# MedPerform High Formulary

**Scripps Health Plan**

**Scripps Health Plan HMO**

***Last updated: April 1, 2025***

This Formulary is subject to change, and all previous versions of the Formulary are no longer in effect.

This Formulary is available electronically at: www.ScrippsHealthPlan.com/Formulary

A copy of the Evidence of Coverage is available at: www.ScrippsHealthPlan.com/EOC

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# FORMULARY INFORMATION

**What is a Formulary?**
The Formulary provides a list of covered generic and brand name drugs selected by physician and pharmacist subject matter experts who collaboratively support MedImpact's Pharmacy and Therapeutics (P&T) Committee. This Formulary does not apply to drugs or devices that are obtained through the medical benefit portion of your coverage. The health plan will cover drugs listed in the Formulary as long as the drug is indicated for the clinical condition, is prescribed in the appropriate manner, the prescription is filled at a participating network pharmacy, and other health plan rules are followed. The presence of a prescription drug on the Formulary does not guarantee an enrollee will be prescribed that prescription drug by his or her prescribing provider for a particular medical condition. For more information regarding the Formulary or your prescription drug benefit, please contact your health plan's Customer Service Department toll free at 1-844-337-3700, or for the hearing and speech impaired TTY: 1-888-515-4065, Monday through Friday, between 8:00a.m. and 5:00p.m. PST, or refer to the Evidence of Coverage, available at www.ScrippsHealthPlan.com/EOC.

**Can the Formulary (drug list) change?**
Drugs may be added or deleted from the Formulary during the policy year, and the Formulary will be updated with any changes on a monthly basis. Changes will be effective on the first day of the month. If there is a change in drug or dosage form, if a drug is removed from the Formulary, if prior authorization, quantity limits and/or step therapy restrictions are added to a drug, or if a drug moves to a higher cost sharing tier, the health plan will notify affected enrollees of the change before the change becomes effective. If the Food and Drug Administration (FDA) deems a drug on the Formulary to be unsafe or the drug's manufacturer removes the drug from the market, the health plan will immediately remove the drug from the Formulary.

The Formulary is subject to change and all previous versions of this Formulary are no longer in effect.

**How does an enrollee fill a prescription?**
To obtain drugs at a participating pharmacy, the enrollee must present his or her Scripps Health Plan identification card. Except for covered emergencies, claims for drugs obtained without using the identification card will be denied. To locate a participating pharmacy (including specialty pharmacies), check the cost-sharing for a particular drug, or enroll in mail-order, visit www.ScrippsHealthPlan.com/member-information and click on Prescription Drug Coverage. Benefits are provided for specialty drugs only when obtained from a Network Specialty Pharmacy, except in the case of an emergency.

**What are generic drugs?**
The health plan covers both brand name drugs and generic drugs provided they are prescribed per FDA approved indications and in accordance with the health plan pharmacy benefit coverage. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

**How does an enrollee use the Formulary?**
The categorical list of drugs in this document groups drugs into categories and classes based on the First National Databank (FDB), a widely-accepted independent drug classification system. A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index.

- A drug is listed alphabetically by the brand and generic name in the therapeutic category and class to which it belongs.
- The generic name for a brand name drug is included after the brand name in parentheses and all ***bold and italicized lowercase*** letters.
- If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all ***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 with the first letter of each word capitalized.
- If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name.

For example, the brand name drug Riomet and its generic would be listed as follows:
***metformin oral solution 500 mg/5 ml***
RIOMET ORAL SOLUTION 500 MG/5 ML (***metformin hcl***)

**Tier Benefit Design**
The Formulary applies to a tier benefit design, where the enrollee shares the cost of prescription drug therapy based on the drug's tier and copay or coinsurance. Specialty drugs may be covered at a higher copay or coinsurance. Essential Health Benefit/Preventive Care medications, if available on the health plan, will be covered without cost sharing (zero copay). To determine the cost-sharing for each drug tier, refer to the Evidence of Coverage, available at www.ScrippsHealthPlan.com/EOC.

Formulary Tier Design:
- Tier 1: Generic medications
- Tier 2: Preferred brand medications (Formulary agents) and high cost generic medications
- Tier 3: Non-preferred brand medications (non-Formulary agents)
- Tier 4: Specialty medications
- $0: No enrollee cost share

**Are there any restrictions on coverage of drugs on the Formulary?**
Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:
- **Prior Authorization:** The health plan requires enrollees or their prescribing providers to obtain prior authorization for certain drugs. This means that the enrollee will need to obtain approval before the prescription will be covered.
- **Quantity Limits:** For certain drugs, the health plan limits the amount of drug that is covered.
- **Step Therapy:** In some cases, the health plan requires a trial of certain clinically appropriate alternative drug(s) before obtaining the prescribed drug.
- **Age Limit:** For certain drugs, the health plan limits coverage of the drug within a determined age limit.

For certain agents within the Formulary, a recommended prescribing guideline may apply. These are denoted throughout the Formulary using the following symbols (*refer to table below*).

| Symbol | Guidelines | Description |
|---|---|---|
| AGE | Age Edit | Coverage depends on enrollee's age. |
| PA | Prior Authorization | Requires a prior authorization based on specific clinical criteria. *See "**What is a Prior Authorization?**" below for additional information.* |
| QL | Quantity Limit | Coverage may be limited to specific quantities per prescription and/or time period. Prior authorization is required for quantities exceeding the restriction. |
| ST | Step Therapy | Coverage may depend on previous use of another drug. Prior authorization may be required. *See "**What is Step Therapy?**" below for additional information.* |
| SP | Specialty Drug | Coverage may require dispensing from a specialty pharmacy. Specialty copay/coinsurance may apply depending on benefit. Prior authorization may be required. |
| EHB | Essential Health Benefit Drug | Health benefit medications intended for preventive care under the Patient Protection and Affordable Care Act (ACA) covered at 100% with no deductible, copay or coinsurance required within coverage criteria. |

| | | |
|---|---|---|
| DD | Diabetes Drugs/Devices | Drugs or devices used to treat or manage diabetes. |
| CT | Contraceptives | Drugs used to prevent pregnancy. |
| OCH | Oral Anti-Cancer Drugs | Drugs taken by mouth to treat cancer. |

The enrollee can find out if the drug has any additional requirements or limits by looking within the Formulary.

**Are there general exclusions on the Formulary?**
Many enrollees have specific benefit inclusions, exclusions, copayments, out-of-pocket costs, or a lack of coverage, which are reflected in other health plan benefit documents.

The Formulary applies only to outpatient drugs provided to enrollees and does not apply to medications used in inpatient settings. If an enrollee has any specific questions regarding their coverage, they should contact their health plan's Customer Service Department toll free at 1-844-337-3700, or for the hearing and speech impaired TTY: 1-888-515-4065, Monday through Friday, between 8:00a.m. and 5:00p.m. PST, or refer to the Evidence of Coverage, available at www.ScrippsHealthPlan.com/EOC.

Examples of benefit exclusions:
A. Over-the-Counter (OTC) medications or their equivalents, unless the health plan offers coverage of the OTC medications
B. Drugs specifically listed as not covered
C. Any drug product used for cosmetic purposes
D. Medical food/nutritional supplements
E. Non-diabetic supplies/Diagnostic supplies/Ostomy supplies/Devices
F. Disposable needles and syringes (non-insulin related)
G. Any drug products used for cosmetic purposes
H. Experiment drug products or any drug product used in an experimental manner
I. Replacement of lost or stolen medication
J. Repackaged drugs and institutional use drugs (e.g. hospital use)
K. Weight loss drugs
L. Non self-administered injectable drug products unless otherwise specified in the Formulary listing
M. Foreign sourced drugs or drugs not approved by the United States FDA, except in certain cases of drug shortage, when covered under the health plan

**What if a drug is not on the Formulary? How does an enrollee request an exception to the Formulary?**
Medically necessary non-Formulary drugs are covered and subject to higher copayments. Enrollees and their prescribing providers may request an exception to any prior authorization or step therapy requirement by indicating the Request for Exception on the Pharmacy Prior Authorization form and submitting the form along with any supporting medical documentation to MedImpact by fax at 1-858-790-7100 or request by phone at 1-800-788-2949. Upon receipt of all required supporting information, MedImpact will review your request and make a decision to approve or deny your request. Decisions for routine requests are issued within 72 hours from the receipt of the complete information. If your provider believes your condition is life-threatening (exigent circumstance), your request will be expedited, and a decision will be issued within 24 hours from the receipt of the information. If a decision is not reached within these timeframes, your request is considered approved.

If your request is approved, your health plan shall provide coverage for requests for the duration of the prescription, including refills. If your request is denied, your notice of denial will include information on how to file an appeal. Standard appeals are resolved within 30 calendar days, and within 72 hours for expedited appeals (for exigent circumstances). The notice will also include information on how to request an external appeal through the Department of Managed Health Care's Independent Medical Review process.

If your request for an outpatient drug has been denied as not being on the formulary, you, your designee or your provider may request that the original exception request and subsequent denial of such request be reviewed by an independent review organization (IRO). When an enrollee requests an External Exception Review, all records related to the request are forwarded to an IRO that is contracted with but not part of your health plan. Submitting an External Exception Review does not preclude you from submitting a complaint with the Department of Managed Health Care. You will be notified of the IRO's decision within 72 hours for standard requests or 24 hours for expedited requests. Please submit your external exception request to:

Scripps Health Plan
Attention: Appeals & Grievances, Pharmacy External Exception Review
10790 Rancho Bernardo Road, 4S-300
San Diego, California 92127
Phone: 858-927-5907 TTY: 1-888-515-4065
Fax: 858-964-3100

The health plan may not limit or exclude coverage for a drug that was previously approved, if your provider continues to prescribe the drug for your medical condition, provided the drug is appropriately prescribed and is safe and effective for treating your medical condition.

**What is a Prior Authorization?**
Many drugs have multiple indications, so prior authorizations are placed on those drugs to make sure the drug is safe and appropriate for the enrollee. Drugs that require prior authorization will show PA in the Coverage Requirements and Limits column of the Formulary. Before these drugs are covered, your prescribing provider must show that you have a medically necessary need for the drug. Drugs requiring prior authorization have specific clinical criteria that you must meet before the drug is covered. Your prescribing provider can work with MedImpact to obtain coverage approval for the drug in the same way as requesting coverage for a non-Formulary drug, described above.

**What are Quantity Limits?**
Coverage for certain drugs may be limited to specific quantities per prescription and/or period of time. Drugs subject to quantity limits will show QL in the Coverage Requirements and Limits column of the Formulary. Prior authorization is required for quantities exceeding the quantity limit.

**What is Step Therapy?**
Drugs that require step therapy will show ST in the Coverage Requirements and Limits column of the Formulary. Step therapy encourages safe and competitively priced medication use through a stepwise approach. This means that before a drug requiring step therapy is covered, you must first try other preferred drugs that treat the same medical condition. After trying other preferred drugs first, then the step therapy drug will be covered. If you are unable to try other preferred drugs first, then your prescribing provider can work with MedImpact to obtain coverage approval for the drug in the same way as requesting coverage for a non-Formulary drug, described above.

If you previously completed step therapy for a drug while covered under another health plan, you may not be required to repeat step therapy for the drug under this health plan.

**Preventive Care**
Select over-the-counter (OTC) drugs with a United States Preventive Services Task Force (USPSTF) rating of A or B may be covered at a quantity greater than a 30-day supply. It is your health plan's intent to comply with federal law regarding preventive care benefits under the Patient Protection and Affordable Care Act. All prescriptions which

qualify for the preventive care benefit, as defined by the appropriate federal regulatory agencies, and which are provided by a network-participating pharmacy, will be covered at 100% with no deductible, copay or coinsurance required. All such medications require a prescription from your doctor.

Enrollees who are stable on their current FDA-approved, self-administered hormonal contraceptive, may receive up to a 12-month supply at one time. Select contraceptives are covered with a $0 copayment.

**Diabetes Care**
Your outpatient prescription drug coverage includes the following prescription items for the management and treatment of diabetes:

- Insulin
- Needles and syringes for injecting insulin
- Prescription medications for the treatment of diabetes
- Glucagon
- Diabetic testing supplies, including blood and urine testing strips and test tablets, lancets and lancet puncture devices and pen delivery systems for the administration of insulin

**Other Pharmacy Items**
Some Durable Medical Equipment that is covered through your medical benefit may be available at the pharmacy for the management and treatment of diabetes when medically necessary and authorized:

- Blood glucose monitors, including those designed to assist the visually impaired
- Insulin pumps and all related necessary supplies
- Continuous glucose monitors and all related necessary supplies
- Podiatric devices to prevent or treat diabetes-related complications, including extra-depth orthopedic shoes
- Visual aids, excluding eyewear and/or video-assisted devices, designed to assist the visually impaired with proper dosing of insulin

**Anti-Cancer Drugs**
If you are prescribed a covered, orally administered anti-cancer drug, the total amount of your cost-sharing shall not exceed $250 for an individual prescription for up to a 30-day supply.

**Definition of Terms**
The following terms apply to your prescription drug coverage and the drug Formulary.

> **"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 non-Formulary 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**.**

**"Non-Formulary 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 health plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Alternative Therapy - Vitamins and Minerals** | | |
| **Alternative Therapy - Unclassified - Vitamins and Minerals** | | |
| NUMOISYN MUCOUS MEMBRANE LIQUID (***flaxseed***) | Tier 3 | |
| **Analgesic, Anti-inflammatory or Antipyretic** | | |
| **Analgesic - Opioid Antagonists** | | |
| LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (***naltrexone hcl***) | Tier 3 | |
| NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (***naltrexone hcl***) | Tier 3 | |
| **Analgesic - Selective Sodium Channel Blockers** | | |
| JOURNAVX ORAL TABLET 50 MG (***suzetrigine***) | Tier 3 | PA |
| **Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever** | | |
| **Analgesic Opioid Agonists - Arthritis and Pain Drugs** | | |
| ***codeine sulfate oral tablet 15 mg, 30 mg*** | Tier 1 | QL (12 EA per 1 day); Age (Min 12 Years) |
| ***codeine sulfate oral tablet 60 mg*** | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years) |
| DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (***meperidine hcl/pf***) | Tier 3 | |
| DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (***hydromorphone hcl/pf***) | Tier 3 | |
| ***fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg*** | Tier 1 | PA |
| ***fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr*** | Tier 1 | PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour*** | Tier 2 | PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription |
| ***hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg*** | Tier 2 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| ***hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg*** | Tier 2 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| ***hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 120 mg*** | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| ***hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml*** | Tier 1 | |
| ***hydromorphone oral liquid 1 mg/ml*** | Tier 1 | |
| ***hydromorphone oral tablet 2 mg, 4 mg, 8 mg*** | Tier 1 | |
| ***hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg*** | Tier 2 | PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription |
| ***hydromorphone rectal suppository 3 mg*** | Tier 1 | |
| ***levorphanol tartrate oral tablet 2 mg*** | Tier 2 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription |
| ***meperidine (pf) injection solution 100 mg/ml, 50 mg/ml*** | Tier 1 | |
| ***meperidine (pf) injection solution 25 mg/ml*** | Tier 1 | |
| ***meperidine oral solution 50 mg/5 ml*** | Tier 1 | QL (30 ML per 1 day) |
| ***meperidine oral tablet 50 mg*** | Tier 1 | QL (6 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***methadone injection solution 10 mg/ml*** | Tier 1 | QL (4 ML per 1 day) |
| ***methadone hcl*** (Methadone Intensol Oral Concentrate 10 Mg/Ml) | Tier 1 | QL (4 ML per 1 day) |
| ***methadone oral concentrate 10 mg/ml*** | Tier 1 | QL (4 ML per 1 day) |
| ***methadone oral solution 10 mg/5 ml*** | Tier 1 | QL (20 ML per 1 day) |
| ***methadone oral solution 5 mg/5 ml*** | Tier 1 | QL (40 ML per 1 day) |
| ***methadone oral tablet 10 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***methadone oral tablet 5 mg*** | Tier 1 | QL (8 EA per 1 day) |
| ***methadone oral tablet,soluble 40 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***methadone hcl*** (Methadose Oral Tablet,Soluble 40 Mg) | Tier 1 | QL (1 EA per 1 day) |
| ***morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)*** | Tier 1 | PA |
| ***morphine intramuscular pen injector 10 mg/0.7 ml*** | Tier 1 | |
| ***morphine oral capsule, er multiphase 24 hr 120 mg*** | Tier 2 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| ***morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg*** | Tier 2 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day) |
| ***morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)*** | Tier 1 | |
| ***morphine oral tablet 15 mg*** | Tier 1 | |
| ***morphine oral tablet 30 mg*** | Tier 2 | |
| ***morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg*** | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***morphine oral tablet extended release 200 mg*** | Tier 2 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day) |
| ***morphine rectal suppository 10 mg, 30 mg, 5 mg*** | Tier 1 | |
| ***morphine rectal suppository 20 mg*** | Tier 2 | |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (***tapentadol hcl***) | Tier 3 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (***tapentadol hcl***) | Tier 3 | QL (6 EA per 1 day) |
| ***oxycodone oral capsule 5 mg*** | Tier 1 | |
| ***oxycodone oral concentrate 20 mg/ml*** | Tier 2 | PA |
| ***oxycodone oral solution 5 mg/5 ml*** | Tier 1 | |
| ***oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg*** | Tier 1 | |
| ***oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg*** | Tier 1 | |
| ***oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg*** | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| ***oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg*** | Tier 2 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day) |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (***oxycodone hcl***) | Tier 2 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (***oxycodone hcl***) | Tier 2 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day) |
| ***oxymorphone oral tablet 10 mg, 5 mg*** | Tier 1 | |
| ***oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg*** | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| ***oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg*** | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day) |
| ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (***oxycodone hcl***) | Tier 3 | |
| ***tramadol oral solution 5 mg/ml*** | Tier 1 | PA |
| ***tramadol oral tablet 50 mg*** | Tier 1 | QL (8 EA per 1 day); Age (Min 12 Years) |
| ***tramadol oral tablet extended release 24 hr 100 mg*** | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years) |
| ***tramadol oral tablet extended release 24 hr 200 mg, 300 mg*** | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years) |
| ***tramadol oral tablet, er multiphase 24 hr 100 mg*** | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg*** | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG (***oxycodone myristate***) | Tier 3 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (***oxycodone myristate***) | Tier 3 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day) |
| XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (***oxycodone myristate***) | Tier 3 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day) |
| **Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs** | | |
| ***acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml*** | Tier 1 | QL (150 ML per 1 day); Age (Min 12 Years) |
| ***acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml*** | Tier 1 | Age (Min 12 Years) |
| ***acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg*** | Tier 1 | QL (12 EA per 1 day); Age (Min 12 Years) |
| ***acetaminophen-codeine oral tablet 300-60 mg*** | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years) |
| ***codeine phosphate/butalbital/aspirin/caffeine*** (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg) | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years) |
| ***butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg*** | Tier 2 | QL (6 EA per 1 day); Age (Min 12 Years) |
| ***butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg*** | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg*** | Tier 1 | QL (6 EA per 1 day); Age (Min 12 Years) |
| **Analgesic Opioid Hydrocodone and Non-Salicylate Combinations - Arthritis and Pain Drugs** | | |
| APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (***benzhydrocodone hcl/acetaminophen***) | Tier 3 | ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day) |
| ***benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg*** | Tier 1 | ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day) |
| ***hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml*** | Tier 1 | QL (184 ML per 1 day) |
| ***hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg*** | Tier 2 | QL (13 EA per 1 day) |
| ***hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg*** | Tier 1 | QL (12 EA per 1 day) |
| ***hydrocodone-acetaminophen oral tablet 5-300 mg*** | Tier 1 | QL (13 EA per 1 day) |
| **Analgesic Opioid Hydrocodone and NSAID Combinations - Arthritis and Pain Drugs** | | |
| ***hydrocodone-ibuprofen oral tablet 10-200 mg*** | Tier 2 | |
| ***hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg*** | Tier 1 | |
| **Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs** | | |
| ***hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml*** | Tier 1 | QL (184 ML per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg*** | Tier 2 | QL (13 EA per 1 day) |
| ***hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg*** | Tier 1 | QL (12 EA per 1 day) |
| ***hydrocodone-acetaminophen oral tablet 5-300 mg*** | Tier 1 | QL (13 EA per 1 day) |
| ***hydrocodone-ibuprofen oral tablet 10-200 mg*** | Tier 2 | |
| ***hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg*** | Tier 1 | |
| **Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs** | | |
| ***oxycodone hcl/acetaminophen*** (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg) | Tier 1 | QL (12 EA per 1 day) |
| ***oxycodone-acetaminophen oral solution 5-325 mg/5 ml*** | Tier 2 | QL (61 ML per 1 day) |
| ***oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg*** | Tier 1 | QL (12 EA per 1 day) |
| ***oxycodone hcl/acetaminophen*** (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg) | Tier 1 | QL (12 EA per 1 day) |
| **Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs** | | |
| ***oxycodone hcl/acetaminophen*** (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg) | Tier 1 | QL (12 EA per 1 day) |
| ***oxycodone-acetaminophen oral solution 5-325 mg/5 ml*** | Tier 2 | QL (61 ML per 1 day) |
| ***oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg*** | Tier 1 | QL (12 EA per 1 day) |
| ***oxycodone hcl/acetaminophen*** (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg) | Tier 1 | QL (12 EA per 1 day) |
| **Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs** | | |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (***buprenorphine hcl***) | Tier 3 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***buprenorphine hcl injection solution 0.3 mg/ml*** | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription |
| ***buprenorphine hcl injection syringe 0.3 mg/ml*** | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription |
| ***buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour*** | Tier 1 | ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days) |
| ***butorphanol injection solution 1 mg/ml, 2 mg/ml*** | Tier 1 | |
| ***butorphanol nasal spray,non-aerosol 10 mg/ml*** | Tier 1 | |
| ***nalbuphine injection solution 10 mg/ml, 20 mg/ml*** | Tier 1 | |
| ***pentazocine-naloxone oral tablet 50-0.5 mg*** | Tier 1 | |
| **Analgesic Opioid Tramadol and Non-Salicylate Combinations - Arthritis and Pain Drugs** | | |
| ***tramadol-acetaminophen oral tablet 37.5-325 mg*** | Tier 1 | QL (10 EA per 1 day); Age (Min 12 Years) |
| **Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs** | | |
| ***tramadol-acetaminophen oral tablet 37.5-325 mg*** | Tier 1 | QL (10 EA per 1 day); Age (Min 12 Years) |
| **Analgesic or Antipyretic Non-Opioid/Sedative Combinations - Arthritis and Pain Drugs** | | |
| ***butalbital-acetaminophen oral tablet 50-300 mg*** | Tier 2 | ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day) |
| ***butalbital-acetaminophen oral tablet 50-325 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg*** | Tier 2 | |
| ***butalbital-acetaminophen-caff oral tablet 50-325-40 mg*** | Tier 1 | |
| ***butalbital/acetaminophen/caffeine*** (Fioricet Oral Capsule 50-300-40 Mg) | Tier 2 | |
| ***butalbital/acetaminophen*** (Tencon Oral Tablet 50-325 Mg) | Tier 1 | |
| **Anti-inflammatory - Complement (C5) Receptor Inhibitors - Arthritis and Pain Drugs** | | |
| TAVNEOS ORAL CAPSULE 10 MG (***avacopan***) | Tier 4 | PA; SP |
| **Anti-inflammatory - Interleukin-1 Receptor Antagonist - Arthritis and Pain Drugs** | | |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (***rilonacept***) | Tier 4 | PA; SP |
| **Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective - Arthritis and Pain Drugs** | | |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***) | Tier 4 | PA; SP |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***) | Tier 4 | PA; SP |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (***etanercept***) | Tier 4 | PA; SP |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***) | Tier 4 | PA; SP |
| **Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel - Arthritis and Pain Drugs** | | |
| ***adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml*** | Tier 4 | PA; SP |
| ***adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml*** | Tier 4 | PA; SP |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***) | Tier 4 | PA; SP |

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

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***) | Tier 4 | PA; SP |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***) | Tier 4 | PA; SP |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***) | Tier 4 | PA; SP |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***) | Tier 4 | PA; SP |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (***etanercept***) | Tier 4 | PA; SP |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***) | Tier 4 | PA; SP |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***) | Tier 4 | PA; SP |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***) | Tier 4 | PA; SP |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***) | Tier 4 | PA; SP |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***) | Tier 4 | PA; SP |
| HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***) | Tier 4 | PA; SP |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***) | Tier 4 | PA; SP |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (***adalimumab-ryvk***) | Tier 4 | PA; SP |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***) | Tier 4 | PA; SP |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***) | Tier 4 | PA; SP |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **DMARD - Antimalarials - Arthritis and Pain Drugs** | | |
| ***hydroxychloroquine oral tablet 100 mg*** | Tier 1 | QL (180 EA per 30 days) |
| ***hydroxychloroquine oral tablet 200 mg*** | Tier 1 | QL (100 EA per 30 days) |
| ***hydroxychloroquine oral tablet 300 mg*** | Tier 2 | QL (60 EA per 30 days) |
| ***hydroxychloroquine oral tablet 400 mg*** | Tier 2 | QL (60 EA per 30 days) |
| SOVUNA ORAL TABLET 200 MG (***hydroxychloroquine sulfate***) | Tier 2 | QL (100 EA per 30 days) |
| SOVUNA ORAL TABLET 300 MG (***hydroxychloroquine sulfate***) | Tier 3 | QL (60 EA per 30 days) |
| **DMARD - Antimetabolites - Arthritis and Pain Drugs** | | |
| JYLAMVO ORAL SOLUTION 2 MG/ML (***methotrexate***) | Tier 3 | PA; OCH |
| ***methotrexate sodium (pf) injection solution 25 mg/ml*** | Tier 1 | |
| ***methotrexate sodium injection solution 25 mg/ml*** | Tier 1 | |
| ***methotrexate sodium oral tablet 2.5 mg*** | Tier 1 | OCH |
| OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (***methotrexate/pf***) | Tier 2 | QL (1.6 ML per 28 days) |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***) | Tier 2 | OCH |
| XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***) | Tier 3 | OCH; ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days) |
| **DMARD - Antinflammatory, Select. costimulation modulator,T-cell Inhib. - Arthritis and Pain Drugs** | | |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (***abatacept***) | Tier 4 | PA; SP |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (***abatacept***) | Tier 4 | PA; SP |
| **DMARD - Gold Compounds - Arthritis and Pain Drugs** | | |
| ***auranofin oral capsule 3 mg*** | Tier 1 | |
| RIDAURA ORAL CAPSULE 3 MG (***auranofin***) | Tier 3 | |
| **DMARD - Immunosuppressives - Arthritis and Pain Drugs** | | |
| ***azathioprine oral tablet 100 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***cyclophosphamide oral capsule 25 mg, 50 mg*** | Tier 4 | SP; OCH |
| ***cyclophosphamide oral tablet 25 mg, 50 mg*** | Tier 4 | SP; OCH |
| ***cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***cyclosporine modified oral solution 100 mg/ml*** | Tier 1 | |
| ***cyclosporine oral capsule 100 mg, 25 mg*** | Tier 1 | |
| ***cyclosporine, modified*** (Gengraf Oral Capsule 100 Mg, 25 Mg) | Tier 1 | |
| ***cyclosporine, modified*** (Gengraf Oral Solution 100 Mg/Ml) | Tier 1 | |
| ***mycophenolate mofetil oral capsule 250 mg*** | Tier 1 | |
| ***mycophenolate mofetil oral suspension for reconstitution 200 mg/ml*** | Tier 2 | |
| ***mycophenolate mofetil oral tablet 500 mg*** | Tier 1 | |
| NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***) | Tier 2 | |
| NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***) | Tier 2 | |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***) | Tier 2 | |
| **DMARD - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis and Pain Drugs** | | |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (***anakinra***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **DMARD - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis and Pain Drugs** | | |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***) | Tier 4 | PA; SP |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***) | Tier 4 | PA; SP |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab-aazg***) | Tier 4 | SP |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab-aazg***) | Tier 4 | SP |
| **DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs** | | |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***) | Tier 4 | PA; SP |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML (***upadacitinib***) | Tier 4 | PA; SP |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (***upadacitinib***) | Tier 4 | PA; SP |
| XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***) | Tier 4 | PA; SP |
| XELJANZ ORAL TABLET 5 MG (***tofacitinib citrate***) | Tier 4 | PA; SP |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (***tofacitinib citrate***) | Tier 4 | PA; SP |
| **DMARD - Other - Arthritis and Pain Drugs** | | |
| CUPRIMINE ORAL CAPSULE 250 MG (***penicillamine***) | Tier 4 | PA; SP |
| D-PENAMINE ORAL TABLET 125 MG (***penicillamine***) | Tier 4 | PA; SP |
| ***minocycline oral capsule 100 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***minocycline oral tablet 100 mg, 50 mg, 75 mg*** | Tier 2 | |
| ***penicillamine oral capsule 250 mg*** | Tier 4 | PA; SP |
| ***penicillamine oral tablet 250 mg*** | Tier 4 | PA; SP |
| ***sulfasalazine oral tablet 500 mg*** | Tier 1 | |
| ***sulfasalazine oral tablet,delayed release (dr/ec) 500 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **DMARD - Phosphodiesterase-4 (PDE4) Inhibitors - Arthritis and Pain Drugs** | | |
| OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***) | Tier 4 | PA; SP |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (***apremilast***) | Tier 4 | PA; SP |
| **DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs** | | |
| ***leflunomide oral tablet 10 mg, 20 mg*** | Tier 1 | |
| **Immunomodulator - Rho Kinase Inhibitor - Arthritis and Pain Drugs** | | |
| REZUROCK ORAL TABLET 200 MG (***belumosudil mesylate***) | Tier 4 | PA; SP |
| **Immunomodulator B-Lymphocyte Stimulator (BLyS)-Specific Inhibitor MCAB - Arthritis and Pain Drugs** | | |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (***belimumab***) | Tier 4 | PA; SP |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (***belimumab***) | Tier 4 | PA; SP |
| **NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs** | | |
| ***diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg*** | Tier 2 | |
| **NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs** | | |
| ***celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg*** | Tier 1 | |
| **NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives - Arthritis and Pain Drugs** | | |
| ***meclofenamate oral capsule 100 mg, 50 mg*** | Tier 2 | |
| ***mefenamic acid oral capsule 250 mg*** | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs** | | |
| ***ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)*** | Tier 1 | |
| ***ketorolac injection solution 30 mg/ml*** | Tier 1 | |
| ***ketorolac injection syringe 15 mg/ml, 30 mg/ml*** | Tier 1 | |
| ***ketorolac intramuscular solution 60 mg/2 ml*** | Tier 1 | |
| ***ketorolac intramuscular syringe 60 mg/2 ml*** | Tier 1 | |
| ***ketorolac oral tablet 10 mg*** | Tier 1 | QL (20 EA per 5 days) |
| ***nabumetone oral tablet 500 mg, 750 mg*** | Tier 1 | |
| ***sulindac oral tablet 150 mg, 200 mg*** | Tier 1 | |
| ***tolmetin oral capsule 400 mg*** | Tier 2 | |
| TORONOVA II SUIK KIT 30 MG/ML (***ketorolac/norflurane and pentafluoropropane (hfc 245fa)***) | Tier 3 | |
| TORONOVA SUIK KIT 30 MG/ML (***ketorolac/norflurane and pentafluoropropane (hfc 245fa)***) | Tier 3 | |
| **NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs** | | |
| ***meloxicam oral suspension 7.5 mg/5 ml*** | Tier 2 | |
| ***meloxicam oral tablet 15 mg, 7.5 mg*** | Tier 1 | |
| ***piroxicam oral capsule 10 mg, 20 mg*** | Tier 1 | |
| **NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs** | | |
| ***diclofenac potassium oral tablet 50 mg*** | Tier 1 | |
| ***diclofenac sodium oral tablet extended release 24 hr 100 mg*** | Tier 1 | |
| ***diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg*** | Tier 1 | |
| **NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives - Arthritis and Pain Drugs** | | |
| EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG (***naproxen***) | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (***naproxen***) | Tier 2 | |
| ***flurbiprofen oral tablet 100 mg*** | Tier 1 | |
| ***ibuprofen*** (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg) | Tier 1 | |
| ***ibuprofen oral suspension 100 mg/5 ml*** | Tier 1 | |
| ***ibuprofen oral tablet 400 mg, 600 mg, 800 mg*** | Tier 1 | |
| ***ketoprofen oral capsule 25 mg*** | Tier 2 | |
| ***ketoprofen oral capsule 50 mg, 75 mg*** | Tier 1 | |
| ***ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg*** | Tier 2 | |
| ***ketoprofen*** (Kiprofen Oral Capsule 25 Mg) | Tier 2 | |
| ***naproxen oral tablet 250 mg, 375 mg, 500 mg*** | Tier 1 | |
| ***naproxen oral tablet,delayed release (dr/ec) 375 mg*** | Tier 1 | |
| ***naproxen oral tablet,delayed release (dr/ec) 500 mg*** | Tier 2 | |
| ***naproxen sodium oral tablet 275 mg, 550 mg*** | Tier 1 | |
| ***oxaprozin oral tablet 600 mg*** | Tier 2 | |
| **NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives - Arthritis and Pain Drugs** | | |
| ***etodolac oral capsule 200 mg, 300 mg*** | Tier 1 | |
| ***etodolac oral tablet 400 mg, 500 mg*** | Tier 1 | |
| ***etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg*** | Tier 2 | |
| ***indomethacin oral capsule 25 mg, 50 mg*** | Tier 1 | |
| ***indomethacin oral capsule, extended release 75 mg*** | Tier 1 | |
| ***indomethacin rectal suppository 100 mg*** | Tier 1 | |
| **Salicylate Analgesic and Sedative Combinations - Arthritis and Pain Drugs** | | |
| ***butalbital-aspirin-caffeine oral capsule 50-325-40 mg*** | Tier 1 | |
| ***butalbital-aspirin-caffeine oral tablet 50-325-40 mg*** | Tier 1 | |
| **Salicylate Analgesic Combinations - Arthritis and Pain Drugs** | | |
| ***choline,magnesium salicylate oral liquid 500 mg/5 ml*** | Tier 1 | |

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

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***isoflurane inhalation liquid 99.9 %*** | Tier 1 | |
| ***sevoflurane inhalation liquid*** | Tier 1 | |
| SUPRANE INHALATION LIQUID 100 % (***desflurane***) | Tier 3 | |
| ***isoflurane*** (Terrell Inhalation Liquid 99.9 %) | Tier 1 | |
| **General Anesthetic - Parenteral, Benzodiazepines - Drugs for Sedation** | | |
| ***midazolam (pf) injection solution 5 mg/ml*** | Tier 1 | |
| ***midazolam injection solution 5 mg/ml*** | Tier 1 | |
| **Local Anesthetic - Amides - Drugs for Sedation** | | |
| ***lidocaine hcl laryngotracheal solution 4 %*** | Tier 1 | |
| MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (***bupivacaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)***) | Tier 3 | |
| **Anorectal Preparations - Rectal Preparations** | | |
| **Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations** | | |
| ***nitroglycerin rectal ointment 0.4 % (w/w)*** | Tier 1 | |
| **Anorectal - Glucocorticoids - Rectal Preparations** | | |
| ANUCORT-HC RECTAL SUPPOSITORY 25 MG (***hydrocortisone acetate***) | Tier 1 | |
| ***hydrocortisone acetate rectal suppository 25 mg*** | Tier 1 | |
| ***hydrocortisone acetate rectal suppository 30 mg*** | Tier 2 | |
| ***hydrocortisone topical cream with perineal applicator 1 %, 2.5 %*** | Tier 1 | |
| ***hydrocortisone*** (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %) | Tier 1 | |
| ***hydrocortisone*** (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %) | Tier 1 | |
| ***hydrocortisone*** (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %) | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations** | | |
| ANA-LEX KIT RECTAL KIT 2-2 % (***hydrocortisone acetate/lidocaine hcl/aloe vera***) | Tier 2 | |
| ***hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)*** | Tier 2 | |
| ***lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %*** | Tier 1 | |
| ***lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)*** | Tier 2 | |
| ***lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-2.5 % (7 gram)*** | Tier 2 | |
| ***lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)*** | Tier 2 | |
| ***lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %*** | Tier 2 | |
| ***lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)*** | Tier 2 | |
| PROCORT RECTAL CREAM 1.85-1.15 % (***hydrocortisone acetate/pramoxine hcl***) | Tier 3 | |
| PROCTOFOAM HC RECTAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***) | Tier 2 | |
| ZYPRAM RECTAL KIT,CREAM AND TOWELETTE 2.35-1 % (***hydrocortisone acetate/pramoxine hcl/skin cleanser no.16***) | Tier 3 | |
| **Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning** | | |
| **Antidote - Acetaminophen Poisoning - Drugs for Overdose or Poisoning** | | |
| ***acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)*** | Tier 1 | |
| **Antidote - Cholinesterase Reactivating Agent - Drugs for Overdose or Poisoning** | | |
| ***pralidoxime intramuscular pen injector 600 mg/2 ml*** | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antidote - Cholinesterase Reactivating Agent and Muscarinic Antagonist - Drugs for Overdose or Poisoning** | | |
| DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (***pralidoxime chloride/atropine sulfate***) | Tier 3 | |
| **Antidote - Cyanide Poisoning - Drugs for Overdose or Poisoning** | | |
| ***amyl nitrite inhalation solution 0.3 ml*** | Tier 1 | |
| **Antidote - Radioactive Agents - Drugs for Overdose or Poisoning** | | |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM (***prussian blue (insoluble)***) | Tier 3 | |
| **Antidote Others - Drugs for Overdose or Poisoning** | | |
| GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (***zinc acetate***) | Tier 3 | |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM (***prussian blue (insoluble)***) | Tier 3 | |
| WILZIN ORAL CAPSULE 25 MG (ZINC) (***zinc acetate***) | Tier 3 | |
| **Chelating Agents - Copper - Drugs for Overdose or Poisoning** | | |
| CUPRIMINE ORAL CAPSULE 250 MG (***penicillamine***) | Tier 4 | PA; SP |
| CUVRIOR ORAL TABLET 300 MG (***trientine tetrahydrochloride***) | Tier 4 | PA; SP |
| D-PENAMINE ORAL TABLET 125 MG (***penicillamine***) | Tier 4 | PA; SP |
| ***penicillamine oral capsule 250 mg*** | Tier 4 | PA; SP |
| ***penicillamine oral tablet 250 mg*** | Tier 4 | PA; SP |
| ***trientine oral capsule 250 mg*** | Tier 4 | PA; SP |
| ***trientine oral capsule 500 mg*** | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Chelating Agents - Iron - Drugs for Overdose or Poisoning** | | |
| ***deferasirox oral granules in packet 180 mg, 360 mg, 90 mg*** | Tier 4 | PA; SP |
| ***deferasirox oral tablet 180 mg, 360 mg, 90 mg*** | Tier 4 | PA; SP |
| ***deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg*** | Tier 4 | PA; SP |
| ***deferiprone oral tablet 1,000 mg, 500 mg*** | Tier 4 | PA; SP |
| ***deferoxamine injection recon soln 2 gram, 500 mg*** | Tier 1 | PA |
| **Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning** | | |
| CHEMET ORAL CAPSULE 100 MG (***succimer***) | Tier 3 | |
| **Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning** | | |
| ***alvimopan oral capsule 12 mg*** | Tier 1 | |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG (***naloxegol oxalate***) | Tier 2 | QL (1 EA per 1 day) |
| RELISTOR ORAL TABLET 150 MG (***methylnaltrexone bromide***) | Tier 3 | PA |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (***methylnaltrexone bromide***) | Tier 3 | PA |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (***methylnaltrexone bromide***) | Tier 3 | PA |
| SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***) | Tier 2 | QL (1 EA per 1 day) |
| **Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning** | | |
| KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION (***naloxone hcl***) | Tier 2 | QL (4 EA per 30 days) |
| ***naloxone injection auto-injector 10 mg/0.4 ml*** | Tier 1 | |
| ***naloxone injection syringe 0.4 mg/ml, 1 mg/ml*** | Tier 1 | |
| ***naloxone nasal spray,non-aerosol 4 mg/actuation*** | Tier 1 | QL (4 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION (***nalmefene hcl***) | Tier 3 | QL (4 EA per 30 days) |
| ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (***naloxone hcl***) | Tier 3 | QL (2 ML per 30 days) |
| **Anti-Infective Agents** | | |
| **Antiretroviral - Capsid Inhibitors** | | |
| SUNLENCA ORAL TABLET 300 MG (***lenacapavir sodium***) | Tier 4 | PA |
| **Anti-Infective Agents - Drugs for Infections** | | |
| **Amebicides - Drugs for Parasites** | | |
| ***paromomycin oral capsule 250 mg*** | Tier 1 | |
| **Aminoglycoside Antibiotic - Antibiotics** | | |
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (***amikacin sulfate liposomal with nebulizer accessories***) | Tier 4 | PA; SP |
| ***neomycin oral tablet 500 mg*** | Tier 1 | |
| **Aminomethylcycline Antibiotics - Antibiotics** | | |
| NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***) | Tier 3 | PA |
| **Aminopenicillin Antibiotic - Antibiotics** | | |
| ***amoxicillin oral capsule 250 mg, 500 mg*** | Tier 1 | |
| ***amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml*** | Tier 1 | |
| ***amoxicillin oral tablet 500 mg, 875 mg*** | Tier 1 | |
| ***amoxicillin oral tablet,chewable 125 mg, 250 mg*** | Tier 1 | |
| ***ampicillin oral capsule 500 mg*** | Tier 1 | |
| MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (***amoxicillin***) | Tier 3 | |
| PIVYA ORAL TABLET 185 MG (***pivmecillinam hcl***) | Tier 3 | PA |
| **Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics** | | |
| ***amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml*** | Tier 1 | |

