole intravenous solution 500 mg/100ml	OA	
metronidazole oral tablet 250 mg, 500 mg	1	
nitazoxanide oral tablet 500 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG (***pentamidine isethionate***)	OA	
pentamidine isethionate injection solution reconstituted 300 mg	OA	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	OA	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
ANTIRETROVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (***lenacapavir sodium***)	OA	
ANTITUBERCULOSIS AGENTS - Antibiotics		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (***ciprofloxacin***)	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	OA	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	3	
clarithromycin oral tablet 250 mg, 500 mg	1	
cycloserine oral capsule 250 mg	1	
ethambutol hcl oral tablet 100 mg, 400 mg	3	
isoniazid injection solution 100 mg/ml	OA	
isoniazid oral syrup 50 mg/5ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	3	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	OA	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 5 MG/ML	OA	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	OA	
moxifloxacin hcl oral tablet 400 mg	1	
PRETOMANID ORAL TABLET 200 MG	2	
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	3	
pyrazinamide oral tablet 500 mg	1	
rifabutin oral capsule 150 mg	3	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG (***rifampin***)	OA	
rifampin intravenous solution reconstituted 600 mg	OA	
rifampin oral capsule 150 mg, 300 mg	2	
SIRTURO ORAL TABLET 100 MG, 20 MG (***bedaquiline fumarate***)	3	
streptomycin sulfate intramuscular solution reconstituted 1 gm	OA	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
foscarnet sodium intravenous solution 6000 mg/250ml	OA	
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML (***foscarnet sodium***)	OA	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (***nirmatrelvir-ritonavir***)	3	^; QL (4 EA per 1 day); AL (Min 12 Years)

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PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (***nirmatrelvir-ritonavir***)	3	^; QL (11 EA per 56 days); AL (Max 11 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (***nirmatrelvir-ritonavir***)	3	^; QL (6 EA per 1 day); AL (Min 12 Years)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML (***letermovir***)	OA	SP
TPOXX INTRAVENOUS SOLUTION 200 MG/20ML (***tecovirimat***)	OA	
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG (***isavuconazonium sulfate***)	OA	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	OA	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
itraconazole oral capsule 100 mg	3	PA
ketoconazole external cream 2 %	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral tablet 200 mg	1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML (***posaconazole***)	OA	
posaconazole intravenous solution 300 mg/16.7ml	OA	
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (***voriconazole***)	OA	
voriconazole intravenous solution 200 mg/20ml	OA	
voriconazole intravenous solution reconstituted 200 mg	OA	
voriconazole oral tablet 200 mg, 50 mg	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BACITRACIN ANTIBIOTICS - Antibiotics		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
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 (***imipenem-cilastatin***)	OA	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM (***imipenem-cilastatin-relebactam***)	OA	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM (***meropenem-vaborbactam***)	OA	
CEPHAMYCIN ANTIBIOTICS - Antibiotics		
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (***cefotetan disodium***)	OA	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	OA	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	OA	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CHLORAMPHENICOL ANTIBIOTICS - Antibiotics		
chloramphenicol sod succinate intravenous solution reconstituted 1 gm	OA	
CORONAVIRUS (COVID-19) - Drugs for Viral Infections		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (***nirmatrelvir-ritonavir***)	3	^; QL (4 EA per 1 day); AL (Min 12 Years)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (***nirmatrelvir-ritonavir***)	3	^; QL (11 EA per 56 days); AL (Max 11 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (***nirmatrelvir-ritonavir***)	3	^; QL (6 EA per 1 day); AL (Min 12 Years)
CYCLIC LIPOPEPTIDE ANTIBIOTICS - Antibiotics		
daptomycin intravenous solution reconstituted 350 mg, 500 mg	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		
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	OA	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (***anidulafungin***)	OA	
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	OA	
MICAFUNGIN SODIUM-NACL INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%, 150-0.9 MG/150ML-%, 50-0.9 MG/50ML-%	OA	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (***rezafungin acetate***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***erythromycin lactobionate***)	OA	
erythromycin base oral capsule delayed release particles 250 mg	3	
erythromycin base oral tablet 250 mg, 500 mg	3	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	3	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	3	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	3	
EXTENDED-SPECTRUM PENICILLINS - Antibiotics		
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, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	OA	
PIPERACILLIN-TAZOBACTAM-NACL INTRAVENOUS SOLUTION RECONSTITUTED 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML	OA	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML (***piperacillin-tazobactam in dex***)	OA	
FLUOROCYCLINES - Antibiotics		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (***eravacycline dihydrochloride***)	OA	
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
dalbavancin hcl intravenous solution reconstituted 500 mg	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***dalbavancin hcl***)	OA	
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED 1200 MG (***oritavancin diphosphate***)	OA	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED 400 MG (***oritavancin diphosphate***)	OA	
TYZAVAN INTRAVENOUS SOLUTION 1000 MG/200ML, 1250 MG/250ML, 1500 MG/300ML, 1750 MG/350ML, 2000 MG/400ML, 500 MG/100ML, 750 MG/150ML (***vancomycin hcl***)	OA	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	OA	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	OA	
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	OA	
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 NACL 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-%, 1.75-0.9 GM/500ML-%, 2-0.9 GM/500ML-%	OA	
VANCOMYCIN HCL IN NACL 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 100 gm, 2 gm, 5 gm, 500 mg, 750 mg	OA	
vancomycin hcl oral capsule 125 mg, 250 mg	3	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	3	
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG (***telavancin hcl***)	OA	
GLYCYLCYCLINE ANTIBIOTICS - Antibiotics		
tigecycline intravenous solution reconstituted 50 mg	OA	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (***tigecycline***)	OA	
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (***sofosbuvir-velpatasvir***)	3	PA; SP; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG (***sofosbuvir-velpatasvir***)	3	PA; SP; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (***sofosbuvir-velpatasvir***)	3	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 33.75-150 MG (***ledipasvir-sofosbuvir***)	4	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG (***ledipasvir-sofosbuvir***)	4	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG (***ledipasvir-sofosbuvir***)	4	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG (***ledipasvir-sofosbuvir***)	4	PA; SP; QL (1 EA per 1 day)
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (***glecaprevir-pibrentasvir***)	3	PA; SP; QL (5 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir-pibrentasvir***)	3	PA; SP; QL (3 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir-grazoprevir***)	4	PA; SP; QL (1 EA per 1 day)
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (***sofosbuvir-velpatasvir***)	3	PA; SP; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG (***sofosbuvir-velpatasvir***)	3	PA; SP; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (***sofosbuvir-velpatasvir***)	3	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 33.75-150 MG (***ledipasvir-sofosbuvir***)	4	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG (***ledipasvir-sofosbuvir***)	4	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG (***ledipasvir-sofosbuvir***)	4	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG (***ledipasvir-sofosbuvir***)	4	PA; SP; QL (1 EA per 1 day)
MAVYRET ORAL PACKET 50-20 MG (***glecaprevir-pibrentasvir***)	3	PA; SP; QL (5 EA per 1 day)
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir-pibrentasvir***)	3	PA; SP; QL (3 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir-grazoprevir***)	4	PA; SP; QL (1 EA per 1 day)
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (***lenacapavir sodium***)	OA	
YEZTUGO ORAL TABLET 300 MG (***lenacapavir sodium***)	3	QL (8 EA per 365 days)
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (***lenacapavir sodium***)	OA	QL (9 ML per 365 days)

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HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
maraviroc oral tablet 150 mg, 300 mg	1	PA
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (***fostemsavir tromethamine***)	2	
SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***)	2	PA
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML (***ibalizumab-uiyk***)	OA	
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (***cabotegravir***)	OA	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir-emtricitab-tenofov***)	3	QL (1 EA per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML (***cabotegravir & rilpivirine***)	OA	
DOVATO ORAL TABLET 50-300 MG (***dolutegravir-lamivudine***)	2	QL (1 EA per 1 day)
ISENTRESS HD ORAL TABLET 600 MG (***raltegravir potassium***)	2	
ISENTRESS ORAL PACKET 100 MG (***raltegravir potassium***)	2	
ISENTRESS ORAL TABLET 400 MG (***raltegravir potassium***)	2	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (***raltegravir potassium***)	2	
JULUCA ORAL TABLET 50-25 MG (***dolutegravir-rilpivirine***)	2	QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG (***dolutegravir sodium***)	2	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (***dolutegravir sodium***)	2	

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TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir-dolutegravir-lamivud***)	2	QL (1 EA per 1 day)
HIV NONNUCLEOSIDE REV.TRANSCRIP. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir-emtricitab-tenofov***)	3	QL (1 EA per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML (***cabotegravir & rilpivirine***)	OA	
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirin-lamivudin-tenofov df***)	3	
EDURANT ORAL TABLET 25 MG (***rilpivirine hcl***)	3	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG (***rilpivirine hcl***)	3	
efavirenz oral tablet 600 mg	3	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	3	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	3	QL (1 EA per 1 day)
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	3	QL (1 EA per 1 day)
etravirine oral tablet 100 mg, 200 mg	3	
INTELENCE ORAL TABLET 25 MG (***etravirine***)	3	
JULUCA ORAL TABLET 50-25 MG (***dolutegravir-rilpivirine***)	2	QL (1 EA per 1 day)
methocarbamol oral tablet 500 mg	1	
nevirapine er oral tablet extended release 24 hour 400 mg	3	
nevirapine oral suspension 50 mg/5ml	3	
nevirapine oral tablet 200 mg	3	
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitab-rilpivir-tenofov af***)	3	QL (1 EA per 1 day)

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PIFELTRO ORAL TABLET 100 MG (***doravirine***)	3	
rilpivirine hcl oral tablet 25 mg	1	
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
abacavir sulfate oral solution 20 mg/ml	3	
abacavir sulfate oral tablet 300 mg	1	
abacavir sulfate-lamivudine oral tablet 600-300 mg	3	QL (1 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir-emtricitab-tenofov***)	3	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG (***lamivudine-tenofovir***)	2	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirin-lamivudin-tenofov df***)	3	
DESCOVY ORAL TABLET 120-15 MG (***emtricitabine-tenofovir af***)	3	
DESCOVY ORAL TABLET 200-25 MG (***emtricitabine-tenofovir af***)	3	PV
DOVATO ORAL TABLET 50-300 MG (***dolutegravir-lamivudine***)	2	QL (1 EA per 1 day)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	3	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	3	QL (1 EA per 1 day)
emtricitabine oral capsule 200 mg	3	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	3	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg	3	PV; QL (1 EA per 1 day)
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	3	QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***)	2	
lamivudine oral solution 10 mg/ml, 300 mg/30ml	3	

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lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	3	
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitab-rilpivir-tenofov af***)	3	QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (***zidovudine***)	OA	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darun-cobic-emtricit-tenofaf***)	3	QL (1 EA per 1 day)
tenofovir disoproxil fumarate oral tablet 300 mg	1	
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir-dolutegravir-lamivud***)	2	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/GM (***tenofovir disoproxil fumarate***)	2	
VIREAD ORAL TABLET 150 MG (***tenofovir disoproxil fumarate***)	3	
VIREAD ORAL TABLET 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	2	
zidovudine oral capsule 100 mg	3	
zidovudine oral syrup 50 mg/5ml	3	
zidovudine oral tablet 300 mg	3	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	3	
darunavir oral tablet 600 mg, 800 mg	1	
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir-cobicistat***)	2	QL (1 EA per 1 day)
fosamprenavir calcium oral tablet 700 mg	3	
lopinavir-ritonavir oral tablet 100-25 mg	1	
lopinavir-ritonavir oral tablet 200-50 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORVIR ORAL PACKET 100 MG (***ritonavir***)	2	
PREZCOBIX ORAL TABLET 675-150 MG (***darunavir-cobicistat***)	2	
PREZCOBIX ORAL TABLET 800-150 MG (***darunavir-cobicistat***)	2	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir***)	2	
PREZISTA ORAL TABLET 150 MG, 75 MG (***darunavir***)	2	
REYATAZ ORAL PACKET 50 MG (***atazanavir sulfate***)	2	
ritonavir oral tablet 100 mg	3	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darun-cobic-emtricit-tenofaf***)	3	QL (1 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG (***nelfinavir mesylate***)	4	
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (***peginterferon alfa-2a***)	4	PA; SP
LINCOMYCIN ANTIBIOTICS - Antibiotics		
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (***clindamycin phosphate***)	OA	
clindacin etz external swab 1 %	1	
clindacin-p external swab 1 %	1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
clindamycin phos (once-daily) external gel 1 %	1	
clindamycin phos (twice-daily) external gel 1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	3	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	OA	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	OA	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	OA	
clindamycin phosphate vaginal cream 2 %	1	
LINCOCIN INJECTION SOLUTION 300 MG/ML (***lincomycin hcl***)	OA	
lincomycin hcl injection solution 300 mg/ml	OA	
neuac external gel 1.2-5 %	1	
MONOBACTAM ANTIBIOTICS - Antibiotics		
aztreonam injection solution reconstituted 1 gm, 2 gm	OA	
EMBLAVEO INTRAVENOUS SOLUTION RECONSTITUTED 1.5-0.5 GM (***aztreonam-avibactam sodium***)	OA	
MONOCLONAL ANTIBODIES (08:18) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML (***nirsevimab-alip***)	OA	QL (2 ML per 300 days); AL (Max 2 Years)
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (***nirsevimab-alip***)	OA	QL (0.5 ML per 300 days); AL (Max 2 Years)
ENFLONSIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0.7ML (***clesrovimab-cfor***)	OA	PV; QL (1 ML per 1 lifetime)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GOHIBIC INTRAVENOUS SOLUTION 200 MG/20ML	OA	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (***canakinumab***)	4	PA; SP; QL (0.08 ML per 1 day)
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML (***penicillin g benzathine & proc***)	OA	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML (***penicillin g benzathine & proc***)	OA	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML (***penicillin g benzathine***)	OA	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	OA	
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	OA	
penicillin g sodium injection solution reconstituted 5000000 unit	OA	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT (***penicillin g potassium***)	OA	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
oseltamivir phosphate oral capsule 30 mg	2	QL (40 EA per 365 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	2	QL (20 EA per 365 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	3	QL (360 ML per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML (***peramivir***)	OA	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (***zanamivir***)	3	QL (40 EA per 365 days)
NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL - Drugs for the Mouth and Throat		
IMPAVIDO ORAL CAPSULE 50 MG (***miltefosine***)	3	
NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL - Drugs for the Mouth and Throat		
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
NITROIMIDAZOLE DERIVATIVES, MISC - Drugs for the Mouth and Throat		
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %	1	
metronidazole intravenous solution 500 mg/100ml	OA	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	1	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
acyclovir external ointment 5 %	1	QL (1 GM per 1 day)
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5ml	3	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	OA	
adefovir dipivoxil oral tablet 10 mg	3	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***)	3	QL (21 ML per 1 day)
cidofovir intravenous solution 75 mg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DESCOVY ORAL TABLET 120-15 MG (***emtricitabine-tenofovir af***)	3	
DESCOVY ORAL TABLET 200-25 MG (***emtricitabine-tenofovir af***)	3	PV
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	3	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 200-300 mg	3	PV; QL (1 EA per 1 day)
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	3	QL (1 EA per 1 day)
entecavir oral tablet 0.5 mg, 1 mg	1	QL (1 EA per 1 day)
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
ganciclovir sodium intravenous solution 500 mg/10ml	OA	
ganciclovir sodium intravenous solution reconstituted 500 mg	OA	
LAGEVRIO ORAL CAPSULE 200 MG (***molnupiravir***)	3	^; QL (8 EA per 1 day); AL (Min 18 Years)
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitab-rilpivir-tenofov af***)	3	QL (1 EA per 1 day)
ribavirin oral capsule 200 mg	4	SP
ribavirin oral tablet 200 mg	4	SP
valacyclovir hcl oral tablet 1 gm, 500 mg	1	QL (4 EA per 1 day)
valganciclovir hcl oral solution reconstituted 50 mg/ml	3	
valganciclovir hcl oral tablet 450 mg	3	
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***remdesivir***)	OA	
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
azithromycin intravenous solution reconstituted 500 mg	OA	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	3	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (***fidaxomicin***)	3	
OTHER MACROLIDES (8:12.12.92) - Antibiotics		
azithromycin intravenous solution reconstituted 500 mg	OA	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	3	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (***fidaxomicin***)	3	
OTHER MISC. ANTIBACTERIAL AGENTS - Antibiotics		
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED 1-1 GM (***sulbactam sod-durlobactam sod***)	OA	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	OA	
linezolid intravenous solution 600 mg/300ml	OA	
linezolid oral suspension reconstituted 100 mg/5ml	3	QL (65 ML per 1 day)
linezolid oral tablet 600 mg	2	QL (2 EA per 1 day)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (***tedizolid phosphate***)	OA	
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML (***linezolid***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/100ML	OA	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	OA	
nafcillin sodium intravenous solution reconstituted 10 gm	OA	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/50ML	OA	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	OA	
oxacillin sodium intravenous solution reconstituted 10 gm	OA	
POLYENE ANTIFUNGALS - Drugs for Fungus		
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG (***amphotericin b liposome***)	OA	
amphotericin b intravenous solution reconstituted 50 mg	OA	
amphotericin b liposome intravenous suspension reconstituted 50 mg	OA	
klayesta external powder 100000 unit/gm	1	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	
nystatin mouth/throat suspension 100000 unit/ml, 500000 unit/5ml	1	
nystatin oral tablet 500000 unit	3	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nystop external powder 100000 unit/gm	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
colistimethate sodium (cba) injection solution reconstituted 150 mg	OA	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (***colistimethate sodium***)	OA	
polymyxin b sulfate injection solution reconstituted 500000 unit	OA	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
flucytosine oral capsule 250 mg	1	
flucytosine oral capsule 500 mg	3	
QUINOLONE ANTIBIOTICS - Antibiotics		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***delafloxacin meglumine***)	OA	
BAXDELA ORAL TABLET 450 MG (***delafloxacin meglumine***)	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (***ciprofloxacin***)	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	OA	
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	OA	
levofloxacin intravenous solution 25 mg/ml	OA	
levofloxacin ophthalmic solution 0.5 %	3	
levofloxacin oral solution 25 mg/ml	3	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	3	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	OA	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 5 MG/ML	OA	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.16 %	OA	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	OA	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
moxifloxacin hcl oral tablet 400 mg	1	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin oral tablet 300 mg, 400 mg	3	
ofloxacin otic solution 0.3 %	1	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	3	
rifabutin oral capsule 150 mg	3	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG (***rifampin***)	OA	
rifampin intravenous solution reconstituted 600 mg	OA	
rifampin oral capsule 150 mg, 300 mg	2	
XIFAXAN ORAL TABLET 550 MG (***rifaximin***)	3	PA
SIDEROPHORE CEPHALOSPORINS - Antibiotics		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (***cefiderocol sulfate tosylate***)	OA	
SULFONAMIDES - Antibiotics		
sulfadiazine oral tablet 500 mg	3	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	3	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	3	
demeclocycline hcl oral tablet 150 mg, 300 mg	3	
doxy 100 intravenous solution reconstituted 100 mg	OA	
doxycycline hyclate intravenous solution reconstituted 100 mg	OA	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	3	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***minocycline hcl***)	OA	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	3	
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
CONTEPO INTRAVENOUS SOLUTION RECONSTITUTED 6 GM (***fosfomycin sodium***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methenamine hippurate oral tablet 1 gm	3	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	OA	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	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	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ABECMA INTRAVENOUS SUSPENSION 510000000 CELLS (***idecabtagene vicleucel***)	OA	SP
abiraterone acetate oral tablet 250 mg, 500 mg	4	PA; SP; AC
abirtega oral tablet 250 mg	4	PA; SP; AC
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (***paclitaxel protein-bound part***)	OA	SP
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (***brentuximab vedotin***)	OA	PA; SP
adriamycin intravenous solution reconstituted 50 mg	OA	SP
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML (***nadofaragene firadenovec-vncg***)	OA	SP
ALECENSA ORAL CAPSULE 150 MG (***alectinib hcl***)	4	PA; SP; AC
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (***bevacizumab-maly***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
anastrozole oral tablet 1 mg	1	PV*; AC
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML (***nogapendekin alfa inbakic-pmln***)	OA	SP
ARRANON INTRAVENOUS SOLUTION 5 MG/ML (***nelarabine***)	OA	SP
arsenic trioxide intravenous solution 10 mg/10ml, 12 mg/6ml	OA	SP
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (***calaspargase pegol-mknl***)	OA	SP
AUCATZYL INTRAVENOUS SUSPENSION 410000000 CELLS (***obecabtagene autoleucel***)	OA	SP
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (***bevacizumab***)	OA	PA; SP
AVGEMSI INTRAVENOUS SOLUTION 1 GM/26.3ML, 2 GM/52.6ML (***gemcitabine hcl***)	OA	SP
AVOPEF INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML (***etoposide***)	OA	SP
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG (***pemetrexed dipotassium***)	OA	SP
azacitidine injection suspension reconstituted 100 mg	OA	SP
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML (***avelumab***)	OA	PA; SP
BEIZRAY INTRAVENOUS CONCENTRATE 20 MG/ML (***docetaxel***)	OA	SP
BEIZRAY INTRAVENOUS SOLUTION 2 X 80 MG/4ML & 25%(50 ML), 80 MG/4ML & 25%(50 ML) (***docetaxel & albumin***)	OA	SP
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***belinostat***)	OA	PA; SP
BELRAPZO INTRAVENOUS SOLUTION 100 MG/4ML (***bendamustine hcl***)	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	OA	PA; SP
bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg	OA	SP
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML (***bendamustine hcl***)	OA	PA; SP
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG (***inotuzumab ozogamicin***)	OA	SP
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2.25 MG/0.09ML, 2.75 MG/0.11ML	OA	SP
bexarotene external gel 1 %	4	PA; SP
bexarotene oral capsule 75 mg	4	PA; SP; AC
bicalutamide oral tablet 50 mg	1	AC
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK 375 MG/18.75ML (***zenocutuzumab-zbco***)	OA	SP
BLENREP INTRAVENOUS SOLUTION RECONSTITUTED 70 MG (***belantamab mafodotin-blmf***)	OA	SP
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit	OA	SP
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG (***blinatumomab***)	OA	PA; SP
bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg	OA	PA; SP
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML (***bortezomib***)	OA	SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (***bosutinib***)	4	PA; SP; AC
bosutinib oral tablet 100 mg, 400 mg, 500 mg	4	PA; SP; AC
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML (***lisocabtagene maraleucel***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
busulfan intravenous solution 6 mg/ml	OA	SP
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML (***busulfan***)	OA	SP
CABOMETYX ORAL TABLET 20 MG (***cabozantinib s-malate***)	4	PA; SP; AC; QL (1 EA per 1 day)
CABOMETYX ORAL TABLET 40 MG, 60 MG (***cabozantinib s-malate***)	4	PA; SP; AC
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG (***leuprolide mesylate (6 month)***)	OA	SP
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML, 40 MG/2ML (***irinotecan hcl***)	OA	SP
capecitabine oral tablet 150 mg, 500 mg	4	SP; AC
CAPRELSA ORAL TABLET 100 MG (***vandetanib***)	4	PA; SP; AC; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (***vandetanib***)	4	PA; SP; AC
carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	OA	SP
carmustine intravenous solution reconstituted 100 mg	OA	SP
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS (***ciltacabtagene autoleucel***)	OA	SP
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	OA	SP
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	OA	SP
cladribine intravenous solution 10 mg/10ml	OA	SP
CLIGAVYX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (***fulvestrant***)	OA	SP
clofarabine intravenous solution 1 mg/ml	OA	SP
COLUMVI INTRAVENOUS SOLUTION 10 MG/10ML, 2.5 MG/2.5ML (***glofitamab-gxbm***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG (***cabozantinib s-malate***)	4	PA; SP; AC
COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***)	4	PA; SP; AC
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	OA	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/2ML, 1000 MG/10ML, 2 GM/10ML, 2 GM/4ML, 2000 MG/20ML, 500 MG/5ML, 500 MG/ML	OA	SP
cyclophosphamide intravenous solution 1 gm/5ml, 500 mg/2.5ml	OA	SP
cyclophosphamide oral capsule 25 mg, 50 mg	3	AC
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	AC
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (***ramucirumab***)	OA	PA; SP
cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml	OA	SP
cytarabine injection solution 20 mg/ml	OA	SP
dacarbazine intravenous solution reconstituted 100 mg, 200 mg	OA	SP
dactinomycin intravenous solution reconstituted 0.5 mg	OA	SP
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML (***naxitamab-gqgk***)	OA	SP
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML (***daratumumab-hyaluronidase-fihj***)	OA	SP
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (***daratumumab***)	OA	PA; SP
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	4	PA; SP; AC
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***datopotamab deruxtecan-dlnk***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml	OA	SP
decitabine intravenous solution reconstituted 50 mg	OA	SP
DECNUPAZ INTRAVENOUS SOLUTION RECONSTITUTED 2 MG (***pivekimab sunirine-pvzy***)	OA	SP
docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml	OA	SP
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	OA	SP
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML (***docetaxel***)	OA	SP
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML (***doxorubicin hcl liposomal***)	OA	SP
doxorubicin hcl intravenous solution 2 mg/ml	OA	SP
doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg	OA	SP
doxorubicin hcl liposomal intravenous suspension 2 mg/ml	OA	SP
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	3	
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML (***mirvetuximab soravtansine-gynx***)	OA	SP
ELIGARD SUBCUTANEOUS KIT 22.5 MG (***leuprolide acetate (3 month)***)	OA	SP
ELIGARD SUBCUTANEOUS KIT 30 MG (***leuprolide acetate (4 month)***)	OA	SP
ELIGARD SUBCUTANEOUS KIT 45 MG (***leuprolide acetate (6 month)***)	OA	SP
ELIGARD SUBCUTANEOUS KIT 7.5 MG (***leuprolide acetate***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELLENCE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML (***epirubicin hcl***)	OA	SP
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML, 76 MG/1.9ML (***elranatamab-bcmm***)	OA	SP
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML (***tagraxofusp-erzs***)	OA	SP
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG (***elotuzumab***)	OA	PA; SP
EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 20 MG (***telisotuzumab vedotin-tllv***)	OA	SP
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***fam-trastuzumab deruxtec-nxki***)	OA	PA; SP
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML (***epcoritamab-bysp***)	OA	SP
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML (***cetuximab***)	OA	PA; SP
eribulin mesylate intravenous solution 1 mg/2ml	OA	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG (***vismodegib***)	4	PA; SP; AC
erlotinib hcl oral tablet 100 mg, 150 mg	4	PA; SP; AC
erlotinib hcl oral tablet 25 mg	4	PA; SP; AC; QL (3 EA per 1 day)
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***etoposide phosphate***)	OA	SP
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	OA	SP
etoposide oral capsule 50 mg	4	SP; AC
EVDI INTRAVENOUS SOLUTION 1 MG/20ML (***trabectedin***)	OA	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; SP; AC; QL (1 EA per 1 day)
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	4	PA; SP; AC
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (***melphalan hcl***)	OA	SP
exemestane oral tablet 25 mg	1	PV*; AC
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (***fulvestrant***)	OA	SP
FAVLYXA INTRAVENOUS SOLUTION 2.5 GM/100ML, 250 MG/10ML (***fluorouracil***)	OA	SP
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (***degarelix acetate***)	OA	SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (***degarelix acetate***)	OA	SP
floxuridine injection solution reconstituted 0.5 gm	OA	SP
fludarabine phosphate intravenous solution 50 mg/2ml	OA	SP
fludarabine phosphate intravenous solution reconstituted 50 mg	OA	SP
fluorouracil external cream 5 %	3	
fluorouracil external solution 2 %, 5 %	1	
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	OA	SP
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML (***pralatrexate***)	OA	PA; SP
FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML, 500 MG/ML (***cyclophosphamide***)	OA	SP
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	OA	SP

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FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (***sirolimus protein-bound part***)	OA	SP
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML (***obinutuzumab***)	OA	PA; SP
gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml	OA	SP
gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg	OA	SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (***afatinib dimaleate***)	4	PA; SP; AC; QL (1 EA per 1 day)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (***lomustine***)	4	SP; AC
GLIADEL WAFER IMPLANT WAFER 7.7 MG (***carmustine in polifeprosan***)	OA	
GRAFAPEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 5 GM (***treosulfan***)	OA	SP
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML (***eribulin mesylate***)	OA	PA; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML (***trastuzumab-hyaluronidase-oysk***)	OA	PA; SP
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (***trastuzumab***)	OA	PA; SP
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (***trastuzumab-strf***)	OA	SP
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (***trastuzumab-pkrb***)	OA	SP
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (***topotecan hcl***)	OA	SP
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (***topotecan hcl***)	4	SP; AC
hydroxyurea oral capsule 500 mg	1	AC

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IBRANCE ORAL CAPSULE 125 MG (***palbociclib***)	4	PA; SP; AC
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (***palbociclib***)	4	PA; SP; AC
ICLUSIG ORAL TABLET 10 MG, 15 MG (***ponatinib hcl***)	4	PA; SP; AC; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG (***ponatinib hcl***)	4	PA; SP; AC
IDAMYCIN PFS INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML (***idarubicin hcl***)	OA	SP
idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml	OA	SP
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 3 GM (***ifosfamide***)	OA	SP
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml	OA	SP
ifosfamide intravenous solution reconstituted 1 gm, 3 gm	OA	SP
imatinib mesylate oral tablet 100 mg, 400 mg	4	PA; SP; AC
IMBRUVICA ORAL CAPSULE 140 MG (***ibrutinib***)	4	PA; SP; AC; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (***ibrutinib***)	4	PA; SP; AC; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***)	4	PA; SP; AC
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***)	4	PA; SP; AC; QL (1 EA per 1 day)
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG (***tarlatamab-dlle***)	OA	SP
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML (***durvalumab***)	OA	SP
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML (***tremelimumab-actl***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML (***talimogene laherparepvec***)	OA	SP
INLEXZO INTRAVESICAL IMPLANT 225 MG (***gemcitabine hcl***)	OA	SP
INLYTA ORAL TABLET 1 MG, 5 MG (***axitinib***)	4	PA; SP; AC
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml	OA	SP
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (***romidepsin***)	OA	PA; SP
IVRA INTRAVENOUS SOLUTION 90 MG/ML	OA	SP
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG (***ixabepilone***)	OA	SP
JAKAFI ORAL TABLET 10 MG, 5 MG (***ruxolitinib phosphate***)	4	PA; SP; AC; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG (***ruxolitinib phosphate***)	4	PA; SP; AC
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (***ruxolitinib phosphate***)	4	PA; SP; AC; QL (1 EA per 1 day)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 33 MG, 44 MG, 55 MG (***ruxolitinib phosphate***)	4	PA; SP; AC
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML (***dostarlimab-gxly***)	OA	SP
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML (***cabazitaxel***)	OA	PA; SP
JOBEVNE INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (***bevacizumab-nwgd***)	OA	SP
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG (***ado-trastuzumab emtansine***)	OA	PA; SP
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (***trastuzumab-anns***)	OA	PA; SP

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KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML (***pembrolizumab***)	OA	SP
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395-4800 MG -UNT/2.4ML, 790-9600 MG -UNT/4.8ML (***pembrolizumab-berahyalur-pmph***)	OA	SP
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML (***tebentafusp-tebn***)	OA	SP
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (***ribociclib succinate***)	4	PA; SP; AC
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (***ribociclib succinate***)	4	PA; SP; AC
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (***ribociclib succinate***)	4	PA; SP; AC
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (***selumetinib sulfate***)	4	PA; SP; AC
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG (***selumetinib sulfate***)	4	PA; SP; AC
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG (***carfilzomib***)	OA	PA; SP
KYXATA INTRAVENOUS SOLUTION 500 MG/50ML, 80 MG/8ML (***carboplatin***)	OA	SP
lapatinib ditosylate oral tablet 250 mg	4	PA; SP; AC
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	4	PA; SP; AC
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 (***lenvatinib mesylate***)	4	PA; SP; AC
letrozole oral tablet 2.5 mg	1	PV*; AC
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	4	SP; AC
leuprolide acetate injection kit 1 mg/0.2ml	OA	PA; SP

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LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML (***cemiplimab-rwlc***)	OA	SP
lomustine oral capsule 10 mg, 100 mg, 40 mg	4	SP; AC
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML (***toripalimab-tpzi***)	OA	SP
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML (***mosunetuzumab-axgb***)	OA	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (***leuprolide acetate***)	OA	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (***leuprolide acetate (3 month)***)	OA	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (***leuprolide acetate (4 month)***)	OA	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (***leuprolide acetate (6 month)***)	OA	PA; SP
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG (***leuprolide acetate (3 month)***)	OA	SP
LYMPHIR INTRAVENOUS SOLUTION RECONSTITUTED 300 MCG (***denileukin diftitox-cxdl***)	OA	SP
LYNOZYFIC INTRAVENOUS SOLUTION 200 MG/10ML, 5 MG/2.5ML (***linvoseltamab-gcpt***)	OA	SP
LYNPARZA ORAL TABLET 100 MG, 150 MG (***olaparib***)	4	PA; SP; AC
LYSODREN ORAL TABLET 500 MG (***mitotane***)	3	AC
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML (***margetuximab-cmkb***)	OA	SP
MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***)	4	SP; AC
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	AC
megestrol acetate oral tablet 20 mg, 40 mg	1	AC

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MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (***trametinib dimethyl sulfoxide***)	4	PA; SP; AC
MEKINIST ORAL TABLET 0.5 MG, 2 MG (***trametinib dimethyl sulfoxide***)	4	PA; SP; AC
melphalan hcl intravenous solution reconstituted 50 mg	OA	SP
mercaptopurine oral tablet 50 mg	1	AC
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	OA	
methotrexate sodium oral tablet 2.5 mg	1	AC
mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg	OA	SP
mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml	OA	PA; SP
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (***tafasitamab-cxix***)	OA	SP
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG, 5 MG (***mitomycin***)	OA	SP
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (***bevacizumab-awwb***)	OA	PA; SP
MYLERAN ORAL TABLET 2 MG (***busulfan***)	2	AC
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG (***gemtuzumab ozogamicin***)	OA	SP
nelarabine intravenous solution 5 mg/ml	OA	SP
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	4	PA; SP; AC
nilutamide oral tablet 150 mg	4	SP; AC

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NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (***ixazomib citrate***)	4	PA; SP; AC
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (***pentostatin***)	OA	SP
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (***trastuzumab-dkst***)	OA	SP
OGSIVEO ORAL TABLET 100 MG, 150 MG (***nirogacestat hydrobromide***)	4	PA; SP; AC
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (***pegaspargase***)	OA	SP
ONIVYDE INTRAVENOUS SUSPENSION 43 MG/10ML (***irinotecan hcl liposome***)	OA	SP
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (***trastuzumab-dttb***)	OA	SP
ONUREG ORAL TABLET 200 MG, 300 MG (***azacitidine***)	4	PA; SP; AC
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML (***nivolumab***)	OA	PA; SP
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300-5000 MG -UT/2.5ML (***nivolumab-hyaluronidase-nvhy***)	OA	SP
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML (***nivolumab-relatlimab-rmbw***)	OA	SP
ORGOVYX ORAL TABLET 120 MG (***relugolix***)	4	PA; SP; AC
ORSERDU ORAL TABLET 345 MG, 86 MG (***elacestrant hydrochloride***)	4	PA; SP; AC
oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml	OA	SP
oxaliplatin intravenous solution reconstituted 100 mg, 50 mg	OA	SP
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	OA	SP

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paclitaxel protein-bound part intravenous suspension reconstituted 100 mg	OA	SP
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG (***enfortumab vedotin-ejfv***)	OA	PA; SP
pazopanib hcl oral tablet 200 mg, 400 mg	4	PA; SP; AC
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (***peginterferon alfa-2a***)	4	PA; SP
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	OA	SP
pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg	OA	SP
PEMETREXED INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	OA	SP
PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML (***pemetrexed***)	OA	SP
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (***pemetrexed disodium***)	OA	SP
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML (***pertuzumab***)	OA	PA; SP
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML (***pertuz-trastuz-hyaluron-zzxf***)	OA	SP
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED 75 MG (***porfimer sodium***)	OA	SP
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG (***alpelisib***)	4	PA; SP; AC
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG, 30 MG (***polatuzumab vedotin-piiq***)	OA	PA; SP

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pomalidomide oral capsule 1 mg, 2 mg	4	PA; SP; AC; QL (1 EA per 1 day)
pomalidomide oral capsule 3 mg, 4 mg	4	PA; SP; AC
POMALYST ORAL CAPSULE 1 MG, 2 MG (***pomalidomide***)	4	PA; SP; AC; QL (1 EA per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG (***pomalidomide***)	4	PA; SP; AC
POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML (***mogamulizumab-kpkc***)	OA	SP
pralatrexate intravenous solution 20 mg/ml, 40 mg/2ml	OA	PA; SP
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (***aldesleukin***)	OA	SP
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS (***sipuleucel-t***)	OA	SP
QINLOCK ORAL TABLET 50 MG (***ripretinib***)	4	PA; SP; AC
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (***lenalidomide***)	4	PA; SP; AC
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (***rituximab-arrx***)	OA	SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML (***rituximab-hyaluronidase human***)	OA	PA; SP
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (***rituximab***)	OA	PA; SP
ROMIDEPSIN INTRAVENOUS SOLUTION 27.5 MG/5.5ML	OA	SP
romidepsin intravenous solution reconstituted 10 mg	OA	PA; SP
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (***vimseltinib***)	4	PA; SP; AC
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (***entrectinib***)	4	PA; SP; AC

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RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (***rituximab-pvvr***)	OA	PA; SP
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1600-20000 MG-UT/10ML, 2240-28000 MG-UT/14ML, 2400-30000 MG-UT/15ML, 3520-44000 MG-UT/22ML (***amivantamab-hyaluronidase-lpuj***)	OA	SP
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML (***amivantamab-vmjw***)	OA	SP
RYDAPT ORAL CAPSULE 25 MG (***midostaurin***)	4	PA; SP; AC
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML (***asparaginase erwinia chry-rywn***)	OA	SP
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG (***imetelstat sodium***)	OA	SP
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML (***isatuximab-irfc***)	OA	SP
SCEMBLIX ORAL TABLET 100 MG (***asciminib hcl***)	4	PA; SP; AC
SCEMBLIX ORAL TABLET 20 MG (***asciminib hcl***)	4	PA; SP; AC; QL (2 EA per 1 day)
SCEMBLIX ORAL TABLET 40 MG (***asciminib hcl***)	4	PA; SP; AC; QL (8 EA per 1 day)
sorafenib tosylate oral tablet 200 mg	4	PA; SP; AC
STIVARGA ORAL TABLET 40 MG (***regorafenib***)	4	PA; SP; AC
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	PA; SP; AC
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG (***siltuximab***)	OA	SP
TABRECTA ORAL TABLET 150 MG, 200 MG (***capmatinib hcl***)	4	PA; SP; AC
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (***dabrafenib mesylate***)	4	PA; SP; AC

