



Scripps Health Plan

# MedPerform High Formulary

**Scripps Health Plan**

**Scripps Health Plan HMO**

*Last updated: May 1, 2023*

This Formulary is subject to change, and all previous versions of the Formulary are no longer in effect.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](http://www.ScrippsHealthPlan.com/Formulary)

A copy of the Evidence of Coverage is available at: [www.ScrippsHealthPlan.com/EOC](http://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](http://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](http://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](http://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 " <b>What is a Prior Authorization?</b> " 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 " <b>What is Step Therapy?</b> " 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](http://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
<b>Alternative Therapy - Vitamins and Minerals</b>		
<b>Alternative Therapy - Unclassified - Vitamins and Minerals</b>		
NUMOISYN MUCOUS MEMBRANE LIQUID ( <i>flaxseed</i> )	Tier 3	
<b>Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever</b>		
<b>Analgesic Opioid Agonists - Arthritis and Pain Drugs</b>		
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	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 ( <i>meperidine hcllpf</i> )	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML ( <i>hydromorphone hcllpf</i> )	Tier 3	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	Tier 2	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet, oral only, ext.rel. 24 hr 100 mg, 120 mg, 80 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg</b>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<b>hydromorphone oral liquid 1 mg/ml</b>	Tier 1	
<b>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</b>	Tier 1	
<b>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</b>	Tier 2	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<b>hydromorphone rectal suppository 3 mg</b>	Tier 1	
<b>levorphanol tartrate oral tablet 2 mg</b>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<b>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</b>	Tier 1	
<b>meperidine (pf) injection solution 25 mg/ml</b>	Tier 1	
<b>meperidine injection cartridge 10 mg/ml</b>	Tier 1	
<b>meperidine oral solution 50 mg/5 ml</b>	Tier 1	QL (30 ML per 1 day)
<b>meperidine oral tablet 50 mg</b>	Tier 1	QL (6 EA per 1 day)
<b>methadone injection solution 10 mg/ml</b>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
<b>methadone hcl</b> (Methadone Intensol Oral Concentrate 10 Mg/ML)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)
<b>methadone oral concentrate 10 mg/ml</b>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
<i>methadone oral tablet, soluble 40 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>methadone hcl</i> (Methadose Oral Tablet, Soluble 40 Mg)	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	PA
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Tier 1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 2	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG ( <i>tapentadol hcl</i> )	Tier 2	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 ( <i>tapentadol hcl</i> )	Tier 2	QL (6 EA per 1 day)
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG ( <i>oxycodone hcl</i> )	Tier 3	
<i>oxycodone oral capsule 5 mg</i>	Tier 1	
<i>oxycodone oral concentrate 20 mg/ml</i>	Tier 2	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg</i>	Tier 1	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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	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 ( <i>oxycodone myristate</i> )	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 ( <i>oxycodone myristate</i> )	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 ( <i>oxycodone myristate</i> )	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (8 EA per 1 day)
<b>Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>codeine phosphate/butalbital/aspirin/caffeine</i> (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine phosphate/butalbital/aspirin/caffeine</i> (Butalbital Compound W/Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Tier 2	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<b>Analgesic Opioid Hydrocodone and Non-Salicylate Combinations - Arthritis and Pain Drugs</b>		
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG ( <i>benzhydrocodone hcl/acetaminophen</i> )	Tier 3	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	Tier 1	ST: Requires prior prescription for Hydrocodone/acetaminophen tablets within the past 120 days; QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<b>Analgesic Opioid Hydrocodone and NSAID Combinations - Arthritis and Pain Drugs</b>		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	Tier 2	
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>	Tier 1	
<b>Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs</b>		
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	Tier 2	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	Tier 2	
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	Tier 1	
<b>Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs</b>		
<i>oxycodone hcl/acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	QL (61 ML per 1 day)
<b>Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs</b>		
<i>oxycodone hcl/acetaminophen</i> (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)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	Tier 1	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<b>Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG ( <i>buprenorphine hcl</i> )	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
BUPRENEX INJECTION SOLUTION 0.3 MG/ML ( <i>buprenorphine hcl</i> )	Tier 3	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
<b>Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs</b>		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
<b>Analgesic or Antipyretic Non-Opioid/Sedative Combinations - Arthritis and Pain Drugs</b>		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	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)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	
<i>butalbital/acetaminophen/caffeine</i> (Fioricet Oral Capsule 50-300-40 Mg)	Tier 2	
<i>butalbital/acetaminophen</i> (Tencon Oral Tablet 50-325 Mg)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>butalbital/acetaminophen/caffeine</b> (Zebutal Oral Capsule 50-325-40 Mg)	Tier 2	
<b>Anti-inflammatory - Complement (C5) Receptor Inhibitors - Arthritis and Pain Drugs</b>		
TAVNEOS ORAL CAPSULE 10 MG ( <i>avacopan</i> )	Tier 4	PA; SP
<b>Anti-inflammatory - Interleukin-1 Receptor Antagonist - Arthritis and Pain Drugs</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG ( <i>rilonacept</i> )	Tier 4	SP
<b>Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts, TNF-alpha Sel - Arthritis and Pain Drugs</b>		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) ( <i>certolizumab pegol</i> )	Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) ( <i>certolizumab pegol</i> )	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) ( <i>certolizumab pegol</i> )	Tier 4	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	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 ( <i>adalimumab</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML ( <i>golimumab</i> )	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML ( <i>golimumab</i> )	Tier 4	PA; SP
<b>DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs</b>		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) ( <i>certolizumab pegol</i> )	Tier 4	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) ( <i>certolizumab pegol</i> )	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) ( <i>certolizumab pegol</i> )	Tier 4	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) ( <i>etanercept</i> )	Tier 4	PA; SP
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) ( <i>etanercept</i> )	Tier 4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML ( <i>etanercept</i> )	Tier 4	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) ( <i>etanercept</i> )	Tier 4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) ( <i>etanercept</i> )	Tier 4	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	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 ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML ( <i>golimumab</i> )	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML ( <i>golimumab</i> )	Tier 4	PA; SP
<b>DMARD - Antimetabolites - Arthritis and Pain Drugs</b>		
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	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 ( <i>methotrexate/pf</i> )	Tier 2	QL (1.6 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG ( <i>methotrexate sodium</i> )	Tier 2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML ( <i>methotrexate</i> )	Tier 3	SP; 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)
<b>DMARD - Antinflammatory, Select. costimulation modulator, T-cell Inhib. - Arthritis and Pain Drugs</b>		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )	Tier 4	PA; SP

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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 ( <i>abatacept</i> )	Tier 4	PA; SP
<b>DMARD - Gold Compounds - Arthritis and Pain Drugs</b>		
RIDAURA ORAL CAPSULE 3 MG ( <i>auranofin</i> )	Tier 3	
<b>DMARD - Immunosuppressives - Arthritis and Pain Drugs</b>		
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg</i>	Tier 1	
<i>cyclosporine, modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
<i>cyclosporine, modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 1	
NEORAL ORAL SOLUTION 100 MG/ML ( <i>cyclosporine, modified</i> )	Tier 4	
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	Tier 3	
<b>DMARD - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis and Pain Drugs</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML ( <i>tocilizumab</i> )	Tier 4	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML ( <i>tocilizumab</i> )	Tier 4	PA; SP
<b>DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs</b>		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>baricitinib</i> )	Tier 4	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG ( <i>upadacitinib</i> )	Tier 4	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML ( <i>tofacitinib citrate</i> )	Tier 4	PA; SP
XELJANZ ORAL TABLET 5 MG ( <i>tofacitinib citrate</i> )	Tier 4	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG ( <i>tofacitinib citrate</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>DMARD - Other - Arthritis and Pain Drugs</b>		
CUPRIMINE ORAL CAPSULE 250 MG ( <i>penicillamine</i> )	Tier 4	PA; SP
D-PENAMINE ORAL TABLET 125 MG ( <i>penicillamine</i> )	Tier 4	PA; SP
<b>DMARD - Phosphodiesterase-4 (PDE4) Inhibitors - Arthritis and Pain Drugs</b>		
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	Tier 4	PA; SP
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) ( <i>apremilast</i> )	Tier 4	PA; SP
<b>DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
<b>Immunomodulator - Rho Kinase Inhibitor - Arthritis and Pain Drugs</b>		
REZUROCK ORAL TABLET 200 MG ( <i>belumosudil mesylate</i> )	Tier 4	PA; SP
<b>Immunomodulator B-Lymphocyte Stimulator (BLyS)-Specific Inhibitor MCAB - Arthritis and Pain Drugs</b>		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML ( <i>belimumab</i> )	Tier 4	PA; SP
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML ( <i>belimumab</i> )	Tier 4	PA; SP
<b>NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs</b>		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	
<b>NSAID Analgesic and Topical Irritant Counter-Irritant Combinations - Arthritis and Pain Drugs</b>		
COMFORT PAC-IBUPROFEN KIT 800 MG ( <i>ibuprofen/irritants counter-irritants combination no.2</i> )	Tier 3	
COMFORT PAC-MELOXICAM KIT 15 MG ( <i>meloxicam/irritants counter-irritants combination no.2</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT PAC-NAPROXEN KIT 500 MG ( <i>naproxen/irritant counter-irritant combination no.2</i> )	Tier 3	
<b>NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
<b>NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives - Arthritis and Pain Drugs</b>		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 2	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 2	
<b>NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs</b>		
<i>ketorolac injection cartridge 15 mg/ml</i>	Tier 1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac injection solution 30 mg/ml</i>	Tier 1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML ( <i>ketorolac/norflurane and pentafluoropropane (hfc 245fa)</i> )	Tier 3	
TORONOVA SUIK KIT 30 MG/ML ( <i>ketorolac/norflurane and pentafluoropropane (hfc 245fa)</i> )	Tier 3	
<b>NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs</b>		
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs</b>		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
<b>NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives - Arthritis and Pain Drugs</b>		
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG ( <i>naproxen</i> )	Tier 1	
EC-NAPROXEN ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG ( <i>naproxen</i> )	Tier 2	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
<i>ibuprofen</i> (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg</i>	Tier 2	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet, delayed release (drlec) 375 mg</i>	Tier 1	
<i>naproxen oral tablet, delayed release (drlec) 500 mg</i>	Tier 2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	
<b>NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives - Arthritis and Pain Drugs</b>		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
<b>Salicylate Analgesic and Sedative Combinations - Arthritis and Pain Drugs</b>		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
<b>Salicylate Analgesics - Arthritis and Pain Drugs</b>		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG ( <i>aspirin</i> )	\$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG ( <i>aspirin</i> )	\$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG ( <i>aspirin</i> )	\$0	EHB
<i>aspirin oral tablet 325 mg</i>	\$0	EHB
<i>aspirin oral tablet,chewable 81 mg</i>	\$0	EHB
<i>aspirin oral tablet,delayed release (drlec) 325 mg, 81 mg</i>	\$0	EHB
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG ( <i>aspirin</i> )	\$0	EHB
BAYER ASPIRIN ORAL TABLET 325 MG ( <i>aspirin</i> )	\$0	EHB
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG ( <i>aspirin</i> )	\$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG ( <i>aspirin</i> )	\$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG ( <i>aspirin</i> )	\$0	EHB
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG ( <i>aspirin</i> )	\$0	EHB
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG ( <i>aspirin</i> )	\$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG ( <i>aspirin</i> )	\$0	EHB
<b>Anesthetics - Drugs for Pain and Fever</b>		
<b>Anesthetic - Non-Parenteral - Drugs for Sedation</b>		
<i>ketamine sublingual troche 100 mg</i>	Tier 1	
<b>Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs for Sedation</b>		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG ( <i>midazolam/ketamine hcl/ondansetron hcl</i> )	Tier 1	
<b>General Anesthetic - Inhalant Volatile - Drugs for Sedation</b>		
<i>desflurane inhalation liquid 100 %</i>	Tier 1	
<i>isoflurane inhalation liquid 99.9 %</i>	Tier 1	
<i>sevoflurane inhalation liquid</i>	Tier 1	
SUPRANE INHALATION LIQUID 100 % ( <i>desflurane</i> )	Tier 3	
<i>isoflurane</i> (Terrell Inhalation Liquid 99.9 %)	Tier 1	
<b>General Anesthetic - Parenteral, Benzodiazepines - Drugs for Sedation</b>		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	
<b>Local Anesthetic - Amides - Drugs for Sedation</b>		
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) ( <i>bupivacaine hcl/pflnorflurane/pentafluoropropane (hfc 245fa)</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Anorectal Preparations - Rectal Preparations</b>		
<b>Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations</b>		
RECTIV RECTAL OINTMENT 0.4 % (W/W) ( <i>nitroglycerin</i> )	Tier 3	
<b>Anorectal - Glucocorticoids - Rectal Preparations</b>		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG ( <i>hydrocortisone acetate</i> )	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	Tier 1	
<i>hydrocortisone acetate rectal suppository 30 mg</i>	Tier 2	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone</i> (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
<b>Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations</b>		
ANA-LEX KIT RECTAL KIT 2-2 % ( <i>hydrocortisone acetate lidocaine hcl/ aloe vera</i> )	Tier 2	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	Tier 2	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Tier 1	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)</i>	Tier 2	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	Tier 2	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Tier 2	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCORT RECTAL CREAM 1.85-1.15 % ( <i>hydrocortisone acetate/pramoxine hcl</i> )	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 % ( <i>hydrocortisone acetate/pramoxine hcl</i> )	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 % ( <i>hydrocortisone acetate/pramoxine hcl/skin cleanser no.16</i> )	Tier 3	
<b>Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning</b>		
<b>Antidote - Cholinesterase Reactivating Agent - Drugs for Overdose or Poisoning</b>		
<i>pralidoxime intramuscular pen injector 600 mg/2 ml</i>	Tier 3	
<b>Antidote - Cholinesterase Reactivating Agent and Muscarinic Antagonist - Drugs for Overdose or Poisoning</b>		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML ( <i>pralidoxime chlorid/atropine sulfate</i> )	Tier 3	
<b>Antidote - Cyanide Poisoning - Drugs for Overdose or Poisoning</b>		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
<b>Antidote - Radioactive Agents - Drugs for Overdose or Poisoning</b>		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM ( <i>prussian blue (insoluble)</i> )	Tier 3	
<b>Antidote Others - Drugs for Overdose or Poisoning</b>		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) ( <i>zinc acetate</i> )	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM ( <i>prussian blue (insoluble)</i> )	Tier 3	
WILZIN ORAL CAPSULE 25 MG (ZINC) ( <i>zinc acetate</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Chelating Agents - Copper - Drugs for Overdose or Poisoning</b>		
CUPRIMINE ORAL CAPSULE 250 MG ( <i>penicillamine</i> )	Tier 4	PA; SP
CUVRIOR ORAL TABLET 300 MG ( <i>trientine tetrahydrochloride</i> )	Tier 4	PA
D-PENAMINE ORAL TABLET 125 MG ( <i>penicillamine</i> )	Tier 4	PA; SP
<i>penicillamine oral capsule 250 mg</i>	Tier 4	PA; SP
<i>penicillamine oral tablet 250 mg</i>	Tier 4	PA; SP
<i>trientine oral capsule 250 mg</i>	Tier 4	PA; SP
<b>Chelating Agents - Iron - Drugs for Overdose or Poisoning</b>		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	Tier 4	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 4	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 4	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	Tier 4	PA; SP
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	Tier 1	PA
<b>Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning</b>		
CHEMET ORAL CAPSULE 100 MG ( <i>succimer</i> )	Tier 3	
<b>Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning</b>		
<i>alvimopan oral capsule 12 mg</i>	Tier 1	
ENTEREG ORAL CAPSULE 12 MG ( <i>alvimopan</i> )	Tier 3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG ( <i>naloxegol oxalate</i> )	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG ( <i>methylnaltrexone bromide</i> )	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML ( <i>methylnaltrexone bromide</i> )	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML ( <i>methylnaltrexone bromide</i> )	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning</b>		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION ( <i>naloxone hcl</i> )	Tier 2	QL (4 EA per 30 days)
<i>naloxone injection auto-injector 10 mg/0.4 ml</i>	Tier 1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	Tier 1	QL (4 EA per 30 days)
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML ( <i>naloxone hcl</i> )	Tier 3	QL (2 ML per 30 days)
<b>Anti-Infective Agents</b>		
<b>Antiretroviral - Capsid Inhibitors</b>		
SUNLENCA ORAL TABLET 300 MG ( <i>lenacapavir sodium</i> )	Tier 4	PA
<b>Anti-Infective Agents - Drugs for Infections</b>		
<b>Amebicides - Drugs for Parasites</b>		
<i>paramomycin oral capsule 250 mg</i>	Tier 1	
<b>Aminoglycoside Antibiotic - Antibiotics</b>		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML ( <i>amikacin sulfate liposomal with nebulizer accessories</i> )	Tier 4	PA; SP
<i>neomycin oral tablet 500 mg</i>	Tier 1	
<b>Aminopenicillin Antibiotic - Antibiotics</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG ( <i>amoxicillin</i> )	Tier 3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antibacterial Folate Antagonist Others - Antibiotics</b>		
PRIMSOL ORAL SOLUTION 50 MG/5 ML ( <i>trimethoprim</i> )	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
<b>Antibacterial Other - Antibiotics</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
<b>Antifungal - Allylamines - Drugs for Fungus</b>		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
<b>Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus</b>		
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
<b>Antifungal - Fluorinated Pyrimidine-type Agents - Drugs for Fungus</b>		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
<b>Antifungal - Glucan Synthesis Inhibitor, Triterpenoid - Antibiotics</b>		
BREXAFEMME ORAL TABLET 150 MG ( <i>ibrexafungerp citrate</i> )	Tier 3	PA
<b>Antifungal - Glucan Synthesis Inhibitors - Antibiotics</b>		
BREXAFEMME ORAL TABLET 150 MG ( <i>ibrexafungerp citrate</i> )	Tier 3	PA
<b>Antifungal - Imidazoles - Drugs for Fungus</b>		
<i>ketconazole oral tablet 200 mg</i>	Tier 1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG ( <i>miconazole</i> )	Tier 3	
<b>Antifungal - Tetrazoles - Drugs for Fungus</b>		
VIVJOA ORAL CAPSULE 150 MG ( <i>oteseconazole</i> )	Tier 3	PA
<b>Antifungal - Triazoles - Drugs for Fungus</b>		
CRESEMBA ORAL CAPSULE 186 MG ( <i>isavuconazonium sulfite</i> )	Tier 3	PA

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antimalarials - Drugs for Parasites</b>		
ARAKODA ORAL TABLET 100 MG ( <i>tafenoquine succinate</i> )	Tier 3	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg, 400 mg</i>	Tier 2	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG ( <i>tafenoquine succinate</i> )	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 4	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
<b>Antiprotozoal Agents - Nitrofuran Derivatives - Drugs for Parasites</b>		
LAMPIT ORAL TABLET 120 MG, 30 MG ( <i>nifurtimox</i> )	Tier 3	
<b>Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs for Parasites</b>		
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
<b>Antiprotozoal Agents - Other - Drugs for Parasites</b>		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG ( <i>miltefosine</i> )	Tier 2	PA
<b>Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs for Parasites</b>		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML ( <i>nitazoxanide</i> )	Tier 3	QL (50 ML per 1 day)
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections</b>		
<i>metronidazole oral capsule 375 mg</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections</b>		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM ( <i>secnidazole</i> )	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections</b>		
<i>maraviroc oral tablet 150 mg</i>	Tier 4	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Tier 4	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML ( <i>maraviroc</i> )	Tier 4	QL (31 ML per 1 day)
SELZENTRY ORAL TABLET 25 MG ( <i>maraviroc</i> )	Tier 4	QL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG ( <i>maraviroc</i> )	Tier 4	QL (2 EA per 1 day)
<b>Antiretroviral - CD4 Attachment Inhibitors - Drugs for Viral Infections</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG ( <i>fostemsavir tromethamine</i> )	Tier 4	PA
<b>Antiretroviral - HIV-1 Fusion Inhibitors - Drugs for Viral Infections</b>		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG ( <i>enfuvirtide</i> )	Tier 4	QL (2 EA per 1 day)
<b>Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors - Drugs for Viral Infections</b>		
ISENTRESS HD ORAL TABLET 600 MG ( <i>raltegravir potassium</i> )	Tier 4	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG ( <i>raltegravir potassium</i> )	Tier 4	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )	Tier 4	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG ( <i>raltegravir potassium</i> )	Tier 4	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG ( <i>dolutegravir sodium</i> )	Tier 4	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG ( <i>dolutegravir sodium</i> )	Tier 4	QL (6 EA per 1 day)
VOCABRIA ORAL TABLET 30 MG ( <i>cabotegravir sodium</i> )	Tier 4	QL (1 EA per 1 day); Age (Min 12 Years)
<b>Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections</b>		
JULUCA ORAL TABLET 50-25 MG ( <i>dolutegravir sodium/rilpivirine hcl</i> )	Tier 4	QL (1 EA per 1 day)
<b>Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections</b>		
DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir sodium/lamivudine</i> )	Tier 4	QL (1 EA per 1 day)
<b>Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI) - Drugs for Viral Infections</b>		
EDURANT ORAL TABLET 25 MG ( <i>rilpivirine hcl</i> )	Tier 4	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	Tier 4	
<i>efavirenz oral tablet 600 mg</i>	Tier 4	
<i>etravirine oral tablet 100 mg</i>	Tier 4	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 4	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG ( <i>etravirine</i> )	Tier 4	QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 4	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 4	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 4	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 4	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations - Drugs for Viral Infections</b>		
CIMDUO ORAL TABLET 300-300 MG <i>(lamivudinelenofovir disoproxil fumarate)</i>	Tier 4	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG <i>(emtricitabinelelenofovir alafenamide fumarate)</i>	Tier 4	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Tier 4	EHB; \$0 COPAY IF QUANTITY OF 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG <i>(lamivudinelenofovir disoproxil fumarate)</i>	Tier 4	QL (1 EA per 1 day)
<b>Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections</b>		
<i>abacavir oral solution 20 mg/ml</i>	Tier 4	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Tier 4	QL (2 EA per 1 day)
<i>didanosine oral capsule, delayed release(drlec) 250 mg, 400 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	Tier 4	EHB; \$0 COPAY IF QUANTITY OF 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML ( <i>emtricitabine</i> )	Tier 4	QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	Tier 4	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Tier 4	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 4	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zidovudine oral capsule 100 mg</i>	Tier 4	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 4	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 4	QL (2 EA per 1 day)
<b>Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 4	EHB; \$0 COPAY IF QUANTITY OF 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) ( <i>tenofovir disoproxil fumarate</i> )	Tier 4	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG ( <i>tenofovir disoproxil fumarate</i> )	Tier 4	QL (1 EA per 1 day)
<b>Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections</b>		
EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir sulfat/cobicistat</i> )	Tier 4	QL (1 EA per 1 day)
KALETRA ORAL TABLET 100-25 MG ( <i>lopinavir/ritonavir</i> )	Tier 4	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 4	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 4	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 4	QL (4 EA per 1 day)
<b>Antiretroviral- Nucleoside and Nucleotide Analogs, Protease Inhibitors - Drugs for Viral Infections</b>		
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darunavir eth/cobicistat/lemtricitabin/tenofovir alafenamide</i> )	Tier 4	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antiretroviral-Integrase Inhibitor,Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections</b>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG ( <i>bictegravir sodium/lemtricitabine/tenofovir alafenamide fumar</i> )	Tier 4	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elvitegravir/cobicistat/lemtricitabine/tenofovir alafenamide</i> )	Tier 4	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elvitegravir/cobicistat/lemtricitabine/tenofovir disoproxil</i> )	Tier 4	QL (1 EA per 1 day)
<b>Antiretroviral-Nucleoside Analogs and Integrase Inhibitor combinations - Drugs for Viral Infections</b>		
TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir sulfate/dolutegravir sodium/llamivudine</i> )	Tier 4	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG ( <i>abacavir sulfate/dolutegravir sodium/llamivudine</i> )	Tier 4	QL (6 EA per 1 day)
<b>Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections</b>		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 4	QL (2 EA per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG ( <i>abacavir sulfate/llamivudine/zidovudine</i> )	Tier 4	QL (2 EA per 1 day)
<b>Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections</b>		
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 4	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate</i> )	Tier 4	QL (1 EA per 1 day)
<b>Antitubercular - Aminobenzoic Acid Analogs - Antibiotics</b>		
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM ( <i>aminosalicylic acid</i> )	Tier 3	
<b>Antitubercular - D-alanine Analogs - Antibiotics</b>		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<b>Antitubercular - Diarylquinoline Antibiotics - Antibiotics</b>		
SIRTURO ORAL TABLET 100 MG, 20 MG ( <i>bedaquiline fumarate</i> )	Tier 4	PA; SP
<b>Antitubercular - Isonicotinic Acid Derivatives - Antibiotics</b>		
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
<b>Antitubercular - Niacinamide Derivatives - Antibiotics</b>		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
<b>Antitubercular - Nitroimidazole Derivatives - Antibiotics</b>		
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)
<b>Antitubercular - Rifamycin and Derivatives - Antibiotics</b>		
PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )	Tier 3	
<i>rifabutin oral capsule 150 mg</i>	Tier 2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
<b>Antitubercular Agents Other - Antibiotics</b>		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
TRECTOR ORAL TABLET 250 MG ( <i>ethionamide</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Cephalosporin Antibiotics - 1st Generation - Antibiotics</b>		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 2	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Cephalosporin Antibiotics - 2nd Generation - Antibiotics</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	Tier 2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Cephalosporin Antibiotics - 3rd Generation - Antibiotics</b>		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML ( <i>cefixime</i> )	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG ( <i>cefixime</i> )	Tier 2	
<b>CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections</b>		
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 1	
<i>valganciclovir oral tablet 450 mg</i>	Tier 1	
<b>CMV Antiviral Agent - Protein Kinase Inhibitors - Drugs for Viral Infections</b>		
LIVTENCITY ORAL TABLET 200 MG ( <i>maribavir</i> )	Tier 4	PA; SP
<b>CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections</b>		
PREVYMIS ORAL TABLET 240 MG, 480 MG ( <i>letermovir</i> )	Tier 3	PA
<b>Fluoroquinolone Antibiotics - Antibiotics</b>		
BAXDELA ORAL TABLET 450 MG ( <i>delafloxacin meglumine</i> )	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML ( <i>ciprofloxacin</i> )	Tier 2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
FACTIVE ORAL TABLET 320 MG ( <i>gemifloxacin mesylate</i> )	Tier 3	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
<b>Glycopeptide Antibiotics - Antibiotics</b>		
<i>vancomycin oral capsule 125 mg</i>	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i>	Tier 1	QL (300 ML per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 2	QL (600 ML per 1 FILL)
<b>Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections</b>		
BARACLUDE ORAL SOLUTION 0.05 MG/ML ( <i>entecavir</i> )	Tier 4	SP; QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 4	SP; QL (1 EA per 1 day)
<b>Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections</b>		
<i>adefovir oral tablet 10 mg</i>	Tier 4	SP; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG ( <i>tenofovir alafenamide</i> )	Tier 4	SP; ST: Requires prior prescription for Tenofovir Disoproxil Fumarate within the past 120 days; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) ( <i>tenofovir disoproxil fumarate</i> )	Tier 4	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG ( <i>tenofovir disoproxil fumarate</i> )	Tier 4	QL (1 EA per 1 day)
<b>Hepatitis C - Interferons - Drugs for Viral Infections</b>		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ( <i>peginterferon alfa-2a</i> )	Tier 4	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML ( <i>peginterferon alfa-2a</i> )	Tier 4	PA; SP
<b>Hepatitis C - NS5A Inhibitor and NS3/4A Protease Inhibitor Combination - Drugs for Viral Infections</b>		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG ( <i>glecaprevir/pibrentasvir</i> )	Tier 4	PA; SP
MAVYRET ORAL TABLET 100-40 MG ( <i>glecaprevir/pibrentasvir</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Hepatitis C - NS5A, NS3/4A Protease, Nucleo.NS5B Polymerase Inhib Comb - Drugs for Viral Infections</b>		
VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuvir/velpatasvir/voxilaprevir</i> )	Tier 4	PA; SP
<b>Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections</b>		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG ( <i>sofosbuvir/velpatasvir</i> )	Tier 4	PA; SP
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG ( <i>sofosbuvir/velpatasvir</i> )	Tier 4	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG ( <i>ledipasvir/sofosbuvir</i> )	Tier 4	PA; SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG ( <i>ledipasvir/sofosbuvir</i> )	Tier 4	PA; SP
<b>Hepatitis C - Nucleos(t)ide Analog NS5B Polymerase Inhibitors - Drugs for Viral Infections</b>		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG ( <i>sofosbuvir</i> )	Tier 4	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG ( <i>sofosbuvir</i> )	Tier 4	PA; SP
<b>Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections</b>		
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
<b>Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections</b>		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
<b>Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections</b>		
<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 1	QL (360 ML per 180 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION ( <i>zanamivir</i> )	Tier 3	QL (40 EA per 180 days)
<b>Influenza Antiviral Agents - PA Endonuclease Inhibitor - Drugs for Viral Infections</b>		
XOFLUZA ORAL TABLET 20 MG, 40 MG ( <i>baloxavir marboxil</i> )	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG ( <i>baloxavir marboxil</i> )	Tier 2	QL (2 EA per 180 days)
<b>Influenza-A Antiviral Agents - Drugs for Viral Infections</b>		
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
<b>Lincosamide Antibiotics - Antibiotics</b>		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin palmitate hcl</i> (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 MI)	Tier 1	
<b>Macrolide Antibiotics - Antibiotics</b>		
<i>azithromycin oral packet 1 gram</i>	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 2	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG ( <i>methenamine/methylene blue/sodium phosphate/salicylate/hyoscyamine</i> )	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG ( <i>methenamine/methylene blue/sodium phosphate/salicylate/hyoscyamine</i> )	Tier 2	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG ( <i>methenamine/methylene blue/salicylate/sodium phosphate/hyoscyamine</i> )	Tier 3	
URO-458 ORAL TABLET 81-10.8-40.8 MG ( <i>methenamine/methylene blue/sodium phosphate/salicylate/hyoscyamine</i> )	Tier 2	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG ( <i>methenamine/sodium phosphate, monobasic/methylene blue/hyoscyamine</i> )	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG ( <i>methenamine/methylene blue/sodium phosphate/salicylate/hyoscyamine</i> )	Tier 1	
USTELL ORAL CAPSULE 120-0.12 MG ( <i>methenamine/methylene blue/salicylate/sodium phosphate/hyoscyamine</i> )	Tier 1	
<b>Oxazolidinone Antibiotics - Antibiotics</b>		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 2	
<i>linezolid oral tablet 600 mg</i>	Tier 1	
SIVEXTRO ORAL TABLET 200 MG ( <i>tedizolid phosphate</i> )	Tier 2	ST: Requires prior prescription for Linezolid (600mg tablets) within the past 120 days; QL (6 EA per 6 days)
<b>Penicillin Antibiotic - Natural - Antibiotics</b>		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Penicillin Antibiotic - Penicillinase-resistant - Antibiotics</b>		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Pleuromutilin Antibiotics - Antibiotics</b>		
XENLETA ORAL TABLET 600 MG ( <i>lefamulin acetate</i> )	Tier 3	PA
<b>Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections</b>		
APTIVUS ORAL CAPSULE 250 MG ( <i>tipranavir</i> )	Tier 4	QL (4 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML ( <i>darunavir ethanolate</i> )	Tier 4	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG ( <i>darunavir ethanolate</i> )	Tier 4	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG ( <i>darunavir ethanolate</i> )	Tier 4	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG ( <i>darunavir ethanolate</i> )	Tier 4	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG ( <i>darunavir ethanolate</i> )	Tier 4	QL (1 EA per 1 day)
<b>Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections</b>		
<i>atazanavir oral capsule 150 mg, 200 mg</i>	Tier 4	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	Tier 4	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir sulfatel/cobicistat</i> )	Tier 4	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 4	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG ( <i>saquinavir mesylate</i> )	Tier 4	QL (4 EA per 1 day)
LEXIVA ORAL SUSPENSION 50 MG/ML ( <i>fosamprenavir calcium</i> )	Tier 4	QL (1800 ML per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG ( <i>ritonavir</i> )	Tier 4	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG ( <i>atazanavir sulfate</i> )	Tier 4	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Tier 4	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG ( <i>nelfinavir mesylate</i> )	Tier 4	
<b>Respiratory Syncytial Virus (RSV) Antiviral Agents - Drugs for Viral Infections</b>		
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Rifamycins and Related Derivative Antibiotics - Antibiotics</b>		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC) 194 MG ( <i>rifamycin sodium</i> )	Tier 3	ST: Requires prior prescription for generic oral Azithromycin, Ciprofloxacin, Levofloxacin, or Ofloxacin within the past 120 days; QL (12 EA per 1 FILL)
XIFAXAN ORAL TABLET 200 MG ( <i>rifaximin</i> )	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )	Tier 2	PA
<b>SARS-CoV-2 Antiviral Agent - RNA Polymerase Inhibitors - Drugs for Viral Infections</b>		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG ( <i>molnupiravir</i> )	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)
<b>Sulfonamide Antibiotic - Antibiotics</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
<b>Tetracycline Antibiotics - Antibiotics</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i>	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline hyclate oral tablet 75 mg</i>	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i>	Tier 2	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxycycline monohydrate</i> (Mondoxyne NI Oral Capsule 100 Mg)	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate</i> (Mondoxyne NI 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 ( <i>omadacycline tosylate</i> )	Tier 3	PA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 2	
<b>Variola (Smallpox) Virus Antiviral Agents - Drugs for Viral Infections</b>		
TEMBEXA ORAL SUSPENSION 10 MG/ML ( <i>brincidofovir</i> )	Tier 2	
TEMBEXA ORAL TABLET 100 MG ( <i>brincidofovir</i> )	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG ( <i>tecovirimat</i> )	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastics - Drugs for Cancer</b>		
<b>Antineoplastic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer</b>		
EXKIVITY ORAL CAPSULE 40 MG ( <i>mobocertinib succinate</i> )	Tier 4	PA; SP; OCH
<i>lapatinib oral tablet 250 mg</i>	Tier 4	PA; SP; OCH
<b>Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer</b>		
YONSA ORAL TABLET 125 MG ( <i>abiraterone acetate, submicronized</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer</b>		
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 4	PA; SP; OCH
IRESSA ORAL TABLET 250 MG ( <i>gefitinib</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer</b>		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG ( <i>afatinib dimaleate</i> )	Tier 4	PA; SP; OCH
NERLYNX ORAL TABLET 40 MG ( <i>neratinib maleate</i> )	Tier 4	PA; SP; OCH
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>dacomitinib</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer</b>		
TAGRISSO ORAL TABLET 40 MG, 80 MG ( <i>osimertinib mesylate</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer</b>		
MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )	Tier 4	SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer</b>		
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	Tier 4	SP; OCH
<b>Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	SP; OCH
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 4	SP; OCH
LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )	Tier 4	SP; OCH
<i>melfalan oral tablet 2 mg</i>	Tier 1	OCH
<b>Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer</b>		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG ( <i>lomustine</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Alkylating Agent - Triazines - Drugs for Cancer</b>		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 4	PA; SP; OCH
<b>Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer</b>		
ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )	Tier 4	PA; SP; OCH
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG ( <i>brigatinib</i> )	Tier 4	PA; SP; OCH
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) ( <i>brigatinib</i> )	Tier 4	PA; SP; OCH
LORBRENA ORAL TABLET 100 MG, 25 MG ( <i>lorlatinib</i> )	Tier 4	PA; SP; OCH
XALKORI ORAL CAPSULE 200 MG, 250 MG ( <i>crizotinib</i> )	Tier 4	PA; SP; OCH
ZYKADIA ORAL TABLET 150 MG ( <i>ceritinib</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Antiadrenals - Drugs for Cancer</b>		
LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )	Tier 4	SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Antiandrogens - Drugs for Cancer</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 4	PA; SP; OCH
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	OCH
ERLEADA ORAL TABLET 240 MG, 60 MG ( <i>apalutamide</i> )	Tier 4	PA; SP; OCH
<i>nilutamide oral tablet 150 mg</i>	Tier 4	SP; OCH; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG ( <i>darolutamide</i> )	Tier 4	PA; SP; OCH
XTANDI ORAL CAPSULE 40 MG ( <i>enzalutamide</i> )	Tier 4	PA; SP; OCH
XTANDI ORAL TABLET 40 MG, 80 MG ( <i>enzalutamide</i> )	Tier 4	PA; SP; OCH
YONSA ORAL TABLET 125 MG ( <i>abiraterone acetate, submicronized</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer</b>		
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG ( <i>methotrexate sodium</i> )	Tier 2	OCH
<b>Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer</b>		
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	OCH
PURIXAN ORAL SUSPENSION 20 MG/ML ( <i>mercaptopurine</i> )	Tier 4	SP; OCH; ST: Requires prior prescription for Mercaptopurine within the past 120 days
TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )	Tier 4	SP; OCH
<b>Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 4	PA; SP; OCH
ONUREG ORAL TABLET 200 MG, 300 MG ( <i>azacitidine</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer</b>		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer</b>		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG ( <i>trifluridine/tipiracil hcl</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Aromatase Inhibitors - Drugs for Cancer</b>		
<i>anastrozole oral tablet 1 mg</i>	Tier 1	OCH; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>exemestane oral tablet 25 mg</i>	Tier 1	OCH; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	OCH
<b>Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs for Cancer</b>		
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML ( <i>asparaginase erwinia chrysanthemi (recombinant)-rywn</i> )	Tier 4	SP
<b>Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors - Drugs for Cancer</b>		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG ( <i>venetoclax</i> )	Tier 4	PA; SP; OCH
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG ( <i>venetoclax</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer</b>		
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG ( <i>encorafenib</i> )	Tier 4	PA; SP; OCH
TAFINLAR ORAL CAPSULE 50 MG, 75 MG ( <i>dabrafenib mesylate</i> )	Tier 4	PA; SP; OCH
ZELBORAF ORAL TABLET 240 MG ( <i>vemurafenib</i> )	Tier 4	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer</b>		
BRUKINSA ORAL CAPSULE 80 MG ( <i>zanubrutinib</i> )	Tier 4	PA; SP; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG ( <i>acalabrutinib maleate</i> )	Tier 4	PA; SP; OCH
IMBRUVICA ORAL CAPSULE 70 MG ( <i>ibrutinib</i> )	Tier 4	PA; SP; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML ( <i>ibrutinib</i> )	Tier 4	PA; SP; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG ( <i>ibrutinib</i> )	Tier 4	PA; SP; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG ( <i>pirtobrutinib</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer</b>		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	Tier 4	PA; SP; OCH
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	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) ( <i>ribociclib succinate</i> )	Tier 4	PA; SP; OCH
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>abemaciclib</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer</b>		
TUKYSA ORAL TABLET 150 MG, 50 MG ( <i>tucatinib</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Epipodophyllotoxins - Drugs for Cancer</b>		
<i>etoposide oral capsule 50 mg</i>	Tier 1	OCH
<b>Antineoplastic - Estrogens - Drugs for Cancer</b>		
EMCYT ORAL CAPSULE 140 MG ( <i>estramustine phosphate sodium</i> )	Tier 4	SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - EZH2 Histone Methyltransferase (HMT) Inhibitor - Drugs for Cancer</b>		
TAZVERIK ORAL TABLET 200 MG ( <i>tazemetostat hydrobromide</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Fibroblast Growth Factor Receptor (FGFR) Kinase Inhib - Drugs for Cancer</b>		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG ( <i>erdafitinib</i> )	Tier 4	PA; SP; OCH
LYTGOBI ORAL TABLET 4 MG ( <i>futibatinib</i> )	Tier 4	PA; SP; OCH
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG ( <i>pemigatinib</i> )	Tier 4	PA; SP; OCH
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3) ( <i>infigratinib phosphate</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - FMS-Like Tyrosine Kinase 3 (FLT3) Inhibitors - Drugs for Cancer</b>		
XOSPATA ORAL TABLET 40 MG ( <i>gilteritinib fumarate</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer</b>		
DAURISMO ORAL TABLET 100 MG, 25 MG ( <i>glasdegib maleate</i> )	Tier 4	PA; SP; OCH
ERIVEDGE ORAL CAPSULE 150 MG ( <i>vismodegib</i> )	Tier 4	PA; SP; OCH
ODOMZO ORAL CAPSULE 200 MG ( <i>sonidegib phosphate</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer</b>		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG ( <i>panobinostat lactate</i> )	Tier 4	PA; SP; OCH
ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )	Tier 4	SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Hypoxia Inducible Factor (HIF) Inhibitors - Drugs for Cancer</b>		
WELIREG ORAL TABLET 40 MG ( <i>belzutifan</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Interferons - Drugs for Cancer</b>		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML ( <i>ropeginterferon alfa-2b-njft</i> )	Tier 4	PA; SP
<b>Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer</b>		
INREBIC ORAL CAPSULE 100 MG ( <i>fedratinib dihydrochloride</i> )	Tier 4	PA; SP; OCH
VONJO ORAL CAPSULE 100 MG ( <i>pacritinib citrate</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Kinase Inhibitor and Aromatase Inhibitor Combination - Drugs for Cancer</b>		
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG ( <i>ribociclib succinate/letrozole</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Kirsten Rat Sarcoma (KRAS) Protein Inhibitor - Drugs for Cancer</b>		
KRAZATI ORAL TABLET 200 MG ( <i>adagrasib</i> )	Tier 4	PA; SP; OCH
LUMAKRAS ORAL TABLET 120 MG, 320 MG ( <i>sotorasib</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer</b>		
ORGOVYX ORAL TABLET 120 MG ( <i>relugolix</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer</b>		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - MEK1 and MEK2 Kinase Inhibitors - Drugs for Cancer</b>		
COTELLIC ORAL TABLET 20 MG ( <i>cobimetinib fumarate</i> )	Tier 4	PA; SP; OCH
KOSELUGO ORAL CAPSULE 10 MG, 25 MG ( <i>selumetinib sulfatol/vitamin e tpgs</i> )	Tier 4	PA; SP; OCH
MEKINIST ORAL TABLET 0.5 MG, 2 MG ( <i>trametinib dimethyl sulfoxide</i> )	Tier 4	PA; SP; OCH
MEKTOVI ORAL TABLET 15 MG ( <i>binimetinib</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer</b>		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG ( <i>everolimus</i> )	Tier 4	PA; SP; OCH
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 4	PA; SP; OCH
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	Tier 4	PA; SP; OCH
<b>Antineoplastic - Multikinase Inhibitors - Drugs for Cancer</b>		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>cabozantinib s-malate</i> )	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) ( <i>cabozantinib s-malate</i> )	Tier 4	PA; SP; OCH
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG ( <i>ponatinib hcl</i> )	Tier 4	PA; SP; OCH
<i>sorafenib oral tablet 200 mg</i>	Tier 4	PA; SP; OCH
STIVARGA ORAL TABLET 40 MG ( <i>regorafenib</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (IDH1) Inhibitors - Drugs for Cancer</b>		
REZLIDHIA ORAL CAPSULE 150 MG ( <i>olutasidenib</i> )	Tier 4	PA; SP; OCH
TIBSOVO ORAL TABLET 250 MG ( <i>ivosidenib</i> )	Tier 4	PA; SP; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer</b>		
IDHIFA ORAL TABLET 100 MG, 50 MG ( <i>enasidenib mesylate</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer</b>		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG ( <i>duvelisib</i> )	Tier 4	PA; SP; OCH
ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer</b>		
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) ( <i>alpelisib</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer</b>		
ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer</b>		
LYNPARZA ORAL TABLET 100 MG, 150 MG ( <i>olaparib</i> )	Tier 4	PA; SP; OCH
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG ( <i>talazoparib tosylate</i> )	Tier 4	PA; SP; OCH
ZEJULA ORAL CAPSULE 100 MG ( <i>niraparib tosylate</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Progestins - Drugs for Cancer</b>		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	OCH
<b>Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer</b>		
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG ( <i>ixazomib citrate</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer</b>		
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG ( <i>avapritinib</i> )	Tier 4	PA; SP; OCH