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

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***nitrofurantoin macrocrystal oral capsule 25 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***nitrofurantoin monohyd/m-cryst oral capsule 100 mg*** | Tier 1 | |
| ***nitrofurantoin oral suspension 25 mg/5 ml*** | Tier 2 | PA |
| **Antibacterial Other - Antibiotics** | | |
| ***fosfomycin tromethamine oral packet 3 gram*** | Tier 1 | |
| **Antifungal - Allylamines - Drugs for Fungus** | | |
| ***terbinafine hcl oral tablet 250 mg*** | Tier 1 | |
| **Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus** | | |
| ***nystatin oral tablet 500,000 unit*** | Tier 1 | |
| **Antifungal - Fluorinated Pyrimidine-type Agents - Drugs for Fungus** | | |
| ***flucytosine oral capsule 250 mg, 500 mg*** | Tier 1 | |
| **Antifungal - Glucan Synthesis Inhibitor, Triterpenoid - Antibiotics** | | |
| BREXAFEMME ORAL TABLET 150 MG (***ibrexafungerp citrate***) | Tier 3 | PA |
| **Antifungal - Glucan Synthesis Inhibitors - Antibiotics** | | |
| BREXAFEMME ORAL TABLET 150 MG (***ibrexafungerp citrate***) | Tier 3 | PA |
| **Antifungal - Imidazoles - Drugs for Fungus** | | |
| ***ketoconazole oral tablet 200 mg*** | Tier 1 | |
| ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (***miconazole***) | Tier 3 | |
| **Antifungal - Tetrazoles - Drugs for Fungus** | | |
| VIVJOA ORAL CAPSULE 150 MG (***oteseconazole***) | Tier 3 | PA |
| **Antifungal - Triazoles - Drugs for Fungus** | | |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (***isavuconazonium sulfate***) | Tier 3 | PA |
| ***fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml*** | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg*** | Tier 1 | |
| ***itraconazole oral capsule 100 mg*** | Tier 1 | |
| ***itraconazole oral solution 10 mg/ml*** | Tier 2 | |
| NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG (***posaconazole***) | Tier 3 | PA |
| ***posaconazole oral suspension 200 mg/5 ml (40 mg/ml)*** | Tier 2 | PA |
| ***posaconazole oral tablet,delayed release (dr/ec) 100 mg*** | Tier 2 | PA |
| ***voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)*** | Tier 2 | |
| ***voriconazole oral tablet 200 mg, 50 mg*** | Tier 2 | |
| **Antifungal other - Drugs for Fungus** | | |
| ***griseofulvin microsize oral suspension 125 mg/5 ml*** | Tier 1 | |
| ***griseofulvin microsize oral tablet 500 mg*** | Tier 2 | |
| ***griseofulvin ultramicrosize oral tablet 125 mg, 250 mg*** | Tier 2 | |
| **Anti-Infective Immunologic Adjuvants - Interferons - Drugs for Infections** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (***interferon gamma-1b,recomb.***) | Tier 4 | PA; SP |
| **Antileprotic - Immunomodulators - Antibiotics** | | |
| THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***) | Tier 4 | PA; SP |
| **Antileprotic - Sulfone Agents - Antibiotics** | | |
| ***dapsone oral tablet 100 mg, 25 mg*** | Tier 1 | |
| **Antimalarial Combinations - Drugs for Parasites** | | |
| ***atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg*** | Tier 1 | |
| COARTEM ORAL TABLET 20-120 MG (***artemether/lumefantrine***) | Tier 3 | |
| **Antimalarials - Drugs for Parasites** | | |
| ARAKODA ORAL TABLET 100 MG (***tafenoquine succinate***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***chloroquine phosphate oral tablet 250 mg*** | Tier 1 | QL (36 EA per 16 days) |
| ***chloroquine phosphate oral tablet 500 mg*** | Tier 1 | QL (18 EA per 16 days) |
| ***hydroxychloroquine oral tablet 100 mg*** | Tier 1 | QL (180 EA per 30 days) |
| ***hydroxychloroquine oral tablet 200 mg*** | Tier 1 | QL (100 EA per 30 days) |
| ***hydroxychloroquine oral tablet 300 mg*** | Tier 2 | QL (60 EA per 30 days) |
| ***hydroxychloroquine oral tablet 400 mg*** | Tier 2 | QL (60 EA per 30 days) |
| KRINTAFEL ORAL TABLET 150 MG (***tafenoquine succinate***) | Tier 2 | QL (2 EA per 1 FILL) |
| ***mefloquine oral tablet 250 mg*** | Tier 1 | |
| ***primaquine oral tablet 26.3 mg (15 mg base)*** | Tier 2 | |
| ***pyrimethamine oral tablet 25 mg*** | Tier 4 | PA; SP |
| ***quinine sulfate oral capsule 324 mg*** | Tier 1 | |
| SOVUNA ORAL TABLET 200 MG (***hydroxychloroquine sulfate***) | Tier 2 | QL (100 EA per 30 days) |
| SOVUNA ORAL TABLET 300 MG (***hydroxychloroquine sulfate***) | Tier 3 | QL (60 EA per 30 days) |
| **Antiprotozoal Agents - Nitrofuran Derivatives - Drugs for Parasites** | | |
| LAMPIT ORAL TABLET 120 MG, 30 MG (***nifurtimox***) | Tier 3 | |
| **Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs for Parasites** | | |
| ***benznidazole oral tablet 100 mg, 12.5 mg*** | Tier 1 | |
| **Antiprotozoal Agents - Other - Drugs for Parasites** | | |
| ***atovaquone oral suspension 750 mg/5 ml*** | Tier 1 | |
| IMPAVIDO ORAL CAPSULE 50 MG (***miltefosine***) | Tier 2 | PA |
| **Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs for Parasites** | | |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (***nitazoxanide***) | Tier 3 | QL (50 ML per 1 day) |
| ***nitazoxanide oral tablet 500 mg*** | Tier 1 | QL (2 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections** | | |
| LIKMEZ ORAL SUSPENSION 500 MG/5 ML (***metronidazole***) | Tier 3 | PA |
| ***metronidazole oral capsule 375 mg*** | Tier 2 | |
| ***metronidazole oral tablet 250 mg, 500 mg*** | Tier 1 | |
| **Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections** | | |
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (***secnidazole***) | Tier 3 | ST: At least 2 prior prescriptions for Clindamycin, vaginal Clindamycin cream, oral Metronidazole, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (1 EA per 30 days) |
| ***tinidazole oral tablet 250 mg, 500 mg*** | Tier 1 | |
| **Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections** | | |
| ***maraviroc oral tablet 150 mg*** | Tier 4 | QL (2 EA per 1 day) |
| ***maraviroc oral tablet 300 mg*** | Tier 4 | QL (4 EA per 1 day) |
| SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***) | Tier 4 | QL (31 ML per 1 day) |
| **Antiretroviral - CD4 Attachment Inhibitors - Drugs for Viral Infections** | | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (***fostemsavir tromethamine***) | Tier 4 | PA |
| **Antiretroviral - HIV-1 Fusion Inhibitors - Drugs for Viral Infections** | | |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG (***enfuvirtide***) | Tier 4 | QL (2 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors - Drugs for Viral Infections** | | |
| APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (***cabotegravir***) | $0 | EHB; $0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years) |
| ***cabotegravir intramuscular suspension,extended release 600 mg/3 ml (200 mg/ml)*** | $0 | EHB; $0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years) |
| ISENTRESS HD ORAL TABLET 600 MG (***raltegravir potassium***) | Tier 4 | QL (2 EA per 1 day) |
| ISENTRESS ORAL POWDER IN PACKET 100 MG (***raltegravir potassium***) | Tier 4 | QL (2 EA per 1 day) |
| ISENTRESS ORAL TABLET 400 MG (***raltegravir potassium***) | Tier 4 | QL (2 EA per 1 day) |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (***raltegravir potassium***) | Tier 4 | QL (6 EA per 1 day) |
| TIVICAY ORAL TABLET 50 MG (***dolutegravir sodium***) | Tier 4 | QL (2 EA per 1 day) |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (***dolutegravir sodium***) | Tier 4 | QL (6 EA per 1 day) |
| VOCABRIA ORAL TABLET 30 MG (***cabotegravir sodium***) | Tier 4 | QL (1 EA per 1 day); Age (Min 12 Years) |
| **Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections** | | |
| JULUCA ORAL TABLET 50-25 MG (***dolutegravir sodium/rilpivirine hcl***) | Tier 4 | QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections** | | |
| DOVATO ORAL TABLET 50-300 MG (***dolutegravir sodium/lamivudine***) | Tier 4 | QL (1 EA per 1 day) |
| **Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI) - Drugs for Viral Infections** | | |
| EDURANT ORAL TABLET 25 MG (***rilpivirine hcl***) | Tier 4 | QL (1 EA per 1 day) |
| ***efavirenz oral capsule 200 mg, 50 mg*** | Tier 4 | |
| ***efavirenz oral tablet 600 mg*** | Tier 4 | |
| ***etravirine oral tablet 100 mg*** | Tier 4 | QL (4 EA per 1 day) |
| ***etravirine oral tablet 200 mg*** | Tier 4 | QL (2 EA per 1 day) |
| INTELENCE ORAL TABLET 25 MG (***etravirine***) | Tier 4 | QL (4 EA per 1 day) |
| ***nevirapine oral suspension 50 mg/5 ml*** | Tier 4 | QL (1200 ML per 30 days) |
| ***nevirapine oral tablet 200 mg*** | Tier 4 | QL (2 EA per 1 day) |
| ***nevirapine oral tablet extended release 24 hr 100 mg*** | Tier 4 | QL (3 EA per 1 day) |
| ***nevirapine oral tablet extended release 24 hr 400 mg*** | Tier 4 | QL (1 EA per 1 day) |
| **Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations - Drugs for Viral Infections** | | |
| CIMDUO ORAL TABLET 300-300 MG (***lamivudine/tenofovir disoproxil fumarate***) | Tier 4 | QL (1 EA per 1 day) |
| DESCOVY ORAL TABLET 120-15 MG (***emtricitabine/tenofovir alafenamide fumarate***) | Tier 4 | QL (1 EA per 1 day) |
| DESCOVY ORAL TABLET 200-25 MG (***emtricitabine/tenofovir alafenamide fumarate***) | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| ***emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg*** | Tier 4 | QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***emtricitabine-tenofovir (tdf) oral tablet 200-300 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| **Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections** | | |
| ***abacavir oral solution 20 mg/ml*** | Tier 4 | QL (960 ML per 30 days) |
| ***abacavir oral tablet 300 mg*** | Tier 4 | QL (2 EA per 1 day) |
| ***emtricitabine oral capsule 200 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***) | Tier 4 | QL (850 ML per 30 days) |
| ***lamivudine oral solution 10 mg/ml*** | Tier 4 | QL (960 ML per 30 days) |
| ***lamivudine oral tablet 150 mg*** | Tier 4 | QL (2 EA per 1 day) |
| ***lamivudine oral tablet 300 mg*** | Tier 4 | QL (1 EA per 1 day) |
| ***stavudine oral capsule 15 mg, 20 mg*** | Tier 4 | QL (2 EA per 1 day) |
| ***zidovudine oral capsule 100 mg*** | Tier 4 | QL (6 EA per 1 day) |
| ***zidovudine oral syrup 10 mg/ml*** | Tier 4 | QL (1920 ML per 30 days) |
| ***zidovudine oral tablet 300 mg*** | Tier 4 | QL (2 EA per 1 day) |
| **Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections** | | |
| ***tenofovir disoproxil fumarate oral tablet 300 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***) | Tier 4 | QL (240 GM per 30 days) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***) | Tier 4 | QL (1 EA per 1 day) |
| **Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections** | | |
| EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***) | Tier 4 | QL (1 EA per 1 day) |
| ***lopinavir-ritonavir oral solution 400-100 mg/5 ml*** | Tier 4 | QL (480 ML per 30 days) |
| ***lopinavir-ritonavir oral tablet 100-25 mg*** | Tier 4 | QL (10 EA per 1 day) |
| ***lopinavir-ritonavir oral tablet 200-50 mg*** | Tier 4 | QL (4 EA per 1 day) |
| **Antiretroviral- Nucleoside and Nucleotide Analogs,Protease Inhibitors - Drugs for Viral Infections** | | |
| SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***) | Tier 4 | QL (1 EA per 1 day) |
| **Antiretroviral-Integrase Inhibitor,Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections** | | |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir sodium/emtricitabine/tenofovir alafenamide fumar***) | Tier 4 | QL (1 EA per 1 day) |
| GENVOYA ORAL TABLET 150-150-200-10 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***) | Tier 4 | QL (1 EA per 1 day) |
| STRIBILD ORAL TABLET 150-150-200-300 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil***) | Tier 4 | QL (1 EA per 1 day) |
| **Antiretroviral-Nucleoside Analogs and Integrase Inhibitor combinations - Drugs for Viral Infections** | | |
| TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***) | Tier 4 | QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***) | Tier 4 | QL (6 EA per 1 day) |
| **Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections** | | |
| ***abacavir-lamivudine oral tablet 600-300 mg*** | Tier 4 | QL (1 EA per 1 day) |
| ***lamivudine-zidovudine oral tablet 150-300 mg*** | Tier 4 | QL (2 EA per 1 day) |
| **Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections** | | |
| ***efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg*** | Tier 4 | QL (1 EA per 1 day) |
| ***efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg*** | Tier 4 | QL (1 EA per 1 day) |
| ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***) | Tier 4 | QL (1 EA per 1 day) |
| **Antitubercular - Aminobenzoic Acid Analogs - Antibiotics** | | |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (***aminosalicylic acid***) | Tier 3 | |
| **Antitubercular - D-alanine Analogs - Antibiotics** | | |
| ***cycloserine oral capsule 250 mg*** | Tier 1 | |
| **Antitubercular - Diarylquinoline Antibiotics - Antibiotics** | | |
| SIRTURO ORAL TABLET 100 MG, 20 MG (***bedaquiline fumarate***) | Tier 4 | PA; SP |
| **Antitubercular - Isonicotinic Acid Derivatives - Antibiotics** | | |
| ***isoniazid oral solution 50 mg/5 ml*** | Tier 2 | |
| ***isoniazid oral tablet 100 mg, 300 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antitubercular - Niacinamide Derivatives - Antibiotics** | | |
| ***pyrazinamide oral tablet 500 mg*** | Tier 1 | |
| **Antitubercular - Nitroimidazole Derivatives - Antibiotics** | | |
| ***pretomanid oral tablet 200 mg*** | Tier 3 | QL (1 EA per 1 day) |
| **Antitubercular - Rifamycin and Derivatives - Antibiotics** | | |
| PRIFTIN ORAL TABLET 150 MG (***rifapentine***) | Tier 3 | |
| ***rifabutin oral capsule 150 mg*** | Tier 2 | |
| ***rifampin oral capsule 150 mg, 300 mg*** | Tier 1 | |
| **Antitubercular Agents Other - Antibiotics** | | |
| ***ethambutol oral tablet 100 mg, 400 mg*** | Tier 1 | |
| TRECATOR ORAL TABLET 250 MG (***ethionamide***) | Tier 3 | |
| **Cephalosporin Antibiotics - 1st Generation - Antibiotics** | | |
| ***cefadroxil oral capsule 500 mg*** | Tier 1 | |
| ***cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml*** | Tier 1 | |
| ***cefadroxil oral tablet 1 gram*** | Tier 2 | |
| ***cephalexin oral capsule 250 mg, 500 mg*** | Tier 1 | |
| ***cephalexin oral capsule 750 mg*** | Tier 2 | |
| ***cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml*** | Tier 1 | |
| ***cephalexin oral tablet 250 mg, 500 mg*** | Tier 1 | |
| **Cephalosporin Antibiotics - 2nd Generation - Antibiotics** | | |
| ***cefaclor oral capsule 250 mg, 500 mg*** | Tier 1 | |
| ***cefaclor oral suspension for reconstitution 125 mg/5 ml, 375 mg/5 ml*** | Tier 1 | |
| ***cefaclor oral suspension for reconstitution 250 mg/5 ml*** | Tier 2 | |
| ***cefaclor oral tablet extended release 12 hr 500 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml*** | Tier 1 | |
| ***cefprozil oral tablet 250 mg, 500 mg*** | Tier 1 | |
| ***cefuroxime axetil oral tablet 250 mg, 500 mg*** | Tier 1 | |
| **Cephalosporin Antibiotics - 3rd Generation - Antibiotics** | | |
| ***cefdinir oral capsule 300 mg*** | Tier 1 | |
| ***cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml*** | Tier 1 | |
| ***cefixime oral capsule 400 mg*** | Tier 2 | |
| ***cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml*** | Tier 2 | |
| ***cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml*** | Tier 2 | |
| ***cefpodoxime oral tablet 100 mg, 200 mg*** | Tier 2 | |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML (***cefixime***) | Tier 2 | |
| SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (***cefixime***) | Tier 2 | |
| **CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections** | | |
| ***valganciclovir oral recon soln 50 mg/ml*** | Tier 1 | |
| ***valganciclovir oral tablet 450 mg*** | Tier 1 | |
| **CMV Antiviral Agent - Protein Kinase Inhibitors - Drugs for Viral Infections** | | |
| LIVTENCITY ORAL TABLET 200 MG (***maribavir***) | Tier 4 | PA; SP |
| **CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections** | | |
| PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG (***letermovir***) | Tier 3 | PA |
| PREVYMIS ORAL TABLET 240 MG, 480 MG (***letermovir***) | Tier 3 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Fluoroquinolone Antibiotics - Antibiotics** | | |
| BAXDELA ORAL TABLET 450 MG (***delafloxacin meglumine***) | Tier 3 | PA |
| CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (***ciprofloxacin***) | Tier 2 | |
| ***ciprofloxacin hcl oral tablet 100 mg*** | Tier 2 | |
| ***ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg*** | Tier 1 | |
| ***ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml*** | Tier 1 | |
| ***levofloxacin oral solution 250 mg/10 ml*** | Tier 2 | |
| ***levofloxacin oral tablet 250 mg, 500 mg, 750 mg*** | Tier 1 | |
| ***moxifloxacin oral tablet 400 mg*** | Tier 1 | |
| ***ofloxacin oral tablet 300 mg, 400 mg*** | Tier 2 | |
| **Glycopeptide Antibiotics - Antibiotics** | | |
| ***vancomycin oral capsule 125 mg*** | Tier 1 | QL (56 EA per 1 FILL) |
| ***vancomycin oral capsule 250 mg*** | Tier 1 | QL (112 EA per 1 FILL) |
| ***vancomycin oral recon soln 25 mg/ml*** | Tier 1 | QL (300 ML per 1 FILL) |
| ***vancomycin oral recon soln 50 mg/ml*** | Tier 2 | QL (600 ML per 1 FILL) |
| **Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections** | | |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***) | Tier 4 | SP; QL (630 ML per 30 days) |
| ***entecavir oral tablet 0.5 mg, 1 mg*** | Tier 4 | SP; QL (1 EA per 1 day) |
| **Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections** | | |
| ***adefovir oral tablet 10 mg*** | Tier 4 | SP; QL (1 EA per 1 day) |
| ***tenofovir disoproxil fumarate oral tablet 300 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day) |
| VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide***) | Tier 4 | SP; QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***) | Tier 4 | QL (240 GM per 30 days) |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***) | Tier 4 | QL (1 EA per 1 day) |
| **Hepatitis C - Interferons - Drugs for Viral Infections** | | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***) | Tier 4 | PA; SP |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (***peginterferon alfa-2a***) | Tier 4 | PA; SP |
| **Hepatitis C - NS5A Inhibitor and NS3/4A Protease Inhibitor Combination - Drugs for Viral Infections** | | |
| MAVYRET ORAL PELLETS IN PACKET 50-20 MG (***glecaprevir/pibrentasvir***) | Tier 4 | PA; SP |
| MAVYRET ORAL TABLET 100-40 MG (***glecaprevir/pibrentasvir***) | Tier 4 | PA; SP |
| **Hepatitis C - NS5A, NS3/4A Protease, Nucleo.NS5B Polymerase Inhib Comb - Drugs for Viral Infections** | | |
| VOSEVI ORAL TABLET 400-100-100 MG (***sofosbuvir/velpatasvir/voxilaprevir***) | Tier 4 | PA; SP |
| **Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections** | | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (***sofosbuvir/velpatasvir***) | Tier 4 | PA; SP |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (***sofosbuvir/velpatasvir***) | Tier 4 | PA; SP |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (***ledipasvir/sofosbuvir***) | Tier 4 | PA; SP |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG (***ledipasvir/sofosbuvir***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Hepatitis C - Nucleos(t)ide Analog NS5B Polymerase Inhibitors - Drugs for Viral Infections** | | |
| SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG (***sofosbuvir***) | Tier 4 | PA; SP |
| SOVALDI ORAL TABLET 200 MG, 400 MG (***sofosbuvir***) | Tier 4 | PA; SP |
| **Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections** | | |
| ***ribavirin oral capsule 200 mg*** | Tier 1 | |
| ***ribavirin oral tablet 200 mg*** | Tier 1 | |
| **Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections** | | |
| ***acyclovir oral capsule 200 mg*** | Tier 1 | |
| ***acyclovir oral suspension 200 mg/5 ml*** | Tier 2 | |
| ***acyclovir oral tablet 400 mg, 800 mg*** | Tier 1 | |
| ***valacyclovir oral tablet 1 gram, 500 mg*** | Tier 1 | |
| **Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections** | | |
| ***famciclovir oral tablet 125 mg, 250 mg, 500 mg*** | Tier 1 | |
| **Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections** | | |
| ***oseltamivir oral capsule 30 mg*** | Tier 1 | QL (40 EA per 180 days) |
| ***oseltamivir oral capsule 45 mg, 75 mg*** | Tier 1 | QL (20 EA per 180 days) |
| ***oseltamivir oral suspension for reconstitution 6 mg/ml*** | Tier 1 | QL (360 ML per 180 days) |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (***zanamivir***) | Tier 3 | QL (40 EA per 180 days) |
| **Influenza Antiviral Agents - PA Endonuclease Inhibitor - Drugs for Viral Infections** | | |
| XOFLUZA ORAL TABLET 20 MG, 40 MG (***baloxavir marboxil***) | Tier 2 | QL (4 EA per 180 days) |
| XOFLUZA ORAL TABLET 80 MG (***baloxavir marboxil***) | Tier 2 | QL (2 EA per 180 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Influenza-A Antiviral Agents - Drugs for Viral Infections** | | |
| ***rimantadine oral tablet 100 mg*** | Tier 1 | |
| **Lincosamide Antibiotics - Antibiotics** | | |
| ***clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg*** | Tier 1 | |
| ***clindamycin palmitate hcl oral recon soln 75 mg/5 ml*** | Tier 1 | |
| ***clindamycin palmitate hcl*** (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml) | Tier 1 | |
| **Macrolide Antibiotics - Antibiotics** | | |
| ***azithromycin oral packet 1 gram*** | Tier 1 | |
| ***azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml*** | Tier 1 | |
| ***azithromycin oral tablet 250 mg, 500 mg, 600 mg*** | Tier 1 | |
| ***clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml*** | Tier 1 | |
| ***clarithromycin oral tablet 250 mg, 500 mg*** | Tier 1 | |
| ***clarithromycin oral tablet extended release 24 hr 500 mg*** | Tier 2 | |
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (***fidaxomicin***) | Tier 2 | QL (10 ML per 1 day) |
| DIFICID ORAL TABLET 200 MG (***fidaxomicin***) | Tier 2 | QL (20 EA per 10 days) |
| ***erythromycin ethylsuccinate*** (E.E.S. 400 Oral Tablet 400 Mg) | Tier 2 | |
| ***erythromycin base*** (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 250 Mg, 500 Mg) | Tier 1 | |
| ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (***erythromycin stearate***) | Tier 1 | |
| ***erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml*** | Tier 2 | |
| ***erythromycin ethylsuccinate oral tablet 400 mg*** | Tier 2 | |
| ***erythromycin oral capsule,delayed release(dr/ec) 250 mg*** | Tier 1 | |
| ***erythromycin oral tablet 250 mg*** | Tier 1 | |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***erythromycin oral tablet 500 mg*** | Tier 2 | |
| ***erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg*** | Tier 1 | |
| **Misc Anti-Infective - Drugs for Infections** | | |
| ***methenamine hippurate oral tablet 1 gram*** | Tier 1 | |
| ***methenamine mandelate oral tablet 0.5 gram, 1 gram*** | Tier 1 | |
| ***pentamidine inhalation recon soln 300 mg*** | Tier 1 | |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine mandelate/sodium phosphate,monobasic***) | Tier 3 | |
| **Misc Anti-Infective Combinations - Drugs for Infections** | | |
| ***methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg*** | Tier 2 | |
| URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***) | Tier 2 | |
| URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (***methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin***) | Tier 3 | |
| URIMAR-T ORAL TABLET 120-10.8-0.12 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***) | Tier 3 | |
| URO-458 ORAL TABLET 81-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***) | Tier 2 | |
| UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (***methenamine/sod phosph,monobasic/methylene blue/hyoscyamine***) | Tier 2 | |
| URO-MP ORAL CAPSULE 118-10-40.8-36 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***) | Tier 1 | |
| **Oxazolidinone Antibiotics - Antibiotics** | | |
| ***linezolid oral suspension for reconstitution 100 mg/5 ml*** | Tier 2 | |
| ***linezolid oral tablet 600 mg*** | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SIVEXTRO ORAL TABLET 200 MG (***tedizolid phosphate***) | Tier 2 | PA |
| **Penicillin Antibiotic - Natural - Antibiotics** | | |
| ***penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml*** | Tier 1 | |
| ***penicillin v potassium oral tablet 250 mg, 500 mg*** | Tier 1 | |
| **Penicillin Antibiotic - Penicillinase-resistant - Antibiotics** | | |
| ***dicloxacillin oral capsule 250 mg, 500 mg*** | Tier 1 | |
| **Pleuromutilin Antibiotics - Antibiotics** | | |
| XENLETA ORAL TABLET 600 MG (***lefamulin acetate***) | Tier 3 | PA |
| **Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections** | | |
| APTIVUS ORAL CAPSULE 250 MG (***tipranavir***) | Tier 4 | QL (4 EA per 1 day) |
| ***darunavir oral tablet 600 mg*** | Tier 4 | QL (2 EA per 1 day) |
| ***darunavir oral tablet 800 mg*** | Tier 4 | QL (1 EA per 1 day) |
| PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir***) | Tier 4 | QL (400 ML per 30 days) |
| PREZISTA ORAL TABLET 150 MG (***darunavir***) | Tier 4 | QL (8 EA per 1 day) |
| PREZISTA ORAL TABLET 75 MG (***darunavir***) | Tier 4 | QL (16 EA per 1 day) |
| **Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections** | | |
| ***atazanavir oral capsule 150 mg, 200 mg*** | Tier 4 | QL (2 EA per 1 day) |
| ***atazanavir oral capsule 300 mg*** | Tier 4 | QL (1 EA per 1 day) |
| EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***) | Tier 4 | QL (1 EA per 1 day) |
| ***fosamprenavir oral tablet 700 mg*** | Tier 4 | QL (4 EA per 1 day) |
| NORVIR ORAL CAPSULE 100 MG (***ritonavir***) | Tier 4 | QL (12 EA per 1 day) |
| NORVIR ORAL POWDER IN PACKET 100 MG (***ritonavir***) | Tier 4 | QL (12 EA per 1 day) |
| REYATAZ ORAL POWDER IN PACKET 50 MG (***atazanavir sulfate***) | Tier 4 | QL (5 EA per 1 day) |
| ***ritonavir oral tablet 100 mg*** | Tier 4 | QL (12 EA per 1 day) |
| VIRACEPT ORAL TABLET 250 MG, 625 MG (***nelfinavir mesylate***) | Tier 4 | |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Respiratory Syncytial Virus (RSV) Antiviral Agents - Drugs for Viral Infections** | | |
| ***ribavirin inhalation recon soln 6 gram*** | Tier 1 | |
| **Rifamycins and Related Derivative Antibiotics - Antibiotics** | | |
| AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG (***rifamycin sodium***) | Tier 3 | ST: Requires prior prescription for generic oral Ciprofloxacin, Azithromycin, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL) |
| PRIFTIN ORAL TABLET 150 MG (***rifapentine***) | Tier 3 | |
| ***rifabutin oral capsule 150 mg*** | Tier 2 | |
| ***rifampin oral capsule 150 mg, 300 mg*** | Tier 1 | |
| XIFAXAN ORAL TABLET 200 MG (***rifaximin***) | Tier 3 | PA |
| XIFAXAN ORAL TABLET 550 MG (***rifaximin***) | Tier 2 | PA |
| **SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs for Infections** | | |
| PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG (***nirmatrelvir/ritonavir***) | Tier 2 | QL (20 EA per 28 days); Age (Min 12 Years) |
| PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (***nirmatrelvir/ritonavir***) | Tier 2 | QL (30 EA per 28 days); Age (Min 12 Years) |
| **SARS-CoV-2 Antiviral Agent - RNA Polymerase Inhibitors - Drugs for Viral Infections** | | |
| LAGEVRIO (EUA) ORAL CAPSULE 200 MG (***molnupiravir***) | Tier 1 | QL (40 EA per 29 days); Age (Min 18 Years) |
| **Sulfonamide Antibiotic - Antibiotics** | | |
| ***sulfadiazine oral tablet 500 mg*** | Tier 1 | |
| **Tetracycline Antibiotics - Antibiotics** | | |
| ***demeclocycline oral tablet 150 mg, 300 mg*** | Tier 2 | |
| ***doxycycline hyclate oral capsule 100 mg, 50 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***doxycycline hyclate oral tablet 100 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***doxycycline hyclate oral tablet 150 mg*** | Tier 1 | ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day) |
| ***doxycycline hyclate oral tablet 50 mg*** | Tier 2 | ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day) |
| ***doxycycline hyclate oral tablet 75 mg*** | Tier 1 | ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day) |
| ***doxycycline monohydrate oral capsule 100 mg, 50 mg*** | Tier 1 | |
| ***doxycycline monohydrate oral capsule 150 mg*** | Tier 2 | QL (2 EA per 1 day) |
| ***doxycycline monohydrate oral capsule 75 mg*** | Tier 2 | ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day) |
| ***doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg*** | Tier 2 | ST: Requires prior prescription for generic Doxycycline or Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years) |
| ***doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml*** | Tier 1 | |
| ***doxycycline monohydrate oral tablet 100 mg, 150 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***doxycycline monohydrate oral tablet 50 mg, 75 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (***minocycline hcl***) | Tier 3 | PA |
| ***minocycline oral capsule 100 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***minocycline oral tablet 100 mg, 50 mg, 75 mg*** | Tier 2 | |
| ***doxycycline monohydrate*** (Mondoxyne Nl Oral Capsule 100 Mg) | Tier 1 | |
| ***doxycycline monohydrate*** (Mondoxyne Nl Oral Capsule 75 Mg) | Tier 2 | ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day) |
| NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***) | Tier 3 | PA |
| ***tetracycline oral capsule 250 mg, 500 mg*** | Tier 2 | |
| **Variola (Smallpox) Virus Antiviral Agents - Drugs for Viral Infections** | | |
| TEMBEXA ORAL SUSPENSION 10 MG/ML (***brincidofovir***) | Tier 2 | |
| TEMBEXA ORAL TABLET 100 MG (***brincidofovir***) | Tier 2 | |
| TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (***tecovirimat***) | Tier 2 | |
| **Antineoplastics** | | |
| **Antineoplastic - AKT (Protein Kinase B (PKB)) Inhibitor** | | |
| TRUQAP ORAL TABLET 160 MG, 200 MG (***capivasertib***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Gamma-Secretase Inhibitor (GSI)** | | |
| OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (***nirogacestat hydrobromide***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Janus Kinase (JAK), ACVR1/ALK2 Inhibitors** | | |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (***momelotinib dihydrochloride***) | Tier 4 | PA; SP; OCH |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic - Menin Inhibitors** | | |
| REVUFORJ ORAL TABLET 110 MG, 160 MG (***revumenib citrate***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Ornithine Decarboxylase (ODC) Inhibitors** | | |
| IWILFIN ORAL TABLET 192 MG (***eflornithine hcl***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - PARP Inhibitor and Antiandrogen Combinations** | | |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (***niraparib tosylate/abiraterone acetate***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic-Isocitrate Dehydrogenase-1 and -2 (IDH1 and IDH2) Inhib** | | |
| VORANIGO ORAL TABLET 10 MG, 40 MG (***vorasidenib citrate***) | Tier 4 | PA; SP; OCH |
| **Antineoplastics - Drugs for Cancer** | | |
| **Antineoplasic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer** | | |
| ***lapatinib oral tablet 250 mg*** | Tier 4 | PA; SP; OCH |
| **Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer** | | |
| ***abiraterone oral tablet 250 mg, 500 mg*** | Tier 4 | PA; SP; OCH |
| ***abiraterone acetate*** (Abirtega Oral Tablet 250 Mg) | Tier 4 | PA; OCH |
| YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer** | | |
| ***erlotinib oral tablet 100 mg, 150 mg, 25 mg*** | Tier 4 | PA; SP; OCH |
| ***gefitinib oral tablet 250 mg*** | Tier 4 | PA; SP; OCH |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer** | | |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (***afatinib dimaleate***) | Tier 4 | PA; SP; OCH |
| NERLYNX ORAL TABLET 40 MG (***neratinib maleate***) | Tier 4 | PA; SP; OCH |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (***dacomitinib***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer** | | |
| LAZCLUZE ORAL TABLET 240 MG, 80 MG (***lazertinib mesylate***) | Tier 4 | PA; SP; OCH |
| TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib mesylate***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer** | | |
| MYLERAN ORAL TABLET 2 MG (***busulfan***) | Tier 4 | SP; OCH |
| **Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer** | | |
| MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***) | Tier 4 | SP; OCH |
| **Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer** | | |
| ***cyclophosphamide oral capsule 25 mg, 50 mg*** | Tier 4 | SP; OCH |
| ***cyclophosphamide oral tablet 25 mg, 50 mg*** | Tier 4 | SP; OCH |
| LEUKERAN ORAL TABLET 2 MG (***chlorambucil***) | Tier 4 | SP; OCH |
| **Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer** | | |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (***lomustine***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Alkylating Agent - Triazenes - Drugs for Cancer** | | |
| ***temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg*** | Tier 4 | PA; SP; OCH |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer** | | |
| ALECENSA ORAL CAPSULE 150 MG (***alectinib hcl***) | Tier 4 | PA; SP; OCH |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (***brigatinib***) | Tier 4 | PA; SP; OCH |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (***brigatinib***) | Tier 4 | PA; SP; OCH |
| LORBRENA ORAL TABLET 100 MG, 25 MG (***lorlatinib***) | Tier 4 | PA; SP; OCH |
| XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***) | Tier 4 | PA; SP; OCH |
| XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG (***crizotinib***) | Tier 4 | PA; SP; OCH |
| ZYKADIA ORAL TABLET 150 MG (***ceritinib***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Antiadrenals - Drugs for Cancer** | | |
| LYSODREN ORAL TABLET 500 MG (***mitotane***) | Tier 4 | SP; OCH |
| **Antineoplastic - Antiandrogens - Drugs for Cancer** | | |
| ***abiraterone oral tablet 250 mg, 500 mg*** | Tier 4 | PA; SP; OCH |
| ***abiraterone acetate*** (Abirtega Oral Tablet 250 Mg) | Tier 4 | PA; OCH |
| ***bicalutamide oral tablet 50 mg*** | Tier 1 | OCH |
| ERLEADA ORAL TABLET 240 MG, 60 MG (***apalutamide***) | Tier 4 | PA; SP; OCH |
| ***nilutamide oral tablet 150 mg*** | Tier 4 | SP; OCH; QL (2 EA per 1 day) |
| NUBEQA ORAL TABLET 300 MG (***darolutamide***) | Tier 4 | PA; SP; OCH |
| XTANDI ORAL CAPSULE 40 MG (***enzalutamide***) | Tier 4 | PA; SP; OCH |
| XTANDI ORAL TABLET 40 MG, 80 MG (***enzalutamide***) | Tier 4 | PA; SP; OCH |
| YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer** | | |
| JYLAMVO ORAL SOLUTION 2 MG/ML (***methotrexate***) | Tier 3 | PA; OCH |
| ***methotrexate sodium (pf) injection recon soln 1 gram*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***methotrexate sodium (pf) injection solution 25 mg/ml*** | Tier 1 | |
| ***methotrexate sodium injection solution 25 mg/ml*** | Tier 1 | |
| ***methotrexate sodium oral tablet 2.5 mg*** | Tier 1 | OCH |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***) | Tier 2 | OCH |
| XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***) | Tier 3 | OCH; ST: Requires prior prescription for Methotrexate tablets or injection solution within the past 120 days if 12 years of age and older; QL (120 ML per 60 days) |
| **Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer** | | |
| ***mercaptopurine oral suspension 20 mg/ml*** | Tier 4 | SP; OCH; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days |
| ***mercaptopurine oral tablet 50 mg*** | Tier 1 | OCH |
| PURIXAN ORAL SUSPENSION 20 MG/ML (***mercaptopurine***) | Tier 4 | SP; OCH; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days |
| TABLOID ORAL TABLET 40 MG (***thioguanine***) | Tier 4 | SP; OCH |
| **Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer** | | |
| ***capecitabine oral tablet 150 mg, 500 mg*** | Tier 4 | PA; SP; OCH |
| ONUREG ORAL TABLET 200 MG, 300 MG (***azacitidine***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer** | | |
| ***hydroxyurea oral capsule 500 mg*** | Tier 1 | OCH |
| **Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer** | | |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (***trifluridine/tipiracil hcl***) | Tier 4 | PA; SP; OCH |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic - Aromatase Inhibitors - Drugs for Cancer** | | |
| ***anastrozole oral tablet 1 mg*** | $0 | OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER |
| ***exemestane oral tablet 25 mg*** | $0 | OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER |
| ***letrozole oral tablet 2.5 mg*** | Tier 1 | OCH |
| **Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs for Cancer** | | |
| RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (***asparaginase erwinia chrysanthemi (recombinant)-rywn***) | Tier 4 | SP |
| **Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors - Drugs for Cancer** | | |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (***venetoclax***) | Tier 4 | PA; SP; OCH |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (***venetoclax***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer** | | |
| BRAFTOVI ORAL CAPSULE 75 MG (***encorafenib***) | Tier 4 | PA; SP; OCH |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML (***tovorafenib***) | Tier 4 | PA; SP; OCH |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) (***tovorafenib***) | Tier 4 | PA; SP; OCH |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG (***dabrafenib mesylate***) | Tier 4 | PA; SP; OCH |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (***dabrafenib mesylate***) | Tier 4 | PA; SP; OCH |
| ZELBORAF ORAL TABLET 240 MG (***vemurafenib***) | Tier 4 | PA; SP; OCH |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer** | | |
| BRUKINSA ORAL CAPSULE 80 MG (***zanubrutinib***) | Tier 4 | PA; SP; OCH |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (***acalabrutinib maleate***) | Tier 4 | PA; SP; OCH |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***) | Tier 4 | PA; SP; OCH |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***) | Tier 4 | PA; SP; OCH |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***) | Tier 4 | PA; SP; OCH |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG (***pirtobrutinib***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer** | | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (***palbociclib***) | Tier 4 | PA; SP; OCH |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (***palbociclib***) | Tier 4 | PA; SP; OCH |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (***ribociclib succinate***) | Tier 4 | PA; SP; OCH |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***abemaciclib***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer** | | |
| TUKYSA ORAL TABLET 150 MG, 50 MG (***tucatinib***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Epipodophyllotoxins - Drugs for Cancer** | | |
| ***etoposide oral capsule 50 mg*** | Tier 1 | OCH |
| **Antineoplastic - Exportin-1 (XPO1) Inhibitors - Drugs for Cancer** | | |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (***selinexor***) | Tier 4 | PA; SP; OCH |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic - EZH2 Histone Methyltransferase (HMT) Inhibitor - Drugs for Cancer** | | |
| TAZVERIK ORAL TABLET 200 MG (***tazemetostat hydrobromide***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Fibroblast Growth Factor Receptor (FGFR) Kinase Inhib - Drugs for Cancer** | | |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (***erdafitinib***) | Tier 4 | PA; SP; OCH |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) (***futibatinib***) | Tier 4 | PA; SP; OCH |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (***pemigatinib***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - FMS-Like Tyrosine Kinase 3 (FLT3) Inhibitors - Drugs for Cancer** | | |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (***quizartinib dihydrochloride***) | Tier 4 | PA; SP; OCH |
| XOSPATA ORAL TABLET 40 MG (***gilteritinib fumarate***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer** | | |
| DAURISMO ORAL TABLET 100 MG, 25 MG (***glasdegib maleate***) | Tier 4 | PA; SP; OCH |
| ERIVEDGE ORAL CAPSULE 150 MG (***vismodegib***) | Tier 4 | PA; SP; OCH |
| ODOMZO ORAL CAPSULE 200 MG (***sonidegib phosphate***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer** | | |
| ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***) | Tier 4 | SP; OCH |
| **Antineoplastic - Hypoxia Inducible Factor (HIF) Inhibitors - Drugs for Cancer** | | |
| WELIREG ORAL TABLET 40 MG (***belzutifan***) | Tier 4 | PA; SP; OCH |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic - Interferons - Drugs for Cancer** | | |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (***ropeginterferon alfa-2b-njft***) | Tier 4 | PA; SP |
| **Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer** | | |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (***ruxolitinib phosphate***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer** | | |
| INREBIC ORAL CAPSULE 100 MG (***fedratinib dihydrochloride***) | Tier 4 | PA; SP; OCH |
| VONJO ORAL CAPSULE 100 MG (***pacritinib citrate***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Kirsten Rat Sarcoma (KRAS) Protein Inhibitor - Drugs for Cancer** | | |
| KRAZATI ORAL TABLET 200 MG (***adagrasib***) | Tier 4 | PA; SP; OCH |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (***sotorasib***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer** | | |
| ORGOVYX ORAL TABLET 120 MG (***relugolix***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer** | | |
| ***cromolyn oral concentrate 100 mg/5 ml*** | Tier 1 | |
| **Antineoplastic - MEK1 and MEK2 Kinase Inhibitors - Drugs for Cancer** | | |
| COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***) | Tier 4 | PA; SP; OCH |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG (***mirdametinib***) | Tier 4 | PA; OCH |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG (***mirdametinib***) | Tier 4 | PA; OCH |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG (***selumetinib sulfate***) | Tier 4 | PA; SP; OCH |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML (***trametinib dimethyl sulfoxide***) | Tier 4 | PA; SP; OCH |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MEKINIST ORAL TABLET 0.5 MG, 2 MG (***trametinib dimethyl sulfoxide***) | Tier 4 | PA; SP; OCH |
| MEKTOVI ORAL TABLET 15 MG (***binimetinib***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer** | | |
| ***everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg*** | Tier 4 | PA; SP; OCH |
| ***everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg*** | Tier 4 | PA; SP; OCH |
| ***everolimus*** (Torpenz Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Multikinase Inhibitors - Drugs for Cancer** | | |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (***cabozantinib s-malate***) | Tier 4 | PA; SP; OCH |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (***cabozantinib s-malate***) | Tier 4 | PA; SP; OCH |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (***ponatinib hcl***) | Tier 4 | PA; SP; OCH |
| ***sorafenib oral tablet 200 mg*** | Tier 4 | PA; SP; OCH |
| STIVARGA ORAL TABLET 40 MG (***regorafenib***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer** | | |
| REZLIDHIA ORAL CAPSULE 150 MG (***olutasidenib***) | Tier 4 | PA; SP; OCH |
| TIBSOVO ORAL TABLET 250 MG (***ivosidenib***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer** | | |
| IDHIFA ORAL TABLET 100 MG, 50 MG (***enasidenib mesylate***) | Tier 4 | PA; SP; OCH |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer** | | |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***) | Tier 4 | PA; SP; OCH |
| ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer** | | |
| ITOVEBI ORAL TABLET 3 MG, 9 MG (***inavolisib***) | Tier 4 | PA; SP; OCH |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (***alpelisib***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - PI3K-Delta and Gamma Inhibitors - Drugs for Cancer** | | |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer** | | |
| ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer** | | |
| LYNPARZA ORAL TABLET 100 MG, 150 MG (***olaparib***) | Tier 4 | PA; SP; OCH |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (***rucaparib camsylate***) | Tier 4 | PA; SP; OCH |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (***talazoparib tosylate***) | Tier 4 | PA; SP; OCH |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (***niraparib tosylate***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Progestins - Drugs for Cancer** | | |
| ***megestrol oral tablet 20 mg, 40 mg*** | Tier 1 | OCH |
| **Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer** | | |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (***ixazomib citrate***) | Tier 4 | PA; SP; OCH |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer** | | |
| AUGTYRO ORAL CAPSULE 160 MG, 40 MG (***repotrectinib***) | Tier 4 | PA; SP; OCH |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (***avapritinib***) | Tier 4 | PA; SP; OCH |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG (***bosutinib***) | Tier 4 | PA; SP; OCH |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (***bosutinib***) | Tier 4 | PA; SP; OCH |
| BRUKINSA ORAL CAPSULE 80 MG (***zanubrutinib***) | Tier 4 | PA; SP; OCH |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (***acalabrutinib maleate***) | Tier 4 | PA; SP; OCH |
| CAPRELSA ORAL TABLET 100 MG, 300 MG (***vandetanib***) | Tier 4 | PA; SP; OCH |
| DANZITEN ORAL TABLET 71 MG, 95 MG (***nilotinib tartrate***) | Tier 4 | PA; SP; OCH |
| ***dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg*** | Tier 4 | PA; SP; OCH |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (***tivozanib hcl***) | Tier 4 | PA; SP; OCH |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (***fruquintinib***) | Tier 4 | SP; OCH |
| ***imatinib oral tablet 100 mg, 400 mg*** | Tier 4 | PA; SP; OCH |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***) | Tier 4 | PA; SP; OCH |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***) | Tier 4 | PA; SP; OCH |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***) | Tier 4 | PA; SP; OCH |
| IMKELDI ORAL SOLUTION 80 MG/ML (***imatinib mesylate***) | Tier 4 | PA; SP; OCH |
| INLYTA ORAL TABLET 1 MG, 5 MG (***axitinib***) | Tier 4 | PA; SP; OCH |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG (***pirtobrutinib***) | Tier 4 | PA; SP; OCH |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (***lenvatinib mesylate***) | Tier 4 | PA; SP; OCH |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***) | Tier 4 | PA; SP |
| ***pazopanib oral tablet 200 mg*** | Tier 4 | PA; SP; OCH |
| QINLOCK ORAL TABLET 50 MG (***ripretinib***) | Tier 4 | PA; SP; OCH |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (***vimseltinib***) | Tier 4 | PA; SP; OCH |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (***entrectinib***) | Tier 4 | PA; SP; OCH |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG (***entrectinib***) | Tier 4 | PA; SP; OCH |
| RYDAPT ORAL CAPSULE 25 MG (***midostaurin***) | Tier 4 | PA; SP; OCH |
| SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (***asciminib hydrochloride***) | Tier 4 | PA; SP; OCH |
| ***sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg*** | Tier 4 | PA; SP; OCH |
| TABRECTA ORAL TABLET 150 MG, 200 MG (***capmatinib hydrochloride***) | Tier 4 | PA; SP; OCH |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (***nilotinib hcl***) | Tier 4 | PA; SP; OCH |
| TEPMETKO ORAL TABLET 225 MG (***tepotinib hcl***) | Tier 4 | PA; SP; OCH |
| TURALIO ORAL CAPSULE 125 MG (***pexidartinib hydrochloride***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Radiopharmaceuticals - Drugs for Cancer** | | |
| HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML (***sodium iodide-131***) | Tier 3 | OCH |
| **Antineoplastic - Retinoids - Drugs for Cancer** | | |
| ***tretinoin (antineoplastic) oral capsule 10 mg*** | Tier 4 | SP; OCH |
| **Antineoplastic - Selective Estrogen Receptor Degraders (SERDs) - Drugs for Cancer** | | |
| ORSERDU ORAL TABLET 345 MG, 86 MG (***elacestrant hcl***) | Tier 4 | PA; SP; OCH |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer** | | |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML (***tamoxifen citrate***) | Tier 2 | OCH |
| ***tamoxifen oral tablet 10 mg, 20 mg*** | $0 | OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER |
| ***toremifene oral tablet 60 mg*** | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Selective Inhibitiors of Nuclear Export (SINE) - Drugs for Cancer** | | |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (***selinexor***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Selective RET Kinase Inhibitor - Drugs for Cancer** | | |
| GAVRETO ORAL CAPSULE 100 MG (***pralsetinib***) | Tier 4 | PA; SP; OCH |
| RETEVMO ORAL CAPSULE 40 MG, 80 MG (***selpercatinib***) | Tier 4 | PA; SP; OCH |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (***selpercatinib***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer** | | |
| ***bexarotene oral capsule 75 mg*** | Tier 4 | PA; SP; OCH |
| **Antineoplastic - Thalidomide Analogs - Drugs for Cancer** | | |
| ***lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg*** | Tier 4 | PA; SP; OCH |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***) | Tier 4 | PA; SP; OCH |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (***lenalidomide***) | Tier 4 | PA; SP; OCH |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***) | Tier 4 | PA; SP |
| **Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer** | | |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (***topotecan hcl***) | Tier 4 | SP; OCH |
| **Antineoplastic - Tropomyosin Receptor Kinase (TRK) Inhibitor - Drugs for Cancer** | | |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG (***larotrectinib sulfate***) | Tier 4 | PA; SP; OCH |
| VITRAKVI ORAL SOLUTION 20 MG/ML (***larotrectinib sulfate***) | Tier 4 | PA; SP; OCH |
| **Antineoplastic Antibiotic - Others - Drugs for Cancer** | | |
| JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2 (***mitomycin***) | Tier 4 | PA; SP |
| **Antineoplastic-Pyrimidine Analog and Cytidine Deaminase Inhibitor Comb - Drugs for Cancer** | | |
| INQOVI ORAL TABLET 35-100 MG (***decitabine/cedazuridine***) | Tier 4 | PA; SP; OCH |
| **Fluorouracil and Related Rescue Agents - Drugs for Cancer** | | |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (***uridine triacetate***) | Tier 4 | SP; OCH; QL (24 EA per 14 days) |
| **Methotrexate Rescue Agents - Drugs for Cancer** | | |
| ***leucovorin calcium oral tablet 10 mg, 15 mg*** | Tier 1 | OCH |
| ***leucovorin calcium oral tablet 25 mg, 5 mg*** | Tier 1 | OCH |
| **Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer** | | |
| ***leucovorin calcium oral tablet 10 mg, 15 mg*** | Tier 1 | OCH |
| ***leucovorin calcium oral tablet 25 mg, 5 mg*** | Tier 1 | OCH |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer** | | |
| ***mesna oral tablet 400 mg*** | Tier 1 | OCH |
| **Antiseptics and Disinfectants - Antiseptics and Disinfectants** | | |
| **Antiseptic - Alcohols - Antiseptics and Disinfectants** | | |
| ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| ***alcohol swabs topical pads, medicated*** | Tier 3 | DD |
| ALCOHOL WIPES TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| BD ALCOHOL SWABS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| IV PREP WIPES TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| WEBCOL TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***) | Tier 3 | DD |
| **Antiseptic - Chlorine Releasing - Antiseptics and Disinfectants** | | |
| HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (***hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water***) | Tier 3 | |
| RENOVAR IRRIGATION IRRIGATION SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***) | Tier 3 | |
| RENOVAR TOPICAL SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***) | Tier 3 | |
| **Antiseptic - Iodine/Iodophores - Antiseptics and Disinfectants** | | |
| IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (***cadexomer iodine***) | Tier 3 | |
| IODOSORB TOPICAL GEL 0.9 % (***cadexomer iodine***) | Tier 3 | |
| LUGOLS TOPICAL SOLUTION 5-10 % (***iodine/potassium iodide***) | Tier 1 | |
| STRONG IODINE TOPICAL SOLUTION 5-10 % (***iodine/potassium iodide***) | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Biologicals - Biological Agents** | | |
| **Allergenic Extracts - Grass Pollen - Biological Agents** | | |
| GRASTEK SUBLINGUAL TABLET 2,800 BAU (***allergenic extract,grass pollen-timothy,standard***) | Tier 2 | PA |
| ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***) | Tier 2 | PA |
| ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6) (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***) | Tier 3 | PA |
| **Allergenic Extracts - Mite Extracts - Biological Agents** | | |
| ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (***allergenic extract, mite-d.farinae-d.pteronyssinus,standard***) | Tier 2 | PA |
| **Allergenic Extracts - Weed Pollen - Biological Agents** | | |
| RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (***allergenic extract-weed pollen-short ragweed***) | Tier 2 | PA |
| **Chemicals, foods, irritant/allergenic - Biological Agents** | | |
| T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED (***chemical allergens***) | Tier 3 | |
| **Immune Globulin - gamma globulin (IgG), human - Biological Agents** | | |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***) | Tier 4 | PA; SP |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (***immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (***immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml***) | Tier 4 | PA; SP |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***) | Tier 4 | PA; SP |
| HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %) (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***) | Tier 4 | PA; SP |
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) (***immune globulin,gamma(igg) human/hyaluronidase, human recomb***) | Tier 4 | PA; SP |
| **Live Vaccine and Live Virus Formulations - Vaccines** | | |
| FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Peanut Desensitization Agents - Biological Agents** | | |
| PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG (***peanut allergen powder-dnfp***) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (***peanut allergen powder-dnfp***) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (***peanut allergen powder-dnfp***) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (***peanut allergen powder-dnfp***) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (***peanut allergen powder-dnfp***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (***peanut allergen powder-dnfp***) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (***peanut allergen powder-dnfp***) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (***peanut allergen powder-dnfp***) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) (***peanut allergen powder-dnfp***) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (***peanut allergen powder-dnfp***) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (***peanut allergen powder-dnfp***) | Tier 4 | PA; SP |
| PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***) | Tier 4 | PA; SP |
| PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG (***peanut allergen powder-dnfp***) | Tier 4 | PA; SP |
| PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (***peanut allergen powder-dnfp***) | Tier 4 | PA; SP |
| PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***) | Tier 4 | PA; SP |
| **Vaccine Viral - COVID-19 (SARS-CoV-2) - Vaccines** | | |
| COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (***covid vaccine 2024-2025 (12 yrs up) (pfizer)\|pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML (***covid vaccine 2024-2025 (6 months-11 years)(moderna)\|pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (***covid vaccine 2024-2025 (12 yrs up)/adjuvant-matrix/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (***covid vacc 2024-2025 (5-11 years) (pfizer)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML (***covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***covid vaccine 2024-2025 (12 yrs up) (moderna)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| **Vaccine Viral - Influenza A and B - Vaccines** | | |
| AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trival split 2024-25 (36 mos up)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trivalent 2024-25 (6 mos and older)***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza vaccine trivalent 2024-2025 (65 yr up)/mf59c.1/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2024-2025(6 months and older)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML (***influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***flu vaccine tri 2024-2025(6 month and older)cell derived/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***flu vaccine triv 2024-2025(6 month and older)cell derived***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2024-2025(6 months and older)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (***influenza virus vaccine trival split 2024-2025(65 yr up)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUZONE QUAD SOUTH HEM2024(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vacc quad 2024 south hem (6 mos and up)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUZONE QUAD SOUTHERN HEM 2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vacc quad 2024 south hem (6 months and up)***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2024-2025(6 months and older)/pf***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |
| FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trivalent 2024-25 (6 mos and older)***) | $0 | EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Cardiovascular Therapy Agents** | | |
| **Antihyperlipidemic - apolipoprotein C-III Synthesis Inhibitors** | | |
| TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (***olezarsen sodium***) | Tier 4 | PA; SP |
| **Endothelin Receptor Antagonists** | | |
| TRYVIO ORAL TABLET 12.5 MG (***aprocitentan***) | Tier 4 | PA; SP |
| **Endothelin-Angiotensin Receptor Antagonist** | | |
| FILSPARI ORAL TABLET 200 MG, 400 MG (***sparsentan***) | Tier 4 | PA; SP |
| **Pulmonary Antihypertensive Agent - Activin Receptor IIA-Fc (ActRIIA)** | | |
| WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG (***sotatercept-csrk***) | Tier 4 | SP |
| **Cardiovascular Therapy Agents - Drugs for the Heart** | | |
| **ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure** | | |
| ***amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg*** | Tier 1 | |
| ***trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg*** | Tier 2 | |
| **ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure** | | |
| ***benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg*** | Tier 1 | |
| ***captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg*** | Tier 2 | |
| ***enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg*** | Tier 1 | |
| ***fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg*** | Tier 1 | |
| ***lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg*** | Tier 1 | |
| **ACE Inhibitors - Drugs for High Blood Pressure** | | |
| ***benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg*** | Tier 1 | |
| ***captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***enalapril maleate oral solution 1 mg/ml*** | Tier 1 | ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days) |
| ***enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg*** | Tier 1 | |
| ***fosinopril oral tablet 10 mg, 20 mg, 40 mg*** | Tier 1 | |
| ***lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg*** | Tier 1 | |
| ***moexipril oral tablet 15 mg, 7.5 mg*** | Tier 1 | |
| ***perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg*** | Tier 1 | |
| QBRELIS ORAL SOLUTION 1 MG/ML (***lisinopril***) | Tier 3 | ST: Requires prior prescription for Lisinopril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days) |
| ***quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg*** | Tier 1 | |
| ***ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg*** | Tier 1 | |
| ***trandolapril oral tablet 1 mg, 2 mg, 4 mg*** | Tier 1 | |
| **Aldosterone Receptor Antagonists - Drugs for High Blood Pressure** | | |
| ***eplerenone oral tablet 25 mg, 50 mg*** | Tier 1 | |
| KERENDIA ORAL TABLET 10 MG, 20 MG (***finerenone***) | Tier 3 | PA |
| ***spironolactone oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Alpha-Beta Blockers - Drugs for High Blood Pressure** | | |
| ***carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg*** | Tier 2 | QL (1 EA per 1 day) |
| ***labetalol oral tablet 100 mg, 200 mg, 300 mg*** | Tier 1 | |
| ***labetalol oral tablet 400 mg*** | Tier 1 | |
| **Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure** | | |
| ***amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg*** | Tier 1 | |
| ***amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg*** | Tier 1 | |
| ***telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg*** | Tier 2 | |
| **Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure** | | |
| ***amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg*** | Tier 2 | |
| ***olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg*** | Tier 2 | |
| **Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure** | | |
| ***candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg*** | Tier 2 | |
| ***irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg*** | Tier 1 | |
| ***losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg*** | Tier 1 | |
| ***olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg*** | Tier 1 | |
| ***telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg*** | Tier 1 | |
| **Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure** | | |
| ENTRESTO ORAL TABLET 24-26 MG (***sacubitril/valsartan***) | Tier 2 | QL (6 EA per 1 day) |
| ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (***sacubitril/valsartan***) | Tier 2 | QL (2 EA per 1 day) |
| ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG (***sacubitril/valsartan***) | Tier 2 | QL (8 EA per 1 day) |
| **Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure** | | |
| ***candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg*** | Tier 1 | |
| ***eprosartan oral tablet 600 mg*** | Tier 1 | |
| ***irbesartan oral tablet 150 mg, 300 mg, 75 mg*** | Tier 1 | |
| ***losartan oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***olmesartan oral tablet 20 mg, 40 mg, 5 mg*** | Tier 1 | |
| ***telmisartan oral tablet 20 mg, 40 mg, 80 mg*** | Tier 1 | |
| ***valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg*** | Tier 1 | |
| **Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina** | | |
| ***amyl nitrite inhalation solution 0.3 ml*** | Tier 1 | |
| ***isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg*** | Tier 1 | |
| ***isosorbide dinitrate oral tablet 40 mg*** | Tier 2 | |
| ***isosorbide mononitrate oral tablet 10 mg, 20 mg*** | Tier 1 | |
| ***isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg*** | Tier 1 | |
| ***nitroglycerin*** (Nitro-Bid Transdermal Ointment 2 %) | Tier 2 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (***nitroglycerin***) | Tier 2 | |
| ***nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr*** | Tier 1 | |
| ***nitroglycerin translingual spray,non-aerosol 400 mcg/spray*** | Tier 2 | |
| NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY (***nitroglycerin***) | Tier 3 | |
| NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (***nitroglycerin***) | Tier 1 | |
| **Antianginal and Anti-ischemic Agents - Drugs for Angina** | | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (***vericiguat***) | Tier 3 | PA |
| **Antianginal and Anti-ischemic Agents, Non-hemodynamic - Drugs for Angina** | | |
| ***ranolazine oral tablet extended release 12 hr 1,000 mg*** | Tier 1 | QL (60 EA per 30 days) |
| ***ranolazine oral tablet extended release 12 hr 500 mg*** | Tier 1 | QL (120 EA per 30 days) |
| **Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms** | | |
| ***disopyramide phosphate oral capsule 100 mg, 150 mg*** | Tier 1 | |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (***disopyramide phosphate***) | Tier 2 | |
| ***quinidine gluconate oral tablet extended release 324 mg*** | Tier 1 | |
| ***quinidine sulfate oral tablet 200 mg, 300 mg*** | Tier 1 | |
| **Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms** | | |
| ***mexiletine oral capsule 150 mg, 200 mg, 250 mg*** | Tier 1 | |
| **Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms** | | |
| ***flecainide oral tablet 100 mg, 150 mg, 50 mg*** | Tier 1 | |
| ***propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg*** | Tier 1 | |
| ***propafenone oral tablet 150 mg, 225 mg, 300 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms** | | |
| ***sotalol hcl*** (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg) | Tier 1 | |
| ***sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg*** | Tier 1 | |
| SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***) | Tier 3 | QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tablets within the past 120 days |
| **Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms** | | |
| ***amiodarone oral tablet 100 mg, 200 mg, 400 mg*** | Tier 1 | |
| ***dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg*** | Tier 1 | |
| MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***) | Tier 2 | |
| ***amiodarone hcl*** (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg) | Tier 1 | |
| **Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms** | | |
| ***verapamil oral tablet 120 mg, 40 mg, 80 mg*** | Tier 1 | |
| **Antihyperlipidemic - Apolipoprotein Inhibitors - Drugs for Cholesterol** | | |
| TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (***olezarsen sodium***) | Tier 4 | PA; SP |
| **Antihyperlipidemic - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol** | | |
| NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***) | Tier 2 | ST: Requires prior prescription for generic statin within the past 120 days |
| **Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol** | | |
| ***cholestyramine (with sugar) oral powder 4 gram*** | Tier 1 | |
| ***cholestyramine (with sugar) oral powder in packet 4 gram*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***cholestyramine/aspartame*** (Cholestyramine Light Oral Powder 4 Gram) | Tier 1 | |
| ***cholestyramine/aspartame*** (Cholestyramine Light Oral Powder In Packet 4 Gram) | Tier 1 | |
| ***cholestyramine-aspartame oral powder in packet 4 gram*** | Tier 1 | |
| ***colesevelam oral powder in packet 3.75 gram*** | Tier 2 | |
| ***colesevelam oral tablet 625 mg*** | Tier 1 | |
| ***colestipol oral granules 5 gram*** | Tier 1 | |
| ***colestipol oral packet 5 gram*** | Tier 1 | |
| ***colestipol oral tablet 1 gram*** | Tier 1 | |
| ***cholestyramine/aspartame*** (Prevalite Oral Powder 4 Gram) | Tier 1 | |
| ***cholestyramine/aspartame*** (Prevalite Oral Powder In Packet 4 Gram) | Tier 1 | |
| **Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol** | | |
| ***fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg*** | Tier 1 | |
| ***fenofibrate nanocrystallized oral tablet 145 mg, 48 mg*** | Tier 1 | |
| ***fenofibrate oral capsule 150 mg, 50 mg*** | Tier 2 | |
| ***fenofibrate oral tablet 120 mg, 40 mg*** | Tier 2 | |
| ***fenofibrate oral tablet 160 mg, 54 mg*** | Tier 1 | |
| ***fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg*** | Tier 1 | |
| ***fenofibric acid oral tablet 105 mg*** | Tier 1 | |
| ***fenofibric acid oral tablet 35 mg*** | Tier 2 | |
| ***gemfibrozil oral tablet 600 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol** | | |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG (***lovastatin***) | Tier 3 | ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; QL (1 EA per 1 day) |
| ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (***atorvastatin calcium***) | Tier 3 | PA |
| ***atorvastatin oral tablet 10 mg, 20 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| ***atorvastatin oral tablet 40 mg, 80 mg*** | Tier 1 | QL (1 EA per 1 day) |
| EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (***rosuvastatin calcium***) | Tier 3 | ST: Requires prior prescription for generic Rosuvastatin within the past 120 days; QL (1 EA per 1 day) |
| FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (***simvastatin***) | Tier 3 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***fluvastatin oral capsule 20 mg*** | $0 | EHB; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; $0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |
| ***fluvastatin oral capsule 40 mg*** | $0 | EHB; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; $0 COPAY IF QUANTITY 2 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |
| ***fluvastatin oral tablet extended release 24 hr 80 mg*** | $0 | EHB; ST: At least 2 prior prescriptions for Atorvastatin, Lovastatin, Pravastatin, or Simvastatin within the past 365 days; $0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (***pitavastatin calcium***) | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| ***lovastatin oral tablet 10 mg, 20 mg, 40 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day) |
| ***pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| ***rosuvastatin oral tablet 10 mg, 5 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| ***rosuvastatin oral tablet 20 mg, 40 mg*** | Tier 1 | QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day) |
| ***simvastatin oral tablet 80 mg*** | Tier 1 | PA; QL (1 EA per 1 day) |
| **Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol** | | |
| ***niacin oral tablet 500 mg*** | Tier 1 | |
| ***niacin oral tablet extended release 24 hr 1,000 mg, 500 mg*** | Tier 1 | |
| ***niacin oral tablet extended release 24 hr 750 mg*** | Tier 2 | |
| ***niacin*** (Niacor Oral Tablet 500 Mg) | Tier 2 | |
| **Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol** | | |
| ***omega-3 acid ethyl esters oral capsule 1 gram*** | Tier 1 | ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day) |
| VASCEPA ORAL CAPSULE 0.5 GRAM (***icosapent ethyl***) | Tier 1 | QL (8 EA per 1 day) |
| VASCEPA ORAL CAPSULE 1 GRAM (***icosapent ethyl***) | Tier 1 | QL (4 EA per 1 day) |
| **Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb) - Drugs for Cholesterol** | | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***) | Tier 2 | ST: Requires prior prescription for generic statin within the past 120 days |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***) | Tier 2 | ST: Requires prior prescription for generic statin within the past 120 days |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***) | Tier 2 | ST: Requires prior prescription for generic statin within the past 120 days |
| **Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol** | | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***) | Tier 2 | ST: Requires prior prescription for generic statin within the past 120 days |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***) | Tier 2 | ST: Requires prior prescription for generic statin within the past 120 days |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***) | Tier 2 | ST: Requires prior prescription for generic statin within the past 120 days |
| **Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol** | | |
| ***ezetimibe oral tablet 10 mg*** | Tier 1 | QL (1 EA per 1 day) |
| **Antihyperlipidemic- ATP-Citrate Lyase and Cholesterol Absorption Inhib - Drugs for Cholesterol** | | |
| NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid/ezetimibe***) | Tier 2 | ST: Requires prior prescription for generic statin within the past 120 days |
| **Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol** | | |
| ***amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg*** | Tier 2 | QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit - Drugs for Cholesterol** | | |
| ***ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***ezetimibe-simvastatin oral tablet 10-80 mg*** | Tier 1 | PA; QL (1 EA per 1 day) |
| **Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (MTP)Inhib - Drugs for Cholesterol** | | |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (***lomitapide mesylate***) | Tier 4 | PA; SP |
| **Beta Blockers Cardiac Selective - Drugs for High Blood Pressure** | | |
| ***atenolol oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***betaxolol oral tablet 10 mg, 20 mg*** | Tier 1 | |
| ***bisoprolol fumarate oral tablet 10 mg, 5 mg*** | Tier 1 | |
| KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol succinate***) | Tier 3 | |
| ***metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***metoprolol tartrate oral tablet 100 mg, 50 mg*** | Tier 1 | |
| ***metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg*** | Tier 1 | |
| ***nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg*** | Tier 1 | |
| **Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure** | | |
| ***acebutolol oral capsule 200 mg, 400 mg*** | Tier 1 | |
| **Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure** | | |
| ***pindolol oral tablet 10 mg, 5 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure** | | |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML (***propranolol hcl***) | Tier 3 | ST: Requires prior prescription for generic Propranolol oral solution within the past 120 days if 1 year of age and older; QL (360 ML per 30 days) |
| ***nadolol oral tablet 20 mg, 40 mg, 80 mg*** | Tier 1 | |
| ***propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg*** | Tier 1 | |
| ***propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)*** | Tier 1 | |
| ***propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg*** | Tier 1 | |
| ***sotalol hcl*** (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg) | Tier 1 | |
| ***sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg*** | Tier 1 | |
| SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***) | Tier 3 | QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol tablets within the past 120 days |
| ***timolol maleate oral tablet 10 mg, 20 mg, 5 mg*** | Tier 2 | |
| **Bradykinin B2 Receptor Antagonists - Drugs for the Heart** | | |
| ***icatibant subcutaneous syringe 30 mg/3 ml*** | Tier 4 | PA; SP |
| ***icatibant acetate*** (Sajazir Subcutaneous Syringe 30 Mg/3 Ml) | Tier 4 | PA; SP |
| **Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure** | | |
| ***diltiazem hcl*** (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg) | Tier 1 | |
| ***diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg*** | Tier 2 | |
| ***diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg*** | Tier 1 | |
| ***diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg*** | Tier 1 | |
| ***diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg*** | Tier 1 | |
| ***diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg*** | Tier 2 | |
| DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (***diltiazem hcl***) | Tier 1 | |
| ***diltiazem hcl*** (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg) | Tier 2 | |
| ***diltiazem hcl*** (Tiadylt Er Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg) | Tier 1 | |
| **Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs for High Blood Pressure** | | |
| ***nimodipine oral capsule 30 mg*** | Tier 1 | |
| ***nimodipine oral solution 60 mg/20 ml*** | Tier 4 | PA; SP |
| NYMALIZE ORAL SOLUTION 60 MG/10 ML (***nimodipine***) | Tier 4 | PA; SP |
| NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (***nimodipine***) | Tier 4 | PA; SP |
| **Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure** | | |
| ***amlodipine oral tablet 10 mg, 2.5 mg, 5 mg*** | Tier 1 | |
| CONJUPRI ORAL TABLET 2.5 MG (***levamlodipine maleate***) | Tier 3 | PA |
| ***felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg*** | Tier 1 | |
| ***isradipine oral capsule 2.5 mg, 5 mg*** | Tier 2 | |
| ***levamlodipine oral tablet 2.5 mg, 5 mg*** | Tier 1 | PA |
| ***nicardipine oral capsule 20 mg, 30 mg*** | Tier 2 | |
| ***nifedipine oral capsule 10 mg, 20 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg*** | Tier 1 | |
| ***nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg*** | Tier 1 | |
| ***nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg*** | Tier 2 | |
| **Calcium Channel Blockers - Phenylakylamines - Drugs for High Blood Pressure** | | |
| ***verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg*** | Tier 2 | |
| ***verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg*** | Tier 1 | |
| ***verapamil oral tablet 120 mg, 40 mg, 80 mg*** | Tier 1 | |
| ***verapamil oral tablet extended release 120 mg, 180 mg, 240 mg*** | Tier 1 | |
| **Cardiac Myosin Inhibitor - Drugs for the Heart** | | |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (***mavacamten***) | Tier 4 | PA; SP |
| **Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure** | | |
| ***atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg*** | Tier 1 | |
| ***bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg*** | Tier 1 | |
| ***metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg*** | Tier 2 | |
| **Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction** | | |
| ***epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml*** | Tier 1 | QL (4 EA per 1 FILL) |
| NEFFY NASAL SPRAY,NON-AEROSOL 2 MG/SPRAY (0.1 ML) (***epinephrine***) | Tier 3 | QL (4 EA per 1 FILL) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction** | | |
| ***droxidopa oral capsule 100 mg, 200 mg, 300 mg*** | Tier 4 | PA; SP |
| ***midodrine oral tablet 10 mg, 2.5 mg, 5 mg*** | Tier 1 | |
| **Central Alpha-2 Agonists-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure** | | |
| ***methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg*** | Tier 1 | |
| **Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure** | | |
| ***clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg*** | Tier 1 | |
| ***clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr*** | Tier 1 | |
| ***guanfacine oral tablet 1 mg, 2 mg*** | Tier 1 | |
| ***methyldopa oral tablet 250 mg, 500 mg*** | Tier 1 | |
| **Digitalis Glycosides - Drugs for the Heart** | | |
| ***digoxin*** (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg)) | Tier 1 | |