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TAFINLAR ORAL TABLET SOLUBLE 10 MG (***dabrafenib mesylate***)	4	PA; SP; AC
TAGRISSO ORAL TABLET 40 MG (***osimertinib mesylate***)	4	PA; SP; AC; QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 80 MG (***osimertinib mesylate***)	4	PA; SP; AC
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML (***talquetamab-tgvs***)	OA	SP
tamoxifen citrate oral tablet 10 mg	1	AC
tamoxifen citrate oral tablet 20 mg	1	PV*; AC
TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS, 200000000 CELLS (***brexucabtagene autoleucel***)	OA	SP
TECELRA INTRAVENOUS SUSPENSION 10000000000 CELLS (***afamitresgene autoleucel***)	OA	SP
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML (***atezolizumab-hyaluronidas-tqjs***)	OA	SP
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML (***atezolizumab***)	OA	PA; SP
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML (***teclistamab-cqyv***)	OA	SP
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***temozolomide***)	OA	SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	4	PA; SP; AC
temsirolimus intravenous solution 25 mg/ml	OA	SP
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG, 15 MG (***thiotepa***)	OA	SP
TEPADINA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG/200ML (***thiotepa & sodium chloride***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TEPYLUTE INTRAVENOUS SOLUTION 100 MG/10ML, 15 MG/1.5ML	OA	SP
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML (***tislelizumab-jsgr***)	OA	SP
THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***)	4	PA; SP; AC
thiotepa injection solution reconstituted 100 mg, 15 mg	OA	SP
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (***bcg live***)	OA	SP
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (***tisotumab vedotin-tftv***)	OA	SP
topotecan hcl intravenous solution 4 mg/4ml	OA	SP
topotecan hcl intravenous solution reconstituted 4 mg	OA	SP
toremifene citrate oral tablet 60 mg	3	AC
TORISEL INTRAVENOUS SOLUTION 25 MG/ML (***temsirolimus***)	OA	SP
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; SP; AC; QL (1 EA per 1 day)
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (***trastuzumab-qyyp***)	OA	PA; SP
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 25 MG (***bendamustine hcl***)	OA	SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (***triptorelin pamoate***)	OA	SP
tretinoin external cream 0.025 %, 0.05 %	2	
tretinoin external cream 0.1 %	3	
tretinoin external gel 0.01 %, 0.025 %	3	
tretinoin oral capsule 10 mg	4	SP; AC

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TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML (***arsenic trioxide***)	OA	SP
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG (***sacituzumab govitecan-hziy***)	OA	SP
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (***rituximab-abbs***)	OA	SP
TUKYSA ORAL TABLET 150 MG, 50 MG (***tucatinib***)	4	PA; SP; AC
TURALIO ORAL CAPSULE 125 MG (***pexidartinib hcl***)	4	PA; SP; AC
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML (***dinutuximab***)	OA	PA; SP
UNLOXCYT INTRAVENOUS SOLUTION 300 MG/5ML (***cosibelimab-ipdl***)	OA	SP
VABRINTY SUBCUTANEOUS KIT 22.5 MG (***leuprolide acetate (3 month)***)	OA	SP
VABRINTY SUBCUTANEOUS KIT 30 MG (***leuprolide acetate (4 month)***)	OA	SP
VABRINTY SUBCUTANEOUS KIT 45 MG (***leuprolide acetate (6 month)***)	OA	SP
VABRINTY SUBCUTANEOUS KIT 7.5 MG (***leuprolide acetate***)	OA	SP
valrubicin intravesical solution 40 mg/ml	OA	SP
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (***valrubicin***)	OA	SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (***panitumumab***)	OA	SP
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (***bevacizumab-adcd***)	OA	SP
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG (***bortezomib***)	OA	PA; SP

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VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (***venetoclax***)	4	PA; SP; AC
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (***venetoclax***)	4	PA; SP; AC
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***abemaciclib***)	4	PA; SP; AC
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG (***azacitidine***)	OA	SP
vinblastine sulfate intravenous solution 1 mg/ml	OA	SP
vincristine sulfate intravenous solution 1 mg/ml, 2 mg/2ml	OA	SP
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	OA	SP
VIVIMUSTA INTRAVENOUS SOLUTION 100 MG/4ML	OA	PA; SP
VORANIGO ORAL TABLET 10 MG (***vorasidenib***)	4	PA; SP; AC; QL (2 EA per 1 day)
VORANIGO ORAL TABLET 40 MG (***vorasidenib***)	4	PA; SP; AC
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 300 MG (***zolbetuximab-clzb***)	OA	SP
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG (***daunorubicin-cytarabine lipo***)	OA	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***)	4	PA; SP; AC
XTANDI ORAL CAPSULE 40 MG (***enzalutamide***)	4	PA; SP; AC
XTANDI ORAL TABLET 40 MG, 80 MG (***enzalutamide***)	4	PA; SP; AC
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML (***ipilimumab***)	OA	SP
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS (***axicabtagene ciloleucel***)	OA	SP
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG (***trabectedin***)	OA	SP

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yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; SP; AC; QL (1 EA per 1 day)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML (***ziv-aflibercept***)	OA	PA; SP
ZELBORAF ORAL TABLET 240 MG (***vemurafenib***)	4	PA; SP; AC
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (***lurbinectedin***)	OA	PA; SP
ZEVALIN Y-90 INTRAVENOUS KIT 3.2 MG/2ML (***ibritumomab tiuxetan for y-90***)	OA	SP
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***zanidatamab-hrii***)	OA	SP
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (***bevacizumab-bvzr***)	OA	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (***goserelin acetate***)	OA	SP; QL (0.012 EA per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (***goserelin acetate***)	OA	SP; QL (0.036 EA per 1 day)
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	4	PA; SP; AC
ZUSDURI INTRAVESICAL KIT 2 X 40 MG (***mitomycin***)	OA	SP
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	4	PA; SP; AC
ZYKADIA ORAL TABLET 150 MG (***ceritinib***)	4	PA; SP; AC
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (***loncastuximab tesirine-lpyl***)	OA	SP
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML (***retifanlimab-dlwr***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM		
AMERICAN BEECH POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	OA	
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (***peanut powder-dnfp***)	OA	
ANTITOXINS AND IMMUNE GLOBULINS - Organ Transplant		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (***immune globulin (human)-stwk***)	OA	SP
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (***centruroides (scorpion) im fab***)	OA	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (***crotalidae immune fab (equine)***)	OA	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	OA	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	OA	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (***immune globulin (human)-slra***)	OA	SP
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (***immune globulin (human)***)	OA	SP
CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/VIAL (***vaccinia immune globulin human***)	OA	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (***crotalidae polyval immune fab***)	OA	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (***immune globulin (human)***)	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (***digoxin immune fab***)	OA	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (***immune globulin (human)***)	OA	SP
GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML (***immune globulin (human)***)	OA	SP
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (***immune globulin (human)***)	OA	SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (***immune globulin (human)***)	OA	SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (***immune globulin (human)***)	OA	SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (***immune globulin (human)***)	OA	SP
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (***immune globulin (human)***)	OA	SP
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML (***hepatitis b immune globulin***)	OA	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (***immune globulin (human)***)	4	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (***immune globulin (human)***)	4	PA; SP
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (***hepatitis b immune globulin***)	OA	

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HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML (***hepatitis b immune globulin***)	OA	
HYPERRHO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (***rho d immune globulin***)	OA	
HYPERRHO MINI-DOSE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (***rho d immune globulin***)	OA	
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML (***hepatitis b immune globulin***)	OA	
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 (***immune globulin (human)***)	OA	SP
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (***immune globulin (human)-ifas***)	OA	SP
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (***immune globulin (human)***)	OA	SP
QIVIGY INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	OA	SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (***rho d immune globulin***)	OA	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (***rho d immune globulin***)	OA	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (***varicella-zoster immune glob***)	OA	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML (***rho d immune globulin***)	OA	
YIMMUGO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (***immune globulin (human)-dira***)	OA	SP

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ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML (***bezlotoxumab***)	OA	
TOXOIDS - Vaccines		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	1	PV; AL (Min 9 Years)
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	1	PV; AL (Min 9 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	1	PV; AL (Min 9 Years)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (***diphth-acell pertussis-tetanus***)	1	PV; AL (Min 9 Years)
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (***diphth-acell pertussis-tetanus***)	1	PV; AL (Min 9 Years)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***dtap-ipv vaccine***)	1	PV; AL (Min 9 Years)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***dtap-hepatitis b recomb-ipv***)	1	PV; AL (Min 9 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (***dtap-ipv-hib vaccine***)	1	PV; AL (Min 9 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION (***dtap-ipv vaccine***)	1	PV; AL (Min 9 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***dtap-ipv vaccine***)	1	PV; AL (Min 9 Years)
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML (***tetanus-diphtheria toxoids td***)	1	PV; AL (Min 9 Years)
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***dtap-ipv-hib-hepatitis b recmb***)	OA	

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VACCINES - Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (***rsv pre-fusion f a&b vac rcmb***)	1	PV; AL (Min 50 Years)
ACAM2000 INJECTION SOLUTION RECONSTITUTED (***smallpox & monkeypox vac, rep***)	OA	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (***haemophilus b polysac conj vac***)	OA	AL (Max 6 Years)
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	1	PV; AL (Min 9 Years)
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	1	PV; AL (Min 9 Years)
AFLURIA INTRAMUSCULAR SUSPENSION (***influenza virus vaccine split***)	1	PV; AL (Min 3 Years)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza virus vacc split pf***)	1	PV; AL (Min 3 Years)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (***rsvpref3 vac recomb adjuvanted***)	1	PV; AL (Min 50 Years)
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	OA	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***meningococcal b recomb omv adj***)	1	PV; AL (Min 9 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	1	PV; AL (Min 9 Years)
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (***pneumococcal 21-valent conjuga***)	1	PV; AL (Min 19 Years)

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COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (***covid-19 mrna virus vaccine***)	1	PV; AL (Min 3 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (***covid-19 mrna virus vaccine***)	1	PV; AL (Min 3 Years)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (***diphth-acell pertussis-tetanus***)	1	PV; AL (Min 9 Years)
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (***dengue virus vaccine live tetr***)	1	PV; AL (Min 9 Years and Max 16 Years)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (***hepatitis b vac recombinant***)	1	PV; AL (Min 9 Years)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (***hepatitis b vac recombinant***)	1	PV; AL (Min 9 Years)
ERVEBO INTRAMUSCULAR SUSPENSION (***ebola zaire virus vaccine live***)	OA	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza vac a&b surf ant adj***)	1	PV; AL (Min 65 Years)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (***influenza vac recombinant ha***)	1	PV; AL (Min 3 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION (***influenza vac tiss-cult subunt***)	1	PV; AL (Min 3 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza vac tiss-cult subunt***)	1	PV; AL (Min 3 Years)
FLUMIST NASAL LIQUID (***influenza virus vaccine live***)	1	PV; AL (Min 3 Years and Max 49 Years)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza vac split high-dose***)	1	PV; AL (Min 65 Years)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza virus vacc split pf***)	1	PV; AL (Min 3 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML (***hpv 9-valent recomb vaccine***)	1	PV; AL (Min 9 Years and Max 45 Years)

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GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***hpv 9-valent recomb vaccine***)	1	PV; AL (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML (***hepatitis a vaccine***)	1	PV; AL (Min 9 Years)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (***hepatitis b vac recomb adj***)	1	PV; AL (Min 18 Years)
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (***haemophilus b polysac conj vac***)	OA	AL (Max 6 Years)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML (***rabies virus vaccine, hdc***)	OA	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (***diphth-acell pertussis-tetanus***)	1	PV; AL (Min 9 Years)
IPOL INJECTION SUSPENSION (***poliovirus vaccine inactivated***)	1	PV; AL (Max 17 Years)
IXIARO INTRAMUSCULAR SUSPENSION (***japanese encephalitis vac inac***)	OA	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML (***smallpox & monkeypox vac, live***)	1	PV; AL (Min 18 Years)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***dtap-ipv vaccine***)	1	PV; AL (Min 9 Years)
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML (***mening acy&w-135 tetanus conj***)	1	PV; AL (Min 9 Years)
MENVEO INTRAMUSCULAR SOLUTION (***meningococcal a c y&w-135 olig***)	1	PV; AL (Min 9 Years)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (***meningococcal a c y&w-135 olig***)	1	PV; AL (Min 9 Years)
M-M-R II INJECTION SOLUTION RECONSTITUTED (***measles, mumps & rubella vac***)	1	PV; AL (Min 9 Years)

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MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML (***covid-19 mrna virus vaccine***)	1	PV; AL (Min 12 Years)
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (***rsv mrna pre-f virus vaccine***)	1	PV; AL (Min 50 Years)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***dtap-hepatitis b recomb-ipv***)	1	PV; AL (Min 9 Years)
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (***haemophilus b polysac conj vac***)	OA	AL (Max 6 Years)
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (***mening acyw(tet conj)-b(rcmb)***)	1	PV; AL (Min 9 Years)
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	PV; AL (Min 9 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (***dtap-ipv-hib vaccine***)	1	PV; AL (Min 9 Years)
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (***pneumococcal vac polyvalent***)	1	PV; AL (Min 9 Years)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***pneumococcal 20-val conj vacc***)	1	PV; AL (Min 9 Years)
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (***measles, mumps & rubella vac***)	1	PV; AL (Min 9 Years)
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (***measles-mumps-rubella-varicell***)	1	PV; AL (Min 9 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION (***dtap-ipv vaccine***)	1	PV; AL (Min 9 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***dtap-ipv vaccine***)	1	PV; AL (Min 9 Years)
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (***rabies vaccine, pcec***)	OA	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (***hepatitis b vac recombinant***)	1	PV; AL (Min 9 Years)

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RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (***hepatitis b vac recombinant***)	1	PV; AL (Min 9 Years)
ROTARIX ORAL SUSPENSION (***rotavirus vaccine live oral***)	OA	AL (Max 8 Months)
ROTATEQ ORAL SOLUTION (***rotavirus vac live pentavalent***)	OA	AL (Max 8 Months)
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (***zoster vac recomb adjuvanted***)	2	PV; AL (Min 19 Years)
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML (***covid-19 mrna virus vaccine***)	1	PV; AL (Min 3 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (***covid-19 mrna virus vaccine***)	1	PV; AL (Min 3 Years)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (***bcg live***)	OA	SP
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 0.5 ML (***meningococcal b vac (recomb)***)	1	PV; AL (Min 9 Years)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (***hepatitis a-hep b recomb vac***)	1	PV; AL (Min 9 Years)
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***)	1	PV; AL (Min 9 Years)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML (***hepatitis a vaccine***)	1	PV; AL (Min 9 Years)
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (***varicella virus vaccine live***)	1	PV; AL (Min 9 Years)

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VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***dtap-ipv-hib-hepatitis b recmb***)	OA	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***pneumococcal 15-val conj vacc***)	1	PV; AL (Min 9 Years)
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED (***yellow fever vaccine***)	OA	
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	PV; QL (180 EA per 365 days)
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	PV; QL (180 EA per 365 days)
ft nicotine mouth/throat gum 2 mg, 4 mg	1	PV; QL (180 EA per 365 days)
ft nicotine mouth/throat lozenge 2 mg, 4 mg	1	PV; QL (180 EA per 365 days)
ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	PV; QL (180 EA per 365 days)
goodsense nicotine mouth/throat gum 2 mg, 4 mg	1	PV; QL (180 EA per 365 days)
goodsense nicotine mouth/throat lozenge 4 mg	1	PV; QL (180 EA per 365 days)
goodsense nicotine policrilex mouth/throat gum 4 mg	1	PV; QL (180 EA per 365 days)
habitrol transdermal patch 24 hour 21 mg/24hr	1	PV; QL (180 EA per 365 days)
naltrexone hcl oral tablet 50 mg	1	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG (***nicotine polacrilex***)	3	PV; QL (180 EA per 365 days)

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NICORETTE MOUTH/THROAT GUM 2 MG (***nicotine polacrilex***)	3	PV; QL (180 EA per 365 days)
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (***nicotine polacrilex***)	3	PV; QL (180 EA per 365 days)
nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	PV; QL (180 EA per 365 days)
nicotine polacrilex mini mouth/throat lozenge 2 mg	1	PV; QL (180 EA per 365 days)
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	PV; QL (180 EA per 365 days)
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	PV; QL (180 EA per 365 days)
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	1	PV; QL (180 EA per 365 days)
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	1	PV; QL (180 EA per 365 days)
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	1	PV; QL (180 EA per 365 days)
nicotine transdermal kit 21-14-7 mg/24hr	1	PV; QL (180 EA per 365 days)
nicotine transdermal patch 24 hour 21 mg/24hr	1	PV; QL (180 EA per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (***nicotine***)	3	ST; PV; QL (180 ML per 365 days)
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	1	PV; QL (180 EA per 365 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	PV; QL (180 EA per 365 days)
varenicline tartrate(continue) oral tablet 1 mg	1	PV; QL (180 EA per 365 days)

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VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	OA	SP
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADRENALIN INJECTION SOLUTION 1 MG/ML (***epinephrine***)	OA	
ADRENALIN INTRAVENOUS SOLUTION 2-0.9 MG/250ML-% (***epinephrine-nacl***)	OA	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (***ephedrine sulfate (pressors)***)	OA	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (***ephedrine sulfate (pressors)***)	OA	
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE 4 %-1:100000 (***articaine-epinephrine***)	OA	
bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% -1:200000	OA	
bupivacaine-epinephrine solution 0.25% -1:200000 injection	OA	
BUPIVACAINE-EPINEPHRINE SOLUTION 0.25% -1:200000 INJECTION	OA	
bupivacaine-epinephrine solution 0.5% -1:200000 injection	OA	
BUPIVACAINE-EPINEPHRINE SOLUTION 0.5% -1:200000 INJECTION	OA	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (***ephedrine sulfate (pressors)***)	OA	
ephedrine sulf (pressors)+rfid intravenous solution prefilled syringe 25 mg/5ml, 50 mg/10ml	OA	
ephedrine sulfate (pressors) intravenous solution 50 mg/ml	OA	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 50 MG/5ML	OA	

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ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous	OA	
EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS	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 BITARTRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%	OA	
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	OA	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	
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-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
LEVOPHED INTRAVENOUS SOLUTION 1 MG/ML (***norepinephrine bitartrate***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000, 2 %-1:200000	OA	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000	OA	
LIDOCAINE-EPINEPHRINE INJECTION SOLUTION 2 %-1:200000	OA	
lidocaine-epinephrine solution 1 %-1:100000 injection	OA	
LIDOCAINE-EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	OA	
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 (***bupivacaine-epinephrine***)	OA	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 (***bupivacaine-epinephrine***)	OA	
norepinephrine bitartrate intravenous solution 1 mg/ml	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-%	OA	
ORABLOC INJECTION SOLUTION CARTRIDGE 4 %-1:100000, 4 %-1:200000 (***articaine-epinephrine***)	OA	
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (***bupivacaine-epinephrine***)	OA	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000, 0.75-1:200000 % (***bupivacaine-epinephrine***)	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 (***lidocaine-epinephrine***)	OA	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000, 1.5 %-1:200000, 2 %-1:200000 (***lidocaine-epinephrine***)	OA	
ALPHA-ADRENERGIC AGONISTS (12:12) - Drugs for Heart and Lungs		
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML (***phenylephrine hcl (pressors)***)	OA	
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 oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
dexmedetomidine hcl in nacl intravenous solution 1000 mcg/250ml, 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	OA	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MCG/5ML-%	OA	
dexmedetomidine hcl intravenous solution 1000 mcg/10ml, 200 mcg/2ml, 400 mcg/4ml	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	
IMMPHENTIV INTRAVENOUS SOLUTION 0.5 MG/5ML, 1 MG/10ML (***phenylephrine hcl (pressors)***)	OA	
methyldopa oral tablet 250 mg, 500 mg	1	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML, 1 MG/10ML	OA	
phenylephrine hcl intravenous solution 10 mg/ml	OA	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML, 0.8 MG/10ML, 1 MG/10ML, 5 MG/50ML	OA	
PHENYLEPHRINE HCL-NACL +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.4-0.9 MG/5ML-%, 1-0.9 MG/10ML-%	OA	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 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 (***dexmedetomidine hcl in nacl***)	OA	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (***dexmedetomidine hcl***)	OA	
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (***umeclidinium-vilanterol***)	2	QL (2 EA per 1 day)
ATROPINE SULFATE +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/2.5ML	OA	
atropine sulfate injection solution 8 mg/20ml	OA	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
atropine sulfate ophthalmic solution 1 %	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (***ipratropium bromide hfa***)	3	QL (0.86 GM per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	2	QL (0.36 GM per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (***ipratropium-albuterol***)	2	QL (0.27 GM per 1 day)
dicyclomine hcl intramuscular solution 10 mg/ml	OA	
dicyclomine hcl oral capsule 10 mg	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
glycopyrrolate +rfid injection solution 0.2 mg/ml	OA	
GLYCOPYRROLATE +RFID INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	OA	
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	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL (4 EA per 1 day)
glycopyrrolate pf +rfid injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLYCOPYRROLATE PF +RFID INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	OA	
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 1 MG/5ML (***glycopyrrolate***)	OA	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	QL (240 ML per 1 fill)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	QL (6 EA per 1 day)
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
ipratropium bromide hfa inhalation aerosol solution 17 mcg/act	3	QL (0.86 GM per 1 day)
ipratropium bromide inhalation solution 0.02 %	1	QL (10.42 ML per 1 day)
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	QL (18 ML per 1 day)
methscopolamine bromide oral tablet 2.5 mg, 5 mg	3	
MOTOFEN ORAL TABLET 1-0.025 MG (***difenoxin-atropine***)	3	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE 3-0.6 MG/3ML (***neostigmine-glycopyrrolate***)	OA	
scopolamine transdermal patch 72 hour 1 mg/3days	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (***tiotropium bromide***)	2	QL (0.14 GM per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (***tiotropium bromide-olodaterol***)	2	QL (0.14 GM per 1 day)
tiotropium bromide inhalation capsule 18 mcg	2	QL (1 EA per 1 day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	2	QL (2 EA per 1 day)
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
benztropine mesylate injection solution 1 mg/ml	OA	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	PV; QL (180 EA per 365 days)
ft nicotine mouth/throat gum 2 mg, 4 mg	1	PV; QL (180 EA per 365 days)
ft nicotine mouth/throat lozenge 2 mg, 4 mg	1	PV; QL (180 EA per 365 days)
ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	PV; QL (180 EA per 365 days)
goodsense nicotine mouth/throat gum 2 mg, 4 mg	1	PV; QL (180 EA per 365 days)
goodsense nicotine mouth/throat lozenge 4 mg	1	PV; QL (180 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
goodsense nicotine policrilex mouth/throat gum 4 mg	1	PV; QL (180 EA per 365 days)
habitrol transdermal patch 24 hour 21 mg/24hr	1	PV; QL (180 EA per 365 days)
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG (***nicotine polacrilex***)	3	PV; QL (180 EA per 365 days)
NICORETTE MOUTH/THROAT GUM 2 MG (***nicotine polacrilex***)	3	PV; QL (180 EA per 365 days)
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (***nicotine polacrilex***)	3	PV; QL (180 EA per 365 days)
nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	PV; QL (180 EA per 365 days)
nicotine polacrilex mini mouth/throat lozenge 2 mg	1	PV; QL (180 EA per 365 days)
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	PV; QL (180 EA per 365 days)
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	PV; QL (180 EA per 365 days)
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	1	PV; QL (180 EA per 365 days)
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	1	PV; QL (180 EA per 365 days)
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	1	PV; QL (180 EA per 365 days)
nicotine transdermal kit 21-14-7 mg/24hr	1	PV; QL (180 EA per 365 days)
nicotine transdermal patch 24 hour 21 mg/24hr	1	PV; QL (180 EA per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (***nicotine***)	3	ST; PV; QL (180 ML per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	1	PV; QL (180 EA per 365 days)
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	PV; QL (180 EA per 365 days)
varenicline tartrate(continue) oral tablet 1 mg	1	PV; QL (180 EA per 365 days)
BOTULINUM TOXINS - Drugs for Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (***onabotulinumtoxina (cosmetic)***)	OA	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (***onabotulinumtoxina***)	OA	PA
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (***daxibotulinumtoxina-lanm***)	OA	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	OA	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (***rimabotulinumtoxinb***)	OA	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	OA	
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT - Drugs for Relaxing Muscles		
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 800 mg	3	
methocarbamol injection solution 1000 mg/10ml	OA	
methocarbamol oral tablet 500 mg, 750 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ROBAXIN INJECTION SOLUTION 1000 MG/10ML (***methocarbamol***)	OA	
tizanidine hcl oral capsule 2 mg, 4 mg	1	
tizanidine hcl oral tablet 2 mg, 4 mg	1	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED 20 MG (***dantrolene sodium***)	OA	
dantrolene sodium intravenous solution reconstituted 20 mg	OA	
revonto intravenous solution reconstituted 20 mg	OA	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED 250 MG (***dantrolene sodium***)	OA	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml, 40000 mcg/20ml	OA	
baclofen intrathecal solution prefilled syringe 50 mcg/ml	OA	
baclofen oral tablet 10 mg, 20 mg	1	
BACLOFEN REFILL KIT-SYNCHROMED INTRATHECAL KIT 40 MG/20ML	OA	
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML (***baclofen***)	OA	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML (***baclofen***)	OA	
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/20ML, 10 MG/5ML, 40 MG/20ML (***baclofen***)	OA	

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Effective Date 08/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	QL (2 EA per 1 day)
orphenadrine citrate injection solution 30 mg/ml	OA	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	3	QL (4 EA per 1 day)
NEUROMUSCULAR BLOCKING AGENTS - Drugs for Relaxing Muscles		
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml	OA	
cisatracurium besylate (pf) intravenous solution 10 mg/5ml, 200 mg/20ml	OA	
cisatracurium besylate intravenous solution 20 mg/10ml	OA	
rocuronium bromide +rfid intravenous solution 50 mg/5ml	OA	
ROCURONIUM BROMIDE +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 50 MG/5ML	OA	
rocuronium bromide intravenous solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	OA	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 50 MG/5ML, 75 MG/7.5ML	OA	
succinylcholine chloride injection solution prefilled syringe 200 mg/10ml	OA	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/5ML, 140 MG/7ML, 200 MG/10ML	OA	
succinylcholine chloride solution prefilled syringe 100 mg/5ml injection	OA	
SUCCINYLCHOLINE CHLORIDE SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
succinylcholine cl +rfid injection solution prefilled syringe 100 mg/5ml, 200 mg/10ml	OA	
SUCCINYLCHOLINE CL +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/5ML	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		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
LABETALOL HCL +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
nadolol oral tablet 40 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	
pindolol oral tablet 10 mg, 5 mg	3	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	3	
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 oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
dihydroergotamine mesylate injection solution 1 mg/ml	3	PA; QL (0.86 ML per 1 day)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (***ergotamine tartrate***)	3	
ergotamine-caffeine oral tablet 1-100 mg	3	PA; QL (0.86 EA per 1 day)
phenoxybenzamine hcl oral capsule 10 mg	3	PA
phentolamine mesylate injection solution reconstituted 5 mg	OA	
NON-SELECTIVE BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
isoproterenol hcl injection solution 0.2 mg/ml	OA	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
ANTICHOLIUM INTRAVENOUS SOLUTION 2 MG/5ML (***physostigmine salicylate***)	OA	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML (***neostigmine methylsulfate***)	OA	
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML (***neostigmine methylsulfate***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cevimeline hcl oral capsule 30 mg	3	
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
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	
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	
neostigmine methylsulfate rfid intravenous solution 10 mg/10ml	OA	
neostigmine methylsulfate rfid intravenous solution prefilled syringe 3 mg/3ml	OA	
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	OA	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS	OA	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
pilocarpine hcl oral tablet 5 mg	2	
pilocarpine hcl oral tablet 7.5 mg	3	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE 3-0.6 MG/3ML (***neostigmine-glycopyrrolate***)	OA	
pyridostigmine bromide oral tablet 30 mg, 60 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML (***pyridostigmine bromide***)	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	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	
LABETALOL HCL +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
silodosin oral capsule 4 mg, 8 mg	2	
tamsulosin hcl oral capsule 0.4 mg	1	
SELECTIVE BETA-1-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
dobutamine hcl intravenous solution 12.5 mg/ml	OA	
dobutamine-dextrose intravenous solution 1-5 mg/ml-%, 2-5 mg/ml-%, 4-5 mg/ml-%	OA	
dopamine hcl intravenous solution 40 mg/ml	OA	
dopamine-dextrose intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (***fluticasone-salmeterol***)	2	QL (0.4 GM per 1 day)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	QL (1.2 GM per 1 day)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	1	QL (18 ML per 1 day)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	1	QL (5 ML per 1 day)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	1	QL (12.5 ML per 1 day)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	1	QL (5 EA per 1 day)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (***umeclidinium-vilanterol***)	2	QL (2 EA per 1 day)
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	3	QL (4 ML per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (***fluticasone furoate-vilanterol***)	2	QL (2 EA per 1 day)
breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	2	QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	2	QL (0.36 GM per 1 day)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	2	QL (0.35 GM per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (***ipratropium-albuterol***)	2	QL (0.27 GM per 1 day)

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fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	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	M; QL (0.04 EA per 1 day)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	3	QL (4 ML per 1 day)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	3	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	3	QL (3 EA per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	3	QL (9 ML per 1 day)
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	QL (0.14 GM per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (***olodaterol hcl***)	2	QL (0.14 GM per 1 day)
terbutaline sulfate injection solution 1 mg/ml	OA	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	2	QL (2 EA per 1 day)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL (2 EA per 1 day)
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
acebutolol hcl oral capsule 200 mg, 400 mg	2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
betaxolol hcl ophthalmic solution 0.5 %	1	
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	
esmolol hcl intravenous solution 100 mg/10ml	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	OA	
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, 50 mg	1	
nadolol oral tablet 40 mg	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (***onabotulinumtoxina (cosmetic)***)	OA	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (***onabotulinumtoxina***)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (***daxibotulinumtoxina-lanm***)	OA	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	OA	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (***rimabotulinumtoxinb***)	OA	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	QL (2 EA per 1 day)
orphenadrine citrate injection solution 30 mg/ml	OA	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	3	QL (4 EA per 1 day)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	OA	
BLOOD DERIVATIVES - Drugs for the Blood		
BLOOD DERIVATIVES - Drugs for the Blood		
ALBUKED 25 INTRAVENOUS SOLUTION 25 % (***albumin human***)	OA	
ALBUKED 5 INTRAVENOUS SOLUTION 5 % (***albumin human***)	OA	
ALBUMIN HUMAN INTRAVENOUS SOLUTION 25 %, 5 %	OA	
ALBUMINEX INTRAVENOUS SOLUTION 25 %, 5 % (***albumin human-kjda***)	OA	
ALBUMIN-ZLB INTRAVENOUS SOLUTION 25 %, 5 %	OA	
ALBURX INTRAVENOUS SOLUTION 25 %, 5 % (***albumin human***)	OA	
ALBUTEIN INTRAVENOUS SOLUTION 25 %, 5 % (***albumin human***)	OA	
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (***alpha1-proteinase inhibitor***)	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLEXBUMIN INTRAVENOUS SOLUTION 25 %, 5 % (***albumin human***)	OA	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (***alpha1-proteinase inhibitor***)	OA	PA; SP
GLASSIA INTRAVENOUS SOLUTION 4 GM/200ML, 5 GM/250ML (***alpha1-proteinase inhibitor***)	OA	SP
KEDBUMIN INTRAVENOUS SOLUTION 25 %	OA	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (***plasma human***)	OA	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (***plasma human***)	OA	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (***plasma human***)	OA	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (***plasma human***)	OA	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (***alpha1-proteinase inhibitor***)	OA	PA; SP
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG (***plasminogen human-tvmh***)	OA	SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (***alpha1-proteinase inhibitor***)	OA	PA; SP
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 (***darbepoetin alfa***)	OA	PA; SP

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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
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (***epoetin alfa***)	OA	SP
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (***epoetin alfa***)	OA	SP
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG (***luspatercept-aamt***)	OA	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (***epoetin alfa-epbx***)	OA	PA; SP
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (***protein c concentrate (human)***)	OA	SP
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION 4 %	OA	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE 120 MG/3ML	OA	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION 4-320 %-MCG/ML	OA	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION PREFILLED SYRINGE 4-320 %-MCG/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIHEPARIN AGENTS - Drugs to Prevent Bleeding		
protamine sulfate intravenous solution 10 mg/ml	OA	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (***caplacizumab-yhdp***)	4	PA; SP; QL (1 EA per 1 day)
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML (***crizanlizumab-tmca***)	OA	PA; SP
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML (***sutimlimab-jome***)	OA	SP
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (***mitapivat sulfate***)	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 (***mitapivat sulfate***)	4	PA; SP; QL (1 EA per 1 day)
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG (***apixaban***)	2	QL (12 EA per 1 day)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG (***apixaban***)	2	QL (16 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (***apixaban***)	2	QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG (***apixaban***)	2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (***apixaban***)	2	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG (***apixaban***)	2	QL (4 EA per 1 day)
rivaroxaban oral suspension reconstituted 1 mg/ml	2	QL (20 ML per 1 day)
rivaroxaban oral tablet 2.5 mg	2	QL (2 EA per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***)	2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG (***rivaroxaban***)	2	QL (2 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (***rivaroxaban***)	2	QL (102 EA per 365 days)
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
argatroban intravenous solution 50 mg/50ml	OA	
bivalirudin trifluoroacetate intravenous solution reconstituted 250 mg	OA	
dabigatran etexilate mesylate oral capsule 110 mg	1	QL (2 EA per 1 day)
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	2	QL (2 EA per 1 day)
HEMATOPOIETIC AGENTS - Drugs for Anemia		
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED 62 MG (***motixafortide acetate***)	OA	SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (***darbepoetin alfa***)	OA	PA; SP
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
eltrombopag olamine oral packet 12.5 mg, 25 mg	4	PA; SP
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (***epoetin alfa***)	OA	SP
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***)	OA	SP
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim***)	OA	PA; SP
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4ML (***pegfilgrastim***)	OA	PA; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim***)	4	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (***filgrastim-aafi***)	4	PA; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (***filgrastim-aafi***)	4	PA; SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (***romiplostim***)	OA	PA; SP
plerixafor subcutaneous solution 24 mg/1.2ml	4	SP
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (***epoetin alfa***)	OA	SP
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG (***luspatercept-aamt***)	OA	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (***epoetin alfa-epbx***)	OA	PA; SP
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (***eflapegrastim-xnst***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOLREMDI ORAL CAPSULE 100 MG (***mavorixafor***)	4	PA; SP; QL (4 EA per 1 day)
HEMORRHEOLOGIC AGENTS - Drugs for Blood Flow		
LMD IN D5W INTRAVENOUS SOLUTION 10-5 % (***dextran 40 in d5w***)	OA	
LMD IN NACL INTRAVENOUS SOLUTION 10-0.9 % (***dextran 40 in saline***)	OA	
pentoxifylline er oral tablet extended release 400 mg	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (***antihemophil factor (rahf-pfm)***)	OA	SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	OA	SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (***antihemophil fact single chain***)	OA	SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (***antihemophilic factor-vwf***)	OA	SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (***coagulation factor ix***)	OA	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (***coagulation factor ix (rfixfc)***)	OA	SP
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (***antihem fact fc-vwf-xten-ehtl***)	OA	SP
aminocaproic acid intravenous solution 250 mg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aminocaproic acid oral tablet 1000 mg, 500 mg	3	
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (***prothrombin complex human-lans***)	OA	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (***coagulation factor ix (recomb)***)	OA	SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (***coagulation factor x (human)***)	OA	SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (***factor xiii concentrate human***)	OA	SP
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML (***tranexamic acid***)	OA	
DDAVP INJECTION SOLUTION 4 MCG/ML (***desmopressin acetate***)	OA	
DDAVP PF INJECTION SOLUTION 4 MCG/ML (***desmopressin acetate***)	OA	
desmopressin ace spray refrig nasal solution 0.01 %	3	
desmopressin acetate injection solution 4 mcg/ml	OA	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	3	
desmopressin acetate pf injection solution 4 mcg/ml	OA	
desmopressin acetate spray nasal solution 0.01 %	3	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (***antihem fact (bdd-rfviiifc)***)	OA	SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (***antihemoph fact rcmb gpeg-exei***)	OA	SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (***antiinhibitor coagulant cmplx***)	OA	SP