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BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG ( <i>bosutinib</i> )	Tier 4	PA; SP; OCH
BRUKINSA ORAL CAPSULE 80 MG ( <i>zanubrutinib</i> )	Tier 4	PA; SP; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG ( <i>acalabrutinib maleate</i> )	Tier 4	PA; SP; OCH
CAPRELSA ORAL TABLET 100 MG, 300 MG ( <i>vandetanib</i> )	Tier 4	PA; SP; OCH
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG ( <i>tivozanib hcl</i> )	Tier 4	PA; SP; OCH
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 4	PA; SP; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG ( <i>ibrutinib</i> )	Tier 4	PA; SP; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML ( <i>ibrutinib</i> )	Tier 4	PA; SP; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG ( <i>ibrutinib</i> )	Tier 4	PA; SP; OCH
INLYTA ORAL TABLET 1 MG, 5 MG ( <i>axitinib</i> )	Tier 4	PA; SP; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG ( <i>pirtobrutinib</i> )	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) ( <i>lenvatinib mesylate</i> )	Tier 4	PA; SP; OCH
OFEV ORAL CAPSULE 100 MG, 150 MG ( <i>nintedanib esylate</i> )	Tier 4	PA; SP
QINLOCK ORAL TABLET 50 MG ( <i>ripretinib</i> )	Tier 4	PA; SP; OCH
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG ( <i>entrectinib</i> )	Tier 4	PA; SP; OCH
RYDAPT ORAL CAPSULE 25 MG ( <i>midostaurin</i> )	Tier 4	PA; SP; OCH
SCEMBLIX ORAL TABLET 20 MG, 40 MG ( <i>asciminib hydrochloride</i> )	Tier 4	PA; SP; OCH
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</i> )	Tier 4	PA; SP; OCH
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 4	PA; SP; OCH
TABRECTA ORAL TABLET 150 MG, 200 MG ( <i>capmatinib hydrochloride</i> )	Tier 4	PA; SP; OCH

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TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG ( <i>nilotinib hcl</i> )	Tier 4	PA; SP; OCH
TEPMETKO ORAL TABLET 225 MG ( <i>tepotinib hcl</i> )	Tier 4	PA; SP; OCH
TURALIO ORAL CAPSULE 125 MG ( <i>pexidartinib hydrochloride</i> )	Tier 4	PA; SP; OCH
VOTRIENT ORAL TABLET 200 MG ( <i>pazopanib hcl</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Radiopharmaceuticals - Drugs for Cancer</b>		
HICON ORAL KIT 1,000 MCI/ML (1 ML), 250 MCI/0.25 ML, 500 MCI/0.5 ML ( <i>sodium iodide-131</i> )	Tier 3	OCH
<b>Antineoplastic - Retinoids - Drugs for Cancer</b>		
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	SP; OCH
<b>Antineoplastic - Selective Estrogen Receptor Degradors (SERDs) - Drugs for Cancer</b>		
ORSERDU ORAL TABLET 345 MG, 86 MG ( <i>elacestrant hcl</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer</b>		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML ( <i>tamoxifen citrate</i> )	Tier 2	OCH
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; OCH
<i>toremifene oral tablet 60 mg</i>	Tier 4	PA; SP; OCH
<b>Antineoplastic - Selective Inhibitors of Nuclear Export (SINE) - Drugs for Cancer</b>		
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) ( <i>selinexor</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Selective RET Kinase Inhibitor - Drugs for Cancer</b>		
GAVRETO ORAL CAPSULE 100 MG ( <i>pralsetinib</i> )	Tier 4	PA; SP; OCH

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RETEVMO ORAL CAPSULE 40 MG, 80 MG ( <i>selpercatinib</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer</b>		
<i>bexarotene oral capsule 75 mg</i>	Tier 4	PA; SP; OCH
<b>Antineoplastic - Thalidomide Analogs - Drugs for Cancer</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 4	PA; SP; OCH
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )	Tier 4	PA; SP; OCH
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG ( <i>thalidomide</i> )	Tier 4	PA; SP
<b>Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer</b>		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG ( <i>topotecan hcl</i> )	Tier 4	SP; OCH
<b>Antineoplastic - Tropomyosin Receptor Kinase (TRK) Inhibitor - Drugs for Cancer</b>		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG ( <i>larotrectinib sulfate</i> )	Tier 4	PA; SP; OCH
VITRAKVI ORAL SOLUTION 20 MG/ML ( <i>larotrectinib sulfate</i> )	Tier 4	PA; SP; OCH
<b>Antineoplastic Antibiotic - Others - Drugs for Cancer</b>		
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2 ( <i>mitomycin</i> )	Tier 4	PA; SP
<b>Antineoplastic -Cephalotaxines - Drugs for Cancer</b>		
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG ( <i>omacetaxine mepesuccinate</i> )	Tier 4	PA; SP

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<b>Antineoplastic-Pyrimidine Analog and Cytidine Deaminase Inhibitor Comb - Drugs for Cancer</b>		
INQOVI ORAL TABLET 35-100 MG ( <i>decitabine/cedazuridine</i> )	Tier 4	PA; SP; OCH
<b>Fluorouracil and Related Rescue Agents - Drugs for Cancer</b>		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM ( <i>uridine triacetate</i> )	Tier 4	SP; OCH; QL (24 EA per 14 days)
<b>Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	OCH
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	OCH
<b>Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer</b>		
MESNEX ORAL TABLET 400 MG ( <i>mesna</i> )	Tier 3	OCH
<b>Antiseptics and Disinfectants - Antiseptics and Disinfectants</b>		
<b>Antiseptic - Alcohols - Antiseptics and Disinfectants</b>		
ALCOHOL PADS TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
<i>alcohol swabs topical pads, medicated</i>	Tier 3	DD
ALCOHOL WIPES TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD

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DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
IV PREP WIPES TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
WEBCOL TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	Tier 3	DD
<b>Antiseptic - Iodine/Iodophores - Antiseptics and Disinfectants</b>		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % ( <i>cadexomer iodine</i> )	Tier 3	
IODOSORB TOPICAL GEL 0.9 % ( <i>cadexomer iodine</i> )	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 % ( <i>iodine/potassium iodide</i> )	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % ( <i>iodine/potassium iodide</i> )	Tier 1	

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<b>Antiseptic - Oxidizing Agents - Antiseptics and Disinfectants</b>		
<i>hydrogen peroxide solution 3 %</i>	Tier 1	
<b>Biologicals - Biological Agents</b>		
<b>Allergenic Extracts - Grass Pollen - Biological Agents</b>		
GRASTEK SUBLINGUAL TABLET 2,800 BAU ( <i>allergenic extract,grass pollen-timothy,standard</i> )	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY ( <i>grass pollen-orchard/sweet vernallryelkentucky/timothy, std.</i> )	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 IR (3) /300 IR (6) ( <i>grass pollen-orchard/sweet vernallryelkentucky/timothy, std.</i> )	Tier 3	PA
<b>Allergenic Extracts - Mite Extracts - Biological Agents</b>		
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM ( <i>allergenic extract, mite-d.farinae-d.pteronysinus,standard</i> )	Tier 2	PA
<b>Allergenic Extracts - Weed Pollen - Biological Agents</b>		
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT ( <i>allergenic extract-weed pollen-short ragweed</i> )	Tier 2	PA
<b>Chemicals, irritant/allergenic - Biological Agents</b>		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED ( <i>chemical allergens</i> )	Tier 3	
<b>Immune Globulin - gamma globulin (IgG), human - Biological Agents</b>		
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) ( <i>immune globulin,gamm(igg)/glycineliga greater than 50 mcg/ml</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMMAGARD LIQUID INJECTION SOLUTION 10 % ( <i>immune globulin,gamm(igg)/glycineliga greater than 50 mcg/ml</i> )	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 %) ( <i>immune globulin,gamma(igg)/glycineliga average 46 mcg/ml</i> )	Tier 4	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) ( <i>immune globulin,gamma(igg)/glycineliga average 46 mcg/ml</i> )	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 %) ( <i>immune globulin,gamma(igg)/prolineliga 0 to 50 mcg/ml</i> )	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 %) ( <i>immune globulin,gamm(igg)/glycineliga greater than 50 mcg/ml</i> )	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 %) ( <i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i> )	Tier 4	PA; SP
<b>Peanut Desensitization Agents - Biological Agents</b>		
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) ( <i>peanut allergen powder-dnfp</i> )	Tier 4	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) ( <i>peanut allergen powder-dnfp</i> )	Tier 4	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) ( <i>peanut allergen powder-dnfp</i> )	Tier 4	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG ( <i>peanut allergen powder-dnfp</i> )	Tier 4	PA; SP

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PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) ( <i>peanut allergen powder-dnfp</i> )	Tier 4	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) ( <i>peanut allergen powder-dnfp</i> )	Tier 4	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) ( <i>peanut allergen powder-dnfp</i> )	Tier 4	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) ( <i>peanut allergen powder-dnfp</i> )	Tier 4	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) ( <i>peanut allergen powder-dnfp</i> )	Tier 4	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) ( <i>peanut allergen powder-dnfp</i> )	Tier 4	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG ( <i>peanut allergen powder-dnfp</i> )	Tier 4	PA; SP
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG ( <i>peanut allergen powder-dnfp</i> )	Tier 4	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG ( <i>peanut allergen powder-dnfp</i> )	Tier 4	PA; SP
<b>Vaccine Viral - COVID-19 (SARS-CoV-2) - Vaccines</b>		
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML ( <i>covid-19 vac, ad26.cov2.s (janssen)/pf</i> )	Tier 3	QL (1 ML per 365 days); Age (Min 18 Years)
MODERNA COVID BIVAL(6M-5Y)-PF INTRAMUSCULAR SUSPENSION 10 MCG/0.2 ML ( <i>covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf</i> )	Tier 3	AGE: 6 MONTHS TO 5 YEARS; QL (0.2 ML per 365 days)
MODERNA COVID BIVAL(6Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML ( <i>covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf</i> )	Tier 3	QL (0.5 ML per 365 days); Age (Min 6 Years)
MODERNA COVID(6M-5Y) VACC(EUA) INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML ( <i>covid-19 vaccine, mrna, Inp-s, pediatric (moderna)/pf</i> )	Tier 3	AGE: 6 MONTHS TO 5 YEARS; QL (0.25 ML per 24 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MODERNA COVID-19 (6-11YR)(EUA) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML ( <b>covid-19 vaccine, mrna, cx-024414, Inp-s (moderna)/pf</b> )	Tier 3	QL (0.5 ML per 24 days); Age (Min 6 Years and Max 11 Years)
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML ( <b>covid-19 vaccine, mrna, cx-024414, Inp-s (moderna)/pf</b> )	Tier 3	QL (0.5 ML per 24 days); Age (Min 12 Years)
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML ( <b>covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf</b> )	Tier 3	QL (0.5 ML per 17 days); Age (Min 12 Years)
PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML ( <b>covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf</b> )	Tier 3	QL (0.3 ML per 365 days); Age (Min 12 Years)
PFIZER COVID BIVAL(5-11YR)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML ( <b>covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf</b> )	Tier 3	QL (0.2 ML per 365 days); Age (Min 5 Years and Max 11 Years)
PFIZER COVID BIVAL(6MO-4Y)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML ( <b>covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf</b> )	Tier 3	AGE: 6 MONTHS TO 4 YEARS; QL (0.2 ML per 365 days)
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML ( <b>covid-19 vac mrna,tris(pfizer)/pf</b> )	Tier 3	QL (0.3 ML per 17 days); Age (Min 12 Years)
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML ( <b>covid-19 vac mrna,tris(pfizer)/pf</b> )	Tier 3	QL (0.2 ML per 17 days); Age (Min 5 Years and Max 11 Years)
PFIZER COVID-19 TRIS VACCN(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML ( <b>covid-19 vac mrna,tris(pfizer)/pf</b> )	Tier 3	AGE: 6 MONTHS TO 4 YEARS; QL (0.2 ML per 17 days)
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML ( <b>covid-19 vaccine, mrna, bnt162b2, Inp-s (pfizer)/pf</b> )	Tier 3	QL (0.3 ML per 17 days); Age (Min 12 Years)
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML ( <b>covid-19 vaccine, mrna, cx-024414, Inp-s (moderna)/pf</b> )	Tier 3	QL (0.5 ML per 24 days); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Vaccine Viral - Influenza A and B - Vaccines</b>		
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrivalent 2022-23 (36 mos up)lpf</i> )	\$0	EHB; \$0 COPAY IF FILL OF 1 IN 180 DAYS
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrivalent 2022-23 (6 mos and up)</i> )	\$0	EHB; \$0 COPAY IF FILL OF 1 IN 180 DAYS
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza vaccine quadrivalent 2022-23 (65 yr up)lmf59c.1lpf</i> )	\$0	EHB; \$0 COPAY IF FILL OF 1 IN 180 DAYS AND 65 YEARS OF AGE OR OLDER
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrival 2022-2023(6 mos and up)lpf</i> )	\$0	EHB; \$0 COPAY IF FILL OF 1 IN 180 DAYS
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML ( <i>influenza virus vaccine qv 2022-23(18 yrs and older)rcmblpf</i> )	\$0	EHB; \$0 COPAY IF FILL OF 1 IN 180 DAYS AND 18 YEARS OF AGE OR OLDER
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>flu vaccine quad 2022-2023(6 month and older)cell derivedlpf</i> )	\$0	EHB; \$0 COPAY IF FILL OF 1 IN 180 DAYS
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML ( <i>flu vaccine quadriv 2022-2023(6 month and older)cell derived</i> )	\$0	EHB; \$0 COPAY IF FILL OF 1 IN 180 DAYS
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrival 2022-2023(6 mos and up)lpf</i> )	\$0	EHB; \$0 COPAY IF FILL OF 1 IN 180 DAYS
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML ( <i>influenza vaccine quadrivalent live 2022-2023 (2 yrs-49 yrs)</i> )	Tier 3	\$0 COPAY IF FILL OF 1 IN 180 DAYS
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML ( <i>influenza virus vaccine quadrival split 2022-23(65 yr up)lpf</i> )	\$0	EHB; \$0 COPAY IF FILL OF 1 IN 180 DAYS AND 65 YEARS OF AGE OR OLDER
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrival 2022-2023(6 mos and up)lpf</i> )	\$0	EHB; \$0 COPAY IF FILL OF 1 IN 180 DAYS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrival 2022-2023(6 mos and up)lpf</i> )	\$0	EHB; \$0 COPAY IF FILL OF 1 IN 180 DAYS
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrivalent 2022-23 (6 mos and up)</i> )	\$0	EHB; \$0 COPAY IF FILL OF 1 IN 180 DAYS
<b>Cardiovascular Therapy Agents</b>		
<b>Endothelin-Angiotensin Receptor Antagonist</b>		
FILSPARI ORAL TABLET 200 MG, 400 MG ( <i>sparsentan</i> )	Tier 4	PA; SP
<b>Cardiovascular Therapy Agents - Drugs for the Heart</b>		
<b>ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure</b>		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 2	
<b>ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure</b>		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<b>ACE Inhibitors - Drugs for High Blood Pressure</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 1	ST: Requires prior prescription for Enalapril tablets if 12 years of age or older within the past 120 days; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML ( <i>lisinopril</i> )	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)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
<b>Aldosterone Receptor Antagonists - Drugs for High Blood Pressure</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Alpha-Beta Blockers - Drugs for High Blood Pressure</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure</b>		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 2	
<b>Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure</b>		
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 2	
<b>Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure</b>		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril/valsartan</i> )	Tier 2	QL (2 EA per 1 day)
<b>Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	
<b>Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina</b>		
<i>amyl nitrite inhalation solution 0.3 ml</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	Tier 2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
<i>nitroglycerin</i> (Nitro-Bid Transdermal Ointment 2 %)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR ( <i>nitroglycerin</i> )	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	Tier 1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	Tier 2	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY ( <i>nitroglycerin</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG ( <i>nitroglycerin</i> )	Tier 1	
<b>Antianginal and Anti-ischemic Agents - Drugs for Angina</b>		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>vericiguat</i> )	Tier 3	PA
<b>Antianginal and Anti-ischemic Agents, Non-hemodynamic - Drugs for Angina</b>		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days)
<b>Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG ( <i>disopyramide phosphate</i> )	Tier 2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
<b>Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms</b>		
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
<b>Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms</b>		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
<b>Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms</b>		
<i>sotalol hcl</i> (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 1	
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOTYLIZE ORAL SOLUTION 5 MG/ML ( <i>sotalol hcl</i> )	Tier 3	QL: 8 BOTTLES IN 30 DAYS; ST: Requires prior prescription for Sotalol HCL within the past 120 days
<b>Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms</b>		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG ( <i>dronedarone hcl</i> )	Tier 2	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
<b>Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms</b>		
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
<b>Antihyperlipidemic - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol</b>		
NEXLETOL ORAL TABLET 180 MG ( <i>bempedoic acid</i> )	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin with the past 120 days
<b>Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol</b>		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 1	
<i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
<i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>colesevelam oral tablet 625 mg</i>	Tier 1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM ( <i>colestipol hcl</i> )	Tier 3	
<i>colestipol oral granules 5 gram</i>	Tier 1	
<i>colestipol oral packet 5 gram</i>	Tier 1	
<i>colestipol oral tablet 1 gram</i>	Tier 1	
<i>cholestyramine/aspartame</i> (Prevalite Oral Powder 4 Gram)	Tier 1	
<i>cholestyramine/aspartame</i> (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
<b>Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 2	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	Tier 2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg, 45 mg</i>	Tier 1	
<i>fenofibric acid oral tablet 105 mg</i>	Tier 1	
<i>fenofibric acid oral tablet 35 mg</i>	Tier 2	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
<b>Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG ( <i>lovastatin</i> )	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) ( <i>atorvastatin calcium</i> )	Tier 3	PA; QL (1 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG ( <i>rosuvastatin calcium</i> )	Tier 3	ST: Requires prior prescription for generic Rosuvastatin Calcium 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) ( <i>simvastatin</i> )	Tier 3	PA
<i>fluvastatin oral capsule 20 mg</i>	Tier 1	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, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluvastatin oral capsule 40 mg</i>	Tier 1	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, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	Tier 1	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, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>pitavastatin calcium</i> )	Tier 2	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	\$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<b>Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol</b>		
<i>niacin oral tablet 500 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
<i>niacin</i> (Niacor Oral Tablet 500 Mg)	Tier 2	
<b>Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol</b>		
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	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 ( <i>icosapent ethyl</i> )	Tier 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM ( <i>icosapent ethyl</i> )	Tier 1	QL (4 EA per 1 day)
<b>Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb) - Drugs for Cholesterol</b>		
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML ( <i>evolocumab</i> )	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
<b>Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol</b>		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML ( <i>alirocumab</i> )	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML ( <i>evolocumab</i> )	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML ( <i>evolocumab</i> )	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML ( <i>evolocumab</i> )	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days
<b>Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol</b>		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Antihyperlipidemic- ATP-Citrate Lyase and Cholesterol Absorption Inhib - Drugs for Cholesterol</b>		
NEXLIZET ORAL TABLET 180-10 MG ( <i>bempedoic acid/ezetimibe</i> )	Tier 2	ST: Requires prior prescription for Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Rosuvastatin, or Simvastatin withn the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 2	QL (1 EA per 1 day)
<b>Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit - Drugs for Cholesterol</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
<b>Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (MTP)Inhib - Drugs for Cholesterol</b>		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG ( <i>lomitapide mesylate</i> )	Tier 4	PA; SP
<b>Beta Blockers Cardiac Selective - Drugs for High Blood Pressure</b>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG ( <i>metoprolol succinate</i> )	Tier 3	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
<b>Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure</b>		
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
<b>Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure</b>		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML ( <i>propranolol hcl</i> )	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)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	
<b>Bradykinin B2 Receptor Antagonists - Drugs for the Heart</b>		
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 4	PA; SP
<i>icatibant acetate</i> (Sajazir Subcutaneous Syringe 30 Mg/3 MI)	Tier 4	PA; SP
<b>Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure</b>		
<i>diltiazem hcl</i> (Cartia Xt Oral Capsule, Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 2	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
<i>nicardipine oral capsule 20 mg</i>	Tier 1	
<i>nicardipine oral capsule 30 mg</i>	Tier 2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 2	
<b>Calcium Channel Blockers - Phenylalkylamines - Drugs for High Blood Pressure</b>		
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
<b>Cardiac Myosin Inhibitor - Drugs for the Heart</b>		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG ( <i>mavacamten</i> )	Tier 4	PA; SP
<b>Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction</b>		
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (4 EA per 1 FILL)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML ( <i>epinephrine</i> )	Tier 2	QL (4 EA per 1 FILL)
<b>Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction</b>		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 4	PA; SP
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<b>Central Alpha-2 Agonists-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure</b>		
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
<b>Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Digitalis Glycosides - Drugs for the Heart</b>		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
<i>digoxin</i> (Digox Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) ( <i>digoxin</i> )	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) ( <i>digoxin</i> )	Tier 2	PA
<b>Direct Acting Vasodilators - Drugs for High Blood Pressure</b>		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	
<b>Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 4	PA; SP
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 2	
<b>Diuretic - Loop - Drugs for High Blood Pressure</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML ( <i>furosemide</i> )	Tier 3	
<i>furosemide oral solution 10 mg/ml</i>	Tier 1	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
<b>Diuretic - Potassium Sparing - Drugs for High Blood Pressure</b>		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 2	
<b>Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Muscarinic Receptor Antagonists (Anticholinergic) - Drugs for Abnormal Heart Rhythms</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML ( <i>atropine sulfate</i> )	Tier 3	
<b>Non-Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure</b>		
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
<b>PAH Agents - Selective Prostacyclin Receptor (IP) Agonists - Drugs for High Blood Pressure</b>		
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	Tier 4	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) ( <i>selexipag</i> )	Tier 4	PA; SP
<b>Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure</b>		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG ( <i>doxazosin mesylate</i> )	Tier 3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 4	PA; SP
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<b>Peripheral Vasodilators, Single Agents - Drugs for High Blood Pressure</b>		
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
<b>Pheochromocytoma, Agents to Treat - Drugs for High Blood Pressure</b>		
<i>metirosine oral capsule 250 mg</i>	Tier 1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML ( <i>iloprost tromethamine</i> )	Tier 4	PA; SP
<b>Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs for High Blood Pressure</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	Tier 4	PA; SP
<b>Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 4	PA; SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 4	PA; SP
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	Tier 4	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG ( <i>bosentan</i> )	Tier 4	PA; SP
<b>Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure</b>		
<i>tadalafil</i> (Alyq Oral Tablet 20 Mg)	Tier 4	PA; SP
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 4	PA; SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 4	PA; SP
<b>Renin Inhibitor, Direct - Drugs for High Blood Pressure</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 1	
<b>Renin Inhibitor, Direct and Diuretic Combinations - Drugs for High Blood Pressure</b>		
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG ( <i>aliskiren hemifumarate/hydrochlorothiazide</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Vasodilator Combinations - Drugs for High Blood Pressure</b>		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	
<b>Central Nervous System Agents - Drugs for the Nervous System</b>		
<b>Agents to Treat Episodic Cluster Headaches - Drugs for Migraine Headaches</b>		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) ( <i>galcanezumab-gnlm</i> )	Tier 2	PA
<b>Antianxiety Agent - Antihistamine Type - Drugs for Anxiety</b>		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antianxiety Agent - Benzodiazepines - Drugs for Anxiety</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>alprazolam</i> )	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 2	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
<b>Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety</b>		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 2	
<b>Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety</b>		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
<b>Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML ( <i>perampanel</i> )	Tier 3	ST: At least 3 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (680 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG <i>(perampanel)</i>	Tier 3	ST: At least 3 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG <i>(perampanel)</i>	Tier 3	ST: At least 3 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG <i>(perampanel)</i>	Tier 3	ST: At least 3 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lacosamide, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	
<b>Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) ( <i>midazolam</i> )	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) ( <i>diazepam</i> )	Tier 3	QL (10 EA per 30 days)
<b>Anticonvulsant - Cannabinoid Type - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
EPIDIOLEX ORAL SOLUTION 100 MG/ML ( <i>cannabidiol (cbd)</i> )	Tier 4	SP; ST: At least 2 prior prescriptions for Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid within the past 365 days
<b>Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>felbamate oral tablet 400 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>felbamate oral tablet 600 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG ( <i>divalproex sodium</i> )	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG ( <i>divalproex sodium</i> )	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG ( <i>divalproex sodium</i> )	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
<b>Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14) ( <i>lacosamide</i> )	Tier 2	
<b>Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (3 EA per 1 day)
<b>Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
SABRIL ORAL TABLET 500 MG ( <i>vigabatrin</i> )	Tier 4	PA; SP
<i>vigabatrin oral powder in packet 500 mg</i>	Tier 4	PA; SP
<i>vigabatrin oral tablet 500 mg</i>	Tier 4	PA; SP
<i>vigabatrin</i> (Vigadrone Oral Powder In Packet 500 Mg)	Tier 4	PA; SP
<b>Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<i>phenytoin sodium extended</i> (Dilantin Extended Oral Capsule 100 Mg)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phenytoin</i> (Dilantin Infatabs Oral Tablet, Chewable 50 Mg)	Tier 2	
DILANTIN ORAL CAPSULE 30 MG ( <i>phenytoin sodium extended</i> )	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML ( <i>phenytoin</i> )	Tier 2	
<i>phenytoin sodium extended</i> (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	Tier 1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 1	
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	
<b>Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
APTIOM ORAL TABLET 200 MG, 400 MG ( <i>eslicarbazepine acetate</i> )	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APTIOM ORAL TABLET 600 MG, 800 MG ( <i>eslicarbazepine acetate</i> )	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Valproate, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG ( <i>carbamazepine</i> )	Tier 2	
<i>carbamazepine</i> (Epiol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG ( <i>carbamazepine</i> )	Tier 3	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Tier 1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG ( <i>oxcarbazepine</i> )	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (1 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG ( <i>oxcarbazepine</i> )	Tier 3	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, Zonisade, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML ( <i>carbamazepine</i> )	Tier 2	
TEGRETOL ORAL TABLET 200 MG ( <i>carbamazepine</i> )	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG ( <i>carbamazepine</i> )	Tier 2	
<b>Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
EPRONTIA ORAL SOLUTION 25 MG/ML ( <i>topiramate</i> )	Tier 3	PA
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 25 mg, 50 mg</i>	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG ( <i>topiramate</i> )	Tier 1	QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG ( <i>topiramate</i> )	Tier 3	QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 25 MG ( <i>topiramate</i> )	Tier 1	QL (8 EA per 1 day)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 50 MG ( <i>topiramate</i> )	Tier 1	QL (4 EA per 1 day)
<b>Anticonvulsant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
ZTALMY ORAL SUSPENSION 50 MG/ML ( <i>ganaxolone</i> )	Tier 4	PA; SP
<b>Anticonvulsant - Phenyltriazine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7) ( <i>lamotrigine</i> )	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) ( <i>lamotrigine</i> )	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) ( <i>lamotrigine</i> )	Tier 3	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	