| ***digoxin oral solution 50 mcg/ml (0.05 mg/ml)*** | Tier 2 | |
| ***digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)*** | Tier 1 | |
| ***digoxin oral tablet 62.5 mcg (0.0625 mg)*** | Tier 1 | PA |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (***digoxin***) | Tier 2 | |
| LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (***digoxin***) | Tier 2 | PA |
| **Direct Acting Vasodilators - Drugs for High Blood Pressure** | | |
| ***hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***minoxidil oral tablet 10 mg, 2.5 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Diuretic - Aldosterone Receptor Antagonist, Non-selective - Drugs for High Blood Pressure** | | |
| ***spironolactone oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs for High Blood Pressure** | | |
| ***eplerenone oral tablet 25 mg, 50 mg*** | Tier 1 | |
| **Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure** | | |
| ***acetazolamide oral capsule, extended release 500 mg*** | Tier 1 | |
| ***acetazolamide oral tablet 125 mg, 250 mg*** | Tier 1 | |
| ***dichlorphenamide oral tablet 50 mg*** | Tier 4 | PA; SP |
| ***methazolamide oral tablet 25 mg, 50 mg*** | Tier 2 | |
| **Diuretic - Loop - Drugs for High Blood Pressure** | | |
| ***bumetanide oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***ethacrynic acid oral tablet 25 mg*** | Tier 2 | PA |
| FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML (***furosemide***) | Tier 4 | SP |
| ***furosemide oral solution 10 mg/ml*** | Tier 1 | |
| ***furosemide oral solution 40 mg/5 ml (8 mg/ml)*** | Tier 1 | |
| ***furosemide oral tablet 20 mg, 40 mg, 80 mg*** | Tier 1 | |
| ***torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg*** | Tier 1 | |
| **Diuretic - Potassium Sparing - Drugs for High Blood Pressure** | | |
| ***amiloride oral tablet 5 mg*** | Tier 1 | |
| ***triamterene oral capsule 100 mg, 50 mg*** | Tier 2 | |
| **Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure** | | |
| ***amiloride-hydrochlorothiazide oral tablet 5-50 mg*** | Tier 1 | |
| ***spironolacton-hydrochlorothiaz oral tablet 25-25 mg*** | Tier 1 | |
| ***triamterene-hydrochlorothiazid oral capsule 37.5-25 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg*** | Tier 1 | |
| **Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs for High Blood Pressure** | | |
| ***tolvaptan oral tablet 15 mg*** | Tier 4 | SP; QL (30 EA per 365 days) |
| ***tolvaptan oral tablet 30 mg*** | Tier 4 | SP; QL (60 EA per 365 days) |
| **Diuretic - Thiazides and Related - Drugs for High Blood Pressure** | | |
| ***chlorthalidone oral tablet 25 mg, 50 mg*** | Tier 1 | |
| DIURIL ORAL SUSPENSION 250 MG/5 ML (***chlorothiazide***) | Tier 3 | |
| ***hydrochlorothiazide oral capsule 12.5 mg*** | Tier 1 | |
| ***hydrochlorothiazide oral tablet 12.5 mg*** | Tier 1 | |
| ***hydrochlorothiazide oral tablet 25 mg, 50 mg*** | Tier 1 | |
| ***indapamide oral tablet 1.25 mg, 2.5 mg*** | Tier 1 | |
| ***metolazone oral tablet 10 mg, 2.5 mg, 5 mg*** | Tier 1 | |
| **Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure** | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML (***ivabradine hcl***) | Tier 2 | QL (20 ML per 1 day) |
| ***ivabradine oral tablet 5 mg, 7.5 mg*** | Tier 1 | ST: Requires prior prescription for Bisoprolol, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Muscarinic Receptor Antagonists (Anticholinergic) - Drugs for Abnormal Heart Rhythms** | | |
| ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML (***atropine sulfate***) | Tier 3 | |
| **Non-Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure** | | |
| ***propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg*** | Tier 1 | |
| **PAH Agents - Selective Prostacyclin Receptor (IP) Agonists - Drugs for High Blood Pressure** | | |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***) | Tier 4 | PA; SP |
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (***selexipag***) | Tier 4 | PA; SP |
| **Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure** | | |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (***doxazosin mesylate***) | Tier 3 | |
| ***doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg*** | Tier 1 | |
| ***phenoxybenzamine oral capsule 10 mg*** | Tier 4 | PA; SP |
| ***prazosin oral capsule 1 mg, 2 mg, 5 mg*** | Tier 1 | |
| ***terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg*** | Tier 1 | |
| **Peripheral Vasodilators, Single Agents - Drugs for High Blood Pressure** | | |
| ***papaverine injection solution 30 mg/ml*** | Tier 1 | |
| **Pheochromocytoma, Agents to Treat - Drugs for High Blood Pressure** | | |
| ***metyrosine oral capsule 250 mg*** | Tier 4 | SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs for the Heart** | | |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (***lanadelumab-flyo***) | Tier 4 | PA; SP |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (***lanadelumab-flyo***) | Tier 4 | PA; SP |
| **Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs for the Heart** | | |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hydrochloride***) | Tier 4 | PA; SP |
| **Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure** | | |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (***treprostinil diolamine***) | Tier 4 | PA; SP |
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (***treprostinil diolamine***) | Tier 4 | PA; SP |
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (***treprostinil diolamine***) | Tier 4 | PA; SP |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***) | Tier 4 | PA; SP |
| REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (***treprostinil sodium***) | Tier 4 | PA; SP |
| ***treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml*** | Tier 4 | PA; SP |
| TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***) | Tier 4 | PA; SP |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (***iloprost tromethamine***) | Tier 4 | PA; SP |
| **Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs for High Blood Pressure** | | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***) | Tier 4 | PA; SP |
| **Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure** | | |
| ***ambrisentan oral tablet 10 mg, 5 mg*** | Tier 4 | PA; SP |
| ***bosentan oral tablet 125 mg, 62.5 mg*** | Tier 4 | PA; SP |
| OPSUMIT ORAL TABLET 10 MG (***macitentan***) | Tier 4 | PA; SP |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (***bosentan***) | Tier 4 | PA; SP |
| **Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure** | | |
| ***tadalafil*** (Alyq Oral Tablet 20 Mg) | Tier 4 | PA; SP |
| LIQREV ORAL SUSPENSION 10 MG/ML (***sildenafil citrate***) | Tier 4 | PA; SP |
| ***sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml*** | Tier 1 | PA |
| ***sildenafil (pulm.hypertension) oral tablet 20 mg*** | Tier 1 | PA |
| ***tadalafil (pulm. hypertension) oral tablet 20 mg*** | Tier 4 | PA; SP |
| **Renin Inhibitor, Direct - Drugs for High Blood Pressure** | | |
| ***aliskiren oral tablet 150 mg, 300 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Vasodilator Combinations - Drugs for High Blood Pressure** | | |
| ***isosorbide-hydralazine oral tablet 20-37.5 mg*** | Tier 2 | |
| **Central Nervous System Agents** | | |
| **Antipsychotic - Muscarinic Agonist/Antagonist Combinations** | | |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (***xanomeline tartrate/trospium chloride***) | Tier 3 | ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days; QL (2 EA per 1 day) |
| COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG (***xanomeline tartrate/trospium chloride***) | Tier 3 | ST: Requires prior prescription for a generic atypical Antipsychotic, Rexulti, or Vraylar within the past 120 days |
| **Central Nervous System Agents - Drugs for the Nervous System** | | |
| **Agents to Treat Episodic Cluster Headaches - Drugs for Migraine Headaches** | | |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (***galcanezumab-gnlm***) | Tier 2 | PA |
| **Antianxiety Agent - Antihistamine Type - Drugs for Anxiety** | | |
| ***hydroxyzine hcl oral solution 10 mg/5 ml*** | Tier 1 | |
| ***hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Antianxiety Agent - Benzodiazepines - Drugs for Anxiety** | | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (***alprazolam***) | Tier 2 | |
| ***alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg*** | Tier 1 | |
| ***alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg*** | Tier 2 | |
| ***chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg*** | Tier 1 | |
| ***clonazepam oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg*** | Tier 2 | |
| ***diazepam*** (Diazepam Intensol Oral Concentrate 5 Mg/Ml) | Tier 1 | |
| ***diazepam oral concentrate 5 mg/ml*** | Tier 1 | |
| ***diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)*** | Tier 1 | |
| ***diazepam oral tablet 10 mg, 2 mg, 5 mg*** | Tier 1 | |
| ***lorazepam*** (Lorazepam Intensol Oral Concentrate 2 Mg/Ml) | Tier 1 | |
| ***lorazepam oral concentrate 2 mg/ml*** | Tier 1 | |
| ***lorazepam oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***oxazepam oral capsule 10 mg, 15 mg, 30 mg*** | Tier 1 | |
| **Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety** | | |
| ***meprobamate oral tablet 200 mg, 400 mg*** | Tier 2 | |
| **Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety** | | |
| ***buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg*** | Tier 1 | |
| **Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML (***perampanel***) | Tier 2 | QL (680 ML per 28 days) |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (***perampanel***) | Tier 2 | QL (30 EA per 30 days) |
| FYCOMPA ORAL TABLET 2 MG (***perampanel***) | Tier 2 | QL (120 EA per 30 days) |
| FYCOMPA ORAL TABLET 4 MG, 6 MG (***perampanel***) | Tier 2 | QL (60 EA per 30 days) |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)*** | Tier 1 | |
| ***phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg*** | Tier 1 | |
| ***phenobarbital oral tablet 15 mg, 30 mg, 60 mg*** | Tier 1 | |
| ***primidone oral tablet 125 mg*** | Tier 1 | |
| ***primidone oral tablet 250 mg, 50 mg*** | Tier 1 | |
| **Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***clobazam oral suspension 2.5 mg/ml*** | Tier 1 | QL (480 ML per 30 days) |
| ***clobazam oral tablet 10 mg, 20 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***clonazepam oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg*** | Tier 1 | |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (***diazepam***) | Tier 3 | QL (10 EA per 30 days) |
| NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***) | Tier 3 | QL (10 EA per 30 days) |
| VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (***diazepam***) | Tier 3 | QL (10 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Anticonvulsant - Cannabinoid Type - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML (***cannabidiol (cbd)***) | Tier 4 | SP; ST: Requires trial of or contraindication to 2 of the following generic anticonsulvants: Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid witihn the past 365 days |
| **Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***felbamate oral suspension 600 mg/5 ml*** | Tier 1 | QL (30 ML per 1 day) |
| ***felbamate oral tablet 400 mg*** | Tier 1 | QL (9 EA per 1 day) |
| ***felbamate oral tablet 600 mg*** | Tier 1 | QL (6 EA per 1 day) |
| **Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***) | Tier 2 | |
| DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (***divalproex sodium***) | Tier 2 | |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***) | Tier 2 | |
| ***divalproex oral capsule, delayed rel sprinkle 125 mg*** | Tier 1 | |
| ***divalproex oral tablet extended release 24 hr 250 mg, 500 mg*** | Tier 1 | |
| ***divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg*** | Tier 1 | |
| ***valproic acid (as sodium salt) oral solution 250 mg/5 ml*** | Tier 1 | |
| ***valproic acid oral capsule 250 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***lacosamide oral solution 10 mg/ml*** | Tier 1 | QL (1200 ML per 30 days) |
| ***lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg*** | Tier 1 | QL (2 EA per 1 day) |
| VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14) (***lacosamide***) | Tier 2 | |
| **Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***gabapentin oral capsule 100 mg, 300 mg, 400 mg*** | Tier 1 | |
| ***gabapentin oral solution 250 mg/5 ml*** | Tier 1 | |
| ***gabapentin oral solution 300 mg/6 ml (6 ml)*** | Tier 1 | |
| ***gabapentin oral tablet 600 mg, 800 mg*** | Tier 1 | |
| ***pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***pregabalin oral solution 20 mg/ml*** | Tier 1 | |
| **Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***tiagabine oral tablet 12 mg, 2 mg, 4 mg*** | Tier 1 | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***tiagabine oral tablet 16 mg*** | Tier 1 | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day) |
| **Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| SABRIL ORAL TABLET 500 MG (***vigabatrin***) | Tier 4 | PA; SP |
| ***vigabatrin oral powder in packet 500 mg*** | Tier 4 | PA; SP |
| ***vigabatrin oral tablet 500 mg*** | Tier 4 | PA; SP |
| ***vigabatrin*** (Vigadrone Oral Powder In Packet 500 Mg) | Tier 4 | PA; SP |
| ***vigabatrin*** (Vigadrone Oral Tablet 500 Mg) | Tier 4 | PA; SP |
| VIGAFYDE ORAL SOLUTION 100 MG/ML (***vigabatrin***) | Tier 4 | PA; SP |
| ***vigabatrin*** (Vigpoder Oral Powder In Packet 500 Mg) | Tier 4 | PA; SP |
| **Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***phenytoin sodium extended*** (Dilantin Extended Oral Capsule 100 Mg) | Tier 2 | |
| ***phenytoin*** (Dilantin Infatabs Oral Tablet,Chewable 50 Mg) | Tier 2 | |
| ***phenytoin sodium extended*** (Dilantin Oral Capsule 30 Mg) | Tier 3 | |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (***phenytoin***) | Tier 2 | |
| ***phenytoin sodium extended*** (Phenytek Oral Capsule 200 Mg, 300 Mg) | Tier 2 | |
| ***phenytoin oral suspension 125 mg/5 ml*** | Tier 1 | |
| ***phenytoin oral tablet,chewable 50 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg*** | Tier 1 | |
| **Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| APTIOM ORAL TABLET 200 MG, 400 MG (***eslicarbazepine acetate***) | Tier 3 | QL (1 EA per 1 day) |
| APTIOM ORAL TABLET 600 MG, 800 MG (***eslicarbazepine acetate***) | Tier 3 | QL (2 EA per 1 day) |
| ***carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg*** | Tier 1 | |
| ***carbamazepine oral suspension 100 mg/5 ml*** | Tier 1 | |
| ***carbamazepine oral tablet 200 mg*** | Tier 1 | |
| ***carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg*** | Tier 1 | |
| ***carbamazepine oral tablet,chewable 100 mg*** | Tier 1 | |
| ***carbamazepine oral tablet,chewable 200 mg*** | Tier 1 | |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***) | Tier 2 | |
| ***carbamazepine*** (Epitol Oral Tablet 200 Mg) | Tier 1 | |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***) | Tier 3 | |
| ***oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)*** | Tier 1 | |
| ***oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg*** | Tier 1 | |
| ***oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg*** | Tier 1 | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***oxcarbazepine oral tablet extended release 24 hr 600 mg*** | Tier 1 | ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day) |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***) | Tier 2 | |
| TEGRETOL ORAL TABLET 200 MG (***carbamazepine***) | Tier 2 | |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***) | Tier 2 | |
| **Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| EPRONTIA ORAL SOLUTION 25 MG/ML (***topiramate***) | Tier 3 | PA |
| ***topiramate oral capsule, sprinkle 15 mg, 25 mg*** | Tier 1 | |
| ***topiramate oral capsule, sprinkle 50 mg*** | Tier 1 | |
| ***topiramate oral capsule,extended release 24hr 100 mg, 200 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***topiramate oral capsule,extended release 24hr 25 mg*** | Tier 1 | QL (8 EA per 1 day) |
| ***topiramate oral capsule,extended release 24hr 50 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg*** | Tier 1 | ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day) |
| ***topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg*** | Tier 1 | ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Anticonvulsant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ZTALMY ORAL SUSPENSION 50 MG/ML (***ganaxolone***) | Tier 4 | PA; SP |
| **Anticonvulsant - Phenyltriazine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (***lamotrigine***) | Tier 3 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days |
| LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (***lamotrigine***) | Tier 3 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days |
| LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (***lamotrigine***) | Tier 3 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days |
| ***lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg*** | Tier 1 | |
| ***lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)*** | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days |
| ***lamotrigine oral tablet extended release 24hr 100 mg*** | Tier 2 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day) |
| ***lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg*** | Tier 2 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***lamotrigine oral tablet extended release 24hr 25 mg, 50 mg*** | Tier 2 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day) |
| ***lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg*** | Tier 1 | |
| ***lamotrigine oral tablet,disintegrating 100 mg*** | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day) |
| ***lamotrigine oral tablet,disintegrating 200 mg*** | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day) |
| ***lamotrigine oral tablet,disintegrating 25 mg, 50 mg*** | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day) |
| ***lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)*** | Tier 2 | |
| **Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| BRIVIACT ORAL SOLUTION 10 MG/ML (***brivaracetam***) | Tier 2 | QL (600 ML per 30 days) |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (***brivaracetam***) | Tier 2 | QL (2 EA per 1 day) |
| ***levetiracetam oral solution 100 mg/ml*** | Tier 1 | |
| ***levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg*** | Tier 1 | |
| ***levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***ethosuximide oral capsule 250 mg*** | Tier 1 | |
| ***ethosuximide oral solution 250 mg/5 ml*** | Tier 1 | |
| ***methsuximide oral capsule 300 mg*** | Tier 1 | |
| **Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML (***zonisamide***) | Tier 3 | PA |
| ***zonisamide oral capsule 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***rufinamide oral suspension 40 mg/ml*** | Tier 1 | ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (80 ML per 1 day) |
| ***rufinamide oral tablet 200 mg*** | Tier 1 | ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (16 EA per 1 day) |
| ***rufinamide oral tablet 400 mg*** | Tier 1 | ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (8 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG (***stiripentol***) | Tier 4 | PA; SP |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (***stiripentol***) | Tier 4 | PA; SP |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML (***fenfluramine hcl***) | Tier 4 | PA; SP |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (***cenobamate***) | Tier 2 | QL (2 EA per 1 day) |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (***cenobamate***) | Tier 2 | QL (1 EA per 1 day) |
| XCOPRI ORAL TABLET 200 MG (***cenobamate***) | Tier 2 | QL (2 EA per 1 day) |
| XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (***cenobamate***) | Tier 2 | QL (1 EA per 1 day) |
| **Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression** | | |
| ***mirtazapine oral tablet 15 mg, 30 mg, 45 mg*** | Tier 1 | |
| ***mirtazapine oral tablet 7.5 mg*** | Tier 1 | |
| ***mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg*** | Tier 1 | |
| **Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B - Drugs for Depression** | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (***selegiline***) | Tier 3 | ST: Requires prior prescription for Marplan, Phenelzine, or Tranylcypromine within the past 120 days; QL (1 EA per 1 day) |
| MARPLAN ORAL TABLET 10 MG (***isocarboxazid***) | Tier 3 | |
| ***phenelzine oral tablet 15 mg*** | Tier 1 | |
| ***tranylcypromine oral tablet 10 mg*** | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antidepressant - NDMA Receptor Antagonist and NDRI Combinations - Drugs for Depression** | | |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (***dextromethorphan hbr/bupropion hcl***) | Tier 3 | ST: Requires prior prescription for Bupropion, Citalopram, Desvenlafaxine, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days |
| **Antidepressant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Depression** | | |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (***zuranolone***) | Tier 4 | PA; SP |
| **Antidepressant - N-methyl D-aspartate (NMDA) receptor antagonist - Drugs for Depression** | | |
| SPRAVATO NASAL SPRAY,NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3) (***esketamine hcl***) | Tier 4 | PA; SP |
| **Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression** | | |
| ***citalopram oral solution 10 mg/5 ml*** | Tier 1 | |
| ***citalopram oral tablet 10 mg, 20 mg, 40 mg*** | Tier 1 | |
| ***escitalopram oxalate oral solution 5 mg/5 ml*** | Tier 1 | |
| ***escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg*** | Tier 1 | |
| ***fluoxetine oral capsule 10 mg, 20 mg, 40 mg*** | Tier 1 | |
| ***fluoxetine oral capsule,delayed release(dr/ec) 90 mg*** | Tier 2 | |
| ***fluoxetine oral solution 20 mg/5 ml (4 mg/ml)*** | Tier 1 | |
| ***fluoxetine oral tablet 10 mg, 20 mg*** | Tier 1 | |
| ***fluoxetine oral tablet 60 mg*** | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg*** | Tier 2 | ST: Requires prior prescription for Citalopram, Escitalopram, Fluoxetine, Fluvoxamine IR, Paroxetine, or Sertraline within the past 120 days; QL (2 EA per 1 day) |
| ***fluvoxamine oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***paroxetine hcl oral suspension 10 mg/5 ml*** | Tier 2 | |
| ***paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg*** | Tier 1 | |
| ***paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg*** | Tier 2 | |
| ***sertraline oral concentrate 20 mg/ml*** | Tier 1 | |
| ***sertraline oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression** | | |
| ***nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg*** | Tier 1 | |
| RALDESY ORAL SOLUTION 10 MG/ML (***trazodone hcl***) | Tier 3 | |
| ***trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg*** | Tier 1 | |
| **Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression** | | |
| ***desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg*** | Tier 2 | ST: At least 2 prior prescriptions for generic Paroxetine HCL, Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Sertraline, or Venlafaxine ER/IR within the past 365 days; QL (1 EA per 1 day) |
| ***desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg*** | Tier 1 | |
| FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5) (***levomilnacipran hcl***) | Tier 2 | QL (1 EA per 1 day) |
| FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (***levomilnacipran hcl***) | Tier 2 | QL (1 EA per 1 day) |
| ***venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg*** | Tier 1 | |
| ***venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg*** | Tier 2 | |
| **Antidepressant - SSRI and 5HT1A Partial Agonist - Drugs for Depression** | | |
| ***vilazodone oral tablet 10 mg, 20 mg, 40 mg*** | Tier 1 | ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER within the past 120 days |
| **Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression** | | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (***vortioxetine hydrobromide***) | Tier 2 | QL (1 EA per 1 day) |
| **Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression** | | |
| ***perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg*** | Tier 1 | |
| **Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression** | | |
| ***amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antidepressant- SSRI and Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs for Depression** | | |
| ***olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg*** | Tier 2 | QL (1 EA per 1 day) |
| **Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression** | | |
| ***bupropion hcl oral tablet 100 mg, 75 mg*** | Tier 1 | |
| ***bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg*** | Tier 1 | |
| ***bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg*** | Tier 1 | |
| **Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression** | | |
| ***amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***clomipramine oral capsule 25 mg, 50 mg, 75 mg*** | Tier 2 | |
| ***desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg*** | Tier 2 | |
| ***doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***doxepin oral concentrate 10 mg/ml*** | Tier 1 | |
| ***imipramine hcl oral tablet 10 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg*** | Tier 2 | |
| ***nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***nortriptyline oral solution 10 mg/5 ml*** | Tier 2 | |
| ***protriptyline oral tablet 10 mg, 5 mg*** | Tier 2 | |
| ***trimipramine oral capsule 100 mg, 25 mg, 50 mg*** | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb - Drugs for Parkinson** | | |
| ***carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg*** | Tier 1 | |
| ***carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg*** | Tier 2 | |
| **Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson** | | |
| ***carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg*** | Tier 1 | |
| ***carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg*** | Tier 1 | |
| ***carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg*** | Tier 1 | |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (***carbidopa/levodopa***) | Tier 4 | PA; SP |
| RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (***carbidopa/levodopa***) | Tier 3 | ST: Requires prior prescription for generic Carbidopa/Levodopa ER within the past 120 days; QL (10 EA per 1 day) |
| VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML (***foscarbidopa/foslevodopa***) | Tier 4 | PA; SP |
| **Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors - Drugs for Parkinson** | | |
| ***tolcapone oral tablet 100 mg*** | Tier 2 | ST: Requires prior prescription for Comtan (Entacapone) within the past 120 days; QL (3 EA per 1 day) |
| **Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson** | | |
| ***entacapone oral tablet 200 mg*** | Tier 1 | |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG (***opicapone***) | Tier 3 | PA |
| **Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson** | | |
| ***carbidopa oral tablet 25 mg*** | Tier 1 | |
| **Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson** | | |
| ***benztropine oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***trihexyphenidyl oral elixir 0.4 mg/ml*** | Tier 1 | |
| ***trihexyphenidyl oral tablet 2 mg, 5 mg*** | Tier 1 | |
| **Antiparkinson Therapy - Dopamine Precursors - Drugs for Parkinson** | | |
| INBRIJA INHALATION CAPSULE 42 MG (***levodopa***) | Tier 4 | PA; SP |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (***levodopa***) | Tier 4 | PA; SP |
| **Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson** | | |
| ***bromocriptine oral capsule 5 mg*** | Tier 1 | |
| ***bromocriptine oral tablet 2.5 mg*** | Tier 1 | |
| **Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson** | | |
| ***rasagiline oral tablet 0.5 mg, 1 mg*** | Tier 2 | QL (1 EA per 1 day) |
| ***selegiline hcl oral capsule 5 mg*** | Tier 1 | |
| ***selegiline hcl oral tablet 5 mg*** | Tier 1 | |
| XADAGO ORAL TABLET 100 MG, 50 MG (***safinamide mesylate***) | Tier 3 | ST: Requires prior prescription for Carbidopa/Levodopa (Duopa, Parcopa, Rytary, Sinemet IR, or Sinemet CR) within the past 120 days; QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG (***selegiline hcl***) | Tier 3 | ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day) |
| **Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson** | | |
| ***amantadine hcl oral capsule 100 mg*** | Tier 1 | |
| ***amantadine hcl oral solution 50 mg/5 ml*** | Tier 1 | |
| ***amantadine hcl oral tablet 100 mg*** | Tier 1 | |
| ***apomorphine subcutaneous cartridge 10 mg/ml*** | Tier 4 | PA; SP |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (***rotigotine***) | Tier 2 | ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day) |
| ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML (***apomorphine hcl***) | Tier 4 | PA |
| ***pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg*** | Tier 1 | |
| ***pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg*** | Tier 2 | ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day) |
| ***ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg*** | Tier 1 | |
| ***ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg*** | Tier 1 | ST: Requires prior prescription for immediate-release Pramipexole or immediate-release Ropinirole within the past 120 days; QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs for Severe Mental Disorders** | | |
| ***asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg*** | Tier 2 | QL (2 EA per 1 day) |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (***asenapine***) | Tier 3 | ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (1 EA per 1 day) |
| **Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders** | | |
| ***lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg*** | Tier 2 | QL (30 EA per 30 days) |
| ***lurasidone oral tablet 80 mg*** | Tier 2 | QL (60 EA per 30 days) |
| ***ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg*** | Tier 1 | |
| ***ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)*** | Tier 1 | PA |
| **Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders** | | |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (***iloperidone***) | Tier 3 | ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (2 EA per 1 day) |
| FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) (***iloperidone***) | Tier 3 | ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (8 EA per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML (***paliperidone palmitate***) | Tier 4 | PA; SP; QL (0.75 ML per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML (***paliperidone palmitate***) | Tier 4 | PA; SP; QL (1 ML per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (***paliperidone palmitate***) | Tier 4 | PA; SP; QL (1.5 ML per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML (***paliperidone palmitate***) | Tier 4 | PA; SP; QL (0.25 ML per 21 days) |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML (***paliperidone palmitate***) | Tier 4 | PA; SP; QL (0.5 ML per 21 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML (***paliperidone palmitate***) | Tier 4 | PA; SP; QL (88 ML per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML (***paliperidone palmitate***) | Tier 4 | PA; SP; QL (1.32 ML per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML (***paliperidone palmitate***) | Tier 4 | PA; SP; QL (1.75 ML per 70 days) |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML (***paliperidone palmitate***) | Tier 4 | PA; SP; QL (2.63 ML per 70 days) |
| ***paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg*** | Tier 2 | QL (1 EA per 1 day) |
| ***paliperidone oral tablet extended release 24hr 6 mg*** | Tier 2 | QL (2 EA per 1 day) |
| PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG (***risperidone***) | Tier 4 | PA; SP; QL (1 EA per 28 days) |
| ***risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml*** | Tier 4 | PA; SP; QL (1 EA per 14 days) |
| ***risperidone oral solution 1 mg/ml*** | Tier 1 | |
| ***risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg*** | Tier 1 | |
| ***risperidone oral tablet,disintegrating 0.25 mg*** | Tier 2 | |
| ***risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg*** | Tier 2 | |
| RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (***risperidone microspheres***) | Tier 4 | PA; SP; QL (1 EA per 14 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs for Severe Mental Disorders** | | |
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (***lumateperone tosylate***) | Tier 3 | ST: Requires prior prescription for Rexulti or Vraylar within the past 120 days; QL (1 EA per 1 day) |
| **Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders** | | |
| ***clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg*** | Tier 2 | QL (3 EA per 1 day) |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML (***clozapine***) | Tier 3 | ST: Requires prior prescriptions for two generic atypical antipsychotics within the past 365 days; QL (18 ML per 1 day) |
| **Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders** | | |
| ***haloperidol lactate oral concentrate 2 mg/ml*** | Tier 1 | |
| ***haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg*** | Tier 1 | |
| **Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders** | | |
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (***loxapine***) | Tier 4 | PA; SP |
| ***loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg*** | Tier 1 | |
| **Antipsychotic - Dihydroindolones - Drugs for Severe Mental Disorders** | | |
| ***molindone oral tablet 10 mg*** | Tier 1 | QL (8 EA per 1 day) |
| ***molindone oral tablet 25 mg*** | Tier 1 | QL (9 EA per 1 day) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***molindone oral tablet 5 mg*** | Tier 1 | |
| **Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders** | | |
| ***pimozide oral tablet 1 mg, 2 mg*** | Tier 1 | |
| **Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders** | | |
| ***chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml*** | Tier 1 | |
| ***chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg*** | Tier 2 | |
| **Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders** | | |
| ***fluphenazine hcl oral concentrate 5 mg/ml*** | Tier 1 | |
| ***fluphenazine hcl oral elixir 2.5 mg/5 ml*** | Tier 1 | |
| ***fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg*** | Tier 2 | |
| ***perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg*** | Tier 1 | |
| ***prochlorperazine maleate oral tablet 10 mg, 5 mg*** | Tier 1 | |
| ***trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg*** | Tier 1 | |
| **Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders** | | |
| ***thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| **Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders** | | |
| ***thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg*** | Tier 1 | |
| **Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs for Severe Mental Disorders** | | |
| ***quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg*** | Tier 1 | |
| ***quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11) (***quetiapine fumarate***) | Tier 3 | |
| **Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs for Severe Mental Disorders** | | |
| ***olanzapine intramuscular recon soln 10 mg*** | Tier 1 | PA |
| ***olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg*** | Tier 1 | |
| ***olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg*** | Tier 1 | |
| ***olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg*** | Tier 2 | QL (1 EA per 1 day) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG (***olanzapine pamoate***) | Tier 4 | PA; SP; QL (1 EA per 14 days) |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG (***olanzapine pamoate***) | Tier 4 | PA; SP; QL (1 EA per 28 days) |
| **Antipsychotic-Atyp Selective Serotonin 5-HT2A Inverse Agonists (SSIA) - Drugs for Severe Mental Disorders** | | |
| NUPLAZID ORAL CAPSULE 34 MG (***pimavanserin tartrate***) | Tier 4 | PA; SP |
| NUPLAZID ORAL TABLET 10 MG (***pimavanserin tartrate***) | Tier 4 | PA; SP |
| **Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders** | | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (***aripiprazole***) | Tier 4 | PA; SP; QL (1 EA per 26 days) |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (***aripiprazole***) | Tier 4 | PA; SP; QL (1 EA per 26 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***aripiprazole oral solution 1 mg/ml*** | Tier 1 | ST: At least 2 prior prescriptions for SSRIs, SNRIs, or atypical antipsychotics within the past 365 days |
| ***aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg*** | Tier 1 | |
| ***aripiprazole oral tablet,disintegrating 10 mg*** | Tier 2 | ST: At least 2 prior prescriptions for SSRIs, SNRIs, or atypical antipsychotics within the past 365 days; QL (3 EA per 1 day) |
| ***aripiprazole oral tablet,disintegrating 15 mg*** | Tier 2 | ST: At least 2 prior prescriptions for SSRIs, SNRIs, or atypical antipsychotics within the past 365 days; QL (2 EA per 1 day) |
| ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML (***aripiprazole lauroxil, submicronized***) | Tier 4 | PA; SP |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML (***aripiprazole lauroxil***) | Tier 4 | PA; SP; QL (3.9 ML per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML (***aripiprazole lauroxil***) | Tier 4 | PA; SP; QL (1.6 ML per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML (***aripiprazole lauroxil***) | Tier 4 | PA; SP; QL (2.4 ML per 14 days) |
| ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML (***aripiprazole lauroxil***) | Tier 4 | PA; SP; QL (3.2 ML per 14 days) |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (***aripiprazole***) | Tier 3 | ST: Requires prior prescription for generic Aripiprazole tablets within the past 120 days |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***brexpiprazole***) | Tier 2 | QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3) (***brexpiprazole***) | Tier 2 | QL (1 EA per 1 day) |
| **Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs for Severe Mental Disorders** | | |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***) | Tier 2 | QL (1 EA per 1 day) |
| **Attention Deficit-Hyperact. Disorder (ADHD)-alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder** | | |
| ***clonidine hcl oral tablet extended release 12 hr 0.1 mg*** | Tier 2 | |
| ***guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg*** | Tier 1 | |
| ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML (***clonidine hcl***) | Tier 3 | ST: Requires prior prescription for Clonidine 0.1mg ER tablets within the past 120 days; QL (4 ML per 1 day); Age (Min 6 Years) |
| **Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder** | | |
| ***amphetamine sulfate oral tablet 10 mg, 5 mg*** | Tier 2 | PA |
| AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG (***serdexmethylphenidate chloride/dexmethylphenidate hcl***) | Tier 2 | ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day) |
| ***dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg*** | Tier 1 | QL (2 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg*** | Tier 2 | QL (60 EA per 30 days) |
| ***dextroamphetamine sulfate oral capsule, extended release 15 mg*** | Tier 2 | QL (120 EA per 30 days) |
| ***dextroamphetamine sulfate oral tablet 10 mg*** | Tier 1 | QL (180 EA per 30 days) |
| ***dextroamphetamine sulfate oral tablet 15 mg*** | Tier 1 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day) |
| ***dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg*** | Tier 1 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days) |
| ***dextroamphetamine sulfate oral tablet 20 mg, 30 mg*** | Tier 1 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day) |
| ***dextroamphetamine sulfate oral tablet 5 mg*** | Tier 1 | QL (90 EA per 30 days) |
| ***dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg*** | Tier 1 | QL (2 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (***amphetamine***) | Tier 3 | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (240 ML per 30 days) |
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (***amphetamine***) | Tier 3 | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day) |
| JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (***methylphenidate hcl***) | Tier 2 | ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day) |
| ***lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***methylphenidate hcl*** (Metadate Er Oral Tablet Extended Release 20 Mg) | Tier 1 | QL (90 EA per 30 days) |
| ***methamphetamine oral tablet 5 mg*** | Tier 2 | QL (150 EA per 30 days) |
| ***methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***methylphenidate hcl oral capsule, er biphasic 30-70 30 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***methylphenidate hcl oral capsule,er biphasic 50-50 30 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml*** | Tier 1 | |
| ***methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg*** | Tier 1 | QL (90 EA per 30 days) |
| ***methylphenidate hcl oral tablet extended release 10 mg*** | Tier 1 | QL (3 EA per 1 day) |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***methylphenidate hcl oral tablet extended release 20 mg*** | Tier 1 | QL (90 EA per 30 days) |
| ***methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***methylphenidate hcl oral tablet extended release 24hr 36 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg*** | Tier 2 | QL (90 EA per 30 days) |
| ***methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr*** | Tier 1 | ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day) |
| QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG (***methylphenidate hcl***) | Tier 3 | ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day) |
| QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG (***methylphenidate hcl***) | Tier 3 | ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (2 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***) | Tier 3 | 120mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (240 ML per 30 days) |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***) | Tier 3 | 150mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (300 ML per 30 days) |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***) | Tier 3 | 180mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (360 ML per 30 days) |
| QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***) | Tier 3 | 60mL BOTTLE; ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (60 ML per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG (***lisdexamfetamine dimesylate***) | Tier 2 | QL (1 EA per 1 day) |
| ***dextroamphetamine sulfate*** (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg) | Tier 3 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days) |
| **Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder** | | |
| ***atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg*** | Tier 1 | |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (***viloxazine hcl***) | Tier 3 | ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years) |
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG (***viloxazine hcl***) | Tier 3 | ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (***viloxazine hcl***) | Tier 3 | ST: Requires prior prescription for Atomoxetine, Clonidine ER (Kapvay), Dexmethylphenidate, Dextroamphetamine/Amphetamine, Guanfacine ER (INTUNIV), or generic IR Methylphenidate within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years) |
| **Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (***alprazolam***) | Tier 2 | |
| ***alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg*** | Tier 1 | |
| ***alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg*** | Tier 2 | |
| ***amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg*** | Tier 1 | |
| ***chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg*** | Tier 1 | |
| ***chlordiazepoxide-clidinium oral capsule 5-2.5 mg*** | Tier 2 | |
| ***clobazam oral suspension 2.5 mg/ml*** | Tier 1 | QL (480 ML per 30 days) |
| ***clobazam oral tablet 10 mg, 20 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***clonazepam oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg*** | Tier 2 | |
| ***diazepam*** (Diazepam Intensol Oral Concentrate 5 Mg/Ml) | Tier 1 | |
| ***diazepam oral concentrate 5 mg/ml*** | Tier 1 | |
| ***diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)*** | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***diazepam oral tablet 10 mg, 2 mg, 5 mg*** | Tier 1 | |
| ***diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg*** | Tier 1 | |
| ***estazolam oral tablet 1 mg, 2 mg*** | Tier 1 | |
| ***flurazepam oral capsule 15 mg, 30 mg*** | Tier 1 | |
| LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (***diazepam***) | Tier 3 | QL (10 EA per 30 days) |
| ***lorazepam*** (Lorazepam Intensol Oral Concentrate 2 Mg/Ml) | Tier 1 | |
| ***lorazepam oral concentrate 2 mg/ml*** | Tier 1 | |
| ***lorazepam oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***midazolam (pf) injection solution 5 mg/ml*** | Tier 1 | |
| ***midazolam injection solution 5 mg/ml*** | Tier 1 | |
| ***midazolam oral syrup 2 mg/ml*** | Tier 1 | |
| NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***) | Tier 3 | QL (10 EA per 30 days) |
| ***oxazepam oral capsule 10 mg, 15 mg, 30 mg*** | Tier 1 | |
| ***quazepam oral tablet 15 mg*** | Tier 2 | ST: Requires prior prescription for oe of the following generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days |
| ***temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg*** | Tier 1 | |
| ***triazolam oral tablet 0.125 mg, 0.25 mg*** | Tier 1 | |
| VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (***diazepam***) | Tier 3 | QL (10 EA per 30 days) |
| **Bipolar Therapy Agents - Anticonvulsant Type - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg*** | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***carbamazepine oral suspension 100 mg/5 ml*** | Tier 1 | |
| ***carbamazepine oral tablet 200 mg*** | Tier 1 | |
| ***carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg*** | Tier 1 | |
| ***carbamazepine oral tablet,chewable 100 mg*** | Tier 1 | |
| ***carbamazepine oral tablet,chewable 200 mg*** | Tier 1 | |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***) | Tier 2 | |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***) | Tier 2 | |
| DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (***divalproex sodium***) | Tier 2 | |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***) | Tier 2 | |
| ***divalproex oral capsule, delayed rel sprinkle 125 mg*** | Tier 1 | |
| ***divalproex oral tablet extended release 24 hr 250 mg, 500 mg*** | Tier 1 | |
| ***divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg*** | Tier 1 | |
| ***carbamazepine*** (Epitol Oral Tablet 200 Mg) | Tier 1 | |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***) | Tier 3 | |
| ***lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)*** | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days |
| ***lamotrigine oral tablet,disintegrating 100 mg*** | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day) |
| ***lamotrigine oral tablet,disintegrating 200 mg*** | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day) |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***lamotrigine oral tablet,disintegrating 25 mg, 50 mg*** | Tier 1 | ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day) |
| ***lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)*** | Tier 2 | |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***) | Tier 2 | |
| TEGRETOL ORAL TABLET 200 MG (***carbamazepine***) | Tier 2 | |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***) | Tier 2 | |
| ***valproic acid (as sodium salt) oral solution 250 mg/5 ml*** | Tier 1 | |
| ***valproic acid oral capsule 250 mg*** | Tier 1 | |
| **Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders** | | |
| ***aripiprazole oral solution 1 mg/ml*** | Tier 1 | ST: At least 2 prior prescriptions for SSRIs, SNRIs, or atypical antipsychotics within the past 365 days |
| ***aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg*** | Tier 1 | |
| ***aripiprazole oral tablet,disintegrating 10 mg*** | Tier 2 | ST: At least 2 prior prescriptions for SSRIs, SNRIs, or atypical antipsychotics within the past 365 days; QL (3 EA per 1 day) |
| ***aripiprazole oral tablet,disintegrating 15 mg*** | Tier 2 | ST: At least 2 prior prescriptions for SSRIs, SNRIs, or atypical antipsychotics within the past 365 days; QL (2 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg*** | Tier 2 | QL (2 EA per 1 day) |
| ***olanzapine intramuscular recon soln 10 mg*** | Tier 1 | PA |
| ***olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg*** | Tier 1 | |
| ***olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg*** | Tier 1 | |
| ***olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg*** | Tier 2 | QL (1 EA per 1 day) |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (***aripiprazole***) | Tier 3 | ST: Requires prior prescription for generic Aripiprazole tablets within the past 120 days |
| ***quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg*** | Tier 1 | |
| ***quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg*** | Tier 1 | |
| ***risperidone oral solution 1 mg/ml*** | Tier 1 | |
| ***risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg*** | Tier 1 | |
| ***risperidone oral tablet,disintegrating 0.25 mg*** | Tier 2 | |
| ***risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg*** | Tier 2 | |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***) | Tier 2 | QL (1 EA per 1 day) |
| ***ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg*** | Tier 1 | |
| ***ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)*** | Tier 1 | PA |
| **Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders** | | |
| ***lithium carbonate oral capsule 150 mg, 600 mg*** | Tier 1 | |
| ***lithium carbonate oral capsule 300 mg*** | Tier 1 | |
| ***lithium carbonate oral tablet 300 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***lithium carbonate oral tablet extended release 300 mg, 450 mg*** | Tier 1 | |
| ***lithium citrate oral solution 8 meq/5 ml*** | Tier 1 | |
| **Cannabis and Cannabinoids - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***dronabinol oral capsule 10 mg, 2.5 mg, 5 mg*** | Tier 2 | ST: Requires prior prescription for a 5HT3 antagoist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day) |
| SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***) | Tier 3 | ST: Requires prior prescription for generic Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days) |
| **CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder** | | |
| ***dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg*** | Tier 1 | QL (2 EA per 1 day) |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (***amphetamine***) | Tier 3 | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (240 ML per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (***amphetamine***) | Tier 3 | ST: Requires prior prescription for Azstarys or Jornay PM within the past 120 days; QL (1 EA per 1 day) |
| **CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder** | | |
| ***amphetamine sulfate oral tablet 10 mg, 5 mg*** | Tier 2 | PA |
| ***dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg*** | Tier 2 | QL (60 EA per 30 days) |
| ***dextroamphetamine sulfate oral capsule, extended release 15 mg*** | Tier 2 | QL (120 EA per 30 days) |
| ***dextroamphetamine sulfate oral solution 5 mg/5 ml*** | Tier 1 | QL (1800 ML per 30 days) |
| ***dextroamphetamine sulfate oral tablet 10 mg*** | Tier 1 | QL (180 EA per 30 days) |
| ***dextroamphetamine sulfate oral tablet 15 mg*** | Tier 1 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day) |
| ***dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg*** | Tier 1 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days) |
| ***dextroamphetamine sulfate oral tablet 20 mg, 30 mg*** | Tier 1 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day) |
| ***dextroamphetamine sulfate oral tablet 5 mg*** | Tier 1 | QL (90 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***methamphetamine oral tablet 5 mg*** | Tier 2 | QL (150 EA per 30 days) |
| ***dextroamphetamine sulfate*** (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg) | Tier 3 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days) |
| **CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System** | | |
| ***caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)*** | Tier 1 | |
| **Fibromyalgia Agents - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg*** | Tier 1 | |
| ***pregabalin oral solution 20 mg/ml*** | Tier 1 | |
| **Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain** | | |
| ***duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg*** | Tier 1 | |
| **HSDD Agents-Mixed Serotonin Agonist/Antagonists - Drugs for the Nervous System** | | |
| ADDYI ORAL TABLET 100 MG (***flibanserin***) | Tier 3 | PA |
| **HSDD Agents-Non-Selective Melanocortin Receptor Agonist - Drugs for the Nervous System** | | |
| VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML (***bremelanotide acetate***) | Tier 3 | PA |
| **Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia** | | |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (***tasimelteon***) | Tier 4 | PA; SP |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***tasimelteon oral capsule 20 mg*** | Tier 4 | PA; SP |
| **Migraine Therapy - Carboxylic Acid Derivatives - Drugs for Migraine Headaches** | | |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***) | Tier 2 | |
| ***divalproex oral tablet extended release 24 hr 250 mg, 500 mg*** | Tier 1 | |
| **Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody - Drugs for Migraine Headaches** | | |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (***fremanezumab-vfrm***) | Tier 2 | PA |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (***fremanezumab-vfrm***) | Tier 2 | PA |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (***galcanezumab-gnlm***) | Tier 2 | PA |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (***galcanezumab-gnlm***) | Tier 2 | PA |
| **Migraine Therapy - CGRP Receptor Blockers (gepants and mAb) - Drugs for Migraine Headaches** | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (***erenumab-aooe***) | Tier 2 | PA |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (***rimegepant sulfate***) | Tier 2 | PA |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (***atogepant***) | Tier 2 | PA |
| UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***) | Tier 2 | PA |
| ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION (***zavegepant hcl***) | Tier 3 | PA |
| **Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches** | | |
| ***dihydroergotamine injection solution 1 mg/ml*** | Tier 2 | QL (15 ML per 14 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)*** | Tier 2 | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days) |
| ERGOMAR SUBLINGUAL TABLET 2 MG (***ergotamine tartrate***) | Tier 3 | QL (10 EA per 7 days) |
| TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) (***dihydroergotamine mesylate***) | Tier 3 | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (12 ML per 28 days); Age (Min 18 Years) |
| **Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches** | | |
| ***ergotamine-caffeine oral tablet 1-100 mg*** | Tier 1 | QL (10 EA per 7 days) |
| **Migraine Therapy - NSAID Analgesics (Cyclooxygenase Inhibitor) - Drugs for Migraine Headaches** | | |
| ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) (***celecoxib***) | Tier 3 | PA |
| **Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches** | | |
| ***almotriptan malate oral tablet 12.5 mg, 6.25 mg*** | Tier 2 | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |
| ***eletriptan oral tablet 20 mg, 40 mg*** | Tier 2 | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***frovatriptan oral tablet 2.5 mg*** | Tier 2 | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |
| ***naratriptan oral tablet 1 mg, 2.5 mg*** | Tier 1 | QL (18 EA per 30 days) |
| ***rizatriptan oral tablet 10 mg, 5 mg*** | Tier 1 | QL (27 EA per 30 days) |
| ***rizatriptan oral tablet,disintegrating 10 mg, 5 mg*** | Tier 1 | QL (27 EA per 30 days) |
| ***sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation*** | Tier 1 | QL (36 EA per 30 days) |
| ***sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | QL (18 EA per 30 days) |
| ***sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml*** | Tier 1 | QL (18 ML per 30 days) |
| ***sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml*** | Tier 2 | QL (18 ML per 30 days) |
| ***sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml*** | Tier 1 | QL (18 ML per 30 days) |
| ***sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml*** | Tier 2 | QL (18 ML per 30 days) |
| ***sumatriptan succinate subcutaneous solution 6 mg/0.5 ml*** | Tier 1 | QL (18 ML per 30 days) |
| ***sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml*** | Tier 1 | QL (18 ML per 30 days) |
| ***zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg*** | Tier 2 | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |
| ***zolmitriptan oral tablet 2.5 mg, 5 mg*** | Tier 1 | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg*** | Tier 1 | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |
| ***zolmitriptan*** (Zomig Oral Tablet 2.5 Mg, 5 Mg) | Tier 1 | ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days) |
| **Migraine Therapy - Selective Serotonin Agonists 5-HT(1F) - Drugs for Migraine Headaches** | | |
| REYVOW ORAL TABLET 100 MG, 50 MG (***lasmiditan succinate***) | Tier 2 | PA |
| **Movement Disorder Drug Therapy - Drugs for the Nervous System** | | |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***) | Tier 4 | PA; SP |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (***deutetrabenazine***) | Tier 4 | PA; SP |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (***deutetrabenazine***) | Tier 4 | PA; SP |
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine tosylate***) | Tier 4 | PA; SP |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***) | Tier 4 | PA; SP |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***) | Tier 4 | PA; SP |
| ***tetrabenazine oral tablet 12.5 mg, 25 mg*** | Tier 4 | PA; SP |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Narcolepsy and Cataplexy Therapy Agents - Sedative-Type - Drugs for Sleep Disorder** | | |
| LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM (***sodium oxybate***) | Tier 4 | PA; SP |
| LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM (***sodium oxybate***) | Tier 4 | PA; SP |
| ***sodium oxybate oral solution 500 mg/ml*** | Tier 4 | PA; SP |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML (***sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate***) | Tier 4 | PA; SP |
| **Narcolepsy Therapy Agents - Dopamine and NE Reuptake Inhibitor (DNRI) - Drugs for Sleep Disorder** | | |
| SUNOSI ORAL TABLET 150 MG, 75 MG (***solriamfetol hcl***) | Tier 3 | PA |
| **Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs for Sleep Disorder** | | |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG (***pitolisant hcl***) | Tier 4 | PA; SP |
| **Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder** | | |
| ***armodafinil oral tablet 150 mg, 200 mg, 250 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***armodafinil oral tablet 50 mg*** | Tier 1 | QL (3 EA per 1 day) |
| ***modafinil oral tablet 100 mg, 200 mg*** | Tier 1 | QL (2 EA per 1 day) |
| **Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs for Sleep Disorder** | | |
| ***methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml*** | Tier 1 | |
| ***methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg*** | Tier 1 | QL (90 EA per 30 days) |
| ***methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg*** | Tier 2 | QL (90 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Amphetamines - Drugs for Sleep Disorder** | | |
| ***amphetamine sulfate oral tablet 10 mg, 5 mg*** | Tier 2 | PA |
| ***dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg*** | Tier 2 | QL (60 EA per 30 days) |
| ***dextroamphetamine sulfate oral capsule, extended release 15 mg*** | Tier 2 | QL (120 EA per 30 days) |
| ***dextroamphetamine sulfate oral tablet 10 mg*** | Tier 1 | QL (180 EA per 30 days) |
| ***dextroamphetamine sulfate oral tablet 15 mg*** | Tier 1 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day) |
| ***dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg*** | Tier 1 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days) |
| ***dextroamphetamine sulfate oral tablet 20 mg, 30 mg*** | Tier 1 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day) |
| ***dextroamphetamine sulfate oral tablet 5 mg*** | Tier 1 | QL (90 EA per 30 days) |
| ***dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg*** | Tier 1 | QL (2 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***dextroamphetamine sulfate*** (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg) | Tier 3 | ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days) |
| **Pseudobulbar Affect (PBA) Agents, NMDA antagonists type - Drugs for Severe Mental Disorders** | | |
| NUEDEXTA ORAL CAPSULE 20-10 MG (***dextromethorphan hbr/quinidine sulfate***) | Tier 3 | PA |
| **Sedative-Hypnotic - Barbiturates - Drugs for Insomnia** | | |
| ***phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)*** | Tier 1 | |
| ***phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg*** | Tier 1 | |
| ***phenobarbital oral tablet 15 mg, 30 mg, 60 mg*** | Tier 1 | |
| **Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia** | | |
| ***estazolam oral tablet 1 mg, 2 mg*** | Tier 1 | |
| ***flurazepam oral capsule 15 mg, 30 mg*** | Tier 1 | |
| ***midazolam oral syrup 2 mg/ml*** | Tier 1 | |
| ***quazepam oral tablet 15 mg*** | Tier 2 | ST: Requires prior prescription for oe of the following generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days |
| ***temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg*** | Tier 1 | |
| ***triazolam oral tablet 0.125 mg, 0.25 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia** | | |
| ***eszopiclone oral tablet 1 mg, 2 mg, 3 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***zaleplon oral capsule 10 mg, 5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***zolpidem oral tablet 10 mg, 5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***zolpidem sublingual tablet 1.75 mg, 3.5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| **Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs for Insomnia** | | |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***) | Tier 2 | QL (1 EA per 1 day) |
| **Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs for Insomnia** | | |
| ***doxepin oral tablet 3 mg, 6 mg*** | Tier 2 | ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day) |
| **Chemical Dependency, Agents to Treat - Drugs for Addiction** | | |
| **Agents for Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs for Opioid Addiction** | | |
| ***lofexidine oral tablet 0.18 mg*** | Tier 1 | PA |
| **Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction** | | |
| ***buprenorphine hcl sublingual tablet 2 mg, 8 mg*** | Tier 1 | QL (3 EA per 1 day) |
| ***buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg*** | Tier 2 | |
| ***buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg*** | Tier 1 | QL (3 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG (***buprenorphine hcl/naloxone hcl***) | Tier 2 | QL (1 EA per 1 day) |
| ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG (***buprenorphine hcl/naloxone hcl***) | Tier 2 | QL (2 EA per 1 day) |
| **Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction** | | |
| ***acamprosate oral tablet,delayed release (dr/ec) 333 mg*** | Tier 1 | |
| **Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs for Alcohol Addiction** | | |
| ***naltrexone oral tablet 50 mg*** | Tier 1 | |
| VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG (***naltrexone microspheres***) | Tier 4 | SP |
| **Alcohol Deterrents - Drugs for Alcohol Addiction** | | |
| ***disulfiram oral tablet 250 mg, 500 mg*** | Tier 1 | |
| **Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction** | | |
| ***bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER |
| **Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction** | | |
| ***nicotine (polacrilex) buccal gum 2 mg, 4 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| QUIT 4 BUCCAL GUM 4 MG (***nicotine polacrilex***) | $0 | EHB; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER |
| QUIT 4 BUCCAL LOZENGE 4 MG (***nicotine polacrilex***) | $0 | EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER |
| STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (***nicotine polacrilex***) | $0 | EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER |
| **Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction** | | |
| ***varenicline tartrate oral tablet 0.5 mg, 1 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| ***varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)*** | $0 | EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day) |
| **Chemicals-Pharmaceutical Adjuvants** | | |
| **Bulk Chemicals** | | |
| ***citric acid anhydrous (bulk) granules 100 %*** | Tier 3 | |
| ***guaiacol liquid*** | Tier 3 | |
| **Chemicals - Cryopreservative Agents** | | |
| CRYOSERV SOLUTION 99 % (***dimethyl sulfoxide***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Chemicals - Solvents** | | |
| ***isopropyl alcohol solution 70 %, 91 %, 99 %*** | Tier 3 | DD |
| MURI-LUBE OIL (***mineral oil, light sterile***) | Tier 3 | |
| **Pharmaceutical Adjuvant - External Vehicles** | | |
| GEL VEHICLE FOR NEXOBRID TOPICAL GEL (***vehicle gel for anacaulase-bcdb***) | Tier 3 | |
| **Pharmaceutical Adjuvant - Inhalation Vehicles** | | |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (***sodium chloride for inhalation***) | Tier 3 | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (***sodium chloride for inhalation***) | Tier 1 | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (***sodium chloride for inhalation***) | Tier 3 | |
| ***sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %*** | Tier 1 | |
| **Pharmaceutical Adjuvant - Preservatives** | | |
| ***citric acid anhydrous (bulk) granules 100 %*** | Tier 3 | |
| **Pharmaceutical Adjuvant - Suspending Agents** | | |
| ***hydroxypropyl cellulose powder*** | Tier 3 | |
| **Pharmaceutical Adjuvant - Vaccine Adjuvants** | | |
| VAXCHORA BUFFER COMPONENT ORAL SUSPENSION FOR RECONSTITUTION (***cholera vaccine buffer component***) | Tier 3 | |
| **Cognitive Disorder Therapy** | | |
| **Rett Syndrome Agents - Glypromate (GPE) Analogs** | | |
| DAYBUE ORAL SOLUTION 200 MG/ML (***trofinetide***) | Tier 4 | PA; SP |
| **Cognitive Disorder Therapy - Drugs for the Nervous System** | | |
| **Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease** | | |
| ***donepezil oral tablet 10 mg, 23 mg, 5 mg*** | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***donepezil oral tablet,disintegrating 10 mg, 5 mg*** | Tier 1 | |
| ***galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg*** | Tier 1 | QL (30 EA per 30 days) |
| ***galantamine oral solution 4 mg/ml*** | Tier 1 | QL (200 ML per 30 days) |
| ***galantamine oral tablet 12 mg, 4 mg, 8 mg*** | Tier 1 | QL (60 EA per 30 days) |
| ***rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg*** | Tier 1 | |
| ***rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour*** | Tier 1 | QL (30 EA per 30 days) |
| ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG (***benzgalantamine gluconate***) | Tier 3 | |
| **Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease** | | |
| ***memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg*** | Tier 1 | ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days) |
| ***memantine oral solution 2 mg/ml*** | Tier 1 | QL (300 ML per 30 days) |
| ***memantine oral tablet 10 mg, 5 mg*** | Tier 1 | QL (60 EA per 30 days) |
| ***memantine oral tablets,dose pack 5-10 mg*** | Tier 1 | QL (49 EA per 28 days) |
| NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG (***memantine hcl***) | Tier 2 | ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days) |
| **Alzheimer's Thx - NMDA Receptor Antag. and Cholinesterase Inhib. Comb - Drugs for Alzheimer's Disease** | | |
| ***memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg*** | Tier 1 | ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 21-10 MG (***memantine hcl/donepezil hcl***) | Tier 3 | ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day) |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG (***memantine hcl/donepezil hcl***) | Tier 2 | ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day) |
| **Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease** | | |
| ***ergoloid oral tablet 1 mg*** | Tier 1 | |
| **Contraceptives - Drugs for Women** | | |
| **Contraceptive - Vaginal pH Modulator - Medical Supplies and Durable Medical Equipment** | | |
| PHEXXI VAGINAL GEL 1.8-1-0.4 % (***lactic acid/citric acid/potassium bitartrate***) | $0 | CT; EHB |
| **Contraceptive Implant - Progestin - Birth Control Pills** | | |
| NEXPLANON SUBDERMAL IMPLANT 68 MG (***etonogestrel***) | $0 | CT; EHB |
| **Contraceptive Injectable - Progestin - Birth Control Pills** | | |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (***medroxyprogesterone acetate***) | $0 | CT; EHB |
| ***medroxyprogesterone intramuscular suspension 150 mg/ml*** | $0 | CT; EHB |
| ***medroxyprogesterone intramuscular syringe 150 mg/ml*** | $0 | CT; EHB |
| **Contraceptive Oral - Biphasic - Birth Control Pills** | | |
| ***levonorgestrel/ethinyl estradiol and ethinyl estradiol*** (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7)) | $0 | CT; EHB |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***levonorgestrel/ethinyl estradiol and ethinyl estradiol*** (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7)) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol/ethinyl estradiol*** (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5) | $0 | CT; EHB |
| CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***) | $0 | CT; EHB |
| CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol and ethinyl estradiol*** (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7)) | $0 | CT; EHB |
| ***desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5*** | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol and ethinyl estradiol*** (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7)) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol/ethinyl estradiol*** (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5) | $0 | CT; EHB |
| ***l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)*** | $0 | CT; EHB |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol and ethinyl estradiol*** (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7)) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol/ethinyl estradiol*** (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol/ethinyl estradiol*** (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol and ethinyl estradiol*** (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7)) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***desogestrel-ethinyl estradiol/ethinyl estradiol*** (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol/ethinyl estradiol*** (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5) | $0 | CT; EHB |
| **Contraceptive Oral - Monophasic - Birth Control Pills** | | |
| ***levonorgestrel/ethinyl estradiol*** (Afirmelle Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Altavera (28) Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Amethyst (28) Oral Tablet 90-20 Mcg (28)) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol*** (Apri Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Aubra Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Aviane Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***levonorgestrel/ethinyl estradiol*** (Ayuna Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Briellyn Oral Tablet 0.4-35 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Charlotte 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4)) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***norgestrel-ethinyl estradiol*** (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol*** (Cyred Eq Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol*** (Cyred Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Dolishale Oral Tablet 90-20 Mcg (28)) | $0 | CT; EHB |
| ***drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)*** | $0 | CT; EHB |
| ***drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg*** | $0 | CT; EHB |
| ***norgestrel-ethinyl estradiol*** (Elinest Oral Tablet 0.3-30 Mg-Mcg) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***desogestrel-ethinyl estradiol*** (Enskyce Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Estarylla Oral Tablet 0.25-0.035 Mg) | $0 | CT; EHB |
| ***ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg*** | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Feirza Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7), 1.5 Mg-30 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG (***norethindrone acetate/ethinyl estradiol***) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Gemmily Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Hailey Oral Tablet 1.5-30 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Iclevia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91)) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol*** (Isibloom Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***ethinyl estradiol/drospirenone*** (Jasmiel (28) Oral Tablet 3-0.02 Mg) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (***levonorgestrel/ethinyl estradiol***) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol/iron*** (Joyeaux Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7)) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol*** (Juleber Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol/ferrous fumarate*** (Kaitlib Fe Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4)) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol*** (Kalliga Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***ethynodiol diacetate-ethinyl estradiol*** (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg) | $0 | CT; EHB |
| ***ethynodiol diacetate-ethinyl estradiol*** (Kelnor 1/50 (28) Oral Tablet 1-50 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Kurvelo (28) Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4)) | $0 | CT; EHB |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (***norethindrone-ethinyl estradiol/ferrous fumarate***) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Lessina Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)*** | $0 | CT; EHB |
| ***levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)*** | $0 | CT; EHB |
| ***levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)*** | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Levora-28 Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***ethinyl estradiol/drospirenone*** (Loryna (28) Oral Tablet 3-0.02 Mg) | $0 | CT; EHB |
| ***norgestrel-ethinyl estradiol*** (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg) | $0 | CT; EHB |
| ***ethinyl estradiol/drospirenone*** (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Marlissa (28) Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Merzee Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4)) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***norethindrone acetate/ethinyl estradiol*** (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate/ethinyl estradiol*** (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Mili Oral Tablet 0.25-0.035 Mg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol/iron*** (Minzoya Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7)) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Mono-Linyah Oral Tablet 0.25-0.035 Mg) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg) | $0 | CT; EHB |
| NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) (***drospirenone/estetrol***) | $0 | CT; EHB |
| ***ethinyl estradiol/drospirenone*** (Nikki (28) Oral Tablet 3-0.02 Mg) | $0 | CT; EHB |
| ***noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)*** | $0 | CT; EHB |
| ***norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg*** | $0 | CT; EHB |
| ***norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)*** | $0 | CT; EHB |
| ***norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)*** | $0 | CT; EHB |
| ***norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)*** | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg*** | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg) | $0 | CT; EHB |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (***norethindrone-ethinyl estradiol***) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Nylia 1/35 (28) Oral Tablet 1-35 Mg-Mcg) | $0 | CT; EHB |
| OCELLA ORAL TABLET 3-0.03 MG (***ethinyl estradiol/drospirenone***) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Philith Oral Tablet 0.4-35 Mg-Mcg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Portia 28 Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***desogestrel-ethinyl estradiol*** (Reclipsen (28) Oral Tablet 0.15-0.03 Mg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91)) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Sprintec (28) Oral Tablet 0.25-0.035 Mg) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Sronyx Oral Tablet 0.1-20 Mg-Mcg) | $0 | CT; EHB |
| ***ethinyl estradiol/drospirenone*** (Syeda Oral Tablet 3-0.03 Mg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7)) | $0 | CT; EHB |
| ***norgestrel-ethinyl estradiol*** (Turqoz (28) Oral Tablet 0.3-30 Mg-Mcg) | $0 | CT; EHB |
| TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG (***levonorgestrel/ethinyl estradiol***) | $0 | CT; EHB |