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FESILTY INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (***fibrinogen human-chmt***)	OA	SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED , 2 GM (***fibrinogen concentrate (human)***)	OA	SP
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	SP
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	SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (***antihemophilic factor***)	OA	SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (***antihemophilic factor-vwf***)	OA	SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (***coagulation factor ix (rix-fp)***)	OA	SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT (***coagulation factor ix (recomb)***)	OA	SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (***ahf (bdd-rfviii peg-aucl)***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (***antihemophilic factor***)	OA	SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (***antihemophil factor (rahf-pfm)***)	OA	SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (***antihemophil fact bd truncated***)	OA	SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (***coagulation factor viia recomb***)	OA	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (***antihem fact (bdd-rfviii,sim)***)	OA	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (***antihem fact (bdd-rfviii,sim)***)	OA	SP
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	OA	SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (***factor ix complex***)	OA	SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (***coagulation factor ix glycopeg***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (***antihem factor recomb (rfviii)***)	OA	SP
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT (***thrombin (recombinant)***)	OA	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (***thrombin (recombinant)***)	OA	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (***fibrinogen concentrate (human)***)	OA	SP
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	OA	SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG (***coagulation factor viia-jncw***)	OA	SP
tranexamic acid intravenous solution 1000 mg/10ml	OA	
tranexamic acid oral tablet 650 mg	2	
tranexamic acid-nacl intravenous solution 1000-0.7 mg/100ml-%	OA	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (***coagulation factor xiii a-sub***)	OA	SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (***von willebrand factor (recomb)***)	OA	SP
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (***beremagene geperpavec-svdt***)	OA	PA; SP; QL (0.36 ML per 1 day)
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (***antihemophilic factor-vwf***)	OA	SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (***antihem fact (bdd-rfviii,mor)***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (***antihem fact (bdd-rfviii,mor)***)	OA	SP
HEPARINS - Drugs to Prevent Blood Clots		
bd heparin posiflush intravenous solution 10 unit/ml, 100 unit/ml	OA	
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML (***heparin (porcine)-taurolidine***)	OA	
enoxaparin sodium injection solution 300 mg/3ml	3	
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	3	
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/250ml-%, 25000-0.45 ut/500ml-%	OA	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	OA	
heparin na (pork) lock flsh pf intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml	OA	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	OA	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	OA	
heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml	1	
heparin sodium (porcine) pf injection solution 5000 unit/ml	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INDIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	3	
IRON PREPARATIONS - Vitamins and Minerals		
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML (***ferumoxytol***)	OA	
ferric carboxymaltose intravenous solution 100 mg/2ml, 1000 mg/20ml, 750 mg/15ml	OA	
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML (***na ferric gluc cplx in sucrose***)	OA	
ferumoxytol intravenous solution 510 mg/17ml	OA	
INFED INJECTION SOLUTION 50 MG/ML (***iron dextran***)	OA	
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML, 1000 MG/20ML, 750 MG/15ML (***ferric carboxymaltose***)	OA	
iron sucrose intravenous solution 20 mg/ml	OA	
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML (***ferric derisomaltose***)	OA	
na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml	OA	
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (***iron sucrose***)	OA	
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal solution 500 mcg/0.1ml	1	
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (***cyanocobalamin***)	3	
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
AGGRASTAT INTRAVENOUS CONCENTRATE 3.75 MG/15ML (***tirofiban hcl***)	OA	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-% (***tirofiban hcl in nacl***)	OA	
aspirin 81 oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin adult low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin adult low strength oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin childrens oral tablet chewable 81 mg	1	PV; AL (Max 55 Years)
aspirin ec adult low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin ec low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin ec low strength oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin low dose oral tablet chewable 81 mg	1	PV; AL (Max 55 Years)
aspirin low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin oral tablet chewable 81 mg	1	PV; AL (Max 55 Years)
aspirin oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin regimen oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	3	
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	1	
DIPYRIDAMOLE INTRAVENOUS SOLUTION 5 MG/ML	OA	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	2	
eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft aspirin adult low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
ft aspirin low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
ft aspirin oral tablet chewable 81 mg	1	PV; AL (Max 55 Years)
goodsense aspirin low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (***cangrelor tetrasodium***)	OA	
mm aspirin oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
prasugrel hcl oral tablet 10 mg, 5 mg	3	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (***aspirin***)	3	PV; AL (Max 55 Years)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	3	PV; AL (Max 55 Years)
ticagrelor oral tablet 60 mg, 90 mg	2	
tirofiban hcl in nacl intravenous solution 12.5-0.9 mg/250ml-%, 5-0.9 mg/100ml-%	OA	
ZONTIVITY ORAL TABLET 2.08 MG (***vorapaxar sulfate***)	3	
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
anagrelide hcl oral capsule 0.5 mg, 1 mg	3	
THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots		
aspirin 81 oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin adult low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin adult low strength oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin childrens oral tablet chewable 81 mg	1	PV; AL (Max 55 Years)
aspirin ec adult low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin ec low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin ec low strength oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aspirin low dose oral tablet chewable 81 mg	1	PV; AL (Max 55 Years)
aspirin low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin oral tablet chewable 81 mg	1	PV; AL (Max 55 Years)
aspirin oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin regimen oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
ft aspirin adult low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
ft aspirin low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
ft aspirin oral tablet chewable 81 mg	1	PV; AL (Max 55 Years)
goodsense aspirin low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
mm aspirin oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (***aspirin***)	3	PV; AL (Max 55 Years)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	3	PV; AL (Max 55 Years)
TNKASE INTRAVENOUS KIT 25 MG, 50 MG (***tenecteplase***)	OA	
VON WILLEBRAND FACTOR-RELATED ANTITHROMB - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (***caplacizumab-yhdp***)	4	PA; SP; QL (1 EA per 1 day)
CARDIOVASCULAR DRUGS		
BRADYKININ RECEPTORS ANTAGONISTS		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	4	PA; SP; QL (0.6 ML per 1 day)
CARBONIC ANHYDRASE INHIBITORS (24:36)		
acetazolamide er oral capsule extended release 12 hour 500 mg	3	
acetazolamide oral tablet 125 mg, 250 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
acetazolamide sodium injection solution reconstituted 500 mg	OA	
KALLIKREIN INHIBITORS (24:48:08)		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (***ecallantide***)	OA	SP
LOOP DIURETICS (24:36)		
bumetanide injection solution 0.25 mg/ml	OA	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
ethacrynate sodium intravenous solution reconstituted 50 mg	OA	
ethacrynic acid oral tablet 25 mg	3	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
furosemide solution 10 mg/ml injection	OA	
FUROSEMIDE SOLUTION 10 MG/ML INJECTION	OA	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
OSMOTIC DIURETICS (24:36)		
mannitol intravenous solution 20 %, 25 %	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (***mannitol***)	OA	
POTASSIUM-SPARING DIURETICS (24:36)		
amiloride hcl oral tablet 5 mg	1	
eplerenone oral tablet 25 mg, 50 mg	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THIAZIDE DIURETICS (24:36)		
chlorothiazide sodium intravenous solution reconstituted 500 mg	OA	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
THIAZIDE-LIKE DIURETICS (24:36)		
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg	1	
metolazone oral tablet 2.5 mg, 5 mg	3	
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ALPHA-ADRENERGIC BLOCKING AGENTS (24:16) - Drugs for Varicose Veins		
ABLYSINOL INTRA-ARTERIAL SOLUTION (***dehydrated alcohol***)	OA	
ASCLERA INTRAVENOUS SOLUTION 0.5 %, 1 % (***polidocanol***)	OA	
dehydrated alcohol intra-arterial solution	OA	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
ETHAMOLIN INTRAVENOUS SOLUTION 5 % (***ethanolamine oleate***)	OA	
nadolol oral tablet 40 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM (***talc***)	OA	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
VARITHENA INTRAVENOUS FOAM 180 MG/18ML (***polidocanol***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
LABETALOL HCL +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
ANGIOTENSIN II RECEP ANTAGONIST/NEPROLYS - Drugs for the Heart		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (***sacubitril-valsartan***)	2	QL (8 EA per 1 day)
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	2	QL (2 EA per 1 day)
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	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 medication – Specialty medications, drugs that require special training or clinical monitoring, and drugs that cost more than $600 per month; 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 cost sharing for up to each 30-day supply (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; M: Authorized generic or cobranded product; QL: Quantity Limit – Restriction on the number of doses or any other limitations on the quantity of a prescription drug a health plan will cover during a specific time period; ST: Step Therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered; PV: Preventive drugs – May have coverage and no copayment when health care reform requirements are met; PV*: Preventive drugs – Available at $0 if Health Care Reform copay waiver is approved; SP: Medication is designated as specialty; 3P: Tier 3 preferred; ^: Copayments waived for this medication; skip deductible
Effective Date 08/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	3	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	3	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (***sacubitril-valsartan***)	2	QL (8 EA per 1 day)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	2	QL (2 EA per 1 day)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalaprilat intravenous solution 1.25 mg/ml	OA	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart		
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	1	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalaprilat intravenous solution 1.25 mg/ml	OA	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
ANGPTL3 INHIBITORS (24:06) - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML (***evinacumab-dgnb***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
digoxin injection solution 0.25 mg/ml	OA	
digoxin oral solution 0.05 mg/ml	3	
digoxin oral tablet 125 mcg, 250 mcg	1	
LANOXIN INJECTION SOLUTION 0.25 MG/ML (***digoxin***)	OA	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML (***digoxin***)	OA	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	OA	
magnesium sulfate injection solution 50 %	OA	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 3 gm/100ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	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 (***evinacumab-dgnb***)	OA	SP
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (***inclisiran sodium***)	OA	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	3	
omega-3-acid ethyl esters oral capsule 1 gm	3	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (***olezarsen sodium***)	4	PA; SP; QL (0.03 ML per 1 day)
BETA-ADRENERGIC BLOCKING AGENTS (24:20) - Drugs for High Blood Pressure		
acebutolol hcl oral capsule 200 mg, 400 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 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	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
esmolol hcl intravenous solution 100 mg/10ml	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	OA	
LABETALOL HCL +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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, 50 mg	1	
nadolol oral tablet 40 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	
pindolol oral tablet 10 mg, 5 mg	3	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	3	
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	
RAPIBLYK INTRAVENOUS SOLUTION RECONSTITUTED 280 MG (***landiolol hcl***)	OA	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
cholestyramine light oral packet 4 gm	3	
cholestyramine light oral powder 4 gm/dose	3	
cholestyramine oral packet 4 gm	3	
cholestyramine oral powder 4 gm/dose	3	
colesevelam hcl oral tablet 625 mg	3	
colestipol hcl oral granules 5 gm	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
colestipol hcl oral packet 5 gm	3	
colestipol hcl oral tablet 1 gm	3	
prevalite oral packet 4 gm	3	
prevalite oral powder 4 gm/dose	3	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
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	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	OA	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-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	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 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
CALCIUM-CHANNEL BLOCKING AGENTS - Drugs for High Blood Pressure & Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
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	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	OA	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-MG/125ML	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 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	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 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	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure & Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	OA	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-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	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 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	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acetazolamide er oral capsule extended release 12 hour 500 mg	3	
acetazolamide oral tablet 125 mg, 250 mg	3	
acetazolamide sodium injection solution reconstituted 500 mg	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
CORLANOR ORAL SOLUTION 5 MG/5ML (***ivabradine hcl***)	3	QL (15 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (***ivabradine hcl***)	3	QL (2 EA per 1 day)
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	QL (2 EA per 1 day)
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	3	
VYNDAMAX ORAL CAPSULE 61 MG (***tafamidis***)	4	PA; SP; QL (1 EA per 1 day)
CARDIOTONIC AGENTS - Drugs for Angina		
CORLANOR ORAL SOLUTION 5 MG/5ML (***ivabradine hcl***)	3	QL (15 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (***ivabradine hcl***)	3	QL (2 EA per 1 day)
digoxin injection solution 0.25 mg/ml	OA	
digoxin oral solution 0.05 mg/ml	3	
digoxin oral tablet 125 mcg, 250 mcg	1	
dobutamine hcl intravenous solution 12.5 mg/ml	OA	
dobutamine-dextrose intravenous solution 1-5 mg/ml-%, 2-5 mg/ml-%, 4-5 mg/ml-%	OA	
dopamine hcl intravenous solution 40 mg/ml	OA	
dopamine-dextrose intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%	OA	
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	QL (2 EA per 1 day)
LANOXIN INJECTION SOLUTION 0.25 MG/ML (***digoxin***)	OA	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML (***digoxin***)	OA	
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%	OA	
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CENTRAL ALPHA-AGONISTS - Drugs for Abnormal Heart Rhythms		
acebutolol hcl oral capsule 200 mg, 400 mg	2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 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	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
esmolol hcl intravenous solution 100 mg/10ml	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	OA	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
LABETALOL HCL +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
methyldopa oral tablet 250 mg, 500 mg	1	
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, 50 mg	1	
nadolol oral tablet 40 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	
pindolol oral tablet 10 mg, 5 mg	3	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	3	
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	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	3	
CLASS IA ANTIARRHYTHMICS - Drugs for Angina		
disopyramide phosphate oral capsule 100 mg, 150 mg	3	
procainamide hcl injection solution 100 mg/ml, 500 mg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
quinidine sulfate oral tablet 200 mg, 300 mg	1	
CLASS IB ANTIARRHYTHMICS - Drugs for Angina		
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	3	
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 100 MG/5ML, 200 MG/10ML, 60 MG/3ML	OA	
lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml	OA	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml	OA	
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	OA	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION	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	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	3	
phenytek oral capsule 200 mg, 300 mg	3	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	3	
phenytoin sodium injection solution 50 mg/ml	OA	
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
betaxolol hcl ophthalmic solution 0.5 %	1	
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	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
esmolol hcl intravenous solution 100 mg/10ml	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	OA	
LABETALOL HCL +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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, 50 mg	1	
nadolol oral tablet 40 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	
pindolol oral tablet 10 mg, 5 mg	3	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	3	
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	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml	OA	
amiodarone hcl oral tablet 200 mg	1	
CORVERT INTRAVENOUS SOLUTION 1 MG/10ML (***ibutilide fumarate***)	OA	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	3	
ibutilide fumarate intravenous solution 1 mg/10ml	OA	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% (***amiodarone hcl in dextrose***)	OA	
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 oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	OA	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
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	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	OA	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-MG/125ML	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 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	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 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
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
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	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	3	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	3	
CARDENE IV INTRAVENOUS SOLUTION 2.5 MG/ML (***nicardipine hcl***)	OA	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (***nicardipine hcl in nacl***)	OA	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML (***clevidipine***)	OA	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
nicardipine hcl in nacl intravenous solution 20-0.86 mg/200ml-%, 20-0.9 mg/200ml-%, 40-0.83 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	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er oral tablet extended release 24 hour 90 mg	3	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nimodipine oral capsule 30 mg	3	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
CARDENE IV INTRAVENOUS SOLUTION 2.5 MG/ML (***nicardipine hcl***)	OA	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (***nicardipine hcl in nacl***)	OA	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML (***clevidipine***)	OA	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
nicardipine hcl in nacl intravenous solution 20-0.86 mg/200ml-%, 20-0.9 mg/200ml-%, 40-0.83 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	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er oral tablet extended release 24 hour 90 mg	3	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	3	
nimodipine oral capsule 30 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
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 oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
DURACLON EPIDURAL SOLUTION 100 MCG/ML (***clonidine hcl (analgesia)***)	OA	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
hydralazine hcl injection solution 20 mg/ml	OA	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
methyldopa oral tablet 250 mg, 500 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
nitroprusside sodium intravenous solution 25 mg/ml	OA	
sodium nitroprusside intravenous solution 25 mg/ml	OA	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	3	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	3	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
fenofibrate micronized oral capsule 134 mg, 67 mg	1	
fenofibrate micronized oral capsule 200 mg, 43 mg	3	
fenofibrate oral capsule 134 mg, 67 mg	1	
fenofibrate oral capsule 200 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	3	
gemfibrozil oral tablet 600 mg	1	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	3	
fluvastatin sodium oral capsule 20 mg, 40 mg	3	PV
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	PV; AL (Min 40 Years and Max 75 Years)
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	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	PV
simvastatin oral tablet 80 mg	1	
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
bumetanide injection solution 0.25 mg/ml	OA	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
ethacrynate sodium intravenous solution reconstituted 50 mg	OA	
ethacrynic acid oral tablet 25 mg	3	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
furosemide solution 10 mg/ml injection	OA	
FUROSEMIDE SOLUTION 10 MG/ML INJECTION	OA	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
eplerenone oral tablet 25 mg, 50 mg	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
eplerenone oral tablet 25 mg, 50 mg	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
NITRATES AND NITRITES - Drugs for High Blood Pressure & Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	2	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
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	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
esmolol hcl intravenous solution 100 mg/10ml	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-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	OA	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
LABETALOL HCL +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
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, 50 mg	1	
nadolol oral tablet 40 mg	1	
nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%	OA	
nitroglycerin intravenous solution 5 mg/ml	OA	
nitroglycerin rectal ointment 0.4 %	1	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pindolol oral tablet 10 mg, 5 mg	3	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	3	
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	
RECTIV RECTAL OINTMENT 0.4 % (***nitroglycerin***)	3	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
NITRATES AND NITRITES - Drugs for the Heart		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%	OA	
nitroglycerin intravenous solution 5 mg/ml	OA	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
OMEGA-3-MEDIATED ANTILIPEMICS - Drugs for Cholesterol		
omega-3-acid ethyl esters oral capsule 1 gm	3	
OSMOTIC DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
mannitol intravenous solution 20 %, 25 %	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (***mannitol***)	OA	
PCSK9 INHIBITORS - Drugs for Cholesterol		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (***inclisiran sodium***)	OA	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (***evolocumab***)	2	QL (0.11 ML per 1 day)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (***evolocumab***)	2	QL (0.11 ML per 1 day)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for High Blood Pressure & Angina		
alyq oral tablet 20 mg	4	PA; SP; QL (2 EA per 1 day)
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	3	
cilostazol oral tablet 100 mg, 50 mg	1	
DIPYRIDAMOLE INTRAVENOUS SOLUTION 5 MG/ML	OA	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	2	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (***sildenafil citrate***)	OA	SP
sildenafil citrate intravenous solution 10 mg/12.5ml	OA	SP
sildenafil citrate oral suspension reconstituted 10 mg/ml	4	PA; SP; QL (7.5 ML per 1 day)
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL (3 EA per 1 day)
tadalafil (pah) oral tablet 20 mg	4	PA; SP; QL (2 EA per 1 day)
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL (0.27 EA per 1 day)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
alyq oral tablet 20 mg	4	PA; SP; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cilostazol oral tablet 100 mg, 50 mg	1	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (***sildenafil citrate***)	OA	SP
sildenafil citrate intravenous solution 10 mg/12.5ml	OA	SP
sildenafil citrate oral suspension reconstituted 10 mg/ml	4	PA; SP; QL (7.5 ML per 1 day)
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL (3 EA per 1 day)
tadalafil (pah) oral tablet 20 mg	4	PA; SP; QL (2 EA per 1 day)
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL (0.27 EA per 1 day)
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
amiloride hcl oral tablet 5 mg	1	
eplerenone oral tablet 25 mg, 50 mg	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
RENIN INHIBITORS - Drugs for the Heart		
aliskiren fumarate oral tablet 150 mg, 300 mg	3	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (***sacubitril-valsartan***)	2	QL (8 EA per 1 day)
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	2	QL (2 EA per 1 day)
SCLEROSING AGENTS - Drugs for the Heart		
ABLYSINOL INTRA-ARTERIAL SOLUTION (***dehydrated alcohol***)	OA	
ASCLERA INTRAVENOUS SOLUTION 0.5 %, 1 % (***polidocanol***)	OA	
dehydrated alcohol intra-arterial solution	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ETHAMOLIN INTRAVENOUS SOLUTION 5 % (***ethanolamine oleate***)	OA	
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM (***talc***)	OA	
VARITHENA INTRAVENOUS FOAM 180 MG/18ML (***polidocanol***)	OA	
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
eplerenone oral tablet 25 mg, 50 mg	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
chlorothiazide sodium intravenous solution reconstituted 500 mg	OA	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg	1	
metolazone oral tablet 2.5 mg, 5 mg	3	
VASODILATING AGENTS, MISC (24:08) - Drugs for High Blood Pressure & Angina		
phenoxybenzamine hcl oral capsule 10 mg	3	PA
phentolamine mesylate injection solution reconstituted 5 mg	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
ambrisentan oral tablet 10 mg, 5 mg	4	PA; SP; QL (1 EA per 1 day)
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
bosentan oral tablet 125 mg, 62.5 mg	4	PA; SP; QL (2 EA per 1 day)
bosentan oral tablet soluble 32 mg	4	PA; SP; QL (4 EA per 1 day)
CARDENE IV INTRAVENOUS SOLUTION 2.5 MG/ML (***nicardipine hcl***)	OA	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (***nicardipine hcl in nacl***)	OA	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
CORLANOR ORAL SOLUTION 5 MG/5ML (***ivabradine hcl***)	3	QL (15 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (***ivabradine hcl***)	3	QL (2 EA per 1 day)
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	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	OA	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIPYRIDAMOLE INTRAVENOUS SOLUTION 5 MG/ML	OA	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	2	
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	OA	PA; SP
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	QL (2 EA per 1 day)
macitentan oral tablet 10 mg	4	PA; SP; QL (1 EA per 1 day)
nicardipine hcl in nacl intravenous solution 20-0.86 mg/200ml-%, 20-0.9 mg/200ml-%, 40-0.83 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	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er oral tablet extended release 24 hour 90 mg	3	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 90 mg	3	
nimodipine oral capsule 30 mg	3	
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	4	PA; SP; QL (1 EA per 1 day)
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (***treprostinil***)	OA	PA; SP
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	OA	PA; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (***treprostinil***)	4	PA; SP; QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (***treprostinil***)	4	PA; SP; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (***treprostinil***)	4	PA; SP; QL (2 EA per 365 days)
TYVASO INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	4	PA; SP; QL (2.9 ML per 1 day)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	4	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	4	PA; SP; QL (2.9 ML per 1 day)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (***epoprostenol sodium***)	OA	PA; SP
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	
CELLULAR AND GENE THERAPY - Drugs for Cancer		
CELLULAR THERAPY - Drugs for Cancer		
AMTAGVI INTRAVENOUS SUSPENSION 72000000000 CELLS (***lifileucel***)	OA	SP
LANTIDRA INTRAVENOUS SUSPENSION (***donislecel-jujn***)	OA	SP
OMISIRGE INTRAVENOUS SUSPENSION (***omidubicel-onlv***)	OA	SP
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS (***sipuleucel-t***)	OA	SP
RETHYMIC INTRAMUSCULAR IMPLANT (***allogeneic thymus tissue-agdc***)	OA	SP
RYONCIL <12.5KG INTRAVENOUS KIT 1 X 3.8 ML (***remestemcel-l-rknd***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RYONCIL 100KG TO <112.5KG INTRAVENOUS KIT 9 X 3.8 ML (***remestemcel-l-rknd***)	OA	SP
RYONCIL 112.5KG TO <125KG INTRAVENOUS KIT 10 X 3.8 ML (***remestemcel-l-rknd***)	OA	SP
RYONCIL 12.5KG TO <25KG INTRAVENOUS KIT 2 X 3.8 ML (***remestemcel-l-rknd***)	OA	SP
RYONCIL 125KG TO <137.5KG INTRAVENOUS KIT 11 X 3.8 ML (***remestemcel-l-rknd***)	OA	SP
RYONCIL 137.5KG TO <150KG INTRAVENOUS KIT 12 X 3.8 ML (***remestemcel-l-rknd***)	OA	SP
RYONCIL 25KG TO <37.5KG INTRAVENOUS KIT 3 X 3.8 ML (***remestemcel-l-rknd***)	OA	SP
RYONCIL 37.5KG TO <50KG INTRAVENOUS KIT 4 X 3.8 ML (***remestemcel-l-rknd***)	OA	SP
RYONCIL 50KG TO <62.5KG INTRAVENOUS KIT 5 X 3.8 ML (***remestemcel-l-rknd***)	OA	SP
RYONCIL 62.5KG TO <75KG INTRAVENOUS KIT 6 X 3.8 ML (***remestemcel-l-rknd***)	OA	SP
RYONCIL 75KG TO <87.5KG INTRAVENOUS KIT 7 X 3.8 ML (***remestemcel-l-rknd***)	OA	SP
RYONCIL 87.5KG TO <100KG INTRAVENOUS KIT 8 X 3.8 ML (***remestemcel-l-rknd***)	OA	SP
TREGZI INTRAVENOUS SUSPENSION THERAPY PACK (***tregs & hspc & tcons-vldq***)	OA	
GENE THERAPY - Drugs for Cancer		
ABECMA INTRAVENOUS SUSPENSION 510000000 CELLS (***idecabtagene vicleucel***)	OA	SP
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML (***nadofaragene firadenovec-vncg***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUCATZYL INTRAVENOUS SUSPENSION 410000000 CELLS (***obecabtagene autoleucel***)	OA	SP
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML (***lisocabtagene maraleucel***)	OA	SP
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS (***ciltacabtagene autoleucel***)	OA	SP
CASGEVY INTRAVENOUS SUSPENSION (***exagamglogene autotemcel***)	OA	SP
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	SP
ENCELTO INTRAVITREAL IMPLANT 200000 CELLS (***revakinagene taroretcel-lwey***)	OA	SP

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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	SP
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML (***talimogene laherparepvec***)	OA	SP
ITVISMA INTRATHECAL SUSPENSION 120000000000000 VG/3ML (***onasemnogene abeparvovec-brve***)	OA	SP
KYMRIAH INTRAVENOUS SUSPENSION 250000000 CELLS, 600000000 CELLS (***tisagenlecleucel***)	OA	PA; SP
LENMELDY INTRAVENOUS SUSPENSION (***atidarsagene autotemcel***)	OA	SP
LUXTURNA INTRAOCULAR SUSPENSION 5000000000000 VG/ML (***voretigene neparvovec-rzyl***)	OA	SP
LYFGENIA INTRAVENOUS SUSPENSION (***lovotibeglogene autotemcel***)	OA	SP
PAPZIMEOS SUBCUTANEOUS SUSPENSION 500000000000 PU/ML (***zopapogene imadenovec-drba***)	OA	SP
SKYSONA INTRAVENOUS SUSPENSION (***elivaldogene autotemcel***)	OA	SP
TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS, 200000000 CELLS (***brexucabtagene autoleucel***)	OA	SP
TECELRA INTRAVENOUS SUSPENSION 10000000000 CELLS (***afamitresgene autoleucel***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (***beremagene geperpavec-svdt***)	OA	PA; SP; QL (0.36 ML per 1 day)
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS (***axicabtagene ciloleucel***)	OA	SP
ZEVASKYN BATCH UP TO 12 SHEETS EXTERNAL SHEET (***prademagene zamikeracel***)	OA	SP
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 (***onasemnogene abeparvovec-xioi***)	OA	SP
ZYNTEGLO INTRAVENOUS SUSPENSION (***betibeglogene autotemcel***)	OA	SP
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
edaravone intravenous solution 30 mg/100ml	OA	SP
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (***tofersen***)	OA	SP
riluzole oral tablet 50 mg	3	
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
amantadine hcl oral capsule 100 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amantadine hcl oral solution 100 mg/10ml, 50 mg/5ml	1	
AMPHETAMINES - Drugs for the Nervous System		
amphetamine sulfate oral tablet 10 mg, 5 mg	3	QL (6 EA per 1 day)
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	QL (2 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	QL (3 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 30 mg	1	QL (2 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	3	QL (6 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	3	QL (4 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	3	QL (3 EA per 1 day)
dextroamphetamine sulfate oral solution 5 mg/5ml	3	QL (60 ML per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	1	QL (6 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	1	QL (3 EA per 1 day)
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	2	QL (1 EA per 1 day)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2	QL (1 EA per 1 day)
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
acetaminophen intravenous solution 10 mg/ml, 1000 mg/100ml	OA	
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	1	QL (166.5 ML per 1 day)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	QL (13 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (10 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	3	PA; QL (10 EA per 1 day)
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	3	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
COMBOGESIC INTRAVENOUS SOLUTION 1000-300 MG/100ML (***ibuprofen-acetaminophen***)	OA	
endocet oral tablet 10-325 mg	1	QL (6 EA per 1 day)
endocet oral tablet 2.5-325 mg, 5-325 mg	1	QL (12 EA per 1 day)
endocet oral tablet 7.5-325 mg	1	QL (8 EA per 1 day)
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	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL (180 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	1	QL (9 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg	1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL (12 EA per 1 day)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (***canakinumab***)	4	PA; SP; QL (0.08 ML per 1 day)
JOURNAVX ORAL TABLET 50 MG (***suzetrigine***)	3	QL (2.5 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	1	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	QL (8 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (***ziconotide acetate***)	OA	SP
tramadol-acetaminophen oral tablet 37.5-325 mg	1	QL (6 EA per 1 day)
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
liraglutide subcutaneous solution pen-injector 18 mg/3ml	2	PA; QL (0.3 ML per 1 day)
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
benztropine mesylate injection solution 1 mg/ml	OA	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	QL (2 EA per 1 day)
orphenadrine citrate injection solution 30 mg/ml	OA	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
acetazolamide er oral capsule extended release 12 hour 500 mg	3	
acetazolamide oral tablet 125 mg, 250 mg	3	
acetazolamide sodium injection solution reconstituted 500 mg	OA	
brivaracetam intravenous solution 50 mg/5ml	OA	
brivaracetam oral solution 10 mg/ml	1	
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	1	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML (***brivaracetam***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BRIVIACT ORAL SOLUTION 10 MG/ML (***brivaracetam***)	3	PA; ST
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (***brivaracetam***)	3	PA; ST
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	3	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	3	
carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (***stiripentol***)	4	PA; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG (***stiripentol***)	4	PA; SP
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	3	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (***cannabidiol***)	4	PA; SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (***perampanel***)	3	
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	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML (***levetiracetam***)	OA	
lacosamide intravenous solution 200 mg/20ml	OA	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	3	
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	3	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	3	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	OA	
levetiracetam intravenous solution 500 mg/5ml	OA	
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	OA	
magnesium sulfate injection solution 50 %	OA	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 3 gm/100ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	OA	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
oxcarbazepine oral suspension 300 mg/5ml	3	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
perampanel oral suspension 0.5 mg/ml	3	
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	3	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	1	QL (3 EA per 1 day)
pregabalin oral capsule 300 mg	1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pregabalin oral solution 20 mg/ml	3	QL (30 ML per 1 day)
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	3	PA
rufinamide oral tablet 200 mg, 400 mg	3	PA
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	3	
topiramate oral capsule sprinkle 15 mg	1	
topiramate oral capsule sprinkle 25 mg	3	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	OA	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml, 500 mg/10ml	1	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (***lacosamide***)	OA	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***cenobamate***)	3	
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 (***cenobamate***)	3	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	PV; QL (180 EA per 365 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1	QL (3 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	1	QL (1 EA per 1 day)
bupropion hcl oral tablet 100 mg, 75 mg	1	
KETALAR INJECTION SOLUTION 10 MG/ML, 50 MG/ML (***ketamine hcl***)	OA	
KETAMINE HCL INJECTION SOLUTION 0.6 MG/ML, 1 MG/ML	OA	
ketamine hcl injection solution 50 mg/ml	OA	
ketamine hcl solution 10 mg/ml injection	OA	
KETAMINE HCL SOLUTION 10 MG/ML INJECTION	OA	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	
ANTIMANIC AGENTS - Drugs for Personality Disorder		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (***aripiprazole***)	3	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (***aripiprazole***)	3	PA
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	QL (1 EA per 1 day)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	3	QL (2 EA per 1 day)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	3	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	3	
carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	3	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (***ziprasidone mesylate***)	OA	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	3	
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	3	
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	
olanzapine intramuscular solution reconstituted 10 mg	OA	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	QL (1 EA per 1 day)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	QL (2 EA per 1 day)
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	QL (3 EA per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	1	QL (2 EA per 1 day)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	OA	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml, 500 mg/10ml	1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	3	QL (2 EA per 1 day)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	OA	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (***olanzapine***)	OA	
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
acetaminophen intravenous solution 10 mg/ml, 1000 mg/100ml	OA	
aspirin 81 oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin adult low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin adult low strength oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin childrens oral tablet chewable 81 mg	1	PV; AL (Max 55 Years)
aspirin ec adult low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin ec low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin ec low strength oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin low dose oral tablet chewable 81 mg	1	PV; AL (Max 55 Years)
aspirin low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin oral tablet chewable 81 mg	1	PV; AL (Max 55 Years)
aspirin oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin regimen oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
butorphanol tartrate nasal solution 10 mg/ml	3	QL (2.5 ML per 1 fill)
caffeine citrate intravenous solution 60 mg/3ml	OA	
CAFFEINE-SODIUM BENZOATE INJECTION SOLUTION 125-125 MG/ML	OA	
COMBOGESIC INTRAVENOUS SOLUTION 1000-300 MG/100ML (***ibuprofen-acetaminophen***)	OA	
dihydroergotamine mesylate injection solution 1 mg/ml	3	PA; QL (0.86 ML per 1 day)
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	3	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (***ergotamine tartrate***)	3	
ergotamine-caffeine oral tablet 1-100 mg	3	PA; QL (0.86 EA per 1 day)
ft aspirin adult low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
ft aspirin low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
ft aspirin oral tablet chewable 81 mg	1	PV; AL (Max 55 Years)
goodsense aspirin low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
ibuprofen lysine intravenous solution 10 mg/ml	OA	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	1	
mm aspirin oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML (***ibuprofen lysine***)	OA	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	3	
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	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (***aspirin***)	3	PV; AL (Max 55 Years)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	3	PV; AL (Max 55 Years)
topiramate oral capsule sprinkle 15 mg	1	
topiramate oral capsule sprinkle 25 mg	3	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	OA	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml, 500 mg/10ml	1	
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	3	
pimozide oral tablet 1 mg, 2 mg	3	
ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***)	3	QL (1 EA per 1 day)
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dexmedetomidine hcl in nacl intravenous solution 1000 mcg/250ml, 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	OA	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MCG/5ML-%	OA	
dexmedetomidine hcl intravenous solution 1000 mcg/10ml, 200 mcg/2ml, 400 mcg/4ml	OA	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION 200MCG/50ML -5%, 400MCG/100ML -5%	OA	
diphenhydramine hcl injection solution 50 mg/ml	1	
DIPRIVAN +RFID INTRAVENOUS EMULSION 200 MG/20ML (***propofol***)	OA	
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML (***propofol***)	OA	
droperidol injection solution 2.5 mg/ml	OA	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	QL (1 EA per 1 day)
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	OA	
hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg	3	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (***dexmedetomidine hcl***)	OA	
meprobamate oral tablet 200 mg, 400 mg	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (***promethazine hcl***)	OA	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/50ML, 400 MCG/100ML (***dexmedetomidine hcl in nacl***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (***dexmedetomidine hcl***)	OA	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	OA	
promethazine hcl oral solution 12.5 mg/10ml, 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	3	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	OA	
ramelteon oral tablet 8 mg	3	QL (1 EA per 1 day)
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 tablet 10 mg, 5 mg	1	QL (1 EA per 1 day)
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (***aripiprazole***)	3	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (***aripiprazole***)	3	PA
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	QL (1 EA per 1 day)
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	3	QL (2 EA per 1 day)
clozapine oral tablet 100 mg, 25 mg	2	QL (9 EA per 1 day)
clozapine oral tablet 200 mg	2	QL (4 EA per 1 day)
clozapine oral tablet 50 mg	2	QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (***iloperidone***)	3	PA; ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG (***iloperidone***)	3	PA; ST; QL (16 EA per 365 days)
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG (***iloperidone***)	3	PA; ST; QL (24 EA per 365 days)
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG (***iloperidone***)	3	PA; ST; QL (16 EA per 365 days)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (***ziprasidone mesylate***)	OA	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (***paliperidone palmitate***)	3	PA
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
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
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	QL (1 EA per 1 day)
lurasidone hcl oral tablet 80 mg	1	QL (2 EA per 1 day)
olanzapine intramuscular solution reconstituted 10 mg	OA	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	3	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 6 mg	3	QL (2 EA per 1 day)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	QL (3 EA per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	1	QL (2 EA per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***brexpiprazole***)	3	QL (1 EA per 1 day)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL (2 EA per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	3	QL (2 EA per 1 day)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	OA	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (***olanzapine***)	OA	
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG (***methohexital sodium***)	OA	
methohexital sodium injection solution reconstituted 500 mg	OA	
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml	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	
primidone oral tablet 250 mg, 50 mg	1	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***phenobarbital sodium***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ascomp-codeine oral capsule 50-325-40-30 mg	3	
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	3	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	3	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
pentobarbital sodium injection solution 50 mg/ml	OA	
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml	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	
BARBITURATES (GENERAL ANESTHETICS) - Anesthetics		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG (***methohexital sodium***)	OA	
methohexital sodium injection solution reconstituted 500 mg	OA	
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (***lorazepam***)	OA	
clobazam oral tablet 10 mg, 20 mg	2	PA
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (3 EA per 1 day)
clonazepam oral tablet 2 mg	1	QL (10 EA per 1 day)
clorazepate dipotassium oral tablet 15 mg	3	QL (6 EA per 1 day)
clorazepate dipotassium oral tablet 3.75 mg	3	QL (24 EA per 1 day)
clorazepate dipotassium oral tablet 7.5 mg	3	QL (12 EA per 1 day)
diazepam injection solution 10 mg/2ml	OA	
diazepam intensol oral concentrate 5 mg/ml	2	
diazepam oral concentrate 5 mg/ml	2	
diazepam oral solution 5 mg/5ml	2	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	3	QL (2 EA per 1 fill)
diazepam solution 5 mg/ml injection	OA	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	OA	
lorazepam injection solution 4 mg/ml	OA	
lorazepam intensol oral concentrate 2 mg/ml	3	QL (5 ML per 1 day)
lorazepam oral concentrate 2 mg/ml	3	QL (5 ML per 1 day)
lorazepam oral tablet 0.5 mg, 1 mg	1	QL (3 EA per 1 day)
lorazepam oral tablet 2 mg	1	QL (5 EA per 1 day)
lorazepam solution 2 mg/ml injection	OA	
LORAZEPAM SOLUTION 2 MG/ML INJECTION	OA	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (***midazolam (anticonvulsant)***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP) - Drugs for Anxiety & Sleep Disorder		
alprazolam er oral tablet extended release 24 hour 0.5 mg	2	QL (1 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 1 mg	1	QL (1 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 2 mg	2	QL (5 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 3 mg	2	QL (3 EA per 1 day)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (4 EA per 1 day)
alprazolam oral tablet 2 mg	1	QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg	2	QL (1 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 1 mg	1	QL (1 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 2 mg	2	QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 3 mg	2	QL (3 EA per 1 day)
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (***lorazepam***)	OA	
chlordiazepoxide hcl oral capsule 10 mg	1	QL (30 EA per 1 day)
chlordiazepoxide hcl oral capsule 25 mg	1	QL (12 EA per 1 day)
chlordiazepoxide hcl oral capsule 5 mg	1	QL (4 EA per 1 day)
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
clobazam oral tablet 10 mg, 20 mg	2	PA
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (3 EA per 1 day)
clonazepam oral tablet 2 mg	1	QL (10 EA per 1 day)
clorazepate dipotassium oral tablet 15 mg	3	QL (6 EA per 1 day)
clorazepate dipotassium oral tablet 3.75 mg	3	QL (24 EA per 1 day)
clorazepate dipotassium oral tablet 7.5 mg	3	QL (12 EA per 1 day)
diazepam injection solution 10 mg/2ml	OA	
diazepam intensol oral concentrate 5 mg/ml	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diazepam oral concentrate 5 mg/ml	2	
diazepam oral solution 5 mg/5ml	2	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	3	QL (2 EA per 1 fill)
diazepam solution 5 mg/ml injection	OA	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	OA	
estazolam oral tablet 1 mg, 2 mg	1	QL (1 EA per 1 day)
flurazepam hcl oral capsule 15 mg	3	PA; QL (1 EA per 1 day)
lorazepam injection solution 4 mg/ml	OA	
lorazepam intensol oral concentrate 2 mg/ml	3	QL (5 ML per 1 day)
lorazepam oral concentrate 2 mg/ml	3	QL (5 ML per 1 day)
lorazepam oral tablet 0.5 mg, 1 mg	1	QL (3 EA per 1 day)
lorazepam oral tablet 2 mg	1	QL (5 EA per 1 day)
lorazepam solution 2 mg/ml injection	OA	
LORAZEPAM SOLUTION 2 MG/ML INJECTION	OA	
midazolam hcl (pf) +rfid injection solution 2 mg/2ml	OA	
midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml	OA	
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 25 mg/5ml, 5 mg/ml, 50 mg/10ml	OA	
midazolam hcl oral syrup 2 mg/ml	OA	
MIDAZOLAM HCL SOLUTION 2 MG/2ML INJECTION	OA	
midazolam hcl solution 2 mg/2ml injection	OA	
MIDAZOLAM HCL SOLUTION 5 MG/5ML INJECTION	OA	
midazolam hcl solution 5 mg/5ml injection	OA	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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-%, 100-0.9 mg/100ml-%, 50-0.8 mg/50ml-%, 50-0.9 mg/50ml-%	OA	
midazolam-sodium chloride intravenous solution 100-0.9 mg/100ml-%, 50-0.9 mg/50ml-%	OA	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (***midazolam (anticonvulsant)***)	3	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	3	QL (4 EA per 1 day)
temazepam oral capsule 15 mg, 30 mg	1	QL (1 EA per 1 day)
triazolam oral tablet 0.125 mg, 0.25 mg	1	QL (2 EA per 1 day)
BUTYROPHENONES - Drugs for Depression & Psychosis		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	PA
haloperidol lactate injection solution 5 mg/ml	OA	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (***erenumab-aooe***)	2	PA; QL (0.04 ML per 1 day)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (***erenumab-aooe***)	2	PA; QL (0.07 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (***fremanezumab-vfrm***)	2	PA; QL (0.06 ML per 1 day)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (***fremanezumab-vfrm***)	2	PA; QL (0.06 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	2	PA; QL (0.04 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***galcanezumab-gnlm***)	2	PA; QL (0.11 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (***galcanezumab-gnlm***)	2	PA; QL (0.04 ML per 1 day)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (***rimegepant sulfate***)	2	PA; QL (0.54 EA per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***)	2	PA; QL (0.54 EA per 1 day)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (***eptinezumab-jjmr***)	OA	
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 25-100-200 mg, 50-200-200 mg	3	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg, 31.25-125-200 mg, 37.5-150-200 mg	1	
entacapone oral tablet 200 mg	3	
tolcapone oral tablet 100 mg	1	
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
acamprosate calcium oral tablet delayed release 333 mg	3	
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg	2	QL (1 EA per 1 day)
atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg	3	QL (1 EA per 1 day)
edaravone intravenous solution 30 mg/100ml	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	3	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML (***lecanemab-irmb***)	OA	SP
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	3	QL (1 EA per 1 day)
memantine hcl oral solution 10 mg/5ml, 2 mg/ml	3	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (***tofersen***)	OA	SP
riluzole oral tablet 50 mg	3	
VYNDAMAX ORAL CAPSULE 61 MG (***tafamidis***)	4	PA; SP; QL (1 EA per 1 day)
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	QL (2 EA per 1 day)
DIBENZOXAPINES - Drugs for Depression & Psychosis		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	3	
DIPHENYLBUTYLPERIDINES - Drugs for Depression & Psychosis		
pimozide oral tablet 1 mg, 2 mg	3	
DOPAMINE PRECURSORS - Drugs for Parkinson		
carbidopa oral tablet 25 mg	3	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 25-100-200 mg, 50-200-200 mg	3	
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg, 31.25-125-200 mg, 37.5-150-200 mg	1	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
bromocriptine mesylate oral capsule 5 mg	3	
bromocriptine mesylate oral tablet 2.5 mg	3	
cabergoline oral tablet 0.5 mg	1	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg	1	QL (2 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 30 mg	1	QL (3 EA per 1 day)
milnacipran hcl oral 12.5 & 25 & 50 mg	3	PA; ST; QL (110 EA per 365 days)
milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	PA; ST; QL (2 EA per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	1	QL (3 EA per 1 day)
pregabalin oral capsule 300 mg	1	QL (2 EA per 1 day)
pregabalin oral solution 20 mg/ml	3	QL (30 ML per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	3	PA; ST; QL (2 EA per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (***milnacipran hcl***)	3	PA; ST; QL (110 EA per 365 days)