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<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<b><i>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)</i></b>	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<b><i>lamotrigine oral tablet extended release 24hr 100 mg</i></b>	Tier 2	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
<b><i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i></b>	Tier 2	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
<b><i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i></b>	Tier 2	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<b><i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i></b>	Tier 1	
<b><i>lamotrigine oral tablet, disintegrating 100 mg</i></b>	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
<b><i>lamotrigine oral tablet, disintegrating 200 mg</i></b>	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
<b><i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i></b>	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
<b><i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i></b>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>lamotrigine</b> (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 1	
<b>lamotrigine</b> (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 2	
<b>lamotrigine</b> (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 2	
<b>lamotrigine</b> (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 2	
<b>Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
BRIVIACT ORAL SOLUTION 10 MG/ML ( <b>brivaracetam</b> )	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG ( <b>brivaracetam</b> )	Tier 2	QL (2 EA per 1 day)
<b>levetiracetam oral solution 100 mg/ml</b>	Tier 1	
<b>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</b>	Tier 1	
<b>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</b>	Tier 1	
<b>Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
CELONTIN ORAL CAPSULE 300 MG ( <b>methsuximide</b> )	Tier 3	
<b>ethosuximide oral capsule 250 mg</b>	Tier 1	
<b>ethosuximide oral solution 250 mg/5 ml</b>	Tier 1	
<b>Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
ZONISADE ORAL SUSPENSION 100 MG/5 ML ( <b>zonisamide</b> )	Tier 3	PA
<b>zonisamide oral capsule 100 mg, 25 mg, 50 mg</b>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
<i>rufinamide oral suspension 40 mg/ml</i>	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)
<i>rufinamide oral tablet 200 mg</i>	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)
<i>rufinamide oral tablet 400 mg</i>	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)
<b>Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG ( <i>stiripentol</i> )	Tier 4	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG ( <i>stiripentol</i> )	Tier 4	PA; SP
FINTEPLA ORAL SOLUTION 2.2 MG/ML ( <i>fenfluramine hcl</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1) ( <i>cenobamate</i> )	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (2 EA per 1 day)
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1) ( <i>cenobamate</i> )	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG ( <i>cenobamate</i> )	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI ORAL TABLET 200 MG ( <i>cenobamate</i> )	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; 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) ( <i>cenobamate</i> )	Tier 2	ST: Requires prior prescription for Carbamazepine, Divalproex Sodium, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid (as Sodium Salt), Valproic Acid, Zonisade, or Zonisamide within the past 120 days; QL (1 EA per 1 day)
<b>Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression</b>		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B - Drugs for Depression</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR ( <i>selegiline</i> )	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 ( <i>isocarboxazid</i> )	Tier 3	
<i>phenelzine oral tablet 15 mg</i>	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i>	Tier 2	
<b>Antidepressant - NDMA Receptor Antagonist and NDRI Combinations - Drugs for Depression</b>		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG ( <i>dextromethorphan hbrlbupropion hcl</i> )	Tier 3	PA
<b>Antidepressant - N-methyl D-aspartate (NMDA) receptor antagonist - Drugs for Depression</b>		
SPRAVATO NASAL SPRAY, NON-AEROSOL 28 MG, 56 MG (28 MG X 2), 84 MG (28 MG X 3) ( <i>esketamine hcl</i> )	Tier 4	PA; SP
<b>Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression</b>		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	Tier 2	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>fluoxetine oral tablet 60 mg</i>	Tier 2	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) ( <i>levomilnacipran hcl</i> )	Tier 2	ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG ( <i>levomilnacipran hcl</i> )	Tier 2	ST: At least 2 prior prescriptions for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 365 days; QL (1 EA per 1 day)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 2	
<b>Antidepressant - SSRI and 5HT1A Partial Agonist - Drugs for Depression</b>		
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23) ( <i>vilazodone hcl</i> )	Tier 2	ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days
<b>Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression</b>		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hydrobromide</i> )	Tier 2	ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
<b>Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression</b>		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
<b>Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression</b>		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
<b>Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression</b>		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	
<b>Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb - Drugs for Parkinson</b>		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 2	
<b>Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson</b>		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	

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<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet, disintegrating 25-100 mg, 25-250 mg</i>	Tier 2	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML ( <i>carbidopallevodopa</i> )	Tier 4	PA; SP
<b>Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors - Drugs for Parkinson</b>		
<i>tolcapone oral tablet 100 mg</i>	Tier 2	ST: Requires prior prescription for Entacapone within the past 120 days; QL (3 EA per 1 day)
<b>Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson</b>		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG ( <i>opicapone</i> )	Tier 3	PA
<b>Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson</b>		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
<b>Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson</b>		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
<b>Antiparkinson Therapy - Dopamine Precursors - Drugs for Parkinson</b>		
INBRIJA INHALATION CAPSULE 42 MG ( <i>levodopa</i> )	Tier 4	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG ( <i>levodopa</i> )	Tier 4	PA; SP
<b>Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson</b>		
<i>bromocriptine oral capsule 5 mg</i>	Tier 2	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	

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<b>Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson</b>		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG ( <i>safinamide mesylate</i> )	Tier 3	ST: Requires prior prescription for Carbidopa/Levodopa (Sinemet IR, Sinemet CR, Duopa, Parcopa, or Rytary) within the past 120 days; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG ( <i>selegiline hcl</i> )	Tier 3	ST: Requires prior prescription for generic Selegiline capsules or tablets within the past 120 days; QL (2 EA per 1 day)
<b>Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson</b>		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML ( <i>apomorphine hcl</i> )	Tier 4	PA; SP
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	Tier 4	PA; SP
KYNMOBI SUBLINGUAL FILM 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>apomorphine hcl</i> )	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 ( <i>rotigotine</i> )	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)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>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</i>	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)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	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)
<b>Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs for Severe Mental Disorders</b>		
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR ( <i>asenapine</i> )	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine, Clozapine, Olanzapine, Paliperidone, Quetiapine, Risperidone, or Ziprasidone within the past 365 days; QL (1 EA per 1 day)
<b>Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders</b>		
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	Tier 1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders</b>		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>iloperidone</i> )	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine, Clozapine, Olanzapine, Paliperidone, Quetiapine, Risperidone, or Ziprasidone within the past 365 days; QL (2 EA per 1 day)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) ( <i>iloperidone</i> )	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine, Clozapine, Olanzapine, Paliperidone, Quetiapine, Risperidone, or Ziprasidone within the past 365 days; QL (8 EA per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML ( <i>paliperidone palmitate</i> )	Tier 4	PA; SP; QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML ( <i>paliperidone palmitate</i> )	Tier 4	PA; SP; QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML ( <i>paliperidone palmitate</i> )	Tier 4	PA; SP; QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML ( <i>paliperidone palmitate</i> )	Tier 4	PA; SP; QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML ( <i>paliperidone palmitate</i> )	Tier 4	PA; SP; QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML ( <i>paliperidone palmitate</i> )	Tier 4	PA; SP; QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML ( <i>paliperidone palmitate</i> )	Tier 4	PA; SP; QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML ( <i>paliperidone palmitate</i> )	Tier 4	PA; SP; QL (1.75 ML per 70 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML ( <i>paliperidone palmitate</i> )	Tier 4	PA; SP; QL (2.63 ML per 70 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 2	QL (2 EA per 1 day)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG ( <i>risperidone</i> )	Tier 4	PA; SP; QL (1 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML ( <i>risperidone microspheres</i> )	Tier 4	PA; SP; QL (1 EA per 14 days)
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	Tier 2	
<i>risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	
<b>Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs for Severe Mental Disorders</b>		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG ( <i>lumateperone tosylate</i> )	Tier 3	ST: Requires prior prescription for Vraylar within the past 120 days; QL (1 EA per 1 day)
<b>Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders</b>		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 2	QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERSACLOZ ORAL SUSPENSION 50 MG/ML ( <i>clozapine</i> )	Tier 3	ST: At least 2 prior prescriptions for Aripiprazole, Asenapine, Clozapine, Olanzapine, Paliperidone, Quetiapine, Risperidone, or Ziprasidone within the past 365 days; QL (18 ML per 1 day)
<b>Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders</b>		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
<b>Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders</b>		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG ( <i>loxapine</i> )	Tier 4	PA; SP
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
<b>Antipsychotic - Dihydroindolones - Drugs for Severe Mental Disorders</b>		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
<b>Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders</b>		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
<b>Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders</b>		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders</b>		
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 2	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<b>Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders</b>		
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
<b>Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs for Severe Mental Disorders</b>		
SEROQUEL XR ORAL TABLET, EXT REL 24HR DOSE PACK 50 MG(3)-200 MG (1)-300 MG(11) ( <i>quetiapine fumarate</i> )	Tier 3	
<b>Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs for Severe Mental Disorders</b>		
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG ( <i>olanzapine pamoate</i> )	Tier 4	PA; SP; QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG ( <i>olanzapine pamoate</i> )	Tier 4	PA; SP; QL (1 EA per 28 days)
<b>Antipsychotic-Atyp Selective Serotonin 5-HT2A Inverse Agonists (SSIA) - Drugs for Severe Mental Disorders</b>		
NUPLAZID ORAL CAPSULE 34 MG ( <i>pimavanserin tartrate</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUPLAZID ORAL TABLET 10 MG ( <i>pimavanserin tartrate</i> )	Tier 4	PA; SP
<b>Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG ( <i>aripiprazole</i> )	Tier 4	PA; SP; QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG ( <i>aripiprazole</i> )	Tier 4	PA; SP; QL (1 EA per 26 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML ( <i>aripiprazole lauroxil, submicronized</i> )	Tier 3	PA
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML ( <i>aripiprazole lauroxil</i> )	Tier 4	PA; SP; QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML ( <i>aripiprazole lauroxil</i> )	Tier 4	PA; SP; QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML ( <i>aripiprazole lauroxil</i> )	Tier 4	PA; SP; QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML ( <i>aripiprazole lauroxil</i> )	Tier 4	PA; SP; QL (3.2 ML per 14 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>brexipiprazole</i> )	Tier 2	ST: Requires prior prescription for oral formulation of generic Aripiprazole, Lurasidone, Olanzapine, Paliperidone, Quetiapine, Risperidone, or Ziprasidone within the past 120 days; QL (1 EA per 1 day)
<b>Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs for Severe Mental Disorders</b>		
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG ( <i>cariprazine hcl</i> )	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) ( <i>cariprazine hcl</i> )	Tier 2	QL (7 EA per 28 days)
<b>Attention Deficit-Hyperact. Disorder (ADHD)-alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder</b>		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 2	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<b>Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder</b>		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG ( <i>dextroamphetamine sulf-saccharatelamphetamine sulf-aspartate</i> )	Tier 1	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG ( <i>dextroamphetamine sulf-saccharatelamphetamine sulf-aspartate</i> )	Tier 1	QL (2 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG ( <i>methylphenidate hcl</i> )	Tier 1	QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG ( <i>methylphenidate hcl</i> )	Tier 1	QL (2 EA per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i></b>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML ( <b><i>amphetamine</i></b> )	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/amphetamine, Methylphenidate HCL, Mydayis, or Vyvanse within the past 365 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG ( <b><i>amphetamine</i></b> )	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/amphetamine, Methylphenidate HCL, Mydayis, or Vyvanse within the past 365 days; QL (1 EA per 1 day)
<b><i>methylphenidate hcl</i></b> (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (90 EA per 30 days)
<b><i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i></b>	Tier 1	QL (1 EA per 1 day)
<b><i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i></b>	Tier 1	QL (2 EA per 1 day)
<b><i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i></b>	Tier 1	QL (1 EA per 1 day)
<b><i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i></b>	Tier 1	QL (2 EA per 1 day)
<b><i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i></b>	Tier 1	
<b><i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i></b>	Tier 1	QL (90 EA per 30 days)
<b><i>methylphenidate hcl oral tablet extended release 10 mg</i></b>	Tier 1	QL (3 EA per 1 day)
<b><i>methylphenidate hcl oral tablet extended release 20 mg</i></b>	Tier 1	QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i></b>	Tier 2	QL (90 EA per 30 days)
<b><i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i></b>	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)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <b><i>dextroamphetamine sulf-saccharate/lamphetamine sulf-aspartate</i></b> )	Tier 2	QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 20 MG, 40 MG ( <b><i>methylphenidate hcl</i></b> )	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 30 MG ( <b><i>methylphenidate hcl</i></b> )	Tier 3	ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (2 EA per 1 day)
QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML) ( <b><i>methylphenidate hcl</i></b> )	Tier 3	180mL BOTTLE; ST: Requires prior prescription for Methylphenidate LA or CD within the past 120 days; QL (360 ML per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	Tier 2	QL (1 EA per 1 day)
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	Tier 2	QL (1 EA per 1 day)
<b><i>dextroamphetamine sulfate</i></b> (Zenedi Oral Tablet 10 Mg)	Tier 1	QL (180 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 15 Mg)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG ( <i>dextroamphetamine sulfate</i> )	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 20 Mg, 30 Mg)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 5 Mg)	Tier 1	QL (90 EA per 30 days)
<b>Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder</b>		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG ( <i>viloxazine hcl</i> )	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG ( <i>viloxazine hcl</i> )	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (2 EA per 1 day); Age (Min 6 Years)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG ( <i>viloxazine hcl</i> )	Tier 3	ST: Requires prior prescription for Amphetamine-Dextroamphetamine, Atomoxetine, Clonidine ER, Dexmethylphenidate, Guanfacine ER, or Methylphenidate IR within the past 120 days; QL (3 EA per 1 day); Age (Min 6 Years)
<b>Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML ( <i>alprazolam</i> )	Tier 2	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</b>	Tier 1	
<b>lorazepam</b> (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
<b>quazepam oral tablet 15 mg</b>	Tier 2	ST: Requires prior prescription for Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem within the past 120 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) ( <b>diazepam</b> )	Tier 3	QL (10 EA per 30 days)
<b>Bipolar Therapy Agents - Anticonvulsant Type - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG ( <b>carbamazepine</b> )	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG ( <b>divalproex sodium</b> )	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG ( <b>divalproex sodium</b> )	Tier 2	
<b>carbamazepine</b> (Eitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG ( <b>carbamazepine</b> )	Tier 3	
<b>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)</b>	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
<b>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</b>	Tier 2	
<b>lamotrigine</b> (Subvenite Starter (Blue) Kit Oral Tablets, Dose Pack 25 Mg (35))	Tier 2	
<b>lamotrigine</b> (Subvenite Starter (Green) Kit Oral Tablets, Dose Pack 25 Mg (84) -100 Mg (14))	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>lamotrigine</b> (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 2	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML ( <b>carbamazepine</b> )	Tier 2	
TEGRETOL ORAL TABLET 200 MG ( <b>carbamazepine</b> )	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG ( <b>carbamazepine</b> )	Tier 2	
<b>Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders</b>		
<b>aripiprazole oral solution 1 mg/ml</b>	Tier 1	ST: At least 2 prior prescriptions for Aripiprazole, Citalopram, Clozapine, Duloxetine, Escitalopram, Fluoxetine, Olanzapine, Paroxetine, Paroxetine Mesylate, Quetiapine, Risperidone, Sertraline, Venlafaxine, or Ziprasidone within the past 365 days
<b>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</b>	Tier 1	
<b>aripiprazole oral tablet,disintegrating 10 mg</b>	Tier 2	ST: At least 2 prior prescriptions for Aripiprazole, Citalopram, Clozapine, Duloxetine, Escitalopram, Fluoxetine, Olanzapine, Paroxetine, Paroxetine Mesylate, Quetiapine, Risperidone, Sertraline, Venlafaxine, or Ziprasidone within the past 365 days; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	Tier 2	ST: At least 2 prior prescriptions for Aripiprazole, Citalopram, Clozapine, Duloxetine, Escitalopram, Fluoxetine, Olanzapine, Paroxetine, Paroxetine Mesylate, Quetiapine, Risperidone, Sertraline, Venlafaxine, or Ziprasidone within the past 365 days; QL (2 EA per 1 day)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>olanzapine intramuscular recon soln 10 mg</i>	Tier 1	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG ( <i>cariprazine hcl</i> )	Tier 2	QL (1 EA per 1 day)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6) ( <i>cariprazine hcl</i> )	Tier 2	QL (7 EA per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	Tier 1	PA
<b>Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders</b>		
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lithium carbonate oral capsule 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
<b>Cannabis and Cannabinoids - Drugs for Seizures /Personality Disorder/Nerve Pain</b>		
SYNDROS ORAL SOLUTION 5 MG/ML ( <i>dronabinol</i> )	Tier 3	ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
<b>CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder</b>		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG ( <i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i> )	Tier 1	QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG ( <i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i> )	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML ( <i>amphetamine</i> )	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/amphetamine, Methylphenidate HCL, Mydayis, or Vyvanse within the past 365 days; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG ( <i>amphetamine</i> )	Tier 3	ST: At least 2 prior prescriptions for Dextroamphetamine/amphetamine, Methylphenidate HCL, Mydayis, or Vyvanse within the past 365 days; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate</i> )	Tier 2	QL (1 EA per 1 day)
<b>CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder</b>		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 2	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg</i>	Tier 2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (90 EA per 30 days)
<i>methamphetamine oral tablet 5 mg</i>	Tier 2	QL (150 EA per 30 days)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg)	Tier 1	QL (180 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 15 Mg)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG ( <i>dextroamphetamine sulfate</i> )	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 20 Mg, 30 Mg)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 5 Mg)	Tier 1	QL (90 EA per 30 days)
<b>CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System</b>		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
<b>HSDD Agents-Mixed Serotonin Agonist/Antagonists - Drugs for the Nervous System</b>		
ADDYI ORAL TABLET 100 MG ( <i>flibanserin</i> )	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>HSDD Agents-Non-Selective Melanocortin Receptor Agonist - Drugs for the Nervous System</b>		
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML ( <i>bremelanotide acetate</i> )	Tier 3	PA
<b>Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia</b>		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML ( <i>tasimelteon</i> )	Tier 4	PA; SP
<i>tasimelteon oral capsule 20 mg</i>	Tier 4	PA; SP
<b>Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody - Drugs for Migraine Headaches</b>		
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML ( <i>galcanezumab-gnlm</i> )	Tier 2	PA
<b>Migraine Therapy - CGRP Receptor Blockers (gepants and mAb) - Drugs for Migraine Headaches</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML ( <i>erenumab-aooe</i> )	Tier 2	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG ( <i>rimegepant sulfate</i> )	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG ( <i>atogepant</i> )	Tier 2	PA
UBRELVY ORAL TABLET 100 MG, 50 MG ( <i>ubrogepant</i> )	Tier 2	PA
<b>Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches</b>		
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 2	QL (15 ML per 14 days)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (18 EA per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation, 5 mg/lactuation</i>	Tier 1	QL (6 EA per 15 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	Tier 1	QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	Tier 1	QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	Tier 2	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier 2	QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 1	QL (5 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (4 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	Tier 2	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (6 EA per 15 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST: Requires prior prescription for Rizatriptan Benzoate or Sumatriptan Succinate within the past 180 days; QL (12 EA per 30 days)
<b>Migraine Therapy - Selective Serotonin Agonists 5-HT(1F) - Drugs for Migraine Headaches</b>		
REYVOW ORAL TABLET 100 MG, 50 MG ( <i>lasmiditan succinate</i> )	Tier 2	PA
<b>Movement Disorder Drug Therapy - Drugs for the Nervous System</b>		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) ( <i>deutetrabenazine</i> )	Tier 4	PA; SP
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG ( <i>deutetrabenazine</i> )	Tier 4	PA; SP
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) ( <i>deutetrabenazine</i> )	Tier 4	PA; SP
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) ( <i>valbenazine tosylate</i> )	Tier 4	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG ( <i>valbenazine tosylate</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 4	PA; SP
<b>Movement Disorder Therapy - Huntington's Disease - Drugs for the Nervous System</b>		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) ( <i>deutetrabenazine</i> )	Tier 4	PA; SP
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG ( <i>deutetrabenazine</i> )	Tier 4	PA; SP
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) ( <i>deutetrabenazine</i> )	Tier 4	PA; SP
<b>Movement Disorder Therapy - Tardive Dyskinesia - Drugs for the Nervous System</b>		
AUSTEDO 12MG START TITR(WK1-4) ORAL TABLETS,DOSE PACK 6MG(28)-9MG(28) -12 MG (14) ( <i>deutetrabenazine</i> )	Tier 4	PA; SP
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG ( <i>deutetrabenazine</i> )	Tier 4	PA; SP
AUSTEDO TD TITRATN PK (WK 1-2) ORAL TABLETS,DOSE PACK 6 MG (14)- 9 MG (14) ( <i>deutetrabenazine</i> )	Tier 4	PA; SP
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) ( <i>valbenazine tosylate</i> )	Tier 4	PA; SP
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG ( <i>valbenazine tosylate</i> )	Tier 4	PA; SP
<b>Narcolepsy and Cataplexy Therapy Agents - Sedative-Type - Drugs for Sleep Disorder</b>		
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 4	PA; SP
XYWAV ORAL SOLUTION 0.5 GRAM/ML ( <i>sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate</i> )	Tier 4	PA; SP
<b>Narcolepsy Therapy Agents - Dopamine and NE Reuptake Inhibitor (DNRI) - Drugs for Sleep Disorder</b>		
SUNOSI ORAL TABLET 150 MG, 75 MG ( <i>solriamfetol hcl</i> )	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs for Sleep Disorder</b>		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG ( <i>pitolisant hcl</i> )	Tier 4	PA; SP
<b>Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>Narcolepsy Therapy Agents- Stimulant-Type,Sympathomimetic,Amphetamines - Drugs for Sleep Disorder</b>		
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg)	Tier 1	QL (180 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 15 Mg)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG ( <i>dextroamphetamine sulfate</i> )	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 20 Mg, 30 Mg)	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate immediate release 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 5 Mg)	Tier 1	QL (90 EA per 30 days)
<b>Pseudobulbar Affect (PBA) Agents, NMDA antagonists type - Drugs for Severe Mental Disorders</b>		
NUEDEXTA ORAL CAPSULE 20-10 MG ( <i>dextromethorphan hbrlquinidine sulfate</i> )	Tier 3	PA
<b>Sedative-Hypnotic - Barbiturates - Drugs for Insomnia</b>		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>midazolam oral syrup 10 mg/5 ml (2 mg/ml)</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i>	Tier 2	ST: Requires prior prescription for Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem within the past 120 days
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
<b>Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia</b>		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs for Insomnia</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG ( <i>suvorexant</i> )	Tier 2	QL (1 EA per 1 day)
<b>Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs for Insomnia</b>		
<i>doxepin oral tablet 3 mg, 6 mg</i>	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)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Chemical Dependency, Agents to Treat - Drugs for Addiction</b>		
<b>Agents for Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs for Opioid Addiction</b>		
LUCEMYRA ORAL TABLET 0.18 MG ( <i>lofexidine hcl</i> )	Tier 3	PA
<b>Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction</b>		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG ( <i>buprenorphine hcl/naloxone hcl</i> )	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG ( <i>buprenorphine hcl/naloxone hcl</i> )	Tier 2	QL (2 EA per 1 day)
<b>Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction</b>		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	Tier 1	
<b>Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs for Alcohol Addiction</b>		
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG ( <i>naltrexone microspheres</i> )	Tier 4	PA; SP
<b>Alcohol Deterrents - Drugs for Alcohol Addiction</b>		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 1	
<b>Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction</b>		
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	Tier 1	
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	Tier 1	
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	Tier 1	
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	Tier 1	
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	Tier 3	
NICOTROL INHALATION CARTRIDGE 10 MG ( <i>nicotine</i> )	Tier 2	QL (168 EA per 10 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML ( <i>nicotine</i> )	Tier 2	QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM 2 MG ( <i>nicotine polacrilex</i> )	Tier 1	
QUIT 2 BUCCAL LOZENGE 2 MG ( <i>nicotine polacrilex</i> )	Tier 1	
QUIT 4 BUCCAL GUM 4 MG ( <i>nicotine polacrilex</i> )	Tier 1	
QUIT 4 BUCCAL LOZENGE 4 MG ( <i>nicotine polacrilex</i> )	Tier 1	
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG ( <i>nicotine polacrilex</i> )	Tier 1	
<b>Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction</b>		
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	Tier 1	QL (2 EA per 1 day)
<b>Chemicals-Pharmaceutical Adjuvants</b>		
<b>Bulk Chemicals</b>		
<i>citric acid (bulk) powder</i>	Tier 3	
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>guaiacol liquid</i>	Tier 3	
<b>Chemicals - Cryopreservative Agents</b>		
CRYOSERV SOLUTION 99 % ( <i>dimethyl sulfoxide</i> )	Tier 3	
<b>Chemicals - Solvents</b>		
<i>isopropyl alcohol solution 70 %, 91 %, 99 %</i>	Tier 3	DD
MURI-LUBE OIL ( <i>mineral oil, light sterile</i> )	Tier 3	
<b>Pharmaceutical Adjuvant - Inhalation Vehicles</b>		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % ( <i>sodium chloride for inhalation</i> )	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % ( <i>sodium chloride for inhalation</i> )	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % ( <i>sodium chloride for inhalation</i> )	Tier 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
<b>Pharmaceutical Adjuvant - Preservatives</b>		
<i>citric acid (bulk) powder</i>	Tier 3	
<i>citric acid anhydrous (bulk) granules 100 %</i>	Tier 3	
<b>Pharmaceutical Adjuvant - Suspending Agents</b>		
<i>hydroxypropyl cellulose powder</i>	Tier 3	
<i>hypromellose powder</i>	Tier 3	
<b>Cognitive Disorder Therapy</b>		
<b>Rett Syndrome Agents - Glypromate (GPE) Analogs</b>		
DAYBUE ORAL SOLUTION 200 MG/ML ( <i>trofinetide</i> )	Tier 4	PA; SP
<b>Cognitive Disorder Therapy - Drugs for the Nervous System</b>		
<b>Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease</b>		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease</b>		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
<b>Contraceptives - Drugs for Women</b>		
<b>Contraceptive - Vaginal pH Modulator - Medical Supplies and Durable Medical Equipment</b>		
PHEXXI VAGINAL GEL 1.8-1-0.4 % ( <i>lactic acid/citric acid/potassium bitartrate</i> )	Tier 3	PA; CT
<b>Contraceptive Implant - Progestin - Birth Control Pills</b>		
NEXPLANON SUBDERMAL IMPLANT 68 MG ( <i>etonogestrel</i> )	\$0	CT; EHB; QL (1 EA per 365 days)
<b>Contraceptive Injectable - Progestin - Birth Control Pills</b>		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML ( <i>medroxyprogesterone acetate</i> )	\$0	CT; EHB; QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0	CT; EHB; QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0	CT; EHB; QL (1 ML per 84 days)
<b>Contraceptive Oral - Biphasic - Birth Control Pills</b>		
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB; QL (91 EA per 84 days)
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB; QL (91 EA per 84 days)
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (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) ( <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> )	\$0	CT; EHB; QL (91 EA per 84 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) ( <i>levonorgestrellethinyl estradiol and ethinyl estradiol</i> )	\$0	CT; EHB; QL (91 EA per 84 days)
<i>levonorgestrellethinyl estradiol and ethinyl estradiol</i> (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB; QL (91 EA per 84 days)
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	CT; EHB
<i>levonorgestrellethinyl estradiol and ethinyl estradiol</i> (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB; QL (91 EA per 84 days)
<i>desogestrel-ethinyl estradiollethinyl estradiol</i> (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>l norgestle.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)</i>	\$0	CT; EHB; QL (91 EA per 84 days)
<i>levonorgestrellethinyl estradiol and ethinyl estradiol</i> (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7))	\$0	CT; EHB; QL (91 EA per 84 days)
<i>desogestrel-ethinyl estradiollethinyl estradiol</i> (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>desogestrel-ethinyl estradiollethinyl estradiol</i> (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>levonorgestrellethinyl estradiol and ethinyl estradiol</i> (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB; QL (91 EA per 84 days)
<i>desogestrel-ethinyl estradiollethinyl estradiol</i> (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>desogestrel-ethinyl estradiollethinyl estradiol</i> (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<b>Contraceptive Oral - Monophasic - Birth Control Pills</b>		
<i>levonorgestrellethinyl estradiol</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<i>levonorgestrellethinyl estradiol</i> (Altavera (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB