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

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)*** | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28)*** | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg) | $0 | CT; EHB |
| ***norethindrone-ethinyl estradiol*** (Nylia 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9)) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28)) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9)) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28)) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28)) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28)) | $0 | CT; EHB |
| ***levonorgestrel/ethinyl estradiol*** (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10)) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg) | $0 | CT; EHB |
| ***norgestimate-ethinyl estradiol*** (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28)) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***desogestrel-ethinyl estradiol*** (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg) | $0 | CT; EHB |
| ***norethindrone acetate-ethinyl estradiol/ferrous fumarate*** (Xarah Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9)) | $0 | CT; EHB |
| **Contraceptive Transdermal Combinations - Estrogen and Progestin Comb. - Birth Control Pills** | | |
| ***norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr*** | $0 | CT; EHB |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (***levonorgestrel/ethinyl estradiol***) | $0 | CT; EHB |
| ***norelgestromin/ethinyl estradiol*** (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr) | $0 | CT; EHB |
| ***norelgestromin/ethinyl estradiol*** (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr) | $0 | CT; EHB |
| **Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb. - Birth Control Pills** | | |
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (***segesterone acetate/ethinyl estradiol***) | $0 | CT; EHB |
| ***etonogestrel/ethinyl estradiol*** (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr) | $0 | CT; EHB |
| ***etonogestrel/ethinyl estradiol*** (Enilloring Vaginal Ring 0.12-0.015 Mg/24 Hr) | $0 | CT; EHB |
| ***etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr*** | $0 | CT; EHB |
| ***etonogestrel/ethinyl estradiol*** (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr) | $0 | CT; EHB |
| **Emergency Contraceptives - Birth Control Pills** | | |
| AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| ELLA ORAL TABLET 30 MG (***ulipristal acetate***) | $0 | CT; EHB |
| HER STYLE ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| JULIE ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| ***levonorgestrel oral tablet 1.5 mg*** | $0 | CT; EHB |
| MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| **Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills** | | |
| ELLA ORAL TABLET 30 MG (***ulipristal acetate***) | $0 | CT; EHB |
| **Emergency Contraceptives - Progestin Type - Birth Control Pills** | | |
| AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| HER STYLE ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| JULIE ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| ***levonorgestrel oral tablet 1.5 mg*** | $0 | CT; EHB |
| MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***) | $0 | CT; EHB |
| **Spermicides - Birth Control Pills** | | |
| VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***) | $0 | CT; EHB |
| VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***) | $0 | CT; EHB |
| VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (***nonoxynol 9***) | $0 | CT; EHB |
| **Dermatological** | | |
| **Hair Growth Agents - Kinase Inhibitor** | | |
| LITFULO ORAL CAPSULE 50 MG (***ritlecitinib tosylate***) | Tier 4 | PA; SP |
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***) | Tier 4 | PA; SP |
| **Dermatological - Drugs for the Skin** | | |
| **Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin** | | |
| ***isotretinoin*** (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | Tier 1 | |
| ***isotretinoin*** (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg) | Tier 1 | |
| ***isotretinoin*** (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | Tier 1 | |
| ***isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg*** | Tier 1 | |
| ***isotretinoin*** (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg) | Tier 1 | |
| **Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs for the Skin** | | |
| WINLEVI TOPICAL CREAM 1 % (***clascoterone***) | Tier 3 | PA |
| **Acne Therapy Topical - Anti-infective - Drugs for the Skin** | | |
| ABENOR HP TOPICAL LOTION 15-4 % (***sulfacetamide sodium/niacinamide***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ABENOR TOPICAL CREAM 10-4 % (***sulfacetamide sodium/niacinamide***) | Tier 3 | |
| ACIOXIAY TOPICAL CREAM 15-4 % (***azelaic acid/niacinamide***) | Tier 3 | |
| APORIX TOPICAL GEL 1-4 % (***clindamycin/niacinamide***) | Tier 3 | |
| ***azelaic acid topical gel 15 %*** | Tier 2 | |
| ***clindamycin phosphate topical foam 1 %*** | Tier 2 | |
| ***clindamycin phosphate topical gel 1 %*** | Tier 1 | |
| ***clindamycin phosphate topical gel, once daily 1 %*** | Tier 2 | ST: Requires prior prescription for Clindamycin Phosphate 1% gel within the past 120 days |
| ***clindamycin phosphate topical lotion 1 %*** | Tier 1 | |
| ***clindamycin phosphate topical solution 1 %*** | Tier 1 | QL (180 ML per 1 FILL) |
| ***clindamycin phosphate topical swab 1 %*** | Tier 1 | |
| ***dapsone topical gel 5 %*** | Tier 2 | |
| ***dapsone topical gel with pump 7.5 %*** | Tier 2 | ST: Requires prior prescription for one generic topicals: sulfacetamide+/-sulfur,clindamycin+/-benzoyl peroxide,erythromycin+/-benzoyl peroxide,adapalene+/-benzoyl peroxide,or tretinoin within the past 120 days |
| DEOXIA TOPICAL GEL 1-4 % (***clindamycin/niacinamide***) | Tier 3 | |
| ECEOXIA TOPICAL CREAM 10-4 % (***sulfacetamide sodium/niacinamide***) | Tier 3 | |
| ***erythromycin base in ethanol*** (Ery Pads Topical Swab 2 %) | Tier 1 | |
| ***erythromycin with ethanol topical gel 2 %*** | Tier 2 | |
| ***erythromycin with ethanol topical solution 2 %*** | Tier 1 | QL (180 ML per 1 FILL) |
| FINACEA TOPICAL FOAM 15 % (***azelaic acid***) | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OXIAICE TOPICAL LOTION 15-4 % (***sulfacetamide sodium/niacinamide***) | Tier 3 | |
| RUMILO TOPICAL CREAM 15-4 % (***azelaic acid/niacinamide***) | Tier 3 | |
| ***sulfacetamide sodium (acne) topical suspension 10 %*** | Tier 1 | |
| **Acne Therapy Topical - Anti-infective Combinations Other - Drugs for the Skin** | | |
| ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 % (***dapsone/spironolactone/niacinamide***) | Tier 3 | |
| ADMIRAZOL TOPICAL CREAM 6-5-2 % (***dapsone/spironolactone/niacinamide***) | Tier 3 | |
| ALIXI HP TOPICAL CREAM 8.5-4 % (***dapsone/niacinamide***) | Tier 3 | |
| ALIXI TOPICAL CREAM 6-4 % (***dapsone/niacinamide***) | Tier 3 | |
| APORIX TOPICAL LOTION 1-4 % (***clindamycin/niacinamide***) | Tier 3 | |
| DEOXIA TOPICAL LOTION 1-4 % (***clindamycin/niacinamide***) | Tier 3 | |
| DIADIMAXIA TOPICAL CREAM 6-5-2 % (***dapsone/spironolactone/niacinamide***) | Tier 3 | |
| DIADIMAXIA TOPICAL GEL 6-5-2 % (***dapsone/spironolactone/niacinamide***) | Tier 3 | |
| DIAOXIA TOPICAL CREAM 6-4 % (***dapsone/niacinamide***) | Tier 3 | |
| DIAOXIA TOPICAL GEL 6-4 % (***dapsone/niacinamide***) | Tier 3 | |
| DIASDIMAXIA TOPICAL CREAM 8.5-5-2 % (***dapsone/spironolactone/niacinamide***) | Tier 3 | |
| DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (***dapsone/spironolactone/niacinamide***) | Tier 3 | |
| DIASOXIA TOPICAL CREAM 8.5-4 % (***dapsone/niacinamide***) | Tier 3 | |
| DIASOXIA TOPICAL GEL 8.5-4 % (***dapsone/niacinamide***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin** | | |
| APEXOL HP TOPICAL SUSPENSION 5-10 % (***salicylic acid/sulfacetamide sodium***) | Tier 3 | |
| APEXOL TOPICAL SUSPENSION 2-8 % (***salicylic acid/sulfacetamide sodium***) | Tier 3 | |
| ARTILIS HP TOPICAL GEL 5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***) | Tier 3 | |
| ARTILIS TOPICAL GEL 2.5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***) | Tier 1 | |
| CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (***sulfacetamide sodium/sulfur/urea***) | Tier 2 | |
| ***clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %*** | Tier 1 | |
| ***clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %*** | Tier 2 | ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days |
| ***clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %*** | Tier 2 | |
| DRAXACE TOPICAL SUSPENSION 2-8 % (***salicylic acid/sulfacetamide sodium***) | Tier 3 | |
| DRAXACEY TOPICAL SUSPENSION 2-8 % (***salicylic acid/sulfacetamide sodium***) | Tier 3 | |
| DRIXECE TOPICAL SUSPENSION 5-10 % (***salicylic acid/sulfacetamide sodium***) | Tier 3 | |
| ***erythromycin-benzoyl peroxide topical gel 3-5 %*** | Tier 2 | |
| INZDEOXIA TOPICAL GEL 2.5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***) | Tier 3 | |
| ***clindamycin phosphate/benzoyl peroxide*** (Neuac Topical Gel 1.2 %(1 % Base) -5 %) | Tier 1 | |
| ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 % (***clindamycin phosphate/benzoyl peroxide***) | Tier 3 | |
| ONZDEOXIA TOPICAL GEL 5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ROSULA TOPICAL CLEANSER 10-4.5 % (***sulfacetamide sodium/sulfur***) | Tier 3 | |
| ***sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9.8-4.8 %*** | Tier 2 | |
| ***sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)*** | Tier 1 | QL (1419 GM per 1 FILL) |
| ***sulfacetamide sodium-sulfur topical cleanser 8-4 %*** | Tier 1 | |
| ***sulfacetamide sodium-sulfur topical cleanser 9-4.5 %*** | Tier 1 | |
| ***sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %*** | Tier 2 | |
| ***sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %*** | Tier 1 | QL (1419 ML per 1 FILL) |
| SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (***sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal***) | Tier 3 | |
| **Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin** | | |
| ADEINZDE TOPICAL GEL 0.1-2.5-1 % (***adapalene/benzoyl peroxide/clindamycin phosphate***) | Tier 3 | |
| ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***) | Tier 3 | |
| ADERMICA TOPICAL GEL 0.025-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***) | Tier 3 | |
| ALOMIRA HP TOPICAL GEL 0.1-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***) | Tier 3 | |
| ALOMIRA LP TOPICAL GEL 0.025-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***) | Tier 3 | |
| ALOMIRA TOPICAL GEL 0.05-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***) | Tier 3 | |
| ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***) | Tier 3 | |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ALUXOF TOPICAL GEL 0.05-10-2-4-4 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***) | Tier 3 | |
| AUGUSTIL TOPICAL GEL 0.025-1-2-4 % (***tretinoin/clindamycin phosphate/spironolactone/niacinamide***) | Tier 3 | |
| AVIDORA HP TOPICAL CREAM 0.05-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***) | Tier 3 | |
| AVIDORA TOPICAL CREAM 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***) | Tier 3 | |
| AVIDORA TOPICAL SOLUTION 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***) | Tier 3 | |
| AWANIS TOPICAL CREAM 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***) | Tier 3 | |
| CABTREO TOPICAL GEL 0.15-3.1-1.2 % (***adapalene/benzoyl peroxide/clindamycin phosphate***) | Tier 3 | PA |
| DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (***tretinoin/clindamycin phosphate/spironolactone/niacinamide***) | Tier 3 | |
| DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***) | Tier 3 | |
| DEOXIAVAR TOPICAL CREAM 0.05-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***) | Tier 3 | |
| DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***) | Tier 3 | |
| DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***) | Tier 3 | |
| INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***) | Tier 3 | |
| INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***) | Tier 3 | |
| LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***) | Tier 3 | |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Acne Therapy Topical - Retinoid Combinations Other - Drugs for the Skin** | | |
| ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (***adapalene/benzoyl peroxide/niacinamide***) | Tier 3 | |
| ***adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %*** | Tier 2 | |
| ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***) | Tier 3 | |
| ALURIS HP TOPICAL CREAM 0.1-4 % (***tretinoin/niacinamide***) | Tier 3 | |
| ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***) | Tier 3 | |
| ALURIS LP TOPICAL CREAM 0.025-4 % (***tretinoin/niacinamide***) | Tier 3 | |
| ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***) | Tier 3 | |
| ALURIS TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***) | Tier 3 | |
| ALURIS TOPICAL GEL 0.05-4 % (***tretinoin/niacinamide***) | Tier 3 | |
| APHORIA TOPICAL GEL 0.3-2.5-4 % (***adapalene/benzoyl peroxide/niacinamide***) | Tier 3 | |
| AZALTA HP TOPICAL GEL 0.05-5-2 % (***tretinoin/spironolactone/niacinamide***) | Tier 3 | |
| AZALTA TOPICAL GEL 0.025-5-2 % (***tretinoin/spironolactone/niacinamide***) | Tier 3 | |
| IDYYXIATAR TOPICAL GEL 0.025-5 % (***tretinoin/niacinamide***) | Tier 3 | |
| OXIATAR TOPICAL CREAM 0.025-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***) | Tier 3 | |
| OXIAVAR TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***) | Tier 3 | |
| OXIAVARRY TOPICAL CREAM 0.05-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***) | Tier 3 | |
| OXIAVARY TOPICAL CREAM 0.1-4 % (***tretinoin/niacinamide***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OXIAZAR TOPICAL CREAM 0.1-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***) | Tier 3 | |
| SAROXIA TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***) | Tier 3 | |
| SIRVANA TOPICAL GEL 0.025-5 % (***tretinoin/niacinamide***) | Tier 3 | |
| SORIXIA TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***) | Tier 3 | |
| TARDIMAXIA TOPICAL GEL 0.025-5-2 % (***tretinoin/spironolactone/niacinamide***) | Tier 3 | |
| TAROXIA TOPICAL CREAM 0.025-4 % (***tretinoin/niacinamide***) | Tier 3 | |
| TAROXIA TOPICAL GEL 0.025-4 % (***tretinoin/niacinamide***) | Tier 3 | |
| VARDIMAXIA TOPICAL GEL 0.05-5-2 % (***tretinoin/spironolactone/niacinamide***) | Tier 3 | |
| VAROXIA TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***) | Tier 3 | |
| VAROXIA TOPICAL GEL 0.05-4 % (***tretinoin/niacinamide***) | Tier 3 | |
| **Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin** | | |
| ***adapalene topical cream 0.1 %*** | Tier 2 | |
| ***adapalene topical gel 0.3 %*** | Tier 1 | |
| ***adapalene topical gel with pump 0.3 %*** | Tier 2 | |
| ***adapalene topical lotion 0.1 %*** | Tier 2 | Age (Max 39 Years) |
| ALTRENO TOPICAL LOTION 0.05 % (***tretinoin***) | Tier 3 | |
| ALVOX HP TOPICAL CREAM 0.1-4 % (***tazarotene/niacinamide***) | Tier 3 | |
| ALVOX TOPICAL CREAM 0.05-4 % (***tazarotene/niacinamide***) | Tier 3 | |
| AVITA TOPICAL CREAM 0.025 % (***tretinoin***) | Tier 1 | |
| AVITA TOPICAL GEL 0.025 % (***tretinoin***) | Tier 1 | |
| ETHOXIA TOPICAL CREAM 0.05-4 % (***tazarotene/niacinamide***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ITHOXIA TOPICAL CREAM 0.1-4 % (***tazarotene/niacinamide***) | Tier 3 | |
| ***tretinoin microspheres topical gel 0.04 %, 0.1 %*** | Tier 2 | Age (Max 39 Years) |
| ***tretinoin microspheres topical gel with pump 0.04 %, 0.1 %*** | Tier 2 | Age (Max 39 Years) |
| ***tretinoin microspheres topical gel with pump 0.08 %*** | Tier 2 | ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years) |
| ***tretinoin topical cream 0.025 %, 0.05 %, 0.1 %*** | Tier 1 | |
| ***tretinoin topical gel 0.01 %, 0.025 %*** | Tier 1 | |
| ***tretinoin topical gel 0.05 %*** | Tier 2 | |
| **Acne Therapy Topical Combinations Other - Drugs for the Skin** | | |
| ADALINA TOPICAL GEL 5-4 % (***spironolactone/niacinamide***) | Tier 3 | |
| DIMOXIA TOPICAL GEL 5-4 % (***spironolactone/niacinamide***) | Tier 3 | |
| **Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin** | | |
| ***calcipotriene-betamethasone topical ointment 0.005-0.064 %*** | Tier 1 | ST: Requires prior prescription for a topical corticosteroid within the past 120 days |
| ***calcipotriene-betamethasone topical suspension 0.005-0.064 %*** | Tier 2 | ST: Requires prior prescription for a topical corticosteroid within the past 120 days |
| ENSTILAR TOPICAL FOAM 0.005-0.064 % (***calcipotriene/betamethasone dipropionate***) | Tier 3 | ST: Requires prior prescription for generic Taclonex ointment within the past 120 days |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| WYNZORA TOPICAL CREAM 0.005-0.064 % (***calcipotriene/betamethasone dipropionate***) | Tier 3 | ST: Requires prior prescription for generic Taclonex ointment within the past 120 days |
| **Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors,MC Antibody - Drugs for the Skin** | | |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-aekn***) | Tier 4 | PA; SP |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***) | Tier 4 | PA; SP |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab***) | Tier 4 | PA; SP |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-kfce***) | Tier 4 | PA; SP |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-kfce***) | Tier 4 | PA; SP |
| **Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin** | | |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***risankizumab-rzaa***) | Tier 4 | PA; SP |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (***risankizumab-rzaa***) | Tier 4 | PA; SP |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***) | Tier 4 | PA; SP |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (***guselkumab***) | Tier 4 | PA; SP |
| **Antipsoriatic Agents - Interleukin-36 (IL-36) Receptor Antagonist, MC - Drugs for the Skin** | | |
| SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML (***spesolimab-sbzo***) | Tier 4 | SP |
| **Antipsoriatic Agents - Tyrosine Kinase 2 (TYK2) Inhibitor - Drugs for the Skin** | | |
| SOTYKTU ORAL TABLET 6 MG (***deucravacitinib***) | Tier 4 | PA; SP |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Dermatitis or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs for the Skin** | | |
| EUCRISA TOPICAL OINTMENT 2 % (***crisaborole***) | Tier 2 | ST: Requires prior prescription for a topical corticosteroid or Calcineurin Inhibitor within the past 120 days |
| **Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin** | | |
| ***gentamicin topical cream 0.1 %*** | Tier 1 | QL (90 GM per 1 FILL) |
| ***gentamicin topical ointment 0.1 %*** | Tier 1 | QL (90 GM per 1 FILL) |
| **Dermatological - Antibacterial Other - Drugs for the Skin** | | |
| BASADROX TOPICAL GEL IN PACKET (***silver***) | Tier 3 | |
| BATIZIA TOPICAL OINTMENT 2-2 % (***mupirocin/lidocaine***) | Tier 3 | |
| CENTANY AT TOPICAL OINTMENT KIT 2 % (***mupirocin***) | Tier 3 | |
| ***mupirocin calcium topical cream 2 %*** | Tier 2 | QL (90 GM per 1 FILL) |
| ***mupirocin topical ointment 2 %*** | Tier 1 | QL (90 GM per 1 FILL) |
| NANRAN TOPICAL OINTMENT 2-2 % (***mupirocin/lidocaine***) | Tier 3 | |
| NORMLGEL AG TOPICAL GEL 0.11 % (***silver carbonate***) | Tier 3 | |
| ***silver nitrate topical solution 0.5 %*** | Tier 1 | |
| ***silver nitrate topical solution 10 %, 25 %, 50 %*** | Tier 1 | |
| **Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs for the Skin** | | |
| ALTABAX TOPICAL OINTMENT 1 % (***retapamulin***) | Tier 3 | ST: Requires prior prescription for Mupirocin ointment within the past 120 days |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Dermatological - Antibacterial Quinolones - Drugs for the Skin** | | |
| XEPI TOPICAL CREAM 1 % (***ozenoxacin***) | Tier 3 | ST: Requires prior prescription for Mupirocin ointment within the past 120 days |
| **Dermatological - Antibacterial,Antifungal Agent with Glucocorticoid - Drugs for the Skin** | | |
| DAZINIA TOPICAL CREAM 2-1-2.5 % (***ketoconazole/iodoquinol/hydrocortisone***) | Tier 3 | |
| ***hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %*** | Tier 2 | |
| PHEODOYO TOPICAL CREAM 2-1-2.5 % (***ketoconazole/iodoquinol/hydrocortisone***) | Tier 3 | |
| **Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs for the Skin** | | |
| NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (***neomycin sulfate/fluocinolone acetonide/emollient comb no.65***) | Tier 3 | ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days |
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (***neomycin sulfate/fluocinolone acetonide***) | Tier 3 | ST: Requires prior prescription for generic Fluocinolone Acetonide (cream, oil, ointment or solution) within the past 120 days |
| **Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs for the Skin** | | |
| QBREXZA TOPICAL TOWELETTE 2.4 % (***glycopyrronium tosylate***) | Tier 2 | PA |
| **Dermatological - Antifungal Allylamines - Drugs for the Skin** | | |
| ***naftifine topical cream 1 %*** | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***naftifine topical cream 2 %*** | Tier 2 | QL (180 GM per 1 FILL) |
| ***naftifine topical gel 2 %*** | Tier 2 | |
| **Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin** | | |
| ***nystatin*** (Klayesta Topical Powder 100,000 Unit/Gram) | Tier 1 | |
| ***nystatin*** (Nyamyc Topical Powder 100,000 Unit/Gram) | Tier 1 | |
| ***nystatin topical cream 100,000 unit/gram*** | Tier 1 | |
| ***nystatin topical ointment 100,000 unit/gram*** | Tier 1 | QL (90 GM per 1 FILL) |
| ***nystatin topical powder 100,000 unit/gram*** | Tier 1 | |
| ***nystatin*** (Nystop Topical Powder 100,000 Unit/Gram) | Tier 1 | |
| **Dermatological - Antifungal Benzylamines - Drugs for the Skin** | | |
| MENTAX TOPICAL CREAM 1 % (***butenafine hcl***) | Tier 3 | |
| **Dermatological - Antifungal Combinations Other - Drugs for the Skin** | | |
| DENVITA TOPICAL CREAM 2-4 % (***ketoconazole/niacinamide***) | Tier 3 | |
| DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (***fluconazole/ibuprofen/itraconazole/terbinafine hcl***) | Tier 3 | |
| EXODERM TOPICAL LOTION 25-1 % (***sodium thiosulfate/salicylic acid***) | Tier 1 | |
| FENOVIA TOPICAL SOLUTION 4-2-1-4 % (***fluconazole/ibuprofen/itraconazole/terbinafine hcl***) | Tier 3 | |
| FERVINA TOPICAL LOTION 3-5-20 % (***ciclopirox olamine/itraconazole/urea***) | Tier 3 | |
| FIDILA TOPICAL SHAMPOO 2-2 % (***ketoconazole/salicylic acid***) | Tier 3 | |
| FRIVO TOPICAL CREAM 1-4 % (***econazole nitrate/niacinamide***) | Tier 3 | |
| HEXIOUNYL TOPICAL LOTION 3-5-20 % (***ciclopirox olamine/itraconazole/urea***) | Tier 3 | |
| IMIOXIA TOPICAL CREAM 1-4 % (***econazole nitrate/niacinamide***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PHEDRAX TOPICAL SHAMPOO 2-2 % (***ketoconazole/salicylic acid***) | Tier 3 | |
| PHEOXIA TOPICAL CREAM 2-4 % (***ketoconazole/niacinamide***) | Tier 3 | |
| **Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin** | | |
| CICLODAN KIT TOPICAL COMBO PACK 0.77 % (***ciclopirox olamine/skin cleanser combination no.28***) | Tier 3 | |
| ***ciclopirox topical cream 0.77 %*** | Tier 1 | QL (180 GM per 1 FILL) |
| ***ciclopirox topical gel 0.77 %*** | Tier 2 | |
| ***ciclopirox topical shampoo 1 %*** | Tier 2 | |
| ***ciclopirox topical solution 8 %*** | Tier 1 | QL (19.8 ML per 1 FILL) |
| ***ciclopirox topical suspension 0.77 %*** | Tier 2 | QL (180 ML per 1 FILL) |
| ***ciclopirox-ure-camph-menth-euc topical solution 8 %*** | Tier 2 | QL (19.8 ML per 1 FILL) |
| DAFILOR TOPICAL SHAMPOO 0.77-2 % (***ciclopirox olamine/salicylic acid***) | Tier 3 | |
| FILOMA TOPICAL SOLUTION 8-1-1 % (***ciclopirox olamine/fluconazole/terbinafine hcl***) | Tier 3 | |
| HAXDRAX TOPICAL SHAMPOO 0.77-2 % (***ciclopirox olamine/salicylic acid***) | Tier 3 | |
| HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % (***ciclopirox olamine/fluconazole/terbinafine hcl***) | Tier 3 | |
| **Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin** | | |
| ***clotrimazole topical cream 1 %*** | Tier 1 | |
| ***clotrimazole topical solution 1 %*** | Tier 1 | |
| ***econazole nitrate topical cream 1 %*** | Tier 1 | QL (170 GM per 1 FILL) |
| ECOZA TOPICAL FOAM 1 % (***econazole nitrate***) | Tier 3 | |
| EXELDERM TOPICAL CREAM 1 % (***sulconazole nitrate***) | Tier 2 | |
| EXELDERM TOPICAL SOLUTION 1 % (***sulconazole nitrate***) | Tier 2 | |
| ***ketoconazole topical cream 2 %*** | Tier 1 | QL (180 GM per 1 FILL) |
| ***ketoconazole topical shampoo 2 %*** | Tier 1 | QL (360 ML per 1 FILL) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| KETODAN KIT TOPICAL COMBO PACK 2 % (***ketoconazole/skin cleanser combination no.28***) | Tier 3 | |
| ***luliconazole topical cream 1 %*** | Tier 2 | ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days) |
| ***miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %*** | Tier 2 | |
| ***oxiconazole topical cream 1 %*** | Tier 2 | QL (180 GM per 1 FILL) |
| OXISTAT TOPICAL LOTION 1 % (***oxiconazole nitrate***) | Tier 3 | |
| ***sulconazole topical cream 1 %*** | Tier 2 | |
| ***sulconazole topical solution 1 %*** | Tier 2 | |
| **Dermatological - Antifungal Oxaborole - Drugs for the Skin** | | |
| ***tavaborole topical solution with applicator 5 %*** | Tier 1 | PA |
| **Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin** | | |
| ***clotrimazole-betamethasone topical cream 1-0.05 %*** | Tier 1 | |
| ***clotrimazole-betamethasone topical lotion 1-0.05 %*** | Tier 2 | |
| DELIBON TOPICAL CREAM 2-2.5 % (***ketoconazole/hydrocortisone***) | Tier 3 | |
| DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (***hydrocortisone/iodoquinol***) | Tier 3 | |
| DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 % (***ciclopirox olamine/clobetasol propionate/salicylic acid***) | Tier 3 | |
| DIVENDO TOPICAL SHAMPOO 0.77-0.05 % (***ciclopirox olamine/clobetasol propionate***) | Tier 3 | |
| HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (***ciclopirox olamine/clobetasol propionate***) | Tier 3 | |
| HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (***ciclopirox olamine/clobetasol propionate/salicylic acid***) | Tier 3 | |
| ***hydrocortisone-iodoquinol topical cream 1-1 %*** | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%*** | Tier 1 | |
| ***nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%*** | Tier 1 | QL (180 GM per 1 FILL) |
| PHEYO TOPICAL CREAM 2-2.5 % (***ketoconazole/hydrocortisone***) | Tier 3 | |
| **Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin** | | |
| VALCHLOR TOPICAL GEL 0.016 % (***mechlorethamine hcl***) | Tier 4 | PA; SP |
| **Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin** | | |
| FLUOROPLEX TOPICAL CREAM 1 % (***fluorouracil***) | Tier 3 | PA |
| ***fluorouracil topical cream 0.5 %*** | Tier 2 | PA |
| ***fluorouracil topical cream 5 %*** | Tier 1 | |
| ***fluorouracil topical solution 2 %*** | Tier 1 | |
| ***fluorouracil topical solution 5 %*** | Tier 2 | |
| TOLAK TOPICAL CREAM 4 % (***fluorouracil***) | Tier 2 | |
| **Dermatological - Antineoplastic or Premalig. Lesions - Antimicrotubule - Drugs for the Skin** | | |
| KLISYRI TOPICAL OINTMENT IN PACKET 1 % (***tirbanibulin***) | Tier 2 | QL (5 EA per 1 FILL) |
| **Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin** | | |
| ***diclofenac sodium topical gel 3 %*** | Tier 1 | QL (100 GM per 1 FILL) |
| **Dermatological - Antineoplastic Retinoids - Drugs for the Skin** | | |
| PANRETIN TOPICAL GEL 0.1 % (***alitretinoin***) | Tier 4 | SP; QL (60 GM per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin** | | |
| ***bexarotene topical gel 1 %*** | Tier 4 | PA; SP |
| **Dermatological - Antiperspirants - Drugs for the Skin** | | |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (***aluminum chloride***) | Tier 2 | |
| DRYSOL TOPICAL SOLUTION 20 % (***aluminum chloride***) | Tier 2 | |
| **Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin** | | |
| ***methoxsalen oral capsule,liqd-filled,rapid rel 10 mg*** | Tier 1 | |
| **Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin** | | |
| ***acitretin oral capsule 10 mg, 17.5 mg, 25 mg*** | Tier 4 | SP |
| **Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin** | | |
| ***calcipotriene scalp solution 0.005 %*** | Tier 1 | ST: Requires prior prescription for a topical corticosteroid within the past 120 days |
| ***calcipotriene topical cream 0.005 %*** | Tier 1 | ST: Requires prior prescription for a topical corticosteroid within the past 120 days |
| ***calcipotriene topical ointment 0.005 %*** | Tier 1 | ST: Requires prior prescription for a topical corticosteroid within the past 120 days |
| ***calcitriol topical ointment 3 mcg/gram*** | Tier 2 | ST: Requires prior prescription for a topical corticosteroid within the past 120 days |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| DIOOXIA TOPICAL CREAM 0.005-4 % (***calcipotriene/niacinamide***) | Tier 3 | |
| DRITHOCREME HP TOPICAL CREAM 1 % (***anthralin***) | Tier 2 | ST: Requires prior prescription for a topical corticosteroid within the past 120 days |
| PURAZIL TOPICAL CREAM 0.005-4 % (***calcipotriene/niacinamide***) | Tier 3 | |
| ***tazarotene topical cream 0.05 %*** | Tier 1 | Age (Max 39 Years) |
| ***tazarotene topical cream 0.1 %*** | Tier 1 | |
| ***tazarotene topical gel 0.05 %, 0.1 %*** | Tier 2 | Age (Max 39 Years) |
| ZITHRANOL TOPICAL SHAMPOO 1 % (***anthralin micronized***) | Tier 3 | ST: Requires prior prescription for a topical corticosteroid within the past 120 days |
| **Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin** | | |
| OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***) | Tier 4 | PA; SP |
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (***apremilast***) | Tier 4 | PA; SP |
| **Dermatological - Antiseborrheic - Drugs for the Skin** | | |
| OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (***sulfacetamide sodium***) | Tier 2 | |
| OVACE PLUS TOPICAL CREAM 10 % (***sulfacetamide sodium***) | Tier 3 | |
| OVACE PLUS TOPICAL LOTION 9.8 % (***sulfacetamide sodium***) | Tier 3 | ST: Requires prior prescription for Ciclopirox(shampoo/gel) or Ketoconazole (shampoo/cream) within the past 120 days |
| PLEXION NS TOPICAL SHAMPOO 9.8 % (***sulfacetamide sodium***) | Tier 3 | |
| ***selenium sulfide topical lotion 2.5 %*** | Tier 1 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***selenium sulfide topical shampoo 2.25 %, 2.3 %*** | Tier 2 | |
| ***sulfacetamide sodium topical cleanser 10 %*** | Tier 1 | |
| ***sulfacetamide sodium topical cleanser, gel 10 %*** | Tier 2 | |
| ***sulfacetamide sodium topical shampoo 10 %, 9.8 %*** | Tier 2 | |
| TERSI FOAM TOPICAL FOAM 2.25 % (***selenium sulfide***) | Tier 3 | |
| **Dermatological - Antiviral, Herpes - Drugs for the Skin** | | |
| ***acyclovir topical ointment 5 %*** | Tier 1 | |
| **Dermatological - Burn Products - Drugs for the Skin** | | |
| NEXOBRID POWDER COMPONENT TOPICAL POWDER (***anacaulase-bcdb***) | Tier 3 | |
| NEXOBRID TOPICAL GEL 8.8 % (***anacaulase-bcdb***) | Tier 3 | |
| **Dermatological - Burn Products Anti-infective - Drugs for the Skin** | | |
| ***mafenide acetate topical packet 50 gram*** | Tier 1 | |
| ***silver sulfadiazine topical cream 1 %*** | Tier 1 | |
| SSD TOPICAL CREAM 1 % (***silver sulfadiazine***) | Tier 1 | |
| SULFAMYLON TOPICAL CREAM 85 MG/G (***mafenide acetate***) | Tier 3 | |
| SULFAMYLON TOPICAL PACKET 50 GRAM (***mafenide acetate***) | Tier 3 | |
| **Dermatological - Calcineurin Inhibitors - Drugs for the Skin** | | |
| ELYZIA TOPICAL CREAM 0.1-1-4 % (***tacrolimus/hyaluronate sodium/niacinamide***) | Tier 3 | |
| ELYZIA TOPICAL OINTMENT 0.1-4 % (***tacrolimus/niacinamide***) | Tier 3 | |
| HOVYN TOPICAL SOLUTION 0.1 % (***tacrolimus***) | Tier 3 | |
| NUJO TOPICAL SOLUTION 0.1 % (***tacrolimus***) | Tier 3 | |
| NUJU TOPICAL CREAM 0.1 % (***tacrolimus in vehicle base no.238***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (***tacrolimus/hyaluronate sodium/niacinamide***) | Tier 3 | |
| OXIANUJO TOPICAL OINTMENT 0.1-4 % (***tacrolimus/niacinamide***) | Tier 3 | |
| ***pimecrolimus topical cream 1 %*** | Tier 2 | ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days |
| ***tacrolimus topical ointment 0.03 %, 0.1 %*** | Tier 1 | ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days |
| VEVEN TOPICAL CREAM 0.1 % (***tacrolimus in vehicle base no.238***) | Tier 3 | |
| **Dermatological - Emollient Combinations Other - Drugs for the Skin** | | |
| MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 % (***emol53/e.water/namgfs/naphos/nacl/hypochlorous acid/nahypocl***) | Tier 1 | |
| **Dermatological - Emollient Mixtures - Drugs for the Skin** | | |
| ATRAPRO CP TOPICAL COMBO PACK,CREAM AND GEL (***emollient combination no.47/emollient combination no.60***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PRESERA TOPICAL FOAM (***emollient combination no.80***) | Tier 3 | |
| XCLAIR TOPICAL CREAM (***hyaluronate sodium/vit e/emollient no.12/allantoin/shea tree***) | Tier 3 | |
| **Dermatological - Emollients - Drugs for the Skin** | | |
| ***ammonium lactate topical cream 12 %*** | Tier 1 | |
| ***ammonium lactate topical lotion 12 %*** | Tier 1 | |
| KERASTAT TOPICAL CREAM (***keratin***) | Tier 3 | |
| KERASTAT TOPICAL GEL 5 % (***keratin***) | Tier 3 | |
| RADIAGEL TOPICAL GEL (***emollient base***) | Tier 3 | |
| ***urea topical cream 20 %*** | Tier 1 | |
| **Dermatological - Enzymes - Drugs for the Skin** | | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (***collagenase clostridium histolyticum***) | Tier 3 | PA |
| **Dermatological - Glucocorticoid - Drugs for the Skin** | | |
| ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 % (***hydrocortisone***) | Tier 1 | |
| ***hydrocortisone*** (Ala-Cort Topical Cream 1 %) | Tier 1 | |
| ***hydrocortisone*** (Ala-Scalp Topical Lotion 2 %) | Tier 2 | ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days |
| ***alclometasone topical cream 0.05 %*** | Tier 1 | |
| ***alclometasone topical ointment 0.05 %*** | Tier 1 | |
| ***amcinonide topical cream 0.1 %*** | Tier 2 | ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***betamethasone dipropionate topical cream 0.05 %*** | Tier 1 | |
| ***betamethasone dipropionate topical lotion 0.05 %*** | Tier 1 | |
| ***betamethasone dipropionate topical ointment 0.05 %*** | Tier 1 | |
| ***betamethasone valerate topical cream 0.1 %*** | Tier 1 | |
| ***betamethasone valerate topical foam 0.12 %*** | Tier 2 | |
| ***betamethasone valerate topical lotion 0.1 %*** | Tier 1 | |
| ***betamethasone valerate topical ointment 0.1 %*** | Tier 1 | |
| ***betamethasone, augmented topical cream 0.05 %*** | Tier 1 | |
| ***betamethasone, augmented topical gel 0.05 %*** | Tier 1 | |
| ***betamethasone, augmented topical lotion 0.05 %*** | Tier 1 | |
| ***betamethasone, augmented topical ointment 0.05 %*** | Tier 1 | |
| CAPEX TOPICAL SHAMPOO 0.01 % (***fluocinolone acetonide***) | Tier 3 | |
| ***clobetasol scalp solution 0.05 %*** | Tier 1 | |
| ***clobetasol topical cream 0.05 %*** | Tier 1 | |
| ***clobetasol topical foam 0.05 %*** | Tier 1 | |
| ***clobetasol topical gel 0.05 %*** | Tier 2 | |
| ***clobetasol topical lotion 0.05 %*** | Tier 2 | |
| ***clobetasol topical ointment 0.05 %*** | Tier 1 | |
| ***clobetasol topical shampoo 0.05 %*** | Tier 1 | |
| ***clobetasol topical spray,non-aerosol 0.05 %*** | Tier 2 | |
| ***clobetasol-emollient topical cream 0.05 %*** | Tier 1 | |
| ***clobetasol-emollient topical foam 0.05 %*** | Tier 2 | |
| ***clocortolone pivalate topical cream 0.1 %*** | Tier 2 | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 (***flurandrenolide***) | Tier 3 | ST: Requires prior prescription for Betamethasone augmented (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days) |
| CORDRAN TOPICAL CREAM 0.025 % (***flurandrenolide***) | Tier 3 | ST: Requires prior prescription for a topical corticosteroid within the past 120 days |
| ***desonide topical cream 0.05 %*** | Tier 1 | |
| ***desonide topical gel 0.05 %*** | Tier 2 | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days |
| ***desonide topical lotion 0.05 %*** | Tier 2 | |
| ***desonide topical ointment 0.05 %*** | Tier 1 | |
| ***desoximetasone topical cream 0.05 %*** | Tier 2 | |
| ***desoximetasone topical cream 0.25 %*** | Tier 1 | |
| ***desoximetasone topical gel 0.05 %*** | Tier 2 | |
| ***desoximetasone topical ointment 0.05 %*** | Tier 2 | |
| ***desoximetasone topical ointment 0.25 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***desoximetasone topical spray,non-aerosol 0.25 %*** | Tier 2 | ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol (except foam/shampoo), Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days |
| ***fluocinolone and shower cap scalp oil 0.01 %*** | Tier 1 | |
| ***fluocinolone topical cream 0.01 %, 0.025 %*** | Tier 1 | |
| ***fluocinolone topical oil 0.01 %*** | Tier 1 | |
| ***fluocinolone topical ointment 0.025 %*** | Tier 1 | |
| ***fluocinolone topical solution 0.01 %*** | Tier 1 | |
| ***fluocinonide topical cream 0.05 %, 0.1 %*** | Tier 1 | |
| ***fluocinonide topical gel 0.05 %*** | Tier 1 | |
| ***fluocinonide topical ointment 0.05 %*** | Tier 1 | |
| ***fluocinonide topical solution 0.05 %*** | Tier 1 | |
| ***fluocinonide/emollient base*** (Fluocinonide-E Topical Cream 0.05 %) | Tier 1 | |
| ***fluocinonide-emollient topical cream 0.05 %*** | Tier 1 | |
| ***flurandrenolide topical cream 0.05 %*** | Tier 2 | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days |
| ***flurandrenolide topical lotion 0.05 %*** | Tier 2 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***flurandrenolide topical ointment 0.05 %*** | Tier 2 | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days) |
| ***fluticasone propionate topical cream 0.05 %*** | Tier 1 | |
| ***fluticasone propionate topical lotion 0.05 %*** | Tier 2 | |
| ***fluticasone propionate topical ointment 0.005 %*** | Tier 1 | |
| ***halcinonide topical cream 0.1 %*** | Tier 2 | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days |
| ***halcinonide topical solution 0.1 %*** | Tier 1 | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days |
| ***halobetasol propionate topical cream 0.05 %*** | Tier 1 | |
| ***halobetasol propionate topical ointment 0.05 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| HALOG TOPICAL OINTMENT 0.1 % (***halcinonide***) | Tier 3 | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days |
| HALOG TOPICAL SOLUTION 0.1 % (***halcinonide***) | Tier 3 | ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days |
| ***hydrocortisone butyrate topical cream 0.1 %*** | Tier 2 | |
| ***hydrocortisone butyrate topical lotion 0.1 %*** | Tier 2 | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***hydrocortisone butyrate topical ointment 0.1 %*** | Tier 1 | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days |
| ***hydrocortisone butyrate topical solution 0.1 %*** | Tier 2 | |
| ***hydrocortisone topical cream 1 %, 2.5 %*** | Tier 1 | |
| ***hydrocortisone topical cream with perineal applicator 1 %, 2.5 %*** | Tier 1 | |
| ***hydrocortisone topical lotion 2 %*** | Tier 2 | ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days |
| ***hydrocortisone topical lotion 2.5 %*** | Tier 1 | |
| ***hydrocortisone topical ointment 1 %, 2.5 %*** | Tier 1 | |
| ***hydrocortisone topical solution 2.5 %*** | Tier 1 | ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days |
| ***hydrocortisone valerate topical cream 0.2 %*** | Tier 1 | |
| ***hydrocortisone valerate topical ointment 0.2 %*** | Tier 2 | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days |
| ***hydrocortisone-pramoxine topical cream 2.5-1 %*** | Tier 2 | |
| ***mometasone topical cream 0.1 %*** | Tier 1 | |
| ***mometasone topical ointment 0.1 %*** | Tier 1 | |
| ***mometasone topical solution 0.1 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PANDEL TOPICAL CREAM 0.1 % (***hydrocortisone probutate***) | Tier 3 | ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (160 GM per 30 days) |
| ***prednicarbate topical cream 0.1 %*** | Tier 2 | |
| ***prednicarbate topical ointment 0.1 %*** | Tier 1 | |
| ***hydrocortisone*** (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %) | Tier 1 | |
| ***hydrocortisone*** (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %) | Tier 1 | |
| ***hydrocortisone*** (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %) | Tier 1 | |
| SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (***hydrocortisone/salicylic acid/sulfur/shampoo no. 1***) | Tier 2 | |
| SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % (***betamethasone dipropionate***) | Tier 3 | ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days |
| ***hydrocortisone*** (Texacort Topical Solution 2.5 %) | Tier 3 | ST: Requires prior prescription for Hydrocortisone 2.5% lotion within the past 120 days |
| ***triamcinolone acetonide topical aerosol 0.147 mg/gram*** | Tier 2 | |
| ***triamcinolone acetonide topical cream 0.025 %, 0.1 %*** | Tier 1 | |
| ***triamcinolone acetonide topical cream 0.5 %*** | Tier 1 | QL (454 GM per 30 days) |
| ***triamcinolone acetonide topical lotion 0.025 %, 0.1 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %*** | Tier 1 | |
| ***triamcinolone acetonide*** (Triderm Topical Cream 0.1 %) | Tier 1 | |
| ***triamcinolone acetonide*** (Triderm Topical Cream 0.5 %) | Tier 1 | QL (454 GM per 30 days) |
| **Dermatological - Glucocorticoid Combinations Other - Drugs for the Skin** | | |
| ACIOXIA TOPICAL GEL 0.1-0.5 % (***triamcinolone acetonide/pentoxifylline***) | Tier 3 | |
| CHLOHUX TOPICAL SHAMPOO 0.05-2 % (***clobetasol propionate/levocetirizine dihydrochloride***) | Tier 3 | |
| CHLOOXIA TOPICAL CREAM 0.05-4 % (***clobetasol propionate/niacinamide***) | Tier 3 | |
| CHLOOXIA TOPICAL OINTMENT 0.05-4 % (***clobetasol propionate/niacinamide***) | Tier 3 | |
| CHLOOXIA TOPICAL SOLUTION 0.05-4 % (***clobetasol propionate/niacinamide***) | Tier 3 | |
| DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (***clobetasol propionate/calcipotriene***) | Tier 3 | |
| DIVINIX TOPICAL CREAM 0.05-4 % (***clobetasol propionate/niacinamide***) | Tier 3 | |
| DIVINIX TOPICAL OINTMENT 0.05-4 % (***clobetasol propionate/niacinamide***) | Tier 3 | |
| DIVINIX TOPICAL SOLUTION 0.05-4 % (***clobetasol propionate/niacinamide***) | Tier 3 | |
| DOMELA TOPICAL CREAM 0.01-4 % (***fluocinolone acetonide/niacinamide***) | Tier 3 | |
| DYNOMA TOPICAL CREAM 0.05-4 % (***desoximetasone/niacinamide***) | Tier 3 | |
| FLUOXIA TOPICAL CREAM 0.05-4 % (***desoximetasone/niacinamide***) | Tier 3 | |
| ILEXOR TOPICAL SHAMPOO 0.05-2 % (***clobetasol propionate/levocetirizine dihydrochloride***) | Tier 3 | |
| PLENURA TOPICAL SOLUTION 0.05-0.005 % (***clobetasol propionate/calcipotriene***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TELIORA TOPICAL GEL 0.1-0.5 % (***triamcinolone acetonide/pentoxifylline***) | Tier 3 | |
| TETOXIA TOPICAL CREAM 0.01-4 % (***fluocinolone acetonide/niacinamide***) | Tier 3 | |
| **Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin** | | |
| NUCORT TOPICAL LOTION 2 % (***hydrocortisone acetate/aloe vera***) | Tier 3 | |
| SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (***fluocinolone acetonide/emollient combination no.65***) | Tier 3 | QL (375 GM per 30 days) |
| SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % (***fluocinolone acetonide/emollient combination no.65***) | Tier 3 | QL (375 GM per 30 days) |
| **Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin** | | |
| ANALPRAM-HC TOPICAL LOTION 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***) | Tier 2 | |
| EPIFOAM TOPICAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***) | Tier 3 | ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days |
| ***hydrocortisone-pramoxine topical cream 2.5-1 %*** | Tier 2 | |
| ***lidocaine hcl-hydrocortison ac topical cream 3-0.5 %*** | Tier 1 | |
| PRAMOSONE TOPICAL CREAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***) | Tier 2 | ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days |
| PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***) | Tier 2 | |
| PRAMOSONE TOPICAL OINTMENT 1-1 % (***hydrocortisone acetate/pramoxine hcl***) | Tier 2 | ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PRAMOSONE TOPICAL OINTMENT 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***) | Tier 2 | |
| **Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs for the Skin** | | |
| CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 % (***clobetasol propionate/skin cleanser combination no.28***) | Tier 3 | |
| SYNALAR TS TOPICAL KIT 0.01 % (***fluocinolone acetonide/skin cleanser comb no.28***) | Tier 3 | |
| **Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin** | | |
| ***imiquimod topical cream in packet 5 %*** | Tier 1 | QL (2 EA per 1 day) |
| **Dermatological - Immunomodulator Combinations - Drugs for the Skin** | | |
| KAZURI TOPICAL GEL 5-0.05-1 % (***imiquimod/tretinoin/levocetirizine dihydrochloride***) | Tier 3 | |
| KERIDA TOPICAL GEL 5-0.1-30 % (***imiquimod/tretinoin/salicylic acid***) | Tier 3 | |
| KYNARA TOPICAL GEL 5-1-2 % (***imiquimod/levocetirizine dihydrochloride/niacinamide***) | Tier 3 | |
| QUIDROXZAR TOPICAL GEL 5-0.1-30 % (***imiquimod/tretinoin/salicylic acid***) | Tier 3 | |
| QUIHOXAXIA TOPICAL GEL 5-1-2 % (***imiquimod/levocetirizine dihydrochloride/niacinamide***) | Tier 3 | |
| QUIHOXVAR TOPICAL GEL 5-0.05-1 % (***imiquimod/tretinoin/levocetirizine dihydrochloride***) | Tier 3 | |
| **Dermatological - Keratolytic Combinations Other - Drugs for the Skin** | | |
| METDRAY TOPICAL GEL 17-2 % (***salicylic acid/ibuprofen***) | Tier 3 | |
| NENDRUX TOPICAL GEL 40-5 % (***salicylic acid/lidocaine***) | Tier 3 | |
| PRONAL TOPICAL GEL 10-40 % (***lactic acid/urea***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| URAMAXIN GT TOPICAL KIT,CREAM AND GEL 45 % (***urea/emollient combination no.65***) | Tier 3 | |
| WAYZEN TOPICAL GEL 40-5 % (***salicylic acid/lidocaine***) | Tier 3 | |
| WELERIS TOPICAL GEL 17-2 % (***salicylic acid/ibuprofen***) | Tier 3 | |
| XIRUN TOPICAL GEL 10-40 % (***lactic acid/urea***) | Tier 3 | |
| **Dermatological - Keratolytic-Antimitotic Combinations - Drugs for the Skin** | | |
| SALVAX DUO PLUS TOPICAL FOAM 6-35 % (***salicylic acid/urea***) | Tier 3 | |
| ***silver nitrate applicators topical stick 75-25 %*** | Tier 1 | |
| **Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin** | | |
| ***cantharidin in acetone topical solution 0.7 %*** | Tier 1 | |
| CEM-UREA TOPICAL GEL 45 % (***urea***) | Tier 1 | |
| HYDRO 35 TOPICAL FOAM 35 % (***urea***) | Tier 3 | |
| PODOCON TOPICAL LIQUID 25 % (***podophyllum resin***) | Tier 2 | |
| ***podofilox topical gel 0.5 %*** | Tier 2 | ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day) |
| ***podofilox topical solution 0.5 %*** | Tier 1 | QL (0.5 ML per 1 day) |
| ***salicylic acid topical cream 6 %*** | Tier 1 | |
| ***salicylic acid topical cream,extended release 6 %*** | Tier 1 | |
| ***salicylic acid topical film forming liquid w/appl 27.5 %*** | Tier 2 | |
| ***salicylic acid topical film-forming soln er w/ appl 28.5 %*** | Tier 2 | |
| ***salicylic acid topical foam 6 %*** | Tier 2 | |
| ***salicylic acid topical liquid 26 %*** | Tier 2 | |
| ***salicylic acid topical lotion 6 %*** | Tier 1 | |
| ***salicylic acid topical lotion,extended release 6 %*** | Tier 1 | |
| ***salicylic acid topical ointment 3 %*** | Tier 2 | |
| ***salicylic acid topical shampoo 6 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SALIMEZ FORTE TOPICAL CREAM 10 % (***salicylic acid***) | Tier 3 | |
| SALVAX TOPICAL FOAM 6 % (***salicylic acid***) | Tier 2 | |
| ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (***salicylic acid***) | Tier 3 | |
| URAMAXIN TOPICAL FOAM 20 % (***urea***) | Tier 3 | |
| URAMAXIN TOPICAL LOTION 45 % (***urea***) | Tier 3 | |
| UREA NAIL STICK TOPICAL SOLUTION 50 % (***urea***) | Tier 1 | |
| ***urea topical cream 39 %, 47 %*** | Tier 2 | |
| ***urea topical cream 40 %, 45 %, 50 %*** | Tier 1 | |
| ***urea topical foam 35 %*** | Tier 2 | |
| ***urea topical gel 45 %*** | Tier 1 | |
| ***urea topical lotion 40 %*** | Tier 1 | |
| XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (***salicylic acid***) | Tier 3 | |
| YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (***cantharidin***) | Tier 3 | PA |
| **Dermatological - Liver Derivative Complex - Drugs for the Skin** | | |
| NEXAVIR INJECTION SOLUTION 25.5 MG/ML (***liver extract (beef-pork)***) | Tier 3 | |
| **Dermatological - Local Anesthetic Combinations - Drugs for the Skin** | | |
| CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 % (***tetracaine/benzocaine/butamben***) | Tier 3 | |
| CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC) (***tetracaine/benzocaine/butamben***) | Tier 3 | |
| ENZNONUTY TOPICAL OINTMENT 10-10-20 % (***lidocaine/tetracaine/benzocaine***) | Tier 3 | |
| ***lidocaine-prilocaine topical cream 2.5-2.5 %*** | Tier 1 | |
| NOBELA TOPICAL OINTMENT 10-10-20 % (***lidocaine/tetracaine/benzocaine***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Dermatological - Local Anesthetic Gas Combinations - Drugs for the Skin** | | |
| CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***) | Tier 3 | |
| CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***) | Tier 3 | |
| SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***) | Tier 3 | |
| **Dermatological - Local Anesthetic Gas Single Agents - Drugs for the Skin** | | |
| ***ethyl chloride topical aerosol,spray 100 %*** | Tier 1 | |
| **Dermatological - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for the Skin** | | |
| HYFTOR TOPICAL GEL 0.2 % (***sirolimus***) | Tier 4 | PA; SP |
| **Dermatological - Miscellaneous Single Agents - Drugs for the Skin** | | |
| MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 % (***baclofen***) | Tier 3 | |
| NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***gabapentin***) | Tier 3 | |
| ***sodium chloride topical solution 0.9 %*** | Tier 1 | |
| **Dermatological - NSAID Combinations - Drugs for the Skin** | | |
| KERAXA TOPICAL GEL 3-2-4 % (***diclofenac sodium/hyaluronate sodium/niacinamide***) | Tier 3 | |
| ROAOXIA TOPICAL GEL 3-2-4 % (***diclofenac sodium/hyaluronate sodium/niacinamide***) | Tier 3 | |
| **Dermatological - NSAID Single Agents - Drugs for the Skin** | | |
| ***diclofenac epolamine transdermal patch 12 hour 1.3 %*** | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***diclofenac sodium topical drops 1.5 %*** | Tier 1 | |
| ***diclofenac sodium topical gel 1 %*** | Tier 1 | |
| LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (***diclofenac epolamine***) | Tier 3 | ST: Requires prior prescription for generic Flector patch within the past 120 days; QL (1 EA per 1 day) |
| **Dermatological - Photodynamic Therapy Agents Topical - Drugs for the Skin** | | |
| AMELUZ TOPICAL GEL 10 % (***aminolevulinic acid hcl***) | Tier 3 | |
| LEVULAN TOPICAL SOLUTION 20 % (***aminolevulinic acid hcl***) | Tier 3 | |
| **Dermatological - Protectant Combinations - Drugs for the Skin** | | |
| PR CREAM TOPICAL CREAM (***protectives combination no.2/ceramides 1,3,6-ii***) | Tier 1 | |
| RECEDO TOPICAL GEL (***polydimethylsiloxanes/silicon dioxide***) | Tier 3 | |
| WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (***hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol***) | Tier 3 | |
| **Dermatological - Protectants - Drugs for the Skin** | | |
| PHARMABASE BARRIER TOPICAL OINTMENT 9.38 % (***zinc oxide***) | Tier 1 | |
| VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (***petrolatum,white***) | Tier 1 | |
| ***zinc oxide topical ointment 20 %*** | Tier 1 | |
| ***zinc oxide topical paste 25 %*** | Tier 1 | |
| **Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs for the Skin** | | |
| ***tazarotene topical cream 0.1 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Dermatological - Rosacea Therapy, Systemic - Drugs for the Skin** | | |
| ***doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg*** | Tier 2 | ST: Requires prior prescription for generic Doxycycline or Minocycline within the past 120 days; QL (1 EA per 1 day); Age (Min 18 Years) |
| EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (***minocycline hcl***) | Tier 3 | PA |
| **Dermatological - Rosacea Therapy, Topical - Drugs for the Skin** | | |
| AVEIDA TOPICAL GEL 1-1 % (***ivermectin/metronidazole***) | Tier 3 | |
| AVEIDAOXIA TOPICAL GEL 1-1-4 % (***ivermectin/metronidazole/niacinamide***) | Tier 3 | |
| ***azelaic acid topical gel 15 %*** | Tier 2 | |
| BAXONIL TOPICAL OINTMENT 1-2 % (***metronidazole/mupirocin***) | Tier 3 | |
| ***brimonidine topical gel with pump 0.33 %*** | Tier 2 | |
| CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (***sulfacetamide sodium/sulfur/urea***) | Tier 2 | |
| DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % (***brimonidine tartrate/ivermectin/metronidazole/niacinamide***) | Tier 3 | |
| DAZOMON TOPICAL GEL 0.25 % (***brimonidine tartrate***) | Tier 3 | |
| FINACEA TOPICAL FOAM 15 % (***azelaic acid***) | Tier 2 | |
| IDARAN TOPICAL OINTMENT 1-2 % (***metronidazole/mupirocin***) | Tier 3 | |
| ***ivermectin topical cream 1 %*** | Tier 2 | ST: Requires prior prescription for Finacea gel or foam within the past 120 days |
| ***metronidazole topical cream 0.75 %*** | Tier 1 | |
| ***metronidazole topical gel 0.75 %*** | Tier 1 | |
| ***metronidazole topical gel 1 %*** | Tier 2 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***metronidazole topical gel with pump 1 %*** | Tier 2 | |
| ***metronidazole topical lotion 0.75 %*** | Tier 2 | |
| REMYDA TOPICAL GEL 0.25 % (***brimonidine tartrate***) | Tier 3 | |
| RESTIMO TOPICAL GEL 1-1 % (***ivermectin/metronidazole***) | Tier 3 | |
| ***metronidazole*** (Rosadan Topical Cream 0.75 %) | Tier 1 | |
| ROSITARA TOPICAL GEL 1-1-4 % (***ivermectin/metronidazole/niacinamide***) | Tier 3 | |
| ROVIS TOPICAL GEL 0.25-1-1-4 % (***brimonidine tartrate/ivermectin/metronidazole/niacinamide***) | Tier 3 | |
| ***sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %*** | Tier 1 | QL (1419 ML per 1 FILL) |
| SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (***sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal***) | Tier 3 | |
| **Dermatological - Tissue/Wound Adhesives - Fibrin Sealants - Drugs for the Skin** | | |
| ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) (***thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride***) | Tier 3 | |
| TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML (***thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride***) | Tier 3 | |
| TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML (***thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride***) | Tier 3 | |
| **Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin** | | |
| ANASTIA TOPICAL LOTION 2.75 % (***lidocaine hcl***) | Tier 3 | |
| ***lidocaine*** (Dermacinrx Lidocan Topical Adhesive Patch,Medicated 5 %) | Tier 1 | QL (90 EA per 30 days) |
| DERMACINRX LIDOGEL TOPICAL GEL 2.8 % (***lidocaine hcl***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| DERMACINRX LIDOREX TOPICAL GEL 2.8 % (***lidocaine hcl***) | Tier 3 | |
| ***lidocaine hcl*** (Glydo Mucous Membrane Jelly In Applicator 2 %) | Tier 1 | |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (***lidocaine hcl/racepinephrine hcl/tetracaine hcl***) | Tier 1 | |
| L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (***lidocaine hcl/racepinephrine hcl/tetracaine hcl***) | Tier 1 | |
| L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 % (***lidocaine hcl/epinephrine bitartrate/tetracaine hcl***) | Tier 1 | |
| L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % (***lidocaine hcl/epinephrine bitartrate/tetracaine hcl***) | Tier 3 | |
| ***lidocaine hcl mucous membrane jelly in applicator 2 %*** | Tier 1 | |
| ***lidocaine hcl topical cream 3 %*** | Tier 1 | |
| ***lidocaine topical adhesive patch,medicated 5 %*** | Tier 1 | QL (90 EA per 30 days) |
| ***lidocaine topical ointment 5 %*** | Tier 1 | QL (240 GM per 30 days) |
| ***lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %*** | Tier 1 | |
| ***lidocaine*** (Lidocan Iii Topical Adhesive Patch,Medicated 5 %) | Tier 1 | QL (90 EA per 30 days) |
| ***lidocaine*** (Lidocan Iv Topical Adhesive Patch,Medicated 5 %) | Tier 1 | QL (90 EA per 30 days) |
| ***lidocaine*** (Lidocan V Topical Adhesive Patch,Medicated 5 %) | Tier 1 | QL (90 EA per 30 days) |
| LIDOPIN TOPICAL CREAM 3.25 % (***lidocaine hcl***) | Tier 3 | |
| LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***lidocaine***) | Tier 3 | |
| LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 % (***lidocaine***) | Tier 3 | |
| NOLIRA TOPICAL CREAM 23-7 % (***lidocaine/tetracaine***) | Tier 3 | |
| NUMBONEX TOPICAL LOTION 2.75 % (***lidocaine hcl***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NYNUTEY TOPICAL CREAM 23-7 % (***lidocaine*/*tetracaine***) | Tier 3 | |
| REGENECARE TOPICAL GEL 2 % (***lidocaine hcl*/*collagen***) | Tier 3 | |
| TRANZAREL TOPICAL GEL 4 % (***lidocaine***) | Tier 3 | |
| **Dermatological - Topical Local Anesthetic Esters - Drugs for the Skin** | | |
| ANACAINE TOPICAL OINTMENT 10 % (***benzocaine***) | Tier 3 | |
| **Dermatological - Topical Local Anesthetic Others - Drugs for the Skin** | | |
| PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % (***ketamine hcl***) | Tier 3 | |
| **Dermatological Irritants-Counter-Irritant Single Agents - Drugs for the Skin** | | |
| ***methyl salicylate oil*** | Tier 1 | |
| ***methyl salicylate topical liquid*** | Tier 1 | |
| QUTENZA TOPICAL KIT 8 % (***capsaicin*/*skin cleanser***) | Tier 3 | PA |
| WINTERGREEN OIL OIL (***methyl salicylate***) | Tier 1 | |
| **Human Cellular Regenerative Tissue Matrix - Drugs for the Skin** | | |
| EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM (***human regenerative tissue matrix***) | Tier 3 | |
| GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (***human regenerative tissue matrix***) | Tier 3 | |
| GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (***human regenerative tissue matrix***) | Tier 3 | |
| GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (***human regenerative tissue matrix***) | Tier 3 | |
| STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (***human regenerative tissue matrix***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (***human regenerative tissue matrix***) | Tier 3 | |
| **Nail Protectives - Drugs for the Skin** | | |
| GENADUR (WITH LEXINAL) KIT 2,500 MCG (***biotin/carbitol/equisetum xt/ethanol/hydroxypropyl chito/msm***) | Tier 3 | |
| **Porcine Skin Dressings, Non-Living - Drugs for the Skin** | | |
| MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM (***extracellular matrix (ecm), porcine derived***) | Tier 3 | |
| MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (***extracellular matrix (ecm),porcine derived,fenestrated***) | Tier 3 | |
| MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (***extracellular matrix (ecm),porcine derived,fenestrated***) | Tier 3 | |
| MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM (***extracellular matrix (ecm), porcine derived***) | Tier 3 | |
| **Scabicide and Pediculicide Single Agents - Drugs for the Skin** | | |
| ***malathion topical lotion 0.5 %*** | Tier 2 | |
| ***permethrin topical cream 5 %*** | Tier 1 | |
| ***spinosad topical suspension 0.9 %*** | Tier 2 | |
| ULESFIA TOPICAL LOTION 5 % (***benzyl alcohol***) | Tier 3 | |
| **Skin Replacement, Live Tissue Dressings - Drugs for the Skin** | | |
| APLIGRAF TOPICAL DISK (***cultured skin substitute,human and bovine***) | Tier 3 | |
| OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (***porcine acellular small intestine submucosa, fenestrated***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (***porcine acell submucosa,meshed***) | Tier 3 | |
| **Wound Care - Cleanser Combinations - Drugs for the Skin** | | |
| HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (***hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water***) | Tier 3 | |
| RENOVAR IRRIGATION IRRIGATION SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***) | Tier 3 | |
| RENOVAR TOPICAL SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***) | Tier 3 | |
| **Wound Care - Cleansers - Drugs for the Skin** | | |
| VASHE IRRIGATION IRRIGATION SOLUTION 0.033 % (***sodium chloride irrigating solution/hypochlorous acid***) | Tier 3 | |
| **Wound Care - Dressings - Drugs for the Skin** | | |
| ACESO AG TOPICAL BANDAGE 4 X 4 " (***silver/silicone/foam bandage***) | Tier 3 | |
| ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 " (***silver***) | Tier 3 | |
| ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 " (***foam bandage***) | Tier 3 | |
| CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (***gel dressing***) | Tier 3 | |
| CURAFIL GEL WOUND TOPICAL GEL (***gel dressing***) | Tier 3 | |
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (***polyhexamethylene biguanide/gauze bandage***) | Tier 3 | |
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (***polyhexamethylene biguanide/gauze bandage***) | Tier 3 | |
| DYNAFOAM AG TOPICAL BANDAGE 4 X 4 " (***silver/foam bandage***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 " (***silver/calcium alginate***) | Tier 3 | |
| KENDALL AMD ANTIMICRB FOAM DRS TOPICAL BANDAGE 0.5 %- 4" X 4" (***polyhexamethylene biguanide/foam bandage***) | Tier 3 | |
| KERAGEL TOPICAL GEL (***gel dressing***) | Tier 3 | |
| KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (***polyhexamethylene biguanide/gauze bandage***) | Tier 3 | |
| KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (***polyhexamethylene biguanide/gauze bandage***) | Tier 3 | |
| L-MESITRAN SOFT TOPICAL GEL 40 % (***honey***) | Tier 3 | |
| MAXORB EXTRA TOPICAL BANDAGE 4 X 4 " (***alginate dressing/carboxymethylcellulose***) | Tier 3 | |
| MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " (***honey/hydrocolloid dressing***) | Tier 3 | |
| OMEZA TOPICAL OINTMENT IN PACKET (***collagen, hydrolyzed/cod liver oil***) | Tier 3 | |
| PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " (***silver/calcium alginate***) | Tier 3 | |
| PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 " (***dressing, collagen/silver***) | Tier 3 | |
| RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 " (***silver/calcium alginate***) | Tier 3 | |
| RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 " (***silver/calcium alginate***) | Tier 3 | |
| SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " (***silver/silicone/foam bandage***) | Tier 3 | |
| SILVASORB TOPICAL GEL,EXTENDED RELEASE (***silver***) | Tier 1 | |
| SPECTRAGEL TOPICAL GEL (***gel dressing***) | Tier 3 | |
| STRATACTX TOPICAL GEL (***gel dressing***) | Tier 3 | |
| STRATAGRT TOPICAL GEL (***gel dressing***) | Tier 3 | |
| STRATAXRT TOPICAL GEL (***gel dressing***) | Tier 3 | |
| THERAHONEY TOPICAL BANDAGE 4 X 5 " (***honey***) | Tier 3 | |
| ZENPHOR TOPICAL BANDAGE 2 X 4.7 " (***gel dressing***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ZENPHOR TOPICAL GEL (***gel dressing***) | Tier 3 | |
| **Wound Care - Growth Factor Agents - Drugs for the Skin** | | |
| REGRANEX TOPICAL GEL 0.01 % (***becaplermin***) | Tier 2 | DD |
| **Wound Care Combinations Other - Drugs for the Skin** | | |
| FILSUVEZ TOPICAL GEL 10 % (***birch bark extract***) | Tier 4 | PA; SP |
| **Diagnostic Agents** | | |
| **Diagnostic - Multiple Urine Tests** | | |
| CHEK-STIX CONTROL STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 10 MD STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 10/SG STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 2 GP STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 50B STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 7 STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 9 STRIP (***urine multiple test strips***) | Tier 3 | |
| COMBISTIX REAGENT STRIP (***urine multiple test strips***) | Tier 3 | |
| HEMA-COMBISTIX STRIP (***urine multiple test strips***) | Tier 3 | |
| LABSTIX REAGENT STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 10 SG STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 5 STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 7 STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 8 SG STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 9 SG STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 9 STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX STRIP (***urine multiple test strips***) | Tier 3 | |
| URISTIX 4 STRIP (***urine multiple test strips***) | Tier 3 | |
| URISTIX REAGENT STRIP (***urine multiple test strips***) | Tier 3 | |
| **Diagnostic Radiopharmaceuticals - Endocrine** | | |
| ***sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)*** | Tier 1 | OCH |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***sodium iodide-131 oral capsule 3.7 mbq (100 microci)*** | Tier 1 | OCH |
| **Drugs to treat Erectile Dysfunction - Drugs for the Urinary System** | | |
| **Erectile Dysfunction (ED) Drugs - Prostaglandins - Drugs for Erectile Dysfunction** | | |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (***alprostadil***) | Tier 3 | QL (1 EA per 5 days) |
| CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG (***alprostadil***) | Tier 3 | QL (1 EA per 5 days) |
| CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG (***alprostadil***) | Tier 3 | QL (1 EA per 5 days) |
| EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (***alprostadil***) | Tier 3 | QL: 6 INJECTIONS IN 30 DAYS |
| **Erectile Dysfunction (ED) Drugs- Alpha Blocker, Peripheral Vasodilator - Drugs for Erectile Dysfunction** | | |
| IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG-1 MG/ML (***papaverine hcl/phentolamine mesylate in water***) | Tier 1 | |
| **Erectile Dysfunction (ED) Drugs-Prostaglandin, Peripheral Vasodilator - Drugs for Erectile Dysfunction** | | |
| TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG (***papaverine hcl/phentolamine mesylate/alprostadil***) | Tier 3 | |
| **Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib - Drugs for Erectile Dysfunction** | | |