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Effective Date 08/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GABA-MEDIATED ANTICONVULSANTS - Drugs for Seizures		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (***stiripentol***)	4	PA; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG (***stiripentol***)	4	PA; SP
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 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	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	1	QL (3 EA per 1 day)
pregabalin oral capsule 300 mg	1	QL (2 EA per 1 day)
pregabalin oral solution 20 mg/ml	3	QL (30 ML per 1 day)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	3	
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	OA	
valproic acid oral solution 250 mg/5ml, 500 mg/10ml	1	
GENERAL ANESTHETICS, MISCELLANEOUS - Anesthetics		
AMIDATE INTRAVENOUS SOLUTION 2 MG/ML (***etomidate***)	OA	
DIPRIVAN +RFID INTRAVENOUS EMULSION 200 MG/20ML (***propofol***)	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	
KETALAR INJECTION SOLUTION 10 MG/ML, 100 MG/ML, 50 MG/ML (***ketamine hcl***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KETAMINE HCL INJECTION SOLUTION 0.6 MG/ML, 1 MG/ML	OA	
ketamine hcl injection solution 50 mg/ml	OA	
KETAMINE HCL INJECTION SOLUTION PREFILLED SYRINGE 30 MG/3ML	OA	
KETAMINE HCL INTRAVENOUS SOLUTION 100 MG/100ML	OA	
KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/2ML, 50 MG/ML	OA	
ketamine hcl solution 10 mg/ml injection	OA	
KETAMINE HCL SOLUTION 10 MG/ML INJECTION	OA	
KETAMINE HCL SOLUTION 100 MG/ML INJECTION	OA	
ketamine hcl solution 100 mg/ml injection	OA	
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	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	OA	
HYDANTOINS - Drugs for Seizures		
CEREBYX INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML (***fosphenytoin sodium***)	OA	
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	3	
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	OA	
phenytek oral capsule 200 mg, 300 mg	3	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	3	
phenytoin sodium injection solution 50 mg/ml	OA	
ION CHANNEL INHIBITION AGENTS - Drugs for Seizures		
lacosamide intravenous solution 200 mg/20ml	OA	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	3	
oxcarbazepine oral suspension 300 mg/5ml	3	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
rufinamide oral suspension 40 mg/ml	3	PA
rufinamide oral tablet 200 mg, 400 mg	3	PA
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (***lacosamide***)	OA	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***cenobamate***)	3	
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 (***cenobamate***)	3	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
MELATONIN RECEPTOR AGONISTS - Drugs for Anxiety & Sleep Disorder		
ramelteon oral tablet 8 mg	3	QL (1 EA per 1 day)
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	3	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
MARPLAN ORAL TABLET 10 MG (***isocarboxazid***)	3	
phenelzine sulfate oral tablet 15 mg	3	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	3	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
tranylcypromine sulfate oral tablet 10 mg	3	
NON-BARBITURATES - Anesthetics		
AMIDATE INTRAVENOUS SOLUTION 2 MG/ML (***etomidate***)	OA	
DIPRIVAN +RFID INTRAVENOUS EMULSION 200 MG/20ML (***propofol***)	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	
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 50 mg/ml	OA	
KETAMINE HCL INJECTION SOLUTION PREFILLED SYRINGE 30 MG/3ML	OA	
KETAMINE HCL INTRAVENOUS SOLUTION 100 MG/100ML	OA	
KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/2ML, 50 MG/ML	OA	
ketamine hcl solution 10 mg/ml injection	OA	
KETAMINE HCL SOLUTION 10 MG/ML INJECTION	OA	
KETAMINE HCL SOLUTION 100 MG/ML INJECTION	OA	
ketamine hcl solution 100 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	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	OA	
NON-BENZODIAZEPINE ANXIOLYTICS - Drugs for Anxiety & Sleep Disorder		
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg	1	
meprobamate oral tablet 200 mg, 400 mg	3	
NON-BENZODIAZEPINE HYPNOTICS - Drugs for Anxiety & Sleep Disorder		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	QL (1 EA per 1 day)
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 tablet 10 mg, 5 mg	1	QL (1 EA per 1 day)
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	4	PA; SP; QL (3 ML per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (***rotigotine***)	3	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	3	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
NON-OPIOID ANALGESICS - Drugs for Pain		
acetaminophen intravenous solution 10 mg/ml, 1000 mg/100ml	OA	
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	1	QL (166.5 ML per 1 day)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	QL (13 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (10 EA per 1 day)
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	3	PA; QL (10 EA per 1 day)
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	3	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
COMBOGESIC INTRAVENOUS SOLUTION 1000-300 MG/100ML (***ibuprofen-acetaminophen***)	OA	
endocet oral tablet 10-325 mg	1	QL (6 EA per 1 day)
endocet oral tablet 2.5-325 mg, 5-325 mg	1	QL (12 EA per 1 day)
endocet oral tablet 7.5-325 mg	1	QL (8 EA per 1 day)
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL (180 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	1	QL (9 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg	1	QL (13 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	1	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	QL (8 EA per 1 day)
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (***ziconotide acetate***)	OA	SP
tramadol-acetaminophen oral tablet 37.5-325 mg	1	QL (6 EA per 1 day)
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC - Drugs for Pain		
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML (***ibuprofen***)	OA	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	3	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	
diflunisal oral tablet 500 mg	3	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
flurbiprofen oral tablet 100 mg, 50 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg	3	QL (9 EA per 1 day)
hydrocodone-ibuprofen oral tablet 5-200 mg	1	QL (16 EA per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	QL (12 EA per 1 day)
ibuprofen lysine intravenous solution 10 mg/ml	OA	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin sodium intravenous solution reconstituted 1 mg	OA	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	1	
ketorolac tromethamine +rfid injection solution 30 mg/ml	1	
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine oral tablet 10 mg	1	QL (20 EA per 5 days)
meclofenamate sodium oral capsule 100 mg, 50 mg	3	
mefenamic acid oral capsule 250 mg	3	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML (***ibuprofen lysine***)	OA	
oxaprozin oral tablet 600 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
sulindac oral tablet 150 mg, 200 mg	1	
tolmetin sodium oral capsule 400 mg	1	
tolmetin sodium oral tablet 200 mg, 600 mg	1	
ZYNRELEF INJECTION SOLUTION 200-6 MG/7ML, 400-12 MG/14ML (***bupivacaine-meloxicam***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OPIOID AGONISTS (28:08) - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	1	QL (166.5 ML per 1 day)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	QL (13 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (10 EA per 1 day)
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	3	PA; QL (10 EA per 1 day)
ascomp-codeine oral capsule 50-325-40-30 mg	3	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	3	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	3	
codeine sulfate oral tablet 15 mg	1	QL (40 EA per 1 day)
codeine sulfate oral tablet 30 mg	1	QL (20 EA per 1 day)
codeine sulfate oral tablet 60 mg	1	QL (10 EA per 1 day)
DEMEROL INJECTION SOLUTION 25 MG/ML, 50 MG/ML (***meperidine hcl***)	OA	
DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML (***hydromorphone hcl***)	OA	
DURAMORPH INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	OA	
endocet oral tablet 10-325 mg	1	QL (6 EA per 1 day)
endocet oral tablet 2.5-325 mg, 5-325 mg	1	QL (12 EA per 1 day)
endocet oral tablet 7.5-325 mg	1	QL (8 EA per 1 day)
fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml	OA	
fentanyl citrate (pf) injection solution prefilled syringe 25 mcg/0.5ml, 50 mcg/ml	OA	
FENTANYL CITRATE INTRAVENOUS SOLUTION 5000 MCG/100ML	OA	

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Effective Date 08/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MCG/2ML, 1500 MCG/30ML, 250 MCG/5ML, 2750 MCG/55ML	OA	
fentanyl citrate solution prefilled syringe 100 mcg/2ml injection	OA	
FENTANYL CITRATE SOLUTION PREFILLED SYRINGE 100 MCG/2ML INJECTION	OA	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1-0.9 MG/50ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%, 2.5-0.9 MG/50ML-%, 5-0.9 MG/100ML-%	OA	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 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-%	OA	
fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr	3	PA; QL (1 EA per 1 day)
fentanyl transdermal patch 72 hour 12 mcg/hr	3	PA; QL (0.5 EA per 1 day)
fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr	1	PA; QL (0.5 EA per 1 day)
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.0625-0.9 MG/100ML-%, 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.1-0.125-0.9 MG/50ML-%	OA	
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	3	PA; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL (180 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	1	QL (9 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg	1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL (12 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg	3	QL (9 EA per 1 day)
hydrocodone-ibuprofen oral tablet 5-200 mg	1	QL (16 EA per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	QL (12 EA per 1 day)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	3	PA; QL (2 EA per 1 day)
hydromorphone hcl injection solution 0.25 mg/0.5ml, 2 mg/ml, 4 mg/ml	OA	
HYDROMORPHONE HCL INTRAVENOUS SOLUTION 0.2 MG/ML	OA	
hydromorphone hcl oral liquid 1 mg/ml	3	QL (10 ML per 1 day)
hydromorphone hcl oral tablet 2 mg	1	QL (5 EA per 1 day)
hydromorphone hcl oral tablet 4 mg, 8 mg	1	QL (2 EA per 1 day)
hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml	OA	
hydromorphone hcl solution 0.2 mg/ml injection	OA	
HYDROMORPHONE HCL SOLUTION 0.2 MG/ML INJECTION	OA	
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	OA	
hydromorphone hcl solution 1 mg/ml injection	OA	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION 20-0.9 MG/100ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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-%, 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 0.5-0.9 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-%, 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	
INFUMORPH 200 INJECTION SOLUTION 200 MG/20ML (10 MG/ML) (***morphine sulfate microinfusion***)	OA	
INFUMORPH 500 INJECTION SOLUTION 500 MG/20ML (25 MG/ML) (***morphine sulfate microinfusion***)	OA	
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	OA	
meperidine hcl oral tablet 50 mg	3	QL (18 EA per 1 day)
methadone hcl injection solution 10 mg/ml	OA	
methadone hcl intensol oral concentrate 10 mg/ml	1	
methadone hcl oral concentrate 10 mg/ml	1	
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	1	
methadone hcl oral tablet 10 mg, 5 mg	1	PA
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	OA	
mitigo injection solution 200 mg/20ml (10 mg/ml), 500 mg/20ml (25 mg/ml)	OA	
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	QL (4.5 ML per 1 day)
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
morphine sulfate (pf) intravenous solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml	OA	
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	3	PA; QL (3 EA per 1 day)
morphine sulfate er oral tablet extended release 15 mg, 30 mg	1	PA; QL (3 EA per 1 day)
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	OA	
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	OA	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	OA	
morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	OA	
morphine sulfate oral solution 10 mg/5ml	1	QL (45 ML per 1 day)
morphine sulfate oral solution 20 mg/5ml	1	QL (22.5 ML per 1 day)
morphine sulfate oral tablet 15 mg	1	QL (6 EA per 1 day)
morphine sulfate oral tablet 30 mg	1	QL (3 EA per 1 day)
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	
NUCYNTA ORAL TABLET 100 MG, 75 MG (***tapentadol hcl***)	3	QL (1 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG (***tapentadol hcl***)	3	QL (2 EA per 1 day)
oxycodone hcl oral capsule 5 mg	1	QL (12 EA per 1 day)
oxycodone hcl oral solution 5 mg/5ml	1	QL (60 ML per 1 day)
oxycodone hcl oral tablet 10 mg	1	QL (6 EA per 1 day)
oxycodone hcl oral tablet 15 mg	1	QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
oxycodone hcl oral tablet 20 mg	1	QL (3 EA per 1 day)
oxycodone hcl oral tablet 30 mg	1	QL (2 EA per 1 day)
oxycodone hcl oral tablet 5 mg	1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	1	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	QL (8 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (***oxycodone hcl***)	2	PA; QL (4 EA per 1 day)
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	3	PA; QL (4 EA per 1 day)
oxymorphone hcl oral tablet 10 mg	1	QL (1 EA per 1 day)
oxymorphone hcl oral tablet 5 mg	1	QL (3 EA per 1 day)
remifentanil hcl intravenous solution reconstituted 1 mg, 2 mg, 5 mg	OA	
sufentanil citrate intravenous solution 50 mcg/ml	OA	
tapentadol hcl oral tablet 100 mg, 75 mg	1	QL (1 EA per 1 day)
tapentadol hcl oral tablet 50 mg	1	QL (2 EA per 1 day)
tramadol hcl (er biphasic) oral tablet extended release 24 hour 200 mg, 300 mg	3	PA; QL (1 EA per 1 day)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	3	PA; QL (1 EA per 1 day)
tramadol hcl oral tablet 50 mg	1	QL (5 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	QL (6 EA per 1 day)
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 (***oxycodone***)	2	PA; QL (4 EA per 1 day)
OPIOID ANTAGONISTS (28:10) - Drugs for Overdose or Poisoning		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	3	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	
ft naloxone hcl nasal liquid 4 mg/0.1ml	1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (***naloxone hcl***)	2	
NALMEFENE HCL INJECTION SOLUTION 1 MG/ML	OA	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naloxone hcl nasal liquid 4 mg/0.1ml	1	
naltrexone hcl oral tablet 50 mg	1	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	3	QL (10 EA per 1 day)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	OA	SP
OPIOID PARTIAL AGONISTS - Drugs for Pain		
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML (***buprenorphine***)	OA	SP
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML (***buprenorphine***)	OA	SP
buprenorphine hcl injection solution 0.3 mg/ml	OA	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	3	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	3	PA; QL (0.15 EA per 1 day)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	OA	
butorphanol tartrate nasal solution 10 mg/ml	3	QL (2.5 ML per 1 fill)
nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml	OA	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	3	QL (10 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (***buprenorphine***)	OA	SP
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***)	3	QL (1 EA per 1 day)
PHENOTHIAZINES - Drugs for Depression & Psychosis		
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	OA	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	3	
fluphenazine decanoate injection solution 25 mg/ml	OA	
fluphenazine hcl injection solution 2.5 mg/ml	OA	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	3	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	2	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	3	
prochlorperazine edisylate injection solution 10 mg/2ml	OA	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
prochlorperazine rectal suppository 25 mg	3	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	3	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	3	PA; QL (10 EA per 1 day)
ascomp-codeine oral capsule 50-325-40-30 mg	3	
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg	2	QL (1 EA per 1 day)
atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg	3	QL (1 EA per 1 day)
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	3	
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	3	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
caffeine citrate intravenous solution 60 mg/3ml	OA	
CAFFEINE-SODIUM BENZOATE INJECTION SOLUTION 125-125 MG/ML	OA	
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	3	QL (1 EA per 1 day)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	QL (2 EA per 1 day)
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML (***doxapram hcl***)	OA	
ergotamine-caffeine oral tablet 1-100 mg	3	PA; QL (0.86 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	3	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methylphenidate hcl er (osm) oral tablet extended release 36 mg	3	QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg	3	QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 20 mg	3	QL (3 EA per 1 day)
methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg	3	QL (1 EA per 1 day)
methylphenidate hcl er(diffus) oral tablet extended release 36 mg	3	QL (2 EA per 1 day)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	QL (3 EA per 1 day)
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	3	QL (4 EA per 1 day)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	3	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	3	
REVERSIBLE COX-1/COX-2 INHIBITORS - Drugs for Pain		
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML (***ibuprofen***)	OA	
diclofenac sodium external gel 3 %	1	QL (10 GM per 1 day)
diflunisal oral tablet 500 mg	3	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
flurbiprofen oral tablet 100 mg, 50 mg	1	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
hydrocodone-ibuprofen oral tablet 10-200 mg	3	QL (9 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocodone-ibuprofen oral tablet 5-200 mg	1	QL (16 EA per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	QL (12 EA per 1 day)
ibuprofen lysine intravenous solution 10 mg/ml	OA	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin sodium intravenous solution reconstituted 1 mg	OA	
ketorolac tromethamine +rfid injection solution 30 mg/ml	1	
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
ketorolac tromethamine oral tablet 10 mg	1	QL (20 EA per 5 days)
meclofenamate sodium oral capsule 100 mg, 50 mg	3	
mefenamic acid oral capsule 250 mg	3	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML (***ibuprofen lysine***)	OA	
oxaprozin oral tablet 600 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
sulindac oral tablet 150 mg, 200 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZYNRELEF INJECTION SOLUTION 200-6 MG/7ML, 400-12 MG/14ML (***bupivacaine-meloxicam***)	OA	
SALICYLATES - Drugs for Pain		
ascomp-codeine oral capsule 50-325-40-30 mg	3	
aspirin 81 oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin adult low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin adult low strength oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin childrens oral tablet chewable 81 mg	1	PV; AL (Max 55 Years)
aspirin ec adult low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin ec low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin ec low strength oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin low dose oral tablet chewable 81 mg	1	PV; AL (Max 55 Years)
aspirin low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin oral tablet chewable 81 mg	1	PV; AL (Max 55 Years)
aspirin oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin regimen oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	3	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	3	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
ft aspirin adult low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
ft aspirin low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
ft aspirin oral tablet chewable 81 mg	1	PV; AL (Max 55 Years)
goodsense aspirin low dose oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
mm aspirin oral tablet delayed release 81 mg	1	PV; AL (Max 55 Years)
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	3	QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (***aspirin***)	3	PV; AL (Max 55 Years)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	3	PV; AL (Max 55 Years)
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	3	QL (1 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg	1	QL (2 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 30 mg	1	QL (3 EA per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (***levomilnacipran hcl***)	3	PA; ST; QL (1 EA per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (***levomilnacipran hcl***)	3	PA; ST; QL (56 EA per 365 days)
milnacipran hcl oral 12.5 & 25 & 50 mg	3	PA; ST; QL (110 EA per 365 days)
milnacipran hcl oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	PA; ST; QL (2 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	3	PA; ST; QL (2 EA per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (***milnacipran hcl***)	3	PA; ST; QL (110 EA per 365 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	1	QL (2 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	1	QL (1 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	1	QL (3 EA per 1 day)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	2	QL (0.4 EA per 1 day)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	2	QL (0.4 EA per 1 day)
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	QL (0.3 EA per 1 day)
rizatriptan benzoate oral tablet 10 mg	1	QL (0.4 EA per 1 day)
rizatriptan benzoate oral tablet 5 mg	1	QL (0.6 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL (0.4 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 5 mg	1	QL (0.6 EA per 1 day)
sumatriptan nasal solution 20 mg/act, 5 mg/act	2	QL (0.4 EA per 1 day)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL (0.3 EA per 1 day)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	2	QL (0.17 ML per 1 day)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	2	QL (0.17 ML per 1 day)
zolmitriptan oral tablet 2.5 mg, 5 mg	1	QL (0.4 EA per 1 day)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	2	QL (0.4 EA per 1 day)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	3	QL (2 EA per 1 day)
fluvoxamine maleate oral tablet 100 mg, 50 mg	2	
fluvoxamine maleate oral tablet 25 mg	3	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
sertraline hcl oral concentrate 20 mg/ml	1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	3	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (***vortioxetine hbr***)	3	PA; ST; QL (1 EA per 1 day)
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	1	QL (1 EA per 1 day)
SUCCINIMIDES - Drugs for Seizures		
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5ml	3	
methsuximide oral capsule 300 mg	2	
THIOXANTHENES - Drugs for Depression & Psychosis		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	3	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline hcl oral tablet 150 mg	3	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	3	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	3	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	3	
doxepin hcl oral capsule 10 mg, 50 mg	1	
doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 75 mg	3	

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doxepin hcl oral concentrate 10 mg/ml	3	
doxepin hcl oral tablet 3 mg, 6 mg	3	QL (1 EA per 1 day)
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline hcl oral solution 10 mg/5ml	3	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	3	
protriptyline hcl oral tablet 10 mg, 5 mg	3	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	3	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
tetrabenazine oral tablet 12.5 mg, 25 mg	4	PA; SP
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	2	PA; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	2	PA; QL (2 EA per 1 day)
diclofenac sodium oral tablet delayed release 75 mg	1	
modafinil oral tablet 100 mg, 200 mg	1	PA; QL (1 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG (***solriamfetol hcl***)	3	PA; QL (1 EA per 1 day)
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCET KIT KIT (***lancets misc.***)	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (***lancets misc.***)	2	
ADVANTAGE SAFETY LANCETS 28G	2	
ADVOCATE SAFETY LANCETS 21G (***lancets***)	2	

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ADVOCATE SAFETY LANCETS 23G (***lancets***)	2	
ADVOCATE SAFETY LANCETS 28G (***lancets***)	2	
AEROCHAMBER HOLDING CHAMBER DEVICE (***spacer/aero-holding chambers***)	2	
AEROCHAMBER MINI CHAMBER DEVICE (***spacer/aero-holding chambers***)	2	
AEROCHAMBER MV (***spacer/aero-holding chambers***)	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (***spacer/aero-holding chambers***)	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (***spacer/aero-holding chambers***)	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (***spacer/aero-holding chambers***)	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (***spacer/aero-holding chambers***)	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (***spacer/aero-holding chambers***)	2	
AEROCHAMBER PLUS FLOW VU (***spacer/aero-holding chambers***)	2	
AEROCHAMBER2GO ANTI-STATIC DEVICE (***spacer/aero-holding chambers***)	2	
ALCOHOL PREP PADS PAD , 70 %	3	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (***insulin pen needle***)	2	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (***insulin pen needle***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUM ALCOHOL PREP PADS PAD 70 %	3	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 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 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (***insulin pen needle***)	2	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (***insulin pen needle***)	2	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (***insulin pen needle***)	2	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM (***insulin pen needle***)	2	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM (***insulin pen needle***)	2	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM (***insulin pen needle***)	2	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM (***insulin pen needle***)	2	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM (***insulin pen needle***)	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 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	2	
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (***insulin syringe/needle u-500***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BD ULTRA-FINE PEN NEEDLES 32G X 4 MM (***insulin pen needle***)	2	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (***insulin syringe-needle u-100***)	2	
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	
BREATHE EASE LARGE DEVICE	2	
BREATHE EASE MEDIUM DEVICE	2	
BREATHE EASE SMALL DEVICE	2	
BREATHERITE VALVED MDI CHAMBER DEVICE (***spacer/aero-holding chambers***)	2	
CARESENS LANCETS 30G (***lancets***)	2	
CEFALY KIT DEVICE (***nerve stimulator***)	OA	
CEQUR SIMPL EXT WEAR INSERTER (***injection device for insulin***)	OA	
CEQUR SIMPLICITY 1U EXTND WEAR DEVICE (***injection device for insulin***)	2	
CEQUR SIMPLICITY 2U DEVICE (***injection device for insulin***)	2	
CEQUR SIMPLICITY 2U EXTND WEAR DEVICE (***injection device for insulin***)	2	
CEQUR SIMPLICITY INSERTER (***injection device for insulin***)	OA	
CHOSEN LANCETS 30G (***lancets***)	2	
CHOSEN SAFETY LANCETS 28G (***lancets***)	2	
CLEVER CHOICE COMFORT EZ (***lancets***)	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (***spacer/aero-holding chambers***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLEVER CHOICE TENS UNIT DEVICE (***nerve stimulator***)	OA	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (***insulin pen needle***)	2	
COMFORT TOUCH TWIST LANCET 30G (***lancets***)	2	
COMPACT SPACE CHAMBER DEVICE (***spacer/aero-holding chambers***)	2	
COMPACT SPACE CHAMBER/LG MASK DEVICE (***spacer/aero-holding chambers***)	2	
COMPACT SPACE CHAMBER/MED MASK DEVICE (***spacer/aero-holding chambers***)	2	
COMPACT SPACE CHAMBER/SM MASK DEVICE (***spacer/aero-holding chambers***)	2	
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL (***blood glucose calibration***)	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (***blood glucose calibration***)	2	
DIASCREEN 10 (***urine glucose monitoring suppl***)	3	
DIASCREEN 1B (***urine glucose monitoring suppl***)	3	
DIASCREEN 1G STRIP (***urine glucose monitoring suppl***)	3	
DIASCREEN 1K (***urine glucose monitoring suppl***)	3	
DIASCREEN 1K STRIP (***urine glucose monitoring suppl***)	3	
DIASCREEN 2GK STRIP (***urine glucose monitoring suppl***)	3	
DIASCREEN 2GP (***urine glucose monitoring suppl***)	3	
DIASCREEN 3 (***urine glucose monitoring suppl***)	3	
DIASCREEN 4NL (***urine glucose monitoring suppl***)	3	
DIASCREEN 4OBL (***urine glucose monitoring suppl***)	3	
DIASCREEN 4PH (***urine glucose monitoring suppl***)	3	
DIASCREEN 5 (***urine glucose monitoring suppl***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIASCREEN 6 (***urine glucose monitoring suppl***)	3	
DIASCREEN 7 (***urine glucose monitoring suppl***)	3	
DIASCREEN 8 (***urine glucose monitoring suppl***)	3	
DIASCREEN 9 (***urine glucose monitoring suppl***)	3	
DIASCREEN LIQUID URINE CONTROL	3	
DROPLET MICRON 34G X 3.5 MM (***insulin pen needle***)	2	
DROPSAFE ACTI-LANCE 23G (***lancets***)	2	
DROPSAFE ALCOHOL PREP PAD 70 % (***alcohol swabs***)	3	
DROPSAFE AUTOPROTECT DUO 31G X 4 MM , 31G X 5 MM , 31G X 8 MM (***insulin pen needle***)	2	
DROPSAFE MEDLANCE LANCET 30G (***lancets***)	2	
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 (***insulin syringe-needle u-100***)	2	
EASIVENT (***spacer/aero-holding chambers***)	2	
ELECTRODES 25MM	OA	
ELECTRODES 50X100MM	OA	
ELECTRODES 50X50MM	OA	
ELECTRODES 50X90MM	OA	
ELECTRODES BUTTERFLY 105X155MM	OA	
ELECTRODES FACE 30X50MM	OA	
ELECTRODES JOINT 150MM	OA	
EMBECTA AUTOSHIELD DUO 30G X 5 MM (***insulin pen needle***)	2	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML (***insulin syringe-needle u-100***)	2	

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EMBECTA INSULIN SYR ULTRAFINE 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 (***insulin syringe-needle u-100***)	2	
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (***insulin syringe-needle u-100***)	2	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML (***insulin syringe-needle u-100***)	2	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (***insulin syringe/needle u-500***)	2	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM (***insulin pen needle***)	2	
EMBECTA PEN NEEDLE NANO 32G X 4 MM (***insulin pen needle***)	2	
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM (***insulin pen needle***)	2	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (***insulin pen needle***)	2	
EMJOI TENS DEVICE (***nerve stimulator***)	OA	
FLEXICHAMBER ADULT MASK/SMALL (***spacer/aero-hold chamber mask***)	2	
FLEXICHAMBER CHILD MASK/LARGE (***spacer/aero-hold chamber mask***)	2	
FLEXICHAMBER CHILD MASK/SMALL (***spacer/aero-hold chamber mask***)	2	
FLEXICHAMBER DEVICE (***spacer/aero-holding chambers***)	2	
FONDCIRCLE SINGLE USE LANCETS	2	
GAMMACORE 1-MONTH REFILL KIT (***nerve stimulator***)	OA	
GAMMACORE DEVICE (***nerve stimulator***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GAMMACORE EMERALD 1-MONTH DEVICE (***nerve stimulator***)	OA	
GAMMACORE EMERALD-D DEVICE (***nerve stimulator***)	OA	
GAMMACORE SAPPHIRE 31-DAY DEVICE (***nerve stimulator***)	OA	
GAMMACORE SAPPHIRE D DEVICE (***nerve stimulator***)	OA	
GAMMACORE SAPPHIRE REFILL KIT (***nerve stimulator***)	OA	
GOODSENSE ALCOHOL SWABS PAD 70 %	3	
IGLOVE	OA	
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (***insulin pen needle***)	2	
INSPIREASE RESERVOIR BAGS (***spacer/aero-hold chamber bags***)	2	
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 8MM , 30G X 6 MM , 31G X 4 MM , 31G X 8 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 34G X 3.5 MM (***insulin pen needle***)	2	
INSULIN PEN NEEDLES 29G X 12MM , 29G X 4MM , 29G X 5MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 32G X 4 MM , 33G X 4 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, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 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	2	
INSULIN SYRINGES 27G X 5/8" 1 ML, 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 32G X 5/16" 1 ML (***insulin syringe-needle u-100***)	2	

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INSUPEN32G EXTR3ME 32G X 6 MM (***insulin pen needle***)	2	
ISOCK	OA	
J-TIP KIT W/VIAL ADAPTERS KIT (***injection device***)	3	
KNEESTIM	OA	
LANCETS	2	
LANCETS 28G THIN	2	
LANCETS SUPER THIN (***lancets***)	2	
MICROCHAMBER DEVICE (***spacer/aero-holding chambers***)	2	
MICROLET NEXT LANCETS (***lancets***)	2	
MOBILE LANCETS 30G	2	
MONARCH ETNS SYSTEM DEVICE	OA	
NERIVIO DEVICE (***nerve stimulator***)	OA	
NERIVIO INFINITY DEVICE (***nerve stimulator***)	OA	
NERIVIO INFINITY REFILL DEVICE (***nerve stimulator***)	OA	
NOVOFINE PEN NEEDLE 32G X 6 MM (***insulin pen needle***)	2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (***insulin pen needle***)	2	
NOVOPEN ECHO DEVICE (***injection device for insulin***)	3	
NS-2 ELECTRIC PATCH POUCH	OA	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (***insulin disposable pump***)	3	PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 (***insulin disposable pump***)	3	PA; QL (0.5 EA per 1 day)
OMNIPOD 5 LIBRE INTRO KIT (***insulin disposable pump***)	3	PA
OMNIPOD 5 LIBRE PODS (***insulin disposable pump***)	3	PA; QL (0.5 EA per 1 day)
OMNIPOD DASH INTRO (GEN 4) KIT (***insulin disposable pump***)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMNIPOD DASH PDM (GEN 4) KIT (***insulin disposable pump***)	3	PA
OMNIPOD DASH PODS (GEN 4) (***insulin disposable pump***)	3	PA; QL (0.5 EA per 1 day)
ONETOUCH DELICA PLUS LANCING (***lancet devices***)	3	
ONETOUCH DELICA SAFETY LANCING (***lancets***)	2	
OPTICHAMBER DIAMOND (***spacer/aero-holding chambers***)	2	
OPTICHAMBER DIAMOND-LG MASK DEVICE (***spacer/aero-holding chambers***)	2	
OPTICHAMBER DIAMOND-MD MASK (***spacer/aero-holding chambers***)	2	
OPTICHAMBER DIAMOND-SM MASK (***spacer/aero-holding chambers***)	2	
PAIN AIDE DEVICE	OA	
PAIN RELIEF WITH TENS S2000 DEVICE	OA	
PANDA MASK LARGE (***spacer/aero-hold chamber mask***)	2	
PANDA MASK MEDIUM (***spacer/aero-hold chamber mask***)	2	
PANDA MASK SMALL (***spacer/aero-hold chamber mask***)	2	
PARI VORTEX ADULT MASK (***spacer/aero-hold chamber mask***)	2	
PARI VORTEX PEDIATRIC MASK (***spacer/aero-hold chamber mask***)	2	
PEDIATRIC PANDA MASK (***spacer/aero-hold chamber mask***)	2	
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM , 32G X 4 MM	2	
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM (***insulin pen needle***)	2	
PERFECT EMS DEVICE	OA	
PERFECT POINT SAFETY LANCETS (***lancets***)	2	

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PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	2	
POCKET SPACER DEVICE (***spacer/aero-holding chambers***)	2	
PONS MOUTHPIECE (***nerve stimulator***)	OA	
PONS SYSTEM DEVICE (***nerve stimulator***)	OA	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT DEVICE	2	
PRO COMFORT TENS UNIT DEVICE	OA	
PROCARE SPACER/ADULT MASK DEVICE	2	
PROCARE SPACER/CHILD MASK DEVICE	2	
PROCARE TENS & EMS DEVICE	OA	
PROLIXUS	OA	
PURE COMFORT SAFETY LANCET 30G	2	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	
PURE COMFORT SPACER CHAMBER DEVICE	2	
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 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 , 33G X 8 MM (***insulin pen needle***)	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 (***nerve stimulator***)	OA	
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	
SENSILANCE SAFETY LANCETS 21G (***lancets***)	2	
SENSILANCE SAFETY LANCETS 26G (***lancets***)	2	
SENSILANCE SAFETY LANCETS 28G (***lancets***)	2	

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SPABUDDY SPORT ELITE DEVICE	OA	
SPORTS TENS 2 DEVICE	OA	
TECHLITE LANCETS 26G (***lancets***)	2	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM (***insulin pen needle***)	2	
TENS WIRED PAIN MANAGEMENT DEVICE	OA	
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	
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 (***insulin syringe-needle u-100***)	2	
ULTRA-CARE SAFETY LANCETS 30G	2	
UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM (***insulin pen needle***)	2	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (***insulin pen needle***)	2	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (***insulin pen needle***)	2	
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	2	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (***insulin pen needle***)	2	
VERIFINE SAFE LANCET MINI 21G (***lancets***)	2	
VERIFINE SAFE LANCET MINI 23G (***lancets***)	2	
VERIFINE SAFE LANCET MINI 28G (***lancets***)	2	

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VERIFINE SAFE LANCET MINI 30G (***lancets***)	2	
VIVAGUARD LANCETS 30G (***lancets***)	2	
VIVAGUARD SAFETY LANCETS 28G (***lancets***)	2	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE (***spacer/aero-holding chambers***)	2	
VORTEX VALVED HOLDING CHAMBER DEVICE (***spacer/aero-holding chambers***)	2	
ZEWA DIGITAL TENS UNIT DEVICE (***nerve stimulator***)	OA	
ZEWA TENS/EMS COMBO UNIT DEVICE (***nerve stimulator***)	OA	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (***cosyntropin***)	OA	
cosyntropin injection solution reconstituted 0.25 mg	OA	
ALLERGENIC EXTRACTS (DIAGNOSTIC)		
AMERICAN BEECH POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	OA	
CARDIAC FUNCTION		
adenosine (diagnostic) intravenous solution 3 mg/ml	OA	
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	3	
DIPYRIDAMOLE INTRAVENOUS SOLUTION 5 MG/ML	OA	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	2	
FLYRCADO INTRAVENOUS SOLUTION 5-55 MCI/ML (***flurpiridaz f 18***)	OA	
LEXISCAN INTRAVENOUS SOLUTION 0.4 MG/5ML (***regadenoson***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
regadenoson intravenous solution 0.4 mg/5ml	OA	
DIABETES MELLITUS		
CONTOUR NEXT TEST IN VITRO STRIP (***glucose blood***)	2	QL (10 EA per 1 day)
CONTOUR PLUS TEST IN VITRO STRIP (***glucose blood***)	2	QL (10 EA per 1 day)
CONTOUR TEST IN VITRO STRIP (***glucose blood***)	2	QL (10 EA per 1 day)
DIAGNOSTIC AGENTS		
2SAN COVID-19 RAPID SELF TEST IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
ADVIN COVID-19 ANTIGEN TEST IN VITRO KIT	3	^; QL (8 EA per 1 day)
AZO UTI/VAGINAL PH TEST EXTRACORPOREAL KIT (***uti & vaginal infection test***)	OA	
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
BINAXNOW COVID-19 ANTIGEN SELF IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
CARESTART COVID-19 HOME TEST IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
CLEARDETECT COVID-19 AG HOME IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
CLINITEST RAPID COVID-19 TEST IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
COVID-19 AT HOME ANTIGEN TEST IN VITRO KIT	3	^; QL (8 EA per 1 day)
COVID-19 AT-HOME TEST IN VITRO KIT	3	^; QL (8 EA per 1 day)
COVID-19 OTC ANTIGEN 1-PACK IN VITRO KIT	3	^; QL (8 EA per 1 day)
COVID-19 OTC ANTIGEN 2-PACK IN VITRO KIT	3	^; QL (8 EA per 1 day)
CYSVIEW INTRAVESICAL SOLUTION RECONSTITUTED 100 MG (***hexaminolevulinate hcl***)	OA	