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<b>norethindrone-ethinyl estradiol</b> (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrellethinyl estradiol</b> (Amethyst (28) Oral Tablet 90-20 Mcg (28))	\$0	CT; EHB
<b>desogestrel-ethinyl estradiol</b> (Apri Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>levonorgestrellethinyl estradiol</b> (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrellethinyl estradiol</b> (Aubra Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>levonorgestrellethinyl estradiol</b> (Aviane Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrellethinyl estradiol</b> (Ayuna Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB

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<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Charlotte 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Chateal (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>norgestrel-ethinyl estradiol</b> (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
<b>desogestrel-ethinyl estradiol</b> (Cyred Eq Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>desogestrel-ethinyl estradiol</b> (Cyred Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Dolishale Oral Tablet 90-20 Mcg (28))	\$0	CT; EHB
<b>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</b>	\$0	CT; EHB
<b>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</b>	\$0	CT; EHB
<b>norgestrel-ethinyl estradiol</b> (Elinest Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
<b>desogestrel-ethinyl estradiol</b> (Enskyce Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
<b>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</b>	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB

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<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Gemmily Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Hailey Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Iclevia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	\$0	CT; EHB; QL (91 EA per 84 days)
<b>desogestrel-ethinyl estradiol</b> (Isibloom Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>ethinyl estradiol/drospirenone</b> (Jasmiel (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) ( <b>levonorgestrel/ethinyl estradiol</b> )	\$0	CT; EHB; QL (91 EA per 84 days)
<b>desogestrel-ethinyl estradiol</b> (Juleber Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol/ferrous fumarate</b> (Kaitlib Fe Oral Tablet, Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	\$0	CT; EHB
<b>desogestrel-ethinyl estradiol</b> (Kalliga Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>ethynodiol diacetate-ethinyl estradiol</b> (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
<b>ethynodiol diacetate-ethinyl estradiol</b> (Kelnor 1-50 (28) Oral Tablet 1-50 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (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) ( <b>norethindrone-ethinyl estradiol/ferrous fumarate</b> )	\$0	CT; EHB
<b>levonorgestrel/ethinyl estradiol</b> (Lessina Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</b>	\$0	CT; EHB

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<b>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</b>	\$0	CT; EHB; QL (91 EA per 84 days)
<b>levonorgestrellethinyl estradiol</b> (Levora-28 Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>ethinyl estradiolldrospirenone</b> (Loryna (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
<b>norgestrel-ethinyl estradiol</b> (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
<b>ethinyl estradiolldrospirenone</b> (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
<b>levonorgestrellethinyl estradiol</b> (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrellethinyl estradiol</b> (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiolferrous fumarate</b> (Merzee Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiolferrous fumarate</b> (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol</b> (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiolferrous fumarate</b> (Microgestin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiolferrous fumarate</b> (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiolferrous fumarate</b> (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Mili Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB

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<b>norgestimate-ethinyl estradiol</b> (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	\$0	CT; EHB
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) ( <b>drospirenone/estetrol</b> )	\$0	CT; EHB; ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days; QL (1 EA per 1 day)
<b>ethinyl estradiol/drospirenone</b> (Nikki (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
<b>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</b>	\$0	CT; EHB
<b>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</b>	\$0	CT; EHB
<b>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</b>	\$0	CT; EHB
<b>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</b>	\$0	CT; EHB
<b>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</b>	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</b>	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	\$0	CT; EHB
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) ( <b>norethindrone-ethinyl estradiol</b> )	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Nylia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
OCELLA ORAL TABLET 3-0.03 MG ( <b>ethinyl estradiol/drospirenone</b> )	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>norethindrone-ethinyl estradiol</b> (Philith Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Pirmella Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrellethinyl estradiol</b> (Portia 28 Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>desogestrel-ethinyl estradiol</b> (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
<b>levonorgestrellethinyl estradiol</b> (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	\$0	CT; EHB; QL (91 EA per 84 days)
<b>norgestimate-ethinyl estradiol</b> (Sprintec (28) Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
<b>levonorgestrellethinyl estradiol</b> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
<b>ethinyl estradiol/drospirenone</b> (Syeda Oral Tablet 3-0.03 Mg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Taysofy Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG ( <b>levonorgestrellethinyl estradiol</b> )	\$0	CT; EHB
<b>drospirenone/ethinyl estradiol/levomefolate calcium</b> (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7))	\$0	CT; EHB
<b>ethinyl estradiol/drospirenone</b> (Vestura (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
<b>levonorgestrellethinyl estradiol</b> (Vienva Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB

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<b>norethindrone-ethinyl estradiol</b> (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol/ferrous fumarate</b> (Wymzya Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	\$0	CT; EHB
<b>ethinyl estradiol/drospirenone</b> (Zarah Oral Tablet 3-0.03 Mg)	\$0	CT; EHB
<b>ethynodiol diacetate-ethinyl estradiol</b> (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
<b>ethinyl estradiol/drospirenone</b> (Zumandimine (28) Oral Tablet 3-0.03 Mg)	\$0	CT; EHB
<b>Contraceptive Oral - Progestin - Birth Control Pills</b>		
<b>norethindrone</b> (Camila Oral Tablet 0.35 Mg)	\$0	CT; EHB
<b>norethindrone</b> (Deblitane Oral Tablet 0.35 Mg)	\$0	CT; EHB
<b>norethindrone</b> (Errin Oral Tablet 0.35 Mg)	\$0	CT; EHB
<b>norethindrone</b> (Heather Oral Tablet 0.35 Mg)	\$0	CT; EHB
<b>norethindrone</b> (Incassia Oral Tablet 0.35 Mg)	\$0	CT; EHB
<b>norethindrone</b> (Jencycla Oral Tablet 0.35 Mg)	\$0	CT; EHB
<b>norethindrone</b> (Lyleq Oral Tablet 0.35 Mg)	\$0	CT; EHB
<b>norethindrone</b> (Lyza Oral Tablet 0.35 Mg)	\$0	CT; EHB
NORA-BE ORAL TABLET 0.35 MG ( <b>norethindrone</b> )	\$0	CT; EHB
<b>norethindrone (contraceptive) oral tablet 0.35 mg</b>	\$0	CT; EHB
<b>norethindrone</b> (Sharobel Oral Tablet 0.35 Mg)	\$0	CT; EHB
SLYND ORAL TABLET 4 MG (28) ( <b>drospirenone</b> )	\$0	CT; EHB; ST: Requires prior prescription for generic Norethindrone 0.35mg tablets within the past 120 days; QL (28 EA per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	\$0	CT; EHB
<b>Contraceptive Oral - Quadruphasic - Birth Control Pills</b>		
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0	CT; EHB
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG ( <i>estradiol valerateldienogest</i> )	\$0	CT; EHB; ST: At least 2 prior prescriptions for generic oral contraceptives within the past 365 days
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG ( <i>levonorgestrellethinyl estradiol and ethinyl estradiol</i> )	\$0	CT; EHB
<b>Contraceptive Oral - Triphasic - Birth Control Pills</b>		
<i>norethindrone-ethinyl estradiol</i> (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol</i> (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	\$0	CT; EHB
<i>norethindrone-ethinyl estradiol</i> (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
<i>levonorgestrellethinyl estradiol</i> (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 ( <i>norethindrone-ethinyl estradiol</i> )	\$0	CT; EHB
<i>levonorgestrellethinyl estradiol</i> (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0	CT; EHB
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0	CT; EHB
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>norethindrone-ethinyl estradiol</b> (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Nylia 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
<b>norethindrone-ethinyl estradiol</b> (Pirmella Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
<b>norethindrone acetate-ethinyl estradiol/ferrous fumarate</b> (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB
<b>levonorgestrellethinyl estradiol</b> (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	\$0	CT; EHB
<b>norgestimate-ethinyl estradiol</b> (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desogestrel-ethinyl estradiol</i> (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	\$0	CT; EHB
<b>Contraceptive Transdermal Combinations - Estrogen and Progestin Comb. - Birth Control Pills</b>		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR ( <i>levonorgestrellethinyl estradiol</i> )	Tier 3	CT; QL (3 EA per 28 days)
<i>norelgestrominlethinyl estradiol</i> (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)	\$0	CT; EHB; QL (3 EA per 28 days)
<i>norelgestrominlethinyl estradiol</i> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	\$0	CT; EHB; QL (3 EA per 28 days)
<b>Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb. - Birth Control Pills</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR ( <i>segesterone acetatelethinyl estradiol</i> )	\$0	CT; EHB; ST: Requires prior prescription for Etonogestrel/Ethinyl Estradiol within the past 120 days; QL (1 EA per 365 days)
<i>etonogestrellethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$0	CT; EHB; QL (1 EA per 28 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	\$0	CT; EHB; QL (1 EA per 28 days)
<i>etonogestrellethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$0	CT; EHB; QL (1 EA per 28 days)
<b>Emergency Contraceptives - Birth Control Pills</b>		
AFTER PILL ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	\$0	CT; EHB
HER STYLE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
<b>Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills</b>		
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	\$0	CT; EHB
<b>Emergency Contraceptives - Progestin Type - Birth Control Pills</b>		
AFTER PILL ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
HER STYLE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	\$0	CT; EHB
<b>Spermicides - Birth Control Pills</b>		
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG ( <i>nonoxynol 9</i> )	\$0	CT; EHB
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % ( <i>nonoxynol 9</i> )	\$0	CT; EHB
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % ( <i>nonoxynol 9</i> )	\$0	CT; EHB
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % ( <i>nonoxynol 9</i> )	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Drugs for the Skin</b>		
<b>Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin</b>		
<i>isotretinoin</i> (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 1	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
<b>Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs for the Skin</b>		
WINLEVI TOPICAL CREAM 1 % ( <i>clascoterone</i> )	Tier 3	PA
<b>Acne Therapy Topical - Anti-infective - Drugs for the Skin</b>		
ACIOXIAY TOPICAL CREAM 15-4 % ( <i>azelaic acid/niacinamide</i> )	Tier 3	
<i>azelaic acid topical gel 15 %</i>	Tier 2	
<i>clindamycin phosphate topical foam 1 %</i>	Tier 2	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 2	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 2	ST: Requires prior prescription for Clindamycin 1% gel within the past 120 days
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 2	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i>	Tier 1	
<i>dapsone topical gel 5 %</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dapsone topical gel with pump 7.5 %</i>	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 % ( <i>clindamycin/niacinamide</i> )	Tier 3	
ECEOXIA TOPICAL CREAM 10-4 % ( <i>sulfacetamide sodium/niacinamide</i> )	Tier 3	
ERY PADS TOPICAL SWAB 2 % ( <i>erythromycin base in ethanol</i> )	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 2	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
FINACEA TOPICAL FOAM 15 % ( <i>azelaic acid</i> )	Tier 2	
OXIAICE TOPICAL LOTION 15-4 % ( <i>sulfacetamide sodium/niacinamide</i> )	Tier 3	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 1	
<b>Acne Therapy Topical - Anti-infective Combinations Other - Drugs for the Skin</b>		
DEOXIA TOPICAL LOTION 1-4 % ( <i>clindamycin/niacinamide</i> )	Tier 3	
DIADIMAXIA TOPICAL GEL 6-5-2 % ( <i>dapsone/spironolactone/niacinamide</i> )	Tier 3	
DIAOXIA TOPICAL GEL 6-4 % ( <i>dapsone/niacinamide</i> )	Tier 3	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % ( <i>dapsone/spironolactone/niacinamide</i> )	Tier 3	
DIASOXIA TOPICAL GEL 8.5-4 % ( <i>dapsone/niacinamide</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin</b>		
BP 10-1 TOPICAL CLEANSER 10-1 % ( <i>sulfacetamide sodium/sulfur</i> )	Tier 2	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % ( <i>sulfacetamide sodium/sulfur/lurea</i> )	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	Tier 2	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	Tier 2	
DRAFACE TOPICAL SUSPENSION 2-8 % ( <i>salicylic acid/sulfacetamide sodium</i> )	Tier 3	
DRAFACEY TOPICAL SUSPENSION 2-8 % ( <i>salicylic acid/sulfacetamide sodium</i> )	Tier 3	
DRIFACE TOPICAL SUSPENSION 5-10 % ( <i>salicylic acid/sulfacetamide sodium</i> )	Tier 3	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 2	
INZDEOXIA TOPICAL GEL 2.5-1-4 % ( <i>benzoyl peroxide/clindamycin phosphate/niacinamide</i> )	Tier 3	
<i>clindamycin phosphate/benzoyl peroxide</i> (Neuac Topical Gel 1.2 % (1 % Base) -5 %)	Tier 1	
ONEXTON TOPICAL GEL 1.2 % (1 % BASE) -3.75 % ( <i>clindamycin phosphate/benzoyl peroxide</i> )	Tier 3	
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 % ( <i>clindamycin phosphate/benzoyl peroxide</i> )	Tier 2	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
ONZDEOXIA TOPICAL GEL 5-1-4 % ( <i>benzoyl peroxide/clindamycin phosphate/niacinamide</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % ( <i>sulfacetamide sodium/sulfur</i> )	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 % ( <i>sulfacetamide sodium/sulfur</i> )	Tier 3	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) ( <i>sulfacetamide sodium/sulfur</i> )	Tier 2	
SSS 10-5 TOPICAL FOAM 10-5 % ( <i>sulfacetamide sodium/sulfur</i> )	Tier 2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9.8-4.8 %</i>	Tier 2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	Tier 2	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	Tier 2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %</i>	Tier 2	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	Tier 2	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25 ( <i>sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal</i> )	Tier 3	
<b>Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin</b>		
ADAINZDE TOPICAL GEL 0.3-2.5-1 % ( <i>adapalene/benzoyl peroxide/clindamycin phosphate</i> )	Tier 3	
ADEINZDE TOPICAL GEL 0.1-2.5-1 % ( <i>adapalene/benzoyl peroxide/clindamycin phosphate</i> )	Tier 3	
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % ( <i>tretinoin/clindamycin phosphate/spironolactone/niacinamide</i> )	Tier 3	
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % ( <i>tretinoin/clindamycin phosphate/niacinamide</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEOXIAVAR TOPICAL CREAM 0.05-1-4 % ( <i>tretinoin/clindamycin phosphate/niacinamide</i> )	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % ( <i>tretinoin/dapsone/niacinamide</i> )	Tier 3	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % ( <i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i> )	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 % ( <i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i> )	Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 % ( <i>tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin</i> )	Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 % ( <i>tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin</i> )	Tier 3	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % ( <i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i> )	Tier 3	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 % ( <i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i> )	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 % ( <i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i> )	Tier 3	
TARDEOXIA TOPICAL CREAM 0.025-1-4 % ( <i>tretinoin/clindamycin phosphate/niacinamide</i> )	Tier 3	
<b>Acne Therapy Topical - Keratolytic - Drugs for the Skin</b>		
<i>benzoyl peroxide topical foam 9.8 %</i>	Tier 2	
BPO TOPICAL GEL 8 % ( <i>benzoyl peroxide</i> )	Tier 2	
INOVA TOPICAL COMBO PACK 4-5 %, 8-5 % ( <i>benzoyl peroxide/vitamin e mixed</i> )	Tier 3	
PACNEX HP TOPICAL PADS, MEDICATED 7 % ( <i>benzoyl peroxide</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PACNEX LP TOPICAL PADS, MEDICATED 4.25 % ( <i>benzoyl peroxide</i> )	Tier 3	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % ( <i>benzoyl peroxide microspheres</i> )	Tier 2	
<b>Acne Therapy Topical - Keratolytic Combinations Other - Drugs for the Skin</b>		
INOVA 4-1 TOPICAL COMBO PACK 1-4-5 % ( <i>salicylic acid/benzoyl peroxide/vitamin e mixed</i> )	Tier 3	
INOVA 8-2 TOPICAL COMBO PACK 2-8-5 % ( <i>salicylic acid/benzoyl peroxide/vitamin e mixed</i> )	Tier 3	
<b>Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs for the Skin</b>		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % ( <i>benzoyl peroxide/hydrocortisone</i> )	Tier 2	
<b>Acne Therapy Topical - Retinoid Combinations Other - Drugs for the Skin</b>		
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % ( <i>adapalene/benzoyl peroxide/niacinamide</i> )	Tier 3	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	Tier 2	ST: Requires prior prescription for Adapalene 0.1% gel within the past 120 days; Age (Max 25 Years)
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	Tier 2	Age (Max 25 Years)
IDYYXIATAR TOPICAL GEL 0.025-5 % ( <i>tretinoin/niacinamide</i> )	Tier 3	
OXIATAR TOPICAL CREAM 0.025-0.5-4 % ( <i>tretinoin/hyaluronate sodium/niacinamide</i> )	Tier 3	
OXIAVAR TOPICAL CREAM 0.05-4 % ( <i>tretinoin/niacinamide</i> )	Tier 3	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 % ( <i>tretinoin/hyaluronate sodium/niacinamide</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXIAVARY TOPICAL CREAM 0.1-4 % ( <i>tretinoin/niacinamide</i> )	Tier 3	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 % ( <i>tretinoin/hyaluronate sodium/niacinamide</i> )	Tier 3	
SAROXIA TOPICAL CREAM 0.05-4 % ( <i>tretinoin/niacinamide</i> )	Tier 3	
TARDIMAXIA TOPICAL GEL 0.025-5-2 % ( <i>tretinoin/spironolactone/niacinamide</i> )	Tier 3	
TAROXIA TOPICAL CREAM 0.025-4 % ( <i>tretinoin/niacinamide</i> )	Tier 3	
TAROXIA TOPICAL GEL 0.025-4 % ( <i>tretinoin/niacinamide</i> )	Tier 3	
VARDIMAXIA TOPICAL GEL 0.05-5-2 % ( <i>tretinoin/spironolactone/niacinamide</i> )	Tier 3	
VAROXIA TOPICAL CREAM 0.05-4 % ( <i>tretinoin/niacinamide</i> )	Tier 3	
VAROXIA TOPICAL GEL 0.05-4 % ( <i>tretinoin/niacinamide</i> )	Tier 3	
<b>Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin</b>		
<i>adapalene topical cream 0.1 %</i>	Tier 2	Age (Max 25 Years)
<i>adapalene topical gel 0.1 %</i>	Tier 1	Age (Max 25 Years)
<i>adapalene topical gel 0.3 %</i>	Tier 2	Age (Max 25 Years)
<i>adapalene topical gel with pump 0.3 %</i>	Tier 2	Age (Max 25 Years)
<i>adapalene topical lotion 0.1 %</i>	Tier 2	Age (Max 25 Years)
AKLIEF TOPICAL CREAM 0.005 % ( <i>trifarotene</i> )	Tier 3	ST: Requires prior prescription for Tazarotene, Tretinoin, or Adapalene (gel, cream, lotion, or solution) within the past 120 days; Age (Max 25 Years)
ALTRENO TOPICAL LOTION 0.05 % ( <i>tretinoin</i> )	Tier 3	Age (Max 25 Years)
AVITA TOPICAL CREAM 0.025 % ( <i>tretinoin</i> )	Tier 1	Age (Max 25 Years)
AVITA TOPICAL GEL 0.025 % ( <i>tretinoin</i> )	Tier 1	Age (Max 25 Years)
DIFFERIN TOPICAL LOTION 0.1 % ( <i>adapalene</i> )	Tier 3	Age (Max 25 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EFFACLAR ADAPALENE TOPICAL GEL 0.1 % ( <i>adapalene</i> )	Tier 1	Age (Max 25 Years)
ETHOXIA TOPICAL CREAM 0.05-4 % ( <i>tazarotene/niacinamide</i> )	Tier 3	
ITHOXIA TOPICAL CREAM 0.1-4 % ( <i>tazarotene/niacinamide</i> )	Tier 3	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Tier 2	Age (Max 25 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	Tier 2	Age (Max 25 Years)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	Tier 1	Age (Max 25 Years)
<i>tretinoin topical gel 0.05 %</i>	Tier 2	Age (Max 25 Years)
<b>Acne Therapy Topical Combinations Other - Drugs for the Skin</b>		
DIMOXIA TOPICAL GEL 5-4 % ( <i>spironolactone/niacinamide</i> )	Tier 3	
<b>Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs for the Skin</b>		
DUOBRII TOPICAL LOTION 0.01-0.045 % ( <i>halobetasol propionate/tazarotene</i> )	Tier 3	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days; QL (200 GM per 28 days)

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<b>Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin</b>		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
ENSTILAR TOPICAL FOAM 0.005-0.064 % ( <i>calcipotriene/betamethasone dipropionate</i> )	Tier 3	ST: Requires prior prescription for Calcipotriene/Betamethasone ointment within the past 120 days
WYNZORA TOPICAL CREAM 0.005-0.064 % ( <i>calcipotriene/betamethasone dipropionate</i> )	Tier 3	ST: Requires prior prescription for Calcipotriene/Betamethasone ointment within the past 120 days
<b>Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors, MC Antibody - Drugs for the Skin</b>		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML ( <i>ustekinumab</i> )	Tier 4	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML ( <i>ustekinumab</i> )	Tier 4	PA; SP
<b>Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin</b>		
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML ( <i>risankizumab-rzaa</i> )	Tier 4	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML ( <i>risankizumab-rzaa</i> )	Tier 4	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML ( <i>guselkumab</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML ( <i>guselkumab</i> )	Tier 4	PA; SP
<b>Antipsoriatic Agents - Tyrosine Kinase 2 (TYK2) Inhibitor - Drugs for the Skin</b>		
SOTYKTU ORAL TABLET 6 MG ( <i>deucravacitinib</i> )	Tier 4	PA; SP
<b>Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin</b>		
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML ( <i>secukinumab</i> )	Tier 4	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML ( <i>secukinumab</i> )	Tier 4	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML ( <i>secukinumab</i> )	Tier 4	PA; SP
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML ( <i>secukinumab</i> )	Tier 4	PA; SP
<b>Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin</b>		
OPZELURA TOPICAL CREAM 1.5 % ( <i>ruxolitinib phosphate</i> )	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG ( <i>upadacitinib</i> )	Tier 4	PA; SP
<b>Dermatitis Agents, Systemic - Interleukin-13 Inhibitors MAb - Drugs for the Skin</b>		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML ( <i>tralokinumab-ldrm</i> )	Tier 4	PA; SP
<b>Dermatitis Agents, Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb - Drugs for the Skin</b>		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML ( <i>dupilumab</i> )	Tier 4	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML ( <i>dupilumab</i> )	Tier 4	PA; SP

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Antibacterial,Antifungal Agent with Glucocorticoid - Drugs for the Skin</b>		
ALA-QUIN TOPICAL CREAM 3-0.5 % ( <i>clioquinolhydrocortisone</i> )	Tier 3	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	Tier 2	
PHEODOYO TOPICAL CREAM 2-1-2.5 % ( <i>ketoconazoleiodoquinolhydrocortisone</i> )	Tier 3	
<b>Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs for the Skin</b>		
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % ( <i>neomycin sulfatelfluocinolone acetonidelemollient comb no.65</i> )	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 % ( <i>neomycin sulfatelfluocinolone acetonide</i> )	Tier 3	ST: Requires prior prescription for generic Fluocinolone Acetonide cream, oil, ointment or solution within the past 120 days
<b>Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs for the Skin</b>		
QBREXZA TOPICAL TOWELETTE 2.4 % ( <i>glycopyrronium tosylate</i> )	Tier 2	PA
<b>Dermatological - Antifungal Allylamines - Drugs for the Skin</b>		
<i>naftifine topical cream 1 %</i>	Tier 2	
<i>naftifine topical cream 2 %</i>	Tier 2	QL (180 GM per 1 FILL)
NAFTIN TOPICAL GEL 2 % ( <i>naftifine hcl</i> )	Tier 2	
RIMI TOPICAL SOLUTION 5 % ( <i>terbinafine hcl</i> )	Tier 3	
<b>Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin</b>		
<i>nystatin</i> (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	