| ***avanafil oral tablet 100 mg, 200 mg, 50 mg*** | Tier 1 | ST: Requires prior prescription for Viagra within the past 120 days; QL (1 EA per 5 days) |
| ***sildenafil oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | QL (1 EA per 5 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***tadalafil oral tablet 10 mg, 20 mg*** | Tier 1 | QL (1 EA per 5 days) |
| ***tadalafil oral tablet 2.5 mg, 5 mg*** | Tier 1 | PA |
| **Electrolyte Balance-Nutritional Products** | | |
| **Electrolyte Depleters - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitors** | | |
| XPHOZAH ORAL TABLET 20 MG, 30 MG (***tenapanor hcl***) | Tier 3 | ST: Requires prior prescriptions for Velphoro and one of the folllowing: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (2 EA per 1 day) |
| **Electrolyte Balance-Nutritional Products - Drugs for Nutrition** | | |
| **Amino Acid - Carnitine Derivatives - Drugs for Nutrition** | | |
| ***levocarnitine oral tablet 330 mg*** | Tier 2 | |
| **Amino Acids, Single Ingredient, Oral (non-injectable) - Drugs for Nutrition** | | |
| ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***) | Tier 4 | PA; SP |
| ***glutamine (sickle cell) oral powder in packet 5 gram*** | Tier 4 | PA; SP |
| **Dietary Product - Infant Formulas - Drugs for Nutrition** | | |
| PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (***infant formula for pku, iron, no.2***) | Tier 3 | PA |
| **Diluents - Insulin Diluting Solutions - Drugs for Nutrition** | | |
| DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (***diluent,insulin aspart combination no.1***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Diluents - Others - Drugs for Nutrition** | | |
| STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION (***diluent for mitomycin (hydroxypropyl,poloxam,polyethyl)***) | Tier 3 | |
| **Diluents - Sodium Chloride - Drugs for Nutrition** | | |
| ***sodium chlor 0.9% bacteriostat injection solution 0.9 %*** | Tier 1 | |
| ***sodium chloride 0.9 % injection solution*** | Tier 1 | |
| ***sodium chloride injection syringe 0.9 %*** | Tier 1 | |
| **Diluents - Vaccine Diluents - Drugs for Nutrition** | | |
| DILUENT FOR ROTARIX ORAL SYRINGE (***diluent for oral live rotavirus vaccine (calcium carbonate)***) | Tier 3 | |
| **Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition** | | |
| ***sodium polystyrene sulfonate/sorbitol solution*** (Kionex (With Sorbitol) Oral Suspension 15-20 Gram/60 Ml) | Tier 2 | |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (***sodium zirconium cyclosilicate***) | Tier 2 | |
| ***sodium polystyrene sulfonate oral powder*** | Tier 1 | |
| ***sodium polystyrene sulfonate/sorbitol solution*** (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 Ml) | Tier 2 | |
| SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (***sodium polystyrene sulfonate/sorbitol solution***) | Tier 3 | |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (***patiromer calcium sorbitex***) | Tier 3 | PA |
| **Irrigation Solutions - Drugs for Nutrition** | | |
| ***lactated ringers irrigation solution*** | Tier 3 | |
| PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (***physiological irrigating solution no.1***) | Tier 3 | |
| PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (***physiological irrigating solution no.1***) | Tier 3 | |
| ***ringer's irrigation solution*** | Tier 1 | |
| ***sodium chloride irrigation solution 0.9 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML (***sodium chloride/pot chloride/mag sul/sod phos,db/pot phos,mb***) | Tier 3 | |
| ***water for irrigation, sterile irrigation solution*** | Tier 1 | |
| **Minerals and Electrolytes - Iodine - Drugs for Nutrition** | | |
| LUGOLS ORAL SOLUTION 5 % (***potassium iodide/iodine***) | Tier 3 | |
| ***potassium iodide oral solution 1 gram/ml*** | Tier 1 | |
| SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***) | Tier 1 | |
| STRONG IODINE ORAL SOLUTION 5 % (***potassium iodide/iodine***) | Tier 1 | |
| **Minerals and Electrolytes - Iron - Drugs for Nutrition** | | |
| TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (***ferric pyrophosphate citrate***) | Tier 3 | |
| TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (***ferric pyrophosphate citrate***) | Tier 3 | |
| **Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition** | | |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (***potassium bicarbonate/citric acid***) | Tier 3 | |
| EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (***potassium bicarbonate/citric acid***) | Tier 1 | |
| ***potassium chloride*** (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq) | Tier 1 | |
| ***potassium chloride*** (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq) | Tier 1 | |
| ***potassium chloride*** (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq) | Tier 1 | |
| ***potassium chloride oral capsule, extended release 10 meq, 8 meq*** | Tier 1 | |
| ***potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml*** | Tier 2 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***potassium chloride oral packet 20 meq*** | Tier 2 | |
| ***potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq*** | Tier 1 | |
| ***potassium chloride oral tablet extended release 15 meq*** | Tier 1 | |
| ***potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq*** | Tier 1 | |
| **Multivitamin and Mineral Combinations - Drugs for Nutrition** | | |
| PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (***multivitamin-min no.110/folic acid/omega-3/dha/epa/fish oil***) | $0 | EHB |
| **Nutritional Product - Lipid Others - Drugs for Nutrition** | | |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML (***triheptanoin***) | Tier 4 | PA; SP |
| **Nutritional Product - Medical Condition Specific Formulation - Drugs for Nutrition** | | |
| ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***) | Tier 4 | PA; SP |
| ***glutamine (sickle cell) oral powder in packet 5 gram*** | Tier 4 | PA; SP |
| **Nutritional Product - Phenylketonuria (PKU) Specific Formulation - Drugs for Nutrition** | | |
| EAA SUPPLEMENT ORAL POWDER IN PACKET 5 GRAM-36 KCAL/12.5 GRAM (***nutritional therapy for phenylketonuria(pku) with iron no.13***) | Tier 3 | PA |
| GLYTACTIN 10 PE COMPLETE ORAL BAR 10 GRAM-210 KCAL/54 GRAM, 10 GRAM-220 KCAL/54 GRAM (***nutritional therapy for pku no.62***) | Tier 3 | PA |
| GLYTACTIN 15 PE COMPLETE ORAL BAR 15 GRAM-320 KCAL/81 GRAM (***nutritional therapy for phenylketonuria(pku) with iron no.41***) | Tier 3 | PA |
| GLYTACTIN 20PE BETTERMILK LITE ORAL POWDER IN PACKET 39 GRAM-294 KCAL/100 GRAM (***nutritional therapy for phenylketonuria(pku) with iron no.41***) | Tier 3 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GLYTACTIN BETTERMILK 15-15 ORAL POWDER IN PACKET 38 GRAM-400 KCAL/100 GRAM (***nutritional therapy for pku no.64***) | Tier 3 | PA |
| GLYTACTIN BETTERMILK 5-5 ORAL POWDER 38 GRAM-400 KCAL/100 GRAM (***nutritional therapy for pku no.64***) | Tier 3 | PA |
| GLYTACTIN BUILD 10-10 ORAL POWDER IN PACKET 67 GRAM-335 KCAL/100 GRAM (***nutritional therapy for pku no.64***) | Tier 3 | PA |
| GLYTACTIN RESTORE 10 PE LITE ORAL LIQUID 2 GRAM-14 KCAL/100 ML (***nutritional therapy for phenylketonuria (pku), no.49***) | Tier 3 | PA |
| GLYTACTIN RESTORE 10 PE LITE ORAL POWDER IN PACKET 53 GRAM-342 KCAL/100 GRAM (***nutritional therapy for phenylketonuria (pku) no.65***) | Tier 3 | PA |
| GLYTACTIN RESTORE 10 PE ORAL LIQUID 2 GRAM-34 KCAL/100 ML (***nutritional therapy for phenylketonuria (pku), no.49***) | Tier 3 | PA |
| GLYTACTIN RESTORE 5 PE ORAL POWDER IN PACKET 25 GRAM-363 KCAL/100 GRAM (***nutritional therapy for phenylketonuria (pku), no.63***) | Tier 3 | PA |
| GLYTACTIN RTD 10 PE ORAL LIQUID 4 GRAM-61 KCAL/100 ML (***nutritional therapy for phenylketonuria(pku) with iron no.41***) | Tier 3 | PA |
| GLYTACTIN RTD 15 PE ORAL LIQUID 6 GRAM-80 KCAL/100 ML (***nutritional therapy for phenylketonuria(pku) with iron no.41***) | Tier 3 | PA |
| LANAFLEX ORAL POWDER IN PACKET 33 GRAM-253 KCAL/100 GRAM (***nutritional therapy for phenylketonuria(pku) with iron no.25***) | Tier 3 | PA |
| LOPHLEX ORAL POWDER IN PACKET 10 GRAM-41 KCAL /14.3 GRAM (***nutritional therapy for phenylketonuria (pku) with iron no.7***) | Tier 3 | PA |
| NEOPHE ORAL POWDER 60 GRAM-345 KCAL/100 GRAM (***nutritional therapy for phenylketonuria (pku), no.38***) | Tier 3 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PERIFLEX ADVANCE ORAL POWDER 35-369 GRAM-KCAL/100 G, 35-385 GRAM-KCAL/100 G (***nutritional therapy for phenylketonuria(pku) with iron no.20***) | Tier 3 | PA |
| PERIFLEX INFANT ORAL POWDER 13 GRAM-421 KCAL/100 GRAM (***infant formula for pku with iron combination no.4***) | Tier 3 | PA |
| PERIFLEX JUNIOR ORAL POWDER 25 GRAM-374 KCAL/100 GRAM, 25 GRAM-394 KCAL/100 GRAM (***nutritional therapy for phenylketonuria (pku) with iron no.3***) | Tier 3 | PA |
| PERIFLEX LQ PKU ORAL LIQUID 0.06-0.64 G-KCAL/ ML (***nutritional therapy for phenylketonuria (pku) with iron no.2***) | Tier 3 | PA |
| PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (***infant formula for pku, iron, no.2***) | Tier 3 | PA |
| PHENEX-2 ORAL POWDER 30-410 GRAM-KCAL/100 G (***nutritional therapy for phenylketonuria (pku) with iron no.1***) | Tier 3 | PA |
| PHENYLADE 40 ORAL POWDER IN PACKET 10 GRAM-84 KCAL/25 GRAM (***nutritional therapy for phenylketonuria(pku) with iron no.27***) | Tier 3 | PA |
| PHENYLADE 60 ORAL POWDER 60-295 GRAM-KCAL/100G, 60-327 GRAM-KCAL/100 G (***nutritional therapy for phenylketonuria(pku) with iron no.27***) | Tier 3 | PA |
| PHENYLADE 60 ORAL POWDER IN PACKET 10 GRAM-49 KCAL/16.7GRAM (***nutritional therapy for phenylketonuria(pku) with iron no.27***) | Tier 3 | PA |
| PHENYLADE AMINO ACIDS ORAL POWDER 10-42 GRAM-KCAL/13 G (***nutritional therapy for phenylketonuria (pku) no.31***) | Tier 3 | PA |
| PHENYLADE AMINO ACIDS ORAL POWDER IN PACKET 10 GRAM-42 KCAL/13 GRAM (***nutritional therapy for phenylketonuria (pku) no.31***) | Tier 3 | PA |
| PHENYLADE ESSENTIAL (FLAX) ORAL POWDER 25-390 GRAM-KCAL/100 G (***nutritional therapy for phenylketonuria(pku) with iron no.35***) | Tier 3 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PHENYLADE ESSENTIAL (FLAX) ORAL POWDER IN PACKET 10 GRAM-156 KCAL/40 GRAM (***nutritional therapy for phenylketonuria(pku) with iron no.35***) | Tier 3 | PA |
| PHENYLADE GMP MIX-IN ORAL POWDER IN PACKET 80 GRAM-334 KCAL/100 GRAM (***nutritional therapy for phenylketonuria (pku) no.66***) | Tier 3 | PA |
| PHENYLADE GMP ORAL POWDER 30 GRAM-396 KCAL/100 GRAM (***nutritional therapy for phenylketonuria(pku) with iron no.57***) | Tier 3 | PA |
| PHENYLADE GMP ORAL POWDER IN PACKET 30 GRAM-396 KCAL/100 GRAM (***nutritional therapy for phenylketonuria(pku) with iron no.57***) | Tier 3 | PA |
| PHENYLADE MTE AMINO ACIDS ORAL POWDER 10-42 GRAM-KCAL/13 G (***nutritional therapy for phenylketonuria (pku) no.31***) | Tier 3 | PA |
| PHENYLADE MTE AMINO ACIDS ORAL POWDER IN PACKET 10 GRAM-42 KCAL/13 GRAM (***nutritional therapy for phenylketonuria (pku) no.31***) | Tier 3 | PA |
| PHENYLADE PHEBLOC ORAL POWDER IN PACKET 2.2 GRAM-10 KCAL/3 GRAM (***nutritional therapy for phenylketonuria (pku) no.43***) | Tier 3 | PA |
| PHENYLADE PHEBLOC ORAL TABLET 750 MG (***nutritional therapy for phenylketonuria (pku) no.33***) | Tier 3 | PA |
| PHENYL-FREE 1 ORAL POWDER 16.2-500 GRAM-KCAL/100 G (***nutritional therapy for phenylketonuria(pku) with iron no.10***) | Tier 3 | PA |
| PHENYL-FREE 2 PKU ORAL POWDER 22 GRAM-410 KCAL/100 GRAM (***nutritional therapy for phenylketonuria(pku) with iron no.45***) | Tier 3 | PA |
| PHENYL-FREE 2HP PKU ORAL POWDER 40 GRAM-390 KCAL/100 GRAM (***nutritional therapy for phenylketonuria(pku) with iron no.45***) | Tier 3 | PA |
| PHLEXY-10 DRINK MIX POWDER ORAL POWDER IN PACKET 8.33 GRAM-69 69 KCAL/20 GRAM (***nutritional therapy for phenylketonuria (pku) no.8***) | Tier 3 | PA |
| PHLEXY-10 ORAL TABLET 8.33 GRAM-35 KCAL/10 TABS (***nutritional therapy for phenylketonuria (pku) no.54***) | Tier 3 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PKU COOLER 10 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML (***nutritional therapy for phenylketonuria(pku) with iron no.4***) | Tier 3 | PA |
| PKU COOLER 15 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML (***nutritional therapy for phenylketonuria(pku) with iron no.4***) | Tier 3 | PA |
| PKU COOLER 20 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML (***nutritional therapy for phenylketonuria(pku) with iron no.4***) | Tier 3 | PA |
| PKU EASY LIQUID ORAL LIQUID IN PACKET 15 GRAM-97.5 KCAL/130 ML (***nutritional therapy for phenylketonuria(pku) with iron no.26***) | Tier 3 | PA |
| PKU GEL POWDER ORAL POWDER IN PACKET 41.7 GRAM-317 KCAL/100 GRAM, 41.7 GRAM-338 KCAL/100 GRAM (***nutritional therapy for phenylketonuria with iron, no.47***) | Tier 3 | PA |
| PKU GO ORAL POWDER IN PACKET 50 GRAM-325 KCAL/100 GRAM (***nutritional therapy for phenylketonuria(pku) with iron no.60***) | Tier 3 | PA |
| PKU LOPHLEX ORAL LIQUID IN PACKET 20-116 GRAM-KCAL (***nutritional therapy for phenylketonuria(pku) with iron no.40***) | Tier 3 | PA |
| PKU MAXAMUM ORAL POWDER 40 GRAM-305 KCAL/100 GRAM (***nutritional therapy for phenylketonuria (pku) with iron no.6***) | Tier 3 | PA |
| PKU PERIFLEX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM (***infant formula for pku with iron combination no.4***) | Tier 3 | PA |
| PKU PERIFLEX JUNIOR PLUS ORAL POWDER 28 GRAM-377 KCAL/100 GRAM, 28 GRAM-385 KCAL/100 GRAM (***nutritional therapy for phenylketonuria(pku) with iron no.55***) | Tier 3 | PA |
| PKU SPHERE20 ORAL POWDER IN PACKET 56 GRAM-337 KCAL/100 GRAM (***nutritional therapy for phenylketonuria (pku) no.67***) | Tier 3 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| XPHE MAXAMAID ORAL POWDER 25-324 GRAM-KCAL/100 G (***nutritional therapy for phenylketonuria(pku) with iron no.5***) | Tier 3 | PA |
| XPHE MAXAMUM ORAL POWDER IN PACKET 40 GRAM-305 KCAL/100 GRAM (***nutritional therapy for phenylketonuria (pku) with iron no.6***) | Tier 3 | PA |
| **Prenatal Vitamins and Minerals - Drugs for Nutrition** | | |
| ATABEX OB ORAL TABLET 29-1 MG (***prenatal vitamins 143/iron bis-glycin/methyltetrahydrofolate***) | $0 | EHB |
| BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG (***prenatal vit no.100/iron sod edta,ps cplex/folic acid/omega3***) | $0 | EHB |
| BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG (***prenatal vit no.81/sod.feredetate-iron ps/folic acid/omega-3***) | $0 | EHB |
| CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (***prenatal vitamins no.83/iron fumarate/folate combo no.6/dha***) | $0 | EHB |
| CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (***prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate***) | Tier 3 | |
| CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (***prenatal vit no.72/iron carbony,gluc/folic acid/docusate/dha***) | Tier 3 | |
| CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (***prenatal vit no.73/iron carbony,gluc/folic acid/docusate/dha***) | Tier 3 | |
| CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (***prenatal vit no.76/iron carbony,gluc/folic acid/docusate/dha***) | Tier 3 | |
| CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (***prenatal vitamin no.59/iron carb,fum/folic acid/docusate/dha***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (***prenatal vitamin no.52/iron/folic acid/omega-3/dha***) | $0 | EHB |
| COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.14/ferrous fumarate/folic acid***) | $0 | EHB |
| KPN ORAL TABLET 9 MG IRON- 267 MCG (***prenatal vits with calcium no.98/ferrous fumarate/folic acid***) | $0 | EHB |
| MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG (***prenatal vitamins no.49/ferrous fumarate/folic acid***) | $0 | EHB |
| M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***) | $0 | EHB |
| MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (***prenatal vit with calcium 15/iron/folic acid/docusate sodium***) | $0 | EHB |
| MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***) | $0 | EHB |
| MYNATAL ORAL TABLET 90-1-50 MG (***prenatal vitamins with calcium/iron,carb/docusate/folic acid***) | $0 | EHB |
| MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***) | $0 | EHB |
| MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***) | $0 | EHB |
| MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (***prenatal vitamins with calcium/ferrous fum/docusate/folic ac***) | $0 | EHB |
| NATAVI PNV ORAL CAPSULE 13.5 MG IRON- 0.5 MG-150 MG (***prenatal no.158/iron fum/folic acid/omega-3/dha/epa/fish oil***) | $0 | EHB |
| NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON-1 MG (***prenatal vitamins no.154/ferrous fumarate/folic acid***) | $0 | EHB |
| NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.154/ferrous fumarate/folic acid***) | $0 | EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (***prenatal vits no.53/iron fum/folic acid/docusate calcium/dha***) | Tier 3 | |
| OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG (***prenatal vits no.12/iron,carb/folic acid/docusate/omega-3***) | $0 | EHB |
| OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK,TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE (***prenatal vitamins no.12/iron carbonyl/levomefolate calc/dha***) | $0 | EHB |
| OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE (***prenatal vitamins no.12/iron,carbonyl/levomefolate calcium***) | $0 | EHB |
| OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (***prenatal vitamins no.127/iron,carbonyl/folic acid/docusate***) | $0 | EHB |
| ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG (***prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa***) | $0 | EHB |
| ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON-800 MCG-235 MG (***prenatal vitamins no.168/iron/folic acid/omega-3/dha/epa***) | $0 | EHB |
| ***pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg*** | $0 | EHB |
| PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (***prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha***) | $0 | EHB |
| PNV-SELECT ORAL TABLET 27-1 MG (***prenatal vit with calcium no.40/iron fumarate/folate no.1***) | $0 | EHB |
| PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-400 MG (***prenatal vit no.19/iron bg hcl,suc-prot/folic acid/omega-3***) | $0 | EHB |
| PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (***prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3***) | $0 | EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-430 MG (***prenatal vit 55/iron bisgly hcl,suc-prot/folic acid/omega-3***) | $0 | EHB |
| PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG - 430 MG (***prenatal vit with calcium 54/iron bis,s-p/folic acid/omega-3***) | $0 | EHB |
| PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (***prenatal vits with calcium no.80/iron fum/folic acid/dss/dha***) | Tier 1 | |
| PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (***prenatal vit with calcium no.69/iron/folic acid/docusate/dha***) | Tier 1 | |
| PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.37/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATABS FA ORAL TABLET 29-1 MG (***prenatal vits with calcium no.78/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***) | $0 | EHB |
| PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-975 MCG-200 MG (***prenatal vits, calcium no.91/ferrous fumarate/folic acid/dha***) | $0 | EHB |
| PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (***prenatal vit with calcium 95/ferrous fumarate/folic acid/dha***) | $0 | EHB |
| PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (***prenatal vits no.115/iron fumarate/folic acid/docusate sod.***) | $0 | EHB |
| PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins no.119/iron fumarate/folic acid***) | $0 | EHB |
| PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (***prenatal vits with calcium no.115/iron fumarate/folic acid***) | $0 | EHB |
| PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (***prenatal vits with calcium no.21/ferrous fumarate/folic acid***) | $0 | EHB |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (***pnv no.72/ferrous fumarate/folic acid/omega-3/dha***) | $0 | EHB |
| PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (***prenatal vits with calcium no.72/iron,carbonyl/folic acid***) | $0 | EHB |
| PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.180/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***) | $0 | EHB |
| ***prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg*** | $0 | EHB |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (***prenatal vit with calcium no.130/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vits with calcium no.124/ferrous fumarat/folic acid***) | $0 | EHB |
| PRENATAL VITAMIN ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins no.159/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***) | $0 | EHB |
| PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***) | $0 | EHB |
| ***prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg*** | $0 | EHB |
| PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG (***prenatal vitamin no.103/folic acid/omega-3s/dha/fish oil***) | $0 | EHB |
| PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (***prenatal vits no.65/iron fumarate,polysac complex/folic acid***) | $0 | EHB |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vits with calcium 118/ferrous fumarate/folic acid***) | $0 | EHB |
| SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins no.119/iron fumarate/folic acid***) | $0 | EHB |
| SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG (***prenatal vits, calcium no.102/ferrous fum/folic acid/dha/lut***) | $0 | EHB |
| STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG (***prenatal vitamins no.63/iron,carbonyl/folic acid/dha***) | $0 | EHB |
| TENDERA-OB ORAL CAPSULE 27 MG IRON-1 MG -205 MG (***prenatal vitamins no.148/iron, carbonyl/folate comb no.6/dha***) | $0 | EHB |
| THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG (***prenatal vitamins no.32/ferrous fumarate/folic acid/dha***) | $0 | EHB |
| THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG (***prenatal vitamins no.100/iron fumarate/folic acid/dha/epa***) | $0 | EHB |
| THERANATAL ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.28/ferrous fumarate/folic acid***) | $0 | EHB |
| THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT (***prenatal vitamins no.74/ferrous fumarate/folic acid/coq10***) | $0 | EHB |
| THERANATAL PLUS ORAL COMBO PACK 27 MG IRON-1 MG-300 MG (***prenatal vitamins no.74/ferrous fumarate/folic acid/dha***) | $0 | EHB |
| THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***) | $0 | EHB |
| TRICARE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium 103/ferrous fumarate/folic acid***) | $0 | EHB |
| TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (***prenatal vitamin 27 with calcium/ferrous fumarate/folic acid***) | $0 | EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TRINATE ORAL TABLET 28 MG IRON- 1 MG (***prenatal vits with calcium no.73/ferrous fumarate/folic acid***) | $0 | EHB |
| ULTRA PRENATAL PLUS DHA ORAL CAPSULE 23 MG-800 MCG- 250 MG-200 MG (***prenatal vit no.166/iron/folic acid/omega-3/dha/epa/fish oil***) | $0 | EHB |
| VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG (***prenatal vits no.102/iron polysacch/folate no.1/docusate/dha***) | Tier 3 | |
| VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (***prenatal vit no.112/iron phosph/folic acid/omega-3s/dha/epa***) | $0 | EHB |
| VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG (***prenatal vits no.34/iron,carb/folic acid/docusate sodium/dha***) | Tier 1 | |
| WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (***prenatal vitamin no.52/iron/folic acid/omega-3/dha***) | $0 | EHB |
| WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***) | $0 | EHB |
| WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG (***prenatal vit with calcium no.61/iron fumarate/folic acid/dha***) | $0 | EHB |
| **Prenatal Vitamins with Low or No Iron (less than 27 mg) - Drugs for Nutrition** | | |
| NATAVI PRIMA ORAL CAPSULE 4 MG IRON- 0.5 MG-150 MG (***prenatal no.157/iron fum/folic acid/omega-3/dha/epa/fish oil***) | $0 | EHB |
| ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG (***prenatal vitamins no.167/folic acid/docosahexaenoic acid***) | $0 | EHB |
| PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG (***prenatal vitamins no.153/folic acid/omega3/dha/epa/fish oil***) | $0 | EHB |
| PRENATAL ORAL TABLET,CHEWABLE 400 MCG (***prenatal vitamins no.144/folic acid***) | $0 | EHB |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Sodium Chloride Flushes - Drugs for Nutrition** | | |
| BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***) | Tier 1 | |
| CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***) | Tier 1 | |
| NORMAL SALINE FLUSH INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***) | Tier 1 | |
| ***sodium chlor 0.9% bacteriostat injection solution 0.9 %*** | Tier 1 | |
| ***sodium chloride 0.9 % (flush) injection syringe*** | Tier 1 | |
| ***sodium chloride 0.9 % injection solution*** | Tier 1 | |
| **Vitamins - B-3, Niacin and Derivatives - Drugs for Nutrition** | | |
| ***niacin oral tablet 500 mg*** | Tier 1 | |
| **Vitamins - D Derivatives - Drugs for Nutrition** | | |
| ***calcitriol oral capsule 0.25 mcg, 0.5 mcg*** | Tier 1 | |
| ***calcitriol oral solution 1 mcg/ml*** | Tier 2 | |
| **Vitamins - Folic Acid and Derivatives - Drugs for Nutrition** | | |
| ***folic acid injection solution 5 mg/ml*** | Tier 1 | |
| ***folic acid oral tablet 1 mg*** | Tier 1 | |
| ***folic acid oral tablet 400 mcg, 800 mcg*** | $0 | EHB |
| **Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition** | | |
| ***phytonadione (vitamin k1) injection solution 10 mg/ml*** | Tier 1 | |
| ***phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml*** | Tier 1 | |
| ***phytonadione (vitamin k1) oral tablet 5 mg*** | Tier 1 | |
| VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (***phytonadione (vit k1)***) | Tier 1 | |
| ***phytonadione (vit k1)*** (Vitamin K1 Injection Solution 10 Mg/Ml) | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Endocrine** | | |
| **Corticotropin-Releasing Factor (CRF) Type 1 Receptor Antagonists** | | |
| CRENESSITY ORAL CAPSULE 100 MG, 50 MG (***crinecerfont***) | Tier 4 | PA; SP |
| CRENESSITY ORAL SOLUTION 50 MG/ML (***crinecerfont***) | Tier 4 | PA; SP |
| **Menopausal Symptoms Suppressant-Neurokinin 3 (NK3) Receptor Antagonist** | | |
| VEOZAH ORAL TABLET 45 MG (***fezolinetant***) | Tier 3 | |
| **Endocrine - Hormones** | | |
| **Abortifacients or Cervical Ripening Agents - Prostaglandin Analogs - Drugs for Women** | | |
| CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (***dinoprostone***) | Tier 3 | |
| PREPIDIL VAGINAL GEL 0.5 MG/3 G (***dinoprostone***) | Tier 3 | |
| **Abortifacients- Progesterone Receptor Antagonist - Drugs for Women** | | |
| MIFEPREX ORAL TABLET 200 MG (***mifepristone***) | Tier 3 | |
| ***mifepristone oral tablet 200 mg*** | Tier 1 | |
| **Adrenal Steroid Inhibitors - Hormones** | | |
| ISTURISA ORAL TABLET 1 MG, 5 MG (***osilodrostat phosphate***) | Tier 4 | PA; SP |
| RECORLEV ORAL TABLET 150 MG (***levoketoconazole***) | Tier 4 | PA; SP |
| **Adrenocorticotrophic Hormones - Hormones** | | |
| ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***) | Tier 4 | PA; SP |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML (***corticotropin***) | Tier 4 | PA; SP |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML (***corticotropin***) | Tier 4 | PA; SP |
| **Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes** | | |
| ***diazoxide oral suspension 50 mg/ml*** | Tier 1 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (***glucagon hcl***) | Tier 3 | DD; QL (4 EA per 1 FILL) |
| ***glucagon*** (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg) | Tier 1 | DD; QL (4 EA per 1 FILL) |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (***glucagon***) | Tier 2 | DD; QL (0.4 ML per 1 FILL) |
| GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (***glucagon***) | Tier 2 | DD; QL (0.8 ML per 1 FILL) |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (***glucagon***) | Tier 2 | DD; QL (0.4 ML per 1 FILL) |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (***glucagon***) | Tier 2 | DD; QL (0.8 ML per 1 FILL) |
| GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***) | Tier 2 | DD; QL (0.8 ML per 1 FILL) |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***) | Tier 2 | DD; QL (0.8 ML per 1 FILL) |
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (***glucagon***) | Tier 2 | DD; QL (0.8 ML per 1 FILL) |
| ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML (***dasiglucagon hcl***) | Tier 2 | DD; QL (2.4 ML per 1 FILL) |
| ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (***dasiglucagon hcl***) | Tier 2 | DD; QL (2.4 ML per 1 FILL) |
| **Amyloidosis Agents- Transthyretin (TTR) Stabilizer - Hormones** | | |
| ATTRUBY ORAL TABLET 356 MG (***acoramidis hcl***) | Tier 4 | PA; SP |
| VYNDAMAX ORAL CAPSULE 61 MG (***tafamidis***) | Tier 4 | PA; SP |
| VYNDAQEL ORAL CAPSULE 20 MG (***tafamidis meglumine***) | Tier 4 | PA; SP |
| **Amyloidosis Agents-TTR Suppression, Antisense Oligonucleotide-based - Hormones** | | |
| TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (***inotersen sodium***) | Tier 4 | PA; SP |
| WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML (***eplontersen sodium***) | Tier 4 | PA; SP |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Androgen - Single Agents - Drugs for Men** | | |
| KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (***testosterone undecanoate***) | Tier 3 | PA |
| METHITEST ORAL TABLET 10 MG (***methyltestosterone***) | Tier 3 | PA |
| ***methyltestosterone oral capsule 10 mg*** | Tier 2 | PA |
| ***testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml*** | Tier 1 | PA |
| ***testosterone enanthate intramuscular oil 200 mg/ml*** | Tier 1 | PA |
| ***testosterone transdermal gel 50 mg/5 gram (1 %)*** | Tier 2 | PA |
| ***testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)*** | Tier 2 | PA |
| ***testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)*** | Tier 2 | PA |
| ***testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)*** | Tier 2 | PA |
| TLANDO ORAL CAPSULE 112.5 MG (***testosterone undecanoate***) | Tier 3 | PA |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (***testosterone enanthate***) | Tier 3 | PA |
| **Antidiuretic and Vasopressor Hormones - Hormones** | | |
| ***desmopressin injection solution 4 mcg/ml*** | Tier 1 | |
| ***desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)*** | Tier 1 | |
| ***desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)*** | Tier 1 | |
| ***desmopressin oral tablet 0.1 mg, 0.2 mg*** | Tier 1 | |
| NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (***desmopressin acetate***) | Tier 3 | QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (***desmopressin acetate***) | Tier 3 | QL (1 EA per 1 day) |
| **Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes** | | |
| ***acarbose oral tablet 100 mg, 25 mg, 50 mg*** | Tier 1 | DD |
| ***miglitol oral tablet 100 mg, 25 mg, 50 mg*** | Tier 2 | DD |
| **Antihyperglycemic - Amylin Analog-Type - Drugs for Diabetes** | | |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (***pramlintide acetate***) | Tier 2 | DD |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (***pramlintide acetate***) | Tier 2 | DD |
| **Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes** | | |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (***sitagliptin phosphate***) | Tier 2 | DD; QL (1 EA per 1 day) |
| **Antihyperglycemic - Dopamine Receptor Agonists - Drugs for Diabetes** | | |
| CYCLOSET ORAL TABLET 0.8 MG (***bromocriptine mesylate***) | Tier 3 | DD; ST: Requires prior prescription for Metformin (Glucophage), Metformin ER, Glyburide/Metformin (Glucovance), or Glipizide/Metformin (Metaglip) within the past 180 days |
| **Antihyperglycemic - Dual GIP and GLP-1 Receptor Agonists - Drugs for Diabetes** | | |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***) | Tier 2 | PA; DD; QL (0.5 ML per 7 days) |
| ***tirzepatide subcutaneous syringe 10 mg/0.2 ml, 12.5 mg/0.25 ml, 15 mg/0.3 ml, 2.5 mg/0.1 ml, 5 mg/0.2 ml, 7.5 mg/0.3 ml*** | Tier 1 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Diabetes** | | |
| BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (***exenatide microspheres***) | Tier 2 | PA; DD; QL (0.85 ML per 7 days) |
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML (***exenatide***) | Tier 2 | PA; DD; QL (2.4 ML per 30 days) |
| BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (***exenatide***) | Tier 2 | PA; DD; QL (1.2 ML per 30 days) |
| ***liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)*** | Tier 3 | PA; DD; QL (9 ML per 30 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (***semaglutide***) | Tier 2 | PA; DD; QL (3 ML per 28 days) |
| RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG (***semaglutide***) | Tier 2 | PA; DD; QL (1 EA per 1 day) |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (***dulaglutide***) | Tier 2 | PA; DD; QL (2 ML per 28 days) |
| **Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes** | | |
| KORLYM ORAL TABLET 300 MG (***mifepristone***) | Tier 4 | PA; SP; DD |
| ***mifepristone oral tablet 300 mg*** | Tier 4 | PA; SP; DD |
| **Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes** | | |
| ***nateglinide oral tablet 120 mg, 60 mg*** | Tier 1 | DD |
| ***repaglinide oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | DD |
| **Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes** | | |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (***empagliflozin/metformin hcl***) | Tier 2 | DD; QL (2 EA per 1 day) |
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (***empagliflozin/metformin hcl***) | Tier 2 | DD; QL (1 EA per 1 day) |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg*** | Tier 1 | DD |
| **Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes** | | |
| ***pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg*** | Tier 1 | DD; ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days |
| **Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes** | | |
| ***pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg*** | Tier 2 | DD; ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days |
| **Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes** | | |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***) | Tier 2 | DD; QL (2 EA per 1 day) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (***sitagliptin phosphate/metformin hcl***) | Tier 2 | DD; QL (1 EA per 1 day) |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***) | Tier 2 | DD; QL (2 EA per 1 day) |
| **Antihyperglycemic-Insulin, Long Acting and GLP-1 Receptor Agonist Comb - Drugs for Diabetes** | | |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (***insulin glargine,human recombinant analog/lixisenatide***) | Tier 2 | DD; QL (30 ML per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (***insulin degludec/liraglutide***) | Tier 2 | DD; QL (15 ML per 28 days) |
| **Antihyperglycemic-SGLT-2 inhibitor, DPP-4 inhibitor and Biguanide comb - Drugs for Diabetes** | | |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***) | Tier 2 | DD; QL (1 EA per 1 day) |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***) | Tier 2 | DD; QL (2 EA per 1 day) |
| **Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid** | | |
| ***methimazole oral tablet 10 mg, 5 mg*** | Tier 1 | |
| **Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid** | | |
| ***propylthiouracil oral tablet 50 mg*** | Tier 1 | |
| **Bone Formation Stimulating Agents - Natriuretic Peptide - Drugs for Menopause and Bone Loss** | | |
| VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG (***vosoritide***) | Tier 4 | PA; SP |
| **Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs for Menopause and Bone Loss** | | |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (***abaloparatide***) | Tier 4 | PA; SP |
| **Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss** | | |
| ***teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml), 20 mcg/dose (620mcg/2.48ml)*** | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Bone Resorption Inhibitors - Bisphosphonate and Vitamin D Combinations - Drugs for Menopause and Bone Loss** | | |
| FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT (***alendronate sodium/cholecalciferol (vitamin d3)***) | Tier 2 | |
| **Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss** | | |
| ***alendronate oral solution 70 mg/75 ml*** | Tier 2 | QL (75 ML per 7 days) |
| ***alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg*** | Tier 1 | |
| ***ibandronate oral tablet 150 mg*** | Tier 1 | |
| ***risedronate oral tablet 150 mg*** | Tier 1 | ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days) |
| ***risedronate oral tablet 30 mg, 5 mg*** | Tier 2 | ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day) |
| ***risedronate oral tablet 35 mg*** | Tier 1 | ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days) |
| ***risedronate oral tablet,delayed release (dr/ec) 35 mg*** | Tier 2 | ST: Requires prior prescriptions for generic Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss** | | |
| ***cinacalcet oral tablet 30 mg, 60 mg*** | Tier 4 | SP; QL (2 EA per 1 day) |
| ***cinacalcet oral tablet 90 mg*** | Tier 4 | SP; QL (4 EA per 1 day) |
| **Calcitonins - Drugs for Menopause and Bone Loss** | | |
| ***calcitonin (salmon) injection solution 200 unit/ml*** | Tier 1 | |
| ***calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation*** | Tier 1 | |
| **Estrogen and Progestin with Antimineralocorticoid Activity,Combination - Drugs for Women** | | |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (***drospirenone/estradiol***) | Tier 3 | |
| **Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women** | | |
| DUAVEE ORAL TABLET 0.45-20 MG (***estrogens, conjugated/bazedoxifene acetate***) | Tier 2 | |
| **Estrogen-Androgen - Drugs for Women** | | |
| COVARYX H.S. ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***) | Tier 1 | |
| COVARYX ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***) | Tier 1 | |
| EEMT HS ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***) | Tier 1 | |
| EEMT ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***) | Tier 1 | |
| ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***) | Tier 1 | |
| ***estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Estrogen-Progestin - Drugs for Women** | | |
| BIJUVA ORAL CAPSULE 0.5-100 MG (***estradiol/progesterone***) | Tier 2 | QL (1 EA per 1 day) |
| BIJUVA ORAL CAPSULE 1-100 MG (***estradiol/progesterone***) | Tier 2 | QL (30 EA per 30 days) |
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (***estradiol/norethindrone acetate***) | Tier 2 | QL (2 EA per 7 days) |
| ***estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg*** | Tier 1 | |
| ***norethindrone acetate/ethinyl estradiol*** (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg) | Tier 1 | |
| ***norethindrone acetate/ethinyl estradiol*** (Jinteli Oral Tablet 1-5 Mg-Mcg) | Tier 1 | |
| ***estradiol/norethindrone acetate*** (Mimvey Oral Tablet 1-0.5 Mg) | Tier 1 | |
| ***norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg*** | Tier 1 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (***estrogens, conjugated/medroxyprogesterone acetate***) | Tier 2 | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***estrogens, conjugated/medroxyprogesterone acetate***) | Tier 2 | |
| **Estrogens - Drugs for Women** | | |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (***estradiol cypionate***) | Tier 3 | |
| ***estradiol*** (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr) | Tier 1 | QL (2 EA per 7 days) |
| ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (***estradiol***) | Tier 3 | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (52 GM per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***estradiol oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| ***estradiol transdermal gel in metered-dose pump 1.25 gram/actuation*** | Tier 2 | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days |
| ***estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)*** | Tier 2 | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days) |
| ***estradiol transdermal gel in packet 1 mg/gram (0.1 %)*** | Tier 2 | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days) |
| ***estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)*** | Tier 2 | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days) |
| ***estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr*** | Tier 1 | QL (2 EA per 7 days) |
| ***estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr*** | Tier 1 | QL (1 EA per 7 days) |
| ***estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml*** | Tier 2 | |
| EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%) (***estradiol***) | Tier 3 | ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (16.2 ML per 30 days) |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***estradiol*** (Lyllana Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr) | Tier 1 | QL (2 EA per 7 days) |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (***estradiol***) | Tier 3 | QL (1 EA per 7 days) |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens, conjugated***) | Tier 2 | |
| **Fertility Enhancer - Luteal Phase Supporting, Progesterone-type - Drugs for Women** | | |
| CRINONE VAGINAL GEL 8 % (***progesterone, micronized***) | Tier 2 | |
| ENDOMETRIN VAGINAL INSERT 100 MG (***progesterone, micronized***) | Tier 2 | |
| **Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-FSH) - Drugs for Women** | | |
| ***clomiphene citrate*** (Clomid Oral Tablet 50 Mg) | Tier 3 | |
| ***clomiphene citrate oral tablet 50 mg*** | Tier 1 | |
| **Follicle-Stimulating and Luteinizing Hormones - Drugs for Women** | | |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (***menotropins***) | Tier 4 | SP |
| **Follicle-Stimulating Hormone (FSH) - Drugs for Women** | | |
| FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML (***follitropin beta,recombinant***) | Tier 4 | SP; ST: Requires prior prescription for Gonal-F or Gonal-F-RFF within the past 120 days |
| GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML (***follitropin alfa, recombinant***) | Tier 4 | SP |
| GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (***follitropin alfa, recombinant***) | Tier 4 | SP |
| GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (***follitropin alfa, recombinant***) | Tier 4 | SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Glucocorticoid Salt Combinations - Drugs for Inflammation** | | |
| BETALOAN SUIK KIT 6 MG/ML (***betamethasone acetate and sodium phosph/norflurane/hfc 245fa***) | Tier 3 | |
| **Glucocorticoids - Drugs for Inflammation** | | |
| AGAMREE ORAL SUSPENSION 40 MG/ML (***vamorolone***) | Tier 4 | PA; SP |
| ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (***hydrocortisone***) | Tier 4 | PA; SP |
| ***cortisone oral tablet 25 mg*** | Tier 2 | |
| ***deflazacort oral suspension 22.75 mg/ml*** | Tier 4 | PA; SP |
| ***deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg*** | Tier 4 | PA; SP |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (***dexamethasone***) | Tier 3 | |
| ***dexamethasone oral elixir 0.5 mg/5 ml*** | Tier 1 | |
| ***dexamethasone oral solution 0.5 mg/5 ml*** | Tier 1 | |
| ***dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg*** | Tier 1 | |
| ***dexamethasone oral tablet 1 mg, 2 mg*** | Tier 1 | |
| DEXONTO IONTOPHORETIC SOLUTION 0.4 % (***dexamethasone sodium phosphate***) | Tier 3 | |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML (***deflazacort***) | Tier 4 | PA; SP |
| ***hydrocortisone oral tablet 10 mg, 20 mg, 5 mg*** | Tier 1 | |
| ***hydrocortisone sod succinate injection recon soln 100 mg*** | Tier 1 | |
| MEDROL ORAL TABLET 2 MG (***methylprednisolone***) | Tier 2 | |
| MEDROLOAN II SUIK KIT 40 MG/ML (***methylprednisolone acetate/norflurane/hfc 245fa***) | Tier 3 | |
| MEDROLOAN SUIK KIT 40 MG/ML (***methylprednisolone acetate/norflurane/hfc 245fa***) | Tier 3 | |
| ***methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg*** | Tier 1 | |
| ***methylprednisolone oral tablets,dose pack 4 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***prednisolone oral solution 15 mg/5 ml*** | Tier 1 | |
| ***prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)*** | Tier 2 | |
| ***prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)*** | Tier 1 | |
| ***prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)*** | Tier 1 | |
| ***prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg*** | Tier 2 | |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (***prednisone***) | Tier 2 | |
| ***prednisone oral solution 5 mg/5 ml*** | Tier 1 | |
| ***prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg*** | Tier 1 | |
| ***prednisone oral tablets,dose pack 10 mg, 5 mg*** | Tier 1 | |
| SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML (***hydrocortisone sodium succinate/pf***) | Tier 3 | |
| TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG (***budesonide***) | Tier 4 | PA; SP |
| TRILOAN II SUIK KIT 40 MG/ML (***triamcinolone/norflurane and pentafluoropropane (hfc 245fa)***) | Tier 3 | |
| TRILOAN SUIK KIT 40 MG/ML (***triamcinolone/norflurane and pentafluoropropane (hfc 245fa)***) | Tier 3 | |
| **Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women** | | |
| ***danazol oral capsule 100 mg, 200 mg, 50 mg*** | Tier 1 | |
| **Growth Hormone Receptor Antagonists - Drugs for Growth** | | |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (***pegvisomant***) | Tier 4 | SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Growth Hormone Releasing Hormones (GHRH) - Drugs for Growth** | | |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (***tesamorelin acetate***) | Tier 4 | PA; SP |
| **Growth Hormones - Drugs for Growth** | | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (***somatropin***) | Tier 4 | PA; SP |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (***somatropin***) | Tier 4 | PA; SP |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***) | Tier 4 | PA; SP |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***) | Tier 4 | PA; SP |
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (***somatropin***) | Tier 4 | PA; SP |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (***somatropin***) | Tier 4 | PA; SP |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (***lonapegsomatropin-tcgd***) | Tier 4 | PA; SP |
| SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somapacitan-beco***) | Tier 4 | PA; SP |
| **Human Chorionic Gonadotropin (hCG) - Drugs for Women** | | |
| ***chorionic gonadotropin, human intramuscular recon soln 10,000 unit*** | Tier 3 | ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT (***chorionic gonadotropin, human***) | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (***choriogonadotropin alfa***) | Tier 2 | |
| PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (***chorionic gonadotropin, human***) | Tier 3 | ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days |
| **Human Insulins - Fixed Combinations - Drugs for Diabetes** | | |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***) | Tier 2 | DD; QL (40 ML per 28 days) |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***) | Tier 2 | DD; QL (30 ML per 28 days) |
| **Human Insulins - Intermediate Acting - Drugs for Diabetes** | | |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***) | Tier 2 | DD; QL (30 ML per 28 days) |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***) | Tier 2 | DD; QL (40 ML per 28 days) |
| **Human Insulins - Rapid Acting - Drugs for Diabetes** | | |
| AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (***insulin regular, human***) | Tier 3 | PA; DD |
| **Human Insulins - Short Acting - Drugs for Diabetes** | | |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***) | Tier 2 | DD; QL (40 ML per 28 days) |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (***insulin regular, human***) | Tier 2 | DD; QL (40 ML per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (***insulin regular, human***) | Tier 2 | DD; QL (24 ML per 28 days) |
| **Insulin Analogs - Fixed Combinations - Drugs for Diabetes** | | |
| HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***) | Tier 2 | DD; QL (40 ML per 28 days) |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***) | Tier 2 | DD; QL (30 ML per 28 days) |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***) | Tier 2 | DD; QL (40 ML per 28 days) |
| ***insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)*** | Tier 1 | DD; QL (30 ML per 28 days) |
| **Insulin Analogs - Long Acting - Drugs for Diabetes** | | |
| SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine-yfgn***) | Tier 2 | DD; QL (40 ML per 28 days) |
| SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine-yfgn***) | Tier 2 | DD; QL (30 ML per 28 days) |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***) | Tier 2 | DD; QL (18 ML per 28 days) |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (***insulin glargine,human recombinant analog***) | Tier 2 | DD; QL (13.5 ML per 28 days) |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin degludec***) | Tier 2 | DD; QL (30 ML per 28 days) |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin degludec***) | Tier 2 | DD; QL (18 ML per 28 days) |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin degludec***) | Tier 2 | DD; QL (40 ML per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Insulin Analogs - Rapid Acting - Drugs for Diabetes** | | |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro***) | Tier 2 | DD; QL (12 ML per 28 days) |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin lispro***) | Tier 2 | DD; QL (30 ML per 28 days) |
| ***insulin lispro subcutaneous insulin pen 100 unit/ml*** | Tier 1 | DD; QL (30 ML per 28 days) |
| ***insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml*** | Tier 1 | DD; QL (30 ML per 28 days) |
| ***insulin lispro subcutaneous solution 100 unit/ml*** | Tier 1 | DD; QL (40 ML per 28 days) |
| LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro-aabc***) | Tier 2 | DD; QL (30 ML per 28 days) |
| LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro-aabc***) | Tier 2 | DD; QL (12 ML per 28 days) |
| LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro-aabc***) | Tier 2 | DD; QL (40 ML per 28 days) |
| **Insulin Response Enhancers - Biguanides - Drugs for Diabetes** | | |
| ***metformin oral solution 500 mg/5 ml*** | Tier 2 | DD |
| ***metformin oral tablet 1,000 mg, 500 mg, 850 mg*** | Tier 1 | DD |
| ***metformin oral tablet extended release 24 hr 500 mg, 750 mg*** | Tier 1 | DD |
| **Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes** | | |
| ***pioglitazone oral tablet 15 mg, 30 mg, 45 mg*** | Tier 1 | DD |
| **Insulin-like Growth Factor-1 (IGF-1) - Hormones** | | |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (***mecasermin***) | Tier 4 | PA; SP |
| **Leptin Hormone Analogs - Hormones** | | |
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (***metreleptin***) | Tier 4 | SP; QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women** | | |
| SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (***nafarelin acetate***) | Tier 4 | PA; SP |
| **LHRH (GnRH) Antagonist, Estrogen and Progestin Combinations - Drugs for Woman** | | |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG (***relugolix/estradiol/norethindrone acetate***) | Tier 2 | PA |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (***elagolix sodium/estradiol/norethindrone acetate***) | Tier 2 | PA |
| **LHRH (GnRH) Antagonists - Drugs for Women** | | |
| ***cetrorelix subcutaneous kit 0.25 mg*** | Tier 4 | SP |
| ***ganirelix acetate*** (Fyremadel Subcutaneous Syringe 250 Mcg/0.5 Ml) | Tier 4 | SP |
| ***ganirelix subcutaneous syringe 250 mcg/0.5 ml*** | Tier 4 | SP |
| ORILISSA ORAL TABLET 150 MG, 200 MG (***elagolix sodium***) | Tier 2 | PA |
| **Menopausal Symptoms Suppressant - Hormonal Agents - Drugs for Women** | | |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (***estradiol***) | Tier 3 | ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (18 EA per 28 days) |
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG (***estradiol***) | Tier 3 | ST: Requires prior prescriptions Premarin cream and one of the following: Estradiol cream or vaginal tablet within the past 365 days; QL (18 EA per 28 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Menopausal Symptoms Suppressant-SSRI Antidepressant Type - Drugs for Women** | | |
| ***paroxetine mesylate(menop.sym) oral capsule 7.5 mg*** | Tier 1 | ST: Requires prior prescription for Paroxetine HCL or Venlafaxine within the past 120 days; QL (1 EA per 1 day) |
| **Mineralocorticoids - Drugs for Inflammation** | | |
| ***fludrocortisone oral tablet 0.1 mg*** | Tier 1 | |
| **Oxytocic - Ergot Alkaloids - Drugs for Women** | | |
| ***methylergonovine oral tablet 0.2 mg*** | Tier 1 | QL (28 EA per 30 days) |
| **Parathyroid Hormones and Analogs - Drugs for Menopause and Bone Loss** | | |
| YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML (***palopegteriparatide***) | Tier 4 | PA; SP |
| **Progestins - Drugs for Women** | | |
| ***norethindrone acetate*** (Gallifrey Oral Tablet 5 Mg) | Tier 1 | |
| ***medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg*** | Tier 1 | |
| ***norethindrone acetate oral tablet 5 mg*** | Tier 1 | |
| ***progesterone intramuscular oil 50 mg/ml*** | Tier 2 | |
| ***progesterone micronized oral capsule 100 mg, 200 mg*** | Tier 1 | |
| **Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women** | | |
| ***cabergoline oral tablet 0.5 mg*** | Tier 1 | |
| **RANK ligand (RANKL) inhibitor, MC Antibody - Drugs for Menopause and Bone Loss** | | |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (***denosumab***) | Tier 4 | PA; SP |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (***denosumab***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss** | | |
| ***raloxifene oral tablet 60 mg*** | $0 | EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day) |
| **Somatostatic Agents - Drugs for Growth** | | |
| MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (***octreotide acetate***) | Tier 4 | PA; SP |
| ***octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml*** | Tier 4 | SP |
| ***octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)*** | Tier 4 | SP |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (***pasireotide diaspartate***) | Tier 4 | PA; SP |
| **Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid** | | |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (***thyroid,pork***) | Tier 3 | |
| NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (***thyroid,pork***) | Tier 1 | |
| ***thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg*** | Tier 1 | |
| **Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid** | | |
| ***liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg*** | Tier 1 | |
| **Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid** | | |
| ERMEZA ORAL SOLUTION 30 MCG/ML (***levothyroxine sodium***) | Tier 1 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***) | Tier 1 | QL (2 EA per 1 day) |
| ***levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg*** | Tier 2 | PA |
| ***levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg*** | Tier 1 | QL (2 EA per 1 day) |
| THYQUIDITY ORAL SOLUTION 20 MCG/ML (***levothyroxine sodium***) | Tier 3 | ST: Requires prior prescription for generic Levothyroxine tablets within the past 120 days; QL (20 ML per 1 day) |
| TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG (***levothyroxine sodium***) | Tier 3 | PA |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (***levothyroxine sodium***) | Tier 3 | PA |
| **Enzymes - Vitamins and Minerals** | | |
| **Enzymes - Vitamins and Minerals** | | |
| HYQVIA HY COMPONENT SUBCUTANEOUS SOLUTION 1,600 UNIT/10 ML, 2,400 UNIT/15 ML, 200 UNIT/1.25 ML, 400 UNIT/2.5 ML, 800 UNIT/5 ML (***hyaluronidase, human recombinant***) | Tier 3 | |
| **FDB Class Obsolete-Not Used** | | |
| **Alternative Therapy - Homeopathic Products** | | |
| AURUMHEEL ORAL DROPS (***homeopathic drugs***) | Tier 3 | |
| CANTHARIS COMPOSITUM ORAL DROPS (***homeopathic drugs***) | Tier 3 | |
| CRALONIN ORAL DROPS (***homeopathic drugs***) | Tier 3 | |
| EYE ORAL TABLET,SOLUBLE (***homeopathic drugs***) | Tier 3 | |
| LAMIOFLUR ORAL DROPS (***homeopathic drugs***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PLANTAGO-HOMACCORD ORAL DROPS (***homeopathic drugs***) | Tier 3 | |
| POPULUS COMPOSITUM ORAL DROPS (***homeopathic drugs***) | Tier 3 | |
| PSORINOHEEL ORAL DROPS (***homeopathic drugs***) | Tier 3 | |
| RENEEL ORAL TABLET,SOLUBLE (***homeopathic drugs***) | Tier 3 | |
| SABAL-HOMACCORD ORAL DROPS (***homeopathic drugs***) | Tier 3 | |
| SYZYGIUM COMPOSITUM ORAL DROPS (***homeopathic drugs***) | Tier 3 | |
| VERTIGOHEEL ORAL DROPS (***homeopathic drugs***) | Tier 3 | |
| VERTIGOHEEL ORAL TABLET,SOLUBLE (***homeopathic drugs***) | Tier 3 | |
| **Gastrointestinal Therapy Agents** | | |
| **Fecal Microbiota Transplantation (FMT)** | | |
| REBYOTA RECTAL ENEMA 150 ML (***fecal microbiota, live-jslm***) | Tier 4 | PA; SP |
| VOWST ORAL CAPSULE (***fecal microbiota spores, live-brpk***) | Tier 4 | PA; SP |
| **Gastric Acid Secretion Reducer - Potassium-Competitive Acid Blockers** | | |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG (***vonoprazan fumarate***) | Tier 3 | PA |
| **Gastrointestinal Therapy Agents - Drugs for the Stomach** | | |
| **Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea** | | |
| ***loperamide oral capsule 2 mg*** | Tier 1 | |
| ***opium tincture oral tincture 10 mg/ml (morphine)*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs for Diarrhea** | | |
| MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG (***crofelemer***) | Tier 4 | ST: Requires prior prescription for Antiretrovirals therapy within the past 120 days; QL (2 EA per 1 day) |
| **Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs for Diarrhea** | | |
| XERMELO ORAL TABLET 250 MG (***telotristat etiprate***) | Tier 4 | PA; SP |
| **Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea** | | |
| ***diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml*** | Tier 2 | |
| ***diphenoxylate-atropine oral tablet 2.5-0.025 mg*** | Tier 1 | |
| **Antidiarrheal Opioid Agents - Drugs for Diarrhea** | | |
| ***opium tincture oral tincture 10 mg/ml (morphine)*** | Tier 1 | |
| **Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea** | | |
| ***scopolamine base transdermal patch 3 day 1 mg over 3 days*** | Tier 2 | |
| **Antiemetic - Antihistamines - Drugs for Vomiting and Nausea** | | |
| ***meclizine oral tablet 12.5 mg, 25 mg*** | Tier 1 | |
| **Antiemetic - Antihistamine-Vitamin Combinations - Drugs for Vomiting and Nausea** | | |
| ***doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg*** | Tier 2 | QL (120 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea** | | |
| ***dronabinol oral capsule 10 mg, 2.5 mg, 5 mg*** | Tier 2 | ST: Requires prior prescription for a 5HT3 antagoist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day) |
| SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***) | Tier 3 | ST: Requires prior prescription for generic Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days) |
| **Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea** | | |
| ***trimethobenzamide oral capsule 300 mg*** | Tier 1 | |
| **Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea** | | |
| ***prochlorperazine*** (Compro Rectal Suppository 25 Mg) | Tier 1 | |
| ***prochlorperazine maleate oral tablet 10 mg, 5 mg*** | Tier 1 | |
| ***prochlorperazine rectal suppository 25 mg*** | Tier 1 | |
| ***promethazine injection solution 25 mg/ml, 50 mg/ml*** | Tier 1 | |
| ***promethazine oral syrup 6.25 mg/5 ml*** | Tier 1 | |
| ***promethazine oral tablet 12.5 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***promethazine rectal suppository 12.5 mg, 25 mg*** | Tier 1 | |
| ***promethazine rectal suppository 50 mg*** | Tier 2 | |
| ***promethazine hcl*** (Promethegan Rectal Suppository 12.5 Mg, 25 Mg) | Tier 1 | |
| ***promethazine hcl*** (Promethegan Rectal Suppository 50 Mg) | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea** | | |
| ***granisetron hcl oral tablet 1 mg*** | Tier 2 | ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days) |
| ***ondansetron hcl oral solution 4 mg/5 ml*** | Tier 1 | QL (50 ML per 15 days) |
| ***ondansetron hcl oral tablet 4 mg, 8 mg*** | Tier 1 | |
| ***ondansetron oral tablet,disintegrating 4 mg, 8 mg*** | Tier 1 | |
| SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (***granisetron***) | Tier 3 | ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days) |
| **Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea** | | |
| ***aprepitant oral capsule 125 mg*** | Tier 1 | QL (1 EA per 21 days) |
| ***aprepitant oral capsule 40 mg*** | Tier 1 | QL (1 EA per 28 days) |
| ***aprepitant oral capsule 80 mg*** | Tier 1 | QL (2 EA per 21 days) |
| ***aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)*** | Tier 1 | QL (3 EA per 21 days) |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (***aprepitant***) | Tier 2 | QL (3 EA per 21 days) |
| VARUBI ORAL TABLET 90 MG (***rolapitant hcl***) | Tier 3 | QL (2 EA per 14 days) |
| **Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea** | | |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (***netupitant/palonosetron hcl***) | Tier 2 | QL (1 EA per 28 days) |
| **Bile Acids - Drugs for the Stomach** | | |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG (***cholic acid***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Constipation** | | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***) | Tier 2 | QL (1 EA per 1 day) |
| TRULANCE ORAL TABLET 3 MG (***plecanatide***) | Tier 2 | QL (1 EA per 1 day) |
| **Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach** | | |
| ***lactulose*** (Enulose Oral Solution 10 Gram/15 Ml) | Tier 1 | |
| ***lactulose*** (Generlac Oral Solution 10 Gram/15 Ml) | Tier 1 | |
| ***lactulose oral solution 10 gram/15 ml*** | Tier 1 | |
| **Digestive Enzyme Mixtures - Drugs for the Stomach** | | |
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (***lipase/protease/amylase***) | Tier 2 | |
| VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (***lipase/protease/amylase***) | Tier 3 | |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT (***lipase/protease/amylase***) | Tier 2 | |
| **Digestive Enzymes - Drugs for the Stomach** | | |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML (***sacrosidase***) | Tier 4 | PA; SP |
| **Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach** | | |
| CHENODAL ORAL TABLET 250 MG (***chenodiol***) | Tier 4 | PA; SP |
| ***ursodiol oral capsule 300 mg*** | Tier 1 | |
| ***ursodiol oral tablet 250 mg, 500 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid** | | |
| ***cimetidine hcl oral solution 300 mg/5 ml*** | Tier 1 | |
| ***cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg*** | Tier 1 | |
| ***famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)*** | Tier 2 | |
| ***famotidine oral tablet 20 mg, 40 mg*** | Tier 1 | |
| ***nizatidine oral capsule 150 mg, 300 mg*** | Tier 1 | |
| **Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid** | | |
| ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG (***rabeprazole sodium***) | Tier 3 | ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day) |
| ***dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg*** | Tier 2 | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day) |
| ***esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg*** | Tier 1 | QL (2 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg*** | Tier 2 | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day) |
| ***esomeprazole magnesium oral granules dr for susp in packet 2.5 mg, 5 mg*** | Tier 1 | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day) |
| ***esomeprazole magnesium oral granules dr for susp in packet 40 mg*** | Tier 2 | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (2 EA per 1 day) |
| ***lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg*** | Tier 1 | |
| ***lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg*** | Tier 2 | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG (***esomeprazole magnesium***) | Tier 2 | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day) |
| ***omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***pantoprazole oral granules dr for susp in packet 40 mg*** | Tier 2 | ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days |
| ***pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg*** | Tier 1 | |
| ***rabeprazole oral capsule, delayed rel sprinkle 10 mg*** | Tier 2 | ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day) |
| ***rabeprazole oral tablet,delayed release (dr/ec) 20 mg*** | Tier 1 | QL (1 EA per 1 day) |
| **Gastric Acid Secretion Reducer-Proton Pump Inhibitor and Antacid Comb - Drugs for Ulcers and Stomach Acid** | | |
| ***omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram*** | Tier 2 | ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day) |
| **Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid** | | |
| ***misoprostol oral tablet 100 mcg, 200 mcg*** | Tier 1 | |
| **Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs for the Stomach** | | |
| ***prucalopride oral tablet 1 mg, 2 mg*** | Tier 1 | QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach** | | |
| GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (***metoclopramide hcl***) | Tier 4 | PA; SP |
| ***metoclopramide hcl oral solution 5 mg/5 ml*** | Tier 1 | |
| ***metoclopramide hcl oral tablet 10 mg, 5 mg*** | Tier 1 | |
| **GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps** | | |
| ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***) | Tier 1 | |