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DIATRUST COVID-19 HOME TEST IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
ELLUME COVID-19 HOME TEST IN VITRO KIT	3	^; QL (8 EA per 1 day)
FASTEP COVID-19 ANTIGEN TEST IN VITRO KIT	3	^; QL (8 EA per 1 day)
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
FLUDEOXYGLUCOSE F 18 INTRAVENOUS SOLUTION 20-200 MCI/ML	OA	
GENABIO COVID-19 RAPID TEST IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
GOTOKNOW COVID-19 ANTIGEN RAPI IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
IHEALTH COVID-19 RAPID TEST IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
INDICAID COVID-19 RAPID TEST IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
isosulfan blue subcutaneous solution 1 %	OA	
METHACHOLINE CHLORIDE INHALATION KIT	OA	
OHC COVID-19 ANTIGEN SELF TEST IN VITRO KIT	3	^; QL (8 EA per 1 day)
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
PILOT COVID-19 AT-HOME TEST IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT (***covid-19 at home test***)	3	^; QL (8 EA per 1 day)
DRUG HYPERSENSITIVITY		
PRE-PEN INTRADERMAL SOLUTION 0.25 ML (***benzylpenicilloyl polylysine***)	OA	
GALLBLADDER FUNCTION		
KINEVAC INJECTION SOLUTION RECONSTITUTED 5 MCG (***sincalide***)	OA	
SINCALIDE INJECTION SOLUTION RECONSTITUTED 5 MCG	OA	
KETONES		
CHEMSTRIP K IN VITRO STRIP (***acetone (urine) test***)	3	
KETOSTIX IN VITRO STRIP (***acetone (urine) test***)	3	
KIDNEY FUNCTION		
mannitol intravenous solution 20 %, 25 %	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (***mannitol***)	OA	
MYASTHENIA GRAVIS		
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML (***neostigmine methylsulfate***)	OA	
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML (***neostigmine methylsulfate***)	OA	
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 rfid intravenous solution 10 mg/10ml	OA	
neostigmine methylsulfate rfid intravenous solution prefilled syringe 3 mg/3ml	OA	
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	OA	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS	OA	
OCULAR DISORDERS		
AK-FLUOR INTRAVENOUS SOLUTION 10 %	OA	
fluorescein sodium intravenous solution 10 %, 25 %	OA	
FLUORESCITE INTRAVENOUS SOLUTION 10 % (***fluorescein sodium***)	OA	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.06 % (***trypan blue***)	OA	
PANCREATIC FUNCTION		
SECREFLO INTRAVENOUS SOLUTION RECONSTITUTED 16 MCG (***secretin acetate***)	OA	
PHEOCHROMOCYTOMA		
HISTATROL INJECTION SOLUTION 2.75 MG/ML (***histamine phosphate***)	OA	
HISTATROL INTRADERMAL SOLUTION 0.275 MG/ML (***histamine phosphate***)	OA	
metyrosine oral capsule 250 mg	1	PA; QL (16 EA per 1 day)
PITUITARY FUNCTION		
R-GENE 10 INTRAVENOUS SOLUTION 10 % (***arginine hcl (diagnostic)***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ROENTGENOGRAPHY AND OTHER IMAGING AGENTS		
FERABRIGHT INTRAVENOUS SOLUTION 300 MG/10ML, 510 MG/17ML (***ferumoxytol (diagnostic)***)	OA	
GADAVIST INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MMOL/10ML, 15 MMOL/15ML, 7.5 MMOL/7.5ML (***gadobutrol***)	OA	
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM (***aminolevulinic acid hcl***)	OA	
SODIUM FLUORIDE F 18 INTRAVENOUS SOLUTION 10-200 MCI/ML	OA	
VUEWAY INTRAVENOUS SOLUTION 0.5 MMOL/ML (***gadopiclenol***)	OA	
URINE AND FECES CONTENTS		
CHEMSTRIP UGK IN VITRO STRIP (***urine glucose-ketones test***)	3	
KETO-DIASTIX IN VITRO STRIP (***urine glucose-ketones test***)	3	
KETONE CARE IN VITRO STRIP (***urine glucose-ketones test***)	3	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
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)	2	
sod citrate-citric acid oral solution 1500-1002 mg/15ml, 3000-2004 mg/30ml, 500-334 mg/5ml	1	
sodium acetate intravenous solution 2 meq/ml, 4 meq/ml	OA	
sodium bicarbonate intravenous solution 4.2 %	OA	
sodium bicarbonate solution 8.4 % intravenous	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	OA	
SODIUM BICARBONATE-DEXTROSE INTRAVENOUS SOLUTION 150-5 MEQ/L-%	OA	
sodium citrate-citric acid oral solution 1500-1002 mg/15ml, 3000-2004 mg/30ml	1	
THAM INTRAVENOUS SOLUTION 30 MEQ/100ML (***tromethamine***)	OA	
tromethamine intravenous solution 30 meq/100ml	OA	
AMMONIA DETOXICANTS		
carglumic acid oral tablet soluble 200 mg	4	PA; SP
constulose oral solution 10 gm/15ml	1	
enulose oral solution 10 gm/15ml	1	
generlac oral solution 10 gm/15ml	1	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	1	
sod benz-sod phenylacet intravenous solution 10-10 %	OA	
sodium phenylbutyrate oral powder 3 gm/tsp	4	PA; SP
sodium phenylbutyrate oral tablet 500 mg	4	PA; SP
CALORIC AGENTS - Drugs for Nutrition		
AMINO ACID INTRAVENOUS SOLUTION 5 %	OA	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	OA	
AMINOPROTECT INTRAVENOUS SOLUTION 5 % (***amino acid infusion***)	OA	
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 % (***amino acid infusion***)	OA	
AMINOSYN-PF 7% INTRAVENOUS SOLUTION 7 % (***amino acid infusion***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMINOSYN-PF INTRAVENOUS SOLUTION 10 % (***amino acid infusion***)	OA	
bupivacaine in dextrose intrathecal solution 0.75-8.25 %	OA	
bupivacaine spinal intrathecal solution 0.75-8.25 %	OA	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%	OA	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	OA	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % (***amino acid infusion in d20w***)	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 % (***amino acid infusion***)	OA	
CLINOLIPID INTRAVENOUS EMULSION 20 % (***fat emuls plant base(soy/oliv)***)	OA	
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	OA	
dextrose in lactated ringers intravenous solution 5 %	OA	
dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %	OA	
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	OA	
dextrose solution 250 mg/ml intravenous	OA	
DEXTROSE SOLUTION 50 % INTRAVENOUS	OA	
dextrose solution 50 % intravenous	OA	
dextrose-nacl intravenous solution 5-0.9 %	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 %	OA	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-MG/125ML	OA	
ELLIOTTS B INTRATHECAL SOLUTION (***intrathecal elec-dextrose***)	OA	
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	
GLUTATHIONE INTRAVENOUS SOLUTION 6 GM/30ML	OA	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	OA	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % (***fat emulsion plant based (soy)***)	OA	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (***electrolyte-mb in dextrose***)	OA	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (***electrolyte-p in dextrose***)	OA	
KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 % (***amino ac-dext-lipid-electrolyt***)	OA	
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-%-%	OA	
kcl-lactated ringers-d5w intravenous solution 20 meq/l	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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 2 GM/100ML	OA	
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	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION (***electrolyte-m in dextrose***)	OA	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (***electrolyte-r in dextrose***)	OA	
NUTRILIPID INTRAVENOUS EMULSION 20 % (***fat emulsion plant based (soy)***)	OA	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/50ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	OA	
PERIKABIVEN INTRAVENOUS EMULSION 2.4-6.8-3.5-0.5 % (***amino ac-dext-lipid-electrolyt***)	OA	
PLENAMINE INTRAVENOUS SOLUTION 15 % (***amino acid infusion***)	OA	
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	OA	
PREMASOL INTRAVENOUS SOLUTION 10 % (***amino acid infusion***)	OA	
PROSOL INTRAVENOUS SOLUTION 20 % (***amino acid infusion***)	OA	
SMOFLIPID INTRAVENOUS EMULSION 20 % (***fat emul fish oil/plant based***)	OA	
SODIUM BICARBONATE-DEXTROSE INTRAVENOUS SOLUTION 150-5 MEQ/L-%	OA	
TAZICEF INTRAVENOUS SOLUTION 1 GM/50ML (***ceftazidime sodium in dextrose***)	OA	
TRAVASOL INTRAVENOUS SOLUTION 10 % (***amino acid infusion***)	OA	
TROPHAMINE INTRAVENOUS SOLUTION 10 % (***amino acid infusion***)	OA	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	OA	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	OA	
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	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	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML (***piperacillin-tazobactam in dex***)	OA	
CARBONIC ANHYDRASE INHIBITORS (40:28) - Drugs for Water Balance		
acetazolamide er oral capsule extended release 12 hour 500 mg	3	
acetazolamide oral tablet 125 mg, 250 mg	3	
acetazolamide sodium injection solution reconstituted 500 mg	OA	
DIURETICS, MISCELLANEOUS - Drugs for Water Balance		
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	3	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	3	
ELECTROLYTIC,CALORIC,WATER BALANCE MISC,		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (***burosumab-twza***)	OA	SP
IRRIGATING SOLUTIONS		
acetic acid irrigation solution 0.25 %	1	
argyle sterile water irrigation solution	OA	
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L (***peritoneal dialysis solutions***)	OA	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 394 MOSM/L (***peritoneal dialysis solutions***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 483 MOSM/L (***peritoneal dialysis solutions***)	OA	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION 344 MOSM/L (***peritoneal dialysis solutions***)	OA	
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION 395 MOSM/L (***peritoneal dialysis solutions***)	OA	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L (***peritoneal dialysis solutions***)	OA	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 346 MOSM/L (***peritoneal dialysis solutions***)	OA	
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 396 MOSM/L (***peritoneal dialysis solutions***)	OA	
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 485 MOSM/L (***peritoneal dialysis solutions***)	OA	
EXTRANEAL INTRAPERITONEAL SOLUTION 7.5 % (***icodextrin-electrolytes***)	OA	
glycine irrigation solution 1.5 %	1	
glycine urologic irrigation solution 1.5 %	1	
RENACIDIN IRRIGATION SOLUTION (***citric ac-gluconolact-mg carb***)	3	
sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml	1	
sterile water for irrigation irrigation solution	OA	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION 346 MOSM/L (***peritoneal dialysis solutions***)	OA	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION 396 MOSM/L (***peritoneal dialysis solutions***)	OA	
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION 485 MOSM/L (***peritoneal dialysis solutions***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 395 MOSM/L (***peritoneal dialysis solutions***)	OA	
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L (***peritoneal dialysis solutions***)	OA	
water for irrigation, sterile irrigation solution	OA	
LOOP DIURETICS (40:28) - Drugs for Water Balance		
bumetanide injection solution 0.25 mg/ml	OA	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
ethacrynate sodium intravenous solution reconstituted 50 mg	OA	
ethacrynic acid oral tablet 25 mg	3	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
furosemide solution 10 mg/ml injection	OA	
FUROSEMIDE SOLUTION 10 MG/ML INJECTION	OA	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
OSMOTIC DIURETICS (40:28) - Drugs for Water Balance		
mannitol intravenous solution 20 %, 25 %	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (***mannitol***)	OA	
PHOSPHATE-REMOVING AGENTS		
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (***lanthanum carbonate***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	3	
sevelamer carbonate oral tablet 800 mg	3	
VELPHORO ORAL TABLET CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	3	
POTASSIUM-REMOVING AGENTS		
sodium polystyrene sulfonate combination suspension 15 gm/60ml	1	
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (***sodium polystyrene sulfonate***)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (***sodium polystyrene sulfonate***)	3	
POTASSIUM-SPARING DIURETICS (40:28) - Drugs for Water Balance		
amiloride hcl oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
eplerenone oral tablet 25 mg, 50 mg	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
REPLACEMENT PREPARATIONS		
ADRENALIN INTRAVENOUS SOLUTION 2-0.9 MG/250ML-% (***epinephrine-nacl***)	OA	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-% (***tirofiban hcl in nacl***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AQUASTAT INTRAVENOUS SOLUTION 0.9 % (***sodium chloride flush***)	OA	
AQUASTAT SFR INTRAVENOUS SOLUTION 0.9 % (***sodium chloride flush***)	OA	
BD POSIFLUSH INTRAVENOUS SOLUTION 0.9 % (***sodium chloride flush***)	OA	
BD POSIFLUSH SAFESCRUB INTRAVENOUS SOLUTION 0.9 % (***sodium chloride flush***)	OA	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (***esmolol hcl-sodium chloride***)	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	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.25-0.9 %	OA	
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
calcium acetate oral tablet 667 mg	1	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	OA	
calcium chloride solution 10 % intravenous	OA	
calcium gluconate intravenous solution 10 %	OA	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1000 MG/10ML	OA	
calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 1-0.8 gm/100ml-%, 2-0.675 gm/100ml-%	OA	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDIOPLEGIA INDUCTION HIGH K PERFUSION SOLUTION	OA	
cardioplegic 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 1000 mcg/250ml, 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	OA	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MCG/5ML-%	OA	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION 200MCG/50ML -5%, 400MCG/100ML -5%	OA	
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	OA	
dextrose in lactated ringers intravenous solution 5 %	OA	
dextrose-nacl intravenous solution 5-0.9 %	OA	
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 %	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
ELLIOTTS B INTRATHECAL SOLUTION (***intrathecal elec-dextrose***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 50 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	
EPINEPHRINE BITARTRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	OA	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1-0.9 MG/50ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%, 2.5-0.9 MG/50ML-%, 5-0.9 MG/100ML-%	OA	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 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-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.0625-0.9 MG/100ML-%, 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.1-0.125-0.9 MG/50ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	OA	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
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	
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/250ml-%, 25000-0.45 ut/500ml-%	OA	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	OA	
hetastarch-nacl intravenous solution 6-0.9 %	OA	
HEXTEND INTRAVENOUS SOLUTION 6 % (***hetastarch-electrolytes***)	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-%, 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 0.5-0.9 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-%, 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (***calfactant in nacl***)	OA	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (***electrolyte-mb in dextrose***)	OA	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (***electrolyte-p in dextrose***)	OA	
ISOLYTE-S INTRAVENOUS SOLUTION (***electrolyte-s***)	OA	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION (***electrolyte-s (ph 7.4)***)	OA	
kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%	OA	
kcl (0.298%) in nacl intravenous solution 40-0.9 meq/l-%	OA	
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-%-%	OA	
kcl-lactated ringers-d5w intravenous solution 20 meq/l	OA	
KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION 10-10 MEQ-MG /100ML	OA	
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	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con m10 oral tablet extended release 10 meq	1	
klor-con m15 oral tablet extended release 15 meq	1	
klor-con m20 oral tablet extended release 20 meq	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
klor-con oral packet 20 meq	3	
klor-con oral tablet extended release 8 meq	1	
K-PHOS ORAL TABLET 500 MG (***potassium phosphate monobasic***)	3	
lactated ringers intravenous solution	OA	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	OA	
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	OA	
LMD IN D5W INTRAVENOUS SOLUTION 10-5 % (***dextran 40 in d5w***)	OA	
LMD IN NACL INTRAVENOUS SOLUTION 10-0.9 % (***dextran 40 in saline***)	OA	
magnesium chloride injection solution 200 mg/ml	OA	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	OA	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	OA	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%, 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-%, 100-0.9 mg/100ml-%, 50-0.8 mg/50ml-%, 50-0.9 mg/50ml-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
midazolam-sodium chloride intravenous solution 100-0.9 mg/100ml-%, 50-0.9 mg/50ml-%	OA	
MONOJECT FLUSH SYRINGE INTRAVENOUS SOLUTION 0.9 % (***sodium chloride flush***)	OA	
MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS SOLUTION 0.9 % (***sodium chloride flush***)	OA	
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	
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	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	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
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 10 UNIT/500ML, 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-%, 40-0.9 UNIT/L-%	OA	
PANTOPRAZOLE SODIUM-NACL INTRAVENOUS SOLUTION 40-0.9 MG/100ML-%, 40-0.9 MG/50ML-%, 80-0.9 MG/100ML-%	OA	
PHENYLEPHRINE HCL-NACL +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.4-0.9 MG/5ML-%, 1-0.9 MG/10ML-%	OA	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 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	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG (***potassium phosphate monobasic***)	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION (***electrolyte-148***)	OA	
PLASMA-LYTE A INTRAVENOUS SOLUTION (***electrolyte-a***)	OA	
PLEGISOL PERFUSION SOLUTION (***cardioplegic soln***)	OA	
potassium acetate intravenous solution 2 meq/ml	OA	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	1	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	OA	
potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	OA	
potassium chloride oral packet 20 meq	3	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	OA	
potassium phosphates intravenous solution 15 mmole/5ml, 150 mmole/50ml, 45 mmole/15ml	OA	
potassium phosphates(66 meq k) intravenous solution 45 mmole/15ml	OA	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/50ML, 400 MCG/100ML (***dexmedetomidine hcl in nacl***)	OA	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L (***bicarb-dextrose-k (crrt)***)	OA	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L (***bicarb-dextrose-ca (crrt)***)	OA	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L (***bicarb-dextrose-k (crrt)***)	OA	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L (***bicarb-dextrose-k-ca (crrt)***)	OA	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L (***bicarb-dextrose-k-ca (crrt)***)	OA	

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PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L (***bicarb-mg (crrt)***)	OA	
ringers intravenous solution	OA	
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %	OA	
saline bacteriostatic injection solution 0.9 %	OA	
saline flush intravenous solution 0.9 %	OA	
sodium chloride (pf) injection solution 0.9 %	OA	
sodium chloride bacteriostatic solution 0.9 % injection	OA	
SODIUM CHLORIDE BACTERIOSTATIC SOLUTION 0.9 % INJECTION	OA	
sodium chloride flush intravenous solution 0.9 %	OA	
SODIUM CHLORIDE INJECTION 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	
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	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VANCOMYCIN HCL IN NACL 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-%, 1.75-0.9 GM/500ML-%, 2-0.9 GM/500ML-%	OA	
VANCOMYCIN HCL IN NACL 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	
zinc chloride intravenous solution 1 mg/ml	OA	
zinc sulfate intravenous solution 1 mg/ml, 3 mg/ml, 5 mg/ml	OA	
ZYCUBO SUBCUTANEOUS SOLUTION RECONSTITUTED 2.9 MG (***copper histidinate***)	4	PA; SP; QL (1 EA per 1 day)
THIAZIDE DIURETICS (40:28) - Drugs for Water Balance		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
chlorothiazide sodium intravenous solution reconstituted 500 mg	OA	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 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	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
THIAZIDE-LIKE DIURETICS (40:28) - 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	1	
metolazone oral tablet 2.5 mg, 5 mg	3	
URICOSURIC AGENTS		
colchicine-probenecid oral tablet 0.5-500 mg	2	
probenecid oral tablet 500 mg	2	
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
GALAFOLD ORAL CAPSULE 123 MG (***migalastat hcl***)	4	PA; SP; QL (0.5 EA per 1 day)
sapropterin dihydrochloride oral packet 100 mg, 500 mg	4	PA; SP
sapropterin dihydrochloride oral tablet 100 mg	4	PA; SP
zelvysia oral packet 100 mg, 500 mg	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENZYME INHIBITORS		
CERDELGA ORAL CAPSULE 84 MG (***eliglustat tartrate***)	4	PA; SP
miglustat oral capsule 100 mg	4	PA; SP
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	4	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (***nitisinone***)	4	PA; SP
yargesa oral capsule 100 mg	4	PA; SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (***lonafarnib***)	4	PA; SP; QL (4 EA per 1 day)
ENZYMES		
ADZYNMA INTRAVENOUS KIT 1500 UNIT, 500 UNIT	OA	SP
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (***laronidase***)	OA	PA; SP
AMPHADASE INJECTION SOLUTION 150 UNIT/ML (***hyaluronidase bovine***)	OA	
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (***calaspargase pegol-mknl***)	OA	SP
AVLAYAH INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (***tividenofusp alfa-eknm***)	OA	SP
BRINEURA KIT 2 X 150 MG/5ML (***cerliponase alfa***)	OA	SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (***imiglucerase***)	OA	PA; SP
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (***pancrelipase (lip-prot-amyl)***)	2	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (***idursulfase***)	OA	PA; SP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (***taliglucerase alfa***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML (***pegunigalsidase alfa-iwxj***)	OA	SP
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG (***rasburicase***)	OA	SP
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (***agalsidase beta***)	OA	PA; SP
HYLENEX INJECTION SOLUTION 150 UNIT/ML (***hyaluronidase human***)	OA	
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (***sebelipase alfa***)	OA	PA; SP
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (***velmanase alfa-tycv***)	OA	SP
LOARGYS INJECTION SOLUTION 2 MG/0.4ML (***pegzilarginase-nbln***)	OA	SP
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (***alglucosidase alfa***)	OA	PA; SP
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML (***vestronidase alfa-vjbk***)	OA	PA; SP
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (***galsulfase***)	OA	PA; SP
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***avalglucosidase alfa-ngpt***)	OA	SP
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG (***cipaglucosidase alfa-atga***)	OA	SP
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (***dornase alfa***)	4	PA; SP
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML (***elapegademase-lvlr***)	OA	PA; SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML (***asparaginase erwinia chry-rywn***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (***collagenase***)	3	QL (3 GM per 1 day)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (***asfotase alfa***)	4	PA; SP
SUCRAID ORAL SOLUTION 8500 UNIT/ML (***sacrosidase***)	4	PA; SP
TNKASE INTRAVENOUS KIT 25 MG, 50 MG (***tenecteplase***)	OA	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (***elosulfase alfa***)	OA	PA; SP
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (***glucarpidase***)	OA	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (***velaglucerase alfa***)	OA	SP
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 4 MG (***olipudase alfa-rpcp***)	OA	SP
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (***collagenase clostrid histolyt***)	OA	PA; SP
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 (***pancrelipase (lip-prot-amyl)***)	2	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (52:40) - Drugs for the Eye		
apraclonidine hcl ophthalmic solution 0.5 %	1	
brimonidine tartrate ophthalmic solution 0.1 %	2	
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	2	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (***brinzolamide-brimonidine***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIALLERGIC AGENTS - Drugs for Allergy		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL (2 ML per 1 day)
azelastine hcl ophthalmic solution 0.05 %	1	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	3	
epinastine hcl ophthalmic solution 0.05 %	3	
olopatadine hcl nasal solution 0.6 %	3	QL (1.02 GM per 1 day)
olopatadine hcl ophthalmic solution 0.2 %	1	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (***cetirizine hcl***)	3	PA; ST
ANTIBACTERIALS (52:04) - Drugs for Infections		
AZASITE OPHTHALMIC SOLUTION 1 % (***azithromycin***)	3	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
CIPRO HC OTIC SUSPENSION 0.2-1 % (***ciprofloxacin-hydrocortisone***)	3	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
ciprofloxacin hcl otic solution 0.2 %	3	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	3	
ciprofloxacin-hydrocortisone otic suspension 0.2-1 %	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (***neomycin-colist-hc-thonzonium***)	3	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
erythromycin ophthalmic ointment 5 mg/gm	1	
gatifloxacin ophthalmic solution 0.5 %	1	
gentamicin sulfate external cream 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gentamicin sulfate external ointment 0.1 %	1	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	OA	
gentamicin sulfate ophthalmic solution 0.3 %	1	
levofloxacin ophthalmic solution 0.5 %	3	
loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %	3	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***minocycline hcl***)	OA	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	3	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 5 MG/ML	OA	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.16 %	OA	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
neomycin sulfate oral tablet 500 mg	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	2	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin otic solution 0.3 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
polymyxin b sulfate injection solution reconstituted 500000 unit	OA	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (***tobramycin-dexamethasone***)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (***tobramycin-dexamethasone***)	3	
tobramycin nebulization solution 300 mg/5ml inhalation	4	SP; QL (10 ML per 1 day)
tobramycin ophthalmic solution 0.3 %	1	
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml	OA	
tobramycin sulfate injection solution reconstituted 1.2 gm	OA	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (***tobramycin***)	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (***loteprednol-tobramycin***)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (***natamycin***)	2	
ANTIGLAUCOMA AGENTS, MISCELLANEOUS - Drugs for the Eye		
ADRENALIN INJECTION SOLUTION 1 MG/ML (***epinephrine***)	OA	
ADRENALIN INTRAVENOUS SOLUTION 2-0.9 MG/250ML-% (***epinephrine-nacl***)	OA	
EPINEPHRINE BITARTRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%	OA	

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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	OA	
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-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
ANTI-INFECTIVES, MISCELLANEOUS (52:04) - Drugs for Infections		
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
periogard mouth/throat solution 0.12 %	1	
ANTI-INFLAMMATORY AGENTS (EENT) - Drugs for Inflammation		
cyclosporine (pf) ophthalmic emulsion 0.05 %	3	PA; QL (2 EA per 1 day)
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	2	
cyclosporine modified oral solution 100 mg/ml	2	
cyclosporine oral capsule 100 mg	3	
cyclosporine oral capsule 25 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gengraf oral capsule 100 mg, 25 mg	2	
LUMVOA INTRAVENOUS SOLUTION 500 MG/10ML (***veligrotug-vvze***)	OA	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (***cyclosporine***)	OA	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***teprotumumab-trbw***)	OA	SP
ANTIVIRALS (EENT) - Drugs for Infections		
ganciclovir sodium intravenous solution 500 mg/10ml	OA	
ganciclovir sodium intravenous solution reconstituted 500 mg	OA	
trifluridine ophthalmic solution 1 %	3	
ASTRINGENTS (52:04) - Drugs for Infections		
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
periogard mouth/throat solution 0.12 %	1	
BETA-ADRENERGIC BLOCKING AGENTS (52:40) - Drugs for the Eye		
betaxolol hcl ophthalmic solution 0.5 %	1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	2	
carteolol hcl ophthalmic solution 1 %	1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
levobunolol hcl ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
CARBONIC ANHYDRASE INHIBITORS (52:40) - Drugs for the Eye		
acetazolamide er oral capsule extended release 12 hour 500 mg	3	
acetazolamide oral tablet 125 mg, 250 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
acetazolamide sodium injection solution reconstituted 500 mg	OA	
dorzolamide hcl ophthalmic solution 2 %	1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (***brinzolamide-brimonidine***)	2	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (***fluticasone-salmeterol***)	2	QL (0.4 GM per 1 day)
ala-cort external cream 1 %	1	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (***fluticasone furoate***)	2	QL (1 EA per 1 day)
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (***fluticasone furoate-vilanterol***)	2	QL (2 EA per 1 day)
CIPRO HC OTIC SUSPENSION 0.2-1 % (***ciprofloxacin-hydrocortisone***)	3	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	3	
ciprofloxacin-hydrocortisone otic suspension 0.2-1 %	1	
CORTIFOAM EXTERNAL FOAM 10 % (***hydrocortisone acetate***)	3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (***neomycin-colist-hc-thonzonium***)	3	
dexameth sod phos (pf) +rfid injection solution prefilled syringe 10 mg/ml	1	
DEXAMETHASONE (LA) INJECTION SUSPENSION 16 MG/ML, 8 MG/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	3	
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone sod phos (pf) injection solution prefilled syringe 10 mg/ml	1	
dexamethasone sod phos +rfid injection solution prefilled syringe 4 mg/ml	OA	
DEXAMETHASONE SOD PHOS-NACL INTRAVENOUS SOLUTION 6-0.9 MG/25ML-%	OA	
dexamethasone sod phosphate pf injection solution 10 mg/ml	OA	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	OA	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	OA	
dexamethasone sodium phosphate solution 10 mg/ml injection	OA	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	OA	
dexamethasone sodium phosphate solution 4 mg/ml injection	OA	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (***dexamethasone sodium phosphate***)	OA	
DEXYCU INTRAOCULAR SUSPENSION 9 % (***dexamethasone***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
difluprednate ophthalmic emulsion 0.05 %	3	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (***fluorometholone acetate***)	3	
flunisolide nasal solution 25 mcg/act (0.025%)	2	QL (0.84 ML per 1 day)
fluocinolone acetonide body external oil 0.01 %	1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	3	
fluocinolone acetonide external ointment 0.025 %	3	
fluocinolone acetonide external solution 0.01 %	1	
fluocinolone acetonide otic oil 0.01 %	1	
fluocinolone acetonide scalp external oil 0.01 %	1	
fluorometholone ophthalmic suspension 0.1 %	1	
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	2	M; QL (2 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	2	M; QL (8 EA per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	M; QL (0.8 GM per 1 day)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	2	QL (0.71 GM per 1 day)
fluticasone propionate nasal suspension 50 mcg/act	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	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	M; QL (0.04 EA per 1 day)
hydrocortisone (perianal) external cream 1 %, 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
hydrocortisone rectal enema 100 mg/60ml	3	
hydrocortisone valerate external cream 0.2 %	3	
hydrocortisone-acetic acid otic solution 1-2 %	3	
loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %	3	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
mometasone furoate nasal suspension 50 mcg/act	3	QL (1.14 GM per 1 day)
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	2	
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone oral solution 15 mg/5ml	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	1	QL (16 ML per 1 day)
procto-med hc external cream 2.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG (***hydrocortisone sod succinate***)	OA	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (***tobramycin-dexamethasone***)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (***tobramycin-dexamethasone***)	3	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	2	QL (2 EA per 1 day)
TRIESENCE INTRAOCULAR SUSPENSION 40 MG/ML (***triamcinolone acetonide***)	OA	
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL (2 EA per 1 day)
XIPERE INTRAOCULAR SUSPENSION 40 MG/ML (***triamcinolone acetonide***)	OA	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (***loteprednol-tobramycin***)	3	
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
cyclosporine (pf) ophthalmic emulsion 0.05 %	3	PA; QL (2 EA per 1 day)
DISCOVISC INTRAOCULAR SOLUTION 40-17 MG/ML (***na chondroit sulf-na hyaluron***)	OA	
EENT DRUGS, MISCELLANEOUS		
acetic acid otic solution 2 %	1	
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML (***sodium hyaluronate***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
apraclonidine hcl ophthalmic solution 0.5 %	1	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML	OA	SP
BSS INTRAOCULAR SOLUTION (***ophth irr soln-intraocular***)	OA	
BSS PLUS INTRAOCULAR SOLUTION (***ophth irr soln-intraocular***)	OA	
CELLUGEL INTRAOCULAR SOLUTION 2 % (***hypromellose***)	OA	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	3	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (***cysteamine hcl***)	4	SP; QL (0.72 ML per 1 day)
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (***cysteamine hcl***)	4	SP; QL (2.15 ML per 1 day)
DISCOVISC INTRAOCULAR SOLUTION 40-17 MG/ML (***na chondroit sulf-na hyaluron***)	OA	
ENCELTO INTRAVITREAL IMPLANT 200000 CELLS (***revakinagene taroretcel-lwey***)	OA	SP
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (***aflibercept***)	OA	SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (***aflibercept***)	OA	SP
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 5.5 MG/0.55ML, 8.5 MG/0.85ML (***sodium hyaluronate***)	OA	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 13.8 MG/0.6ML (***sodium hyaluronate***)	OA	
hydrocortisone-acetic acid otic solution 1-2 %	3	
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (***avacincaptad pegol***)	OA	SP

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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 (***ranibizumab***)	OA	SP
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (***ranibizumab***)	OA	SP
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (***ranibizumab***)	OA	SP
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (***pegcetacoplan (ophthalmic)***)	OA	PA; SP
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***teprotumumab-trbw***)	OA	SP
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (***verteporfin***)	OA	SP
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	3	QL (6.8 ML per 365 days)
bromfenac sodium ophthalmic solution 0.07 %	1	QL (12 ML per 365 days)
diclofenac sodium ophthalmic solution 0.1 %	1	
flurbiprofen oral tablet 100 mg, 50 mg	1	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
ketorolac tromethamine +rfid injection solution 30 mg/ml	1	
ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml	1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
ketorolac tromethamine oral tablet 10 mg	1	QL (20 EA per 5 days)
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 % (***phenylephrine-ketorolac***)	OA	

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LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
COCAINE HCL NASAL SOLUTION 40 MG/ML	OA	
lidocaine viscous hcl mouth/throat solution 2 %	1	
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE 1-1.5 % (1ML)	OA	
MACULAR DEGENERATION AGENTS		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (***cysteamine hcl***)	4	SP; QL (0.72 ML per 1 day)
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (***cysteamine hcl***)	4	SP; QL (2.15 ML per 1 day)
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (***avacincaptad pegol***)	OA	SP
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (***pegcetacoplan (ophthalmic)***)	OA	PA; SP
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (***verteporfin***)	OA	SP
MIOTICS - Drugs for the Eye		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED 20 MG (***acetylcholine chloride***)	OA	
MIOSTAT INTRAOCULAR SOLUTION 0.01 % (***carbachol***)	OA	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (***echothiophate iodide***)	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
pilocarpine hcl oral tablet 5 mg	2	
pilocarpine hcl oral tablet 7.5 mg	3	
MYDRIATICS - Drugs for the Eye		
ADRENALIN INJECTION SOLUTION 1 MG/ML (***epinephrine***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADRENALIN INTRAVENOUS SOLUTION 2-0.9 MG/250ML-% (***epinephrine-nacl***)	OA	
ATROPINE SULFATE +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/2.5ML	OA	
atropine sulfate injection solution 8 mg/20ml	OA	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	OA	
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
atropine sulfate ophthalmic solution 1 %	1	
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML (***phenylephrine hcl (pressors)***)	OA	
cyclopentolate hcl ophthalmic solution 1 %	1	
EPINEPHRINE BITARTRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%	OA	
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	OA	
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-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	

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EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
IMMPHENTIV INTRAVENOUS SOLUTION 0.5 MG/5ML, 1 MG/10ML (***phenylephrine hcl (pressors)***)	OA	
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 % (***phenylephrine-ketorolac***)	OA	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML, 1 MG/10ML	OA	
phenylephrine hcl intravenous solution 10 mg/ml	OA	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML, 0.8 MG/10ML, 1 MG/10ML, 5 MG/50ML	OA	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
PHENYLEPHRINE HCL-NACL +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.4-0.9 MG/5ML-%, 1-0.9 MG/10ML-%	OA	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 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	
OSMOTIC AGENTS - Drugs for the Eye		
mannitol intravenous solution 20 %, 25 %	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (***mannitol***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
bimatoprost ophthalmic solution 0.01 %	2	QL (0.1 ML per 1 day)
bimatoprost ophthalmic solution 0.03 %	3	QL (0.1 ML per 1 day)
latanoprost ophthalmic solution 0.005 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (***bimatoprost***)	2	QL (0.1 ML per 1 day)
tafluprost (pf) ophthalmic solution 0.0015 %	2	QL (1 EA per 1 day)
travoprost (bak free) ophthalmic solution 0.004 %	3	QL (0.12 ML per 1 day)
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (***netarsudil dimesylate***)	3	QL (0.1 ML per 1 day)
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG		
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (***bevacizumab-maly***)	OA	SP
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (***bevacizumab***)	OA	PA; SP
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML (***brolucizumab-dbll***)	OA	SP
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2.25 MG/0.09ML, 2.75 MG/0.11ML	OA	SP
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (***ranibizumab-nuna***)	OA	SP
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (***ranibizumab-eqrn***)	OA	SP
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07ML (***aflibercept***)	OA	SP
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (***aflibercept***)	OA	SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (***aflibercept***)	OA	SP