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<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 1	
<i>nystatin</i> (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
<b>Dermatological - Antifungal Benzylamines - Drugs for the Skin</b>		
MENTAX TOPICAL CREAM 1 % ( <i>butenafine hcl</i> )	Tier 3	
<b>Dermatological - Antifungal Combinations Other - Drugs for the Skin</b>		
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % ( <i>fluconazole/ibuprofen/itraconazole/terbinafine hcl</i> )	Tier 3	
EXODERM TOPICAL LOTION 25-1 % ( <i>sodium thiosulfate/salicylic acid</i> )	Tier 1	
HEXIOUNYL TOPICAL LOTION 3-5-20 % ( <i>ciclopirox olamine/itraconazole/lurea</i> )	Tier 3	
IMIOXIA TOPICAL CREAM 1-4 % ( <i>econazole nitrate/niacinamide</i> )	Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 % ( <i>ketoconazole/salicylic acid</i> )	Tier 3	
PHEOXIA TOPICAL CREAM 2-4 % ( <i>ketoconazole/niacinamide</i> )	Tier 3	
<b>Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin</b>		
CICLODAN KIT TOPICAL COMBO PACK 0.77 % ( <i>ciclopirox olamine/skin cleanser combination no.28</i> )	Tier 3	
<i>ciclopirox topical cream 0.77 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 2	
<i>ciclopirox topical shampoo 1 %</i>	Tier 2	
<i>ciclopirox topical solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i>	Tier 2	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	Tier 2	QL (19.8 ML per 1 FILL)
HAXDRAX TOPICAL SHAMPOO 0.77-2 % ( <i>ciclopirox olamine/salicylic acid</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % ( <i>ciclopirox olamine/fluconazole/terbinafine hcl</i> )	Tier 3	
<b>Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin</b>		
<i>clotrimazole topical cream 1 %</i>	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
<i>econazole topical cream 1 %</i>	Tier 2	QL (170 GM per 1 FILL)
ECOZA TOPICAL FOAM 1 % ( <i>econazole nitrate</i> )	Tier 3	
EXELDERM TOPICAL CREAM 1 % ( <i>sulconazole nitrate</i> )	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % ( <i>sulconazole nitrate</i> )	Tier 2	
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 % ( <i>ketoconazole/skin cleanser combination no.28</i> )	Tier 3	
<i>luliconazole topical cream 1 %</i>	Tier 2	ST: Requires prior prescriptions for Clotrimazole and Ketoconazole within the past 365 days; QL (60 GM per 28 days)
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	Tier 2	
<i>oxiconazole topical cream 1 %</i>	Tier 2	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 % ( <i>oxiconazole nitrate</i> )	Tier 3	
<i>sulconazole topical cream 1 %</i>	Tier 2	
<i>sulconazole topical solution 1 %</i>	Tier 2	
<b>Dermatological - Antifungal Oxaborole - Drugs for the Skin</b>		
<i>tavaborole topical solution with applicator 5 %</i>	Tier 1	PA
<b>Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin</b>		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 2	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 % ( <i>hydrocortisoneliodoquinol</i> )	Tier 3	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % ( <i>ciclopirox olamine/clobetasol propionate</i> )	Tier 3	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % ( <i>ciclopirox olamine/clobetasol propionate/salicylic acid</i> )	Tier 3	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	QL (180 GM per 1 FILL)
PHEYO TOPICAL CREAM 2-2.5 % ( <i>ketoconazole/hydrocortisone</i> )	Tier 3	
<b>Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin</b>		
VALCHLOR TOPICAL GEL 0.016 % ( <i>mechlorethamine hcl</i> )	Tier 4	PA; SP
<b>Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin</b>		
FLUROPLEX TOPICAL CREAM 1 % ( <i>fluorouracil</i> )	Tier 3	PA
<i>fluorouracil topical cream 0.5 %</i>	Tier 2	PA
<i>fluorouracil topical cream 5 %</i>	Tier 1	
<i>fluorouracil topical solution 2 %</i>	Tier 1	
<i>fluorouracil topical solution 5 %</i>	Tier 2	
TOLAK TOPICAL CREAM 4 % ( <i>fluorouracil</i> )	Tier 2	
<b>Dermatological - Antineoplastic or Premalignant Lesions - Antimicrotubule - Drugs for the Skin</b>		
KLISYRI TOPICAL OINTMENT IN PACKET 1 % ( <i>tirbanibulin</i> )	Tier 2	QL (5 EA per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin</b>		
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)
<b>Dermatological - Antineoplastic Retinoids - Drugs for the Skin</b>		
PANRETIN TOPICAL GEL 0.1 % ( <i>alitretinoin</i> )	Tier 4	SP; QL (60 GM per 28 days)
<b>Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin</b>		
<i>bexarotene topical gel 1 %</i>	Tier 4	PA; SP
<b>Dermatological - Antiperspirants - Drugs for the Skin</b>		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % ( <i>aluminum chloride</i> )	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % ( <i>aluminum chloride</i> )	Tier 2	
<b>Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin</b>		
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 1	
<b>Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 4	SP
<b>Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin</b>		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
DIOOXIA TOPICAL CREAM 0.005-4 % ( <i>calcipotriene/niacinamide</i> )	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 % ( <i>anthralin</i> )	Tier 2	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 1	
TAZORAC TOPICAL CREAM 0.05 % ( <i>tazarotene</i> )	Tier 2	
ZITHRANOL TOPICAL SHAMPOO 1 % ( <i>anthralin micronized</i> )	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<b>Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin</b>		
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) ( <i>apremilast</i> )	Tier 4	PA; SP
<b>Dermatological - Antiseborrheic - Drugs for the Skin</b>		
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % ( <i>sulfacetamide sodium</i> )	Tier 2	
OVACE PLUS TOPICAL CREAM 10 % ( <i>sulfacetamide sodium</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OVACE PLUS TOPICAL LOTION 9.8 % ( <i>sulfacetamide sodium</i> )	Tier 3	ST: Requires prior prescription for Ciclopirox or Ketoconazole within the past 120 days
PLEXION NS TOPICAL SHAMPOO 9.8 % ( <i>sulfacetamide sodium</i> )	Tier 3	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 2	
<i>sulfacetamide sodium topical cleanser 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	Tier 2	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	Tier 2	
TERSI FOAM TOPICAL FOAM 2.25 % ( <i>selenium sulfide</i> )	Tier 3	
<b>Dermatological - Antiviral, Herpes - Drugs for the Skin</b>		
<i>acyclovir topical ointment 5 %</i>	Tier 2	
<b>Dermatological - Burn Products - Drugs for the Skin</b>		
NEXOBRID TOPICAL GEL 8.8 % ( <i>anacaulase-bcdb</i> )	Tier 3	
<b>Dermatological - Burn Products Anti-infective - Drugs for the Skin</b>		
<i>mafenide acetate topical packet 50 gram</i>	Tier 1	
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
SSD TOPICAL CREAM 1 % ( <i>silver sulfadiazine</i> )	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G ( <i>mafenide acetate</i> )	Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM ( <i>mafenide acetate</i> )	Tier 3	
<b>Dermatological - Calcineurin Inhibitors - Drugs for the Skin</b>		
NUJU TOPICAL SOLUTION 0.1 % ( <i>tacrolimus</i> )	Tier 3	
NUJU TOPICAL CREAM 0.1 % ( <i>tacrolimus in vehicle base no.238</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXIANUJI TOPICAL OINTMENT 0.03-4 % ( <i>tacrolimus/niacinamide</i> )	Tier 3	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % ( <i>tacrolimus/hyaluronate sodium/niacinamide</i> )	Tier 3	
OXIANUJO TOPICAL OINTMENT 0.1-4 % ( <i>tacrolimus/niacinamide</i> )	Tier 3	
<i>pimecrolimus topical cream 1 %</i>	Tier 2	ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment) Mometasone (cream or ointment), or Triamcinolone (cream or ointment) within the past 120 days
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment) Mometasone (cream or ointment), or Triamcinolone (cream or ointment) within the past 120 days
<b>Dermatological - Emollient Combinations Other - Drugs for the Skin</b>		
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3-0.4 -0.066 % ( <i>emol53/e.water/namgfs/naphos/nacl/hypochlorous acid/nahypocl</i> )	Tier 1	
<b>Dermatological - Emollient Mixtures - Drugs for the Skin</b>		
ATRAPRO CP TOPICAL COMBO PACK, CREAM AND GEL ( <i>emollient combination no.47/emollient combination no.60</i> )	Tier 3	
PRESERA TOPICAL FOAM ( <i>emollient combination no.80</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCLAIR TOPICAL CREAM ( <i>hyaluronate sodium/vit elemollient no.12/allantoin/shear tree</i> )	Tier 3	
<b>Dermatological - Emollients - Drugs for the Skin</b>		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i>	Tier 1	
KERASTAT TOPICAL CREAM ( <i>keratin</i> )	Tier 3	
KERASTAT TOPICAL GEL 5 % ( <i>keratin</i> )	Tier 3	
RADIAGEL TOPICAL GEL ( <i>emollient base</i> )	Tier 3	
<b>Dermatological - Enzymes - Drugs for the Skin</b>		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM ( <i>collagenase clostridium histolyticum</i> )	Tier 3	PA
<b>Dermatological - Glucocorticoid - Drugs for the Skin</b>		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 % ( <i>hydrocortisone</i> )	Tier 1	
<i>hydrocortisone</i> (Ala-Cort Topical Cream 1 %)	Tier 1	
<i>hydrocortisone</i> (Ala-Scalp Topical Lotion 2 %)	Tier 2	ST: Requires prior prescription for generic Hydrocortisone 2.5% lotion within the past 120 days
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam 0.12 %</i>	Tier 2	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 % ( <i>fluocinolone acetonide</i> )	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	
<i>clobetasol topical foam 0.05 %</i>	Tier 2	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i>	Tier 2	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i>	Tier 1	
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	Tier 2	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical foam 0.05 %</i>	Tier 2	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 2	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 ( <i>flurandrenolide</i> )	Tier 3	ST: Requires prior prescription for Betamethasone (ointment, gel, lotion), Clobetasol (spray, lotion, gel, ointment, cream, solution), Fluocinonide 0.1% cream, or Halobetasol 0.05% (cream, ointment) within the past 120 days; QL (2 EA per 30 days)
CORDRAN TOPICAL CREAM 0.025 % ( <i>flurandrenolide</i> )	Tier 3	ST: Requires prior prescription for a Topical Anti-inflammatory Steroidal within the past 120 days
<i>desonide topical cream 0.05 %</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desonide topical gel 0.05 %</i>	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
<i>desonide topical lotion 0.05 %</i>	Tier 2	
<i>desonide topical ointment 0.05 %</i>	Tier 2	
<i>desoximetasone topical cream 0.05 %</i>	Tier 2	
<i>desoximetasone topical cream 0.25 %</i>	Tier 1	
<i>desoximetasone topical gel 0.05 %</i>	Tier 2	
<i>desoximetasone topical ointment 0.05 %</i>	Tier 2	
<i>desoximetasone topical ointment 0.25 %</i>	Tier 1	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	Tier 2	ST: Requires prior prescription for Betamethasone augmented 0.05% (cream, gel, lotion, ointment), Clobetasol, Desoximetasone (cream, gel, ointment), Fluocinonide (cream, gel), or Halobetasol (cream, ointment) within the past 120 days
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i>	Tier 1	
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	Tier 1	

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<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
<i>fluocinonide/emollient base</i> (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	Tier 1	
<i>flurandrenolide topical cream 0.05 %</i>	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
<i>flurandrenolide topical lotion 0.05 %</i>	Tier 2	
<i>flurandrenolide topical ointment 0.05 %</i>	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)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical lotion 0.05 %</i>	Tier 2	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>halcinonide topical cream 0.1 %</i>	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
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	
<i>halobetasol propionate topical ointment 0.05 %</i>	Tier 1	
HALOG TOPICAL OINTMENT 0.1 % ( <i>halcinonide</i> )	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 % ( <i>halcinonide</i> )	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
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>hydrocortisone butyrate topical lotion 0.1 %</i></b>	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)
<b><i>hydrocortisone butyrate topical ointment 0.1 %</i></b>	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
<b><i>hydrocortisone butyrate topical solution 0.1 %</i></b>	Tier 2	
<b><i>hydrocortisone butyr-emollient topical cream 0.1 %</i></b>	Tier 2	
<b><i>hydrocortisone topical cream 1 %, 2.5 %</i></b>	Tier 1	
<b><i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i></b>	Tier 1	
<b><i>hydrocortisone topical lotion 2.5 %</i></b>	Tier 1	
<b><i>hydrocortisone topical ointment 1 %, 2.5 %</i></b>	Tier 1	
<b><i>hydrocortisone valerate topical cream 0.2 %</i></b>	Tier 1	
<b><i>hydrocortisone valerate topical ointment 0.2 %</i></b>	Tier 2	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	
<i>triamcinolone acetonide</i> (Triderm Topical Cream 0.1 %)	Tier 1	
<i>triamcinolone acetonide</i> (Triderm Topical Cream 0.5 %)	Tier 1	QL (454 GM per 30 days)
<b>Dermatological - Glucocorticoid Combinations Other - Drugs for the Skin</b>		
ACIOXIA TOPICAL GEL 0.1-0.5 % ( <i>triamcinolone acetone</i> / <i>pentoxifylline</i> )	Tier 3	
CHLOHUX TOPICAL SHAMPOO 0.05-2 % ( <i>clobetasol propionate</i> / <i>levocetirizine dihydrochloride</i> )	Tier 3	
CHLOOXIA TOPICAL CREAM 0.05-4 % ( <i>clobetasol propionate</i> / <i>niacinamide</i> )	Tier 3	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % ( <i>clobetasol propionate</i> / <i>niacinamide</i> )	Tier 3	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % ( <i>clobetasol propionate</i> / <i>niacinamide</i> )	Tier 3	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % ( <i>clobetasol propionate</i> / <i>calcipotriene</i> )	Tier 3	
FLUOXIA TOPICAL CREAM 0.05-4 % ( <i>desoximetasone</i> / <i>niacinamide</i> )	Tier 3	
OXIACHLO TOPICAL SOLUTION 0.05-4 % ( <i>clobetasol propionate</i> / <i>niacinamide</i> )	Tier 3	
TETOXIA TOPICAL CREAM 0.01-4 % ( <i>fluocinolone acetone</i> / <i>niacinamide</i> )	Tier 3	
<b>Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin</b>		
NUCORT TOPICAL LOTION 2 % ( <i>hydrocortisone acetate</i> / <i>aloe vera</i> )	Tier 3	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % ( <i>fluocinolone acetone</i> / <i>emollient combination no.65</i> )	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 % ( <i>fluocinolone acetone</i> / <i>emollient combination no.65</i> )	Tier 3	QL (375 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin</b>		
ANALPRAM-HC TOPICAL LOTION 2.5-1 % <i>(hydrocortisone acetate/pramoxine hcl)</i>	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 % <i>(hydrocortisone acetate/pramoxine hcl)</i>	Tier 3	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Tier 2	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 % <i>(hydrocortisone acetate/pramoxine hcl)</i>	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 % <i>(hydrocortisone acetate/pramoxine hcl)</i>	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 % <i>(hydrocortisone acetate/pramoxine hcl)</i>	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % <i>(hydrocortisone acetate/pramoxine hcl)</i>	Tier 2	
<b>Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs for the Skin</b>		
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 % <i>(clobetasol propionate/skin cleanser combination no.28)</i>	Tier 3	
SYNALAR TS TOPICAL KIT 0.01 % <i>(fluocinolone acetone/skin cleanser comb no.28)</i>	Tier 3	
<b>Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin</b>		
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Immunomodulator Combinations - Drugs for the Skin</b>		
QUIDROXZAR TOPICAL GEL 5-0.1-30 % ( <i>imiquimod/tretinoin/salicylic acid</i> )	Tier 3	
QUIHOXAXIA TOPICAL GEL 5-1-2 % ( <i>imiquimod/levocetirizine dihydrochloride/niacinamide</i> )	Tier 3	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % ( <i>imiquimod/tretinoin/levocetirizine dihydrochloride</i> )	Tier 3	
QUITAR TOPICAL GEL 5-0.025 % ( <i>imiquimod/tretinoin</i> )	Tier 3	
<b>Dermatological - Keratolytic Combinations Other - Drugs for the Skin</b>		
GEAMETDRAY TOPICAL GEL 17 %-2 %- 5 % ( <i>salicylic acid/libuprofen/cimetidine</i> )	Tier 3	
GUANENDRUX TOPICAL CREAM 40-10-5 % ( <i>salicylic acid/cimetidine/lidocaine</i> )	Tier 3	
NENDRUX TOPICAL GEL 40-5 % ( <i>salicylic acid/lidocaine</i> )	Tier 3	
PRONAL TOPICAL GEL 10-40 % ( <i>lactic acid/lurea</i> )	Tier 3	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 % ( <i>urea/emollient combination no.65</i> )	Tier 3	
<b>Dermatological - Keratolytic-Antimitotic Combinations - Drugs for the Skin</b>		
SALVAX DUO PLUS TOPICAL FOAM 6-35 % ( <i>salicylic acid/lurea</i> )	Tier 3	
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
<b>Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin</b>		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 1	
CEM-UREA TOPICAL GEL 45 % ( <i>urea</i> )	Tier 1	
CONDYLOX TOPICAL GEL 0.5 % ( <i>podofilox</i> )	Tier 3	ST: Requires prior prescription for Podofilox within the past 120 days; QL (0.5 GM per 1 day)
HYDRO 35 TOPICAL FOAM 35 % ( <i>urea</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KERALYT SCALP COMPLETE TOPICAL KIT, SHAMPOO AND GEL 6-6 % ( <i>salicylic acid</i> )	Tier 3	
PODOCON TOPICAL LIQUID 25 % ( <i>podophyllum resin</i> )	Tier 1	
<i>podofilox topical solution 0.5 %</i>	Tier 1	QL (0.5 ML per 1 day)
<i>salicylic acid topical cream 6 %</i>	Tier 1	
<i>salicylic acid topical cream, extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	Tier 1	
<i>salicylic acid topical foam 6 %</i>	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion, extended release 6 %</i>	Tier 1	
<i>salicylic acid topical ointment 3 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i>	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 % ( <i>salicylic acid</i> )	Tier 3	
SALVAX TOPICAL FOAM 6 % ( <i>salicylic acid</i> )	Tier 1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % ( <i>salicylic acid</i> )	Tier 3	
UMECTA TOPICAL FOAM 40 % ( <i>urea</i> )	Tier 2	
URAMAXIN TOPICAL FOAM 20 % ( <i>urea</i> )	Tier 3	
URAMAXIN TOPICAL LOTION 45 % ( <i>urea</i> )	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % ( <i>urea</i> )	Tier 1	
<i>urea topical cream 39 %, 47 %</i>	Tier 2	
<i>urea topical cream 40 %, 45 %, 50 %</i>	Tier 1	
<i>urea topical foam 35 %</i>	Tier 2	
<i>urea topical gel 45 %</i>	Tier 1	
<i>urea topical lotion 40 %</i>	Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % ( <i>salicylic acid</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Liver Derivative Complex - Drugs for the Skin</b>		
NEXAVIR INJECTION SOLUTION 25.5 MG/ML ( <i>liver extract (beef-pork)</i> )	Tier 3	
<b>Dermatological - Local Anesthetic Combinations - Drugs for the Skin</b>		
CETACAINE ANESTHETIC TOPICAL LIQUID 2-2-14 % ( <i>tetracaine/benzocaine/butamben</i> )	Tier 3	
CETACAINE TOPICAL AEROSOL, SPRAY 2 %-2 %-14 % (200 MG/SEC) ( <i>tetracaine/benzocaine/butamben</i> )	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 % ( <i>lidocaine/tetracaine/benzocaine</i> )	Tier 3	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
<b>Dermatological - Local Anesthetic Gas Combinations - Drugs for the Skin</b>		
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL, SPRAY ( <i>norflurane/pentafluoropropane (hfc 245fa)</i> )	Tier 3	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL, SPRAY ( <i>norflurane/pentafluoropropane (hfc 245fa)</i> )	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL, SPRAY ( <i>norflurane/pentafluoropropane (hfc 245fa)</i> )	Tier 3	
<b>Dermatological - Local Anesthetic Gas Single Agents - Drugs for the Skin</b>		
<i>ethyl chloride topical aerosol, spray 100 %</i>	Tier 1	
<b>Dermatological - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for the Skin</b>		
HYFTOR TOPICAL GEL 0.2 % ( <i>sirolimus</i> )	Tier 4	PA; SP
<b>Dermatological - Miscellaneous Single Agents - Drugs for the Skin</b>		
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % ( <i>gabapentin</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium chloride topical solution 0.9 %</i>	Tier 1	
<b>Dermatological - NSAID Combinations - Drugs for the Skin</b>		
ROAOXIA TOPICAL GEL 3-2-4 % ( <i>diclofenac sodium/hyaluronate sodium/niacinamide</i> )	Tier 3	
<b>Dermatological - NSAID Single Agents - Drugs for the Skin</b>		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Tier 2	
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % ( <i>diclofenac epolamine</i> )	Tier 3	ST: Requires prior prescription for Diclofenac Epolamine within the past 120 days; QL (1 EA per 1 day)
<b>Dermatological - Photodynamic Therapy Agents Topical - Drugs for the Skin</b>		
AMELUZ TOPICAL GEL 10 % ( <i>aminolevulinic acid hcl</i> )	Tier 3	
LEVULAN TOPICAL SOLUTION 20 % ( <i>aminolevulinic acid hcl</i> )	Tier 3	
<b>Dermatological - Protectant Combinations - Drugs for the Skin</b>		
PR CREAM TOPICAL CREAM ( <i>protectives combination no.2/ceramides 1,3,6-ii</i> )	Tier 1	
RECEDO TOPICAL GEL ( <i>polydimethylsiloxanes/silicon dioxide</i> )	Tier 3	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % ( <i>hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol</i> )	Tier 3	
<b>Dermatological - Protectants - Drugs for the Skin</b>		
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 % ( <i>zinc oxide</i> )	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET ( <i>petrolatum,white</i> )	Tier 1	
<i>zinc oxide topical ointment 20 %</i>	Tier 1	
<i>zinc oxide topical paste 25 %</i>	Tier 1	
<b>Dermatological - Rosacea Therapy, Topical - Drugs for the Skin</b>		
AVEIDA TOPICAL GEL 1-1 % ( <i>ivermectin/metronidazole</i> )	Tier 3	
AVEIDAOXIA TOPICAL GEL 1-1-4 % ( <i>ivermectin/metronidazole/niacinamide</i> )	Tier 3	
<i>brimonidine topical gel with pump 0.33 %</i>	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % ( <i>sulfacetamide sodium/sulfurlurea</i> )	Tier 2	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % ( <i>brimonidine tartrate/ivermectin/metronidazole/niacinamide</i> )	Tier 3	
DAZOMON TOPICAL GEL 0.25 % ( <i>brimonidine tartrate</i> )	Tier 3	
IDAOXIA TOPICAL GEL 1-4 % ( <i>metronidazole/niacinamide</i> )	Tier 3	
IDARAN TOPICAL OINTMENT 1-2 % ( <i>metronidazole/mupirocin</i> )	Tier 3	
<i>metronidazole topical cream 0.75 %</i>	Tier 1	
<i>metronidazole topical gel 0.75 %</i>	Tier 1	
<i>metronidazole topical gel 1 %</i>	Tier 2	
<i>metronidazole topical gel with pump 1 %</i>	Tier 2	
<i>metronidazole topical lotion 0.75 %</i>	Tier 2	
RHOFADE TOPICAL CREAM 1 % ( <i>oxymetazoline hcl</i> )	Tier 3	
<i>metronidazole</i> (Rosadan Topical Cream 0.75 %)	Tier 1	
SOOLANTRA TOPICAL CREAM 1 % ( <i>ivermectin</i> )	Tier 1	ST: Requires prior prescription for Azelaic Acid or Finacea within the past 120 days
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 ( <i>sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dermatological - Tissue/Wound Adhesives - Fibrin Sealants - Drugs for the Skin</b>		
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) ( <i>thrombin(hum plas)/fibrinogen/aprotinin,synlcalcium chloride</i> )	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML ( <i>thrombin(hum plas)/fibrinogen/aprotinin,synlcalcium chloride</i> )	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML ( <i>thrombin(hum plas)/fibrinogen/aprotinin,synlcalcium chloride</i> )	Tier 3	
<b>Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin</b>		
ANASTIA TOPICAL LOTION 2.75 % ( <i>lidocaine hcl</i> )	Tier 3	
DERMACINRX LIDOGEL TOPICAL GEL 2.8 % ( <i>lidocaine hcl</i> )	Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 % ( <i>lidocaine hcl</i> )	Tier 3	
<i>lidocaine hcl</i> (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % ( <i>lidocaine hcl/racepinephrine hcl/tetracaine hcl</i> )	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % ( <i>lidocaine hcl/racepinephrine hcl/tetracaine hcl</i> )	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % ( <i>lidocaine hcl/epinephrine bitartrate/tetracaine hcl</i> )	Tier 3	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 % ( <i>lidocaine hcl</i> )	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % ( <i>lidocaine hcl</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUMBONEX TOPICAL LOTION 2.75 % ( <i>lidocaine hcl</i> )	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 % ( <i>lidocaine/tetracaine</i> )	Tier 3	
REGENECARE TOPICAL GEL 2 % ( <i>lidocaine hcl/collagen</i> )	Tier 3	
TRANZAREL TOPICAL GEL 4 % ( <i>lidocaine</i> )	Tier 3	
<b>Dermatological - Topical Local Anesthetic Esters - Drugs for the Skin</b>		
ANACAINE TOPICAL OINTMENT 10 % ( <i>benzocaine</i> )	Tier 3	
<b>Dermatological Irritants-Counter-Irritant Single Agents - Drugs for the Skin</b>		
<i>methyl salicylate oil</i>	Tier 1	
<i>methyl salicylate topical liquid</i>	Tier 1	
QUTENZA TOPICAL KIT 8 % ( <i>capsaicin/skin cleanser</i> )	Tier 3	PA
WINTERGREEN OIL OIL ( <i>methyl salicylate</i> )	Tier 1	
<b>Hair Growth Agents - Systemic - Drugs for the Skin</b>		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>baricitinib</i> )	Tier 4	PA; SP
<b>Human Cellular Regenerative Tissue Matrix - Drugs for the Skin</b>		
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 5 X 6 CM, 7 X 7 CM ( <i>human regenerative tissue matrix</i> )	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 ( <i>human regenerative tissue matrix</i> )	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 ( <i>human regenerative tissue matrix</i> )	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM ( <i>human regenerative tissue matrix</i> )	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM ( <i>human regenerative tissue matrix</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM ( <i>human regenerative tissue matrix</i> )	Tier 3	
<b>Nail Protectives - Drugs for the Skin</b>		
GENADUR (WITH LEXINAL) KIT 2,500 MCG ( <i>biotin/carbitol/lequisetum xtlethanol/hydroxypropyl chitol/msm</i> )	Tier 3	
<b>Scabicide and Pediculicide Single Agents - Drugs for the Skin</b>		
<i>lindane topical shampoo 1 %</i>	Tier 2	
<i>malathion topical lotion 0.5 %</i>	Tier 2	
<i>permethrin topical cream 5 %</i>	Tier 1	
<i>spinosad topical suspension 0.9 %</i>	Tier 2	
ULESFIA TOPICAL LOTION 5 % ( <i>benzyl alcohol</i> )	Tier 3	
<b>Skin Replacement, Live Tissue Dressings - Drugs for the Skin</b>		
APLIGRAF TOPICAL DISK ( <i>cultured skin substitute,human and bovine</i> )	Tier 3	
DERMAGRAFT TOPICAL SHEET 2 X 3 " ( <i>cultured skin substitute,human and bovine</i> )	Tier 3	
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM ( <i>porcine acellular small intestine submucosa, fenestrated</i> )	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM ( <i>porcine acell submucosa,meshed</i> )	Tier 3	
STRATAGRAFT TOPICAL SHEET 8 CM X 12.5 CM ( <i>keratinocytes, fibroblasts, collagen-dsat</i> )	Tier 3	
<b>Wound Care - Cleansers - Drugs for the Skin</b>		
VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION 0.033 % ( <i>sodium chloride irrigating solution/hypochlorous acid</i> )	Tier 3	
<b>Wound Care - Dressings - Drugs for the Skin</b>		
ACESO AG TOPICAL BANDAGE 4 X 4 " ( <i>silver/silicone/foam bandage</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 " ( <b>silver</b> )	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 " ( <b>foam bandage</b> )	Tier 3	
CARRASYN HYDROGEL WOUND DRESS TOPICAL GEL ( <b>gel dressing</b> )	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL ( <b>gel dressing</b> )	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" ( <b>polyhexamethylene biguanidelgauze bandage</b> )	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET ( <b>polyhexamethylene biguanidelgauze bandage</b> )	Tier 3	
KERAGEL TOPICAL GEL ( <b>gel dressing</b> )	Tier 3	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD ( <b>polyhexamethylene biguanidelgauze bandage</b> )	Tier 3	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" ( <b>polyhexamethylene biguanidelgauze bandage</b> )	Tier 3	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 " ( <b>alginate dressing/carboxymethylcellulose</b> )	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " ( <b>honey/hydrocolloid dressing</b> )	Tier 3	
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " ( <b>silver/calcium alginate</b> )	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 " ( <b>dressing, collagen/silver</b> )	Tier 3	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 " ( <b>silver/calcium alginate</b> )	Tier 3	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 " ( <b>silver/calcium alginate</b> )	Tier 3	
SILVASORB TOPICAL GEL,EXTENDED RELEASE ( <b>silver</b> )	Tier 1	
SPECTRAGEL TOPICAL GEL ( <b>gel dressing</b> )	Tier 3	
STRATACTX TOPICAL GEL ( <b>gel dressing</b> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STRATAGRT TOPICAL GEL ( <i>gel dressing</i> )	Tier 3	
STRATAXRT TOPICAL GEL ( <i>gel dressing</i> )	Tier 3	
THERAHONEY TOPICAL BANDAGE 4 X 5 " ( <i>honey</i> )	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 " ( <i>gel dressing</i> )	Tier 3	
ZENPHOR TOPICAL GEL ( <i>gel dressing</i> )	Tier 3	
<b>Wound Care - Growth Factor Agents - Drugs for the Skin</b>		
REGRANEX TOPICAL GEL 0.01 % ( <i>becaplermin</i> )	Tier 2	DD
<b>Diagnostic Agents</b>		
<b>Diagnostic - Multiple Urine Tests</b>		
CHEK-STIX CONTROL STRIP ( <i>urine multiple test strips</i> )	Tier 3	
CHEMSTRIP 10 MD STRIP ( <i>urine multiple test strips</i> )	Tier 3	
CHEMSTRIP 10/SG STRIP ( <i>urine multiple test strips</i> )	Tier 3	
CHEMSTRIP 2 GP STRIP ( <i>urine multiple test strips</i> )	Tier 3	
CHEMSTRIP 50B STRIP ( <i>urine multiple test strips</i> )	Tier 3	
CHEMSTRIP 7 STRIP ( <i>urine multiple test strips</i> )	Tier 3	
CHEMSTRIP 9 STRIP ( <i>urine multiple test strips</i> )	Tier 3	
COMBISTIX REAGENT STRIP ( <i>urine multiple test strips</i> )	Tier 3	
HEMA-COMBISTIX STRIP ( <i>urine multiple test strips</i> )	Tier 3	
LABSTIX REAGENT STRIP ( <i>urine multiple test strips</i> )	Tier 3	
MULTISTIX 10 SG STRIP ( <i>urine multiple test strips</i> )	Tier 3	
MULTISTIX 5 STRIP ( <i>urine multiple test strips</i> )	Tier 3	
MULTISTIX 7 STRIP ( <i>urine multiple test strips</i> )	Tier 3	
MULTISTIX 8 SG STRIP ( <i>urine multiple test strips</i> )	Tier 3	
MULTISTIX 9 SG STRIP ( <i>urine multiple test strips</i> )	Tier 3	
MULTISTIX 9 STRIP ( <i>urine multiple test strips</i> )	Tier 3	
MULTISTIX STRIP ( <i>urine multiple test strips</i> )	Tier 3	
URISTIX 4 STRIP ( <i>urine multiple test strips</i> )	Tier 3	
URISTIX REAGENT STRIP ( <i>urine multiple test strips</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Diagnostic Radiopharmaceuticals - Endocrine</b>		
<i>sodium iodide-123 oral capsule 3.7 mbq (100 microci), 7.4 mbq (200 microci)</i>	Tier 1	OCH
<i>sodium iodide-131 oral capsule 3.7 mbq (100 microci)</i>	Tier 1	OCH
<b>Drugs to treat Erectile Dysfunction - Drugs for the Urinary System</b>		
<b>Erectile Dysfunction (ED) Drugs - Prostaglandins - Drugs for Erectile Dysfunction</b>		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG ( <i>alprostadil</i> )	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG ( <i>alprostadil</i> )	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG ( <i>alprostadil</i> )	Tier 3	QL (1 EA per 5 days)
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG ( <i>alprostadil</i> )	Tier 3	QL: 6 INJECTIONS IN 30 DAYS
IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML ( <i>alprostadil in bacteriostatic sodium chloride</i> )	Tier 1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG ( <i>alprostadil</i> )	Tier 3	QL (1 EA per 5 days)
<b>Erectile Dysfunction (ED) Drugs- Alpha Blocker, Peripheral Vasodilator - Drugs for Erectile Dysfunction</b>		
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG-1 MG/ML ( <i>papaverine hcl/phentolamine mesylate in water</i> )	Tier 1	
<b>Erectile Dysfunction (ED) Drugs-Prostaglandin, Peripheral Vasodilator - Drugs for Erectile Dysfunction</b>		
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG ( <i>papaverine hcl/phentolamine mesylate/alprostadil</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib - Drugs for Erectile Dysfunction</b>		
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
<b>Eating Disorder Therapy - Drugs for Eating Disorders</b>		
<b>Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders</b>		
SYNDROS ORAL SOLUTION 5 MG/ML ( <i>dronabinol</i> )	Tier 3	ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
<b>Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders</b>		
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	Tier 1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days
<b>Electrolyte Balance-Nutritional Products - Drugs for Nutrition</b>		
<b>Amino Acids, Single Ingredient, Oral (non-injectable) - Drugs for Nutrition</b>		
ENDARI ORAL POWDER IN PACKET 5 GRAM ( <i>glutamine</i> )	Tier 4	PA; SP
<b>Dietary Product - Infant Formulas - Drugs for Nutrition</b>		
PHENEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM ( <i>infant formula for pku, iron, no.2</i> )	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Diluents - Insulin Diluting Solutions - Drugs for Nutrition</b>		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION ( <i>diluent,insulin aspart combination no.1</i> )	Tier 3	
<b>Diluents - Others - Drugs for Nutrition</b>		
STERILE HYDROGEL FOR JELMYTO INTRA-PYELOCALYCEAL SOLUTION ( <i>diluent for mitomycin (hydroxypropyl,poloxam,polyethyl)</i> )	Tier 3	
<b>Diluents - Sodium Chloride - Drugs for Nutrition</b>		
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 1	
<b>Diluents - Vaccine Diluents - Drugs for Nutrition</b>		
DILUENT FOR ROTARIX ORAL SYRINGE ( <i>diluent for oral live rotavirus vaccine (calcium carbonate)</i> )	Tier 3	
<b>Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition</b>		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM ( <i>sodium zirconium cyclosilicate</i> )	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
<i>sodium polystyrene sulfonate/sorbitol solution</i> (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 Ml)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML ( <i>sodium polystyrene sulfonate/sorbitol solution</i> )	Tier 3	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM ( <i>patiromer calcium sorbitex</i> )	Tier 3	PA
<b>Irrigation Solutions - Drugs for Nutrition</b>		
AQUA CARE SODIUM CHLORIDE IRRIGATION SOLUTION 0.9 % ( <i>sodium chloride irrigating solution</i> )	Tier 1	
AQUA CARE STERILE WATER IRRIGATION SOLUTION ( <i>water for irrigation,sterile</i> )	Tier 1	
<i>lactated ringers irrigation solution</i>	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L ( <i>physiological irrigating solution no.1</i> )	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L ( <i>physiological irrigating solution no.1</i> )	Tier 3	
<i>ringer's irrigation solution</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
TIS-U-SOL PENTALYTE IRRIGATION IRRIGATION SOLUTION 800-40-20-8.75- 6.25 MG/100 ML ( <i>sodium chloridelpot chloridelmag sull sod phos,dbl pot phos,mb</i> )	Tier 3	
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	
<b>Minerals and Electrolytes - Iodine - Drugs for Nutrition</b>		
LUGOLS ORAL SOLUTION 5 % ( <i>potassium iodideliiodine</i> )	Tier 3	
<i>potassium iodide oral solution 1 gram/ml</i>	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML ( <i>potassium iodide</i> )	Tier 1	
STRONG IODINE ORAL SOLUTION 5 % ( <i>potassium iodideliiodine</i> )	Tier 1	
<b>Minerals and Electrolytes - Iron - Drugs for Nutrition</b>		
AURYXIA ORAL TABLET 210 MG IRON ( <i>ferric citrate</i> )	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (12 EA per 1 day)
<b>Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition</b>		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ ( <i>potassium bicarbonate/citric acid</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ ( <i>potassium bicarbonate/citric acid</i> )	Tier 1	
<i>potassium chloride</i> (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	Tier 1	
<i>potassium chloride</i> (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq)	Tier 1	
<i>potassium chloride</i> (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 2	
<i>potassium chloride oral packet 20 meq</i>	Tier 2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	Tier 1	
<b>Nutritional Product - Lipid Others - Drugs for Nutrition</b>		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML ( <i>triheptanoin</i> )	Tier 4	PA; SP
<b>Nutritional Product - Phenylketonuria (PKU) Specific Formulation - Drugs for Nutrition</b>		
EAA SUPPLEMENT ORAL POWDER IN PACKET 5 GRAM-36 KCAL/12.5 GRAM ( <i>nutritional therapy for phenylketonuria(pku) with iron no.13</i> )	Tier 3	PA
GLYTACTIN 10 PE COMPLETE ORAL BAR 10 GRAM-210 KCAL/54 GRAM, 10 GRAM-220 KCAL/54 GRAM ( <i>nutritional therapy for pku no.62</i> )	Tier 3	PA
GLYTACTIN 15 PE COMPLETE ORAL BAR 15 GRAM-320 KCAL/81 GRAM ( <i>nutritional therapy for phenylketonuria(pku) with iron no.41</i> )	Tier 3	PA
GLYTACTIN 20PE BETTERMILK LITE ORAL POWDER IN PACKET 39 GRAM-294 KCAL/100 GRAM ( <i>nutritional therapy for phenylketonuria(pku) with iron no.41</i> )	Tier 3	PA