| ***hyoscyamine sulfate oral drops 0.125 mg/ml*** | Tier 1 | |
| ***hyoscyamine sulfate oral elixir 0.125 mg/5 ml*** | Tier 1 | |
| ***hyoscyamine sulfate oral tablet 0.125 mg*** | Tier 1 | |
| ***hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg*** | Tier 1 | |
| ***hyoscyamine sulfate oral tablet,disintegrating 0.125 mg*** | Tier 1 | |
| ***hyoscyamine sulfate sublingual tablet 0.125 mg*** | Tier 1 | |
| HYOSYNE ORAL DROPS 0.125 MG/ML (***hyoscyamine sulfate***) | Tier 1 | |
| HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (***hyoscyamine sulfate***) | Tier 1 | |
| ***methscopolamine oral tablet 2.5 mg, 5 mg*** | Tier 2 | |
| OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***) | Tier 1 | |
| OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***) | Tier 1 | |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (***hyoscyamine sulfate***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps** | | |
| DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG (***glycopyrrolate***) | Tier 3 | ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years) |
| ***glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)*** | Tier 1 | |
| ***glycopyrrolate oral tablet 1 mg, 2 mg*** | Tier 1 | |
| GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (***glycopyrrolate/pf***) | Tier 3 | |
| **GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps** | | |
| ***dicyclomine oral capsule 10 mg*** | Tier 1 | |
| ***dicyclomine oral solution 10 mg/5 ml*** | Tier 1 | |
| ***dicyclomine oral tablet 20 mg*** | Tier 1 | |
| **GI Antispasmodic and Benzodiazepine Combinations - Drugs for Stomach Cramps** | | |
| ***chlordiazepoxide-clidinium oral capsule 5-2.5 mg*** | Tier 2 | |
| **GI Antispasmodic and Opioid Combinations - Drugs for Stomach Cramps** | | |
| ***belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg*** | Tier 1 | |
| **GI Antispasmodic Combinations Other - Drugs for Stomach Cramps** | | |
| ***belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg*** | Tier 1 | |
| ***chlordiazepoxide-clidinium oral capsule 5-2.5 mg*** | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **H. Pylori Therapy - Bismuth and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid** | | |
| ***bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg*** | Tier 2 | |
| **H. Pylori Therapy - Proton Pump Inhibitor and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid** | | |
| ***amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg*** | Tier 2 | QL (112 EA per 10 days) |
| OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (***omeprazole/clarithromycin/amoxicillin trihydrate***) | Tier 3 | |
| TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (***omeprazole magnesium/amoxicillin trihydrate/rifabutin***) | Tier 3 | QL (168 EA per 14 days); Age (Min 18 Years) |
| **H.Pylori Therapy-Potassium-Competitive Acid Blocker and Antibiotics - Drugs for the Stomach** | | |
| VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) (***vonoprazan fumarate/amoxicillin trihydrate***) | Tier 3 | PA |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (***vonoprazan fumarate/amoxicillin trihydrate/clarithromycin***) | Tier 3 | PA |
| **IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome** | | |
| ***lubiprostone oral capsule 24 mcg, 8 mcg*** | Tier 1 | QL (2 EA per 1 day) |
| **IBS Agent - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Irritable Bowel Syndrome** | | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***) | Tier 2 | QL (1 EA per 1 day) |
| TRULANCE ORAL TABLET 3 MG (***plecanatide***) | Tier 2 | QL (1 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **IBS Agent - Mixed Opioid Receptor Agonist and Antagonist - Drugs for Irritable Bowel Syndrome** | | |
| VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***) | Tier 2 | |
| **IBS Agent - Selective 5-HT3 Receptor Antagonists - Drugs for Irritable Bowel Syndrome** | | |
| ***alosetron oral tablet 0.5 mg, 1 mg*** | Tier 1 | |
| **Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease** | | |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***) | Tier 4 | PA; SP |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab***) | Tier 4 | PA; SP |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-kfce***) | Tier 4 | PA; SP |
| YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab-kfce***) | Tier 4 | PA; SP |
| **Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab - Drugs for Inflammatory Bowel Disease** | | |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (***risankizumab-rzaa***) | Tier 4 | PA; SP |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML (***guselkumab***) | Tier 4 | PA; SP |
| TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML (***guselkumab***) | Tier 4 | PA; SP |
| **Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease** | | |
| ***balsalazide oral capsule 750 mg*** | Tier 1 | |
| ***mesalamine oral capsule, extended release 500 mg*** | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***mesalamine oral capsule,extended release 24hr 0.375 gram*** | Tier 2 | |
| ***mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg*** | Tier 2 | |
| ***mesalamine rectal enema 4 gram/60 ml*** | Tier 1 | |
| ***mesalamine rectal suppository 1,000 mg*** | Tier 1 | |
| ***mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml*** | Tier 2 | |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG (***mesalamine***) | Tier 2 | |
| ***sulfasalazine oral tablet 500 mg*** | Tier 1 | |
| ***sulfasalazine oral tablet,delayed release (dr/ec) 500 mg*** | Tier 1 | |
| **Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease** | | |
| ***budesonide oral capsule,delayed,extend.release 3 mg*** | Tier 2 | |
| ***budesonide oral tablet,delayed and ext.release 9 mg*** | Tier 2 | ST: Requires prior prescription for Balsalazide within the past 120 days |
| ***budesonide rectal foam 2 mg/actuation*** | Tier 2 | |
| CORTIFOAM RECTAL FOAM 10 % (80 MG) (***hydrocortisone acetate***) | Tier 3 | |
| ***hydrocortisone rectal enema 100 mg/60 ml*** | Tier 1 | |
| **Inflammatory Bowel Agent - Integrin Receptor Antagonist, MC Antibody - Drugs for Inflammatory Bowel Disease** | | |
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML (***vedolizumab***) | Tier 4 | SP |
| **Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease** | | |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (***upadacitinib***) | Tier 4 | PA; SP |
| XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***) | Tier 4 | PA; SP |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (***tofacitinib citrate***) | Tier 4 | PA; SP |
| **Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs for Irritable Bowel Syndrome** | | |
| ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hydrochloride***) | Tier 4 | PA; SP |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (***ozanimod hydrochloride***) | Tier 4 | PA; SP |
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (***ozanimod hydrochloride***) | Tier 4 | PA; SP |
| **Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease** | | |
| ***adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml*** | Tier 4 | PA; SP |
| ***adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml*** | Tier 4 | PA; SP |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***) | Tier 4 | PA; SP |
| CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***) | Tier 4 | PA; SP |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***) | Tier 4 | PA; SP |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***) | Tier 4 | PA; SP |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***) | Tier 4 | PA; SP |
| HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***) | Tier 4 | PA; SP |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***) | Tier 4 | PA; SP |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride*** (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram) | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| ***sodium chloride/sodium bicarbonate/potassium chloride/peg*** (Gavilyte-N Oral Recon Soln 420 Gram) | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| ***peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram*** | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| ***peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram*** | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL) |
| ***peg-electrolyte soln oral recon soln 420 gram*** | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL) |
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (***peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c***) | $0 | EHB; ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; $0 COPAY IF QUANTITY LIMITED TO 3, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram*** | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL) |
| SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM (***peg 3350/sodium sulfate,chloride/potassium chlor/magnesium***) | $0 | EHB; ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; $0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL) |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM (***sodium sulfate/potassium chloride/magnesium sulfate***) | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL) |
| **Laxative - Stimulant and Saline/Osmotic Combinations - Drugs to Prevent Constipation** | | |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML (***sodium picosulfate/magnesium oxide/citric acid***) | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 320, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (320 ML per 1 FILL) |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (***sodium picosulfate/magnesium oxide/citric acid***) | $0 | EHB; $0 COPAY IF QUANTITY LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid** | | |
| ***sucralfate oral suspension 100 mg/ml*** | Tier 2 | |
| ***sucralfate oral tablet 1 gram*** | Tier 1 | |
| **Short Bowel Syndrome (SBS) - glucagon-like peptide-2 (GLP-2) Analog - Drugs for the Stomach** | | |
| GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***) | Tier 4 | PA; SP |
| GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***) | Tier 4 | PA; SP |
| **Short Bowel Syndrome (SBS) Agents - Drugs for the Stomach** | | |
| ***octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml*** | Tier 4 | SP |
| ***octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)*** | Tier 4 | SP |
| **Genitourinary Therapy - Drugs for the Urinary System** | | |
| **BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb - Drugs for the Prostate** | | |
| ***dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg*** | Tier 2 | ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days |
| **Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System** | | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG (***cysteamine bitartrate***) | Tier 4 | SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (***cysteamine bitartrate***) | Tier 4 | PA; SP |
| PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (***cysteamine bitartrate***) | Tier 4 | PA; SP |
| **G.U. Irrigants - Anti-infective - Drugs for the Urinary System** | | |
| ***neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml*** | Tier 1 | |
| **G.U. Irrigants - Drugs for the Urinary System** | | |
| ***acetic acid irrigation solution 0.25 %*** | Tier 1 | |
| ***glycine urologic solution irrigation solution 1.5 %*** | Tier 1 | |
| RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (***citric acid/gluconolactone/magnesium carbonate***) | Tier 3 | |
| ***sorbitol irrigation solution 3 %*** | Tier 1 | |
| ***sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml*** | Tier 1 | |
| **Interstitial Cystitis Agents - Drugs for the Urinary System** | | |
| ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***) | Tier 2 | PA |
| **Kidney Stone Agents - Drugs for the Urinary System** | | |
| THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (***tiopronin***) | Tier 4 | SP |
| ***tiopronin oral tablet 100 mg*** | Tier 4 | SP |
| ***tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg*** | Tier 4 | SP |
| ***tiopronin*** (Venxxiva Oral Tablet,Delayed Release (Dr/Ec) 100 Mg, 300 Mg) | Tier 4 | SP |
| **Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs for the Bladder** | | |
| MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML (***mirabegron***) | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (***mirabegron***) | Tier 1 | QL (1 EA per 1 day) |
| **Oxalosis Agent - Oxalate Inhibitor, small interfering RNA Directed - Drugs for the Urinary System** | | |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) (***nedosiran sodium***) | Tier 4 | SP |
| RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML (***nedosiran sodium***) | Tier 4 | SP |
| **Phosphate Binders - Calcium-based - Drugs for the Urinary System** | | |
| ***calcium acetate(phosphat bind) oral capsule 667 mg*** | Tier 1 | |
| ***calcium acetate(phosphat bind) oral tablet 667 mg*** | Tier 1 | |
| **Phosphate Binders - Drugs for the Urinary System** | | |
| ***calcium acetate(phosphat bind) oral capsule 667 mg*** | Tier 1 | |
| ***calcium acetate(phosphat bind) oral tablet 667 mg*** | Tier 1 | |
| FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (***lanthanum carbonate***) | Tier 3 | ST: Requires prior prescriptions for Velphoro and one of the folllowing: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (3 EA per 1 day) |
| ***lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg*** | Tier 2 | |
| ***sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram*** | Tier 2 | |
| ***sevelamer carbonate oral tablet 800 mg*** | Tier 1 | |
| ***sevelamer hcl oral tablet 400 mg*** | Tier 1 | |
| ***sevelamer hcl oral tablet 800 mg*** | Tier 2 | |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***) | Tier 2 | QL (6 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Phosphate Binders - Iron-based - Drugs for the Urinary System** | | |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***) | Tier 2 | QL (6 EA per 1 day) |
| **Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs for the Urinary System** | | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG (***tolvaptan***) | Tier 4 | PA; SP |
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (***tolvaptan***) | Tier 4 | PA; SP |
| **Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate** | | |
| ***alfuzosin oral tablet extended release 24 hr 10 mg*** | Tier 1 | |
| ***silodosin oral capsule 4 mg, 8 mg*** | Tier 1 | |
| ***tamsulosin oral capsule 0.4 mg*** | Tier 1 | |
| **Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate** | | |
| ***finasteride oral tablet 5 mg*** | Tier 1 | |
| **Prostatic Hypertrophy Agent-Sel.cGMP Phosphodiesterase Type5 Inhibitor - Drugs for the Prostate** | | |
| ***tadalafil oral tablet 2.5 mg, 5 mg*** | Tier 1 | PA |
| **Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate** | | |
| ***dutasteride oral capsule 0.5 mg*** | Tier 1 | |
| **Urinary Acidifier - Bacterial Urease Inhibitor - Drugs for Infections** | | |
| LITHOSTAT ORAL TABLET 250 MG (***acetohydroxamic acid***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Urinary Acidifier - Phosphates - Drugs for Infections** | | |
| K-PHOS NO 2 ORAL TABLET 305-700 MG (***sodium phosphate,monobasic/potassium phosphate,monobasic***) | Tier 3 | |
| K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (***potassium phosphate,monobasic***) | Tier 3 | |
| **Urinary Alkalinizer - Citrates - Drugs for Infections** | | |
| ORACIT ORAL SOLUTION 490-640 MG/5 ML (***citric acid/sodium citrate***) | Tier 3 | |
| ***potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)*** | Tier 1 | |
| ***sodium citrate-citric acid oral solution 490-640 mg/5 ml*** | Tier 1 | |
| **Urinary Analgesics - Drugs for Infections** | | |
| ***phenazopyridine oral tablet 100 mg, 200 mg*** | Tier 1 | |
| **Urinary Antibacterial - Methenamine and Salts - Drugs for Infections** | | |
| ***methenamine hippurate oral tablet 1 gram*** | Tier 1 | |
| ***methenamine mandelate oral tablet 0.5 gram, 1 gram*** | Tier 1 | |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine mandelate/sodium phosphate,monobasic***) | Tier 3 | |
| **Urinary Antibacterial - Nitrofuran Derivatives - Drugs for Infections** | | |
| ***nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg*** | Tier 1 | |
| ***nitrofurantoin macrocrystal oral capsule 25 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***nitrofurantoin monohyd/m-cryst oral capsule 100 mg*** | Tier 1 | |
| ***nitrofurantoin oral suspension 25 mg/5 ml*** | Tier 2 | PA |
| **Urinary Antibacterials Other - Drugs for Infections** | | |
| ***fosfomycin tromethamine oral packet 3 gram*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Urinary Anti-infective Methenamine-Antispas-Analg Combinations - Drugs for Infections** | | |
| URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***) | Tier 2 | |
| URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (***methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin***) | Tier 3 | |
| URIMAR-T ORAL TABLET 120-10.8-0.12 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***) | Tier 3 | |
| URO-458 ORAL TABLET 81-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***) | Tier 2 | |
| URO-MP ORAL CAPSULE 118-10-40.8-36 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***) | Tier 1 | |
| **Urinary Anti-infective Methenamine-Antispasmodic Combinations - Drugs for Infections** | | |
| ***methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg*** | Tier 2 | |
| UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (***methenamine/sod phosph,monobasic/methylene blue/hyoscyamine***) | Tier 2 | |
| **Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs for the Bladder** | | |
| ***darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg*** | Tier 2 | |
| ***solifenacin oral tablet 10 mg, 5 mg*** | Tier 1 | |
| **Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder** | | |
| ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***) | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***hyoscyamine sulfate oral drops 0.125 mg/ml*** | Tier 1 | |
| ***hyoscyamine sulfate oral elixir 0.125 mg/5 ml*** | Tier 1 | |
| ***hyoscyamine sulfate oral tablet 0.125 mg*** | Tier 1 | |
| ***hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg*** | Tier 1 | |
| ***hyoscyamine sulfate oral tablet,disintegrating 0.125 mg*** | Tier 1 | |
| ***hyoscyamine sulfate sublingual tablet 0.125 mg*** | Tier 1 | |
| HYOSYNE ORAL DROPS 0.125 MG/ML (***hyoscyamine sulfate***) | Tier 1 | |
| HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (***hyoscyamine sulfate***) | Tier 1 | |
| OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***) | Tier 1 | |
| OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***) | Tier 1 | |
| SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (***hyoscyamine sulfate***) | Tier 3 | |
| **Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder** | | |
| ***fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg*** | Tier 2 | QL (1 EA per 1 day) |
| ***flavoxate oral tablet 100 mg*** | Tier 1 | |
| ***oxybutynin chloride oral syrup 5 mg/5 ml*** | Tier 1 | |
| ***oxybutynin chloride oral tablet 2.5 mg*** | Tier 2 | |
| ***oxybutynin chloride oral tablet 5 mg*** | Tier 1 | |
| ***oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg*** | Tier 1 | |
| OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (***oxybutynin***) | Tier 3 | ST: Requires prior prescriptions for Myrbetriq and Oxybutynin IR/XR within the past 365 days |
| ***tolterodine oral capsule,extended release 24hr 2 mg, 4 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***tolterodine oral tablet 1 mg, 2 mg*** | Tier 1 | |
| ***trospium oral capsule,extended release 24hr 60 mg*** | Tier 2 | |
| ***trospium oral tablet 20 mg*** | Tier 1 | |
| **Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder** | | |
| ***bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg*** | Tier 1 | |
| **Gout and Hyperuricemia Therapy - Drugs for Pain and Fever** | | |
| **Gout Acute Therapy - Antimitotics - Gout Drugs** | | |
| ***colchicine oral capsule 0.6 mg*** | Tier 2 | QL (2 EA per 1 day) |
| ***colchicine oral tablet 0.6 mg*** | Tier 1 | QL (4 EA per 1 day) |
| GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (***colchicine***) | Tier 3 | ST: Requires prior prescription for Colchicine capsules or tablets within the past 120 days; QL (10 ML per 1 day) |
| **Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs** | | |
| ***probenecid-colchicine oral tablet 500-0.5 mg*** | Tier 1 | |
| **Hyperuricemia Therapy - Uricosurics - Gout Drugs** | | |
| ***probenecid oral tablet 500 mg*** | Tier 1 | |
| **Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs** | | |
| ***allopurinol oral tablet 100 mg, 300 mg*** | Tier 1 | |
| ***febuxostat oral tablet 40 mg, 80 mg*** | Tier 2 | ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Hyperuricemia Tx - URAT1 Inhibitor and Xanthine Oxidase Inhibitor Comb - Gout Drugs** | | |
| DUZALLO ORAL TABLET 200-200 MG, 200-300 MG (***lesinurad/allopurinol***) | Tier 3 | ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day) |
| **Hematological Agents** | | |
| **Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh** | | |
| JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (***daprodustat***) | Tier 3 | PA |
| **PNH - Complement Factor B Inhibitors** | | |
| FABHALTA ORAL CAPSULE 200 MG (***iptacopan hcl***) | Tier 4 | PA; SP |
| **PNH - Complement Factor D Inhibitors** | | |
| VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (***danicopan***) | Tier 4 | PA; SP |
| **Hematological Agents - Drugs for the Blood** | | |
| **Agents to treat aTTP- anti von Willebrand Factor (vWF) A1 domain - Drugs for the Blood** | | |
| CABLIVI INJECTION KIT 11 MG (***caplacizumab-yhdp***) | Tier 4 | PA; SP |
| CABLIVI INJECTION RECON SOLN 11 MG (***caplacizumab-yhdp***) | Tier 4 | PA; SP |
| **Agents to Treat Paroxysmal Nocturnal Hemoglobinuria (PNH) - Drugs for the Blood** | | |
| EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (***pegcetacoplan***) | Tier 4 | PA; SP |
| FABHALTA ORAL CAPSULE 200 MG (***iptacopan hcl***) | Tier 4 | PA; SP |
| VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (***danicopan***) | Tier 4 | PA; SP |
| **Anticoagulants - Citrate-based - Drugs to Prevent Blood Clots** | | |
| ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML (***dextrose-water/sodium citrate/citric acid***) | Tier 3 | |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ACD-A SOLUTION (***citrate dextrose solution***) | Tier 3 | |
| ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML (***dextrose-water/sodium citrate/citric acid***) | Tier 3 | |
| ***anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml*** | Tier 1 | |
| ***citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml*** | Tier 1 | |
| REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L (***sodium chloride/sodium citrate***) | Tier 3 | |
| ***sodium citrate in 0.9 % nacl solution 0.5 %*** | Tier 1 | |
| ***sodium citrate intra-catheter solution 4 %*** | Tier 1 | |
| ***sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)*** | Tier 1 | |
| ***sodium citrate solution 4 gram /100 ml (4 %)*** | Tier 1 | |
| **Anticoagulants - Coumarin - Drugs to Prevent Blood Clots** | | |
| ***warfarin sodium*** (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg) | Tier 1 | |
| ***warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg*** | Tier 1 | |
| **Blood Cell and Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs for the Blood** | | |
| TAVALISSE ORAL TABLET 100 MG, 150 MG (***fostamatinib disodium***) | Tier 4 | PA; SP |
| **C1 Esterase Inhibitor Agents - Drugs for the Blood** | | |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (***c1 esterase inhibitor***) | Tier 4 | PA; SP |
| **CXCR4 Chemokine Receptor Antagonists - Drugs for the Blood** | | |
| XOLREMDI ORAL CAPSULE 100 MG (***mavorixafor***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Direct Factor Xa Inhibitors - Drugs to Prevent Blood Clots** | | |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (***apixaban***) | Tier 2 | QL (74 EA per 30 days) |
| ELIQUIS ORAL TABLET 2.5 MG (***apixaban***) | Tier 2 | QL (2 EA per 1 day) |
| ELIQUIS ORAL TABLET 5 MG (***apixaban***) | Tier 2 | QL (74 EA per 30 days) |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (***rivaroxaban***) | Tier 2 | QL (51 EA per 30 days) |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (***rivaroxaban***) | Tier 2 | QL (20 ML per 1 day) |
| XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***) | Tier 2 | QL (1 EA per 1 day) |
| XARELTO ORAL TABLET 15 MG (***rivaroxaban***) | Tier 2 | QL (2 EA per 1 day) |
| XARELTO ORAL TABLET 2.5 MG (***rivaroxaban***) | Tier 3 | QL (2 EA per 1 day) |
| **Erythropoietins - Drugs for the Blood** | | |
| MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML (***methoxy polyethylene glycol-epoetin beta***) | Tier 4 | PA; SP |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (***epoetin alfa-epbx***) | Tier 4 | PA; SP |
| **Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood** | | |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim-aafi***) | Tier 4 | PA; SP |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-aafi***) | Tier 4 | PA; SP |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (***pegfilgrastim-cbqv***) | Tier 4 | PA; SP |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-bmez***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Hematorheologic Agents - Drugs for the Blood** | | |
| ***pentoxifylline oral tablet extended release 400 mg*** | Tier 1 | |
| **Hemophilia Treatment Agents - Monoclonal Antibody - Drugs for the Blood** | | |
| ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML) (***concizumab-mtci***) | Tier 4 | PA; SP |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML (***emicizumab-kxwh***) | Tier 4 | PA; SP |
| HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***marstacimab-hncq***) | Tier 4 | PA; SP |
| **Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding** | | |
| ***aminocaproic acid oral solution 250 mg/ml (25 %)*** | Tier 1 | |
| ***aminocaproic acid oral tablet 1,000 mg, 500 mg*** | Tier 1 | |
| ***tranexamic acid oral tablet 650 mg*** | Tier 1 | |
| **Hemostatic Topical Agents - Drugs to Prevent Bleeding** | | |
| ASTRINGYN TOPICAL SOLUTION 259 MG/G (***ferric subsulfate***) | Tier 3 | |
| AVITENE FLOUR TOPICAL POWDER (***microfibrillar collagen***) | Tier 3 | |
| AVITENE TOPICAL POWDER IN PACKET (***microfibrillar collagen***) | Tier 3 | |
| AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM (***microfibrillar collagen***) | Tier 3 | |
| ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM (***microfibrillar collagen***) | Tier 3 | |
| GELFILM IMPLANT FILM (***gelatin***) | Tier 3 | |
| GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT (***thrombin (bovine)/gelatin sponge,absorbable***) | Tier 3 | |
| GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT (***thrombin (bovine)/gelatin sponge,absorbable***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200 (***gelatin sponge,absorbable/porcine skin***) | Tier 3 | |
| GELFOAM TOPICAL SPONGE 4 (***gelatin sponge,absorbable/porcine skin***) | Tier 3 | |
| MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML (***ferric subsulfate***) | Tier 1 | |
| RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT (***thrombin (recombinant)***) | Tier 3 | |
| RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (***thrombin (recombinant)***) | Tier 3 | |
| SYRINGE AVITENE TOPICAL POWDER (***microfibrillar collagen***) | Tier 3 | |
| THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2 (***thrombin(bov)/calcium chlor/cmc/gel,pork/dressing,hemostatic***) | Tier 1 | |
| THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT (***thrombin (bovine)***) | Tier 1 | |
| THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (***thrombin (bovine)***) | Tier 1 | |
| THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT (***thrombin (bovine)***) | Tier 1 | |
| THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT (***thrombin (bovine)***) | Tier 1 | |
| THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 " (***thrombin(bov)/calcium chlor/cme-cell sod/dressing,hemostatic***) | Tier 1 | |
| ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM (***microfibrillar collagen***) | Tier 3 | |
| **Hemostatic Topical Combinations - Drugs to Prevent Bleeding** | | |
| EVARREST TOPICAL ADHESIVE PATCH,MEDICATED 2 X 4 ", 4 X 4 " (***fibrinogen/thrombin (human plasma derived)***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) (***thrombin(human plasma derived)/fibrinogen/calcium chloride***) | Tier 3 | |
| TACHOSIL TOPICAL ADHESIVE PATCH,MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM (***fibrinogen/thrombin (human plasma derived)***) | Tier 3 | |
| VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML) (***thrombin(human plasma derived)/fibrinogen/calcium chloride***) | Tier 3 | |
| **Heparins - Drugs to Prevent Blood Clots** | | |
| ***heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)*** | Tier 1 | |
| ***heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml*** | Tier 1 | |
| ***heparin (porcine) injection syringe 5,000 unit/ml*** | Tier 1 | |
| ***heparin, porcine (pf) injection solution 1,000 unit/ml*** | Tier 1 | |
| ***heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml*** | Tier 1 | |
| ***heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml*** | Tier 1 | |
| **Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots** | | |
| ***fondaparinux subcutaneous syringe 10 mg/0.8 ml*** | Tier 4 | QL (24 ML per 30 days) |
| ***fondaparinux subcutaneous syringe 2.5 mg/0.5 ml*** | Tier 4 | QL (15 ML per 30 days) |
| ***fondaparinux subcutaneous syringe 5 mg/0.4 ml*** | Tier 4 | QL (12 ML per 30 days) |
| ***fondaparinux subcutaneous syringe 7.5 mg/0.6 ml*** | Tier 4 | QL (18 ML per 30 days) |
| **Low Molecular Weight Heparins - Drugs to Prevent Blood Clots** | | |
| ***enoxaparin subcutaneous solution 300 mg/3 ml*** | Tier 4 | QL (30 ML per 30 days) |
| ***enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml*** | Tier 4 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***) | Tier 4 | QL (8 ML per 1 day) |
| FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***) | Tier 4 | QL (7.6 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***) | Tier 4 | QL (60 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (***dalteparin sodium,porcine***) | Tier 4 | QL (30 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (***dalteparin sodium,porcine***) | Tier 4 | QL (36 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (***dalteparin sodium,porcine***) | Tier 4 | QL (43.2 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML (***dalteparin sodium,porcine***) | Tier 4 | QL (12 ML per 30 days) |
| FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (***dalteparin sodium,porcine***) | Tier 4 | QL (18 ML per 30 days) |
| **Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood** | | |
| BRILINTA ORAL TABLET 60 MG, 90 MG (***ticagrelor***) | Tier 2 | QL (2 EA per 1 day) |
| **Platelet Aggregation Inhibitor Combinations - Drugs for the Blood** | | |
| ***aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg*** | Tier 1 | |
| **Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood** | | |
| ***cilostazol oral tablet 100 mg, 50 mg*** | Tier 1 | |
| **Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood** | | |
| ***anagrelide oral capsule 0.5 mg, 1 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood** | | |
| ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***) | $0 | EHB |
| ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***) | $0 | EHB |
| ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***) | $0 | EHB |
| ***aspirin oral tablet 325 mg*** | $0 | EHB |
| ***aspirin oral tablet,chewable 81 mg*** | $0 | EHB |
| ***aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg*** | $0 | EHB |
| BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***) | $0 | EHB |
| BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***) | $0 | EHB |
| BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***) | $0 | EHB |
| CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***) | $0 | EHB |
| ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***) | $0 | EHB |
| ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***) | $0 | EHB |
| ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***) | $0 | EHB |
| **Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood** | | |
| ***clopidogrel oral tablet 300 mg*** | Tier 1 | QL (4 EA per 30 days) |
| ***clopidogrel oral tablet 75 mg*** | Tier 1 | |
| ***prasugrel hcl oral tablet 10 mg, 5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| **Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood** | | |
| ***dipyridamole oral tablet 25 mg, 50 mg, 75 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist - Drugs for the Blood** | | |
| ZONTIVITY ORAL TABLET 2.08 MG (***vorapaxar sulfate***) | Tier 3 | QL (1 EA per 1 day) |
| **PNH - Complement (C3) Inhibitors - Drugs for the Blood** | | |
| EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (***pegcetacoplan***) | Tier 4 | PA; SP |
| **Pyruvate Kinase (PK) Activators - Drugs for the Blood** | | |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (***mitapivat sulfate***) | Tier 4 | PA; SP |
| PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (***mitapivat sulfate***) | Tier 4 | PA; SP |
| **Sickle Cell Anemia Agents, Others - Drugs for the Blood** | | |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***) | Tier 3 | |
| ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***) | Tier 4 | PA; SP |
| ***glutamine (sickle cell) oral powder in packet 5 gram*** | Tier 4 | PA; SP |
| SIKLOS ORAL TABLET 1,000 MG (***hydroxyurea***) | Tier 3 | ST: Requires prior prescriptions for generic Hydroxyurea and Droxia within the past 365 days |
| SIKLOS ORAL TABLET 100 MG (***hydroxyurea***) | Tier 3 | QL (2 EA per 1 day) |
| XROMI ORAL SOLUTION 100 MG/ML (***hydroxyurea***) | Tier 3 | PA |
| **Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots** | | |
| ***dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg*** | Tier 1 | QL (2 EA per 1 day) |
| PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (***dabigatran etexilate mesylate***) | Tier 3 | PA |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Thrombopoietin Receptor Agonists - Drugs for the Blood** | | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (***eltrombopag choline***) | Tier 4 | PA; SP |
| DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***) | Tier 4 | PA; SP |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***) | Tier 4 | PA; SP |
| DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***) | Tier 4 | PA; SP |
| MULPLETA ORAL TABLET 3 MG (***lusutrombopag***) | Tier 4 | PA; SP |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (***eltrombopag olamine***) | Tier 4 | PA; SP |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (***eltrombopag olamine***) | Tier 4 | PA; SP |
| **Hepatobiliary System Treatment Agents** | | |
| **Non-Alcoholic Steatohepatitis (NASH) Agents - THR-Beta Agonist** | | |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (***resmetirom***) | Tier 4 | PA; SP |
| **Peroxisome Proliferator-Activated Receptor (PPAR) Agonist** | | |
| IQIRVO ORAL TABLET 80 MG (***elafibranor***) | Tier 4 | PA; SP |
| LIVDELZI ORAL CAPSULE 10 MG (***seladelpar lysine***) | Tier 4 | PA; SP |
| **Hepatobiliary System Treatment Agents - Drugs for the Liver** | | |
| **Farnesoid X Receptor (FXR) Agonist, Bile Acid Analog - Drugs for the Liver** | | |
| OCALIVA ORAL TABLET 10 MG, 5 MG (***obeticholic acid***) | Tier 4 | PA; SP |
| **Ileal Bile Acid Transporter (IBAT) Inhibitor - Drugs for the Liver** | | |
| BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (***odevixibat***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BYLVAY ORAL PELLET 200 MCG, 600 MCG (***odevixibat***) | Tier 4 | PA; SP |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (***maralixibat chloride***) | Tier 4 | PA; SP |
| **Immunosuppressive Agents - Drugs for Organ Transplants** | | |
| **Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants** | | |
| ***cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***cyclosporine modified oral solution 100 mg/ml*** | Tier 1 | |
| ***cyclosporine oral capsule 100 mg, 25 mg*** | Tier 1 | |
| ***cyclosporine, modified*** (Gengraf Oral Capsule 100 Mg, 25 Mg) | Tier 1 | |
| ***cyclosporine, modified*** (Gengraf Oral Solution 100 Mg/Ml) | Tier 1 | |
| LUPKYNIS ORAL CAPSULE 7.9 MG (***voclosporin***) | Tier 4 | PA; SP |
| NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***) | Tier 2 | |
| NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***) | Tier 2 | |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (***tacrolimus***) | Tier 2 | |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (***tacrolimus***) | Tier 2 | |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***) | Tier 2 | |
| ***tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg*** | Tier 1 | |
| ***tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg*** | Tier 1 | ST: Requires prior prescription for generic Tacrolimus within the past 120 days |
| **Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants** | | |
| ***mycophenolate mofetil oral capsule 250 mg*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***mycophenolate mofetil oral suspension for reconstitution 200 mg/ml*** | Tier 2 | |
| ***mycophenolate mofetil oral tablet 500 mg*** | Tier 1 | |
| ***mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg*** | Tier 2 | |
| MYHIBBIN ORAL SUSPENSION 200 MG/ML (***mycophenolate mofetil***) | Tier 3 | PA |
| **Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs for Organ Transplants** | | |
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (***satralizumab-mwge***) | Tier 4 | PA; SP |
| **Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants** | | |
| ***everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg*** | Tier 1 | |
| ***sirolimus oral solution 1 mg/ml*** | Tier 1 | |
| ***sirolimus oral tablet 0.5 mg, 1 mg, 2 mg*** | Tier 1 | |
| **Immunosuppressive - Purine Analogs - Drugs for Organ Transplants** | | |
| ***azathioprine oral tablet 100 mg, 50 mg, 75 mg*** | Tier 1 | |
| **Locomotor System** | | |
| **Duchenne Muscular Dystrophy - Histone Deacetylase (HDAC) Inhibitor** | | |
| DUVYZAT ORAL SUSPENSION 8.86 MG/ML (***givinostat hydrochloride***) | Tier 4 | PA; SP |
| **Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists** | | |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (***palovarotene***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Friedreich Ataxia-Nuclear Factor Erythroid-rel.factor2(Nrf2) Activator** | | |
| SKYCLARYS ORAL CAPSULE 50 MG (***omaveloxolone***) | Tier 4 | PA; SP |
| **Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| **Agents to Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| ***dichlorphenamide oral tablet 50 mg*** | Tier 4 | PA; SP |
| KEVEYIS ORAL TABLET 50 MG (***dichlorphenamide***) | Tier 4 | PA; SP |
| ***dichlorphenamide*** (Ormalvi Oral Tablet 50 Mg) | Tier 4 | PA; SP |
| **Amyotrophic Lateral Sclerosis (ALS) Agents - Benzathiazoles - Drugs for Nerves and Muscles** | | |
| EXSERVAN ORAL FILM 50 MG (***riluzole***) | Tier 4 | PA; SP |
| ***riluzole oral tablet 50 mg*** | Tier 1 | |
| TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***) | Tier 4 | PA; SP |
| TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***) | Tier 4 | PA; SP |
| **Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles** | | |
| ***pyridostigmine bromide oral syrup 60 mg/5 ml*** | Tier 2 | |
| ***pyridostigmine bromide oral tablet 30 mg*** | Tier 2 | |
| ***pyridostigmine bromide oral tablet 60 mg*** | Tier 1 | |
| ***pyridostigmine bromide oral tablet extended release 180 mg*** | Tier 2 | |
| **Antimyasthenic Agents Other - Drugs for Nerves and Muscles** | | |
| FIRDAPSE ORAL TABLET 10 MG (***amifampridine phosphate***) | Tier 4 | PA; SP |
| ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML (***zilucoplan sodium***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| ***carisoprodol-aspirin oral tablet 200-325 mg*** | Tier 1 | |
| ***orphenadrine-asa-caffeine oral tablet 25-385-30 mg*** | Tier 2 | QL (8 EA per 1 day) |
| **Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| ***baclofen oral solution 10 mg/5 ml (2 mg/ml)*** | Tier 1 | PA |
| ***baclofen oral solution 5 mg/5 ml*** | Tier 2 | PA |
| ***baclofen oral suspension 25 mg/5 ml (5 mg/ml)*** | Tier 2 | PA |
| ***baclofen oral tablet 10 mg*** | Tier 1 | QL (8 EA per 1 day) |
| ***baclofen oral tablet 20 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***baclofen oral tablet 5 mg*** | Tier 1 | QL (16 EA per 1 day) |
| ***carisoprodol oral tablet 250 mg*** | Tier 2 | QL (4 EA per 1 day) |
| ***carisoprodol oral tablet 350 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***chlorzoxazone oral tablet 500 mg*** | Tier 1 | QL (4 EA per 1 day) |
| ***cyclobenzaprine oral tablet 10 mg, 5 mg*** | Tier 1 | QL (3 EA per 1 day) |
| ***metaxalone oral tablet 400 mg*** | Tier 2 | QL (8 EA per 1 day) |
| ***metaxalone oral tablet 640 mg*** | Tier 1 | |
| ***metaxalone oral tablet 800 mg*** | Tier 2 | QL (4 EA per 1 day) |
| ***methocarbamol oral tablet 500 mg*** | Tier 1 | QL (8 EA per 1 day) |
| ***methocarbamol oral tablet 750 mg*** | Tier 1 | QL (6 EA per 1 day) |
| ***orphenadrine citrate oral tablet extended release 100 mg*** | Tier 1 | QL (2 EA per 1 day) |
| ***tizanidine oral capsule 2 mg*** | Tier 1 | QL (18 EA per 1 day) |
| ***tizanidine oral capsule 4 mg*** | Tier 1 | QL (9 EA per 1 day) |
| ***tizanidine oral capsule 6 mg*** | Tier 1 | QL (6 EA per 1 day) |
| ***tizanidine oral tablet 2 mg*** | Tier 1 | QL (18 EA per 1 day) |
| ***tizanidine oral tablet 4 mg*** | Tier 1 | QL (9 EA per 1 day) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| ***dantrolene oral capsule 100 mg*** | Tier 2 | QL (4 EA per 1 day) |
| ***dantrolene oral capsule 25 mg, 50 mg*** | Tier 2 | QL (3 EA per 1 day) |
| **Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| ***carisoprodol-aspirin-codeine oral tablet 200-325-16 mg*** | Tier 1 | QL (8 EA per 1 day); Age (Min 12 Years) |
| **Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones** | | |
| ***carisoprodol-aspirin-codeine oral tablet 200-325-16 mg*** | Tier 1 | QL (8 EA per 1 day); Age (Min 12 Years) |
| **Spinal Muscular Atrophy - Motor Neuron 2 (SMN2) Splicing Modifier - Drugs for Nerves and Muscles** | | |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML (***risdiplam***) | Tier 4 | SP |
| EVRYSDI ORAL TABLET 5 MG (***risdiplam***) | Tier 4 | SP |
| **Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment** | | |
| **Medical Supplies and DME - Blood Administration Sets - Medical Supplies and Durable Medical Equipment** | | |
| IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET (***blood administration set***) | Tier 3 | |
| **Medical Supplies and DME - Blood Coagulation Testing Supplies - Medical Supplies and Durable Medical Equipment** | | |
| COAGUCHEK XS (***prothrombin time/inr test meter***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment** | | |
| FREESTYLE INSULINX STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE TEST STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| ONETOUCH ULTRA TEST STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| ONETOUCH VERIO TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| PRECISION XTRA TEST STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| **Medical Supplies and DME - Cervical Caps - Medical Supplies and Durable Medical Equipment** | | |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***) | $0 | CT; EHB |
| **Medical Supplies and DME - Compression Stockings - Medical Supplies and Durable Medical Equipment** | | |
| T.E.D. ANTI-EMBOLISM STOCKING (***compression stocking, knee high, regular length, small***) | Tier 3 | |
| T.E.D. KNEE LENGTH-M-LONG (***compression stocking,knee high,long length,small circumferen***) | Tier 3 | |
| T.E.D. KNEE LENGTH-S-REGULAR (***compression stocking, knee high, regular length, small***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Medical Supplies and DME - Conception Assistance Supplies - Medical Supplies and Durable Medical Equipment** | | |
| CONCEPTION KIT (***conception assistance supplies combination no.1***) | Tier 3 | |
| **Medical Supplies and DME - COVID-19 Miscellaneous Testing Supplies - Medical Supplies and Durable Medical Equipment** | | |
| ADVIN COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days) |
| BD VERITOR AT-HOME COVID19 TST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| BINAXNOW COVD AG CARD HOME TST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| CARESTART COVID-19 AG HOME TST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| CELLTRION DIATRUST COV-19 HOME KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| CLINITEST COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| CORDX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| FASTEP COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| GENABIO COVID-19 RAPID AT-HOME KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GOTOKNOW COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days) |
| IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| INDICAID COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| OHC COVID-19 ANTIGEN HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| ON-GO COVID-19 AG AT HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| PILOT COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| RAPID SARS-COV-2 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| SPEEDYSWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| **Medical Supplies and DME - Dental Supplies Other - Medical Supplies and Durable Medical Equipment** | | |
| Q-CARE RX Q2 KIT 0.12 % (***dental suction device/chlorhexidine/dental swab 1/mouthwash***) | Tier 3 | |
| Q-CARE RX Q4 KIT 0.12 % (***dental suction device/chlorhexidine gl/dental swab comb no.1***) | Tier 3 | |
| **Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment** | | |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***) | $0 | CT; EHB |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| **Medical Supplies and DME - Drug Application Supplies - Medical Supplies and Durable Medical Equipment** | | |
| PCCA ACCUPEN-15 DEVICE (***topical cream metered-dose device***) | Tier 3 | |
| **Medical Supplies and DME - Feeding Tubes and Supplies - Medical Supplies and Durable Medical Equipment** | | |
| ENFIT IRRIGATION KIT KIT (***feeder irrigation kit***) | Tier 3 | |
| ***enteral connector, enfit*** | Tier 3 | |
| ENTERAL GRAVITY BAG SET-ENFIT (***feeder container with gravity set, enfit***) | Tier 3 | |
| KANGAROO 924 SAFETY SCREW (***pump set***) | Tier 3 | |
| KANGAROO EPUMP SET (***feeder container with pump set***) | Tier 3 | |
| KANGAROO GRAVITY SET (***feeder container with gravity set***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| RELIZORB CARTRIDGE (***enteral pump accessory for fat hydrolysis***) | Tier 3 | |
| **Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment** | | |
| FC2 FEMALE CONDOM (***condoms, female***) | $0 | CT; EHB |
| **Medical Supplies and DME - Gauze Bandages - Medical Supplies and Durable Medical Equipment** | | |
| CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " (***gauze bandage***) | Tier 3 | |
| **Medical Supplies and DME - Gauze Pads and Dressings - Medical Supplies and Durable Medical Equipment** | | |
| CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 " (***bismuth tribromophenate/petrolatum,white***) | Tier 3 | |
| CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (***iodoform***) | Tier 3 | |
| PETROLEUM GAUZE TOPICAL BANDAGE (***petrolatum,white***) | Tier 3 | |
| RESTORE TOPICAL BANDAGE 2 X 2 " (***silver/calcium alginate***) | Tier 3 | |
| XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 " (***bismuth tribromophenate/petrolatum,white***) | Tier 3 | |
| **Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment** | | |
| ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***) | Tier 2 | DD |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE (***lancets***) | Tier 2 | DD |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***) | Tier 2 | DD |
| ACCU-CHEK SOFTCLIX LANCETS (***lancets***) | Tier 2 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| ADVANCED TRAVEL LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| ALTERNATE SITE LANCET 26 GAUGE (***lancets***) | Tier 2 | DD |
| ASSURE LANCE 25 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| BD MICROTAINER LANCET 1.5 X 2 MM (***blade lancet, safety***) | Tier 2 | DD |
| BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| BIGFOOT UNITY KIT (***flash glucose sensor/blood glucose test strips/pen needles***) | Tier 3 | DD |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| BUTTERFLY TOUCH LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| CAREONE ULTRA THIN LANCET (***lancets***) | Tier 2 | DD |
| CARESENS LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| CEQUR SIMPLICITY INSERTER (***diabetic supplies,miscell***) | Tier 3 | PA; DD |
| CHOSEN LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| CHOSEN SAFETY LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| CLEVER CHEK LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| COAGUCHEK LANCETS (***lancets***) | Tier 2 | DD |
| COLOR LANCETS 21 GAUGE (***lancets***) | Tier 2 | DD |
| COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (***lancets***) | Tier 2 | DD |
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (***lancets***) | Tier 2 | DD |
| DROPLET LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| EASY COMFORT LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***) | Tier 2 | DD |
| EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***) | Tier 2 | DD |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| EMBRACE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| EVERSENSE 365 TRANSMITTER DEVICE (***blood-glucose transmitter***) | Tier 3 | PA; DD |
| EVERSENSE E3 SMART TRANSMITTER DEVICE (***blood-glucose transmitter***) | Tier 3 | PA; DD |
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| E-Z JECT THIN LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| EZ SMART LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| FINGERSTIX LANCETS (***lancets***) | Tier 2 | DD |
| FORACARE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| FREESTYLE LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| FREESTYLE UNISTIK 2 (***lancets***) | Tier 2 | DD |
| GLUCOCOM AUTOLINK (***diabetic supplies,miscell***) | Tier 3 | DD |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| GOJJI LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GUARDIAN 4 TRANSMITTER DEVICE (***blood-glucose transmitter***) | Tier 3 | PA; DD |
| GUARDIAN LINK 3 TRANSMITTER DEVICE (***blood-glucose transmitter***) | Tier 3 | PA; DD |
| HEALTHY ACCENTS UNILET LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| INVACARE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| ***lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge*** | Tier 2 | DD |
| LANCETS, SUPER THIN (***lancets***) | Tier 2 | DD |
| LANCETS,THIN , 28 GAUGE (***lancets***) | Tier 2 | DD |
| LANCETS,ULTRA THIN (***lancets***) | Tier 2 | DD |
| MEDISENSE THIN LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (***blade lancet, safety***) | Tier 2 | DD |
| MICRO THIN LANCETS 33 GAUGE (***lancets***) | Tier 2 | DD |
| MICRODOT LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| MICROLET LANCET (***lancets***) | Tier 2 | DD |
| MOBILE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| MONOLET LANCETS 21 GAUGE (***lancets***) | Tier 2 | DD |
| MONOLET THIN LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| NOVA SUREFLEX LANCETS (***lancets***) | Tier 2 | DD |
| ON CALL LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| ON CALL PLUS LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| ON-THE-GO LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***) | Tier 2 | DD |
| PRO COMFORT SAFETY LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| PURE COMFORT LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| RELIAMED TWIST AND CAP LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| SAFETY-LET LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| SINGLE-LET (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| SMARTEST LANCET (***lancets***) | Tier 2 | DD |
| SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***) | Tier 2 | DD |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***) | Tier 2 | DD |
| SURE-TOUCH LANCET (***lancets***) | Tier 2 | DD |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| TELCARE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| TEMPO REFILL KIT WITH GAUZE KIT (***lancets/blood glucose test strips/pen needles/gauze***) | Tier 2 | DD |
| TEMPO WELCOME KIT KIT (***blood glucose meter/insulin data transf accessory, bluetooth***) | Tier 3 | DD |
| THIN LANCETS 26 GAUGE (***lancets***) | Tier 2 | DD |
| TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (***lancets***) | Tier 2 | DD |
| TRUE COMFORT LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***) | Tier 2 | DD |
| ULTILET BASIC LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| ULTILET SAFETY LANCETS 23 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA FINE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA THIN II LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA THIN PLUS LANCETS 33 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA TLC LANCETS (***lancets***) | Tier 2 | DD |
| ULTRA-CARE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA-THIN II LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***) | Tier 2 | DD |
| UNILET GP LANCET (***lancets***) | Tier 2 | DD |
| UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| UNILET LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 3 COMFORT LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 3 GENTLE 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK COMFORT LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK EXTRA LANCETS 21 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK NORMAL LANCETS 23 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| VERIFINE UNIVERSAL LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| VIVAGUARD LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| VIVAGUARD SAFETY LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Medical Supplies and DME - Imaging Supplies - Medical Supplies and Durable Medical Equipment** | | |
| ECOVUE HV ULTRASOUND GEL TOPICAL GEL (***ultrasound coupling medium***) | Tier 3 | |
| ECOVUE ULTRASOUND GEL TOPICAL GEL (***ultrasound coupling medium***) | Tier 3 | |
| **Medical Supplies and DME - Incontinence Supplies - Medical Supplies and Durable Medical Equipment** | | |
| CURITY DRAINAGE BAG 2,000 ML (***drainage bag***) | Tier 3 | |
| FLEXI-SEAL SIGNAL FMS RECTAL (***fecal collector with charcoal filter/catheter/syringe***) | Tier 3 | |
| MONO-FLO DRAINAGE BAG 2,000 ML (***drainage bag***) | Tier 3 | |
| TENSCARE ITOUCH SURE VAGINAL DEVICE (***incont device,muscle toner,elt***) | Tier 3 | |
| **Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment** | | |
| BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic disposable, safety***) | Tier 2 | DD |
| BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***) | Tier 2 | DD |
| BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe, insulin u-500 with needle, disposable, 0.5 ml***) | Tier 2 | DD |
| BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***) | Tier 2 | DD |
| BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***) | Tier 2 | DD |
| BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***) | Tier 2 | DD |
| BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (***pen needle, diabetic***) | Tier 2 | DD |
| BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (***pen needle, diabetic***) | Tier 2 | DD |
| BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***) | Tier 2 | DD |
| BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (***pen needle, diabetic***) | Tier 2 | DD |
| BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (***pen needle, diabetic***) | Tier 2 | DD |
| BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin 0.3 ml (half unit mark)***) | Tier 2 | DD |
| BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***) | Tier 2 | DD |
| BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***) | Tier 2 | DD |
| BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***) | Tier 2 | DD |
| EXTENDED RESERVOIR 3 ML (***insulin pump syringe, 3 ml***) | Tier 3 | DD |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***) | Tier 2 | DD |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***) | Tier 2 | DD |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***) | Tier 2 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***) | Tier 2 | DD |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***) | Tier 2 | DD |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***) | Tier 2 | DD |
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***) | Tier 3 | DD |
| OMNIPOD DASH PDM KIT (GEN 4) (***insulin pump controller***) | Tier 2 | DD; QL (1 EA per 365 days) |
| PARADIGM RESERVOIR 1.8 ML (***insulin pump syringe, 1.8 ml***) | Tier 3 | DD |
| PARADIGM RESERVOIR 3 ML (***insulin pump syringe, 3 ml***) | Tier 3 | DD |
| **Medical Supplies and DME - IV Sets-Tubing - Medical Supplies and Durable Medical Equipment** | | |
| BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (***intravenous catheter***) | Tier 3 | |
| BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (***intravenous catheter kit***) | Tier 3 | |
| FILTERED EXTENSION SET INFUSION SET (***intravenous administration extension set with filter***) | Tier 3 | |
| HI-VOLUME PUMPING CHAMBER SET (***transfer sets***) | Tier 3 | |
| INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (***intravenous catheter***) | Tier 3 | |
| IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (***intravenous administration set***) | Tier 3 | |
| IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (***intravenous administration set***) | Tier 3 | |
| IVENIX ADMIN SET SINGLE-INLET INFUSION SET (***intravenous administration set***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MICROBORE EXTENSION SET INFUSION SET (***intravenous administration extension set***) | Tier 3 | |
| NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (***intravenous catheter***) | Tier 3 | |
| PHASEAL SECONDARY SET INFUSION SET (***intravenous piggyback administration set***) | Tier 3 | |
| PHASEAL Y-SITE (***y-site line connector, closed system***) | Tier 3 | |
| RATE FLOW REGULATOR IV SET INFUSION SET (***intravenous administration set***) | Tier 3 | |
| TRANSFER SET (***transfer sets***) | Tier 3 | |
| **Medical Supplies and DME - Male Condoms - Medical Supplies and Durable Medical Equipment** | | |
| AIMSCO LATEX CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| DUREX AIR CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***) | $0 | CT; EHB |
| DUREX EXTRA SENSITIVE CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| DUREX TROPICAL CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| FANTASY CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| KIMONO LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***) | $0 | CT; EHB |
| KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| KIMONO THIN LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TROJAN BARESKIN DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TROJAN EXTENDED PLEASURE DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TROJAN PLEASURE PACK DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TROJAN ULTRA RIBBED CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TROJAN ULTRA THIN DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUE COVER CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***) | $0 | CT; EHB |
| TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***) | $0 | CT; EHB |
| **Medical Supplies and DME - Male Erectile Dysfunction Aids - Medical Supplies and Durable Medical Equipment** | | |
| RAPPORT VACUUM THERAPY KIT (***vacuum erection device system***) | Tier 3 | |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CEFALY COMBO PACK (***transcutaneous electrical nerve stimulators(tens)/electrodes***) | Tier 3 | |
| ENFIT MEDICAL STRAW (***medical supply, miscellaneous***) | Tier 3 | |
| ENFIT MEDICINE BOTTLE ADAPTER (***adapter cap for bottle***) | Tier 3 | |
| ***eua patient assessment*** | Tier 3 | |
| PRO COMFORT TENS ELECTRODE PAD (***tens unit electrodes***) | Tier 3 | |
| PRO COMFORT TENS UNIT COMBO PACK (***transcutaneous electrical nerve stimulators(tens)/electrodes***) | Tier 3 | |
| PRO-CEPTION VAGINAL (***medical supply, miscellaneous***) | Tier 3 | |
| PTS COLLECT CAPILLARY TUBE (***medical supply, miscellaneous***) | Tier 3 | |
| T.E.D. ANTI-EMBOLISM STOCKING (***compression stocking, knee high, regular length, small***) | Tier 3 | |
| T:FLEX SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***) | Tier 3 | DD |
| T:SLIM X2 SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***) | Tier 3 | DD |
| TEMPO SMART BUTTON DEVICE (***data transfer accessory (insulin pen), bluetooth***) | Tier 3 | DD |
| TENS 502 DEVICE (***transcutaneous electrical nerve stimulators (tens units)***) | Tier 3 | |
| TENS 504 DEVICE (***transcutaneous electrical nerve stimulators (tens units)***) | Tier 3 | |
| VIBRANT ORAL CAPSULE (***vibrating transient device for constipation***) | Tier 3 | |
| VIBRANT STARTER KIT COMBO PACK (***vibrating transient device for constipation***) | Tier 3 | |
| XENOVIEW EMPTY DELIVERY BAG (***inhalation bag with mouthpiece***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Medical Supplies and DME - Nebulizers - Medical Supplies and Durable Medical Equipment** | | |
| AEROECLIPSE II NEBULIZER (***nebulizer***) | Tier 3 | |
| AEROECLIPSE XL NEBULIZER (***nebulizer***) | Tier 3 | |
| AERONEB GO NEBULIZER (***nebulizer***) | Tier 3 | |
| AIRS DISPOSABLE NEBULIZER (***nebulizer***) | Tier 3 | |
| ALTERA NEBULIZER HANDSET (***nebulizer***) | Tier 3 | |
| ALTERA NEBULIZER SYSTEM (***nebulizer***) | Tier 3 | |
| AURA PORTANEB (***nebulizer***) | Tier 3 | |
| DEVILBISS DISPOSABLE NEBULIZER (***nebulizer***) | Tier 3 | |
| INNOSPIRE GO NEBULIZER (***nebulizer***) | Tier 3 | |
| LC PLUS (***nebulizer***) | Tier 3 | |
| LC PLUS NEBULIZER-PED MASK (***nebulizer***) | Tier 3 | |
| MC 300 NEBULIZER W-MOUTHPIECE (***nebulizer***) | Tier 3 | |
| MC 300 NEBULIZER-UNVRSL TUBING (***nebulizer***) | Tier 3 | |
| MICROAIR MESH NEBULIZER (***nebulizer***) | Tier 3 | |
| MINI PLUS NEBULIZER (***nebulizer***) | Tier 3 | |
| PARI LC SPRINT NEBULIZER SET (***nebulizer***) | Tier 3 | |
| PARI LC SPRINT SINUS (***nebulizer***) | Tier 3 | |
| PRODIGY MINI-MIST NEBULIZER (***nebulizer***) | Tier 3 | |
| SIDESTREAM (***nebulizer***) | Tier 3 | |
| SIDESTREAM NEBULIZER (***nebulizer***) | Tier 3 | |
| SIDESTREAM PLUS (***nebulizer***) | Tier 3 | |
| SINUSTAR NEBULIZER (***nebulizer***) | Tier 3 | |
| SOOTHENEB MESH NEBULIZER (***nebulizer***) | Tier 3 | |
| TRUNEB NEBULIZER (***nebulizer***) | Tier 3 | |
| VIXONE NEBULIZER (***nebulizer***) | Tier 3 | |
| VIXONE NEBULIZER-ADULT MASK (***nebulizer***) | Tier 3 | |
| VIXONE NEBULIZER-PEDIATRIC MSK (***nebulizer***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Medical Supplies and DME - Parenteral Therapy Supplies - Medical Supplies and Durable Medical Equipment** | | |
| HALO B-LOCK CLOSED LINE ADAPTR (***connector luer lock, closed system***) | Tier 3 | |
| HALO CLOSED BAG ADAPTOR (***infusion adapter, closed system***) | Tier 3 | |
| HALO CLOSED LINE ADAPTOR (***connector luer lock, closed system***) | Tier 3 | |
| HALO CLOSED SYRINGE ADAPTOR (***needle injector, luer lock, closed system***) | Tier 3 | |
| HALO VIAL CONVERTER DEVICE 13 MM (***vial size converter, closed system***) | Tier 3 | |
| INTERLINK LEVER LOCK CANNULA (***syringe accessory***) | Tier 3 | |
| I-PORT (***injection ports***) | Tier 3 | |
| I-PORT ADVANCE 6 MM INJEC PORT (***injection ports***) | Tier 3 | |
| I-PORT ADVANCE 9 MM INJEC PORT (***injection ports***) | Tier 3 | |
| KENDALL DISINFECTANT CAP (***alcohol swab cap***) | Tier 3 | |
| MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (***intravenous equipment***) | Tier 3 | |
| PHASEAL ASSEMBLY FIXTURE DEVICE (***assembly system, vial to transfer device, closed system***) | Tier 3 | |
| PHASEAL CONNECTOR LUER LOCK (***connector luer lock, closed system***) | Tier 3 | |
| PHASEAL INFUSION ADAPTER (***infusion adapter, closed system***) | Tier 3 | |
| PHASEAL INFUSION CLAMP (***clamp, iv tubing***) | Tier 3 | |
| PHASEAL INJECTOR LUER (***needle injector, luer, closed system***) | Tier 3 | |
| PHASEAL INJECTOR LUER LOCK (***needle injector, luer lock, closed system***) | Tier 3 | |
| VARITHENA ADMINISTRATION PACK (***transfer set/syringe, disposable/bandages,compression/tubing***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Medical Supplies and DME - Peak Flow Meters - Medical Supplies and Durable Medical Equipment** | | |
| AEROGEAR ACTION ASTHMA KIT KIT (***peak flow meter/inhaler, assist devices***) | Tier 3 | |
| ASTHMAPACK CHILDREN'S KIT (***peak flow meter/inhaler, assist devices***) | Tier 3 | |
| MINI WRIGHT PEAK FLOW METER DEVICE (***peak flow meter***) | Tier 3 | |
| STRIVE PEAK FLOW METER DEVICE (***peak flow meter***) | Tier 3 | |
| TRUZONE PEAK FLOW METER DEVICE (***peak flow meter***) | Tier 3 | |
| **Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment** | | |
| A.I.R.S. NEBULIZER REPLACEMENT KIT (***nebulizer accessories***) | Tier 3 | |
| ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROBIKA OSCILLATING PEP SYSTM DEVICE (***mucus clearing device***) | Tier 3 | |
| AEROCHAMBER MECHANICAL VENT SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER MINI SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER MV SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |