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JOBEVNE INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (***bevacizumab-nwgd***)	OA	SP
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (***ranibizumab***)	OA	SP
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (***bevacizumab-awwb***)	OA	PA; SP
NUFYMCO INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (***ranibizumab-leyk***)	OA	SP
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05ML (***aflibercept-ayyh***)	OA	SP
PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (***aflibercept-ayyh***)	OA	SP
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (***ranibizumab***)	OA	SP
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (***ranibizumab***)	OA	SP
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05ML (***faricimab-svoa***)	OA	SP
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML (***faricimab-svoa***)	OA	SP
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (***bevacizumab-adcd***)	OA	SP
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (***bevacizumab-bvzr***)	OA	PA; SP
VASOCONSTRICTORS		
ADRENALIN INJECTION SOLUTION 1 MG/ML (***epinephrine***)	OA	
ADRENALIN INTRAVENOUS SOLUTION 2-0.9 MG/250ML-% (***epinephrine-nacl***)	OA	
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML (***phenylephrine hcl (pressors)***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPINEPHRINE BITARTRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%	OA	
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	OA	
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-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
IMMPHENTIV INTRAVENOUS SOLUTION 0.5 MG/5ML, 1 MG/10ML (***phenylephrine hcl (pressors)***)	OA	
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE 1-1.5 % (1ML)	OA	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML, 1 MG/10ML	OA	
phenylephrine hcl intravenous solution 10 mg/ml	OA	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML, 0.8 MG/10ML, 1 MG/10ML, 5 MG/50ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
PHENYLEPHRINE HCL-NACL +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.4-0.9 MG/5ML-%, 1-0.9 MG/10ML-%	OA	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 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	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 % (***lido-epinephrine-tetracaine***)	OA	
GASTROINTESTINAL DRUGS		
CHLORIDE CHANNEL ACTIVATORS		
lubiprostone oral capsule 24 mcg, 8 mcg	2	QL (2 EA per 1 day)
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	2	PA; ST; QL (1 EA per 1 day)
IMMUNOMODULATORY AGENTS (56:44)		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***vedolizumab***)	OA	SP
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML (***mirikizumab-mrkz***)	OA	SP
OPIOID ANTAGONISTS (56:18)		
alvimopan oral capsule 12 mg	1	
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	2	PA; ST; QL (1 EA 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 (***fosnetupitant-palonosetron***)	OA	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (***fosnetupitant-palonosetron***)	OA	
ANZEMET ORAL TABLET 50 MG (***dolasetron mesylate***)	3	QL (0.07 EA per 1 day)
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	OA	
granisetron hcl oral tablet 1 mg	1	QL (4 EA per 30 days)
ondansetron hcl +rfid injection solution 4 mg/2ml	OA	
ondansetron hcl +rfid injection solution prefilled syringe 4 mg/2ml	OA	
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	OA	
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	OA	
ondansetron hcl oral solution 4 mg/5ml	1	QL (4 ML per 1 day)
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
palonosetron hcl intravenous solution 0.25 mg/5ml	OA	
palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml	OA	
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5ML (***palonosetron hcl***)	OA	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML (***granisetron***)	OA	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	3	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
loperamide hcl oral capsule 2 mg	1	
MOTOFEN ORAL TABLET 1-0.025 MG (***difenoxin-atropine***)	3	
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4ML, 5 MG/2ML (***amisulpride (antiemetic)***)	OA	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	3	PA; QL (2 EA per 1 day)
olanzapine intramuscular solution reconstituted 10 mg	OA	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	QL (1 EA per 1 day)
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (***promethazine hcl***)	OA	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	OA	
promethazine hcl oral solution 12.5 mg/10ml, 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	3	
scopolamine transdermal patch 72 hour 1 mg/3days	2	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (***olanzapine***)	OA	
ANTIHISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
dimenhydrinate injection solution 50 mg/ml	OA	
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
meclizine hcl oral tablet 50 mg	2	
meclizine hcl oral tablet chewable 25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
prochlorperazine edisylate injection solution 10 mg/2ml	OA	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	3	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (***trimethobenzamide hcl***)	OA	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
alosetron hcl oral tablet 0.5 mg, 1 mg	3	PA
balsalazide disodium oral capsule 750 mg	3	
DIPENTUM ORAL CAPSULE 250 MG (***olsalazine sodium***)	3	
mesalamine er oral capsule extended release 24 hour 0.375 gm	3	
mesalamine oral tablet delayed release 1.2 gm	3	
mesalamine rectal enema 4 gm	3	
mesalamine rectal suppository 1000 mg	3	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	3	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	3	
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	3	
clarithromycin oral tablet 250 mg, 500 mg	1	
metronidazole intravenous solution 500 mg/100ml	OA	
metronidazole oral tablet 250 mg, 500 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	3	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
bisacodyl ec oral tablet delayed release 5 mg	1	PV; QL (2 fill per 365 days); AL (Min 45 Years and Max 75 Years)
clearlax oral powder 17 gm/scoop	1	PV; QL (2 fill per 365 days); AL (Min 45 Years and Max 75 Years)
ft clearlax oral powder 17 gm/scoop	1	PV; QL (2 fill per 365 days); AL (Min 45 Years and Max 75 Years)
ft laxative oral tablet delayed release 5 mg	1	PV; QL (2 fill per 365 days); AL (Min 45 Years and Max 75 Years)
ft magnesium citrate oral solution 1.745 gm/30ml	1	PV; QL (2 fill per 365 days); AL (Min 45 Years and Max 75 Years)
gavilax oral powder 17 gm/scoop	1	PV; QL (2 fill per 365 days); AL (Min 45 Years and Max 75 Years)
gavilyte-c oral solution reconstituted 240 gm	1	PV; QL (8000 ML per 365 days); AL (Min 45 Years and Max 75 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gavilyte-g oral solution reconstituted 236 gm	1	PV; QL (8000 ML per 365 days); AL (Min 45 Years and Max 75 Years)
gavilyte-n with flavor pack oral solution reconstituted 420 gm	1	PV; QL (8000 ML per 365 days); AL (Min 45 Years and Max 75 Years)
gentle laxative oral tablet delayed release 5 mg	1	PV; QL (2 fill per 365 days); AL (Min 45 Years and Max 75 Years)
glycolax oral powder 17 gm/scoop	1	PV; QL (2 fill per 365 days); AL (Min 45 Years and Max 75 Years)
goodsense clearlax oral powder 17 gm/scoop	1	PV; QL (2 fill per 365 days); AL (Min 45 Years and Max 75 Years)
laxative osmotic oral powder 17 gm/scoop	1	PV; QL (2 fill per 365 days); AL (Min 45 Years and Max 75 Years)
magnesium citrate oral solution 1.745 gm/30ml	1	PV; QL (2 fill per 365 days); AL (Min 45 Years and Max 75 Years)
mm clearlax oral powder 17 gm/scoop	1	PV; QL (2 fill per 365 days); AL (Min 45 Years and Max 75 Years)
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	PV; QL (354 ML per 365 days); AL (Min 45 Years and Max 75 Years)
peg 3350 oral powder 17 gm/scoop	1	PV; QL (2 fill per 365 days); AL (Min 45 Years and Max 75 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	PV; QL (8000 ML per 365 days); AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes oral solution reconstituted 236 gm	1	PV; QL (8000 ML per 365 days); AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	1	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (***peg-kcl-nacl-nasulf-na asc-c***)	3	
polyethylene glycol 3350 oral powder 17 gm/scoop	1	PV; QL (2 fill per 365 days); AL (Min 45 Years and Max 75 Years)
smooth lax oral powder 17 gm/scoop	1	PV; QL (2 fill per 365 days); AL (Min 45 Years and Max 75 Years)
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (***odevixibat***)	4	PA; SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (***odevixibat***)	4	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (***cholic acid***)	4	PA; SP
CTEXLI ORAL TABLET 250 MG (***chenodiol (basds)***)	4	PA; SP
ursodiol oral capsule 300 mg	3	
ursodiol oral tablet 250 mg, 500 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 (***pancrelipase (lip-prot-amyl)***)	2	
GATTEX SUBCUTANEOUS KIT 5 MG (***teduglutide (rdna)***)	4	PA; SP
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 (***pancrelipase (lip-prot-amyl)***)	2	
DOPAMINE RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4ML, 5 MG/2ML (***amisulpride (antiemetic)***)	OA	
droperidol injection solution 2.5 mg/ml	OA	
promethazine hcl rectal suppository 12.5 mg, 25 mg	3	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
alvimopan oral capsule 12 mg	1	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (***adalimumab-atto***)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-atto***)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (***adalimumab-atto***)	4	PA; SP; QL (0.03 ML per 1 day)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	OA	PA; SP
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (***odevixibat***)	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (***odevixibat***)	4	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (***cholic acid***)	4	PA; SP
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (***certolizumab pegol***)	OA	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (0.08 EA per 1 day)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	3	PA; QL (2 EA per 1 day)
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***vedolizumab***)	OA	SP
GATTEX SUBCUTANEOUS KIT 5 MG (***teduglutide (rdna)***)	4	PA; SP
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML (***adalimumab***)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.15 EA per 1 day)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (***adalimumab***)	4	PA; SP; QL (3 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	OA	PA; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	SP
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	2	PA; ST; QL (1 EA per 1 day)
lubiprostone oral capsule 24 mcg, 8 mcg	2	QL (2 EA per 1 day)
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; SP
octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg	OA	PA; SP
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; SP
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML (***mirikizumab-mrkz***)	OA	SP
prucalopride succinate oral tablet 1 mg, 2 mg	3	PA; ST; QL (1 EA per 1 day)
REBYOTA RECTAL SUSPENSION 150 ML (***fecal microbiota, live-jslm***)	OA	PA; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab***)	OA	SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	OA	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (***octreotide acetate***)	OA	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	OA	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***golimumab***)	4	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (***golimumab***)	4	PA; SP; QL (0.02 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***golimumab***)	4	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (***golimumab***)	4	PA; SP; QL (0.02 ML per 1 day)
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (***risankizumab-rzaa***)	OA	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (***risankizumab-rzaa***)	4	PA; SP; QL (0.03 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (***risankizumab-rzaa***)	4	PA; SP; QL (0.05 ML per 1 day)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (***ustekinumab***)	OA	SP
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	2	PA; ST; QL (1 EA per 1 day)
USTEKINUMAB INTRAVENOUS SOLUTION 130 MG/26ML	OA	SP
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
cimetidine hcl oral solution 300 mg/5ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
famotidine (pf) intravenous solution 20 mg/2ml	OA	
famotidine intravenous solution 20 mg/5ml, 200 mg/20ml, 200 mg/50ml, 40 mg/10ml, 40 mg/4ml	OA	
famotidine oral suspension reconstituted 40 mg/5ml	3	
famotidine oral tablet 20 mg, 40 mg	1	
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	OA	
nizatidine oral capsule 150 mg, 300 mg	1	
LIPOTROPIC AGENTS - Drugs for the Stomach		
scopolamine transdermal patch 72 hour 1 mg/3days	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (***fosnetupitant-palonosetron***)	OA	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (***fosnetupitant-palonosetron***)	OA	
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML (***aprepitant***)	OA	
aprepitant oral capsule 125 mg	3	QL (6 EA per 30 days)
aprepitant oral capsule 40 mg	3	QL (1 EA per 30 days)
aprepitant oral capsule 80 mg	3	QL (4 EA per 30 days)
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML (***aprepitant***)	OA	
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (***fosaprepitant dimeglumine***)	OA	
FOCINVEZ INTRAVENOUS SOLUTION 150 MG/50ML	OA	
fosaprepitant dimeglumine intravenous solution reconstituted 150 mg	OA	
NAVITRUX INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (***fosaprepitant dimeglumine***)	OA	
PROKINETIC AGENTS - Drugs for the Stomach		
metoclopramide hcl +rfid injection solution 5 mg/ml	OA	
metoclopramide hcl injection solution 5 mg/ml	OA	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
misoprostol oral tablet 100 mcg, 200 mcg	1	^

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
sucralfate oral tablet 1 gm	1	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	1	
esomeprazole sodium intravenous solution reconstituted 40 mg	OA	
lansoprazole oral capsule delayed release 15 mg, 30 mg	1	QL (1 EA per 1 day)
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	QL (1 EA per 1 day)
pantoprazole sodium intravenous solution reconstituted 40 mg	OA	QL (1 EA per 1 day)
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	QL (1 EA per 1 day)
PANTOPRAZOLE SODIUM-NACL INTRAVENOUS SOLUTION 40-0.9 MG/100ML-%, 40-0.9 MG/50ML-%, 80-0.9 MG/100ML-%	OA	
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (***pantoprazole sodium***)	OA	QL (1 EA per 1 day)
rabeprazole sodium oral tablet delayed release 20 mg	2	QL (1 EA per 1 day)
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (***succimer***)	3	
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	3	PA
deferiprone oral tablet 1000 mg, 500 mg	3	PA
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	OA	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (***deferoxamine mesylate***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EDETATE CALCIUM DISODIUM INJECTION SOLUTION 1 GM/5ML	OA	
EDETATE DISODIUM INTRAVENOUS SOLUTION 150 MG/ML	OA	
NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML (***sodium nitrite-sod thiosulfate***)	OA	
penicillamine oral tablet 250 mg	4	SP
sodium nitrite intravenous solution 30 mg/ml	OA	
sodium thiosulfate intravenous solution 250 mg/ml	OA	
trientine hcl oral capsule 250 mg	4	PA; SP
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR AGONISTS		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (***afamelanotide acetate***)	OA	SP
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (***fluticasone-salmeterol***)	2	QL (0.4 GM per 1 day)
ala-cort external cream 1 %	1	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (***fluticasone furoate***)	2	QL (1 EA per 1 day)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (***mometasone furoate***)	2	PA; ST; QL (0.04 EA per 1 day)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (***mometasone furoate***)	2	PA; ST; 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 (***mometasone furoate***)	2	PA; ST; QL (0.04 EA per 1 day)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (***mometasone furoate***)	2	PA; ST; QL (0.04 EA per 1 day)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (***mometasone furoate***)	2	PA; ST; QL (0.44 GM per 1 day)
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	3	
betamethasone dipropionate aug external ointment 0.05 %	3	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	3	
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	OA	
BETAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 12 MG/2ML, 6 MG/ML	OA	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (***fluticasone furoate-vilanterol***)	2	QL (2 EA per 1 day)
breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	2	QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	2	QL (0.36 GM per 1 day)
budesonide er oral tablet extended release 24 hour 9 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	3	QL (4 ML per 1 day)
budesonide oral capsule delayed release particles 3 mg	3	
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	2	QL (0.35 GM per 1 day)
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 (3-3) MG/ML (***betamethasone sod phos & acet***)	OA	
CORTIFOAM EXTERNAL FOAM 10 % (***hydrocortisone acetate***)	3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML (***methylprednisolone acetate***)	OA	
dexameth sod phos (pf) +rfid injection solution prefilled syringe 10 mg/ml	1	
DEXAMETHASONE (LA) INJECTION SUSPENSION 16 MG/ML, 8 MG/ML	OA	
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	3	
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone sod phos (pf) injection solution prefilled syringe 10 mg/ml	1	
dexamethasone sod phos +rfid injection solution prefilled syringe 4 mg/ml	OA	
DEXAMETHASONE SOD PHOS-NACL INTRAVENOUS SOLUTION 6-0.9 MG/25ML-%	OA	
dexamethasone sod phosphate pf injection solution 10 mg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	OA	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	OA	
dexamethasone sodium phosphate solution 10 mg/ml injection	OA	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	OA	
dexamethasone sodium phosphate solution 4 mg/ml injection	OA	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (***dexamethasone sodium phosphate***)	OA	
fludrocortisone acetate oral tablet 0.1 mg	1	
flunisolide nasal solution 25 mcg/act (0.025%)	2	QL (0.84 ML per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	2	M; QL (2 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	2	M; QL (8 EA per 1 day)
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	M; QL (0.8 GM per 1 day)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	2	QL (0.71 GM per 1 day)
fluticasone propionate nasal suspension 50 mcg/act	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	M; QL (0.04 EA per 1 day)
HEXATRIONE INTRA-ARTICULAR SUSPENSION 20 MG/ML (***triamcinolone hexacetonide***)	OA	
hydrocortisone (perianal) external cream 1 %, 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
hydrocortisone rectal enema 100 mg/60ml	3	
hydrocortisone valerate external cream 0.2 %	3	
hydrocortisone-acetic acid otic solution 1-2 %	3	
INTRAROSA VAGINAL INSERT 6.5 MG (***prasterone***)	3	PA; ST
KENALOG-10 INJECTION SUSPENSION 10 MG/ML (***triamcinolone acetonide***)	OA	
KENALOG-40 INJECTION SUSPENSION 40 MG/ML (***triamcinolone acetonide***)	OA	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (***triamcinolone acetonide***)	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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML, 80-5 MG/ML	OA	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
mometasone furoate nasal suspension 50 mcg/act	3	QL (1.14 GM per 1 day)
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone oral solution 15 mg/5ml	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml	1	QL (16 ML per 1 day)
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	1	
procto-med hc external cream 2.5 %	1	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (***beclomethasone diprop hfa***)	2	QL (0.71 GM per 1 day)
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG (***hydrocortisone sod succinate***)	OA	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG (***methylprednisolone sodium succ***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM (***methylprednisolone sodium succ***)	OA	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	2	QL (2 EA per 1 day)
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide injection suspension 10 mg/ml	OA	
triamcinolone acetonide suspension 40 mg/ml injection	OA	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	OA	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	OA	
TRIAMCINOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML	OA	
triderm external cream 0.5 %	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (***olezarsen sodium***)	4	PA; SP; QL (0.03 ML per 1 day)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL (2 EA per 1 day)
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER 32 MG (***triamcinolone acetonide***)	OA	
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANDROGENS - Hormones		
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (***testosterone undecanoate***)	OA	
danazol oral capsule 100 mg, 200 mg, 50 mg	3	
TESTOPEL IMPLANT PELLET 75 MG (***testosterone***)	OA	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA; QL (0.4 ML per 1 day)
testosterone enanthate intramuscular solution 200 mg/ml	1	PA; QL (0.2 ML per 1 day)
TESTOSTERONE IMPLANT PELLET 37.5 MG, 87.5 MG	OA	
testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	3	PA; QL (5 GM per 1 day)
testosterone transdermal gel 12.5 mg/act (1%)	3	PA; QL (10 GM per 1 day)
testosterone transdermal solution 30 mg/act	3	PA; QL (6 ML per 1 day)
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
colesevelam hcl oral tablet 625 mg	3	
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML (***teplizumab-mzwv***)	OA	
ANTIESTROGENS - Drugs for Women		
anastrozole oral tablet 1 mg	1	PV*; AC
exemestane oral tablet 25 mg	1	PV*; AC
letrozole oral tablet 2.5 mg	1	PV*; AC
ANTIGONADTROPINS - Hormones		
aftera oral tablet 1.5 mg	1	PV
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (***testosterone undecanoate***)	OA	
econtra one-step oral tablet 1.5 mg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (***degarelix acetate***)	OA	SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (***degarelix acetate***)	OA	SP
her style oral tablet 1.5 mg	1	PV
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (***levonorgestrel***)	OA	
levonorgestrel oral tablet 1.5 mg	1	PV
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (***levonorgestrel***)	OA	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/DAY (***levonorgestrel***)	OA	
my choice oral tablet 1.5 mg	1	PV
my way oral tablet 1.5 mg	1	PV
new day oral tablet 1.5 mg	1	PV
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (***etonogestrel***)	OA	
opcicon one-step oral tablet 1.5 mg	1	PV
option 2 oral tablet 1.5 mg	1	PV
ORGOVYX ORAL TABLET 120 MG (***relugolix***)	4	PA; SP; AC
shewise oral tablet 1.5 mg	1	PV
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (***levonorgestrel***)	OA	
SLYND ORAL TABLET 4 MG (***drospirenone***)	3	PV
take action oral tablet 1.5 mg	1	PV
TESTOPEL IMPLANT PELLET 75 MG (***testosterone***)	OA	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA; QL (0.4 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
testosterone enanthate intramuscular solution 200 mg/ml	1	PA; QL (0.2 ML per 1 day)
TESTOSTERONE IMPLANT PELLET 37.5 MG, 87.5 MG	OA	
testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	3	PA; QL (5 GM per 1 day)
testosterone transdermal gel 12.5 mg/act (1%)	3	PA; QL (10 GM per 1 day)
testosterone transdermal solution 30 mg/act	3	PA; QL (6 ML per 1 day)
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
diazoxide oral suspension 50 mg/ml	3	
ANTIPARATHYROID AGENTS - Drugs for Bones		
calcitonin (salmon) injection solution 200 unit/ml	OA	
calcitonin (salmon) nasal solution 200 unit/act	1	QL (0.13 ML per 1 day)
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	3	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (***calcitonin (salmon)***)	OA	
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (***etelcalcetide hcl***)	OA	SP
ANTITHYROID AGENTS - Drugs for the Thyroid		
iodine strong oral solution 5 %	1	
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	2	
SODIUM IODIDE I-131 ORAL SOLUTION 1000 MCI/ML	OA	
BIGUANIDES - Drugs for Diabetes		
dapagliflozin base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-1000 mg, 5-500 mg	2	
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (***sitagliptin phos-metformin hcl***)	2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (***sitagliptin phos-metformin hcl***)	2	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (***linagliptin-metformin hcl***)	2	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (***linagliptin-metformin hcl***)	2	
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg	2	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (***empagliflozin-metformin hcl***)	2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (***empagliflozin-metformin hcl***)	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 (***dapagliflozin base-metformin***)	2	
CONTRACEPTIVES - Drugs for Women		
afirmelle oral tablet 0.1-20 mg-mcg	1	PV
aftera oral tablet 1.5 mg	1	PV
altavera oral tablet 0.15-30 mg-mcg	1	PV
alyacen 1/35 oral tablet 1-35 mg-mcg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
amethyst oral tablet 90-20 mcg	1	PV
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (***segesterone-ethinyl estradiol***)	3	PV; QL (1 EA per 350 days)
apri oral tablet 0.15-30 mg-mcg	1	PV
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	PV
ashlyna oral tablet 0.15-0.03 &0.01 mg	1	PV; QL (1 EA per 1 day)
aubra eq oral tablet 0.1-20 mg-mcg	1	PV
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
aurovela 1/20 oral tablet 1-20 mg-mcg	1	PV
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	PV
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	PV
AVERI ORAL TABLET 0.15-0.03 MG (***desogestrel-eth estrad-fe***)	3	PV
aviane oral tablet 0.1-20 mg-mcg	1	PV
ayuna oral tablet 0.15-30 mg-mcg	1	PV
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
balziva oral tablet 0.4-35 mg-mcg	1	PV
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	PV
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	PV
briellyn oral tablet 0.4-35 mg-mcg	1	PV
camila oral tablet 0.35 mg	1	PV
camrese lo oral tablet 0.1-0.02 & 0.01 mg	1	PV; QL (1 EA per 1 day)
camrese oral tablet 0.15-0.03 &0.01 mg	1	PV; QL (1 EA per 1 day)
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	PV

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chateal eq oral tablet 0.15-30 mg-mcg	1	PV
cryselle oral tablet 0.3-30 mg-mcg	1	PV
cyred eq oral tablet 0.15-30 mg-mcg	1	PV
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	PV
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
daysee oral tablet 0.15-0.03 &0.01 mg	1	PV; QL (1 EA per 1 day)
deblitane oral tablet 0.35 mg	1	PV
delyla oral tablet 0.1-20 mg-mcg	1	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (***medroxyprogesterone acetate***)	OA	PV; QL (0.02 ML per 1 day)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (***medroxyprogesterone acetate***)	OA	PV; QL (0.02 ML per 1 day)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (***medroxyprogesterone acetate***)	OA	PV; QL (0.02 ML per 1 day)
dolishale oral tablet 90-20 mcg	1	PV
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	PV
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	PV
econtra one-step oral tablet 1.5 mg	1	PV
elinest oral tablet 0.3-30 mg-mcg	1	PV
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	3	PV
eluryng vaginal ring 0.12-0.015 mg/24hr	1	PV
emzahh oral tablet 0.35 mg	1	PV
enilloring vaginal ring 0.12-0.015 mg/24hr	1	PV
enskyce oral tablet 0.15-30 mg-mcg	1	PV

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errin oral tablet 0.35 mg	1	PV
estarylla oral tablet 0.25-35 mg-mcg	1	PV
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	PV
falmina oral tablet 0.1-20 mg-mcg	1	PV
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
feirza 1/20 oral tablet 1-20 mg-mcg	1	PV
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (***norethindrone acet-ethinyl est***)	3	PV
finzala oral tablet chewable 1-20 mg-mcg(24)	1	PV
galbriela oral tablet chewable 0.8-25 mg-mcg	1	PV
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
heather oral tablet 0.35 mg	1	PV
her style oral tablet 1.5 mg	1	PV
iclevia oral tablet 0.15-0.03 mg	1	PV; QL (1 EA per 1 day)
incassia oral tablet 0.35 mg	1	PV
introvale oral tablet 0.15-0.03 mg	1	PV; QL (1 EA per 1 day)
isibloom oral tablet 0.15-30 mg-mcg	1	PV
jaimiess oral tablet 0.15-0.03 &0.01 mg	1	PV; QL (1 EA per 1 day)
jasmiel oral tablet 3-0.02 mg	1	PV
jencycla oral tablet 0.35 mg	1	PV
jolessa oral tablet 0.15-0.03 mg	1	PV; QL (1 EA per 1 day)
joyeaux oral tablet 0.1-20 mg-mcg(21)	1	PV

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juleber oral tablet 0.15-30 mg-mcg	1	PV
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
junel 1/20 oral tablet 1-20 mg-mcg	1	PV
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
junel fe 1/20 oral tablet 1-20 mg-mcg	1	PV
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	PV
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	1	PV
kalliga oral tablet 0.15-30 mg-mcg	1	PV
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
kelnor 1/35 oral tablet 1-35 mg-mcg	1	PV
kurvelo oral tablet 0.15-30 mg-mcg	1	PV
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (***levonorgestrel***)	OA	
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
larin 1/20 oral tablet 1-20 mg-mcg	1	PV
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	PV
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
larin fe 1/20 oral tablet 1-20 mg-mcg	1	PV
lessina oral tablet 0.1-20 mg-mcg	1	PV
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	PV
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg	1	PV; QL (1 EA per 1 day)
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	1	PV
levonorgestrel oral tablet 1.5 mg	1	PV
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 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 biphas***)	3	PV
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	1	PV; QL (1 EA per 1 day)
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
luizza 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
luizza 1/20 oral tablet 1-20 mg-mcg	1	PV
lutera 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; QL (0.02 ML per 1 day)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	OA	PV; QL (0.02 ML per 1 day)
meleya oral tablet 0.35 mg	1	PV
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	PV
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
microgestin 1/20 oral tablet 1-20 mg-mcg	1	PV
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	PV
mili oral tablet 0.25-35 mg-mcg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
minzoya oral tablet 0.1-20 mg-mcg(21)	1	PV
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/DAY (***levonorgestrel***)	OA	
mono-linyah oral tablet 0.25-35 mg-mcg	1	PV
my choice oral tablet 1.5 mg	1	PV
my way oral tablet 1.5 mg	1	PV
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (***estradiol valerate-dienogest***)	2	PV
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	PV
new day oral tablet 1.5 mg	1	PV
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (***etonogestrel***)	OA	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (***drospirenone-estetrol***)	3	PV
nikki oral tablet 3-0.02 mg	1	PV
nora-be oral tablet 0.35 mg	1	PV
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	1	PV
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	1	PV
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	PV
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	1	PV
norethindrone oral tablet 0.35 mg	1	PV
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	PV
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	PV
norlyroc oral tablet 0.35 mg	1	PV
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	PV
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	PV
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
nylia 1/35 oral tablet 1-35 mg-mcg	1	PV
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
opcicon one-step oral tablet 1.5 mg	1	PV
OPILL ORAL TABLET 0.075 MG (***norgestrel***)	3	PV
option 2 oral tablet 1.5 mg	1	PV
orquidea oral tablet 0.35 mg	1	PV
philith oral tablet 0.4-35 mg-mcg	1	PV
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
portia-28 oral tablet 0.15-30 mg-mcg	1	PV
reclipsen oral tablet 0.15-30 mg-mcg	1	PV
rivelsa oral tablet 42-21-21-7 days	1	PV; QL (1 EA per 1 day)
rosyrah oral tablet 42-21-21-7 days	1	PV; QL (1 EA per 1 day)
setlakin oral tablet 0.15-0.03 mg	1	PV; QL (1 EA per 1 day)
sharobel oral tablet 0.35 mg	1	PV
shewise oral tablet 1.5 mg	1	PV
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
simpesse oral tablet 0.15-0.03 &0.01 mg	1	PV; QL (1 EA per 1 day)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (***levonorgestrel***)	OA	
SLYND ORAL TABLET 4 MG (***drospirenone***)	3	PV
sprintec 28 oral tablet 0.25-35 mg-mcg	1	PV
syeda oral tablet 3-0.03 mg	1	PV
take action oral tablet 1.5 mg	1	PV

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tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	PV
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	PV
taysofy oral capsule 1-20 mg-mcg(24)	1	PV
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	PV
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	1	PV
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
turqoz oral tablet 0.3-30 mg-mcg	1	PV
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (***levonorgestrel-eth estradiol***)	3	PV
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (***levonorgestrel-ethinyl estrad***)	3	PV
tydemy oral tablet 3-0.03-0.451 mg	1	PV
valtya 1/35 oral tablet 1-35 mg-mcg	1	PV
valtya 1/50 oral tablet 1-50 mg-mcg	1	PV
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	PV
vestura oral tablet 3-0.02 mg	1	PV
vienva oral tablet 0.1-20 mg-mcg	1	PV
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
vyfemla oral tablet 0.4-35 mg-mcg	1	PV
vylibra oral tablet 0.25-35 mg-mcg	1	PV
wera oral tablet 0.5-35 mg-mcg	1	PV
wymzya fe oral tablet chewable 0.4-35 mg-mcg	1	PV
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	1	PV
xelria fe oral tablet chewable 0.4-35 mg-mcg	1	PV
xulane transdermal patch weekly 150-35 mcg/24hr	1	PV
zafemy transdermal patch weekly 150-35 mcg/24hr	1	PV
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	PV
zumandimine oral tablet 3-0.03 mg	1	PV
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin-linagliptin***)	2	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (***sitagliptin phos-metformin hcl***)	2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (***sitagliptin phos-metformin hcl***)	2	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (***sitagliptin phosphate***)	2	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (***linagliptin-metformin hcl***)	2	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (***linagliptin-metformin hcl***)	2	
sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	2	
TRADJENTA ORAL TABLET 5 MG (***linagliptin***)	2	
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (***conj estrogens-bazedoxifene***)	2	
OSPHENA ORAL TABLET 60 MG (***ospemifene***)	3	
raloxifene hcl oral tablet 60 mg	1	PV*
tamoxifen citrate oral tablet 10 mg	1	AC
tamoxifen citrate oral tablet 20 mg	1	PV*; AC
toremifene citrate oral tablet 60 mg	3	AC
ESTROGENS - Drugs for Women		
abigale lo oral tablet 0.5-0.1 mg	1	
abigale oral tablet 1-0.5 mg	1	
afirmelle oral tablet 0.1-20 mg-mcg	1	PV
altavera oral tablet 0.15-30 mg-mcg	1	PV
alyacen 1/35 oral tablet 1-35 mg-mcg	1	PV
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
amethyst oral tablet 90-20 mcg	1	PV
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (***segesterone-ethinyl estradiol***)	3	PV; QL (1 EA per 350 days)
apri oral tablet 0.15-30 mg-mcg	1	PV
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	PV
ashlyna oral tablet 0.15-0.03 &0.01 mg	1	PV; QL (1 EA per 1 day)
aubra eq oral tablet 0.1-20 mg-mcg	1	PV
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
aurovela 1/20 oral tablet 1-20 mg-mcg	1	PV
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	PV

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aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	PV
AVERI ORAL TABLET 0.15-0.03 MG (***desogestrel-eth estrad-fe***)	3	PV
aviane oral tablet 0.1-20 mg-mcg	1	PV
ayuna oral tablet 0.15-30 mg-mcg	1	PV
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
balziva oral tablet 0.4-35 mg-mcg	1	PV
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	PV
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	PV
briellyn oral tablet 0.4-35 mg-mcg	1	PV
camrese lo oral tablet 0.1-0.02 & 0.01 mg	1	PV; QL (1 EA per 1 day)
camrese oral tablet 0.15-0.03 &0.01 mg	1	PV; QL (1 EA per 1 day)
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	PV
chateal eq oral tablet 0.15-30 mg-mcg	1	PV
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 (***estradiol***)	3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (***estradiol-norethindrone acet***)	3	
cryselle oral tablet 0.3-30 mg-mcg	1	PV
cyred eq oral tablet 0.15-30 mg-mcg	1	PV
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	PV
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
daysee oral tablet 0.15-0.03 &0.01 mg	1	PV; QL (1 EA per 1 day)

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delyla oral tablet 0.1-20 mg-mcg	1	PV
dolishale oral tablet 90-20 mcg	1	PV
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	3	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	PV
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	PV
DUAVEE ORAL TABLET 0.45-20 MG (***conj estrogens-bazedoxifene***)	2	
elinest oral tablet 0.3-30 mg-mcg	1	PV
eluryng vaginal ring 0.12-0.015 mg/24hr	1	PV
enilloring vaginal ring 0.12-0.015 mg/24hr	1	PV
enskyce oral tablet 0.15-30 mg-mcg	1	PV
estarylla oral tablet 0.25-35 mg-mcg	1	PV
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
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	3	
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	
estradiol vaginal cream 0.01 %	1	
estradiol vaginal tablet 10 mcg	3	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	PV
falmina oral tablet 0.1-20 mg-mcg	1	PV
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
feirza 1/20 oral tablet 1-20 mg-mcg	1	PV
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (***norethindrone acet-ethinyl est***)	3	PV
finzala oral tablet chewable 1-20 mg-mcg(24)	1	PV
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
galbriela oral tablet chewable 0.8-25 mg-mcg	1	PV
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
iclevia oral tablet 0.15-0.03 mg	1	PV; QL (1 EA per 1 day)
introvale oral tablet 0.15-0.03 mg	1	PV; QL (1 EA per 1 day)
isibloom oral tablet 0.15-30 mg-mcg	1	PV
jaimiess oral tablet 0.15-0.03 &0.01 mg	1	PV; QL (1 EA per 1 day)
jasmiel oral tablet 3-0.02 mg	1	PV
jinteli oral tablet 1-5 mg-mcg	2	
jolessa oral tablet 0.15-0.03 mg	1	PV; QL (1 EA per 1 day)
joyeaux oral tablet 0.1-20 mg-mcg(21)	1	PV
juleber oral tablet 0.15-30 mg-mcg	1	PV
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
junel 1/20 oral tablet 1-20 mg-mcg	1	PV
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV

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junel fe 1/20 oral tablet 1-20 mg-mcg	1	PV
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	PV
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	1	PV
kalliga oral tablet 0.15-30 mg-mcg	1	PV
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
kelnor 1/35 oral tablet 1-35 mg-mcg	1	PV
kurvelo oral tablet 0.15-30 mg-mcg	1	PV
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
larin 1/20 oral tablet 1-20 mg-mcg	1	PV
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	PV
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
larin fe 1/20 oral tablet 1-20 mg-mcg	1	PV
lessina oral tablet 0.1-20 mg-mcg	1	PV
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	PV
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg	1	PV; QL (1 EA per 1 day)
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	1	PV
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	1	PV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	PV
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (***norethin-eth estrad-fe biphas***)	3	PV
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	1	PV; QL (1 EA per 1 day)
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

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luizza 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
luizza 1/20 oral tablet 1-20 mg-mcg	1	PV
lutera oral tablet 0.1-20 mg-mcg	1	PV
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	3	
marlissa oral tablet 0.15-30 mg-mcg	1	PV
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	PV
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
microgestin 1/20 oral tablet 1-20 mg-mcg	1	PV
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	PV
mili oral tablet 0.25-35 mg-mcg	1	PV
mimvey oral tablet 1-0.5 mg	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	
minzoya oral tablet 0.1-20 mg-mcg(21)	1	PV
mono-linyah oral tablet 0.25-35 mg-mcg	1	PV
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (***estradiol valerate-dienogest***)	2	PV
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	PV
NEXTSTELLIS ORAL TABLET 3-14.2 MG (***drospirenone-estetrol***)	3	PV
nikki oral tablet 3-0.02 mg	1	PV
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	1	PV
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	1	PV

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norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	PV
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	1	PV
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	PV
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	PV
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	PV
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	PV
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	PV
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
nylia 1/35 oral tablet 1-35 mg-mcg	1	PV
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
philith oral tablet 0.4-35 mg-mcg	1	PV
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
portia-28 oral tablet 0.15-30 mg-mcg	1	PV
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG (***estrogens conjugated***)	OA	
PREMARIN VAGINAL CREAM 0.625 MG/GM (***estrogens, conjugated***)	2	
PREMPHASE ORAL TABLET 0.625-5 MG (***conj estrog-medroxyprogest ace***)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***conj estrog-medroxyprogest ace***)	2	
reclipsen oral tablet 0.15-30 mg-mcg	1	PV
rivelsa oral tablet 42-21-21-7 days	1	PV; QL (1 EA per 1 day)
rosyrah oral tablet 42-21-21-7 days	1	PV; QL (1 EA per 1 day)