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PKU COOLER 10 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML ( <b>nutritional therapy for phenylketonuria(pku) with iron no.4</b> )	Tier 3	PA
PKU COOLER 15 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML ( <b>nutritional therapy for phenylketonuria(pku) with iron no.4</b> )	Tier 3	PA
PKU COOLER 20 ORAL SUSPENSION 0.12-0.71 G-KCAL/ML ( <b>nutritional therapy for phenylketonuria(pku) with iron no.4</b> )	Tier 3	PA
PKU EASY LIQUID ORAL LIQUID IN PACKET 15 GRAM-97.5 KCAL/130 ML ( <b>nutritional therapy for phenylketonuria(pku) with iron no.26</b> )	Tier 3	PA
PKU EASY MICROTABS ORAL GRANULES DELAYED RELEASE 70.8 GRAM-362 KCAL/100 GRAM ( <b>nutritional therapy for phenylketonuria(pku) no.56</b> )	Tier 3	PA
PKU GEL POWDER ORAL POWDER IN PACKET 41.7 GRAM-317 KCAL/100 GRAM, 41.7 GRAM-338 KCAL/100 GRAM ( <b>nutritional therapy for phenylketonuria with iron, no.47</b> )	Tier 3	PA
PKU GO ORAL POWDER IN PACKET 50 GRAM-325 KCAL/100 GRAM ( <b>nutritional therapy for phenylketonuria(pku) with iron no.60</b> )	Tier 3	PA
PKU LOPHLEX ORAL LIQUID IN PACKET 20-115 GRAM-KCAL/125ML ( <b>nutritional therapy for phenylketonuria(pku) with iron no.42</b> )	Tier 3	PA
PKU LOPHLEX ORAL LIQUID IN PACKET 20-116 GRAM-KCAL ( <b>nutritional therapy for phenylketonuria(pku) with iron no.40</b> )	Tier 3	PA
PKU MAXAMUM ORAL POWDER 40 GRAM-305 KCAL/100 GRAM ( <b>nutritional therapy for phenylketonuria (pku) with iron no.6</b> )	Tier 3	PA
PKU PERIFLEX EARLY YEARS ORAL POWDER 13.5 GRAM-473 KCAL/100 GRAM ( <b>infant formula for pku with iron combination no.4</b> )	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PKU PERIFLEX JUNIOR PLUS ORAL POWDER 28 GRAM-377 KCAL/100 GRAM, 28 GRAM-385 KCAL/100 GRAM ( <i>nutritional therapy for phenylketonuria(pku) with iron no.55</i> )	Tier 3	PA
PKU SPHERE20 ORAL POWDER IN PACKET 56 GRAM-337 KCAL/100 GRAM ( <i>nutritional therapy for phenylketonuria (pku) no.67</i> )	Tier 3	PA
PKU TRIO ORAL POWDER 30 GRAM-404 KCAL/100 GRAM ( <i>nutritional therapy for pku with iron no.48</i> )	Tier 3	PA
XPHE MAXAMAID ORAL POWDER 25-324 GRAM-KCAL/100 G ( <i>nutritional therapy for phenylketonuria(pku) with iron no.5</i> )	Tier 3	PA
XPHE MAXAMUM ORAL POWDER IN PACKET 40 GRAM-305 KCAL/100 GRAM ( <i>nutritional therapy for phenylketonuria (pku) with iron no.6</i> )	Tier 3	PA
<b>Prenatal Vitamins and Minerals - Drugs for Nutrition</b>		
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG ( <i>prenatal vits no.81iron carbonyl,gluclfoli acidldocusate</i> )	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG ( <i>prenatal vit no.72iron carbony,gluclfoli acidldocusateldha</i> )	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG ( <i>prenatal vit no.73iron carbony,gluclfoli acidldocusateldha</i> )	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG ( <i>prenatal vit no.76iron carbony,gluclfoli acidldocusateldha</i> )	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG ( <i>prenatal vitamin no.59iron carb,fum/foli acidldocusateldha</i> )	Tier 3	
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG ( <i>prenatal vit with calcium 15iron/foli acidldocusate sodium</i> )	Tier 1	
MYNATAL ORAL TABLET 90-1-50 MG ( <i>prenatal vitamins with calciumliron,carbldocusate/foli acid</i> )	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	Tier 1	
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG ( <i>prenatal vits no.53iron fumarate/folic acid/docusate calcium/dha</i> )	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG ( <i>prenatal vits no.12iron, carb/folic acid/docusate/omega-3</i> )	Tier 1	
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG ( <i>prenatal vitamins no.127iron, carbonyl/folic acid/docusate</i> )	Tier 3	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG ( <i>prenatal vits, calcium no.66iron fumarate/folic acid/docusate/dha</i> )	Tier 1	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG ( <i>prenatal vits with calcium no.80iron fumarate/folic acid/dss/dha</i> )	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG ( <i>prenatal vit with calcium no.69iron/folic acid/docusate/dha</i> )	Tier 1	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG ( <i>prenatal vits no.115iron fumarate/folic acid/docusate sod.</i> )	Tier 1	
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG ( <i>prenatal vits no.102iron polysacch/folate no.1/docusate/dha</i> )	Tier 3	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG ( <i>prenatal vits no.34iron, carb/folic acid/docusate sodium/dha</i> )	Tier 1	
<b>Sodium Chloride Flushes - Drugs for Nutrition</b>		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE ( <i>sodium chloride 0.9 % (flush)</i> )	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE ( <i>sodium chloride 0.9 % (flush)</i> )	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE ( <i>sodium chloride 0.9 % (flush)</i> )	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium chloride 0.9 % (flush) injection syringe</i>	Tier 1	
<b>Vitamins - D Derivatives - Drugs for Nutrition</b>		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<b>Vitamins - Folic Acid and Derivatives - Drugs for Nutrition</b>		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	EHB
<b>Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition</b>		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML ( <i>phytonadione (vit k1)</i> )	Tier 1	
<i>phytonadione (vit k1)</i> (Vitamin K1 Injection Solution 10 Mg/ML)	Tier 1	
<b>Vitamins - PABA - Drugs for Nutrition</b>		
POTABA ORAL CAPSULE 500 MG ( <i>potassium aminobenzoate</i> )	Tier 3	
<b>Endocrine - Hormones</b>		
<b>Abortifacients or Cervical Ripening Agents - Prostaglandin Analogs - Drugs for Women</b>		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG ( <i>dinoprostone</i> )	Tier 3	
PREPIDIL VAGINAL GEL 0.5 MG/3 G ( <i>dinoprostone</i> )	Tier 3	
<b>Abortifacients- Progesterone Receptor Antagonist - Drugs for Women</b>		
MIFEPREX ORAL TABLET 200 MG ( <i>mifepristone</i> )	Tier 3	
<i>mifepristone oral tablet 200 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Adrenal Steroid Inhibitors - Hormones</b>		
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG ( <i>osilodrostat phosphate</i> )	Tier 4	PA; SP
RECORLEV ORAL TABLET 150 MG ( <i>levoketoconazole</i> )	Tier 4	PA; SP
<b>Adrenocorticotrophic Hormones - Hormones</b>		
ACTHAR INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	Tier 4	PA; SP
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	Tier 4	PA; SP
<b>Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes</b>		
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1	DD
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG ( <i>glucagon hcl</i> )	Tier 1	DD; QL (4 EA per 1 FILL)
<i>glucagon</i> (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	Tier 2	DD; QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO- INJECTOR 0.5 MG/0.1 ML ( <i>glucagon</i> )	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO- INJECTOR 1 MG/0.2 ML ( <i>glucagon</i> )	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO- INJECTOR 0.5 MG/0.1 ML ( <i>glucagon</i> )	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO- INJECTOR 1 MG/0.2 ML ( <i>glucagon</i> )	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML ( <i>glucagon</i> )	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML ( <i>glucagon</i> )	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML ( <i>glucagon</i> )	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML ( <i>glucagon</i> )	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML ( <i>glucagon</i> )	Tier 2	DD; QL (0.8 ML per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML ( <i>dasiglucagon hcl</i> )	Tier 2	DD; QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML ( <i>dasiglucagon hcl</i> )	Tier 2	DD; QL (2.4 ML per 1 FILL)
<b>Amyloidosis Agents- Transthyretin (TTR) Stabilizer - Hormones</b>		
VYNDAMAX ORAL CAPSULE 61 MG ( <i>tafamidis</i> )	Tier 4	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG ( <i>tafamidis meglumine</i> )	Tier 4	PA; SP
<b>Amyloidosis Agents-TTR Suppression, Antisense Oligonucleotide-based - Hormones</b>		
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML ( <i>inotersen sodium</i> )	Tier 4	PA; SP
<b>Anabolic Steroid - Single Agents - Drugs for Men</b>		
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	Tier 1	PA
<b>Androgen - Single Agents - Drugs for Men</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR ( <i>testosterone</i> )	Tier 3	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG ( <i>testosterone undecanoate</i> )	Tier 3	PA
METHITEST ORAL TABLET 10 MG ( <i>methyltestosterone</i> )	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 2	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 2	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	Tier 2	PA
<i>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)</i>	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i>	Tier 2	PA
TLANDO ORAL CAPSULE 112.5 MG ( <i>testosterone undecanoate</i> )	Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML ( <i>testosterone enanthate</i> )	Tier 3	PA
<b>Antidiuretic and Vasopressor Hormones - Hormones</b>		
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING 55.3 MCG ( <i>desmopressin acetate</i> )	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING 27.7 MCG ( <i>desmopressin acetate</i> )	Tier 3	QL (1 EA per 1 day)
NOCTIVA NASAL SPRAY, NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML) ( <i>desmopressin acetate</i> )	Tier 3	QL (3.8 GM per 30 days)
<b>Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	DD
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 2	DD
<b>Antihyperglycemic - Amylin Analog-Type - Drugs for Diabetes</b>		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML ( <i>pramlintide acetate</i> )	Tier 2	DD
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML ( <i>pramlintide acetate</i> )	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes</b>		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG ( <i>sitagliptin phosphate</i> )	Tier 2	DD; QL (1 EA per 1 day)
<b>Antihyperglycemic - Dopamine Receptor Agonists - Drugs for Diabetes</b>		
CYCLOSET ORAL TABLET 0.8 MG ( <i>bromocriptine mesylate</i> )	Tier 3	DD; ST: Requires prior prescription for Glipizide/Metformin, Glyburide/Metformin, Metformin, or Metformin ER within the past 180 days
<b>Antihyperglycemic - Dual GIP and GLP-1 Receptor Agonists - Drugs for Diabetes</b>		
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 ( <i>tirzepatide</i> )	Tier 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (0.5 ML per 7 days)
<b>Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Diabetes</b>		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML ( <i>exenatide microspheres</i> )	Tier 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (0.85 ML per 7 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML ( <b>exenatide</b> )	Tier 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML ( <b>exenatide</b> )	Tier 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (1.2 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) ( <b>semaglutide</b> )	Tier 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (3 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) ( <b>semaglutide</b> )	Tier 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (1.5 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG ( <i>semaglutide</i> )	Tier 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; 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 ( <i>dulaglutide</i> )	Tier 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) ( <i>liraglutide</i> )	Tier 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) ( <i>liraglutide</i> )	Tier 2	DD; ST: Requires prior prescription for Metformin, Pioglitazone, Sulfonylurea, or combination product containing any aforementioned agents within the past 365 days. For the indication of Type 2 Diabetes.; QL (9 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes</b>		
KORLYM ORAL TABLET 300 MG ( <i>mifepristone</i> )	Tier 4	PA; SP; DD
<b>Antihyperglycemic - Meglitinide Analog and Biguanide Combinations - Drugs for Diabetes</b>		
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	Tier 1	DD
<b>Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	DD
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	DD
<b>Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes</b>		
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG ( <i>empagliflozin/metformin hcl</i> )	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 ( <i>empagliflozin/metformin hcl</i> )	Tier 2	DD; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG ( <i>empagliflozin/metformin hcl</i> )	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 ( <i>dapagliflozin propanediol/metformin hcl</i> )	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 ( <i>dapagliflozin propanediol/metformin hcl</i> )	Tier 2	DD; QL (2 EA per 1 day)
<b>Antihyperglycemic - SGLT-2 Inhibitor and DPP-4 Inhibitor Combinations - Drugs for Diabetes</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG ( <i>empagliflozin/linagliptin</i> )	Tier 2	DD; QL (1 EA per 1 day)
<b>Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors - Drugs for Diabetes</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG ( <i>dapagliflozin propanediol</i> )	Tier 2	DD; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )	Tier 2	DD; QL (1 EA per 1 day)
<b>Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes</b>		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	DD
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	DD
<b>Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	DD
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	DD
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	DD
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	DD
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	DD
<b>Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes</b>		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	DD; ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
<b>Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes</b>		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 2	DD; ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes</b>		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG ( <i>sitagliptin phosphatemetformin hcl</i> )	Tier 2	DD; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG ( <i>sitagliptin phosphatemetformin hcl</i> )	Tier 2	DD; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG ( <i>sitagliptin phosphatemetformin hcl</i> )	Tier 2	DD; QL (2 EA per 1 day)
<b>Antihyperglycemic-Insulin, Long Acting and GLP-1 Receptor Agonist Comb - Drugs for Diabetes</b>		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML ( <i>insulin glargine,human recombinant analoglixisenatide</i> )	Tier 2	DD; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) ( <i>insulin degludecliraglutide</i> )	Tier 2	DD; QL (15 ML per 28 days)
<b>Antihyperglycemic-SGLT-2 inhibitor, DPP-4 inhibitor and Biguanide comb - Drugs for Diabetes</b>		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG ( <i>empagliflozin/linagliptin/metformin hcl</i> )	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 ( <i>empagliflozin/linagliptin/metformin hcl</i> )	Tier 2	DD; QL (2 EA per 1 day)
<b>Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
<b>Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid</b>		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Bone Formation Stimulating Agents - Natriuretic Peptide - Drugs for Menopause and Bone Loss</b>		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG ( <i>vosoritide</i> )	Tier 4	PA; SP
<b>Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs for Menopause and Bone Loss</b>		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) ( <i>abaloparatide</i> )	Tier 4	PA; SP
<b>Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss</b>		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) ( <i>teriparatide</i> )	Tier 4	PA; SP
<b>Bone Resorption Inhibitors - Bisphosphonate and Vitamin D Combinations - Drugs for Menopause and Bone Loss</b>		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT ( <i>alendronate sodium/cholecalciferol (vitamin d3)</i> )	Tier 2	
<b>Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 2	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i>	Tier 1	
<i>risedronate oral tablet 150 mg</i>	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 2	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i>	Tier 1	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i>	Tier 2	ST: Requires prior prescriptions for Alendronate and Ibandronate within the past 365 days; QL (1 EA per 7 days)
<b>Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss</b>		
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	Tier 4	SP; QL (2 EA per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	Tier 4	SP; QL (4 EA per 1 day)
<b>Calcitonins - Drugs for Menopause and Bone Loss</b>		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactuation</i>	Tier 1	
<b>Estrogen and Progestin with Antimineralocorticoid Activity, Combination - Drugs for Women</b>		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG ( <i>drospirenone/estradiol</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women</b>		
DUAVEE ORAL TABLET 0.45-20 MG ( <i>estrogens, conjugated/bazedoxifene acetate</i> )	Tier 2	
<b>Estrogen-Androgen - Drugs for Women</b>		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG ( <i>estrogens, esterified/methyltestosterone</i> )	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG ( <i>estrogens, esterified/methyltestosterone</i> )	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG ( <i>estrogens, esterified/methyltestosterone</i> )	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG ( <i>estrogens, esterified/methyltestosterone</i> )	Tier 1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	Tier 1	
<b>Estrogen-Progestin - Drugs for Women</b>		
<i>estradiol/norethindrone acetate</i> (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	
BIJUVA ORAL CAPSULE 1-100 MG ( <i>estradiol/progesterone</i> )	Tier 3	ST: Requires prior prescription for Duavee or Premarin within the past 120 days; QL (30 EA per 30 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR ( <i>estradiol/levonorgestrel</i> )	Tier 3	QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR ( <i>estradiol/norethindrone acetate</i> )	Tier 2	QL (2 EA per 7 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol</i> (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
<i>norethindrone acetate-ethinyl estradiol</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>estradiol/norethindrone acetate</b> (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
<b>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</b>	Tier 1	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15) ( <b>estradiol/norgestimate</b> )	Tier 3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) ( <b>estrogens, conjugated/medroxyprogesterone acetate</b> )	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG ( <b>estrogens, conjugated/medroxyprogesterone acetate</b> )	Tier 2	
<b>Estrogens - Drugs for Women</b>		
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML ( <b>estradiol valerate</b> )	Tier 3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML ( <b>estradiol cypionate</b> )	Tier 3	
<b>estradiol</b> (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 ( <b>estradiol</b> )	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (52 GM per 30 days)
<b>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</b>	Tier 1	
<b>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%)</b>	Tier 1	QL (30 EA per 30 days)
<b>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</b>	Tier 1	QL (30 GM per 30 days)
<b>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</b>	Tier 1	QL (37.5 GM per 30 days)
<b>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</b>	Tier 1	QL (2 EA per 7 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>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</i>	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml</i>	Tier 1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	Tier 2	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%) ( <i>estradiol</i> )	Tier 3	ST: Requires prior prescription for Alora or Estradiol within the past 120 days; QL (16.2 ML per 30 days)
<i>estradiol</i> (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 ( <i>estradiol</i> )	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 ( <i>estrogens, conjugated</i> )	Tier 2	
<b>Fertility Enhancer - Luteal Phase Supporting, Progesterone-type - Drugs for Women</b>		
CRINONE VAGINAL GEL 8 % ( <i>progesterone, micronized</i> )	Tier 3	ST: Requires prior prescription for Endometrin within the past 120 days
ENDOMETRIN VAGINAL INSERT 100 MG ( <i>progesterone, micronized</i> )	Tier 2	
<b>Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-FSH) - Drugs for Women</b>		
<i>clomiphene citrate</i> (Clomid Oral Tablet 50 Mg)	Tier 3	
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 1	
<b>Follicle-Stimulating and Luteinizing Hormones - Drugs for Women</b>		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT ( <i>menotropins</i> )	Tier 4	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Follicle-Stimulating Hormone (FSH) - Drugs for Women</b>		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML ( <i>follitropin beta, recombinant</i> )	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 ( <i>follitropin alfa, recombinant</i> )	Tier 4	SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT ( <i>follitropin alfa, recombinant</i> )	Tier 4	SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT ( <i>follitropin alfa, recombinant</i> )	Tier 4	SP
<b>Glucocorticoid Salt Combinations - Drugs for Inflammation</b>		
BETALOAN SUIK KIT 6 MG/ML ( <i>betamethasone acetate and sodium phosphinorfluranelhfc 245fa</i> )	Tier 3	
<b>Glucocorticoids - Drugs for Inflammation</b>		
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG ( <i>hydrocortisone</i> )	Tier 4	PA; SP
<i>cortisone oral tablet 25 mg</i>	Tier 2	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML ( <i>dexamethasone</i> )	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone oral tablet 1 mg, 2 mg</i>	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 % ( <i>dexamethasone sodium phosphate</i> )	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML ( <i>deflazacort</i> )	Tier 4	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG ( <i>deflazacort</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</b>	Tier 1	
MEDROL ORAL TABLET 2 MG ( <b>methylprednisolone</b> )	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML ( <b>methylprednisolone acetate/norfluranelhfc 245fa</b> )	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML ( <b>methylprednisolone acetate/norfluranelhfc 245fa</b> )	Tier 3	
<b>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</b>	Tier 1	
<b>methylprednisolone oral tablets,dose pack 4 mg</b>	Tier 1	
<b>prednisolone oral solution 15 mg/5 ml</b>	Tier 1	
<b>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</b>	Tier 2	
<b>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</b>	Tier 1	
<b>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)</b>	Tier 1	
<b>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</b>	Tier 2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML ( <b>prednisone</b> )	Tier 2	
<b>prednisone oral solution 5 mg/5 ml</b>	Tier 1	
<b>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</b>	Tier 1	
<b>prednisone oral tablets,dose pack 10 mg, 5 mg</b>	Tier 1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML ( <b>hydrocortisone sodium succinate/pf</b> )	Tier 3	
SOLU-CORTEF INJECTION RECON SOLN 100 MG ( <b>hydrocortisone sodium succinate</b> )	Tier 3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG ( <b>budesonide</b> )	Tier 4	PA; SP
TRILOAN II SUIK KIT 40 MG/ML ( <b>triamcinolone/norflurane and pentafluoropropane (hfc 245fa)</b> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRILOAN SUIK KIT 40 MG/ML ( <i>triamcinolone/norflurane and pentafluoropropane (hfc 245fa)</i> )	Tier 3	
<b>Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women</b>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
<b>Growth Hormone Receptor Antagonists - Drugs for Growth</b>		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>pegvisomant</i> )	Tier 4	SP
<b>Growth Hormone Releasing Hormones (GHRH) - Drugs for Growth</b>		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG ( <i>tesamorelin acetate</i> )	Tier 4	PA; SP
<b>Growth Hormones - Drugs for Growth</b>		
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 ( <i>somatropin</i> )	Tier 4	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) ( <i>somatropin</i> )	Tier 4	PA; SP
NORDITROPIN FLEXPPO 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) ( <i>somatropin</i> )	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) ( <i>somatropin</i> )	Tier 4	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG ( <i>somatropin</i> )	Tier 4	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG ( <i>somatropin</i> )	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 ( <i>lonapegsomatropin-tcgd</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Human Chorionic Gonadotropin (hCG) - Drugs for Women</b>		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT ( <i>chorionic gonadotropin, human</i> )	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML ( <i>choriogonadotropin alfa</i> )	Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT ( <i>chorionic gonadotropin, human</i> )	Tier 3	ST: Requires prior prescription for Novarel or Ovidrel within the past 120 days
<b>Human Insulins - Fixed Combinations - Drugs for Diabetes</b>		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) ( <i>insulin nph human isophanelinsulin regular, human</i> )	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) ( <i>insulin nph human isophanelinsulin regular, human</i> )	Tier 2	DD; QL (30 ML per 28 days)
<b>Human Insulins - Intermediate Acting - Drugs for Diabetes</b>		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) ( <i>insulin nph human isophane</i> )	Tier 2	DD; QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human isophane</i> )	Tier 2	DD; QL (40 ML per 28 days)
<b>Human Insulins - Rapid Acting - Drugs for Diabetes</b>		
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) ( <i>insulin regular, human</i> )	Tier 3	PA; DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Human Insulins - Short Acting - Drugs for Diabetes</b>		
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular, human</i> )	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML ( <i>insulin regular, human</i> )	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) ( <i>insulin regular, human</i> )	Tier 2	DD; QL (24 ML per 28 days)
<b>Insulin Analogs - Fixed Combinations - Drugs for Diabetes</b>		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) ( <i>insulin lispro protamine and insulin lispro</i> )	Tier 2	DD; QL (40 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) ( <i>insulin lispro protamine and insulin lispro</i> )	Tier 2	DD; QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) ( <i>insulin lispro protamine and insulin lispro</i> )	Tier 1	DD; QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) ( <i>insulin lispro protamine and insulin lispro</i> )	Tier 2	DD; QL (40 ML per 28 days)
<b>Insulin Analogs - Long Acting - Drugs for Diabetes</b>		
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) ( <i>insulin detemir</i> )	Tier 2	DD; QL (30 ML per 28 days)
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) ( <i>insulin detemir</i> )	Tier 2	DD; QL (30 ML per 28 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin detemir</i> )	Tier 2	DD; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine-yfgn</i> )	Tier 2	DD; QL (40 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) ( <i>insulin glargine-yfgn</i> )	Tier 2	DD; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) ( <i>insulin degludec</i> )	Tier 2	DD; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) ( <i>insulin degludec</i> )	Tier 2	DD; QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin degludec</i> )	Tier 2	DD; QL (40 ML per 28 days)
<b>Insulin Analogs - Rapid Acting - Drugs for Diabetes</b>		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML ( <i>insulin lispro</i> )	Tier 1	DD; QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML ( <i>insulin lispro</i> )	Tier 1	DD; QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) ( <i>insulin lispro</i> )	Tier 2	DD; QL (12 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )	Tier 2	DD; QL (30 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )	Tier 1	DD; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML ( <i>insulin lispro-aabc</i> )	Tier 2	DD; QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) ( <i>insulin lispro-aabc</i> )	Tier 2	DD; QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin lispro-aabc</i> )	Tier 2	DD; QL (40 ML per 28 days)
<b>Insulin Response Enhancers - Biguanides - Drugs for Diabetes</b>		
<i>metformin oral solution 500 mg/5 ml</i>	Tier 2	DD
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	DD
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML ( <i>metformin hcl</i> )	Tier 3	DD; ST: Requires prior prescription for Metformin HCL within the past 120 days; QL (20 ML per 1 day)
<b>Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes</b>		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	DD
<b>Insulin-like Growth Factor-1 (IGF-1) - Hormones</b>		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>mecasermin</i> )	Tier 4	PA; SP
<b>Leptin Hormone Analogs - Hormones</b>		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) ( <i>metreleptin</i> )	Tier 4	SP; QL (1 EA per 1 day)
<b>LHRH (GnRH) Agonist Analog Pituitary Supp. and Progestin Comb. - Drugs for Women</b>		
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30) ( <i>leuprolide acetate/norethindrone acetate</i> )	Tier 4	PA; SP
<b>LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women</b>		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML ( <i>nafarelin acetate</i> )	Tier 4	PA; SP
<b>LHRH (GnRH) Antagonist, Estrogen and Progestin Combinations - Drugs for Woman</b>		
MYFEMBREE ORAL TABLET 40-1-0.5 MG ( <i>relugolix/estradiol/norethindrone acetate</i> )	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) ( <i>elagolix sodium/estradiol/norethindrone acetate</i> )	Tier 2	PA
<b>LHRH (GnRH) Antagonists - Drugs for Women</b>		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG ( <i>cetorelix acetate</i> )	Tier 4	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>ganirelix acetate</b> (Fyremadel Subcutaneous Syringe 250 Mcg/0.5 MI)	Tier 4	SP; ST: Requires prior prescription for Cetrorelix Acetate or Cetrotide within the past 120 days
<b>ganirelix subcutaneous syringe 250 mcg/0.5 ml</b>	Tier 4	SP; ST: Requires prior prescription for Cetrorelix Acetate or Cetrotide within the past 120 days
ORLISSA ORAL TABLET 150 MG, 200 MG ( <b>elagolix sodium</b> )	Tier 2	PA
<b>Menopausal Symptoms Suppressant - Hormonal Agents - Drugs for Women</b>		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG ( <b>estradiol</b> )	Tier 3	ST: Requires prior prescription for Estradiol and Premarin within the past 365 days; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG ( <b>estradiol</b> )	Tier 3	ST: Requires prior prescription for Estradiol and Premarin within the past 365 days; QL (18 EA per 28 days)
<b>Menopausal Symptoms Suppressant-SSRI Antidepressant Type - Drugs for Women</b>		
<b>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</b>	Tier 1	ST: Requires prior prescription for Paroxetine or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
<b>Mineralocorticoids - Drugs for Inflammation</b>		
<b>fludrocortisone oral tablet 0.1 mg</b>	Tier 1	
<b>Oxytocic - Ergot Alkaloids - Drugs for Women</b>		
<b>methylergonovine oral tablet 0.2 mg</b>	Tier 1	QL (28 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Parathyroid Hormones - Drugs for Menopause and Bone Loss</b>		
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE ( <i>parathyroid hormone</i> )	Tier 4	PA; SP
<b>Progestins - Drugs for Women</b>		
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	
<b>Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<b>RANK ligand (RANKL) inhibitor, MC Antibody - Drugs for Menopause and Bone Loss</b>		
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML ( <i>denosumab</i> )	Tier 4	PA; SP
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) ( <i>denosumab</i> )	Tier 4	PA; SP
<b>Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss</b>		
<i>raloxifene oral tablet 60 mg</i>	Tier 1	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<b>Somatostatic Agents - Drugs for Growth</b>		
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG ( <i>octreotide acetate</i> )	Tier 4	PA; SP
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) ( <i>pasireotide diaspertate</i> )	Tier 4	PA; SP
<b>Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid</b>		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG ( <i>thyroid,pork</i> )	Tier 3	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG ( <i>thyroid,pork</i> )	Tier 1	
<b>Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid</b>		
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
<b>Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid</b>		
ERMEZA ORAL SOLUTION 30 MCG/ML ( <i>levothyroxine sodium</i> )	Tier 1	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )	Tier 1	QL (2 EA per 1 day)
<i>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</i>	Tier 2	PA
<i>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</i>	Tier 1	QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 20 MCG/ML ( <i>levothyroxine sodium</i> )	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 ( <i>levothyroxine sodium</i> )	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 ( <i>levothyroxine sodium</i> )	Tier 3	PA
<b>Enzymes - Vitamins and Minerals</b>		
<b>Enzymes - Vitamins and Minerals</b>		
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 ( <i>hyaluronidase, human recombinant</i> )	Tier 3	
<b>FDB Class Obsolete-Not Used</b>		
<b>Alternative Therapy - Homeopathic Products</b>		
AURUMHEEL ORAL DROPS ( <i>homeopathic drugs</i> )	Tier 3	
CANTHARIS COMPOSITUM ORAL DROPS ( <i>homeopathic drugs</i> )	Tier 3	
CRALONIN ORAL DROPS ( <i>homeopathic drugs</i> )	Tier 3	
EYE ORAL TABLET,SOLUBLE ( <i>homeopathic drugs</i> )	Tier 3	
LAMIOFLUR ORAL DROPS ( <i>homeopathic drugs</i> )	Tier 3	
PLANTAGO-HOMACCORD ORAL DROPS ( <i>homeopathic drugs</i> )	Tier 3	
POPULUS COMPOSITUM ORAL DROPS ( <i>homeopathic drugs</i> )	Tier 3	
PSORINOHEEL ORAL DROPS ( <i>homeopathic drugs</i> )	Tier 3	
RENEEL ORAL TABLET,SOLUBLE ( <i>homeopathic drugs</i> )	Tier 3	
SABAL-HOMACCORD ORAL DROPS ( <i>homeopathic drugs</i> )	Tier 3	
SYZYGIUM COMPOSITUM ORAL DROPS ( <i>homeopathic drugs</i> )	Tier 3	
VERTIGOHEEL ORAL DROPS ( <i>homeopathic drugs</i> )	Tier 3	
VERTIGOHEEL ORAL TABLET,SOLUBLE ( <i>homeopathic drugs</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Gastrointestinal Therapy Agents</b>		
<b>Fecal Microbiota Transplantation (FMT)</b>		
REBYOTA RECTAL ENEMA 150 ML ( <i>fecal microbiota, live-jslm</i> )	Tier 4	PA; SP
<b>Gastrointestinal Therapy Agents - Drugs for the Stomach</b>		
<b>Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea</b>		
<i>loperamide oral capsule 2 mg</i>	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
<b>Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs for Diarrhea</b>		
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG ( <i>crofelemer</i> )	Tier 3	ST: Requires prior prescription for Antiretrovirals within the past 120 days; QL (2 EA per 1 day)
<b>Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs for Diarrhea</b>		
XERMELO ORAL TABLET 250 MG ( <i>telotristat etiprate</i> )	Tier 4	PA; SP
<b>Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea</b>		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
<b>Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea</b>		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 2	
<b>Antiemetic - Antihistamines - Drugs for Vomiting and Nausea</b>		
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	