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

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| DEVILBISS PULMOMATE COMPRESSOR DEVICE (***compressor, for nebulizer***) | Tier 3 | |
| DEVILBISS PULMONEB LT COMP-NEB DEVICE (***nebulizer and compressor***) | Tier 3 | |
| DEVILBISS TRAVELER COMPRESSOR DEVICE (***nebulizer and compressor***) | Tier 3 | |
| EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| EASIVENT MASK LARGE DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| EASY NEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| EBASE CONTROLLER DEVICE (***compressor, for nebulizer***) | Tier 3 | |
| FLEXICHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| FLEXICHAMBER-LG CHILD MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| FLEXICHAMBER-SM ADULT MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| FLEXICHAMBER-SM CHILD MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| HOME NEBULIZER PLUS SIDESTREAM DEVICE (***nebulizer and compressor***) | Tier 3 | |
| INNOSPIRE DELUXE DEVICE (***nebulizer and compressor***) | Tier 3 | |
| INNOSPIRE ELEGANCE DEVICE (***nebulizer and compressor***) | Tier 3 | |
| INNOSPIRE ESSENCE DEVICE (***nebulizer and compressor***) | Tier 3 | |
| INNOSPIRE MINI DEVICE (***nebulizer and compressor***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| INNOSPIRE REPLACEMENT FILTER (***nebulizer accessories***) | Tier 3 | |
| INSPIRACHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| INSPIRATION ELITE FILTER (***nebulizer accessories***) | Tier 3 | |
| LAMIRA NEBULIZER(FOR ARIKAYCE) DEVICE (***nebulizer and compressor***) | Tier 3 | |
| LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| MICROCHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| MICROSPACER SPACER (***inhaler, assist devices***) | Tier 3 | |
| ***nebulizer and compressor device*** | Tier 3 | |
| NOSE CLIP (***nebulizer accessories***) | Tier 3 | |
| OMBRA COMPRESSOR SYSTEM DEVICE (***nebulizer and compressor***) | Tier 3 | |
| OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| OPTICHAMBER DIAMOND LG MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***) | Tier 3 | |
| OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| PARI BABY CONV KIT - SIZE 1 KIT (***nebulizer accessories***) | Tier 3 | |
| PARI BABY CONV KIT - SIZE 2 KIT (***nebulizer accessories***) | Tier 3 | |
| PARI BABY CONV KIT - SIZE 3 KIT (***nebulizer accessories***) | Tier 3 | |
| PARI SINUS AEROSOL SYSTEM DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PARI TREK S COMBO PACK DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PARI TREK S COMPACT COMPRESSOR DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PARI TREK S PORTABLE PWR KIT (***nebulizer accessories***) | Tier 3 | |
| PEDIATRIC BEAR NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PEDIATRIC COMP-AIR COMPRES NEB DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PEDIATRIC DINOSAUR NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PEDIATRIC DOG NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PEDIATRIC FROG NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***) | Tier 3 | |
| PILLOW MASK CHILD (***nebulizer accessories***) | Tier 3 | |
| POCKET CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| PORTABLE NEBULIZER SYSTEM DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PRIMEAIRE SPACER (***inhaler, assist devices***) | Tier 3 | |
| PROCARE COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PROCARE PEDIATRIC NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| PROCHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| PRONEB MAX COMPRESSOR-LC PLUS DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PRONEB MAX COMPRESSR-LC SPRINT DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PRONEB ULTRA II FILTER ASSEM (***nebulizer accessories***) | Tier 3 | |
| PROVENT NASAL DEVICE (***nasal exhalation resistance device***) | Tier 3 | |
| PROVENT STARTER NASAL DEVICE (***nasal exhalation resistance device***) | Tier 3 | |
| PULMO-AIDE COMPRESSOR DEVICE (***compressor, for nebulizer***) | Tier 3 | |
| PULMONEB LT COMPRESSOR NEBUL DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PUREAIR MINI NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| QUAKE VIBRATORY PEP DEVICE (***mucus clearing device***) | Tier 3 | |
| REUSABLE NEBULIZER KIT KIT (***nebulizer accessories***) | Tier 3 | |
| RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| RUBBER MOUTHPIECE (***nebulizer accessories***) | Tier 3 | |
| SAMI THE SEAL DEVICE (***nebulizer and compressor***) | Tier 3 | |
| SAMI THE SEAL MASK (***nebulizer accessories***) | Tier 3 | |
| SIDESTREAM MASK (***nebulizer accessories***) | Tier 3 | |
| SILICONE MASK (***nebulizer accessories***) | Tier 3 | |
| SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SMARTNEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| SOOTHENEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| SPACE CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| SPACE CHAMBER WITH LARGE MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| SPACE CHAMBER WITH MEDIUM MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| SPACE CHAMBER WITH SMALL MASK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| SUNRISE COMPRESSOR-NEBULIZER DEVICE (***compressor, for nebulizer***) | Tier 3 | |
| THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***) | Tier 3 | |
| THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***) | Tier 3 | |
| VIOS AEROSOL DELIVERY SYSTEM DEVICE (***nebulizer and compressor***) | Tier 3 | |
| VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| VORTEX VHC FROG MASK-CHILD SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| VORTEX VHC LADYBUG MASK-TODDLR SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| VORTEX VHC PEDIATRIC MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| WILLIS THE WHALE COMPRESSR NEB DEVICE (***nebulizer and compressor***) | Tier 3 | |
| **Medical Supplies and DME - Scar Treatments - Medical Supplies and Durable Medical Equipment** | | |
| SILINOIN TOPICAL SHEET 5 CM X 14 CM (***silicone adhesive***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Medical Supplies and DME - Subcutaneous Administration Supply - Medical Supplies and Durable Medical Equipment** | | |
| INSUFLON INFUSION SET 25 X 18 MM (***subcutaneous administration set***) | Tier 3 | |
| **Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment** | | |
| CEQUR SIMPLICITY DEVICE 2 UNIT (***subcutaneous bolus insulin patch pump, 200 unit, disposable***) | Tier 3 | PA; DD |
| ILET STARTER KIT CONTACT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***) | Tier 3 | PA; DD |
| ILET STARTER KIT-INSET KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***) | Tier 3 | PA; DD |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/l2***) | Tier 2 | DD |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/g7 with controller***) | Tier 2 | DD; QL (1 EA per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/g7***) | Tier 2 | DD |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/l2 with controller***) | Tier 2 | DD; QL (1 EA per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,radio freq***) | Tier 2 | DD |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous infusion,bt and controller***) | Tier 2 | DD; QL (1 EA per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,bluetooth***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 10 units/day, disposable***) | Tier 2 | DD; QL (10 EA per 30 days) |
| OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 15 units/day, disposable***) | Tier 2 | DD; QL (10 EA per 30 days) |
| OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 20 units/day, disposable***) | Tier 2 | DD; QL (10 EA per 30 days) |
| OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 25 units/day, disposable***) | Tier 2 | DD; QL (10 EA per 30 days) |
| OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 30 units/day, disposable***) | Tier 2 | DD; QL (10 EA per 30 days) |
| OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 40 units/day, disposable***) | Tier 2 | DD; QL (10 EA per 30 days) |
| OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 35 units/day, disposable***) | Tier 2 | DD; QL (10 EA per 30 days) |
| V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***) | Tier 2 | DD |
| V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***) | Tier 2 | DD |
| V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***) | Tier 2 | DD |
| **Medical Supplies and DME - Subcutaneous Insulin Pump - Medical Supplies and Durable Medical Equipment** | | |
| ILET INSULIN PUMP (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| MINIMED 630G INSULIN PUMP (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| MINIMED 770G INSULIN PUMP (***subcutaneous insulin pump***) | Tier 3 | PA; DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MINIMED 780G INSULIN PUMP (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| T:SLIM X2 BASAL-IQ INSULIN PMP (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| T:SLIM X2 CONTROL-IQ (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| TANDEM MOBI SYSTEM (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| **Medical Supplies and DME - Urinary Catheters and Related Devices - Medical Supplies and Durable Medical Equipment** | | |
| ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (***catheter***) | Tier 3 | |
| ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (***urinary bag/catheter***) | Tier 3 | |
| APOGEE IC INTERMIT CATHETER 14-6 FR-" (***catheter***) | Tier 3 | |
| APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (***catheter***) | Tier 3 | |
| BARDEX I.C. FOLEY CATHETER 24 FR (***catheter***) | Tier 3 | |
| DOVER COATED LATEX FOLEY COMBO PACK (***urinary bag/catheterization tray***) | Tier 3 | |
| DOVER FOLEY CATHETER 24 FR (***catheter***) | Tier 3 | |
| DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (***catheter***) | Tier 3 | |
| DOVER RED RUBBER ROBINSON CATH 8 FR (***catheter***) | Tier 3 | |
| DOVER UNIVERSAL TRAY (***catheterization tray***) | Tier 3 | |
| FEMALE CATHETER 14 FR (***catheter***) | Tier 3 | |
| KENGUARD FOLEY CATHETER 18-16 FR-" (***catheter***) | Tier 3 | |
| KENGUARD FOLEY CATHETER TRAY (***catheterization tray***) | Tier 3 | |
| LOFRIC 12-16 FR-", 14-16 FR-" (***catheter***) | Tier 3 | |
| LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16" (***urinary bag/catheter***) | Tier 3 | |
| LOFRIC ORIGO 14-16 FR-" (***catheter***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (***catheter***) | Tier 3 | |
| LOFRIC SENSE NELATON CATHETER 14-6 FR-" (***catheter***) | Tier 3 | |
| MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (***catheter***) | Tier 3 | |
| ROBINSON CLEAR VINYL CATHETER 16 FR (***catheter***) | Tier 3 | |
| SELF-CATHETER, FEMALE 14 FR (***catheter***) | Tier 3 | |
| SILASTIC FOLEY CATHETER 20 FR (***catheter***) | Tier 3 | |
| SPEEDICATH (FEMALE) 16 FR (***catheter***) | Tier 3 | |
| TOUCH-TROL 10 FR (***catheter***) | Tier 3 | |
| VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (***urinary bag/catheter***) | Tier 3 | |
| **Medical Supplies and DME - Urine Glucose Tests - Medical Supplies and Durable Medical Equipment** | | |
| DIASTIX STRIP (***urine glucose test strip***) | Tier 3 | DD |
| NO-STICK GLUCOSE STRIP (***urine glucose test strip***) | Tier 3 | DD |
| **Medical Supplies and DME - Urine Glucose-Acetone Combination Tests - Medical Supplies and Durable Medical Equipment** | | |
| KETO-DIASTIX STRIP (***urine glucose-acet test strip***) | Tier 3 | DD |
| **Medical Supplies and DME - Urine Ketone Tests - Medical Supplies and Durable Medical Equipment** | | |
| CHEK-STIX CONTROL STRIP (***urine multiple test strips***) | Tier 3 | |
| KETONE CARE STRIP (***urine acetone test strips***) | Tier 3 | DD |
| KETONE URINE TEST STRIP (***urine acetone test strips***) | Tier 3 | DD |
| KETOSTIX STRIP (***urine acetone test strips***) | Tier 3 | DD |
| TRUEPLUS KETONE STRIP (***urine acetone test strips***) | Tier 3 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Medical Supplies and DME- Blood Collection Sets with Local Anesthetics - Medical Supplies and Durable Medical Equipment** | | |
| CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 % (***blood collection set/lidocaine/prilocaine***) | Tier 3 | |
| LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 % (***blood collection set/lidocaine/prilocaine***) | Tier 3 | |
| **Medical Supplies and DME-Eustachian Tube/Middle Ear Ventilator Devices - Medical Supplies and Durable Medical Equipment** | | |
| EAR POPPER INFLATION DEVICE NASAL DEVICE (***middle ear inflation device***) | Tier 3 | |
| **Medical Supplies and DME-Glucose Monitoring and Insulin Admin Supplies - Medical Supplies and Durable Medical Equipment** | | |
| AUTOSOFT 30 INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| AUTOSOFT 90 INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| AUTOSOFT XC INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| AUTOSOFT XC INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| AUTOSOFT XC INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| ILET INFUSION KIT-INSET 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | PA; DD |
| ILET INFUSION KIT-INSET 32" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | PA; DD |
| ILET INFUSION-CONTACT DTCH 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | PA; DD |
| MEDTRONIC EXT INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MEDTRONIC EXT INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MINIMED MIO ADVANCE INF SET23" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED MIO ADVANCE INF SET43" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED QUICK SET 18" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED QUICK SET 23" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED QUICK SET 32" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED QUICK SET 43" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED SILHOUETTE 18" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED SILHOUETTE 23" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED SILHOUETTE 32" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED SILHOUETTE 43" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED SURE T 18" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED SURE T 23" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED SURE T 32" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TRUSTEEL INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TRUSTEEL INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| VARISOFT INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| VARISOFT INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| VARISOFT INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| **Medical Supply, FDB Superset** | | |
| **Medical Supply, FDB Superset** | | |
| A.I.R.S. NEBULIZER REPLACEMENT KIT (***nebulizer accessories***) | Tier 3 | |
| ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***) | Tier 2 | DD |
| ACCU-CHEK SAFE-T-PRO 23 GAUGE (***lancets***) | Tier 2 | DD |
| ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***) | Tier 2 | DD |
| ACCU-CHEK SOFTCLIX LANCETS (***lancets***) | Tier 2 | DD |
| ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***) | Tier 3 | |
| ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 12-16 FR-", 14-16 FR-", 16-16 FR-", 18-16 FR-", 6-16 FR-", 8-16 FR-" (***catheter***) | Tier 3 | |
| ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" (***urinary bag/catheter***) | Tier 3 | |
| ADVANCED TRAVEL LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| ADVIN COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days) |
| ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| AEROBIKA OSCILLATING PEP SYSTM DEVICE (***mucus clearing device***) | Tier 3 | |
| AEROCHAMBER MECHANICAL VENT SPACER (***inhaler, assist devices***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| AEROCHAMBER MINI SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER MV SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| AEROCHAMBER PLUS Z STAT MD MSK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| AEROCHAMBER PLUS Z STAT SM MSK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROECLIPSE II NEBULIZER (***nebulizer***) | Tier 3 | |
| AEROECLIPSE XL NEBULIZER (***nebulizer***) | Tier 3 | |
| AEROGEAR ACTION ASTHMA KIT KIT (***peak flow meter/inhaler, assist devices***) | Tier 3 | |
| AERONEB GO NEBULIZER (***nebulizer***) | Tier 3 | |
| AEROTRACH PLUS SPACER (***inhaler, assist devices***) | Tier 3 | |
| AEROVENT PLUS SPACER (***inhaler, assist devices***) | Tier 3 | |
| AIMSCO LATEX CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| AIRS ADULT AEROSOL MASK (***nebulizer accessories***) | Tier 3 | |
| AIRS DISPOSABLE NEBULIZER (***nebulizer***) | Tier 3 | |
| AIRS PEDIATRIC DISPOSABLE MASK (***nebulizer accessories***) | Tier 3 | |
| ALL FLOW 1000 KIT (***nebulizer accessories***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ALL FLOW 1000 PFT FILTER (***nebulizer accessories***) | Tier 3 | |
| ALL FLOW 3000 KIT (***nebulizer accessories***) | Tier 3 | |
| ALL FLOW 3000 PFT FILTER (***nebulizer accessories***) | Tier 3 | |
| ALL FLOW 4000 KIT (***nebulizer accessories***) | Tier 3 | |
| ALL FLOW 4000 PFT FILTER (***nebulizer accessories***) | Tier 3 | |
| ALL FLOW 5000 KIT (***nebulizer accessories***) | Tier 3 | |
| ALL FLOW 5000 PFT FILTER (***nebulizer accessories***) | Tier 3 | |
| ALL FLOW 6000 PFT FILTER (***nebulizer accessories***) | Tier 3 | |
| ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 " (***foam bandage***) | Tier 3 | |
| ALTERA NEBULIZER HANDSET (***nebulizer***) | Tier 3 | |
| ALTERA NEBULIZER SYSTEM (***nebulizer***) | Tier 3 | |
| ALTERNATE SITE LANCET 26 GAUGE (***lancets***) | Tier 2 | DD |
| AMIELLE VAGINAL TRAINER KIT (***medical supply, miscellaneous***) | Tier 3 | |
| APOGEE IC INTERMIT CATHETER 14-6 FR-" (***catheter***) | Tier 3 | |
| APOGEE PLUS INTERMITT CATHETER 16-16 FR-" (***catheter***) | Tier 3 | |
| ARGYLE TRACHEOSTOMY CARE TRAY (***medical supply, miscellaneous***) | Tier 3 | |
| ASSURE LANCE 25 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| ASTHMAPACK CHILDREN'S KIT (***peak flow meter/inhaler, assist devices***) | Tier 3 | |
| AURA PORTANEB (***nebulizer***) | Tier 3 | |
| AUTOSOFT 30 INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| AUTOSOFT 90 INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| AUTOSOFT XC INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| AUTOSOFT XC INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| AUTOSOFT XC INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| BARDEX I.C. FOLEY CATHETER 24 FR (***catheter***) | Tier 3 | |
| BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (***pen needle, diabetic disposable, safety***) | Tier 2 | DD |
| BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***) | Tier 2 | DD |
| BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe, insulin u-500 with needle, disposable, 0.5 ml***) | Tier 2 | DD |
| BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***) | Tier 2 | DD |
| BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***) | Tier 2 | DD |
| BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***) | Tier 2 | DD |
| BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (***intravenous catheter***) | Tier 3 | |
| BD MICROTAINER LANCET 1.5 X 2 MM (***blade lancet, safety***) | Tier 2 | DD |
| BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***) | Tier 2 | DD |
| BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (***intravenous catheter kit***) | Tier 3 | |
| BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (***pen needle, diabetic***) | Tier 2 | DD |
| BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (***pen needle, diabetic***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***) | Tier 2 | DD |
| BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (***pen needle, diabetic***) | Tier 2 | DD |
| BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (***pen needle, diabetic***) | Tier 2 | DD |
| BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin 0.3 ml (half unit mark)***) | Tier 2 | DD |
| BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***) | Tier 2 | DD |
| BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***) | Tier 2 | DD |
| BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***) | Tier 2 | DD |
| BD VERITOR AT-HOME COVID19 TST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| BIGFOOT UNITY KIT (***flash glucose sensor/blood glucose test strips/pen needles***) | Tier 3 | DD |
| BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***) | Tier 3 | DD |
| BIGFOOT UNITY PEN CAP-APIDRA DEVICE (***data transfer pen cap for insulin glulisine, reusable, bt***) | Tier 3 | DD |
| BIGFOOT UNITY PEN CAP-ASPART DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***) | Tier 3 | DD |
| BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***) | Tier 3 | DD |
| BIGFOOT UNITY PEN CAP-FIASP DEVICE (***data transfer pen cap for insulin aspart (b3), reusable, bt***) | Tier 3 | DD |
| BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***) | Tier 3 | DD |
| BIGFOOT UNITY PEN CAP-LANTUS DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***) | Tier 3 | DD |
| BIGFOOT UNITY PEN CAP-LISPRO DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***) | Tier 3 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (***data transfer pen cap for insulin lispro-aabc, reusable, bt***) | Tier 3 | DD |
| BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***) | Tier 3 | DD |
| BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***) | Tier 3 | DD |
| BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***) | Tier 3 | DD |
| BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (***data transfer pen cap for insulin degludec, reusable, bt***) | Tier 3 | DD |
| BINAXNOW COVD AG CARD HOME TST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***) | Tier 3 | |
| BREATHERITE SPACER-MASK, NEO. SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| BREATHERITE SPACER-MASK,ADULT SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| BREATHERITE SPACER-MASK,CHILD SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| BREATHERITE SPACER-MASK,INFANT SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| BREATHERITE SPACER-MASK,S.CHLD SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| BREATHERITE VALVED MDI CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| BREATHERITE VALVED MDI SPACER SPACER (***inhaler, assist devices***) | Tier 3 | |
| BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| BUTTERFLY TOUCH LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| CAREONE ULTRA THIN LANCET (***lancets***) | Tier 2 | DD |
| CARESENS LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CARESTART COVID-19 AG HOME TST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL (***gel dressing***) | Tier 3 | |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***) | $0 | CT; EHB |
| CEFALY COMBO PACK (***transcutaneous electrical nerve stimulators(tens)/electrodes***) | Tier 3 | |
| CELLTRION DIATRUST COV-19 HOME KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| CEQUR SIMPLICITY DEVICE 2 UNIT (***subcutaneous bolus insulin patch pump, 200 unit, disposable***) | Tier 3 | PA; DD |
| CEQUR SIMPLICITY INSERTER (***diabetic supplies,miscell***) | Tier 3 | PA; DD |
| CHEK-STIX CONTROL STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 10 MD STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 10/SG STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 2 GP STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 50B STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 7 STRIP (***urine multiple test strips***) | Tier 3 | |
| CHEMSTRIP 9 STRIP (***urine multiple test strips***) | Tier 3 | |
| CHOSEN LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| CHOSEN SAFETY LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| CLEVER CHEK LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| CLEVER CHOICE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| CLEVER CHOICE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| CLEVER CHOICE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CLEVER CHOICE NEB KIT-ADULT (***nebulizer accessories***) | Tier 3 | |
| CLEVER CHOICE NEB KIT-CHILD (***nebulizer accessories***) | Tier 3 | |
| CLEVER CHOICE NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| CLEVER CHOICE WHISPER AIRE PED DEVICE (***nebulizer and compressor***) | Tier 3 | |
| CLINITEST COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| COAGUCHEK LANCETS (***lancets***) | Tier 2 | DD |
| COAGUCHEK XS (***prothrombin time/inr test meter***) | Tier 3 | |
| COLOR LANCETS 21 GAUGE (***lancets***) | Tier 2 | DD |
| COMBISTIX REAGENT STRIP (***urine multiple test strips***) | Tier 3 | |
| COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (***lancets***) | Tier 2 | DD |
| COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (***lancets***) | Tier 2 | DD |
| COMFORTSEAL LARGE MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| COMFORTSEAL MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| COMFORTSEAL SMALL MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| COMPACT SPACE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| COMPACT SPACE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| COMPACT SPACE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| COMP-AIR NEBULIZER COMPRESSOR DEVICE (***nebulizer and compressor***) | Tier 3 | |
| CONCEPTION KIT (***conception assistance supplies combination no.1***) | Tier 3 | |
| CORDX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 " (***bismuth tribromophenate/petrolatum,white***) | Tier 3 | |
| CURAFIL GEL WOUND TOPICAL GEL (***gel dressing***) | Tier 3 | |
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (***polyhexamethylene biguanide/gauze bandage***) | Tier 3 | |
| CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (***polyhexamethylene biguanide/gauze bandage***) | Tier 3 | |
| CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " (***gauze bandage***) | Tier 3 | |
| CURITY DRAINAGE BAG 2,000 ML (***drainage bag***) | Tier 3 | |
| CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (***iodoform***) | Tier 3 | |
| DEVILBISS DISPOSABLE NEBULIZER (***nebulizer***) | Tier 3 | |
| DEVILBISS PULMO-AIDE COMPRESSR DEVICE (***compressor, for nebulizer***) | Tier 3 | |
| DEVILBISS PULMOMATE COMPRESSOR DEVICE (***compressor, for nebulizer***) | Tier 3 | |
| DEVILBISS PULMONEB LT COMP-NEB DEVICE (***nebulizer and compressor***) | Tier 3 | |
| DEVILBISS TRAVELER COMPRESSOR DEVICE (***nebulizer and compressor***) | Tier 3 | |
| DIASTIX STRIP (***urine glucose test strip***) | Tier 3 | DD |
| DOVER COATED LATEX FOLEY COMBO PACK (***urinary bag/catheterization tray***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| DOVER FOLEY CATHETER 24 FR (***catheter***) | Tier 3 | |
| DOVER LATEX FOLEY CATHETER 16 FR, 28 FR (***catheter***) | Tier 3 | |
| DOVER RED RUBBER ROBINSON CATH 8 FR (***catheter***) | Tier 3 | |
| DOVER UNIVERSAL TRAY (***catheterization tray***) | Tier 3 | |
| DROPLET LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| DUREX AIR CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***) | $0 | CT; EHB |
| DUREX EXTRA SENSITIVE CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| DUREX TROPICAL CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| EAR POPPER INFLATION DEVICE NASAL DEVICE (***middle ear inflation device***) | Tier 3 | |
| EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| EASIVENT MASK LARGE DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| EASY COMFORT LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| EASY NEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***) | Tier 2 | DD |
| EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***) | Tier 2 | DD |
| EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| EBASE CONTROLLER DEVICE (***compressor, for nebulizer***) | Tier 3 | |
| ECOVUE HV ULTRASOUND GEL TOPICAL GEL (***ultrasound coupling medium***) | Tier 3 | |
| ECOVUE ULTRASOUND GEL TOPICAL GEL (***ultrasound coupling medium***) | Tier 3 | |
| ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| EMBRACE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| ENFIT IRRIGATION KIT KIT (***feeder irrigation kit***) | Tier 3 | |
| ENFIT MEDICAL STRAW (***medical supply, miscellaneous***) | Tier 3 | |
| ENFIT MEDICINE BOTTLE ADAPTER (***adapter cap for bottle***) | Tier 3 | |
| ***enteral connector, enfit*** | Tier 3 | |
| ENTERAL GRAVITY BAG SET-ENFIT (***feeder container with gravity set, enfit***) | Tier 3 | |
| ***eua patient assessment*** | Tier 3 | |
| EVERSENSE 365 TRANSMITTER DEVICE (***blood-glucose transmitter***) | Tier 3 | PA; DD |
| EVERSENSE E3 SMART TRANSMITTER DEVICE (***blood-glucose transmitter***) | Tier 3 | PA; DD |
| EXTENDED RESERVOIR 3 ML (***insulin pump syringe, 3 ml***) | Tier 3 | DD |
| E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| E-Z JECT THIN LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| EZ SMART LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| FANTASY CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| FASTEP COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| FC2 FEMALE CONDOM (***condoms, female***) | $0 | CT; EHB |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| FEMALE CATHETER 14 FR (***catheter***) | Tier 3 | |
| FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***) | $0 | CT; EHB |
| FILTERED EXTENSION SET INFUSION SET (***intravenous administration extension set with filter***) | Tier 3 | |
| FINGERSTIX LANCETS (***lancets***) | Tier 2 | DD |
| FLEXICHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| FLEXICHAMBER-LG CHILD MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| FLEXICHAMBER-SM ADULT MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| FLEXICHAMBER-SM CHILD MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| FLEXI-SEAL SIGNAL FMS RECTAL (***fecal collector with charcoal filter/catheter/syringe***) | Tier 3 | |
| FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| FORACARE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| FREESTYLE INSULINX STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE TEST STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| FREESTYLE UNISTIK 2 (***lancets***) | Tier 2 | DD |
| GENABIO COVID-19 RAPID AT-HOME KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| GLUCOCOM AUTOLINK (***diabetic supplies,miscell***) | Tier 3 | DD |
| GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| GOJJI LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| GOTOKNOW COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days) |
| GUARDIAN 4 TRANSMITTER DEVICE (***blood-glucose transmitter***) | Tier 3 | PA; DD |
| GUARDIAN LINK 3 TRANSMITTER DEVICE (***blood-glucose transmitter***) | Tier 3 | PA; DD |
| HALO B-LOCK CLOSED LINE ADAPTR (***connector luer lock, closed system***) | Tier 3 | |
| HALO CLOSED BAG ADAPTOR (***infusion adapter, closed system***) | Tier 3 | |
| HALO CLOSED LINE ADAPTOR (***connector luer lock, closed system***) | Tier 3 | |
| HALO CLOSED SYRINGE ADAPTOR (***needle injector, luer lock, closed system***) | Tier 3 | |
| HALO VIAL CONVERTER DEVICE 13 MM (***vial size converter, closed system***) | Tier 3 | |
| HEALTHY ACCENTS UNILET LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| HEMA-COMBISTIX STRIP (***urine multiple test strips***) | Tier 3 | |
| HI-VOLUME PUMPING CHAMBER SET (***transfer sets***) | Tier 3 | |
| HOME NEBULIZER PLUS SIDESTREAM DEVICE (***nebulizer and compressor***) | Tier 3 | |
| IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| ILET INFUSION KIT-INSET 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | PA; DD |
| ILET INFUSION KIT-INSET 32" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | PA; DD |
| ILET INFUSION-CONTACT DTCH 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | PA; DD |
| ILET INSULIN PUMP (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| ILET STARTER KIT CONTACT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***) | Tier 3 | PA; DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ILET STARTER KIT-INSET KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***) | Tier 3 | PA; DD |
| INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| INDICAID COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| INNOSPIRE DELUXE DEVICE (***nebulizer and compressor***) | Tier 3 | |
| INNOSPIRE ELEGANCE DEVICE (***nebulizer and compressor***) | Tier 3 | |
| INNOSPIRE ESSENCE DEVICE (***nebulizer and compressor***) | Tier 3 | |
| INNOSPIRE GO NEBULIZER (***nebulizer***) | Tier 3 | |
| INNOSPIRE MINI DEVICE (***nebulizer and compressor***) | Tier 3 | |
| INNOSPIRE REPLACEMENT FILTER (***nebulizer accessories***) | Tier 3 | |
| INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***) | Tier 2 | DD |
| INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***) | Tier 2 | DD |
| INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***) | Tier 2 | DD |
| INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***) | Tier 2 | DD |
| INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***) | Tier 2 | DD |
| INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***) | Tier 2 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| INSPIRACHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| INSPIRATION ELITE FILTER (***nebulizer accessories***) | Tier 3 | |
| INSUFLON INFUSION SET 25 X 18 MM (***subcutaneous administration set***) | Tier 3 | |
| INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (***intravenous catheter***) | Tier 3 | |
| INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| INTERLINK LEVER LOCK CANNULA (***syringe accessory***) | Tier 3 | |
| INVACARE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| I-PORT (***injection ports***) | Tier 3 | |
| I-PORT ADVANCE 6 MM INJEC PORT (***injection ports***) | Tier 3 | |
| I-PORT ADVANCE 9 MM INJEC PORT (***injection ports***) | Tier 3 | |
| IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (***intravenous administration set***) | Tier 3 | |
| IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (***intravenous administration set***) | Tier 3 | |
| IVENIX ADMIN SET SINGLE-INLET INFUSION SET (***intravenous administration set***) | Tier 3 | |
| IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET (***blood administration set***) | Tier 3 | |
| KANGAROO 924 SAFETY SCREW (***pump set***) | Tier 3 | |
| KANGAROO EPUMP SET (***feeder container with pump set***) | Tier 3 | |
| KANGAROO GRAVITY SET (***feeder container with gravity set***) | Tier 3 | |
| KENDALL AMD ANTIMICRB FOAM DRS TOPICAL BANDAGE 0.5 %- 4" X 4" (***polyhexamethylene biguanide/foam bandage***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| KENDALL DISINFECTANT CAP (***alcohol swab cap***) | Tier 3 | |
| KENGUARD FOLEY CATHETER 18-16 FR-" (***catheter***) | Tier 3 | |
| KENGUARD FOLEY CATHETER TRAY (***catheterization tray***) | Tier 3 | |
| KERAGEL TOPICAL GEL (***gel dressing***) | Tier 3 | |
| KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (***polyhexamethylene biguanide/gauze bandage***) | Tier 3 | |
| KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (***polyhexamethylene biguanide/gauze bandage***) | Tier 3 | |
| KETO-DIASTIX STRIP (***urine glucose-acet test strip***) | Tier 3 | DD |
| KETONE CARE STRIP (***urine acetone test strips***) | Tier 3 | DD |
| KETONE URINE TEST STRIP (***urine acetone test strips***) | Tier 3 | DD |
| KETOSTIX STRIP (***urine acetone test strips***) | Tier 3 | DD |
| KIMONO LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***) | $0 | CT; EHB |
| KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| KIMONO THIN LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| LABSTIX REAGENT STRIP (***urine multiple test strips***) | Tier 3 | |
| LAMIRA NEBULIZER(FOR ARIKAYCE) DEVICE (***nebulizer and compressor***) | Tier 3 | |
| ***lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge*** | Tier 2 | DD |
| LANCETS, SUPER THIN (***lancets***) | Tier 2 | DD |
| LANCETS,THIN , 28 GAUGE (***lancets***) | Tier 2 | DD |
| LANCETS,ULTRA THIN (***lancets***) | Tier 2 | DD |
| LC PLUS (***nebulizer***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| LC PLUS NEBULIZER-PED MASK (***nebulizer***) | Tier 3 | |
| LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| LOFRIC 12-16 FR-", 14-16 FR-" (***catheter***) | Tier 3 | |
| LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16" (***urinary bag/catheter***) | Tier 3 | |
| LOFRIC ORIGO 14-16 FR-" (***catheter***) | Tier 3 | |
| LOFRIC PRIMO NELATON CATHETER 16-16 FR-" (***catheter***) | Tier 3 | |
| LOFRIC SENSE NELATON CATHETER 14-6 FR-" (***catheter***) | Tier 3 | |
| LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" (***catheter***) | Tier 3 | |
| MAXORB EXTRA TOPICAL BANDAGE 4 X 4 " (***alginate dressing/carboxymethylcellulose***) | Tier 3 | |
| MC 300 NEBULIZER W-MOUTHPIECE (***nebulizer***) | Tier 3 | |
| MC 300 NEBULIZER-UNVRSL TUBING (***nebulizer***) | Tier 3 | |
| MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " (***honey/hydrocolloid dressing***) | Tier 3 | |
| MEDISENSE THIN LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (***blade lancet, safety***) | Tier 2 | DD |
| MEDTRONIC EXT INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MEDTRONIC EXT INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MICRO THIN LANCETS 33 GAUGE (***lancets***) | Tier 2 | DD |
| MICROAIR MESH NEBULIZER (***nebulizer***) | Tier 3 | |
| MICROBORE EXTENSION SET INFUSION SET (***intravenous administration extension set***) | Tier 3 | |
| MICROCHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| MICRODOT LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| MICROLET LANCET (***lancets***) | Tier 2 | DD |
| MICROSPACER SPACER (***inhaler, assist devices***) | Tier 3 | |
| MINI PLUS NEBULIZER (***nebulizer***) | Tier 3 | |
| MINI WRIGHT PEAK FLOW METER DEVICE (***peak flow meter***) | Tier 3 | |
| MINIMED 630G INSULIN PUMP (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| MINIMED 770G INSULIN PUMP (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| MINIMED 780G INSULIN PUMP (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| MINIMED MIO ADVANCE INF SET23" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED MIO ADVANCE INF SET43" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED QUICK SET 18" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED QUICK SET 23" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED QUICK SET 32" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED QUICK SET 43" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED SILHOUETTE 18" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED SILHOUETTE 23" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MINIMED SILHOUETTE 32" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED SILHOUETTE 43" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED SURE T 18" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED SURE T 23" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MINIMED SURE T 32" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| MOBILE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| MONO-FLO DRAINAGE BAG 2,000 ML (***drainage bag***) | Tier 3 | |
| MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (***intravenous equipment***) | Tier 3 | |
| MONOLET LANCETS 21 GAUGE (***lancets***) | Tier 2 | DD |
| MONOLET THIN LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| MULTISTIX 10 SG STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 5 STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 7 STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 8 SG STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 9 SG STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX 9 STRIP (***urine multiple test strips***) | Tier 3 | |
| MULTISTIX STRIP (***urine multiple test strips***) | Tier 3 | |
| MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| ***nebulizer and compressor device*** | Tier 3 | |
| NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (***intravenous catheter***) | Tier 3 | |
| NOSE CLIP (***nebulizer accessories***) | Tier 3 | |
| NO-STICK GLUCOSE STRIP (***urine glucose test strip***) | Tier 3 | DD |
| NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| NOVA SUREFLEX LANCETS (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***) | Tier 3 | DD |
| OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (***porcine acellular small intestine submucosa, fenestrated***) | Tier 3 | |
| OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (***porcine acell submucosa,meshed***) | Tier 3 | |
| OHC COVID-19 ANTIGEN HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| OMBRA COMPRESSOR SYSTEM DEVICE (***nebulizer and compressor***) | Tier 3 | |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/l2***) | Tier 2 | DD |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/g7 with controller***) | Tier 2 | DD; QL (1 EA per 365 days) |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/g7***) | Tier 2 | DD |
| OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/l2 with controller***) | Tier 2 | DD; QL (1 EA per 365 days) |
| OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,radio freq***) | Tier 2 | DD |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous infusion,bt and controller***) | Tier 2 | DD; QL (1 EA per 365 days) |
| OMNIPOD DASH PDM KIT (GEN 4) (***insulin pump controller***) | Tier 2 | DD; QL (1 EA per 365 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,bluetooth***) | Tier 2 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 10 units/day, disposable***) | Tier 2 | DD; QL (10 EA per 30 days) |
| OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 15 units/day, disposable***) | Tier 2 | DD; QL (10 EA per 30 days) |
| OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 20 units/day, disposable***) | Tier 2 | DD; QL (10 EA per 30 days) |
| OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 25 units/day, disposable***) | Tier 2 | DD; QL (10 EA per 30 days) |
| OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 30 units/day, disposable***) | Tier 2 | DD; QL (10 EA per 30 days) |
| OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 40 units/day, disposable***) | Tier 2 | DD; QL (10 EA per 30 days) |
| OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 35 units/day, disposable***) | Tier 2 | DD; QL (10 EA per 30 days) |
| ON CALL LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| ON CALL PLUS LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| ONETOUCH ULTRA TEST STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| ONETOUCH VERIO TEST STRIPS STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| ON-GO COVID-19 AG AT HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| ON-THE-GO LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| OPTICHAMBER DIAMOND LG MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***) | Tier 3 | |
| OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| PARADIGM RESERVOIR 1.8 ML (***insulin pump syringe, 1.8 ml***) | Tier 3 | DD |
| PARADIGM RESERVOIR 3 ML (***insulin pump syringe, 3 ml***) | Tier 3 | DD |
| PARI BABY CONV KIT - SIZE 1 KIT (***nebulizer accessories***) | Tier 3 | |
| PARI BABY CONV KIT - SIZE 2 KIT (***nebulizer accessories***) | Tier 3 | |
| PARI BABY CONV KIT - SIZE 3 KIT (***nebulizer accessories***) | Tier 3 | |
| PARI LC SPRINT NEBULIZER SET (***nebulizer***) | Tier 3 | |
| PARI LC SPRINT SINUS (***nebulizer***) | Tier 3 | |
| PARI SINUS AEROSOL SYSTEM DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PARI TREK S COMBO PACK DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PARI TREK S COMPACT COMPRESSOR DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PARI TREK S PORTABLE PWR KIT (***nebulizer accessories***) | Tier 3 | |
| PCCA ACCUPEN-15 DEVICE (***topical cream metered-dose device***) | Tier 3 | |
| PEDIATRIC BEAR NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PEDIATRIC COMP-AIR COMPRES NEB DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PEDIATRIC DINOSAUR NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PEDIATRIC DOG NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PEDIATRIC FROG NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| PETROLEUM GAUZE TOPICAL BANDAGE (***petrolatum,white***) | Tier 3 | |
| PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***) | Tier 3 | |
| PHASEAL ASSEMBLY FIXTURE DEVICE (***assembly system, vial to transfer device, closed system***) | Tier 3 | |
| PHASEAL CONNECTOR LUER LOCK (***connector luer lock, closed system***) | Tier 3 | |
| PHASEAL INFUSION ADAPTER (***infusion adapter, closed system***) | Tier 3 | |
| PHASEAL INFUSION CLAMP (***clamp, iv tubing***) | Tier 3 | |
| PHASEAL INJECTOR LUER (***needle injector, luer, closed system***) | Tier 3 | |
| PHASEAL INJECTOR LUER LOCK (***needle injector, luer lock, closed system***) | Tier 3 | |
| PHASEAL SECONDARY SET INFUSION SET (***intravenous piggyback administration set***) | Tier 3 | |
| PHASEAL Y-SITE (***y-site line connector, closed system***) | Tier 3 | |
| PILLOW MASK CHILD (***nebulizer accessories***) | Tier 3 | |
| PILOT COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| POCKET CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| PORTABLE NEBULIZER SYSTEM DEVICE (***nebulizer and compressor***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PRECISION XTRA TEST STRIP (***blood sugar diagnostic***) | Tier 2 | DD; QL (200 EA per 30 days) |
| PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| PRIMEAIRE SPACER (***inhaler, assist devices***) | Tier 3 | |
| PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***) | Tier 2 | DD |
| PRO COMFORT SAFETY LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| PRO COMFORT TENS ELECTRODE PAD (***tens unit electrodes***) | Tier 3 | |
| PRO COMFORT TENS UNIT COMBO PACK (***transcutaneous electrical nerve stimulators(tens)/electrodes***) | Tier 3 | |
| PROCARE COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PROCARE PEDIATRIC NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| PRO-CEPTION VAGINAL (***medical supply, miscellaneous***) | Tier 3 | |
| PROCHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| PRODIGY MINI-MIST NEBULIZER (***nebulizer***) | Tier 3 | |
| PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| PRONEB MAX COMPRESSOR-LC PLUS DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PRONEB MAX COMPRESSR-LC SPRINT DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PRONEB ULTRA II FILTER ASSEM (***nebulizer accessories***) | Tier 3 | |
| PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM (***ring pessary***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| PROVENT NASAL DEVICE (***nasal exhalation resistance device***) | Tier 3 | |
| PROVENT STARTER NASAL DEVICE (***nasal exhalation resistance device***) | Tier 3 | |
| PTS COLLECT CAPILLARY TUBE (***medical supply, miscellaneous***) | Tier 3 | |
| PULMO-AIDE COMPRESSOR DEVICE (***compressor, for nebulizer***) | Tier 3 | |
| PULMONEB LT COMPRESSOR NEBUL DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 " (***dressing, collagen/silver***) | Tier 3 | |
| PURE COMFORT LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| PUREAIR MINI NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| QUAKE VIBRATORY PEP DEVICE (***mucus clearing device***) | Tier 3 | |
| QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| RAPID SARS-COV-2 AG HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| RAPPORT VACUUM THERAPY KIT (***vacuum erection device system***) | Tier 3 | |
| RATE FLOW REGULATOR IV SET INFUSION SET (***intravenous administration set***) | Tier 3 | |
| RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| RELIAMED TWIST AND CAP LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| RELIZORB CARTRIDGE (***enteral pump accessory for fat hydrolysis***) | Tier 3 | |
| RESTORE TOPICAL BANDAGE 2 X 2 " (***silver/calcium alginate***) | Tier 3 | |
| REUSABLE NEBULIZER KIT KIT (***nebulizer accessories***) | Tier 3 | |
| RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| ROBINSON CLEAR VINYL CATHETER 16 FR (***catheter***) | Tier 3 | |
| RUBBER MOUTHPIECE (***nebulizer accessories***) | Tier 3 | |
| SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| SAFETY-LET LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| SAMI THE SEAL DEVICE (***nebulizer and compressor***) | Tier 3 | |
| SAMI THE SEAL MASK (***nebulizer accessories***) | Tier 3 | |
| SELF-CATHETER, FEMALE 14 FR (***catheter***) | Tier 3 | |
| SIDESTREAM (***nebulizer***) | Tier 3 | |
| SIDESTREAM MASK (***nebulizer accessories***) | Tier 3 | |
| SIDESTREAM NEBULIZER (***nebulizer***) | Tier 3 | |
| SIDESTREAM PLUS (***nebulizer***) | Tier 3 | |
| SILASTIC FOLEY CATHETER 20 FR (***catheter***) | Tier 3 | |
| SILICONE MASK (***nebulizer accessories***) | Tier 3 | |
| SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***) | Tier 3 | |
| SILINOIN TOPICAL SHEET 5 CM X 14 CM (***silicone adhesive***) | Tier 3 | |
| SINGLE-LET (***lancets***) | Tier 2 | DD |
| SINUSTAR NEBULIZER (***nebulizer***) | Tier 3 | |
| SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| SMARTEST LANCET (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| SMARTNEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| SOOTHENEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***) | Tier 3 | |
| SOOTHENEB MESH NEBULIZER (***nebulizer***) | Tier 3 | |
| SPACE CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| SPACE CHAMBER WITH LARGE MASK SPACER (***inhaler,assist device with large mask***) | Tier 3 | |
| SPACE CHAMBER WITH MEDIUM MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| SPACE CHAMBER WITH SMALL MASK SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| SPECTRAGEL TOPICAL GEL (***gel dressing***) | Tier 3 | |
| SPEEDICATH (FEMALE) 16 FR (***catheter***) | Tier 3 | |
| SPEEDYSWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***) | Tier 3 | QL (8 EA per 30 days); Age (Min 2 Years) |
| STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***) | Tier 2 | DD |
| STRATACTX TOPICAL GEL (***gel dressing***) | Tier 3 | |
| STRATAGRT TOPICAL GEL (***gel dressing***) | Tier 3 | |
| STRATAXRT TOPICAL GEL (***gel dressing***) | Tier 3 | |
| STRIVE PEAK FLOW METER DEVICE (***peak flow meter***) | Tier 3 | |
| SUNRISE COMPRESSOR-NEBULIZER DEVICE (***compressor, for nebulizer***) | Tier 3 | |
| SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***) | Tier 2 | DD |
| SURE-TOUCH LANCET (***lancets***) | Tier 2 | DD |
| T.E.D. ANTI-EMBOLISM STOCKING (***compression stocking, knee high, regular length, small***) | Tier 3 | |
| T.E.D. KNEE LENGTH-M-LONG (***compression stocking,knee high,long length,small circumferen***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| T.E.D. KNEE LENGTH-S-REGULAR (***compression stocking, knee high, regular length, small***) | Tier 3 | |
| T:FLEX SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***) | Tier 3 | DD |
| T:SLIM X2 BASAL-IQ INSULIN PMP (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| T:SLIM X2 CONTROL-IQ (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| T:SLIM X2 SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***) | Tier 3 | DD |
| TANDEM MOBI SYSTEM (***subcutaneous insulin pump***) | Tier 3 | PA; DD |
| TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***) | Tier 3 | DD |
| TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| TELCARE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| TEMPO REFILL KIT WITH GAUZE KIT (***lancets/blood glucose test strips/pen needles/gauze***) | Tier 2 | DD |
| TEMPO SMART BUTTON DEVICE (***data transfer accessory (insulin pen), bluetooth***) | Tier 3 | DD |
| TEMPO WELCOME KIT KIT (***blood glucose meter/insulin data transf accessory, bluetooth***) | Tier 3 | DD |
| TENS 502 DEVICE (***transcutaneous electrical nerve stimulators (tens units)***) | Tier 3 | |
| TENS 504 DEVICE (***transcutaneous electrical nerve stimulators (tens units)***) | Tier 3 | |
| TENSCARE ITOUCH SURE VAGINAL DEVICE (***incont device,muscle toner,elt***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| THERAHONEY TOPICAL BANDAGE 4 X 5 " (***honey***) | Tier 3 | |
| THIN LANCETS 26 GAUGE (***lancets***) | Tier 2 | DD |
| THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***) | Tier 3 | |
| THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***) | Tier 3 | |
| TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (***lancets***) | Tier 2 | DD |
| TOUCH-TROL 10 FR (***catheter***) | Tier 3 | |
| TRANSFER SET (***transfer sets***) | Tier 3 | |
| TROJAN BARESKIN DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TROJAN EXTENDED PLEASURE DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TROJAN PLEASURE PACK DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TROJAN ULTRA RIBBED CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TROJAN ULTRA THIN DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUE COMFORT LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| TRUE COVER CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUEPLUS KETONE STRIP (***urine acetone test strips***) | Tier 3 | DD |
| TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| TRUNEB NEBULIZER (***nebulizer***) | Tier 3 | |
| TRUSTEEL INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| TRUSTEEL INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***) | $0 | CT; EHB |
| TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***) | $0 | CT; EHB |
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***) | $0 | CT; EHB |
| TRUZONE PEAK FLOW METER DEVICE (***peak flow meter***) | Tier 3 | |
| TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***) | Tier 2 | DD |
| ULTILET BASIC LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| ULTILET SAFETY LANCETS 23 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA FINE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA THIN II LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA THIN PLUS LANCETS 33 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA TLC LANCETS (***lancets***) | Tier 2 | DD |
| ULTRA-CARE LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| ULTRA-THIN II LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***) | Tier 2 | DD |
| UNILET GP LANCET (***lancets***) | Tier 2 | DD |
| UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| UNILET LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 3 COMFORT LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 3 GENTLE 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK COMFORT LANCETS 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK EXTRA LANCETS 21 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK NORMAL LANCETS 23 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***) | Tier 2 | DD |
| URISTIX 4 STRIP (***urine multiple test strips***) | Tier 3 | |
| URISTIX REAGENT STRIP (***urine multiple test strips***) | Tier 3 | |
| VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (***urinary bag/catheter***) | Tier 3 | |
| VARISOFT INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| VARISOFT INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| VARISOFT INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***) | Tier 3 | DD |
| VARITHENA ADMINISTRATION PACK (***transfer set/syringe, disposable/bandages,compression/tubing***) | Tier 3 | |
| VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***) | Tier 2 | DD |
| VERIFINE UNIVERSAL LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***) | Tier 2 | DD |
| V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***) | Tier 2 | DD |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***) | Tier 2 | DD |
| VIBRANT ORAL CAPSULE (***vibrating transient device for constipation***) | Tier 3 | |
| VIBRANT STARTER KIT COMBO PACK (***vibrating transient device for constipation***) | Tier 3 | |
| VIOS AEROSOL DELIVERY SYSTEM DEVICE (***nebulizer and compressor***) | Tier 3 | |
| VIVAGUARD LANCET 30 GAUGE (***lancets***) | Tier 2 | DD |
| VIVAGUARD SAFETY LANCET 28 GAUGE (***lancets***) | Tier 2 | DD |
| VIXONE NEBULIZER (***nebulizer***) | Tier 3 | |
| VIXONE NEBULIZER-ADULT MASK (***nebulizer***) | Tier 3 | |
| VIXONE NEBULIZER-PEDIATRIC MSK (***nebulizer***) | Tier 3 | |
| VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***) | Tier 3 | |
| VORTEX VHC FROG MASK-CHILD SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| VORTEX VHC LADYBUG MASK-TODDLR SPACER (***inhaler,assist device with small mask***) | Tier 3 | |
| VORTEX VHC PEDIATRIC MASK SPACER (***inhaler,assist device with medium mask***) | Tier 3 | |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (***diaphragms, wide seal***) | $0 | CT; EHB |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (***diaphragms, wide seal***) | $0 | CT; EHB |
| WILLIS THE WHALE COMPRESSR NEB DEVICE (***nebulizer and compressor***) | Tier 3 | |
| XENOVIEW EMPTY DELIVERY BAG (***inhalation bag with mouthpiece***) | Tier 3 | |
| XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 " (***bismuth tribromophenate/petrolatum,white***) | Tier 3 | |
| ZENPHOR TOPICAL BANDAGE 2 X 4.7 " (***gel dressing***) | Tier 3 | |
| ZENPHOR TOPICAL GEL (***gel dressing***) | Tier 3 | |
| **Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease** | | |
| **Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs for Metabolic Disease** | | |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (***asfotase alfa***) | Tier 4 | PA; SP |
| **Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs for Metabolic Disease** | | |
| REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (***elapegademase-lvlr***) | Tier 4 | PA; SP |
| **Metabolic Modifiers** | | |
| **Metabolic Modifier - Neimann Pick Disease Type C (NPC)** | | |
| AQNEURSA ORAL GRANULES IN PACKET 1 GRAM (***levacetylleucine***) | Tier 4 | PA; SP |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (***arimoclomol citrate***) | Tier 4 | PA; SP |
| **Metabolic Modifier - Pompe Disease - GCS inhibitor** | | |
| OPFOLDA ORAL CAPSULE 65 MG (***miglustat***) | Tier 4 | PA; SP |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Metabolic Modifiers - Drugs that Alter Metabolism** | | |
| **Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism** | | |
| ***calcitriol oral capsule 0.25 mcg, 0.5 mcg*** | Tier 1 | |
| ***calcitriol oral solution 1 mcg/ml*** | Tier 2 | |
| ***doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg*** | Tier 2 | |
| ***paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg*** | Tier 2 | |
| RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG (***calcifediol***) | Tier 2 | QL (2 EA per 1 day) |
| **Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism** | | |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (***levocarnitine***) | Tier 3 | |
| ***levocarnitine (with sugar) oral solution 100 mg/ml*** | Tier 2 | |
| ***levocarnitine oral solution 100 mg/ml*** | Tier 1 | |
| ***levocarnitine oral tablet 330 mg*** | Tier 2 | |
| **Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs that Alter Metabolism** | | |
| CERDELGA ORAL CAPSULE 84 MG (***eliglustat tartrate***) | Tier 4 | SP |
| ***miglustat oral capsule 100 mg*** | Tier 4 | PA; SP |
| ***miglustat*** (Yargesa Oral Capsule 100 Mg) | Tier 4 | PA; SP |
| **Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs that Alter Metabolism** | | |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM (***uridine triacetate***) | Tier 4 | PA; SP |
| **Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents - Drugs that Alter Metabolism** | | |
| ***nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg*** | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (***nitisinone***) | Tier 4 | PA; SP |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (***nitisinone***) | Tier 4 | PA; SP |
| ORFADIN ORAL SUSPENSION 4 MG/ML (***nitisinone***) | Tier 4 | PA; SP |
| **Metabolic Modifier - Homocystinuria Treatment Agents - Drugs that Alter Metabolism** | | |
| ***betaine oral powder 1 gram/scoop*** | Tier 4 | PA; SP |
| **Metabolic Modifier - Phosphatidylinositol-3-Kinase (PI3K) Inhibitors - Drugs that Alter Metabolism** | | |
| JOENJA ORAL TABLET 70 MG (***leniolisib phosphate***) | Tier 4 | PA; SP |
| VIJOICE ORAL GRANULES IN PACKET 50 MG (***alpelisib***) | Tier 4 | PA; SP |
| VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (***alpelisib***) | Tier 4 | PA; SP |
| **Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism** | | |
| OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (***sodium phenylbutyrate***) | Tier 4 | PA; SP |
| PHEBURANE ORAL GRANULES 483 MG/GRAM (***sodium phenylbutyrate***) | Tier 4 | PA; SP |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML (***glycerol phenylbutyrate***) | Tier 4 | PA; SP |
| ***sodium phenylbutyrate oral powder 0.94 gram/gram*** | Tier 4 | PA; SP |
| ***sodium phenylbutyrate oral tablet 500 mg*** | Tier 4 | PA; SP |
| **Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (CPS 1) activator - Drugs that Alter Metabolism** | | |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (***carglumic acid***) | Tier 4 | PA; SP |
| ***carglumic acid oral tablet, dispersible 200 mg*** | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs that Alter Metabolism** | | |
| TYBOST ORAL TABLET 150 MG (***cobicistat***) | Tier 2 | QL (1 EA per 1 day) |
| **Pharmacological Chaperone Tx - alpha-galactosidase A enzyme stabilizer - Drugs that Alter Metabolism** | | |
| GALAFOLD ORAL CAPSULE 123 MG (***migalastat hcl***) | Tier 4 | PA; SP |
| **Phenylketonuria(PKU) Tx Agents - Cofactor of Phenylalanine Hydroxylase - Drugs that Alter Metabolism** | | |
| ***sapropterin dihydrochloride*** (Javygtor Oral Powder In Packet 100 Mg, 500 Mg) | Tier 4 | SP |
| ***sapropterin dihydrochloride*** (Javygtor Oral Tablet,Soluble 100 Mg) | Tier 4 | SP |
| KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (***sapropterin dihydrochloride***) | Tier 4 | SP |
| KUVAN ORAL TABLET,SOLUBLE 100 MG (***sapropterin dihydrochloride***) | Tier 4 | SP |
| ***sapropterin oral powder in packet 100 mg, 500 mg*** | Tier 4 | SP |
| ***sapropterin oral tablet,soluble 100 mg*** | Tier 4 | SP |
| **Phenylketonuria(PKU) Tx Agents - Phenylalanine Ammonia Lyase - Drugs that Alter Metabolism** | | |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (***pegvaliase-pqpz***) | Tier 4 | PA; SP |
| **Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs that Alter Metabolism** | | |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG (***lonafarnib***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat** | | |
| **Dental Product - Fluoride Preparations - Drugs for the Mouth and Throat** | | |
| ***fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml*** | $0 | EHB; $0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE; Age (Max 6 Years) |
| ***fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)*** | $0 | EHB; $0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE; Age (Max 6 Years) |
| **Dental Product - Local Anesthetics - Drugs for the Mouth and Throat** | | |
| KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML (***tetracaine hcl/oxymetazoline hcl***) | Tier 3 | |
| **Mouth and Throat - Antifungals - Drugs for the Mouth and Throat** | | |
| ***clotrimazole mucous membrane troche 10 mg*** | Tier 1 | |
| ***nystatin oral suspension 100,000 unit/ml*** | Tier 1 | |
| **Mouth and Throat - Anti-infective Mixtures - Drugs for the Mouth and Throat** | | |
| DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (***sulfuric acid/sulfonated phenol***) | Tier 3 | |
| **Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat** | | |
| ***chlorhexidine gluconate mucous membrane mouthwash 0.12 %*** | Tier 1 | |
| ***chlorhexidine gluconate*** (Periogard Mucous Membrane Mouthwash 0.12 %) | Tier 1 | |
| **Mouth and Throat - Artificial Saliva - Drugs for the Mouth and Throat** | | |
| NUMOISYN MUCOUS MEMBRANE LIQUID (***flaxseed***) | Tier 3 | |
| NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (***sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos***) | Tier 3 | |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat** | | |
| ***lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)*** | Tier 1 | |
| ***lidocaine hcl*** (Lidocaine Viscous Mucous Membrane Solution 2 %) | Tier 1 | |
| **Mouth and Throat - Mucositis-Stomatitis Agents - Drugs for the Mouth and Throat** | | |
| ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (***potassium sorbate/maltodextrin/aloe vera/mann ps***) | Tier 3 | |
| **Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat** | | |
| ***cevimeline oral capsule 30 mg*** | Tier 2 | |
| ***pilocarpine hcl oral tablet 5 mg*** | Tier 1 | |
| ***pilocarpine hcl oral tablet 7.5 mg*** | Tier 2 | |
| **Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat** | | |
| ***doxycycline hyclate oral tablet 20 mg*** | Tier 1 | |
| **Therapy for Drooling- primary or secondary sialorrhea-Anticholinergic - Drugs for the Mouth and Throat** | | |
| ***glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)*** | Tier 1 | |
| **Multiple Sclerosis Agents - Drugs for the Nervous System** | | |
| **Multiple Sclerosis Agent - CD20 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis** | | |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (***ofatumumab***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis** | | |
| AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (***interferon beta-1a***) | Tier 4 | PA; SP |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (***interferon beta-1a***) | Tier 4 | PA; SP |
| AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (***interferon beta-1a***) | Tier 4 | PA; SP |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (***interferon beta-1a***) | Tier 4 | PA; SP |
| BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***) | Tier 4 | PA; SP |
| BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (***interferon beta-1b***) | Tier 4 | PA; SP |
| PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (***peginterferon beta-1a***) | Tier 4 | PA; SP |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***) | Tier 4 | PA; SP |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***) | Tier 4 | PA; SP |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (***interferon beta-1a/albumin human***) | Tier 4 | PA; SP |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***) | Tier 4 | PA; SP |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***) | Tier 4 | PA; SP |
| **Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis** | | |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (***glatiramer acetate***) | Tier 4 | PA; SP |
| ***dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg*** | Tier 4 | PA; SP |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml*** | Tier 4 | PA; SP |
| ***glatiramer acetate*** (Glatopa Subcutaneous Syringe 20 Mg/Ml, 40 Mg/Ml) | Tier 4 | PA; SP |
| VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (***diroximel fumarate***) | Tier 4 | PA; SP |
| **Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis** | | |
| ***dalfampridine oral tablet extended release 12 hr 10 mg*** | Tier 4 | PA; SP |
| **Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis** | | |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (***cladribine***) | Tier 4 | PA; SP |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (***cladribine***) | Tier 4 | PA; SP |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (***cladribine***) | Tier 4 | PA; SP |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (***cladribine***) | Tier 4 | PA; SP |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (***cladribine***) | Tier 4 | PA; SP |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (***cladribine***) | Tier 4 | PA; SP |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (***cladribine***) | Tier 4 | PA; SP |
| **Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis** | | |
| ***teriflunomide oral tablet 14 mg, 7 mg*** | Tier 4 | PA; SP |
| **Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis** | | |
| ***fingolimod oral capsule 0.5 mg*** | Tier 4 | PA; SP |
| GILENYA ORAL CAPSULE 0.25 MG (***fingolimod hcl***) | Tier 4 | PA; SP |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (***siponimod***) | Tier 4 | PA; SP |