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setlakin oral tablet 0.15-0.03 mg	1	PV; QL (1 EA per 1 day)
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
simpesse oral tablet 0.15-0.03 &0.01 mg	1	PV; QL (1 EA per 1 day)
sprintec 28 oral tablet 0.25-35 mg-mcg	1	PV
syeda oral tablet 3-0.03 mg	1	PV
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	PV
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	PV
taysofy oral capsule 1-20 mg-mcg(24)	1	PV
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	PV
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	1	PV
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
turqoz oral tablet 0.3-30 mg-mcg	1	PV
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (***levonorgestrel-eth estradiol***)	3	PV
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (***levonorgestrel-ethinyl estrad***)	3	PV
tydemy oral tablet 3-0.03-0.451 mg	1	PV
valtya 1/35 oral tablet 1-35 mg-mcg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
valtya 1/50 oral tablet 1-50 mg-mcg	1	PV
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	PV
vestura oral tablet 3-0.02 mg	1	PV
vienva oral tablet 0.1-20 mg-mcg	1	PV
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
vyfemla oral tablet 0.4-35 mg-mcg	1	PV
vylibra oral tablet 0.25-35 mg-mcg	1	PV
wera oral tablet 0.5-35 mg-mcg	1	PV
wymzya fe oral tablet chewable 0.4-35 mg-mcg	1	PV
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	1	PV
xelria fe oral tablet chewable 0.4-35 mg-mcg	1	PV
xulane transdermal patch weekly 150-35 mcg/24hr	1	PV
yuvafem vaginal tablet 10 mcg	3	
zafemy transdermal patch weekly 150-35 mcg/24hr	1	PV
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	PV
zumandimine oral tablet 3-0.03 mg	1	PV
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	2	
glucagon emergency kit injection solution reconstituted 1 mg	OA	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLUCAGON HCL (DIAGNOSTIC) INJECTION SOLUTION RECONSTITUTED 1 MG	OA	
GONADOTROPINS - Hormones		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG (***leuprolide mesylate (6 month)***)	OA	SP
ELIGARD SUBCUTANEOUS KIT 22.5 MG (***leuprolide acetate (3 month)***)	OA	SP
ELIGARD SUBCUTANEOUS KIT 30 MG (***leuprolide acetate (4 month)***)	OA	SP
ELIGARD SUBCUTANEOUS KIT 45 MG (***leuprolide acetate (6 month)***)	OA	SP
ELIGARD SUBCUTANEOUS KIT 7.5 MG (***leuprolide acetate***)	OA	SP
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (***leuprolide acetate (6 month)***)	OA	SP
leuprolide acetate injection kit 1 mg/0.2ml	OA	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (***leuprolide acetate***)	OA	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (***leuprolide acetate (3 month)***)	OA	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (***leuprolide acetate (4 month)***)	OA	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (***leuprolide acetate (6 month)***)	OA	PA; SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (***leuprolide acetate***)	OA	PA; SP; QL (0.04 EA per 1 day)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG (***leuprolide acetate (3 month)***)	OA	PA; SP; QL (0.02 EA per 1 day)
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG (***leuprolide acetate (6 month)***)	OA	PA; SP; QL (0.01 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG (***leuprolide acetate (3 month)***)	OA	SP
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (***histrelin acetate***)	OA	PA; SP; QL (1 EA per 250 days)
SYNAREL NASAL SOLUTION 2 MG/ML (***nafarelin acetate***)	2	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (***triptorelin pamoate***)	OA	SP
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (***triptorelin pamoate***)	OA	SP
VABRINTY SUBCUTANEOUS KIT 22.5 MG (***leuprolide acetate (3 month)***)	OA	SP
VABRINTY SUBCUTANEOUS KIT 30 MG (***leuprolide acetate (4 month)***)	OA	SP
VABRINTY SUBCUTANEOUS KIT 45 MG (***leuprolide acetate (6 month)***)	OA	SP
VABRINTY SUBCUTANEOUS KIT 7.5 MG (***leuprolide acetate***)	OA	SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (***goserelin acetate***)	OA	SP; QL (0.012 EA per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (***goserelin acetate***)	OA	SP; QL (0.036 EA per 1 day)
INCRETIN MIMETICS - Drugs for Diabetes		
liraglutide subcutaneous solution pen-injector 18 mg/3ml	2	PA; QL (0.3 ML per 1 day)
MOUNJARO 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 (***tirzepatide***)	2	PA; QL (0.08 ML per 1 day)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML (***semaglutide***)	2	PA; QL (0.11 ML per 1 day)
RYBELSUS ORAL TABLET 14 MG, 7 MG (***semaglutide***)	2	PA; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RYBELSUS ORAL TABLET 3 MG (***semaglutide***)	2	PA; QL (0.11 EA per 1 day)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (***insulin glargine-lixisenatide***)	2	
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (***dulaglutide***)	2	PA; QL (0.08 ML per 1 day)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (***insulin degludec-liraglutide***)	2	
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (***insulin nph human (isophane)***)	2	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human (isophane)***)	2	
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (***metreleptin***)	4	PA; SP
LONG-ACTING INSULINS - Drugs for Diabetes		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glargine***)	2	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine***)	2	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (***insulin glargine-lixisenatide***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (***insulin glargine***)	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (***insulin glargine***)	2	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (***insulin degludec***)	3	PA
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin degludec***)	3	PA
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (***insulin degludec-liraglutide***)	2	
MEGLITINIDES - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	3	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
PARATHYROID AGENTS - Drugs for Bones		
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	4	PA; SP
PITUITARY - Hormones		
DDAVP INJECTION SOLUTION 4 MCG/ML (***desmopressin acetate***)	OA	
DDAVP PF INJECTION SOLUTION 4 MCG/ML (***desmopressin acetate***)	OA	
desmopressin ace spray refrig nasal solution 0.01 %	3	
desmopressin acetate injection solution 4 mcg/ml	OA	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	3	
desmopressin acetate pf injection solution 4 mcg/ml	OA	
desmopressin acetate spray nasal solution 0.01 %	3	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (***somatropin***)	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (***somatropin***)	4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (***somatropin***)	4	PA; SP
vasopressin +rfid intravenous solution 20 unit/ml	OA	
vasopressin intravenous solution 20 unit/ml	OA	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 20-0.9 UT/100ML-%, 40-0.9 UT/100ML-%	OA	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML (***vasopressin***)	OA	
PROGESTINS - Drugs for Women		
abigale lo oral tablet 0.5-0.1 mg	1	
abigale oral tablet 1-0.5 mg	1	
afirmelle oral tablet 0.1-20 mg-mcg	1	PV
aftera oral tablet 1.5 mg	1	PV
altavera oral tablet 0.15-30 mg-mcg	1	PV
alyacen 1/35 oral tablet 1-35 mg-mcg	1	PV
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
amethyst oral tablet 90-20 mcg	1	PV
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (***segesterone-ethinyl estradiol***)	3	PV; QL (1 EA per 350 days)
apri oral tablet 0.15-30 mg-mcg	1	PV
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	PV
ashlyna oral tablet 0.15-0.03 &0.01 mg	1	PV; QL (1 EA per 1 day)
aubra eq oral tablet 0.1-20 mg-mcg	1	PV
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
aurovela 1/20 oral tablet 1-20 mg-mcg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	PV
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	PV
AVERI ORAL TABLET 0.15-0.03 MG (***desogestrel-eth estrad-fe***)	3	PV
aviane oral tablet 0.1-20 mg-mcg	1	PV
ayuna oral tablet 0.15-30 mg-mcg	1	PV
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
balziva oral tablet 0.4-35 mg-mcg	1	PV
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	PV
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	PV
briellyn oral tablet 0.4-35 mg-mcg	1	PV
camila oral tablet 0.35 mg	1	PV
camrese lo oral tablet 0.1-0.02 & 0.01 mg	1	PV; QL (1 EA per 1 day)
camrese oral tablet 0.15-0.03 &0.01 mg	1	PV; QL (1 EA per 1 day)
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	PV
chateal eq oral tablet 0.15-30 mg-mcg	1	PV
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (***estradiol-norethindrone acet***)	3	
cryselle oral tablet 0.3-30 mg-mcg	1	PV
cyred eq oral tablet 0.15-30 mg-mcg	1	PV
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	PV
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
daysee oral tablet 0.15-0.03 &0.01 mg	1	PV; QL (1 EA per 1 day)
deblitane oral tablet 0.35 mg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
delyla oral tablet 0.1-20 mg-mcg	1	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (***medroxyprogesterone acetate***)	OA	PV; QL (0.02 ML per 1 day)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (***medroxyprogesterone acetate***)	OA	PV; QL (0.02 ML per 1 day)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (***medroxyprogesterone acetate***)	OA	PV; QL (0.02 ML per 1 day)
dolishale oral tablet 90-20 mcg	1	PV
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	PV
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	PV
econtra one-step oral tablet 1.5 mg	1	PV
elinest oral tablet 0.3-30 mg-mcg	1	PV
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	3	PV
eluryng vaginal ring 0.12-0.015 mg/24hr	1	PV
emzahh oral tablet 0.35 mg	1	PV
enilloring vaginal ring 0.12-0.015 mg/24hr	1	PV
enskyce oral tablet 0.15-30 mg-mcg	1	PV
errin oral tablet 0.35 mg	1	PV
estarylla oral tablet 0.25-35 mg-mcg	1	PV
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	PV
falmina oral tablet 0.1-20 mg-mcg	1	PV
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
feirza 1/20 oral tablet 1-20 mg-mcg	1	PV
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (***norethindrone acet-ethinyl est***)	3	PV
finzala oral tablet chewable 1-20 mg-mcg(24)	1	PV
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
galbriela oral tablet chewable 0.8-25 mg-mcg	1	PV
gallifrey oral tablet 5 mg	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
heather oral tablet 0.35 mg	1	PV
her style oral tablet 1.5 mg	1	PV
iclevia oral tablet 0.15-0.03 mg	1	PV; QL (1 EA per 1 day)
incassia oral tablet 0.35 mg	1	PV
introvale oral tablet 0.15-0.03 mg	1	PV; QL (1 EA per 1 day)
isibloom oral tablet 0.15-30 mg-mcg	1	PV
jaimiess oral tablet 0.15-0.03 &0.01 mg	1	PV; QL (1 EA per 1 day)
jasmiel oral tablet 3-0.02 mg	1	PV
jencycla oral tablet 0.35 mg	1	PV
jinteli oral tablet 1-5 mg-mcg	2	
jolessa oral tablet 0.15-0.03 mg	1	PV; QL (1 EA per 1 day)
joyeaux oral tablet 0.1-20 mg-mcg(21)	1	PV
juleber oral tablet 0.15-30 mg-mcg	1	PV
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 biphas***)	3	PV
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	1	PV; QL (1 EA per 1 day)
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
luizza 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
luizza 1/20 oral tablet 1-20 mg-mcg	1	PV
lutera 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; QL (0.02 ML per 1 day)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	OA	PV; QL (0.02 ML per 1 day)
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
megestrol acetate oral tablet 20 mg, 40 mg	1	AC
meleya oral tablet 0.35 mg	1	PV
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	PV
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
microgestin 1/20 oral tablet 1-20 mg-mcg	1	PV
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	PV
mili oral tablet 0.25-35 mg-mcg	1	PV
mimvey oral tablet 1-0.5 mg	1	
minzoya oral tablet 0.1-20 mg-mcg(21)	1	PV
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/DAY (***levonorgestrel***)	OA	
mono-linyah oral tablet 0.25-35 mg-mcg	1	PV
my choice oral tablet 1.5 mg	1	PV
my way oral tablet 1.5 mg	1	PV
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (***estradiol valerate-dienogest***)	2	PV
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	PV
new day oral tablet 1.5 mg	1	PV
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (***etonogestrel***)	OA	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (***drospirenone-estetrol***)	3	PV
nikki oral tablet 3-0.02 mg	1	PV
nora-be oral tablet 0.35 mg	1	PV
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	1	PV
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	1	PV
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	PV
norethindrone acetate oral tablet 5 mg	1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	1	PV
norethindrone oral tablet 0.35 mg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	PV
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	PV
norlyroc oral tablet 0.35 mg	1	PV
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	PV
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	PV
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	PV
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
nylia 1/35 oral tablet 1-35 mg-mcg	1	PV
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
opcicon one-step oral tablet 1.5 mg	1	PV
OPILL ORAL TABLET 0.075 MG (***norgestrel***)	3	PV
option 2 oral tablet 1.5 mg	1	PV
orquidea oral tablet 0.35 mg	1	PV
philith oral tablet 0.4-35 mg-mcg	1	PV
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
portia-28 oral tablet 0.15-30 mg-mcg	1	PV
PREMPHASE ORAL TABLET 0.625-5 MG (***conj estrog-medroxyprogest ace***)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***conj estrog-medroxyprogest ace***)	2	
progesterone intramuscular oil 50 mg/ml	1	
progesterone oral capsule 100 mg, 200 mg	1	
reclipsen oral tablet 0.15-30 mg-mcg	1	PV
rivelsa oral tablet 42-21-21-7 days	1	PV; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
rosyrah oral tablet 42-21-21-7 days	1	PV; QL (1 EA per 1 day)
setlakin oral tablet 0.15-0.03 mg	1	PV; QL (1 EA per 1 day)
sharobel oral tablet 0.35 mg	1	PV
shewise oral tablet 1.5 mg	1	PV
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
simpesse oral tablet 0.15-0.03 &0.01 mg	1	PV; QL (1 EA per 1 day)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (***levonorgestrel***)	OA	
SLYND ORAL TABLET 4 MG (***drospirenone***)	3	PV
sprintec 28 oral tablet 0.25-35 mg-mcg	1	PV
syeda oral tablet 3-0.03 mg	1	PV
take action oral tablet 1.5 mg	1	PV
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	PV
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	PV
taysofy oral capsule 1-20 mg-mcg(24)	1	PV
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	PV
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	1	PV
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	PV
turqoz oral tablet 0.3-30 mg-mcg	1	PV
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (***levonorgestrel-eth estradiol***)	3	PV
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (***levonorgestrel-ethinyl estrad***)	3	PV
tydemy oral tablet 3-0.03-0.451 mg	1	PV
valtya 1/35 oral tablet 1-35 mg-mcg	1	PV
valtya 1/50 oral tablet 1-50 mg-mcg	1	PV
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	PV
vestura oral tablet 3-0.02 mg	1	PV
vienva oral tablet 0.1-20 mg-mcg	1	PV
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
vyfemla oral tablet 0.4-35 mg-mcg	1	PV
vylibra oral tablet 0.25-35 mg-mcg	1	PV
wera oral tablet 0.5-35 mg-mcg	1	PV
wymzya fe oral tablet chewable 0.4-35 mg-mcg	1	PV
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	1	PV
xelria fe oral tablet chewable 0.4-35 mg-mcg	1	PV
xulane transdermal patch weekly 150-35 mcg/24hr	1	PV
zafemy transdermal patch weekly 150-35 mcg/24hr	1	PV
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	PV
zumandimine oral tablet 3-0.03 mg	1	PV
RAPID-ACTING INSULINS - Drugs for Diabetes		
HUMALOG INJECTION SOLUTION 100 UNIT/ML (***insulin lispro***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (***insulin lispro***)	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (***insulin lispro prot & lispro***)	2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (***insulin lispro prot & lispro***)	2	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (***insulin lispro prot & lispro***)	2	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (***insulin lispro***)	2	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin lispro***)	2	
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	2	
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (***insulin regular human***)	2	
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (***insulin regular human***)	2	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (***insulin regular(human) in nacl***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
dapagliflozin base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-1000 mg, 5-500 mg	2	
dapagliflozin oral tablet 10 mg, 5 mg	2	
FARXIGA ORAL TABLET 10 MG, 5 MG (***dapagliflozin***)	2	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin-linagliptin***)	2	
JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***)	2	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (***empagliflozin-metformin hcl***)	2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (***empagliflozin-metformin hcl***)	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 (***dapagliflozin base-metformin***)	2	
SOMATOSTATIN AGONISTS - Hormones		
lanreotide acetate subcutaneous solution 120 mg/0.5ml	OA	SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; SP
octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg	OA	PA; SP
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (***octreotide acetate***)	OA	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (***pasireotide pamoate***)	OA	SP

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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 (***pasireotide diaspartate***)	4	PA; SP; QL (2 ML per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (***lanreotide acetate***)	OA	SP
SOMATOTROPIN AGONISTS - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (***mecasermin***)	4	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (***somatropin***)	4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (***somatropin***)	4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (***somatropin***)	4	PA; SP
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (***pegvisomant***)	4	PA; SP
SULFONYLUREAS - Drugs for Diabetes		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	3	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
THIAZOLIDINEDIONES - Drugs for Diabetes		
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	

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Effective Date 08/01/2026

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THYROID AGENTS - Drugs for the Thyroid		
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	1	
levothyroxine sodium intravenous solution 100 mcg/5ml, 100 mcg/ml, 200 mcg/5ml, 500 mcg/5ml	OA	
levothyroxine sodium intravenous solution reconstituted 100 mcg, 200 mcg, 500 mcg	OA	
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	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	1	
liothyronine sodium intravenous solution 10 mcg/ml	OA	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	
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	1	
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	4	PA; SP; QL (1 ML per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	4	PA; SP; QL (0.43 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	4	PA; SP; QL (1 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	4	PA; SP; QL (0.43 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIMETABOLITES		
cladribine intravenous solution 10 mg/10ml	OA	SP
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
azathioprine oral tablet 100 mg	3	
azathioprine oral tablet 50 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	OA	
mycophenolate mofetil oral capsule 250 mg	2	
BONE-MODIFYING AGENTS		
AUKELSO SUBCUTANEOUS SOLUTION 120 MG/1.7ML (***denosumab-kyqq***)	OA	SP
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (***denosumab-nxxp***)	OA	SP
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (***denosumab-nxxp***)	OA	SP
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (***denosumab-bnht***)	OA	SP
BOMYNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/1.7ML (***denosumab-bnht***)	OA	SP
BOSAYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (***denosumab-kyqq***)	OA	SP
CONEXXENCE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (***denosumab-bnht***)	OA	SP
ENOBY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (***denosumab-qbde***)	OA	PA; SP; QL (2 ML per 250 days)
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (***romosozumab-aqqg***)	OA	SP
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (***denosumab-bbdz***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JUBEREQ SUBCUTANEOUS SOLUTION 120 MG/1.7ML (***denosumab-desu***)	OA	SP
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML (***denosumab-bmwo***)	OA	SP
OSPOMYV SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (***denosumab-dssb***)	OA	SP
OSVYRTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (***denosumab-desu***)	OA	SP
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (***denosumab***)	OA	SP
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (***denosumab-bmwo***)	OA	SP
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7ML (***denosumab-qbde***)	OA	PA; SP
CALCINEURIN INHIBITORS, MISC (90:28)		
cyclosporine (pf) ophthalmic emulsion 0.05 %	3	PA; QL (2 EA per 1 day)
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	2	
cyclosporine modified oral solution 100 mg/ml	2	
cyclosporine oral capsule 100 mg	3	
cyclosporine oral capsule 25 mg	2	
gengraf oral capsule 100 mg, 25 mg	2	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (***tacrolimus***)	OA	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (***cyclosporine***)	OA	
tacrolimus external ointment 0.03 %, 0.1 %	3	QL (2 GM per 1 day)
tacrolimus intravenous solution 5 mg/ml	OA	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMPLEMENT INHIBITOR AGENTS (90:20)		
BKEMV INTRAVENOUS SOLUTION 300 MG/30ML (***eculizumab-aeeb***)	OA	SP
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML (***sutimlimab-jome***)	OA	SP
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30ML (***eculizumab-aagh***)	OA	SP
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (***avacincaptad pegol***)	OA	SP
PIASKY INJECTION SOLUTION 340 MG/2ML (***crovalimab-akkz***)	OA	SP
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (***eculizumab***)	OA	PA; SP
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (***pegcetacoplan (ophthalmic)***)	OA	PA; SP
YARTEMLEA INTRAVENOUS SOLUTION 370 MG/2ML (***narsoplimab-wuug***)	OA	SP
COMPLEMENT INHIBITORS (90:08)		
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (***zilucoplan sodium***)	OA	SP
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***vedolizumab***)	OA	SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (***abatacept***)	4	PA; 3P; SP; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***abatacept***)	OA	PA; 3P; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (***abatacept***)	4	PA; 3P; SP; QL (0.15 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (***abatacept***)	4	PA; 3P; SP; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (***abatacept***)	4	PA; 3P; SP; QL (0.1 ML per 1 day)
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	OA	PA; SP
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (***certolizumab pegol***)	OA	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (0.08 EA per 1 day)
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg	1	
hydroxychloroquine sulfate oral tablet 400 mg	2	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	OA	PA; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	SP
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	OA	
methotrexate sodium oral tablet 2.5 mg	1	AC

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab***)	OA	SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	OA	PA; SP
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML (***guselkumab***)	OA	PA; SP
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (***guselkumab***)	4	PA; SP; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***guselkumab***)	4	PA; SP; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (***guselkumab***)	4	PA; SP; QL (0.08 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***guselkumab***)	4	PA; SP; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (***guselkumab***)	4	PA; SP; QL (0.08 ML per 1 day)
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (***guselkumab***)	4	PA; SP; QL (0.08 ML per 1 day)
FUMARATES		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (***monomethyl fumarate***)	4	PA; SP; QL (4 EA per 1 day)
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	3	PA; SP; QL (2 EA per 1 day)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	3	PA; SP; QL (120 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IGG1 MONOCLONAL ANTIBODIES		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (***belimumab***)	OA	SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (***belimumab***)	4	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (***belimumab***)	4	PA; SP
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML (***anifrolumab-fnia***)	OA	SP
SAPHNELO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/0.8ML (***anifrolumab-fnia***)	OA	SP
IMMUNOMODULATORY AGENTS (90:00)		
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	OA	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/2ML, 1000 MG/10ML, 2 GM/10ML, 2 GM/4ML, 2000 MG/20ML, 500 MG/5ML, 500 MG/ML	OA	SP
cyclophosphamide intravenous solution 1 gm/5ml, 500 mg/2.5ml	OA	SP
cyclophosphamide oral capsule 25 mg, 50 mg	3	AC
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	AC
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; SP; AC; QL (1 EA per 1 day)
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	4	PA; SP; AC
FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML, 500 MG/ML (***cyclophosphamide***)	OA	SP
mercaptopurine oral tablet 50 mg	1	AC

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; SP; AC; QL (1 EA per 1 day)
yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; SP; AC; QL (1 EA per 1 day)
INTERFERON GAMMA INHIBITOR AGENTS, MISC		
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML (***emapalumab-lzsg***)	OA	PA; SP
INTERFERONS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (***interferon beta-1a***)	4	PA; SP; QL (0.04 EA per 1 day)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (***interferon beta-1a***)	4	PA; SP; QL (0.04 EA per 1 day)
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	4	PA; SP; QL (0.5 EA per 1 day)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (***peginterferon alfa-2a***)	4	PA; SP
INTERLEUKIN INHIBITOR AGENTS, MISC		
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (***basiliximab***)	OA	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (***omalizumab***)	4	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (***omalizumab***)	4	PA; SP; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (***omalizumab***)	4	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***omalizumab***)	4	PA; SP; QL (0.08 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (***omalizumab***)	4	PA; SP; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (***omalizumab***)	4	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (***omalizumab***)	OA	PA; SP
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (***tocilizumab***)	4	PA; 3P; SP; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab***)	OA	PA; 3P; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (***tocilizumab***)	4	PA; 3P; SP; QL (0.13 ML per 1 day)
AVTOZMA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab-anoh***)	OA	PA; 3P; SP
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (***tocilizumab-anoh***)	4	PA; 3P; SP; QL (0.13 ML per 1 day)
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (***tocilizumab-anoh***)	4	PA; 3P; SP; QL (0.13 ML per 1 day)
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (***secukinumab***)	OA	SP
IMULDOSA INTRAVENOUS SOLUTION 130 MG/26ML (***ustekinumab-srlf (iv)***)	OA	SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (***anakinra***)	4	PA; SP
OTULFI INTRAVENOUS SOLUTION 130 MG/26ML (***ustekinumab-aauz (iv)***)	OA	SP
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML (***ustekinumab-ttwe (iv)***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML (***ustekinumab-aekn (iv)***)	OA	SP
STARJEMZA INTRAVENOUS SOLUTION 130 MG/26ML (***ustekinumab-hmny (iv)***)	OA	PA; SP
STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (***ustekinumab-hmny***)	4	PA; SP; QL (0.009 ML per 1 day)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (***ustekinumab-hmny***)	4	PA; SP; QL (0.009 ML per 1 day)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (***ustekinumab-hmny***)	4	PA; SP; QL (0.002 ML per 1 day)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (***ustekinumab***)	OA	SP
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML (***ustekinumab-stba (iv)***)	OA	SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	4	PA; SP; QL (0.04 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML (***ixekizumab***)	4	PA; SP; QL (0.01 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML (***ixekizumab***)	4	PA; SP; QL (0.02 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (***ixekizumab***)	4	PA; SP; QL (0.04 ML per 1 day)
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab-bavi***)	OA	SP
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab-aazg***)	OA	SP
USTEKINUMAB INTRAVENOUS SOLUTION 130 MG/26ML	OA	SP
USTEKINUMAB-TTWE INTRAVENOUS SOLUTION 130 MG/26ML	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WEZLANA INTRAVENOUS SOLUTION 130 MG/26ML (***ustekinumab-auub (iv)***)	OA	PA; SP
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML (***ustekinumab-kfce (iv)***)	OA	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (***ustekinumab-kfce***)	4	PA; SP; QL (0.009 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (***ustekinumab-kfce***)	4	PA; SP; QL (0.009 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (***ustekinumab-kfce***)	4	PA; SP; QL (0.02 ML per 1 day)
JANUS KINASE INHIBITORS, MISCELLANEOUS		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (***abrocitinib***)	4	PA; SP; QL (1 EA per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (***upadacitinib***)	4	PA; SP; QL (1 EA per 1 day)
tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg	4	PA; SP; QL (1 EA per 1 day)
tofacitinib citrate oral solution 1 mg/ml	4	PA; SP; QL (10 ML per 1 day)
tofacitinib citrate oral tablet 10 mg, 5 mg	4	PA; SP; QL (2 EA per 1 day)
XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***)	4	PA; SP; QL (10 ML per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	4	PA; SP; QL (2 EA per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (***tofacitinib citrate***)	4	PA; SP; QL (1 EA per 1 day)
MONOCARBOXYLIC ACID AMIDE AGENTS		
leflunomide oral tablet 10 mg, 20 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MONOCLONAL ANTIBODIES (90:04)		
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML (***ublituximab-xiiy***)	OA	SP
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (***ofatumumab***)	4	PA; SP; QL (0.02 ML per 1 day)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (***alemtuzumab***)	OA	SP
MONOCLONAL ANTIBODIES (90:10)		
KISUNLA INTRAVENOUS SOLUTION 350 MG/20ML (***donanemab-azbt***)	OA	SP
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (***alemtuzumab***)	OA	SP
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML (***lecanemab-irmb***)	OA	SP
MONOCLONAL ANTIBODIES (90:12)		
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (***inebilizumab-cdon***)	OA	SP
MTOR INHIBITORS, MISCELLANEOUS		
sirolimus oral solution 1 mg/ml	3	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	3	
NEONATAL FC RECEPTOR BLOCKERS		
IMAAVY INTRAVENOUS SOLUTION 1200 MG/6.5ML, 300 MG/1.62ML (***nipocalimab-aahu***)	OA	SP
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML, 420 MG/3ML, 560 MG/4ML, 840 MG/6ML (***rozanolixizumab-noli***)	OA	SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML (***efgartigimod alfa-hyalur-qvfc***)	OA	SP
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML (***efgartigimod alfa-fcab***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	4	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (***apremilast***)	4	PA; SP; QL (55 EA per 365 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (***apremilast***)	4	PA; SP; QL (1 EA per 1 day)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG (***apremilast***)	4	PA; SP; QL (55 EA per 365 days)
POLYCLONAL ANTIBODIES, MISCELLANEOUS		
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (***anti-thymocyte glob (rabbit)***)	OA	
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
fingolimod hcl oral capsule 0.5 mg	4	PA; SP; QL (1 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG (***fingolimod hcl***)	4	PA; SP; QL (1 EA per 1 day)
MAYZENT ORAL TABLET 0.25 MG (***siponimod fumarate***)	4	PA; SP; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG (***siponimod fumarate***)	4	PA; SP; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (***siponimod fumarate***)	4	PA; SP; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (***siponimod fumarate***)	4	PA; SP; QL (14 EA per 365 days)
T-CELL COSTIMULATORY BLOCKERS, MISC		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***belatacept***)	OA	
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (***adalimumab-atto***)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-atto***)	4	PA; SP; QL (0.06 ML per 1 day)

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AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (***adalimumab-atto***)	4	PA; SP; QL (0.03 ML per 1 day)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	OA	PA; SP
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (***certolizumab pegol***)	OA	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (0.08 EA per 1 day)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (***etanercept***)	4	PA; SP; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (***etanercept***)	4	PA; SP; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (***etanercept***)	4	PA; SP; QL (0.15 ML per 1 day)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (***etanercept***)	4	PA; SP; QL (0.15 ML per 1 day)
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML (***adalimumab***)	4	PA; SP; QL (0.08 EA per 1 day)

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HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.15 EA per 1 day)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (***adalimumab***)	4	PA; SP; QL (3 EA per 365 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	OA	PA; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab***)	OA	SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	OA	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	OA	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***golimumab***)	4	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (***golimumab***)	4	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***golimumab***)	4	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (***golimumab***)	4	PA; SP; QL (0.02 ML per 1 day)
LOCAL ANESTHETICS - Drugs for Numbing		
LOCAL ANESTHETICS - Drugs for Numbing		
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE 4 %-1:100000 (***articaine-epinephrine***)	OA	

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bupivacaine fisiopharma injection solution 0.5 %, 2.5 mg/ml	OA	
bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %, 0.75 %	OA	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML)	OA	
bupivacaine hcl solution 0.25 % injection	OA	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	OA	
bupivacaine hcl solution 0.5 % injection	OA	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	OA	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.25-0.9 %	OA	
bupivacaine in dextrose intrathecal solution 0.75-8.25 %	OA	
bupivacaine spinal intrathecal solution 0.75-8.25 %	OA	
bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000	OA	
bupivacaine-epinephrine solution 0.25% -1:200000 injection	OA	
BUPIVACAINE-EPINEPHRINE SOLUTION 0.25% -1:200000 INJECTION	OA	
bupivacaine-epinephrine solution 0.5% -1:200000 injection	OA	
BUPIVACAINE-EPINEPHRINE SOLUTION 0.5% -1:200000 INJECTION	OA	
chloroprocaine hcl (pf) injection solution 2 %, 3 %	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-%	OA	

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FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.0625-0.9 MG/100ML-%, 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.1-0.125-0.9 MG/50ML-%	OA	
KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION 10-10 MEQ-MG /100ML	OA	
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %	OA	
lidocaine hcl injection solution 0.5 %	OA	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML, 100 MG/10ML, 200 MG/10ML	OA	
lidocaine hcl solution 1 % injection	OA	
LIDOCAINE HCL SOLUTION 1 % INJECTION	OA	
lidocaine hcl solution 2 % injection	OA	
LIDOCAINE HCL SOLUTION 2 % INJECTION	OA	
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	OA	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION	OA	
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000, 2 %-1:200000	OA	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000	OA	
LIDOCAINE-EPINEPHRINE INJECTION SOLUTION 2 %-1:200000	OA	
lidocaine-epinephrine solution 1 %-1:100000 injection	OA	
LIDOCAINE-EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE 1-8.4 %	OA	
MARCAINE INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 % (***bupivacaine hcl***)	OA	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 % (***bupivacaine hcl***)	OA	
MARCAINE SPINAL INTRATHECAL SOLUTION 0.75-8.25 % (***bupivacaine in dextrose***)	OA	
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 (***bupivacaine-epinephrine***)	OA	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 (***bupivacaine-epinephrine***)	OA	
METHYLPREDNISOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML, 80-5 MG/ML	OA	
NAROPIN INJECTION SOLUTION 10 MG/ML, 5 MG/ML, 7.5 MG/ML (***ropivacaine hcl***)	OA	
NESACAINE INJECTION SOLUTION 1 %, 2 % (***chloroprocaine hcl***)	OA	
NESACAINE-MPF INJECTION SOLUTION 2 %, 3 % (***chloroprocaine hcl***)	OA	
ORABLOC INJECTION SOLUTION CARTRIDGE 4 %-1:100000, 4 %-1:200000 (***articaine-epinephrine***)	OA	
POLOCAINE INJECTION SOLUTION 1 %, 2 % (***mepivacaine hcl***)	OA	
POLOCAINE-MPF INJECTION SOLUTION 1 %, 1.5 %, 2 % (***mepivacaine hcl***)	OA	
ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 5 mg/ml, 7.5 mg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %	OA	
SENSORCAINE INJECTION SOLUTION 0.25 %, 0.5 % (***bupivacaine hcl***)	OA	
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (***bupivacaine-epinephrine***)	OA	
SENSORCAINE-MPF INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 % (***bupivacaine hcl***)	OA	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000, 0.75-1:200000 % (***bupivacaine-epinephrine***)	OA	
TRIAMCINOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML	OA	
XYLOCAINE INJECTION SOLUTION 0.5 %, 1 %, 2 % (***lidocaine hcl***)	OA	
XYLOCAINE MPF +RFID INJECTION SOLUTION 1 % (***lidocaine hcl***)	OA	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000 (***lidocaine-epinephrine***)	OA	
XYLOCAINE-MPF +RFID INJECTION SOLUTION 2 % (***lidocaine hcl***)	OA	
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 % (***lidocaine hcl***)	OA	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000, 1.5 %-1:200000, 2 %-1:200000 (***lidocaine-epinephrine***)	OA	
ZYNRELEF INJECTION SOLUTION 200-6 MG/7ML, 400-12 MG/14ML (***bupivacaine-meloxicam***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
dutasteride oral capsule 0.5 mg	1	
finasteride oral tablet 5 mg	1	
5-ALPHA-REDUCTASE INHIBITORS (92:04) - Drugs for Alcohol Dependence		
disulfiram oral tablet 250 mg, 500 mg	3	
dutasteride oral capsule 0.5 mg	1	
finasteride oral tablet 5 mg	1	
naltrexone hcl oral tablet 50 mg	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	OA	SP
ANTIDOTES (92:12) - Drugs for Overdose or Poisoning		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML (***acetylcysteine***)	OA	
acetylcysteine inhalation solution 10 %, 20 %	3	
acetylcysteine intravenous solution 200 mg/ml	OA	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (***crotalidae immune fab (equine)***)	OA	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	OA	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	OA	
ATROPINE SULFATE +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/2.5ML	OA	
atropine sulfate injection solution 8 mg/20ml	OA	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	OA	
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	OA	

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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 (***glucagon***)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	2	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML (***sugammadex sodium***)	OA	
CHEMET ORAL CAPSULE 100 MG (***succimer***)	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (***crotalidae polyval immune fab***)	OA	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM (***hydroxocobalamin***)	OA	
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	OA	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (***deferoxamine mesylate***)	OA	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (***digoxin immune fab***)	OA	
EDETATE CALCIUM DISODIUM INJECTION SOLUTION 1 GM/5ML	OA	
EDETATE DISODIUM INTRAVENOUS SOLUTION 150 MG/ML	OA	
flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml	OA	
fomepizole intravenous solution 1.5 gm/1.5ml	OA	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (***lanthanum carbonate***)	3	
glucagon emergency kit injection solution reconstituted 1 mg	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GLUCAGON HCL (DIAGNOSTIC) INJECTION SOLUTION RECONSTITUTED 1 MG	OA	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (***levoleucovorin***)	OA	SP
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	3	
lederle leucovorin oral tablet 5 mg	1	AC
leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml	OA	
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	OA	
leucovorin calcium oral tablet 10 mg, 5 mg	1	AC
leucovorin calcium oral tablet 15 mg, 25 mg	3	AC
levoleucovorin calcium intravenous solution reconstituted 50 mg	OA	SP
levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml	OA	SP
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	OA	
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	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
methylene blue (antidote) intravenous solution 1 %	OA	
methylene blue intravenous solution 50 mg/10ml	OA	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naltrexone hcl oral tablet 50 mg	1	
PEDMARK INTRAVENOUS SOLUTION 12.5 % (***sodium thiosulfate***)	OA	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	OA	
phytonadione oral tablet 5 mg	3	
protamine sulfate intravenous solution 10 mg/ml	OA	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (***pralidoxime chloride***)	OA	
PROVAYBLUE INTRAVENOUS SOLUTION 50 MG/10ML (***methylene blue (antidote)***)	OA	
sevelamer carbonate oral tablet 800 mg	3	
sodium polystyrene sulfonate combination suspension 15 gm/60ml	1	
sodium polystyrene sulfonate oral powder	1	
sodium thiosulfate intravenous solution 250 mg/ml	OA	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (***sodium polystyrene sulfonate***)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (***sodium polystyrene sulfonate***)	3	
VISTOGARD ORAL PACKET 10 GM (***uridine triacetate***)	OA	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	OA	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	OA	SP
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (***glucarpidase***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VYKOURA INJECTION SOLUTION 500 MG/50ML (***leucovorin calcium***)	OA	
ANTIGOUT AGENTS - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol sodium intravenous solution reconstituted 500 mg	OA	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***allopurinol sodium***)	OA	
colchicine oral tablet 0.6 mg	1	
colchicine-probenecid oral tablet 0.5-500 mg	2	
febuxostat oral tablet 40 mg, 80 mg	3	PA; ST
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin sodium intravenous solution reconstituted 1 mg	OA	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50ML, 8 MG/ML (***pegloticase***)	OA	SP
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
probenecid oral tablet 500 mg	2	
ANTISENSE OLIGONUCLEOTIDES		
AMONDYS 45 INTRAVENOUS SOLUTION 100 MG/2ML	OA	SP
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML (***eteplirsen***)	OA	SP
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (***tofersen***)	OA	SP
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML, 28 MG/5ML, 50 MG/5ML (***nusinersen***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (***olezarsen sodium***)	4	PA; SP; QL (0.03 ML per 1 day)
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML (***viltolarsen***)	OA	SP
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML (***golodirsen***)	OA	SP
BONE ANABOLIC AGENTS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (***romosozumab-aqqg***)	OA	SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	4	PA; SP
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
alendronate sodium oral tablet 10 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (0.15 EA per 1 day)
calcitonin (salmon) injection solution 200 unit/ml	OA	
calcitonin (salmon) nasal solution 200 unit/act	1	QL (0.13 ML 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 (***estradiol***)	3	
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	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
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	3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
estradiol vaginal cream 0.01 %	1	
estradiol vaginal tablet 10 mcg	3	
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	1	
ibandronate sodium intravenous solution 3 mg/3ml	OA	QL (0.04 ML per 1 day)
ibandronate sodium oral tablet 150 mg	1	QL (0.04 EA per 1 day)
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	3	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (***calcitonin (salmon)***)	OA	
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	
pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml	OA	SP
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG (***estrogens conjugated***)	OA	
PREMARIN VAGINAL CREAM 0.625 MG/GM (***estrogens, conjugated***)	2	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (***denosumab***)	OA	SP
raloxifene hcl oral tablet 60 mg	1	PV*
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (***zoledronic acid***)	OA	SP
risedronate sodium oral tablet 150 mg	3	QL (0.04 EA per 1 day)
risedronate sodium oral tablet 30 mg	3	
risedronate sodium oral tablet 35 mg	1	QL (0.15 EA per 1 day)
risedronate sodium oral tablet 5 mg	1	
risedronate sodium oral tablet delayed release 35 mg	3	QL (0.15 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
yuvafem vaginal tablet 10 mcg	3	
zoledronic acid intravenous concentrate 4 mg/5ml	OA	SP
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	OA	SP
BRADYKININ RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	4	PA; SP; QL (0.6 ML per 1 day)
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (***c1 esterase inhibitor (human)***)	OA	PA; SP; QL (0.34 EA per 1 day)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (***c1 esterase inhibitor (human)***)	OA	PA; SP; QL (1.2 EA per 1 day)
PIASKY INJECTION SOLUTION 340 MG/2ML (***crovalimab-akkz***)	OA	SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (***c1 esterase inhibitor (recomb)***)	OA	PA; SP
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (***eculizumab***)	OA	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (***ravulizumab-cwvz***)	OA	PA; SP
VEOPOZ INJECTION SOLUTION 400 MG/2ML (***pozelimab-bbfg***)	OA	PA; SP
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (***zilucoplan sodium***)	OA	SP
COMPLEMENT INHIBITORS (92:32)		
BERINERT INTRAVENOUS KIT 500 UNIT (***c1 esterase inhibitor (human)***)	OA	PA; SP; QL (0.34 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (***c1 esterase inhibitor (human)***)	OA	PA; SP; QL (1.2 EA per 1 day)
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	4	PA; SP; QL (0.6 ML per 1 day)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (***ecallantide***)	OA	SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (***c1 esterase inhibitor (recomb)***)	OA	PA; SP
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (***eculizumab***)	OA	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (***ravulizumab-cwvz***)	OA	PA; SP
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (***tocilizumab***)	4	PA; 3P; SP; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab***)	OA	PA; 3P; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (***tocilizumab***)	4	PA; 3P; SP; QL (0.13 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (***adalimumab-atto***)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-atto***)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (***adalimumab-atto***)	4	PA; SP; QL (0.03 ML per 1 day)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	OA	PA; SP
azathioprine oral tablet 100 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
azathioprine oral tablet 50 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	OA	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (***abrocitinib***)	4	PA; SP; QL (1 EA per 1 day)
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (***certolizumab pegol***)	OA	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (0.08 EA per 1 day)
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (***secukinumab***)	OA	SP
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	2	
cyclosporine modified oral solution 100 mg/ml	2	
cyclosporine oral capsule 100 mg	3	
cyclosporine oral capsule 25 mg	2	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (***etanercept***)	4	PA; SP; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (***etanercept***)	4	PA; SP; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (***etanercept***)	4	PA; SP; QL (0.15 ML per 1 day)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (***etanercept***)	4	PA; SP; QL (0.15 ML per 1 day)
gengraf oral capsule 100 mg, 25 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML (***adalimumab***)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.15 EA per 1 day)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (***adalimumab***)	4	PA; SP; QL (3 EA per 365 days)
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg	1	
hydroxychloroquine sulfate oral tablet 400 mg	2	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	OA	PA; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (***anakinra***)	4	PA; SP
leflunomide oral tablet 10 mg, 20 mg	1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methotrexate sodium injection solution reconstituted 1 gm	OA	
methotrexate sodium oral tablet 2.5 mg	1	AC
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (***abatacept***)	4	PA; 3P; SP; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***abatacept***)	OA	PA; 3P; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (***abatacept***)	4	PA; 3P; SP; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (***abatacept***)	4	PA; 3P; SP; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (***abatacept***)	4	PA; 3P; SP; QL (0.1 ML per 1 day)
OTEZLA ORAL TABLET 30 MG (***apremilast***)	4	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (***apremilast***)	4	PA; SP; QL (55 EA per 365 days)
penicillamine oral tablet 250 mg	4	SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab***)	OA	SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	OA	PA; SP
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (***rituximab-arrx***)	OA	SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (***upadacitinib***)	4	PA; SP; QL (1 EA per 1 day)
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (***cyclosporine***)	OA	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***golimumab***)	4	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (***golimumab***)	4	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***golimumab***)	4	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (***golimumab***)	4	PA; SP; QL (0.02 ML per 1 day)
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg	4	PA; SP; QL (1 EA per 1 day)
tofacitinib citrate oral solution 1 mg/ml	4	PA; SP; QL (10 ML per 1 day)
tofacitinib citrate oral tablet 10 mg, 5 mg	4	PA; SP; QL (2 EA per 1 day)
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab-bavi***)	OA	SP
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab-aazg***)	OA	SP
XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***)	4	PA; SP; QL (10 ML per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	4	PA; SP; QL (2 EA per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (***tofacitinib citrate***)	4	PA; SP; QL (1 EA per 1 day)
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (***tocilizumab***)	4	PA; 3P; SP; QL (0.13 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab***)	OA	PA; 3P; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (***tocilizumab***)	4	PA; 3P; SP; QL (0.13 ML per 1 day)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (***interferon gamma-1b***)	4	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (***adalimumab-atto***)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-atto***)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (***adalimumab-atto***)	4	PA; SP; QL (0.03 ML per 1 day)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (***interferon beta-1a***)	4	PA; SP; QL (0.04 EA per 1 day)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (***interferon beta-1a***)	4	PA; SP; QL (0.04 EA per 1 day)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	OA	PA; SP
azathioprine oral tablet 100 mg	3	
azathioprine oral tablet 50 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	OA	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (***monomethyl fumarate***)	4	PA; SP; QL (4 EA per 1 day)
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	4	PA; SP; QL (0.5 EA per 1 day)
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML (***ublituximab-xiiy***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (***certolizumab pegol***)	OA	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (0.08 EA per 1 day)
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	2	
cyclosporine modified oral solution 100 mg/ml	2	
cyclosporine oral capsule 100 mg	3	
cyclosporine oral capsule 25 mg	2	
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	3	PA; SP; QL (2 EA per 1 day)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	3	PA; SP; QL (120 EA per 365 days)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (***etanercept***)	4	PA; SP; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (***etanercept***)	4	PA; SP; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (***etanercept***)	4	PA; SP; QL (0.15 ML per 1 day)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (***etanercept***)	4	PA; SP; QL (0.15 ML per 1 day)
fingolimod hcl oral capsule 0.5 mg	4	PA; SP; QL (1 EA per 1 day)
gengraf oral capsule 100 mg, 25 mg	2	
GILENYA ORAL CAPSULE 0.25 MG (***fingolimod hcl***)	4	PA; SP; QL (1 EA per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	4	PA; SP; QL (1 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	4	PA; SP; QL (0.43 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	4	PA; SP; QL (1 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	4	PA; SP; QL (0.43 ML per 1 day)
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML (***adalimumab***)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.15 EA per 1 day)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (***adalimumab***)	4	PA; SP; QL (3 EA per 365 days)
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg	1	
hydroxychloroquine sulfate oral tablet 400 mg	2	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	OA	PA; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	SP
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (***ofatumumab***)	4	PA; SP; QL (0.02 ML per 1 day)

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KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (***anakinra***)	4	PA; SP
leflunomide oral tablet 10 mg, 20 mg	1	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (***alemtuzumab***)	OA	SP
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	4	PA; SP; AC
MAYZENT ORAL TABLET 0.25 MG (***siponimod fumarate***)	4	PA; SP; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG (***siponimod fumarate***)	4	PA; SP; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (***siponimod fumarate***)	4	PA; SP; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (***siponimod fumarate***)	4	PA; SP; QL (14 EA per 365 days)
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	OA	
methotrexate sodium oral tablet 2.5 mg	1	AC
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML (***ocrelizumab***)	OA	SP
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML (***ocrelizumab-hyaluronidase-ocsq***)	OA	SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (***abatacept***)	4	PA; 3P; SP; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***abatacept***)	OA	PA; 3P; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (***abatacept***)	4	PA; 3P; SP; QL (0.15 ML per 1 day)