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<b>Antiemetic - Antihistamine-Vitamin Combinations - Drugs for Vomiting and Nausea</b>		
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i>	Tier 2	QL (120 EA per 30 days)
<b>Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea</b>		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 2	ST: Requires prior prescription for a 5HT3 antagonist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML ( <i>dronabinol</i> )	Tier 3	ST: Requires prior prescription for Dronabinol capsules or Megestrol suspension within the past 120 days; QL (60 ML per 30 days)
<b>Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea</b>		
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
<b>Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea</b>		
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>promethazine rectal suppository 50 mg</i>	Tier 2	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 25 Mg)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea</b>		
ANZEMET ORAL TABLET 50 MG ( <i>dolasetron mesylate</i> )	Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 1 FILL)
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR ( <i>granisetron</i> )	Tier 3	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (1 EA per 7 days)
<b>Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea</b>		
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 1	QL (2 EA per 21 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	Tier 1	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) ( <i>aprepitant</i> )	Tier 2	QL (3 EA per 21 days)
VARUBI ORAL TABLET 90 MG ( <i>rolapitant hcl</i> )	Tier 3	QL (2 EA per 14 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG ( <i>netupitant/palonosetron hcl</i> )	Tier 2	QL (1 EA per 28 days)
<b>Bile Acids - Drugs for the Stomach</b>		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG ( <i>cholic acid</i> )	Tier 4	PA; SP
<b>Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach</b>		
<i>lactulose</i> (Enulose Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose</i> (Generlac Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	Tier 1	
<b>Digestive Enzyme Mixtures - Drugs for the Stomach</b>		
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 ( <i>lipase/protease/amylase</i> )	Tier 2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT ( <i>lipase/protease/amylase</i> )	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 ( <i>lipase/protease/amylase</i> )	Tier 2	
<b>Digestive Enzymes - Drugs for the Stomach</b>		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML ( <i>sacrosidase</i> )	Tier 4	PA; SP
<b>Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach</b>		
CHENODAL ORAL TABLET 250 MG ( <i>chenodiol</i> )	Tier 4	PA; SP
<i>ursodiol oral capsule 300 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
<b>Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid</b>		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
<b>Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid</b>		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG ( <i>rabeprazole sodium</i> )	Tier 3	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
<i>dexlansoprazole oral capsule, biphase delayed releas 30 mg, 60 mg</i>	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule, delayed release(drlec) 40 mg</i>	Tier 1	QL (2 EA per 1 day)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i>	Tier 2	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Gastric Acid Secretion Reducer-Proton Pump Inhibitor and Antacid Comb - Drugs for Ulcers and Stomach Acid</b>		
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	Tier 2	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
<b>Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
<b>Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach</b>		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY ( <i>metoclopramide hcl</i> )	Tier 4	PA; SP
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
<b>GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps</b>		
ED-SPAZ ORAL TABLET, DISINTEGRATING 0.125 MG ( <i>hyoscyamine sulfate</i> )	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML ( <i>hyoscyamine sulfate</i> )	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML ( <i>hyoscyamine sulfate</i> )	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 2	
OSCIMIN ORAL TABLET 0.125 MG ( <i>hyoscyamine sulfate</i> )	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG ( <i>hyoscyamine sulfate</i> )	Tier 1	
SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) ( <i>hyoscyamine sulfate</i> )	Tier 3	
<b>GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps</b>		
DARTISLA ORAL TABLET, DISINTEGRATING 1.7 MG ( <i>glycopyrrolate</i> )	Tier 3	ST: Requires prior prescription for Glycopyrrolate 2mg within the past 120 days; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) ( <i>glycopyrrolate/pf</i> )	Tier 3	
<b>GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps</b>		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>GI Antispasmodic Combinations Other - Drugs for Stomach Cramps</b>		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 2	
<b>H. Pylori Therapy - Bismuth and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid</b>		
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	Tier 1	
<b>H. Pylori Therapy - Proton Pump Inhibitor and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 2	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) ( <i>omeprazole/clarithromycinlamoxicillin trihydrate</i> )	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG ( <i>omeprazole magnesiumlamoxicillin trihydrate/rifabutin</i> )	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
<b>H.Pylori Therapy-Potassium-Competitive Acid Blocker and Antibiotics - Drugs for the Stomach</b>		
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) ( <i>vonoprazan fumaratelamoxicillin trihydrate</i> )	Tier 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG ( <i>vonoprazan fumaratelamoxicillin trihydrate/clarithromycin</i> )	Tier 3	PA
<b>IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome</b>		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>IBS Agent - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Irritable Bowel Syndrome</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG ( <i>linaclotide</i> )	Tier 2	QL (1 EA per 1 day)
<b>Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease</b>		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML ( <i>ustekinumab</i> )	Tier 4	PA; SP
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML ( <i>ustekinumab</i> )	Tier 4	PA; SP
<b>Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab - Drugs for Inflammatory Bowel Disease</b>		
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) ( <i>risankizumab-rzaa</i> )	Tier 4	PA; SP
<b>Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease</b>		
<i>balsalazide oral capsule 750 mg</i>	Tier 1	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM ( <i>mesalamine</i> )	Tier 1	
<i>mesalamine oral capsule, extended release 500 mg</i>	Tier 1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	Tier 2	
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i>	Tier 2	
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 2	
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	Tier 2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG ( <i>mesalamine</i> )	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>	Tier 1	
<b>Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease</b>		
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 2	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	Tier 2	ST: Requires prior prescription for Balsalazide Disodium within the past 120 days
CORTIFOAM RECTAL FOAM 10 % (80 MG) ( <i>hydrocortisone acetate</i> )	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	
UCERIS RECTAL FOAM 2 MG/ACTUATION ( <i>budesonide</i> )	Tier 3	ST: Requires prior prescription for Mesalamine W/cleansing Wipes or Mesalamine within the past 120 days
<b>Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease</b>		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG ( <i>upadacitinib</i> )	Tier 4	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG ( <i>tofacitinib citrate</i> )	Tier 4	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG ( <i>tofacitinib citrate</i> )	Tier 4	PA; SP
<b>Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs for Irritable Bowel Syndrome</b>		
ZEPOSIA STARTER KIT ORAL CAPSULE, DOSE PACK 0.23-0.46-0.92 MG ( <i>ozanimod hydrochloride</i> )	Tier 4	PA; SP
<b>Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease</b>		
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) ( <i>certolizumab pegol</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) ( <i>certolizumab pegol</i> )	Tier 4	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) ( <i>certolizumab pegol</i> )	Tier 4	PA; SP
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	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 ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML ( <i>adalimumab</i> )	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML ( <i>golimumab</i> )	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML ( <i>golimumab</i> )	Tier 4	PA; SP
<b>Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome</b>		
<i>alosectron oral tablet 0.5 mg, 1 mg</i>	Tier 1	
VIBERZI ORAL TABLET 100 MG, 75 MG ( <i>eluxadoline</i> )	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Laxative - Saline and Osmotic - Drugs to Prevent Constipation</b>		
<i>lactulose</i> (Constulose Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
<i>lactulose oral solution 20 gram/30 ml</i>	Tier 1	
<b>Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation</b>		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM ( <i>peg 3350/sod sulflsod bicarblsod chloridelpotassium chloride</i> )	Tier 1	\$0 COPAY IF FILL OF 2 IN 365 DAYS AND AGE 45 TO 75 YEARS
<i>peg 3350/sod sulflsod bicarblsod chloridelpotassium chloride</i> (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	Tier 1	\$0 COPAY IF FILL OF 2 IN 365 DAYS AND AGE 45 TO 75 YEARS
OSMOPREP ORAL TABLET 1.5 GRAM ( <i>sodium phosphate,monobasic/sodium phosphate,dibasic</i> )	Tier 3	\$0 COPAY IF FILL OF 2 IN 365 DAYS AND AGE 45 TO 75 YEARS
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	Tier 1	\$0 COPAY IF FILL OF 2 IN 365 DAYS AND AGE 45 TO 75 YEARS
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	Tier 1	\$0 COPAY IF FILL OF 2 IN 365 DAYS AND AGE 45 TO 75 YEARS
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Tier 1	\$0 COPAY IF FILL OF 2 IN 365 DAYS AND AGE 45 TO 75 YEARS
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM ( <i>peg 3350/sodium sulfatelsod chloridclkllascorbate sod/vit c</i> )	Tier 3	\$0 COPAY IF FILL OF 2 IN 365 DAYS AND AGE 45 TO 75 YEARS
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	Tier 1	\$0 COPAY IF FILL OF 2 IN 365 DAYS AND AGE 45 TO 75 YEARS
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM ( <i>sodium sulfatelpotassium chloridelmagnesium sulfate</i> )	Tier 2	\$0 COPAY IF FILL OF 2 IN 365 DAYS AND AGE 45 TO 75 YEARS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Laxative - Stimulant and Saline/Osmotic Combinations - Drugs to Prevent Constipation</b>		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML ( <i>sodium picosulfatemagnesium oxidelcitric acid</i> )	Tier 2	\$0 COPAY IF FILL OF 2 IN 365 DAYS AND AGE 45 TO 75 YEARS
<b>Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid</b>		
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 2	
<i>sucralfate oral tablet 1 gram</i>	Tier 1	
<b>Short Bowel Syndrome (SBS) - glucagon-like peptide-2 (GLP-2) Analog - Drugs for the Stomach</b>		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG ( <i>teduglutide</i> )	Tier 4	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG ( <i>teduglutide</i> )	Tier 4	PA; SP
<b>Genitourinary Therapy - Drugs for the Urinary System</b>		
<b>BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb - Drugs for the Prostate</b>		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Tier 2	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
<b>Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System</b>		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG ( <i>cysteamine bitartrate</i> )	Tier 4	SP
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG ( <i>cysteamine bitartrate</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG ( <i>cysteamine bitartrate</i> )	Tier 4	PA; SP
<b>G.U. Irrigants - Anti-infective - Drugs for the Urinary System</b>		
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
<b>G.U. Irrigants - Drugs for the Urinary System</b>		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>glycine urologic solution irrigation solution 1.5 %</i>	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML ( <i>citric acid/gluconolactone/magnesium carbonate</i> )	Tier 3	
<i>sorbitol irrigation solution 3 %</i>	Tier 1	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 1	
<b>Interstitial Cystitis Agents - Drugs for the Urinary System</b>		
ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )	Tier 2	PA
<b>Kidney Stone Agents - Drugs for the Urinary System</b>		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG ( <i>tiopronin</i> )	Tier 4	SP
THIOLA ORAL TABLET 100 MG ( <i>tiopronin</i> )	Tier 4	SP
<i>tiopronin oral tablet 100 mg</i>	Tier 4	SP
<b>Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs for the Bladder</b>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG ( <i>mirabegron</i> )	Tier 2	
<b>Phosphate Binders - Calcium-based - Drugs for the Urinary System</b>		
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML ( <i>calcium acetate</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Phosphate Binders - Drugs for the Urinary System</b>		
AURYXIA ORAL TABLET 210 MG IRON ( <i>ferric citrate</i> )	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG ( <i>lanthanum carbonate</i> )	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	Tier 2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML ( <i>calcium acetate</i> )	Tier 3	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	Tier 2	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 400 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 800 mg</i>	Tier 2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG ( <i>sucroferric oxyhydroxide</i> )	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Phosphate Binders - Iron-based - Drugs for the Urinary System</b>		
AURYXIA ORAL TABLET 210 MG IRON ( <i>ferric citrate</i> )	Tier 3	ST: Requires prior prescription for Velphoro AND ONE of the following: generic Calcium Acetate, Lanthanum Carbonate, Sevelamer Carbonate, Sevelamer HCL within the past 365 days; QL (12 EA per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG ( <i>sucroferric oxyhydroxide</i> )	Tier 2	
<b>Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs for the Urinary System</b>		
JYNARQUE ORAL TABLET 15 MG, 30 MG ( <i>tolvaptan</i> )	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) ( <i>tolvaptan</i> )	Tier 4	PA; SP
<b>Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 1	
<b>Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate</b>		
<i>finasteride oral tablet 5 mg</i>	Tier 1	
<b>Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate</b>		
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Urinary Acidifier - Bacterial Urease Inhibitor - Drugs for Infections</b>		
LITHOSTAT ORAL TABLET 250 MG ( <i>acetohydroxamic acid</i> )	Tier 3	
<b>Urinary Acidifier - Phosphates - Drugs for Infections</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG ( <i>sodium phosphate,monobasic/potassium phosphate,monobasic</i> )	Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG ( <i>potassium phosphate,monobasic</i> )	Tier 3	
<b>Urinary Alkalinizer - Citrates - Drugs for Infections</b>		
ORACIT ORAL SOLUTION 490-640 MG/5 ML ( <i>citric acid/sodium citrate</i> )	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 1	
<b>Urinary Analgesics - Drugs for Infections</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
<b>Urinary Antibacterial - Methenamine and Salts - Drugs for Infections</b>		
UROQID-ACID NO.2 ORAL TABLET 500-500 MG ( <i>methenamine mandelate/sodium phosphate,monobasic</i> )	Tier 3	
<b>Urinary Antibacterial - Nitrofurantoin Derivatives - Drugs for Infections</b>		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohydrate-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Urinary Anti-infective Methenamine-Antispas-Analg Combinations - Drugs for Infections</b>		
HYOPHEN ORAL TABLET 81.6-0.12-10.8 MG ( <i>methenamine/methylene blue/benzoic acid/salicylate/hyoscyamine</i> )	Tier 2	
PHOSPHASAL ORAL TABLET 81.6-10.8-40.8 MG ( <i>methenamine/methylene blue/sodium phos/p.salicylate/hyoscyamine</i> )	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG ( <i>methenamine/methylene blue/sodium phos/p.salicylate/hyoscyamine</i> )	Tier 2	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG ( <i>methenamine/methylene blue/salicylate/sodium phos/hyoscyamine</i> )	Tier 3	
URO-458 ORAL TABLET 81-10.8-40.8 MG ( <i>methenamine/methylene blue/sodium phos/p.salicylate/hyoscyamine</i> )	Tier 2	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG ( <i>methenamine/methylene blue/sodium phos/p.salicylate/hyoscyamine</i> )	Tier 1	
USTELL ORAL CAPSULE 120-0.12 MG ( <i>methenamine/methylene blue/salicylate/sodium phos/hyoscyamine</i> )	Tier 1	
<b>Urinary Anti-infective Methenamine-Antispasmodic Combinations - Drugs for Infections</b>		
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	Tier 1	
<b>Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs for the Bladder</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 2	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder</b>		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG ( <i>hyoscyamine sulfate</i> )	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML ( <i>hyoscyamine sulfate</i> )	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML ( <i>hyoscyamine sulfate</i> )	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG ( <i>hyoscyamine sulfate</i> )	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG ( <i>hyoscyamine sulfate</i> )	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) ( <i>hyoscyamine sulfate</i> )	Tier 3	
<b>Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder</b>		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	Tier 1	
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) ( <i>oxybutynin chloride</i> )	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR ( <i>oxybutynin</i> )	Tier 3	ST: Requires prior prescriptions for Myrbetriq and Oxybutynin Chloride within the past 365 days
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	Tier 1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Hyperuricemia Tx - URAT1 Inhibitor and Xanthine Oxidase Inhibitor Comb - Gout Drugs</b>		
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG ( <i>lesinurad/lallopurinol</i> )	Tier 3	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (1 EA per 1 day)
<b>Hematological Agents - Drugs for the Blood</b>		
<b>Agents to treat aTTP- anti von Willebrand Factor (vWF) A1 domain - Drugs for the Blood</b>		
CABLIVI INJECTION KIT 11 MG ( <i>caplacizumab-yhdp</i> )	Tier 4	PA; SP
CABLIVI INJECTION RECON SOLN 11 MG ( <i>caplacizumab-yhdp</i> )	Tier 4	PA; SP
<b>Agents to Treat Paroxysmal Nocturnal Hemoglobinuria (PNH) - Drugs for the Blood</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML ( <i>pegcetacoplan</i> )	Tier 4	PA; SP
<b>Anticoagulants - Citrate-based - Drugs to Prevent Blood Clots</b>		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML ( <i>dextrose-water/sodium citrate/citric acid</i> )	Tier 3	
ACD-A SOLUTION ( <i>citrate dextrose solution</i> )	Tier 3	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML ( <i>dextrose-water/sodium citrate/citric acid</i> )	Tier 3	
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<i>citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml</i>	Tier 1	
REGIOCIT (EUA) SOLUTION 5.03-5.29 GRAM/L ( <i>sodium chloridelsodium citrate</i> )	Tier 3	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter solution 4 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Anticoagulants - Coumarin - Drugs to Prevent Blood Clots</b>		
<i>warfarin sodium</i> (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	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	
<b>Blood Cell and Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs for the Blood</b>		
TAVALISSE ORAL TABLET 100 MG, 150 MG ( <i>fostamatinib disodium</i> )	Tier 4	PA; SP
<b>C1 Esterase Inhibitor Agents - Drugs for the Blood</b>		
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT ( <i>c1 esterase inhibitor</i> )	Tier 4	PA; SP
<b>Direct Factor Xa Inhibitors - Drugs to Prevent Blood Clots</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) ( <i>apixaban</i> )	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG ( <i>apixaban</i> )	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG ( <i>apixaban</i> )	Tier 2	QL (74 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) ( <i>rivaroxaban</i> )	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML ( <i>rivaroxaban</i> )	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG ( <i>rivaroxaban</i> )	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG ( <i>rivaroxaban</i> )	Tier 2	QL (2 EA per 1 day)
<b>Erythropoietins - Drugs for the Blood</b>		
MIRCERA INJECTION SYRINGE 100 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 ( <i>methoxy polyethylene glycol-epoetin beta</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 ( <i>epoetin alfa-epbx</i> )	Tier 4	PA; SP
<b>Factor VIII-Mimetic Agent, Monoclonal Antibody - Drugs for the Blood</b>		
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML ( <i>emicizumab-kxwh</i> )	Tier 4	PA; SP
<b>Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood</b>		
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML ( <i>pegfilgrastim</i> )	Tier 4	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML ( <i>pegfilgrastim</i> )	Tier 4	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML ( <i>filgrastim</i> )	Tier 4	PA; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML ( <i>filgrastim</i> )	Tier 4	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML ( <i>filgrastim-aafi</i> )	Tier 4	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML ( <i>filgrastim-aafi</i> )	Tier 4	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML ( <i>pegfilgrastim-apgf</i> )	Tier 4	PA; SP
<b>Hematorheologic Agents - Drugs for the Blood</b>		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
<b>Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding</b>		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Hemostatic Topical Agents - Drugs to Prevent Bleeding</b>		
ASTRINGYN TOPICAL SOLUTION 259 MG/G ( <i>ferric subsulfate</i> )	Tier 3	
AVITENE FLOUR TOPICAL POWDER ( <i>microfibrillar collagen</i> )	Tier 3	
AVITENE TOPICAL POWDER IN PACKET ( <i>microfibrillar collagen</i> )	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM ( <i>microfibrillar collagen</i> )	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM ( <i>microfibrillar collagen</i> )	Tier 3	
GELFILM IMPLANT FILM ( <i>gelatin</i> )	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT ( <i>thrombin (bovine)/gelatin sponge,absorbable</i> )	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT ( <i>thrombin (bovine)/gelatin sponge,absorbable</i> )	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200 ( <i>gelatin sponge,absorbable/porcine skin</i> )	Tier 3	
GELFOAM TOPICAL SPONGE 4 ( <i>gelatin sponge,absorbable/porcine skin</i> )	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML ( <i>ferric subsulfate</i> )	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT ( <i>thrombin (recombinant)</i> )	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT ( <i>thrombin (recombinant)</i> )	Tier 3	
SYRINGE AVITENE TOPICAL POWDER ( <i>microfibrillar collagen</i> )	Tier 3	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2 ( <i>thrombin(bov)/calcium chlor/cmcl/gel,porkldressing,hemostatic</i> )	Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT ( <i>thrombin (bovine)</i> )	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT ( <i>thrombin (bovine)</i> )	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT ( <i>thrombin (bovine)</i> )	Tier 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT ( <i>thrombin (bovine)</i> )	Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 " ( <i>thrombin(bov)/calcium chlor/cme-cell sod/dressing, hemostatic</i> )	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 ( <i>microfibrillar collagen</i> )	Tier 3	
<b>Hemostatic Topical Combinations - Drugs to Prevent Bleeding</b>		
EVARREST TOPICAL ADHESIVE PATCH, MEDICATED 2 X 4 ", 4 X 4 " ( <i>fibrinogen/thrombin (human plasma derived)</i> )	Tier 3	
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) ( <i>thrombin(human plasma derived)/fibrinogen/calcium chloride</i> )	Tier 3	
FLOSEAL TOPICAL KIT 2,500 UNIT ( <i>thrombin(human plasma derived)/gelatin matrix, bovine</i> )	Tier 3	
TACHOSIL TOPICAL ADHESIVE PATCH, MEDICATED 4.8 X 4.8 CM, 9.5 X 4.8 CM ( <i>fibrinogen/thrombin (human plasma derived)</i> )	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) ( <i>thrombin(human plasma derived)/fibrinogen/calcium chloride</i> )	Tier 3	
<b>Heparins - Drugs to Prevent Blood Clots</b>		
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	Tier 1	
<b>Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots</b>		
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	Tier 4	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	Tier 4	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	Tier 4	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	Tier 4	QL (18 ML per 30 days)
<b>Low Molecular Weight Heparins - Drugs to Prevent Blood Clots</b>		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 4	QL (30 ML per 30 days)
<i>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</i>	Tier 4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML ( <i>dalteparin sodium,porcine</i> )	Tier 4	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML ( <i>dalteparin sodium,porcine</i> )	Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML ( <i>dalteparin sodium,porcine</i> )	Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML ( <i>dalteparin sodium,porcine</i> )	Tier 4	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML ( <i>dalteparin sodium,porcine</i> )	Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML ( <i>dalteparin sodium,porcine</i> )	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 ( <i>dalteparin sodium,porcine</i> )	Tier 4	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML ( <i>dalteparin sodium,porcine</i> )	Tier 4	QL (18 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood</b>		
BRILINTA ORAL TABLET 60 MG, 90 MG ( <i>ticagrelor</i> )	Tier 2	QL (2 EA per 1 day)
<b>Platelet Aggregation Inhibitor Combinations - Drugs for the Blood</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
<b>Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
<b>Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood</b>		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
<b>Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood</b>		
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG ( <i>aspirin</i> )	\$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG ( <i>aspirin</i> )	\$0	EHB
ASPIR-TRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG ( <i>aspirin</i> )	\$0	EHB
<b>Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood</b>		
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood</b>		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist - Drugs for the Blood</b>		
ZONTIVITY ORAL TABLET 2.08 MG ( <i>vorapaxar sulfate</i> )	Tier 3	QL (1 EA per 1 day)
<b>PNH - Complement (C3) Inhibitors - Drugs for the Blood</b>		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML ( <i>pegcetacoplan</i> )	Tier 4	PA; SP
<b>Pyruvate Kinase (PK) Activators - Drugs for the Blood</b>		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG ( <i>mitapivat sulfate</i> )	Tier 4	PA; SP
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) ( <i>mitapivat sulfate</i> )	Tier 4	PA; SP
<b>Sickle Cell Anemia Agents, Others - Drugs for the Blood</b>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG ( <i>hydroxyurea</i> )	Tier 3	
SIKLOS ORAL TABLET 1,000 MG ( <i>hydroxyurea</i> )	Tier 3	ST: Requires prior prescription Droxia and Hydroxyurea within the past 365 days
SIKLOS ORAL TABLET 100 MG ( <i>hydroxyurea</i> )	Tier 3	QL (2 EA per 1 day)
<b>Sickle Hemoglobin (HbS) Polymerization Inhibitor - Drugs for the Blood</b>		
OXBRYTA ORAL TABLET 300 MG, 500 MG ( <i>voxelotor</i> )	Tier 4	PA; SP
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG ( <i>voxelotor</i> )	Tier 4	PA; SP
<b>Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots</b>		
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG ( <i>dabigatran etexilate mesylate</i> )	Tier 3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Thrombopoietin Receptor Agonists - Drugs for the Blood</b>		
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG ( <i>avatrombopag maleate</i> )	Tier 4	PA; SP
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG ( <i>avatrombopag maleate</i> )	Tier 4	PA; SP
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG ( <i>avatrombopag maleate</i> )	Tier 4	PA; SP
MULPLETA ORAL TABLET 3 MG ( <i>lusutrombopag</i> )	Tier 4	PA; SP
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG ( <i>eltrombopag olamine</i> )	Tier 4	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG ( <i>eltrombopag olamine</i> )	Tier 4	PA; SP
<b>Hepatobiliary System Treatment Agents - Drugs for the Liver</b>		
<b>Farnesoid X Receptor (FXR) Agonist, Bile Acid Analog - Drugs for the Liver</b>		
OCALIVA ORAL TABLET 10 MG, 5 MG ( <i>obeticholic acid</i> )	Tier 4	PA; SP
<b>Ileal Bile Acid Transporter (IBAT) Inhibitor - Drugs for the Liver</b>		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG ( <i>odevixibat</i> )	Tier 4	PA; SP
BYLVAY ORAL PELLETT 200 MCG, 600 MCG ( <i>odevixibat</i> )	Tier 4	PA; SP
LIVMARLI ORAL SOLUTION 9.5 MG/ML ( <i>maralixibat chloride</i> )	Tier 4	PA; SP
<b>Immunosuppressive Agents - Drugs for Organ Transplants</b>		
<b>Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants</b>		
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclosporine, modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
<i>cyclosporine, modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG ( <i>voclosporin</i> )	Tier 4	PA; SP
NEORAL ORAL CAPSULE 100 MG, 25 MG ( <i>cyclosporine, modified</i> )	Tier 4	
NEORAL ORAL SOLUTION 100 MG/ML ( <i>cyclosporine, modified</i> )	Tier 4	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	Tier 4	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG ( <i>tacrolimus</i> )	Tier 3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG ( <i>cyclosporine</i> )	Tier 4	
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	Tier 3	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
<b>Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants</b>		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 2	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i>	Tier 2	
<b>Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs for Organ Transplants</b>		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML ( <i>satralizumab-mwge</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants</b>		
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1	
RAPAMUNE ORAL SOLUTION 1 MG/ML ( <i>sirolimus</i> )	Tier 4	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG ( <i>sirolimus</i> )	Tier 4	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<b>Immunosuppressive - Purine Analogs - Drugs for Organ Transplants</b>		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 4	
<b>Locomotor System</b>		
<b>Friedreich Ataxia-Nuclear Factor Erythroid-rel.factor2(Nrf2) Activator</b>		
SKYCLARYS ORAL CAPSULE 50 MG ( <i>omaveloxolone</i> )	Tier 4	PA; SP
<b>Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<b>Agents to Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
KEVEYIS ORAL TABLET 50 MG ( <i>dichlorphenamide</i> )	Tier 4	PA; SP
<b>Amyotrophic Lateral Sclerosis (ALS) Agents - Benzothiazoles - Drugs for Nerves and Muscles</b>		
EXSERVAN ORAL FILM 50 MG ( <i>riluzole</i> )	Tier 4	PA; SP
<i>riluzole oral tablet 50 mg</i>	Tier 1	
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML ( <i>riluzole</i> )	Tier 4	PA; SP
<b>Amyotrophic Lateral Sclerosis (ALS) Agents - Others - Drugs for Nerves and Muscles</b>		
RELYVRIO ORAL POWDER IN PACKET 3-1 GRAM ( <i>sodium phenylbutyrate/taurursodiol</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles</b>		
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 2	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 2	
<b>Antimyasthenic Agents Other - Drugs for Nerves and Muscles</b>		
FIRDAPSE ORAL TABLET 10 MG ( <i>amifampridine phosphate</i> )	Tier 4	PA; SP
<b>Musculoskeletal Therapy Agent - Viscosupplements - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) ( <i>hyaluronate sodium</i> )	Tier 2	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML ( <i>hylan g-f 20</i> )	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML ( <i>hylan g-f 20</i> )	Tier 2	PA
<b>Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<i>baclofen oral solution 5 mg/5 ml</i>	Tier 2	PA
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 1	QL (16 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carisoprodol oral tablet 250 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML) ( <i>baclofen</i> )	Tier 3	PA
<i>metaxalone oral tablet 400 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>metaxalone oral tablet 800 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>tizanidine oral capsule 2 mg</i>	Tier 2	QL (18 EA per 1 day)
<i>tizanidine oral capsule 4 mg</i>	Tier 2	QL (9 EA per 1 day)
<i>tizanidine oral capsule 6 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>tizanidine oral tablet 2 mg</i>	Tier 1	QL (18 EA per 1 day)
<i>tizanidine oral tablet 4 mg</i>	Tier 1	QL (9 EA per 1 day)
<b>Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<i>dantrolene oral capsule 100 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>dantrolene oral capsule 25 mg, 50 mg</i>	Tier 2	QL (3 EA per 1 day)
<b>Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<b>Skeletal Muscle Relaxant and Topical Irritant Counter-Irritant Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG ( <i>cyclobenzaprine hclirritants counter-irritants combo no.2</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT PAC-TIZANIDINE KIT 4 MG ( <i>tizanidine hcl/irritant counter-irritants combination no.2</i> )	Tier 3	
<b>Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones</b>		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
<b>Spinal Muscular Atrophy - Motor Neuron 2 (SMN2) Splicing Modifier - Drugs for Nerves and Muscles</b>		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML ( <i>risdiplam</i> )	Tier 4	SP
<b>Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment</b>		
<b>Medical Supplies and DME - Blood Coagulation Testing Supplies - Medical Supplies and Durable Medical Equipment</b>		
COAGUCHEK XS ( <i>prothrombin timelinr test meter</i> )	Tier 3	
<b>Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment</b>		
FREESTYLE INSULINX STRIP ( <i>blood sugar diagnostic</i> )	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP ( <i>blood sugar diagnostic</i> )	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP ( <i>blood sugar diagnostic</i> )	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP ( <i>blood sugar diagnostic</i> )	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP ( <i>blood sugar diagnostic</i> )	Tier 2	DD; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP ( <i>blood sugar diagnostic</i> )	Tier 2	DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Medical Supplies and DME - Cervical Caps - Medical Supplies and Durable Medical Equipment</b>		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM ( <i>cervical cap</i> )	\$0	CT; EHB
<b>Medical Supplies and DME - Compression Stockings - Medical Supplies and Durable Medical Equipment</b>		
T.E.D. KNEE LENGTH-M-LONG ( <i>compression stocking, knee high, long length, small circumferen</i> )	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR ( <i>compression stocking, knee high, regular length, small</i> )	Tier 3	
<b>Medical Supplies and DME - COVID-19 Miscellaneous Testing Supplies - Medical Supplies and Durable Medical Equipment</b>		
BD VERITOR AT-HOME COVID19 TST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVD AG CARD HOME TST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVID-19 AG SELF TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
ELLUME COVID-19 HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INTELISWAB COVID-19 HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
LUCIRA CHECK-IT COVID HOME TST KIT ( <i>covid-19 molecular nucleic acid test assay</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
OHC COVID-19 ANTIGEN HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
PILOT COVID-19 AT-HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Medical Supplies and DME - Dental Supplies Other - Medical Supplies and Durable Medical Equipment</b>		
Q-CARE RX Q2 KIT 0.12 % ( <i>dental suction device/chlorhexidine dental swab 1/mouthwash</i> )	Tier 3	
Q-CARE RX Q4 KIT 0.12 % ( <i>dental suction device/chlorhexidine gl dental swab comb no.1</i> )	Tier 3	
<b>Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment</b>		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM ( <i>diaphragms, contoured</i> )	\$0	CT; EHB
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB
<b>Medical Supplies and DME - Drug Application Supplies - Medical Supplies and Durable Medical Equipment</b>		
PCCA ACCUPEN-15 DEVICE ( <i>topical cream metered- dose device</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Medical Supplies and DME - Feeding Tubes and Supplies - Medical Supplies and Durable Medical Equipment</b>		
ENTERAL GRAVITY BAG SET-ENFIT ( <i>feeder container with gravity set, enfit</i> )	Tier 3	
KANGAROO 924 SAFETY SCREW ( <i>pump set</i> )	Tier 3	
KANGAROO EPUMP SET ( <i>feeder container with pump set</i> )	Tier 3	
KANGAROO GRAVITY SET ( <i>feeder container with gravity set</i> )	Tier 3	
RELIZORB CARTRIDGE ( <i>enteral pump accessory for fat hydrolysis</i> )	Tier 3	
<b>Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment</b>		
FC2 FEMALE CONDOM ( <i>condoms, female</i> )	\$0	CT; EHB; \$0 COPAY IF QUANTITY OF 60
<b>Medical Supplies and DME - Gauze Bandages - Medical Supplies and Durable Medical Equipment</b>		
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " ( <i>gauze bandage</i> )	Tier 3	
<b>Medical Supplies and DME - Gauze Pads and Dressings - Medical Supplies and Durable Medical Equipment</b>		
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 " ( <i>bismuth tribromophenatelpetrolatum,white</i> )	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 ( <i>iodoform</i> )	Tier 3	
RESTORE TOPICAL BANDAGE 2 X 2 " ( <i>silver/calcium alginate</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 " ( <i>bismuth tribromophenatelpetrolatum,white</i> )	Tier 3	
<b>Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment</b>		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ACCU-CHEK FASTCLIX LANCET DRUM ( <i>lancets</i> )	Tier 2	DD
ACCU-CHEK SAFE-T-PRO 23 GAUGE ( <i>lancets</i> )	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE ( <i>lancets</i> )	Tier 2	DD
ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )	Tier 2	DD
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ADVOCATE LANCET 26 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ALTERNATE SITE LANCET 26 GAUGE ( <i>lancets</i> )	Tier 2	DD
ASSURE HAEMOLANCE PLUS 1.2 MM ( <i>blade lancet, safety</i> )	Tier 2	DD
ASSURE HAEMOLANCE PLUS 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
ASSURE LANCE 25 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
BD MICROTAINER LANCET 1.5 X 2 MM ( <i>blade lancet, safety</i> )	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
BD ULTRA FINE LANCETS 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
BD ULTRA-FINE II LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE ( <i>lancets</i> )	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAREONE THIN LANCET ( <i>lancets</i> )	Tier 2	DD
CAREONE ULTRA THIN LANCET ( <i>lancets</i> )	Tier 2	DD
CARESENS LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
CEQUR SIMPLICITY INSERTER ( <i>diabetic supplies,miscell</i> )	Tier 3	DD
CLEVER CHEK LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
COAGUCHEK LANCETS ( <i>lancets</i> )	Tier 2	DD
COLOR LANCETS 21 GAUGE ( <i>lancets</i> )	Tier 2	DD
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
COMFORT LANCETS ( <i>lancets</i> )	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE ( <i>lancets</i> )	Tier 2	DD
DROPLET LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
EASY COMFORT LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE ( <i>lancets</i> )	Tier 2	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE ( <i>lancets</i> )	Tier 2	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
EASY TWIST AND CAP LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
EMBRACE LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
ENLITE SERTER ( <i>diabetic supplies,miscell</i> )	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENLITE SYSTEM ( <i>blood-glucose transmitter/blood-glucose sensor</i> )	Tier 3	DD
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
E-Z JECT THIN LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
EZ SMART LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
EZ-LETS 26 GAUGE ( <i>lancets</i> )	Tier 2	DD
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE ( <i>lancets</i> )	Tier 2	DD
FINE 30 UNIVERSAL LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
FINGERSTIX LANCETS ( <i>lancets</i> )	Tier 2	DD
FORACARE LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
FREESTYLE LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
FREESTYLE UNISTIK 2 ( <i>lancets</i> )	Tier 2	DD
GLUCOCOM AUTOLINK ( <i>diabetic supplies,miscell</i> )	Tier 3	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
GOJJI LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
GUARDIAN LINK 3 TRANSMITTER DEVICE ( <i>blood-glucose transmitter</i> )	Tier 3	DD
GUARDIAN RT CHARGER ( <i>diabetic supplies,miscell</i> )	Tier 3	DD
GUARDIAN RT TEST PLUG DEVICE ( <i>diabetic supplies,miscell</i> )	Tier 3	DD
HEALTHY ACCENTS UNILET LANCET 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
INVACARE LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 2	DD
LANCETS, SUPER THIN ( <i>lancets</i> )	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANCETS, THIN , 23 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
LANCETS, ULTRA THIN , 26 GAUGE ( <i>lancets</i> )	Tier 2	DD
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
MEDISENSE THIN LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM ( <i>blade lancet, safety</i> )	Tier 2	DD
MICRO THIN LANCETS 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
MICROLET LANCET ( <i>lancets</i> )	Tier 2	DD
MOBILE LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
MONOLET LANCETS 21 GAUGE ( <i>lancets</i> )	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
MYGLUCOHEALTH LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
NOVA SUREFLEX LANCETS ( <i>lancets</i> )	Tier 2	DD
ON CALL LANCET 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ON CALL PLUS LANCET 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ONETOUCH DELICA LANCETS 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
ON-THE-GO LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
PIP LANCET 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE ( <i>lancets</i> )	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT SAFETY LANCET 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
PRODIGY TWIST TOP LANCET 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
PURE COMFORT LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
RIGHTEST GL300 LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
SINGLE-LET ( <i>lancets</i> )	Tier 2	DD
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
SMARTEST LANCET ( <i>lancets</i> )	Tier 2	DD
SOFT TOUCH LANCETS ( <i>lancets</i> )	Tier 2	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
STERILANCE TL 30 GAUGE, 32 GAUGE ( <i>lancets</i> )	Tier 2	DD
SUPER THIN LANCETS , 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE-LANCE ULTRA THIN 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
SURE-TOUCH LANCET ( <i>lancets</i> )	Tier 2	DD
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
TELCARE LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
TEMPO REFILL KIT COMBO PACK ( <i>lancet with blood glucose test strips and pen needles</i> )	Tier 2	DD
TEMPO WELCOME KIT KIT ( <i>blood glucose meter/insulin data transf accessory, bluetooth</i> )	Tier 3	DD
THIN LANCETS 26 GAUGE ( <i>lancets</i> )	Tier 2	DD
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
TRUE COMFORT LANCET 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
TWIST LANCETS 30 GAUGE, 32 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTILET BASIC LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTRA FINE LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTRA TLC LANCETS ( <i>lancets</i> )	Tier 2	DD
ULTRA-CARE LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNILET EXCELITE II LANCET ( <i>lancets</i> )	Tier 2	DD