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| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (***siponimod***) | Tier 4 | PA; SP |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (***siponimod***) | Tier 4 | PA; SP |
| ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hydrochloride***) | Tier 4 | PA; SP |
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (***ozanimod hydrochloride***) | Tier 4 | PA; SP |
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (***ozanimod hydrochloride***) | Tier 4 | PA; SP |
| **Ophthalmic Agents** | | |
| **Ophthalmic - Reversal Agents** | | |
| RYZUMVI OPHTHALMIC (EYE) DROPPERETTE 0.75 % (***phentolamine mesylate/pf***) | Tier 3 | |
| **Ophthalmic Antiparasitics** | | |
| XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (***lotilaner***) | Tier 4 | PA; SP |
| **Ophthalmic Agents - Drugs for the Eye** | | |
| **Artificial Tears and Lubricant Single Agents - Drugs for the Eye** | | |
| KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (***chondroitin sulfate a sodium/pf***) | Tier 3 | |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (***perfluorohexyloctane/pf***) | Tier 2 | |
| **Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma** | | |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (***echothiophate iodide***) | Tier 4 | SP |
| **Miotics - Direct Acting - Drugs for Glaucoma** | | |
| ***pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %*** | Tier 1 | |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Ophthalmic - Agents for Corneal Collagen Cross-Linking - Drugs for the Eye** | | |
| PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % (***riboflavin 5-phosphate sodium in 20 % dextran***) | Tier 4 | SP |
| PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 % (***riboflavin 5-phosphate sodium (b2)***) | Tier 4 | SP |
| PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 % (***riboflavin 5-phosphate sodium in 20 % dextran***) | Tier 4 | SP |
| **Ophthalmic - Agents for Presbyopia - Drugs for the Eye** | | |
| QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 % (***pilocarpine hcl***) | Tier 3 | PA |
| VUITY OPHTHALMIC (EYE) DROPS 1.25 % (***pilocarpine hcl***) | Tier 3 | PA |
| **Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories** | | |
| BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % (***sulfacetamide sodium/prednisolone acetate***) | Tier 2 | |
| ***neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%*** | Tier 1 | |
| ***neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %*** | Tier 1 | |
| ***neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %*** | Tier 1 | |
| ***neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml*** | Tier 2 | |
| ***neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone*** (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%) | Tier 1 | |
| PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % (***gentamicin sulfate/prednisolone acetate***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %*** | Tier 1 | |
| ***prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %*** | Tier 1 | |
| ***sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)*** | Tier 1 | |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (***tobramycin/dexamethasone***) | Tier 2 | |
| ***tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %*** | Tier 1 | |
| **Ophthalmic - Antibacterial-Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories** | | |
| ***prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %*** | Tier 1 | |
| ***prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %*** | Tier 1 | |
| ***prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %*** | Tier 1 | |
| ***prednisolon-moxiflox-bromf(pf) ophthalmic (eye) drops 1-0.5-0.09 %*** | Tier 1 | |
| **Ophthalmic Antibiotic - Vancomycin and Derivatives - Anti-Infective/Anti-Inflammatories** | | |
| ***tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %*** | Tier 1 | |
| ***vancomycin in 0.9 % sodium chl ophthalmic (eye) drops 10 mg/ml*** | Tier 1 | |
| **Ophthalmic - Anticholinergics - Drugs for the Eye** | | |
| ***atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %*** | Tier 1 | |
| ***atropine ophthalmic (eye) drops 1 %*** | Tier 1 | |
| ***atropine ophthalmic (eye) ointment 1 %*** | Tier 1 | |
| ***atropine sulfate (pf) ophthalmic (eye) dropperette 1 %*** | Tier 1 | |
| ***cyclopentolate ophthalmic (eye) drops 1 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (***homatropine hbr***) | Tier 1 | |
| ***tropicamide ophthalmic (eye) drops 0.5 %, 1 %*** | Tier 1 | |
| **Ophthalmic - Antifibrotic Agents - Drugs for the Eye** | | |
| ***mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml*** | Tier 4 | SP |
| MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (***mitomycin***) | Tier 3 | |
| **Ophthalmic - Antihistamines - Drugs for Itchy Eye** | | |
| ***azelastine ophthalmic (eye) drops 0.05 %*** | Tier 1 | QL (12 ML per 30 days) |
| ***epinastine ophthalmic (eye) drops 0.05 %*** | Tier 2 | QL (10 ML per 30 days) |
| ***olopatadine ophthalmic (eye) drops 0.1 %*** | Tier 1 | |
| ***olopatadine ophthalmic (eye) drops 0.2 %*** | Tier 1 | QL (3 ML per 30 days) |
| **Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories** | | |
| ***clobetasol ophthalmic (eye) drops,suspension 0.05 %*** | Tier 1 | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 ML per 14 days) |
| ***dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %*** | Tier 1 | QL (15 ML per 14 days) |
| DEXTENZA INTRACANALICULAR INSERT 0.4 MG (***dexamethasone***) | Tier 3 | |
| ***difluprednate ophthalmic (eye) drops 0.05 %*** | Tier 2 | QL (10 ML per 14 days) |
| ***fluorometholone ophthalmic (eye) drops,suspension 0.1 %*** | Tier 1 | QL (10 ML per 14 days) |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (***loteprednol etabonate***) | Tier 2 | QL (7 GM per 14 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (***loteprednol etabonate***) | Tier 2 | QL (10 GM per 14 days) |
| ***loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %*** | Tier 2 | QL (10 GM per 14 days) |
| ***loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %*** | Tier 2 | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days) |
| ***loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %*** | Tier 2 | QL (20 ML per 14 days) |
| MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***dexamethasone***) | Tier 3 | ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days) |
| ***prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %*** | Tier 1 | QL (20 ML per 14 days) |
| ***prednisolone acetate ophthalmic (eye) drops,suspension 1 %*** | Tier 1 | QL (20 ML per 14 days) |
| ***prednisolone sodium phosphate ophthalmic (eye) drops 1 %*** | Tier 1 | QL (20 ML per 14 days) |
| **Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories** | | |
| CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % (***cyclosporine/chondroitin sulfate a sodium***) | Tier 1 | |
| ***cyclosporine ophthalmic (eye) dropperette 0.05 %*** | Tier 1 | QL (60 EA per 30 days) |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (***cyclosporine***) | Tier 2 | QL (5.5 ML per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (***cyclosporine***) | Tier 1 | QL (60 EA per 30 days) |
| VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 % (***cyclosporine***) | Tier 4 | PA; SP |
| **Ophthalmic - Anti-inflammatory, LFA-1 antagonists - Anti-Infective/Anti-Inflammatories** | | |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (***lifitegrast***) | Tier 2 | QL (60 EA per 30 days) |
| **Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories** | | |
| ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (***ketorolac tromethamine/pf***) | Tier 3 | ST: Requires prior prescriptions for Ilevro 0.3% and one of the following: Diclofenac 0.1% or Ketorolac 0.5% within the past 365 days; QL (60 EA per 15 days) |
| ***bromfenac ophthalmic (eye) drops 0.07 %*** | Tier 2 | ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3 ML per 16 days) |
| ***bromfenac ophthalmic (eye) drops 0.075 %*** | Tier 2 | ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days) |
| ***bromfenac ophthalmic (eye) drops 0.09 %*** | Tier 2 | ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3.4 ML per 16 days) |
| ***diclofenac sodium ophthalmic (eye) drops 0.1 %*** | Tier 1 | QL (10 ML per 14 days) |
| ***flurbiprofen sodium ophthalmic (eye) drops 0.03 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (***nepafenac***) | Tier 2 | QL (3.4 ML per 16 days) |
| ***ketorolac ophthalmic (eye) drops 0.4 %*** | Tier 1 | |
| ***ketorolac ophthalmic (eye) drops 0.5 %*** | Tier 1 | QL (20 ML per 30 days) |
| **Ophthalmic - Beta blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs for Glaucoma** | | |
| ***timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %*** | Tier 1 | |
| **Ophthalmic - Beta blocker-Carbonic Anhydrase Inhib-Prostagladin Analog - Drugs for Glaucoma** | | |
| ***timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %*** | Tier 1 | |
| **Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma** | | |
| ***brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %*** | Tier 2 | |
| **Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma** | | |
| ***dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %*** | Tier 2 | ST: Requires prior prescription for Dorzolamide/Timolol within the past 120 days; QL (2 EA per 1 day) |
| ***dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml*** | Tier 1 | |
| **Ophthalmic - Beta blockers-Prostaglandin Analog Combinations - Drugs for Glaucoma** | | |
| ***timolol-bimatoprost (pf) ophthalmic (eye) drops 0.5-0.01 %*** | Tier 1 | |
| **Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma** | | |
| ***brinzolamide ophthalmic (eye) drops,suspension 1 %*** | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***dorzolamide (pf) ophthalmic (eye) drops 2 %*** | Tier 1 | |
| ***dorzolamide ophthalmic (eye) drops 2 %*** | Tier 1 | |
| **Ophthalmic - Cystine Depleting Agents - Drugs for the Eye** | | |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (***cysteamine hcl***) | Tier 4 | PA; SP |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (***cysteamine hcl***) | Tier 4 | PA; SP |
| **Ophthalmic - Decongestants - Drugs for Itchy Eye** | | |
| ***phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %*** | Tier 1 | |
| **Ophthalmic - Diagnostic Agents - Drugs for the Eye** | | |
| ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (***benoxinate hcl/fluorescein sodium***) | Tier 1 | |
| ***fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %*** | Tier 1 | |
| ***fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %*** | Tier 1 | |
| **Ophthalmic - Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories** | | |
| ***prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %*** | Tier 1 | |
| ***prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %*** | Tier 1 | |
| ***prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %*** | Tier 1 | |
| ***prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %*** | Tier 1 | |
| **Ophthalmic - Human Nerve Growth Factor (hNGF) - Drugs for the Eye** | | |
| OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (***cenegermin-bkbj***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers - Drugs for Glaucoma** | | |
| ***betaxolol ophthalmic (eye) drops 0.5 %*** | Tier 2 | |
| BETIMOL OPHTHALMIC (EYE) DROPS 0.5 % (***timolol***) | Tier 3 | |
| BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***betaxolol hcl***) | Tier 3 | |
| ***carteolol ophthalmic (eye) drops 1 %*** | Tier 1 | |
| ***levobunolol ophthalmic (eye) drops 0.5 %*** | Tier 1 | |
| ***timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %*** | Tier 2 | QL (2 EA per 1 day) |
| ***timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %*** | Tier 1 | |
| ***timolol maleate ophthalmic (eye) drops, once daily 0.5 %*** | Tier 2 | |
| ***timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %*** | Tier 2 | |
| ***timolol ophthalmic (eye) drops 0.5 %*** | Tier 1 | |
| **Ophthalmic - Local Anesthetic Combinations - Drugs for the Eye** | | |
| ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (***benoxinate hcl/fluorescein sodium***) | Tier 1 | |
| ***fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %*** | Tier 1 | |
| **Ophthalmic - Local Anesthetic Esters - Drugs for the Eye** | | |
| ***proparacaine hcl*** (Alcaine Ophthalmic (Eye) Drops 0.5 %) | Tier 1 | |
| ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (***tetracaine hcl***) | Tier 1 | |
| IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 % (***chloroprocaine hcl/pf***) | Tier 3 | |
| ***proparacaine ophthalmic (eye) drops 0.5 %*** | Tier 1 | |
| ***tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %*** | Tier 1 | |
| ***tetracaine hcl ophthalmic (eye) drops 0.5 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Ophthalmic - Local Anesthetic, Amides - Drugs for the Eye** | | |
| AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (***lidocaine hcl/pf***) | Tier 3 | |
| **Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye** | | |
| ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % (***lodoxamide tromethamine***) | Tier 2 | ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days) |
| ***cromolyn ophthalmic (eye) drops 4 %*** | Tier 1 | QL (50 ML per 30 days) |
| **Ophthalmic - Mydriatic-NSAID Combinations - Anti-Infective/Anti-Inflammatories** | | |
| MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (***tropicamide/proparacaine/phenylephrine/ketorolac in water***) | Tier 1 | |
| **Ophthalmic - Rho Kinase Inhibitor and Prostaglandin Analog Combination - Drugs for Glaucoma** | | |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (***netarsudil mesylate/latanoprost***) | Tier 3 | ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Brimonidine 0.2%, Combigan, Lumigan 0.01%, Simbrinza, or Travatan Z within the past 365 days; QL (2.5 ML per 25 days) |
| **Ophthalmic - Surgical Aids Other - Drugs for the Eye** | | |
| GELFILM OPHTHALMIC (EYE) FILM (***gelatin***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories** | | |
| ***bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram*** | Tier 1 | |
| ***neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g*** | Tier 1 | |
| ***neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml*** | Tier 1 | |
| ***neomycin sulfate/bacitracin/polymyxin b*** (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G) | Tier 1 | |
| ***bacitracin/polymyxin b sulfate*** (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram) | Tier 1 | |
| ***polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml*** | Tier 1 | |
| ***tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %*** | Tier 1 | |
| **Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories** | | |
| ***gentamicin ophthalmic (eye) drops 0.3 %*** | Tier 1 | |
| ***tobramycin ophthalmic (eye) drops 0.3 %*** | Tier 1 | |
| ***tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %*** | Tier 1 | |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (***tobramycin***) | Tier 2 | |
| **Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories** | | |
| ***bacitracin ophthalmic (eye) ointment 500 unit/gram*** | Tier 2 | |
| **Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories** | | |
| BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (***besifloxacin hcl***) | Tier 2 | |
| CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (***ciprofloxacin hcl***) | Tier 2 | |
| ***ciprofloxacin hcl ophthalmic (eye) drops 0.3 %*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***gatifloxacin ophthalmic (eye) drops 0.5 %*** | Tier 1 | |
| ***levofloxacin ophthalmic (eye) drops 1.5 %*** | Tier 1 | |
| ***moxifloxacin ophthalmic (eye) drops 0.5 %*** | Tier 1 | |
| ***moxifloxacin ophthalmic (eye) drops, viscous 0.5 %*** | Tier 2 | |
| ***ofloxacin ophthalmic (eye) drops 0.3 %*** | Tier 1 | |
| **Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories** | | |
| ***erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)*** | Tier 1 | |
| **Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories** | | |
| ***sulfacetamide sodium ophthalmic (eye) drops 10 %*** | Tier 1 | |
| ***sulfacetamide sodium ophthalmic (eye) ointment 10 %*** | Tier 1 | |
| **Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories** | | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***) | Tier 3 | |
| **Ophthalmic Antifungals - Tetraene Polyene-type - Drugs for the Eye** | | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***) | Tier 3 | |
| **Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories** | | |
| BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (***povidone-iodine***) | Tier 3 | |
| ***povidone-iodine ophthalmic (eye) solution 5 %*** | Tier 1 | |
| **Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories** | | |
| ***trifluridine ophthalmic (eye) drops 1 %*** | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma** | | |
| ***apraclonidine ophthalmic (eye) drops 0.5 %*** | Tier 1 | |
| ***brimonidine ophthalmic (eye) drops 0.1 %*** | Tier 2 | |
| ***brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %*** | Tier 1 | |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (***apraclonidine hcl***) | Tier 3 | |
| **Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma** | | |
| ***bimatoprost (pf) ophthalmic (eye) drops 0.01 %*** | Tier 1 | |
| ***bimatoprost ophthalmic (eye) drops 0.03 %*** | Tier 2 | QL (1 ML per 12 days) |
| ***latanoprost ophthalmic (eye) drops 0.005 %*** | Tier 1 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (***bimatoprost***) | Tier 2 | QL (2.5 ML per 25 days) |
| ***tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %*** | Tier 2 | QL (1 EA per 1 day) |
| ***travoprost ophthalmic (eye) drops 0.004 %*** | Tier 2 | QL (2.5 ML per 25 days) |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (***latanoprostene bunod***) | Tier 3 | ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days) |
| XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (***latanoprost***) | Tier 3 | ST: Requires prior prescriptions for a generic prostaglandin analog and Lumigan within the past 365 days; QL (2.5 ML per 25 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs for Glaucoma** | | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (***netarsudil mesylate***) | Tier 3 | ST: Requires prior prescriptions for Latanoprost and one of the following: Alphagan P 0.1%, Azopt, Combigan, Lumigan 0.01%, Travatan Z, or Simbrinza within the past 365 days; QL (2.5 ML per 30 days) |
| **Organ Preservation Solutions** | | |
| **Microplegic Solutions** | | |
| ***microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)*** | Tier 1 | |
| ***microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)*** | Tier 1 | |
| **Organ Preservation Solutions - Drugs for the Heart** | | |
| **Cardioplegic and Other Related Organ Preservation Solutions - Drugs for the Heart** | | |
| CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L (***cardioplegic and organ preservation solution no.1***) | Tier 3 | |
| **Cardioplegic Solutions - Drugs for the Heart** | | |
| CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (***cardioplegic solution no.16***) | Tier 1 | |
| CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (***cardioplegic solution no.35***) | Tier 3 | |
| CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.10***) | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM) (***cardioplegic no.23 (induction 4:1)***) | Tier 1 | |
| CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM) (***cardioplegic solution no.27 (induction 4:1)***) | Tier 1 | |
| CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM) (***cardioplegic solution no.18 (induction 8:1)***) | Tier 1 | |
| CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM) (***cardioplegic solution no.22 (induction 4:1)***) | Tier 1 | |
| CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.30 (induction 4:1)***) | Tier 1 | |
| CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 60 MEQ/830 ML (POTASSIUM) (***cardioplegic solution no.34 (induction 4:1)***) | Tier 1 | |
| CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.15 (induction 8:1)***) | Tier 1 | |
| CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM) (***cardioplegic solution no.32 (maintenance 8:1)***) | Tier 1 | |
| CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM) (***cardioplegic solution no.31 (maintenance 4:1)***) | Tier 3 | |
| CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM) (***cardioplegic solution no.29 (maintenance 4:1)***) | Tier 1 | |
| CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM) (***cardioplegic solution no.20 (maintenance 4:1)***) | Tier 1 | |
| CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 36 MEQ/L (POTASSIUM) (***cardioplegic solution no.26 (maintenance 4:1)***) | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.14 (maintenance 8:1)***) | Tier 1 | |
| CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM) (***cardioplegic no.21 (reperfusate 4:1)***) | Tier 1 | |
| CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.28 (reperfusate 4:1)***) | Tier 3 | |
| CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 7.5 MEQ/238.75 ML (POTASSIUM) (***cardioplegic solution no.24 (reperfusate 4:1)***) | Tier 3 | |
| CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.33 (warm induction 4:1)***) | Tier 3 | |
| ***cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)*** | Tier 1 | |
| ***cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)*** | Tier 1 | |
| ***cardioplegic soln perfusion solution 16 meq/l (= k+)*** | Tier 1 | |
| ***cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)*** | Tier 1 | |
| **Otic (Ear) - Drugs for the Ear** | | |
| **Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories** | | |
| ***ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %*** | Tier 1 | |
| ***ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)*** | Tier 2 | |
| CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (***neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom***) | Tier 3 | |
| ***neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%*** | Tier 1 | |
| **Otic (Ear) - Anti-infectives other - Antibiotics** | | |
| ***acetic acid otic (ear) solution 2 %*** | Tier 1 | |
| **Otic (Ear) - Fluoroquinolones - Antibiotics** | | |
| ***ciprofloxacin hcl otic (ear) dropperette 0.2 %*** | Tier 2 | |
| ***ofloxacin otic (ear) drops 0.3 %*** | Tier 1 | |
| **Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories** | | |
| ***fluocinolone acetonide oil otic (ear) drops 0.01 %*** | Tier 1 | |
| ***hydrocortisone-acetic acid otic (ear) drops 1-2 %*** | Tier 1 | |
| **Otic (Ear) - Local Anesthetic-Analgesic Combinations - Anti-Infective/Anti-Inflammatories** | | |
| TYMBION INTRATYMPANIC SOLUTION 20 MG/ML (2 %)-1:100,000 (***lidocaine hcl/epinephrine***) | Tier 3 | |
| **Otic (Ear) - Pinna Combinations - Antibiotics** | | |
| CORTANE-B TOPICAL LOTION 1-1-0.1 % (***hydrocortisone/pramoxine hcl/chloroxylenol***) | Tier 3 | |
| **Respiratory Therapy Agents** | | |
| **Asthma/COPD - Phosphodiesterase-3 and -4 (PDE3 and PDE4) Inhibitors** | | |
| OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML (***ensifentrine***) | Tier 3 | PA |
| **Respiratory Therapy Agents - Drugs for the Lungs** | | |
| **1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold** | | |
| ***phenylephrine hcl/promethazine hcl*** (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml) | Tier 1 | |
| ***promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **1st Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs for Cough and Cold** | | |
| RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (***pseudoephedrine hcl/chlorpheniramine maleate/bellad alk***) | Tier 1 | |
| **2nd Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold** | | |
| CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (***desloratadine/pseudoephedrine sulfate***) | Tier 3 | ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day) |
| **Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies** | | |
| ***carbinoxamine maleate oral liquid 4 mg/5 ml*** | Tier 2 | Age (Min 2 Years) |
| ***carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml*** | Tier 1 | ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years) |
| ***carbinoxamine maleate oral tablet 4 mg*** | Tier 1 | Age (Min 2 Years) |
| ***clemastine oral tablet 2.68 mg*** | Tier 1 | |
| ***diphenhydramine hcl*** (Diphen Oral Elixir 12.5 Mg/5 Ml) | Tier 1 | |
| KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (***carbinoxamine maleate***) | Tier 3 | ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies** | | |
| ***promethazine injection solution 25 mg/ml, 50 mg/ml*** | Tier 1 | |
| ***promethazine oral syrup 6.25 mg/5 ml*** | Tier 1 | |
| ***promethazine oral tablet 12.5 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***promethazine rectal suppository 12.5 mg, 25 mg*** | Tier 1 | |
| ***promethazine rectal suppository 50 mg*** | Tier 2 | |
| ***promethazine hcl*** (Promethegan Rectal Suppository 12.5 Mg, 25 Mg) | Tier 1 | |
| ***promethazine hcl*** (Promethegan Rectal Suppository 50 Mg) | Tier 2 | |
| **Antihistamine - 1st Generation - Piperidines - Drugs for Allergies** | | |
| ***cyproheptadine oral syrup 2 mg/5 ml*** | Tier 1 | |
| ***cyproheptadine oral tablet 4 mg*** | Tier 1 | |
| **Antihistamines - 1st Generation - Drugs for Allergies** | | |
| ***carbinoxamine maleate oral liquid 4 mg/5 ml*** | Tier 2 | Age (Min 2 Years) |
| ***carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml*** | Tier 1 | ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years) |
| ***carbinoxamine maleate oral tablet 4 mg*** | Tier 1 | Age (Min 2 Years) |
| ***clemastine oral tablet 2.68 mg*** | Tier 1 | |
| ***cyproheptadine oral syrup 2 mg/5 ml*** | Tier 1 | |
| ***cyproheptadine oral tablet 4 mg*** | Tier 1 | |
| ***diphenhydramine hcl*** (Diphen Oral Elixir 12.5 Mg/5 Ml) | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (***carbinoxamine maleate***) | Tier 3 | ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years) |
| ***promethazine injection solution 25 mg/ml, 50 mg/ml*** | Tier 1 | |
| ***promethazine oral syrup 6.25 mg/5 ml*** | Tier 1 | |
| ***promethazine oral tablet 12.5 mg, 25 mg, 50 mg*** | Tier 1 | |
| ***promethazine rectal suppository 12.5 mg, 25 mg*** | Tier 1 | |
| ***promethazine rectal suppository 50 mg*** | Tier 2 | |
| ***promethazine hcl*** (Promethegan Rectal Suppository 12.5 Mg, 25 Mg) | Tier 1 | |
| ***promethazine hcl*** (Promethegan Rectal Suppository 50 Mg) | Tier 2 | |
| **Antihistamines - 2nd Generation - Drugs for Allergies** | | |
| ***cetirizine oral solution 1 mg/ml*** | Tier 1 | |
| ***desloratadine oral tablet 5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***desloratadine oral tablet,disintegrating 2.5 mg, 5 mg*** | Tier 2 | ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day) |
| ***levocetirizine oral solution 2.5 mg/5 ml*** | Tier 2 | ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day) |
| ***levocetirizine oral tablet 5 mg*** | Tier 1 | |
| **Antihistamines - 2nd Generation - Piperazines - Drugs for Allergies** | | |
| ***cetirizine oral solution 1 mg/ml*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***levocetirizine oral solution 2.5 mg/5 ml*** | Tier 2 | ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day) |
| ***levocetirizine oral tablet 5 mg*** | Tier 1 | |
| **Antihistamines - 2nd Generation - Piperidines - Drugs for Allergies** | | |
| ***desloratadine oral tablet 5 mg*** | Tier 1 | QL (1 EA per 1 day) |
| ***desloratadine oral tablet,disintegrating 2.5 mg, 5 mg*** | Tier 2 | ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day) |
| **Antitussives - Non-Opioid - Drugs for Allergies** | | |
| ***benzonatate oral capsule 100 mg, 150 mg, 200 mg*** | Tier 1 | |
| **Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs for Asthma/COPD** | | |
| ***epinephrine injection syringe 0.1 mg/ml*** | Tier 1 | |
| **Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb - Drugs for Asthma/COPD** | | |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***) | Tier 4 | PA; SP |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***) | Tier 4 | PA; SP |
| **Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD** | | |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone furoate***) | Tier 2 | QL (30 EA per 30 days) |
| ***budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml*** | Tier 1 | QL (120 ML per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation*** | Tier 1 | QL (60 EA per 30 days) |
| ***fluticasone propionate inhalation blister with device 250 mcg/actuation*** | Tier 1 | QL (120 EA per 30 days) |
| ***fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation*** | Tier 1 | QL (12 GM per 30 days) |
| ***fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation*** | Tier 1 | QL (24 GM per 30 days) |
| ***fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation*** | Tier 1 | QL (21.2 GM per 30 days) |
| **Asthma Therapy - Interleukin-4 (IL-4) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD** | | |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***) | Tier 4 | PA; SP |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***) | Tier 4 | PA; SP |
| **Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAb - Drugs for Asthma/COPD** | | |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***mepolizumab***) | Tier 4 | PA; SP |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (***mepolizumab***) | Tier 4 | PA; SP |
| **Asthma Therapy - Interleukin-5 (IL-5) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD** | | |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (***benralizumab***) | Tier 4 | PA; SP |
| **Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD** | | |
| ***montelukast oral granules in packet 4 mg*** | Tier 1 | |
| ***montelukast oral tablet 10 mg*** | Tier 1 | |
| ***montelukast oral tablet,chewable 4 mg, 5 mg*** | Tier 1 | |
| ***zafirlukast oral tablet 10 mg, 20 mg*** | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD** | | |
| ***cromolyn inhalation solution for nebulization 20 mg/2 ml*** | Tier 1 | |
| **Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, MAb - Drugs for Asthma/COPD** | | |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (***tezepelumab-ekko***) | Tier 4 | PA; SP |
| **Asthma Therapy - Xanthines - Drugs for Asthma/COPD** | | |
| ***theophylline anhydrous*** (Elixophyllin Oral Elixir 80 Mg/15 Ml) | Tier 1 | |
| THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline anhydrous***) | Tier 2 | |
| ***theophylline oral elixir 80 mg/15 ml*** | Tier 1 | |
| ***theophylline oral solution 80 mg/15 ml*** | Tier 1 | |
| ***theophylline oral tablet extended release 12 hr 100 mg, 200 mg*** | Tier 1 | |
| ***theophylline oral tablet extended release 12 hr 300 mg, 450 mg*** | Tier 2 | |
| ***theophylline oral tablet extended release 24 hr 400 mg, 600 mg*** | Tier 1 | |
| **Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors - Drugs for Asthma/COPD** | | |
| ***roflumilast oral tablet 250 mcg, 500 mcg*** | Tier 1 | QL (1 EA per 1 day) |
| **Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD** | | |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (***tiotropium bromide***) | Tier 2 | QL (4 GM per 30 days) |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (***tiotropium bromide***) | Tier 1 | QL (30 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD** | | |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (***ipratropium bromide***) | Tier 2 | QL (25.8 GM per 30 days) |
| ***ipratropium bromide inhalation solution 0.02 %*** | Tier 1 | |
| **Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD** | | |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (***olodaterol hcl***) | Tier 2 | QL (4 GM per 30 days) |
| **Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD** | | |
| ***arformoterol inhalation solution for nebulization 15 mcg/2 ml*** | Tier 1 | ST: Requires prior prescription for Perforomist, Serevent, or Striverdi within the past 120 days; QL (120 ML per 30 days) |
| ***formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml*** | Tier 2 | QL (120 ML per 30 days) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (***salmeterol xinafoate***) | Tier 2 | QL (60 EA per 30 days) |
| **Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD** | | |
| ***albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation*** | Tier 1 | |
| ***albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml*** | Tier 1 | |
| ***albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml*** | Tier 1 | |
| ***levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml*** | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation*** | Tier 1 | |
| **Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD** | | |
| ***albuterol sulfate oral syrup 2 mg/5 ml*** | Tier 1 | |
| ***albuterol sulfate oral tablet 2 mg, 4 mg*** | Tier 2 | |
| ***albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg*** | Tier 1 | |
| ***terbutaline oral tablet 2.5 mg, 5 mg*** | Tier 1 | |
| **Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD** | | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (***umeclidinium bromide/vilanterol trifenatate***) | Tier 2 | QL (60 EA per 30 days) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***) | Tier 2 | |
| ***ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml*** | Tier 1 | |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***) | Tier 2 | QL (4 GM per 30 days) |
| **Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD** | | |
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***) | Tier 2 | QL (12 GM per 30 days) |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (***albuterol sulfate/budesonide***) | Tier 2 | QL (32.1 GM per 30 days) |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE (***fluticasone furoate/vilanterol trifenatate***) | Tier 2 | QL (60 EA per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***budesonide/formoterol fumarate*** (Breyna Inhalation Hfa Aerosol Inhaler 160-4.5 Mcg/Actuation, 80-4.5 Mcg/Actuation) | Tier 1 | QL (30.9 GM per 30 days) |
| ***budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation*** | Tier 1 | QL (30.9 GM per 30 days) |
| ***fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose*** | Tier 1 | QL (60 EA per 30 days) |
| ***fluticasone propionate/salmeterol xinafoate*** (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose) | Tier 1 | QL (60 EA per 30 days) |
| **Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb, - Drugs for Cystic Fibrosis** | | |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (***budesonide/glycopyrrolate/formoterol fumarate***) | Tier 2 | QL (10.7 GM per 30 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***) | Tier 2 | QL (60 EA per 30 days) |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***) | Tier 2 | QL (2 EA per 1 day) |
| **Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis** | | |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (***tobramycin***) | Tier 4 | PA; SP |
| ***tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml*** | Tier 4 | PA; SP |
| ***tobramycin inhalation solution for nebulization 300 mg/4 ml*** | Tier 4 | PA; SP |
| ***tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml*** | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis** | | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (***aztreonam lysine***) | Tier 4 | PA; SP |
| **Cystic Fibrosis - Inhaled Osmotic Agents - Drugs for Cystic Fibrosis** | | |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (***mannitol***) | Tier 4 | SP; ST: Requires prior prescription for inhaled 7% Sodium Chloride solution within the past 120 days; QL (20 EA per 1 day); Age (Min 18 Years) |
| **Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator - Drugs for Cystic Fibrosis** | | |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (***ivacaftor***) | Tier 4 | PA; SP |
| KALYDECO ORAL TABLET 150 MG (***ivacaftor***) | Tier 4 | PA; SP |
| **Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis** | | |
| ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (***vanzacaftor calcium/tezacaftor/deutivacaftor***) | Tier 4 | PA; SP |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (***lumacaftor/ivacaftor***) | Tier 4 | PA; SP |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor/ivacaftor***) | Tier 4 | PA; SP |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (***tezacaftor/ivacaftor***) | Tier 4 | PA; SP |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) (***elexacaftor/tezacaftor/ivacaftor***) | Tier 4 | PA; SP |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (***elexacaftor/tezacaftor/ivacaftor***) | Tier 4 | PA; SP |
| **Lung Surfactants - Drugs for the Lungs** | | |
| CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (***poractant alfa***) | Tier 3 | |
| INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (***calfactant***) | Tier 3 | |
| SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (***beractant***) | Tier 3 | |
| **Mucolytics - Drugs for the Lungs** | | |
| ***acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)*** | Tier 1 | |
| PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***) | Tier 4 | PA; SP |
| **Nasal Anesthetics - Allergy** | | |
| ***cocaine nasal solution 4 %*** | Tier 1 | |
| NUMBRINO NASAL SOLUTION 4 % (***cocaine hcl***) | Tier 1 | |
| **Nasal Anticholinergics - Allergy** | | |
| ***ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)*** | Tier 1 | |
| **Nasal Antihistamine and Anti-inflammatory Steroid Combinations - Allergy** | | |
| ***azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray*** | Tier 2 | ST: Requires prior prescription for Flunisolide (nasal formulation) or Fluticasone within the past 120 days; QL (23 GM per 30 days) |
| **Nasal Antihistamines - Allergy** | | |
| ***azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)*** | Tier 1 | QL (60 ML per 30 days) |
| ***olopatadine nasal spray,non-aerosol 0.6 %*** | Tier 2 | QL (30.5 GM per 30 days) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Nasal Corticosteroids - Allergy** | | |
| ***flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)*** | Tier 2 | QL (25 ML per 30 days) |
| ***fluticasone propionate nasal spray,suspension 50 mcg/actuation*** | Tier 1 | QL (16 GM per 30 days) |
| ***mometasone nasal spray,non-aerosol 50 mcg/actuation*** | Tier 2 | QL (17 GM per 30 days) |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (***beclomethasone dipropionate***) | Tier 2 | ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (6.8 GM per 30 days) |
| QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (***beclomethasone dipropionate***) | Tier 2 | ST: Requires prior prescription for nasal Flunisolide or Fluticasone within the past 120 days; QL (10.6 GM per 30 days) |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (***fluticasone propionate***) | Tier 2 | ST: Requires prior prescription for one of the following intranasal corticosteroids: Flunisolide, Fluticasone Propionate, or Mometasone within the past 120 days; QL (32 ML per 30 days) |
| **Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs for the Nose** | | |
| TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (***varenicline tartrate***) | Tier 2 | PA |
| **Nasal Sympathomimetic Decongestants (Intranasal) - Allergy** | | |
| ***epinephrine hcl nasal solution 1 mg/ml*** | Tier 1 | |
| **Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations - Drugs for Cough and Cold** | | |
| ***brompheniramine maleate/pseudoephedrine hcl/dextromethorphan*** (Bromfed Dm Oral Syrup 2-30-10 Mg/5 Ml) | Tier 1 | |

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

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml*** | Tier 1 | |
| **Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold** | | |
| ***promethazine-dm oral syrup 6.25-15 mg/5 ml*** | Tier 1 | |
| **Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold** | | |
| ***hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml*** | Tier 1 | QL (10 ML per 1 day); Age (Min 18 Years) |
| ***promethazine-codeine oral syrup 6.25-10 mg/5 ml*** | Tier 1 | QL (30 ML per 1 day); Age (Min 18 Years) |
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (***chlorpheniramine maleate/codeine phosphate***) | Tier 3 | ST: Requires prior prescription for Promethazine/Codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years) |
| **Opioid Antitussive-1st Generation Antihistamine-Decongestant Comb. - Drugs for Cough and Cold** | | |
| HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML (***triprolidine hcl/phenylephrine hcl/codeine phosphate***) | Tier 3 | Age (Min 12 Years) |
| MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML (***brompheniramine maleate/pseudoephedrine hcl/codeine phosphat***) | Tier 1 | Age (Min 12 Years) |
| MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML (***chlorpheniramine maleate/phenylephrine hcl/codeine phosphate***) | Tier 3 | Age (Min 12 Years) |
| POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML (***brompheniramine maleate/phenylephrine hcl/codeine phosphate***) | Tier 3 | Age (Min 12 Years) |
| RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML (***brompheniramine maleate/pseudoephedrine hcl/codeine phosphat***) | Tier 1 | Age (Min 12 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold** | | |
| ***hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml*** | Tier 1 | QL (30 ML per 1 day); Age (Min 18 Years) |
| ***hydrocodone-homatropine oral tablet 5-1.5 mg*** | Tier 1 | QL (6 EA per 1 day); Age (Min 18 Years) |
| ***hydrocodone bitartrate/homatropine methylbromide*** (Hydromet Oral Syrup 5-1.5 Mg/5 Ml) | Tier 1 | QL (30 ML per 1 day); Age (Min 18 Years) |
| **Opioid Antitussive-Decongestant-Expectorant Combinations - Drugs for Cough and Cold** | | |
| CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML (***pseudoephedrine hcl/codeine phosphate/guaifenesin***) | Tier 3 | Age (Min 12 Years) |
| GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML (***pseudoephedrine hcl/codeine phosphate/guaifenesin***) | Tier 1 | Age (Min 12 Years) |
| **Opioid Antitussive-Expectorant Combinations - Drugs for Cough and Cold** | | |
| ***codeine-guaifenesin oral liquid 10-100 mg/5 ml*** | Tier 1 | Age (Min 12 Years) |
| CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (***codeine phosphate/guaifenesin***) | Tier 1 | Age (Min 12 Years) |
| G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML (***codeine phosphate/guaifenesin***) | Tier 1 | Age (Min 12 Years) |
| GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (***codeine phosphate/guaifenesin***) | Tier 1 | Age (Min 12 Years) |
| MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML (***codeine phosphate/guaifenesin***) | Tier 1 | Age (Min 12 Years) |
| MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML (***codeine phosphate/guaifenesin***) | Tier 1 | Age (Min 12 Years) |
| NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML (***codeine phosphate/guaifenesin***) | Tier 1 | Age (Min 12 Years) |
| **Pleural Sclerosing Agents - Drugs for the Lungs** | | |
| SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM (***talc***) | Tier 3 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***sterile talc intrapleural suspension for reconstitution 5 gram*** | Tier 1 | |
| STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM (***talc***) | Tier 3 | |
| STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM (***talc***) | Tier 3 | |
| **Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs** | | |
| ***pirfenidone oral capsule 267 mg*** | Tier 4 | PA; SP |
| ***pirfenidone oral tablet 267 mg, 801 mg*** | Tier 4 | PA; SP |
| ***pirfenidone oral tablet 534 mg*** | Tier 4 | PA; SP |
| **Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs** | | |
| OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***) | Tier 4 | PA; SP |
| **Vaginal Products - Drugs for Women** | | |
| **Vaginal Antibacterial - Lincosamides - Drugs for Infections** | | |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG (***clindamycin phosphate***) | Tier 3 | ST: At least 2 prior prescriptions for oral Metronidazole, Clindamycin, vaginal Clindamycin cream, vaginal Metronidazole gel, or Tinidazole within the past 365 days; QL (3 EA per 30 days) |
| ***clindamycin phosphate vaginal cream 2 %*** | Tier 2 | |
| CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % (***clindamycin phosphate***) | Tier 3 | ST: Requires prior prescription for generic Clindamycin vaginal cream within the past 120 days |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Vaginal Antifungal - Imidazoles - Drugs for Infections** | | |
| GYNAZOLE-1 VAGINAL CREAM 2 % (***butoconazole nitrate***) | Tier 2 | |
| MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (***miconazole nitrate***) | Tier 1 | |
| **Vaginal Antifungal - Triazoles - Drugs for Infections** | | |
| ***terconazole vaginal cream 0.4 %, 0.8 %*** | Tier 1 | |
| ***terconazole vaginal suppository 80 mg*** | Tier 2 | |
| **Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections** | | |
| ***metronidazole vaginal gel 0.75 % (37.5mg/5 gram)*** | Tier 2 | |
| ***metronidazole vaginal gel 1.3 % (65 mg/5 gram)*** | Tier 1 | |
| NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (***metronidazole***) | Tier 3 | |
| **Vaginal Antiseptic Mixtures - Drugs for Infections** | | |
| FEM PH VAGINAL GEL 0.9-0.025 % (***acetic acid/oxyquinoline sulfate***) | Tier 3 | |
| RELAGARD VAGINAL GEL 0.9-0.025 % (***acetic acid/oxyquinoline sulfate***) | Tier 3 | |
| TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (***oxyquinoline sulfate/sodium lauryl sulfate***) | Tier 3 | |
| **Vaginal Estrogens - Drugs for Women** | | |
| ***estradiol vaginal cream 0.01 % (0.1 mg/gram)*** | Tier 1 | |
| ***estradiol vaginal tablet 10 mcg*** | Tier 2 | |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM (***estrogens, conjugated***) | Tier 2 | |
| ***estradiol*** (Yuvafem Vaginal Tablet 10 Mcg) | Tier 2 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Vaginal Progestins - Drugs for Women** | | |
| CRINONE VAGINAL GEL 4 % (***progesterone, micronized***) | Tier 2 | |
| **Vaginal-Cervical Care and Treatment Agents - Drugs for Women** | | |
| PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM (***ring pessary***) | Tier 3 | |
| **Weight Loss/Gain Agents** | | |
| **Anti-Obesity - Dual GIP and GLP-1 Receptor Agonists** | | |
| ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***) | Tier 2 | PA |
| **Weight Loss/Gain Agents - Drugs for Eating Disorders** | | |
| **Anorexiants - Drugs for Eating Disorders** | | |
| ***benzphetamine oral tablet 50 mg*** | Tier 1 | QL (3 EA per 1 day); Age (Min 18 Years) |
| ***diethylpropion oral tablet 25 mg*** | Tier 1 | QL (3 EA per 1 day); Age (Min 18 Years) |
| ***diethylpropion oral tablet extended release 75 mg*** | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |
| LOMAIRA ORAL TABLET 8 MG (***phentermine hcl***) | Tier 1 | QL (3 EA per 1 day); Age (Min 18 Years) |
| ***phendimetrazine tartrate oral capsule, extended release 105 mg*** | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |
| ***phendimetrazine tartrate oral tablet 35 mg*** | Tier 1 | QL (6 EA per 1 day); Age (Min 18 Years) |
| ***phentermine oral capsule 15 mg, 30 mg, 37.5 mg*** | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |
| ***phentermine oral tablet 37.5 mg*** | Tier 1 | QL (1 EA per 1 day); Age (Min 18 Years) |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| **Anti-Obesity - Fat Absorption Decreasing Agents - Drugs for Eating Disorders** | | |
| ***orlistat oral capsule 120 mg*** | Tier 2 | PA |
| **Anti-Obesity - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Eating Disorders** | | |
| SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML) (***liraglutide***) | Tier 2 | PA |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (***semaglutide***) | Tier 2 | PA |
| **Anti-Obesity - Melanocortin 4 (MC4) Receptor Agonist - Drugs for Eating Disorders** | | |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (***setmelanotide acetate***) | Tier 4 | PA; SP |
| **Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders** | | |
| ***dronabinol oral capsule 10 mg, 2.5 mg, 5 mg*** | Tier 2 | ST: Requires prior prescription for a 5HT3 antagoist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day) |
| SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***) | Tier 3 | ST: Requires prior prescription for generic Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days) |
| **Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders** | | |
| ***megestrol oral suspension 400 mg/10 ml (40 mg/ml)*** | Tier 1 | |

| Prescription Drug Name | Drug Tier | Coverage Requirements and Limits |
|---|---|---|
| ***megestrol oral suspension 625 mg/5 ml (125 mg/ml)*** | Tier 1 | ST: Requires prior prescription for Megestrol Acetate within the past 120 days |

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## Armenian ( հայերեն )

Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք **1-844-337-3700** (TTY (հեռատիպ)՝ **1-888-515-4065**): Scripps Health Plan-ը հետևում է քաղաքացիական իրավունքների մասին գործող դաշնային օրենքներին և խտրականություն չի ցուցաբերում՝ ռասայի, մաշկի գույնի, ազգային պատկանելության, տարիքի, հաշմանդամության կամ սեռի հիման վրա:

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## Persian (Farsi) فارسی

**توجه**: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 1-888-515-4065) 1-844-337-3700 تماس بگیرید.

Scripps Health Plan از قوانین حقوق مدنی فدرال مربوطه تبعیت می کند و هیچگونه تبعیضی بر اساس نژاد، رنگ پوست، اصلیت ملیتی، سن، ناتوانی یا جنسیت افراد قایل نمی شود.

## Russian ( русском )

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-844-337-3700** (телетайп: 1-888-515-4065). Scripps Health Plan соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола.

## Japanese (日本)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-844-337-3700**（TTY: 1-888-515-4065）まで、お電話にてご連絡ください。Scripps Health Plan は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害または性別に基づく差別をいたしません。

## Arabic (العربية)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-337-3700 (رقم هاتف الصم والبكم: 1-888-515-4065). يلتزم Scripps Health Plan بقوانين الحقوق المدنية الفدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس.

## Punjabi ( ਪੰਜਾਬੀ ਦੇ )

ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-844-337-3700** (TTY: **1-888-515-4065**) 'ਤੇ ਕਾਲ ਕਰੋ। Scripps Health Plan ਲਾਗੂ ਸੰਘੀ ਨਾਗਰਿਕ ਹੱਕਾਂ ਦੇ ਕਾਨੂੰਨਾਂ ਦੀ ਪਾਲਣਾ ਕਰਦੀ ਹੈ ਅਤੇ ਨਸਲ, ਰੰਗ, ਰਾਸ਼ਟਰੀ ਮੂਲ, ਉਮਰ, ਅਸਮਰਥਤਾ, ਜਾਂ ਲਿੰਗ 'ਤੇ ਅਧਾਰ 'ਤੇ ਵਿਤਕਰਾ ਨਹੀਂ ਕਰਦੀ ਹੈ।

## Mon Khmer (ខ្មែរ)

បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរទូរស័ព្ទ **1-844-337-3700** (TTY: **1-888-515-4065**)។Scripps Health Plan អនុវត្តតាមច្បាប់សិទ្ធិពលរដ្ឋនៃសហព័ន្ធដែលសមរម្យនិងមិនមានការរើសអើស លើមូលដ្ឋាន នៃពូជសាសន៍ ពណ៌សម្បរ សញ្ជាតិដើម អាយុ ពិការភាព ឬភេទ។

## Hmong (Hmoob)

Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1-844-337-3700** (TTY: 1-888-515-4065). Scripps Health Plan ua raws cov kev cailij choj yuam siv ntawm Tsom Fwv Nrub Nrab Teb Chaw hais txog pej xeem cov cai (Federal civil rights laws) thiab tsis ciav-cais leejtwg vim nws hom neeg, nqaij tawv, lub tebchaws tuaj, hnub nyoog, kev tsis taus, los yog poj niam txiv.

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**Hindi ( हिंदी )**

यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-844-337-3700** (TTY: **1-888-515-4065**) पर कॉल करें। Scripps Health Plan लागू होने योग्य संघीय नागरिक अधिकार क़ानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है।

**Thai ( ไทย )**

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-844-337-3700** (TTY: **1-888-515-4065**). Scripps Health Plan ได้ปฏิบัติตามรัฐบัญญัติด้านสิทธิ์ที่เหมาะสม และไม่ได้แบ่งแยกทางชาติพันธุ์ สีผิว เชื้อชาติ อายุ ความทุพพลภาพ หรือเพศ