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ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (***abatacept***)	4	PA; 3P; SP; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (***abatacept***)	4	PA; 3P; SP; QL (0.1 ML per 1 day)
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	4	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (***apremilast***)	4	PA; SP; QL (55 EA per 365 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (***peginterferon alfa-2a***)	4	PA; SP
pomalidomide oral capsule 1 mg, 2 mg	4	PA; SP; AC; QL (1 EA per 1 day)
pomalidomide oral capsule 3 mg, 4 mg	4	PA; SP; AC
POMALYST ORAL CAPSULE 1 MG, 2 MG (***pomalidomide***)	4	PA; SP; AC; QL (1 EA per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG (***pomalidomide***)	4	PA; SP; AC
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (***aldesleukin***)	OA	SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab***)	OA	SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	OA	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (***lenalidomide***)	4	PA; SP; AC
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML (***rozanolixizumab-noli***)	OA	SP
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (***cyclosporine***)	OA	

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SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	OA	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***golimumab***)	4	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (***golimumab***)	4	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***golimumab***)	4	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (***golimumab***)	4	PA; SP; QL (0.02 ML per 1 day)
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***)	4	PA; SP; AC
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab-bavi***)	OA	SP
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab-aazg***)	OA	SP
TYRUKO INTRAVENOUS CONCENTRATE 300 MG/15ML (***natalizumab-sztn***)	OA	SP
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (***natalizumab***)	OA	PA; SP; QL (0.54 ML per 1 day)
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (***inebilizumab-cdon***)	OA	SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML (***efgartigimod alfa-hyalur-qvfc***)	OA	SP
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML (***efgartigimod alfa-fcab***)	OA	SP
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
azathioprine oral tablet 100 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
azathioprine oral tablet 50 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	OA	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (***belimumab***)	OA	SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (***belimumab***)	4	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (***belimumab***)	4	PA; SP
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***mycophenolate mofetil hcl***)	OA	
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	OA	SP
cyclophosphamide intravenous solution 1 gm/5ml, 500 mg/2.5ml	OA	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1000 MG/10ML, 2 GM/10ML, 2000 MG/20ML, 500 MG/5ML, 500 MG/ML	OA	SP
cyclophosphamide oral capsule 25 mg, 50 mg	3	AC
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	AC
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	2	
cyclosporine modified oral solution 100 mg/ml	2	
cyclosporine oral capsule 100 mg	3	
cyclosporine oral capsule 25 mg	2	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML (***cyclophosphamide***)	OA	SP
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML (***emapalumab-lzsg***)	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gengraf oral capsule 100 mg, 25 mg	2	
leflunomide oral tablet 10 mg, 20 mg	1	
mercaptopurine oral tablet 50 mg	1	AC
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
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	2	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	3	
mycophenolate mofetil oral tablet 500 mg	2	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	2	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	2	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***belatacept***)	OA	
pimecrolimus external cream 1 %	3	PA; ST; QL (2 GM per 1 day)
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (***tacrolimus***)	OA	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (***cyclosporine***)	OA	
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML (***anifrolumab-fnia***)	OA	SP

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SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (***basiliximab***)	OA	
sirolimus oral solution 1 mg/ml	3	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	3	
tacrolimus external ointment 0.03 %, 0.1 %	3	QL (2 GM per 1 day)
tacrolimus intravenous solution 5 mg/ml	OA	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	2	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (***anti-thymocyte glob (rabbit)***)	OA	
KALLIKREIN INHIBITORS		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (***ecallantide***)	OA	SP
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (***vutrisiran sodium***)	OA	SP
betaine oral powder	4	SP
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (***onabotulinumtoxina (cosmetic)***)	OA	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (***onabotulinumtoxina***)	OA	PA
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML (***levocarnitine***)	OA	
CERDELGA ORAL CAPSULE 84 MG (***eliglustat tartrate***)	4	PA; SP
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (***cysteamine bitartrate***)	4	SP
dalfampridine er oral tablet extended release 12 hour 10 mg	4	PA; SP; QL (2 EA per 1 day)
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (***daxibotulinumtoxina-lanm***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (***sodium hyaluronate (viscosup)***)	OA	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	OA	
ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***)	3	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (***sodium hyaluronate (viscosup)***)	OA	
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir-cobicistat***)	2	QL (1 EA per 1 day)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (***risdiplam***)	4	PA; SP; QL (8 ML per 1 day)
GALAFOLD ORAL CAPSULE 123 MG (***migalastat hcl***)	4	PA; SP; QL (0.5 EA per 1 day)
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (***cross-link hyal acid (visc)***)	OA	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (***sodium hyaluronate (viscosup)***)	OA	
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (***sodium hyaluronate (viscosup)***)	OA	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML (***givosiran sodium***)	OA	SP
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (***sodium hyaluronate (viscosup)***)	OA	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (***sodium hyaluronate (viscosup)***)	OA	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (***hyaluronan***)	OA	
HYMOVIS ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 32 MG/4ML (***hyaluronan***)	OA	

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ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (***canakinumab***)	4	PA; SP; QL (0.08 ML per 1 day)
LEVOCARNITINE INJECTION SOLUTION 500 MG/ML	OA	
levocarnitine intravenous solution 200 mg/ml	OA	
levocarnitine oral solution 1 gm/10ml	2	
levocarnitine oral tablet 330 mg	2	
levocarnitine sf oral solution 1 gm/10ml	2	
metyrosine oral capsule 250 mg	1	PA; QL (16 EA per 1 day)
miglustat oral capsule 100 mg	4	PA; SP
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (***hyaluronan***)	OA	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (***rimabotulinumtoxinb***)	OA	
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (***liver derivative complex***)	OA	
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 9 MG/0.18ML (***axatilimab-csfr***)	OA	SP
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	4	PA; SP
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG (***fosdenopterin hydrobromide***)	OA	SP
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML (***patisiran sodium***)	OA	SP
ORFADIN ORAL SUSPENSION 4 MG/ML (***nitisinone***)	4	PA; SP
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (***hyaluronan***)	OA	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML (***lumasiran sodium***)	OA	SP
PREZCOBIX ORAL TABLET 675-150 MG (***darunavir-cobicistat***)	2	

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PREZCOBIX ORAL TABLET 800-150 MG (***darunavir-cobicistat***)	2	QL (1 EA per 1 day)
REBYOTA RECTAL SUSPENSION 150 ML (***fecal microbiota, live-jslm***)	OA	PA; SP
RETHYMIC INTRAMUSCULAR IMPLANT (***allogeneic thymus tissue-agdc***)	OA	SP
RIMSO-50 INTRAVESICAL SOLUTION 50 % (***dimethyl sulfoxide***)	OA	
sapropterin dihydrochloride oral packet 100 mg, 500 mg	4	PA; SP
sapropterin dihydrochloride oral tablet 100 mg	4	PA; SP
SKYCLARYS ORAL CAPSULE 50 MG (***omaveloxolone***)	4	PA; SP; QL (3 EA per 1 day)
SOLESTA INJECTION GEL 50-15 MG/ML (***dextranomer-sodium hyaluronate***)	OA	SP
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (***sodium hyaluronate (viscosup)***)	OA	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darun-cobic-emtricit-tenofaf***)	3	QL (1 EA per 1 day)
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (***sodium hyaluronate (viscosup)***)	OA	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (***hylan g-f 20***)	OA	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (***hylan g-f 20***)	OA	
tiopronin oral tablet 100 mg	4	SP
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (***sodium hyaluronate (viscosup)***)	OA	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (***sodium hyaluronate (viscosup)***)	OA	

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VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (***sodium hyaluronate (viscosup)***)	OA	
VYNDAMAX ORAL CAPSULE 61 MG (***tafamidis***)	4	PA; SP; QL (1 EA per 1 day)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	OA	
yargesa oral capsule 100 mg	4	PA; SP
zelvysia oral packet 100 mg, 500 mg	4	PA; SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (***lonafarnib***)	4	PA; SP; QL (4 EA per 1 day)
PROTECTIVE AGENTS		
adapalene external cream 0.1 %	3	
adapalene external gel 0.1 %	1	
adapalene external gel 0.3 %	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	3	
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***trilaciclib dihydrochloride***)	OA	SP
dalfampridine er oral tablet extended release 12 hour 10 mg	4	PA; SP; QL (2 EA per 1 day)
dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg	OA	SP
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***amifostine***)	OA	
mesna intravenous solution 100 mg/ml	OA	SP
mesna oral tablet 400 mg	4	SP; AC
MESNEX INTRAVENOUS SOLUTION 100 MG/ML (***mesna***)	OA	SP
MESNEX ORAL TABLET 400 MG (***mesna***)	4	SP; AC
PEDMARK INTRAVENOUS SOLUTION 12.5 % (***sodium thiosulfate***)	OA	

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SCENESSE SUBCUTANEOUS IMPLANT 16 MG (***afamelanotide acetate***)	OA	SP
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (***diaphragm arc-spring***)	3	PV
CONDOMS	3	PV
DUREX EXTRA SENSITIVE THIN (***condoms latex lubricated***)	3	PV
DUREX EXTRA SENSITIVE THIN DEVICE (***condoms latex lubricated***)	3	PV
DUREX TROPICAL (***condoms latex lubricated***)	3	PV
ENCARE VAGINAL SUPPOSITORY 100 MG (***nonoxynol-9***)	3	PV
FC2 FEMALE CONDOM (***condoms - female***)	3	PV
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical caps***)	3	PV
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (***nonoxynol-9***)	3	PV
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (***copper***)	OA	
PHEXX VAGINAL GEL 1.8-1-0.4 % (***lactic ac-citric ac-pot bitart***)	3	PV
TODAY SPONGE VAGINAL 1000 MG (***nonoxynol-9***)	3	PV
TRUE COVER DEVICE	3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (***nonoxynol-9***)	3	PV
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (***nonoxynol-9***)	3	PV
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	3	PV

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WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	3	PV
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	3	PV
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	3	PV
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	3	PV
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	3	PV
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	3	PV
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	3	PV
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
carboprost tromethamine intramuscular solution 250 mcg/ml	OA	
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML (***carboprost tromethamine***)	OA	
methylergonovine maleate injection solution 0.2 mg/ml	OA	
methylergonovine maleate oral tablet 0.2 mg	3	QL (28 EA per 1 fill)
mifepristone oral tablet 200 mg	1	^
oxytocin +rfid injection solution 10 unit/ml	OA	
oxytocin solution 10 unit/ml injection	OA	
OXYTOCIN SOLUTION 10 UNIT/ML INJECTION	OA	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 10 UNIT/500ML, 15 UNIT/250ML, 20 UNIT/L, 30 UNIT/500ML	OA	

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OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 20-0.9 UNIT/L-%, 30-0.9 UT/500ML-%, 40-0.9 UNIT/L-%	OA	
PITOCIN INJECTION SOLUTION 10 UNIT/ML (***oxytocin***)	OA	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
diluent for treprostinil intravenous solution	OA	
STERILE DILUENT FOR REMODULIN INTRAVENOUS SOLUTION (***glycine diluent***)	OA	
sterile water for injection solution injection	OA	
STERILE WATER FOR INJECTION SOLUTION INJECTION	OA	
RADIOACTIVE AGENTS		
RADIOACTIVE AGENTS		
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML (***radium ra 223 dichloride***)	OA	
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
ADRENALIN INJECTION SOLUTION 1 MG/ML (***epinephrine***)	OA	
ADRENALIN INTRAVENOUS SOLUTION 2-0.9 MG/250ML-% (***epinephrine-nacl***)	OA	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (***ephedrine sulfate (pressors)***)	OA	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (***ephedrine sulfate (pressors)***)	OA	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (***ephedrine sulfate (pressors)***)	OA	
ephedrine sulf (pressors)+rfid intravenous solution prefilled syringe 25 mg/5ml, 50 mg/10ml	OA	

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ephedrine sulfate (pressors) intravenous solution 50 mg/ml	OA	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 50 MG/5ML	OA	
ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous	OA	
EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS	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 BITARTRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%	OA	
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	OA	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	
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-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	

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EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD		
ATROPINE SULFATE +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/2.5ML	OA	
atropine sulfate injection solution 8 mg/20ml	OA	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	OA	
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
atropine sulfate ophthalmic solution 1 %	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (***ipratropium bromide hfa***)	3	QL (0.86 GM per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (***ipratropium-albuterol***)	2	QL (0.27 GM per 1 day)
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
ipratropium bromide hfa inhalation aerosol solution 17 mcg/act	3	QL (0.86 GM per 1 day)
ipratropium bromide inhalation solution 0.02 %	1	QL (10.42 ML per 1 day)
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	QL (18 ML per 1 day)

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SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (***tiotropium bromide***)	2	QL (0.14 GM per 1 day)
tiotropium bromide inhalation capsule 18 mcg	2	QL (1 EA per 1 day)
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
nintedanib esylate oral capsule 100 mg, 150 mg	4	PA; SP; QL (2 EA per 1 day)
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***)	4	PA; SP; QL (2 EA per 1 day)
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	4	PA; SP; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***mepolizumab***)	4	PA; SP; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***mepolizumab***)	4	PA; SP; QL (0.02 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (***mepolizumab***)	OA	PA; SP; QL (0.11 EA per 1 day)
ANTITUSSIVES - Drugs for Cough and Cold		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	1	
codeine sulfate oral tablet 15 mg	1	QL (40 EA per 1 day)
codeine sulfate oral tablet 30 mg	1	QL (20 EA per 1 day)
codeine sulfate oral tablet 60 mg	1	QL (10 EA per 1 day)
diphenhydramine hcl injection solution 50 mg/ml	1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	QL (240 ML per 1 fill)
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	QL (6 EA per 1 day)
CORTICOSTEROIDS (RESPIRATORY TRACT) - Drugs for Inflammation		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (***fluticasone-salmeterol***)	2	QL (0.4 GM per 1 day)

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ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (***fluticasone furoate***)	2	QL (1 EA per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (***fluticasone furoate-vilanterol***)	2	QL (2 EA per 1 day)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	3	QL (4 ML per 1 day)
flunisolide nasal solution 25 mcg/act (0.025%)	2	QL (0.84 ML per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	2	M; QL (2 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	2	M; QL (8 EA per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	M; QL (0.8 GM per 1 day)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	2	QL (0.71 GM per 1 day)
fluticasone propionate nasal suspension 50 mcg/act	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	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	M; QL (0.04 EA per 1 day)
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
mometasone furoate nasal suspension 50 mcg/act	3	QL (1.14 GM per 1 day)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (***beclomethasone diprop hfa***)	2	QL (0.71 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	2	QL (2 EA per 1 day)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL (2 EA per 1 day)
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ORKAMBI ORAL PACKET 75-94 MG (***lumacaftor-ivacaftor***)	4	PA; SP; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor-ivacaftor***)	4	PA; SP; QL (112 EA per 28 days)
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
KALYDECO ORAL TABLET 150 MG (***ivacaftor***)	4	PA; SP
ORKAMBI ORAL PACKET 75-94 MG (***lumacaftor-ivacaftor***)	4	PA; SP; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor-ivacaftor***)	4	PA; SP; QL (112 EA per 28 days)
ENDOTHELIN RECEPTOR ANTAGONISTS (48:48) - Drugs for the Lungs		
ambrisentan oral tablet 10 mg, 5 mg	4	PA; SP; QL (1 EA per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	4	PA; SP; QL (2 EA per 1 day)
bosentan oral tablet soluble 32 mg	4	PA; SP; QL (4 EA per 1 day)
macitentan oral tablet 10 mg	4	PA; SP; QL (1 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	4	PA; SP; QL (1 EA per 1 day)
EXPECTORANTS - Drugs for the Lungs		
iodine strong oral solution 5 %	1	
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
carbinoxamine maleate oral solution 4 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (***promethazine hcl***)	OA	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	OA	
promethazine hcl oral solution 12.5 mg/10ml, 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	3	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (***reslizumab***)	OA	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (***dupilumab***)	4	PA; SP; QL (0.17 ML per 1 day)
EXDENSUR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	OA	SP
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML (***benralizumab***)	OA	SP
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (***canakinumab***)	4	PA; SP; QL (0.08 ML per 1 day)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (***tezepelumab-ekko***)	OA	SP
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
montelukast sodium oral tablet 10 mg	1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	
zafirlukast oral tablet 10 mg, 20 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zileuton er oral tablet extended release 12 hour 600 mg	3	
MAST-CELL STABILIZERS - Drugs for Inflammation		
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	3	
MUCOLYTIC AGENTS - Drugs for the Lungs		
acetylcysteine inhalation solution 10 %, 20 %	3	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (***dornase alfa***)	4	PA; SP
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
flunisolide nasal solution 25 mcg/act (0.025%)	2	QL (0.84 ML per 1 day)
fluticasone propionate nasal suspension 50 mcg/act	1	
mometasone furoate nasal suspension 50 mcg/act	3	QL (1.14 GM per 1 day)
NON-SELECT.BETA-ADRENERGIC AGONT(RESPIR) - Drugs for Asthma/COPD		
isoproterenol hcl injection solution 0.2 mg/ml	OA	
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (***fluticasone furoate***)	2	QL (1 EA per 1 day)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	3	QL (4 ML per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	2	M; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	2	M; QL (8 EA per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	2	M; QL (0.8 GM per 1 day)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	2	QL (0.71 GM per 1 day)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (***beclomethasone diprop hfa***)	2	QL (0.71 GM per 1 day)
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
roflumilast oral tablet 250 mcg, 500 mcg	1	PA
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
alyq oral tablet 20 mg	4	PA; SP; QL (2 EA per 1 day)
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (***sildenafil citrate***)	OA	SP
sildenafil citrate intravenous solution 10 mg/12.5ml	OA	SP
sildenafil citrate oral suspension reconstituted 10 mg/ml	4	PA; SP; QL (7.5 ML per 1 day)
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL (3 EA per 1 day)
tadalafil (pah) oral tablet 20 mg	4	PA; SP; QL (2 EA per 1 day)
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL (0.27 EA per 1 day)
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES - Drugs for the Lungs		
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	OA	PA; SP
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (***treprostinil***)	OA	PA; SP

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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	PA; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (***treprostinil***)	4	PA; SP; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (***treprostinil***)	4	PA; SP; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (***treprostinil***)	4	PA; SP; QL (2 EA per 365 days)
TYVASO INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	4	PA; SP; QL (2.9 ML per 1 day)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	4	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	4	PA; SP; QL (2.9 ML per 1 day)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (***epoprostenol sodium***)	OA	PA; SP
PULMONARY SURFACTANTS - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML (***poractant alfa***)	OA	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (***calfactant in nacl***)	OA	
SURVANTA INTRATRACHEAL SUSPENSION 25-0.9 MG/ML-% (***beractant in nacl***)	OA	
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (***alpha1-proteinase inhibitor***)	OA	PA; SP
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (***alpha1-proteinase inhibitor***)	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (***alpha1-proteinase inhibitor***)	OA	PA; SP
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (***tezepelumab-ekko***)	OA	SP
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG (***sotatercept-csrk***)	OA	SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (***omalizumab***)	4	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (***omalizumab***)	4	PA; SP; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (***omalizumab***)	4	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***omalizumab***)	4	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (***omalizumab***)	4	PA; SP; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (***omalizumab***)	4	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (***omalizumab***)	OA	PA; SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (***alpha1-proteinase inhibitor***)	OA	PA; SP
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL (2 ML per 1 day)
azelastine hcl ophthalmic solution 0.05 %	1	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	1	
desloratadine oral tablet 5 mg	3	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (***cetirizine hcl***)	3	PA; ST

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SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	QL (1.2 GM per 1 day)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	1	QL (18 ML per 1 day)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	1	QL (5 ML per 1 day)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	1	QL (12.5 ML per 1 day)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	1	QL (5 EA per 1 day)
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	3	QL (4 ML per 1 day)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	3	QL (4 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	3	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	3	QL (3 EA per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	3	QL (9 ML per 1 day)
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***)	2	QL (0.14 GM per 1 day)
terbutaline sulfate injection solution 1 mg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	4	PA; SP; QL (3 EA per 1 day)
alyq oral tablet 20 mg	4	PA; SP; QL (2 EA per 1 day)
ambrisentan oral tablet 10 mg, 5 mg	4	PA; SP; QL (1 EA per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	4	PA; SP; QL (2 EA per 1 day)
bosentan oral tablet soluble 32 mg	4	PA; SP; QL (4 EA per 1 day)
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	OA	PA; SP
macitentan oral tablet 10 mg	4	PA; SP; QL (1 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	4	PA; SP; QL (1 EA per 1 day)
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (***treprostinil***)	OA	PA; SP
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (***sildenafil citrate***)	OA	SP
sildenafil citrate intravenous solution 10 mg/12.5ml	OA	SP
sildenafil citrate oral suspension reconstituted 10 mg/ml	4	PA; SP; QL (7.5 ML per 1 day)
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL (3 EA per 1 day)
tadalafil (pah) oral tablet 20 mg	4	PA; SP; QL (2 EA per 1 day)
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	OA	PA; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (***treprostinil***)	4	PA; SP; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (***treprostinil***)	4	PA; SP; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (***treprostinil***)	4	PA; SP; QL (2 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	4	PA; SP; QL (2.9 ML per 1 day)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	4	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	4	PA; SP; QL (2.9 ML per 1 day)
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (***selexipag***)	OA	SP
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (***epoprostenol sodium***)	OA	PA; SP
VASODILATING AGENTS, MISC (48:48) - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	4	PA; SP; QL (3 EA per 1 day)
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (***selexipag***)	OA	SP
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	3	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	3	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTIPROLIFERANTS		
bexarotene external gel 1 %	4	PA; SP
bexarotene oral capsule 75 mg	4	PA; SP; AC
FAVLYXA INTRAVENOUS SOLUTION 2.5 GM/100ML, 250 MG/10ML (***fluorouracil***)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluorouracil external cream 5 %	3	
fluorouracil external solution 2 %, 5 %	1	
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	OA	SP
imiquimod external cream 5 %	1	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (***aminolevulinic acid hcl***)	OA	
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ADRENERGIC AGONISTS - Drugs for the Skin		
brimonidine tartrate ophthalmic solution 0.1 %	2	
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	2	
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
naftifine hcl external cream 1 %	2	
ANTIBACTERIALS (84:04) - Drugs for the Skin		
azelaic acid external gel 15 %	3	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
benzoyl peroxide-erythromycin external gel 5-3 %	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 900 MG/6ML (***clindamycin phosphate***)	OA	
clindacin etz external swab 1 %	1	
clindacin-p external swab 1 %	1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
clindamycin phos (once-daily) external gel 1 %	1	
clindamycin phos (twice-daily) external gel 1 %	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	3	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	OA	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	OA	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	OA	
clindamycin phosphate vaginal cream 2 %	1	
dapsone oral tablet 100 mg, 25 mg	3	
doxy 100 intravenous solution reconstituted 100 mg	OA	
doxycycline hyclate intravenous solution reconstituted 100 mg	OA	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	3	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	
erythromycin external gel 2 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
erythromycin external solution 2 %	1	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	OA	
gentamicin sulfate ophthalmic solution 0.3 %	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	3	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %	1	
metronidazole intravenous solution 500 mg/100ml	OA	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	1	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***minocycline hcl***)	OA	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	OA	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	OA	
moxifloxacin hcl oral tablet 400 mg	1	
mupirocin external ointment 2 %	1	
neomycin sulfate oral tablet 500 mg	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (***neomycin-fluocinolone***)	3	
neuac external gel 1.2-5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
polymyxin b sulfate injection solution reconstituted 500000 unit	OA	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
sulfacetamide sodium (acne) external lotion 10 %	3	
tetracycline hcl oral capsule 250 mg, 500 mg	3	
XEPI EXTERNAL CREAM 1 % (***ozenoxacin***)	3	
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
doxepin hcl oral capsule 10 mg, 50 mg	1	
doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 75 mg	3	
doxepin hcl oral concentrate 10 mg/ml	3	
doxepin hcl oral tablet 3 mg, 6 mg	3	QL (1 EA per 1 day)
glydo external prefilled syringe 2 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML (***difelikefalin acetate***)	OA	SP
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	1	
lidocaine-prilocaine external cream 2.5-2.5 %	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 % (***lido-epinephrine-tetracaine***)	OA	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
acyclovir external ointment 5 %	1	QL (1 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5ml	3	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	OA	
YCANTH EXTERNAL SOLUTION 0.7 % (***cantharidin***)	OA	
ASTRINGENTS (84:12) - Drugs for the Skin		
glycopyrrolate +rfid injection solution 0.2 mg/ml	OA	
GLYCOPYRROLATE +RFID INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	OA	
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	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL (4 EA per 1 day)
glycopyrrolate pf +rfid injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	OA	
GLYCOPYRROLATE PF +RFID INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	OA	
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 1 MG/5ML (***glycopyrrolate***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ASTRINGENTS, ANTI-INFECTIVE - Drugs for the Skin		
benzalkonium chloride external solution , 50 %	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
iodine strong oral solution 5 %	1	
periogard mouth/throat solution 0.12 %	1	
selenium sulfide external lotion 2.5 %	1	
silver sulfadiazine external cream 1 %	1	
ssd external cream 1 %	1	
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
clotrimazole external cream 1 %	1	
clotrimazole external solution 1 %	1	
clotrimazole mouth/throat troche 10 mg	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
econazole nitrate external cream 1 %	1	
ERTACZO EXTERNAL CREAM 2 % (***sertaconazole nitrate***)	3	
GYNAZOLE-1 VAGINAL CREAM 2 % (***butoconazole nitrate (1 dose)***)	3	
ketoconazole external cream 2 %	1	
ketoconazole external shampoo 2 %	1	
LULICONAZOLE EXTERNAL CREAM 1 %	3	
miconazole 3 vaginal suppository 200 mg	1	
oxiconazole nitrate external cream 1 %	3	
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	3	
terconazole vaginal cream 0.4 %, 0.8 %	1	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
ammonium lactate external cream 12 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ammonium lactate external lotion 12 %	1	
BASIC OILS AND OTHER SOLVENTS - Drugs for the Skin		
lactic acid e external cream 10-3500 %-unt/30gm	1	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
calcipotriene external cream 0.005 %	2	
calcipotriene external ointment 0.005 %	2	
calcipotriene external solution 0.005 %	2	
hydrocortisone external cream 1 %	1	
lactic acid e external cream 10-3500 %-unt/30gm	1	
nitroglycerin rectal ointment 0.4 %	1	
RECTIV RECTAL OINTMENT 0.4 % (***nitroglycerin***)	3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (***collagenase***)	3	QL (3 GM per 1 day)
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (***collagenase clostrid histolyt***)	OA	PA; SP
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
finasteride oral tablet 5 mg	1	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG (***palifermin***)	OA	SP
minoxidil oral tablet 10 mg, 2.5 mg	1	
tretinoin external cream 0.025 %, 0.05 %	2	
tretinoin external cream 0.1 %	3	
tretinoin external gel 0.01 %, 0.025 %	3	
tretinoin oral capsule 10 mg	4	SP; AC

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CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ala-cort external cream 1 %	1	
alclometasone dipropionate external cream 0.05 %	1	
alclometasone dipropionate external ointment 0.05 %	1	
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	3	
betamethasone dipropionate aug external ointment 0.05 %	3	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	3	
betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml	OA	
BETAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 12 MG/2ML, 6 MG/ML	OA	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 (3-3) MG/ML (***betamethasone sod phos & acet***)	OA	
clobetasol prop emollient base external cream 0.05 %	3	
clobetasol propionate external cream 0.05 %	3	
clobetasol propionate external gel 0.05 %	3	
clobetasol propionate external ointment 0.05 %	3	
clobetasol propionate external solution 0.05 %	3	
clocortolone pivalate external cream 0.1 %	3	
clotrimazole-betamethasone external cream 1-0.05 %	1	

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CORTIFOAM EXTERNAL FOAM 10 % (***hydrocortisone acetate***)	3	
desonide external cream 0.05 %	3	
desonide external ointment 0.05 %	3	
desoximetasone external cream 0.25 %	1	
desoximetasone external liquid 0.25 %	3	
desoximetasone external ointment 0.25 %	3	
diflorasone diacetate external cream 0.05 %	3	
fluocinolone acetonide body external oil 0.01 %	1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	3	
fluocinolone acetonide external ointment 0.025 %	3	
fluocinolone acetonide external solution 0.01 %	1	
fluocinolone acetonide otic oil 0.01 %	1	
fluocinolone acetonide scalp external oil 0.01 %	1	
fluocinonide emulsified base external cream 0.05 %	3	
fluocinonide external cream 0.05 %, 0.1 %	1	
fluocinonide external gel 0.05 %	1	
fluocinonide external ointment 0.05 %	1	
fluocinonide external solution 0.05 %	1	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
halcinonide external cream 0.1 %	3	PA; ST
halobetasol propionate external cream 0.05 %	3	
halobetasol propionate external ointment 0.05 %	3	
hydrocortisone (perianal) external cream 1 %, 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
hydrocortisone rectal enema 100 mg/60ml	3	
hydrocortisone valerate external cream 0.2 %	3	
hydrocortisone-acetic acid otic solution 1-2 %	3	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (***neomycin-fluocinolone***)	3	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
procto-med hc external cream 2.5 %	1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG (***hydrocortisone sod succinate***)	OA	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	
triderm external cream 0.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ciclodan external solution 8 %	1	
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	1	
ciclopirox external solution 8 %	1	
ciclopirox olamine external cream 0.77 %	1	
ciclopirox olamine external suspension 0.77 %	1	
IMMUNOMODULATORY AGENTS (84:06) - Drugs for the Skin		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (***tralokinumab-ldrm***)	4	PA; SP; QL (0.15 ML per 1 day)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***tralokinumab-ldrm***)	4	PA; SP; QL (0.15 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (***dupilumab***)	4	PA; SP; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (***dupilumab***)	4	PA; SP; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (***dupilumab***)	4	PA; SP; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (***dupilumab***)	4	PA; SP; QL (0.29 ML per 1 day)
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (***lebrikizumab-lbkz***)	4	PA; SP; QL (0.15 ML per 1 day)
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (***lebrikizumab-lbkz***)	4	PA; SP; QL (0.15 ML per 1 day)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***tildrakizumab-asmn***)	OA	SP
pimecrolimus external cream 1 %	3	PA; ST; QL (2 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (***tacrolimus***)	OA	
sirolimus oral solution 1 mg/ml	3	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	3	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (***risankizumab-rzaa***)	4	PA; SP; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***risankizumab-rzaa***)	4	PA; SP; QL (0.02 ML per 1 day)
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML (***spesolimab-sbzo***)	OA	SP
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***spesolimab-sbzo***)	OA	PA; SP; QL (0.08 ML per 1 day)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (***spesolimab-sbzo***)	4	PA; SP; QL (0.08 ML per 1 day)
tacrolimus external ointment 0.03 %, 0.1 %	3	QL (2 GM per 1 day)
tacrolimus intravenous solution 5 mg/ml	OA	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	2	
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML (***guselkumab***)	OA	PA; SP
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (***guselkumab***)	4	PA; SP; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***guselkumab***)	4	PA; SP; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (***guselkumab***)	4	PA; SP; QL (0.08 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***guselkumab***)	4	PA; SP; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (***guselkumab***)	4	PA; SP; QL (0.08 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (***guselkumab***)	4	PA; SP; QL (0.08 ML per 1 day)
JANUS KINASE INHIBITORS (84:06) - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (***abrocitinib***)	4	PA; SP; QL (1 EA per 1 day)
JAKAFI ORAL TABLET 10 MG, 5 MG (***ruxolitinib phosphate***)	4	PA; SP; AC; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG (***ruxolitinib phosphate***)	4	PA; SP; AC
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (***ruxolitinib phosphate***)	4	PA; SP; AC; QL (1 EA per 1 day)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 33 MG, 44 MG, 55 MG (***ruxolitinib phosphate***)	4	PA; SP; AC
roflumilast oral tablet 250 mcg, 500 mcg	1	PA
KERATOLYTIC AGENTS - Drugs for the Skin		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	3	
adapalene external cream 0.1 %	3	
adapalene external gel 0.1 %	1	
adapalene external gel 0.3 %	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	3	
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
podofilox external solution 0.5 %	1	
tazarotene external cream 0.1 %	3	PA
YCANTH EXTERNAL SOLUTION 0.7 % (***cantharidin***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
KERATOPLASTIC AGENTS - Drugs for the Skin		
coal tar external solution 20 %	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	3	
benzalkonium chloride external solution , 50 %	1	
benzoyl peroxide-erythromycin external gel 5-3 %	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	3	
neuac external gel 1.2-5 %	1	
periogard mouth/throat solution 0.12 %	1	
selenium sulfide external lotion 2.5 %	1	
silver sulfadiazine external cream 1 %	1	
ssd external cream 1 %	1	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
diclofenac sodium external gel 3 %	1	QL (10 GM per 1 day)
diclofenac sodium external solution 1.5 %	1	PA
PHOSPHODIESTERASE-4 INHIBITORS (84:06) - Drugs for the Skin		
roflumilast oral tablet 250 mcg, 500 mcg	1	PA
PIGMENTING AGENTS - Drugs for the Skin		
methoxsalen rapid oral capsule 10 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML (***methoxsalen (photopheresis)***)	OA	
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
klayesta external powder 100000 unit/gm	1	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	
nystatin mouth/throat suspension 100000 unit/ml, 500000 unit/5ml	1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
nystop external powder 100000 unit/gm	1	
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
CROTAN EXTERNAL LOTION 10 % (***crotamiton***)	4	
ivermectin external cream 1 %	3	
malathion external lotion 0.5 %	3	
permethrin external cream 5 %	1	
spinosad external suspension 0.9 %	3	
sulfurated lime external solution	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	3	
adapalene external cream 0.1 %	3	
adapalene external gel 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
adapalene external gel 0.3 %	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	3	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***tralokinumab-ldrm***)	4	PA; SP; QL (0.15 ML per 1 day)
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	OA	PA; SP
azelaic acid external gel 15 %	3	
bexarotene external gel 1 %	4	PA; SP
calcipotriene external cream 0.005 %	2	
calcipotriene external ointment 0.005 %	2	
calcipotriene external solution 0.005 %	2	
calcitriol external ointment 3 mcg/gm	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (***abrocitinib***)	4	PA; SP; QL (1 EA per 1 day)
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (***secukinumab***)	OA	SP
dapsone oral tablet 100 mg, 25 mg	3	
diclofenac sodium external solution 1.5 %	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (***dupilumab***)	4	PA; SP; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (***dupilumab***)	4	PA; SP; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (***dupilumab***)	4	PA; SP; QL (0.29 ML per 1 day)
fluorouracil external cream 5 %	3	

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fluorouracil external solution 2 %, 5 %	1	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***tildrakizumab-asmn***)	OA	SP
imiquimod external cream 5 %	1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	OA	PA; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	SP
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML (***difelikefalin acetate***)	OA	SP
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (***aminolevulinic acid hcl***)	OA	
nitroglycerin rectal ointment 0.4 %	1	
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	4	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (***apremilast***)	4	PA; SP; QL (55 EA per 365 days)
pimecrolimus external cream 1 %	3	PA; ST; QL (2 GM per 1 day)
podofilox external solution 0.5 %	1	
RECTIV RECTAL OINTMENT 0.4 % (***nitroglycerin***)	3	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab***)	OA	SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	OA	PA; SP
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (***collagenase***)	3	QL (3 GM per 1 day)
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (***afamelanotide acetate***)	OA	SP
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (***risankizumab-rzaa***)	4	PA; SP; QL (0.02 ML per 1 day)

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SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***risankizumab-rzaa***)	4	PA; SP; QL (0.02 ML per 1 day)
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML (***spesolimab-sbzo***)	OA	SP
tacrolimus external ointment 0.03 %, 0.1 %	3	QL (2 GM per 1 day)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	4	PA; SP; QL (0.04 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (***ixekizumab***)	4	PA; SP; QL (0.04 ML per 1 day)
tazarotene external cream 0.1 %	3	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (***guselkumab***)	4	PA; SP; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***guselkumab***)	4	PA; SP; QL (0.02 ML per 1 day)
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (***beremagene geperpavec-svdt***)	OA	PA; SP; QL (0.36 ML per 1 day)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
ZEVASKYN BATCH UP TO 12 SHEETS EXTERNAL SHEET (***prademagene zamikeracel***)	OA	SP
SUNSCREEN AGENTS - Drugs for the Skin		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (***afamelanotide acetate***)	OA	SP
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	3	
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	3	
flavoxate hcl oral tablet 100 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	1	
oxybutynin chloride oral solution 5 mg/5ml	1	
oxybutynin chloride oral tablet 5 mg	1	
solifenacin succinate oral tablet 10 mg, 5 mg	1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	2	
tolterodine tartrate oral tablet 1 mg, 2 mg	2	
trospium chloride oral tablet 20 mg	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
aminophylline intravenous solution 25 mg/ml	OA	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (***sildenafil citrate***)	OA	SP
sildenafil citrate intravenous solution 10 mg/12.5ml	OA	SP
sildenafil citrate oral suspension reconstituted 10 mg/ml	4	PA; SP; QL (7.5 ML per 1 day)
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL (3 EA per 1 day)
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	3	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	3	
SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System		
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (***mirabegron***)	2	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
INFUVITE ADULT INTRAVENOUS SOLUTION (***multiple vitamin***)	OA	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (***pediatric multiple vitamins***)	OA	
multiple vitamins adult intravenous solution	OA	
VITAMIN A		
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML (***vitamin a***)	OA	
VITAMIN B COMPLEX		
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal solution 500 mcg/0.1ml	1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	PV
folate oral tablet 400 mcg	1	PV
folic acid injection solution 5 mg/ml	OA	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	PV
ft folic acid oral tablet 400 mcg, 800 mcg	1	PV
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	OA	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (***levoleucovorin***)	OA	SP
lederle leucovorin oral tablet 5 mg	1	AC

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml	OA	
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	OA	
leucovorin calcium oral tablet 10 mg, 5 mg	1	AC
leucovorin calcium oral tablet 15 mg, 25 mg	3	AC
levoleucovorin calcium intravenous solution reconstituted 50 mg	OA	SP
levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml	OA	SP
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (***cyanocobalamin***)	3	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	3	
pyridoxine hcl injection solution 100 mg/ml	1	
TRUE FOLIC ACID ORAL TABLET 400 MCG	3	PV
tydemy oral tablet 3-0.03-0.451 mg	1	PV
VYKOURA INJECTION SOLUTION 350 MG/35ML, 50 MG/5ML, 500 MG/50ML (***leucovorin calcium***)	OA	
yl folic acid oral tablet 400 mcg	1	PV
VITAMIN C		
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	1	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (***peg-kcl-nacl-nasulf-na asc-c***)	3	
VITAMIN D		
calcitriol intravenous solution 1 mcg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
doxercalciferol intravenous solution 4 mcg/2ml	OA	
ergocalciferol oral capsule 1.25 mg (50000 ut)	1	
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	OA	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML (***paricalcitol***)	OA	
VITAMIN K ACTIVITY		
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	OA	
phytonadione oral tablet 5 mg	3	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	OA	

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