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UNILET EXCELITE LANCET ( <i>lancets</i> )	Tier 2	DD
UNILET GP LANCET ( <i>lancets</i> )	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNILET LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK 3 COMFORT LANCET ( <i>lancets</i> )	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK 3 LANCETS 21 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK COMFORT LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK EXTRA LANCETS 21 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
VIVAGUARD LANCET 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
<b>Medical Supplies and DME - Incontinence Supplies - Medical Supplies and Durable Medical Equipment</b>		
CURITY DRAINAGE BAG 2,000 ML ( <i>drainage bag</i> )	Tier 3	
FLEXI-SEAL SIGNAL FMS RECTAL ( <i>fecal collector with charcoal filter/catheter/syringe</i> )	Tier 3	
MONO-FLO DRAINAGE BAG 2,000 ML ( <i>drainage bag</i> )	Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE ( <i>incont device,muscle toner,elt</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Medical Supplies and DME - Insulin Needles- Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment</b>		
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" ( <i>pen needle, diabetic disposable, safety</i> )	Tier 2	DD
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" ( <i>syringe with needle,insulin 0.3 ml (half unit mark)</i> )	Tier 2	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" ( <i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i> )	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" ( <i>syringe with needle,insulin,0.3 ml</i> )	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" ( <i>syringe with needle,insulin,0.5 ml</i> )	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" ( <i>syringe with needle,disposable,insulin 1 ml</i> )	Tier 2	DD
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" ( <i>pen needle, diabetic</i> )	Tier 2	DD
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" ( <i>pen needle, diabetic</i> )	Tier 2	DD
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" ( <i>pen needle, diabetic</i> )	Tier 2	DD
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" ( <i>pen needle, diabetic</i> )	Tier 2	DD
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" ( <i>pen needle, diabetic</i> )	Tier 2	DD
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" ( <i>pen needle, diabetic</i> )	Tier 2	DD
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" ( <i>syringe with needle,insulin 0.3 ml (half unit mark)</i> )	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" ( <i>syringe with needle,insulin,0.3 ml</i> )	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" ( <i>syringe with needle,disposable,insulin 1 ml</i> )	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" ( <i>syringe with needle,insulin,0.5 ml</i> )	Tier 2	DD
EXTENDED RESERVOIR 3 ML ( <i>insulin pump syringe, 3 ml</i> )	Tier 3	DD
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN ( <i>insulin pen, reusable, bluetooth for use with insulin lispro</i> )	Tier 3	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN ( <i>insulin pen, reusable, bluetooth for use with insulin lispro</i> )	Tier 3	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN ( <i>insulin pen, reusable, bluetooth for use with insulin lispro</i> )	Tier 3	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN ( <i>insulin pen, reusable, bluetooth for use with insulin aspart</i> )	Tier 3	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN ( <i>insulin pen, reusable, bluetooth for use with insulin aspart</i> )	Tier 3	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN ( <i>insulin pen, reusable, bluetooth for use with insulin aspart</i> )	Tier 3	DD
MINIMED SYRINGE RESERVOIR 1.8 ML ( <i>insulin pump syringe, 1.8 ml</i> )	Tier 3	DD
MINIMED SYRINGE RESERVOIR 3 ML ( <i>insulin pump syringe, 3 ml</i> )	Tier 3	DD
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN ( <i>insulin admin. supplies</i> )	Tier 3	DD
OMNIPOD DASH PDM KIT (GEN 4) ( <i>insulin pump controller</i> )	Tier 2	DD; QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARADIGM RESERVOIR 1.8 ML ( <i>insulin pump syringe, 1.8 ml</i> )	Tier 3	DD
PARADIGM RESERVOIR 3 ML ( <i>insulin pump syringe, 3 ml</i> )	Tier 3	DD
<b>Medical Supplies and DME - IV Sets-Tubing - Medical Supplies and Durable Medical Equipment</b>		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" ( <i>intravenous catheter</i> )	Tier 3	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" ( <i>intravenous catheter kit</i> )	Tier 3	
FILTERED EXTENSION SET INFUSION SET ( <i>intravenous administration extension set with filter</i> )	Tier 3	
HI-VOLUME PUMPING CHAMBER SET ( <i>transfer sets</i> )	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " ( <i>intravenous catheter</i> )	Tier 3	
MICROBORE EXTENSION SET INFUSION SET ( <i>intravenous administration extension set</i> )	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 " ( <i>intravenous catheter</i> )	Tier 3	
PHASEAL SECONDARY SET INFUSION SET ( <i>intravenous piggyback administration set</i> )	Tier 3	
PHASEAL Y-SITE ( <i>y-site line connector, closed system</i> )	Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET ( <i>intravenous administration set</i> )	Tier 3	
<b>Medical Supplies and DME - Male Condoms - Medical Supplies and Durable Medical Equipment</b>		
AIMSCO LATEX CONDOM DEVICE ( <i>condoms, latex, lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
CONDOMS-PREM LUBRICATED DEVICE ( <i>condoms, latex, lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
DUREX AVANTI BARE REAL FEEL ( <i>condoms, non-latex, lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FANTASY CONDOM DEVICE ( <i>condoms, latex, lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
KIMONO CONDOMS(NON-LUBRICATED) DEVICE ( <i>condoms, latex, non-lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
KIMONO MAXX CONDOMS DEVICE ( <i>condoms, latex, non-lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
KIMONO MICROTHIN AQUA LUBE CON DEVICE ( <i>condoms, latex, lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
KIMONO MICROTHIN CONDOMS DEVICE ( <i>condoms, latex, non-lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
KIMONO MICROTHIN LARGE CONDOMS DEVICE ( <i>condoms, latex, lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
KIMONO TEXTURED CONDOMS DEVICE ( <i>condoms, latex, lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
TRUSTEX LATEX CONDOM DEVICE ( <i>condoms, latex, lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
TRUSTEX LUBRICATED CONDOMS DEVICE ( <i>condoms, latex, lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
TRUSTEX NON-LUB CONDOMS DEVICE ( <i>condoms, latex, non-lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
TRUSTEX-RIA LUB/SPERMICIDE DEVICE ( <i>condoms, latex, lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE ( <i>condoms, latex, lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
TRUSTEX-RIA NON-LUB CONDOMS DEVICE ( <i>condoms, latex, non-lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
<b>Medical Supplies and DME - Male Erectile Dysfunction Aids - Medical Supplies and Durable Medical Equipment</b>		
RAPPORT VACUUM THERAPY KIT ( <i>vacuum erection device system</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment</b>		
ACCU-CHEK SPIRIT CLIP CASE ( <i>subcutaneous infusion pump accessory</i> )	Tier 3	
AMIELLE VAGINAL TRAINER KIT ( <i>medical supply, miscellaneous</i> )	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY ( <i>medical supply, miscellaneous</i> )	Tier 3	
CEFALY COMBO PACK ( <i>transcutaneous electrical nerve stimulators(tens)/electrodes</i> )	Tier 3	
<i>eua patient assessment</i>	Tier 3	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE ( <i>insulin pump cartridge,automated dosing,bt with controller</i> )	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE ( <i>insulin pump cartridge, subcut automated dosing, bluetooth</i> )	Tier 2	DD
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE ( <i>insulin pump cartridge,continuous subcut infusion,radio freq</i> )	Tier 2	DD
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE ( <i>insulin pump cartridge,continuous infusion,bt and controller</i> )	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE ( <i>insulin pump cartridge,continuous subcut infusion,bluetooth</i> )	Tier 2	DD
PRO COMFORT TENS ELECTRODE PAD ( <i>tens unit electrodes</i> )	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK ( <i>transcutaneous electrical nerve stimulators(tens)/electrodes</i> )	Tier 3	
PRO-CEPTION VAGINAL ( <i>medical supply, miscellaneous</i> )	Tier 3	
T.E.D. ANTI-EMBOLISM STOCKING ( <i>compression stocking, knee high, regular length, small</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
T:FLEX SUBCUTANEOUS CARTRIDGE ( <i>insulin pump cartridge</i> )	Tier 3	DD
T:SLIM X2 SUBCUTANEOUS CARTRIDGE ( <i>insulin pump cartridge</i> )	Tier 3	DD
TEMPO SMART BUTTON DEVICE ( <i>data transfer accessory (insulin pen), bluetooth</i> )	Tier 3	DD
TENS 502 DEVICE ( <i>transcutaneous electrical nerve stimulators (tens units)</i> )	Tier 3	
TENS 504 DEVICE ( <i>transcutaneous electrical nerve stimulators (tens units)</i> )	Tier 3	
VIBRANT ORAL CAPSULE ( <i>vibrating transient device for constipation</i> )	Tier 3	
VIBRANT STARTER KIT COMBO PACK ( <i>vibrating transient device for constipation</i> )	Tier 3	
XENOVIEW EMPTY DELIVERY BAG ( <i>inhalation bag with mouthpiece</i> )	Tier 3	
<b>Medical Supplies and DME - Nebulizers - Medical Supplies and Durable Medical Equipment</b>		
AEROECLIPSE II NEBULIZER ( <i>nebulizer</i> )	Tier 3	
AERONEB GO NEBULIZER ( <i>nebulizer</i> )	Tier 3	
AIRS DISPOSABLE NEBULIZER ( <i>nebulizer</i> )	Tier 3	
ALTERA NEBULIZER HANDSET ( <i>nebulizer</i> )	Tier 3	
ALTERA NEBULIZER SYSTEM ( <i>nebulizer</i> )	Tier 3	
AURA PORTANEB ( <i>nebulizer</i> )	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER ( <i>nebulizer</i> )	Tier 3	
FLYP NEBULIZER ( <i>nebulizer</i> )	Tier 3	
INNOSPIRE GO NEBULIZER ( <i>nebulizer</i> )	Tier 3	
LC PLUS ( <i>nebulizer</i> )	Tier 3	
LC PLUS NEBULIZER-PED MASK ( <i>nebulizer</i> )	Tier 3	
MICROAIR MESH NEBULIZER ( <i>nebulizer</i> )	Tier 3	
MINI PLUS NEBULIZER ( <i>nebulizer</i> )	Tier 3	
PARI LC SPRINT NEBULIZER SET ( <i>nebulizer</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARI LC SPRINT SINUS ( <i>nebulizer</i> )	Tier 3	
PRODIGY MINI-MIST NEBULIZER ( <i>nebulizer</i> )	Tier 3	
SIDESTREAM ( <i>nebulizer</i> )	Tier 3	
SIDESTREAM NEBULIZER ( <i>nebulizer</i> )	Tier 3	
SIDESTREAM PLUS ( <i>nebulizer</i> )	Tier 3	
SINUSTAR NEBULIZER ( <i>nebulizer</i> )	Tier 3	
SOOTHENEB MESH NEBULIZER ( <i>nebulizer</i> )	Tier 3	
TRUNEB NEBULIZER ( <i>nebulizer</i> )	Tier 3	
VIXONE NEBULIZER ( <i>nebulizer</i> )	Tier 3	
VIXONE NEBULIZER-ADULT MASK ( <i>nebulizer</i> )	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK ( <i>nebulizer</i> )	Tier 3	
<b>Medical Supplies and DME - Parenteral Therapy Supplies - Medical Supplies and Durable Medical Equipment</b>		
ACCU-CHEK LINKASSIST INS DEV ( <i>subcutaneous infusion pump accessory</i> )	Tier 3	
ACCU-CHEK SPIRIT ADAPTER ( <i>subcutaneous infusion pump accessory</i> )	Tier 3	
ACCU-CHEK SPIRIT CARTRIDGE SYS ( <i>subcutaneous infusion pump accessory</i> )	Tier 3	
ACCU-CHEK SPIRIT CLIP CASE ( <i>subcutaneous infusion pump accessory</i> )	Tier 3	
HALO CLOSED BAG ADAPTOR ( <i>infusion adapter, closed system</i> )	Tier 3	
HALO CLOSED SYRINGE ADAPTOR ( <i>needle injector, luer lock, closed system</i> )	Tier 3	
HALO VIAL CONVERTER DEVICE 13 MM ( <i>vial size converter, closed system</i> )	Tier 3	
INTERLINK LEVER LOCK CANNULA ( <i>syringe accessory</i> )	Tier 3	
I-PORT ( <i>injection ports</i> )	Tier 3	
I-PORT ADVANCE 6 MM INJEC PORT ( <i>injection ports</i> )	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT ( <i>injection ports</i> )	Tier 3	
KENDALL DISINFECTANT CAP ( <i>alcohol swab cap</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY ( <i>intravenous equipment</i> )	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE ( <i>assembly system, vial to transfer device, closed system</i> )	Tier 3	
PHASEAL CONNECTOR LUER LOCK ( <i>connector luer lock, closed system</i> )	Tier 3	
PHASEAL INFUSION ADAPTER ( <i>infusion adapter, closed system</i> )	Tier 3	
PHASEAL INFUSION CLAMP ( <i>clamp, iv tubing</i> )	Tier 3	
PHASEAL INJECTOR LUER ( <i>needle injector, luer, closed system</i> )	Tier 3	
PHASEAL INJECTOR LUER LOCK ( <i>needle injector, luer lock, closed system</i> )	Tier 3	
SURE-T INFUSION SET ( <i>subcutaneous infusion pump accessory</i> )	Tier 3	
VARITHENA ADMINISTRATION PACK ( <i>transfer set/syringe, disposable/bandages, compression/tubing</i> )	Tier 3	
<b>Medical Supplies and DME - Peak Flow Meters - Medical Supplies and Durable Medical Equipment</b>		
AEROGEAR ACTION ASTHMA KIT KIT ( <i>peak flow meter/inhaler, assist devices</i> )	Tier 3	
ASTHMAPACK CHILDREN'S KIT ( <i>peak flow meter/inhaler, assist devices</i> )	Tier 3	
MINI WRIGHT PEAK FLOW METER DEVICE ( <i>peak flow meter</i> )	Tier 3	
TRUZONE PEAK FLOW METER DEVICE ( <i>peak flow meter</i> )	Tier 3	
<b>Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment</b>		
ACE AEROSOL CLOUD ENHANCER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
AEROBIKA OSCILLATING PEP SYSTM DEVICE ( <i>mucus clearing device</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER MINI SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
AEROCHAMBER MV SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER ( <i>inhaler,assist device with large mask</i> )	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER ( <i>inhaler,assist device with medium mask</i> )	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER ( <i>inhaler,assist device with small mask</i> )	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER ( <i>inhaler,assist device with large mask</i> )	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER ( <i>inhaler,assist device with medium mask</i> )	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER ( <i>inhaler,assist device with small mask</i> )	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
AEROTRACH PLUS SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
AEROVENT PLUS SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
ALL FLOW 1000 KIT ( <i>nebulizer accessories</i> )	Tier 3	
ALL FLOW 1000 PFT FILTER ( <i>nebulizer accessories</i> )	Tier 3	
ALL FLOW 3000 KIT ( <i>nebulizer accessories</i> )	Tier 3	
ALL FLOW 3000 PFT FILTER ( <i>nebulizer accessories</i> )	Tier 3	
ALL FLOW 4000 KIT ( <i>nebulizer accessories</i> )	Tier 3	
ALL FLOW 4000 PFT FILTER ( <i>nebulizer accessories</i> )	Tier 3	
ALL FLOW 5000 KIT ( <i>nebulizer accessories</i> )	Tier 3	
ALL FLOW 5000 PFT FILTER ( <i>nebulizer accessories</i> )	Tier 3	
ALL FLOW 6000 PFT FILTER ( <i>nebulizer accessories</i> )	Tier 3	
BREATHERITE MDI SPACER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	

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BREATHERITE SPACER-MASK, NEO. SPACER <i>(inhaler,assist device with small mask)</i>	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER <i>(inhaler,assist device with large mask)</i>	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER <i>(inhaler,assist device with medium mask)</i>	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER <i>(inhaler,assist device with small mask)</i>	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER <i>(inhaler,assist device with small mask)</i>	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER <i>(inhaler, assist devices)</i>	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER <i>(inhaler, assist devices)</i>	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER <i>(inhaler,assist device with large mask)</i>	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER <i>(inhaler,assist device with medium mask)</i>	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER <i>(inhaler,assist device with small mask)</i>	Tier 3	
CLEVER CHOICE NEB KIT-ADULT <i>(nebulizer accessories)</i>	Tier 3	
CLEVER CHOICE NEB KIT-CHILD <i>(nebulizer accessories)</i>	Tier 3	
CLEVER CHOICE NEBULIZER DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
COMPACT SPACE CHAMBER SPACER <i>(inhaler, assist devices)</i>	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER <i>(inhaler,assist device with large mask)</i>	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER <i>(inhaler,assist device with medium mask)</i>	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER <i>(inhaler,assist device with small mask)</i>	Tier 3	

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COMP-AIR NEBULIZER COMPRESSOR DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE ( <i>compressor, for nebulizer</i> )	Tier 3	
DEVILBISS PULMOMATE COMPRESSOR DEVICE ( <i>compressor, for nebulizer</i> )	Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
DEVILBISS TRAVELER COMPRESSOR DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
EASIVENT HOLDING CHAMBER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
EASIVENT MASK LARGE DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
EASIVENT MASK MEDIUM DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
EASIVENT MASK SMALL DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
EASY NEB COMPRESSOR NEBULIZER DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
EBASE CONTROLLER DEVICE ( <i>compressor, for nebulizer</i> )	Tier 3	
FLEXICHAMBER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
HOME NEBULIZER PLUS SIDESTREAM DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
HYPERSONIQ NEBULIZER CARTRIDGE ( <i>nebulizer accessories</i> )	Tier 3	
INNOSPIRE DELUXE DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	

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INNOSPIRE ELEGANCE DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
INNOSPIRE ESSENCE DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
INNOSPIRE MINI DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
INNOSPIRE REPLACEMENT FILTER ( <i>nebulizer accessories</i> )	Tier 3	
INSPIRACHAMBER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER ( <i>inhaler, assist device with large mask</i> )	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER ( <i>inhaler, assist device with medium mask</i> )	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER ( <i>inhaler, assist device with small mask</i> )	Tier 3	
INSPIRATION ELITE FILTER ( <i>nebulizer accessories</i> )	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
LITEAIRE MDI CHAMBER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
LITETOUCH-LARGE MASK DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
LITETOUCH-SMALL MASK DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
MICROCHAMBER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
MICROSPACER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
<i>nebulizer and compressor device</i>	Tier 3	
NOSE CLIP ( <i>nebulizer accessories</i> )	Tier 3	
OMBRA COMPRESSOR SYSTEM DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER ( <i>inhaler, assist device with large mask</i> )	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER ( <i>inhaler, assist devices</i> )	Tier 3	

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OPTICHAMBER DIAMOND-MED MSK SPACER <i>(inhaler,assist device with medium mask)</i>	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER <i>(inhaler,assist device with small mask)</i>	Tier 3	
PARI BABY CONV KIT - SIZE 1 KIT <i>(nebulizer accessories)</i>	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT <i>(nebulizer accessories)</i>	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT <i>(nebulizer accessories)</i>	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
PARI TREK S COMBO PACK DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
PARI TREK S PORTABLE PWR KIT <i>(nebulizer accessories)</i>	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE <i>(spirometers and accessories)</i>	Tier 3	
PILLOW MASK CHILD <i>(nebulizer accessories)</i>	Tier 3	
POCKET CHAMBER SPACER <i>(inhaler, assist devices)</i>	Tier 3	
PORTABLE NEBULIZER SYSTEM DEVICE <i>(nebulizer and compressor)</i>	Tier 3	
PRIMEAIRE SPACER <i>(inhaler, assist devices)</i>	Tier 3	

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Medical Supplies and DME - Subcutaneous Administration Supply - Medical Supplies and Durable Medical Equipment</b>		
ACCU-CHEK RAPID-D LINK 70 CM ( <i>subcutaneous administration set</i> )	Tier 3	
ACCU-CHEK RAPID-D LINK INFUSION SET 10 X 20 MM-CM ( <i>subcutaneous administration set</i> )	Tier 3	
INSUFロン INFUSION SET 25 X 18 MM ( <i>subcutaneous administration set</i> )	Tier 3	
<b>Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment</b>		
CEQUR SIMPLICITY DEVICE 2 UNIT ( <i>subcutaneous bolus insulin patch pump, 200 unit, disposable</i> )	Tier 3	DD
V-GO 20 DEVICE ( <i>sub-q insulin delivery device, 20 unit, disposable</i> )	Tier 2	DD
V-GO 30 DEVICE ( <i>sub-q insulin delivery device, 30 unit, disposable</i> )	Tier 2	DD
V-GO 40 DEVICE ( <i>sub-q insulin delivery device, 40 unit, disposable</i> )	Tier 2	DD
<b>Medical Supplies and DME - Subcutaneous Insulin Pump - Medical Supplies and Durable Medical Equipment</b>		
MINIMED 630G INSULIN PUMP ( <i>subcutaneous insulin pump</i> )	Tier 3	DD
MINIMED 770G INSULIN PUMP ( <i>subcutaneous insulin pump</i> )	Tier 3	DD
T:SLIM X2 BASAL-IQ INSULIN PMP ( <i>subcutaneous insulin pump</i> )	Tier 3	DD
T:SLIM X2 CONTROL-IQ ( <i>subcutaneous insulin pump</i> )	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Medical Supplies and DME - Urinary Catheters and Related Devices - Medical Supplies and Durable Medical Equipment</b>		
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-" ( <i>catheter</i> )	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" ( <i>urinary bag/catheter</i> )	Tier 3	
APOGEE IC INTERMIT CATHETER 14-6 FR-" ( <i>catheter</i> )	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" ( <i>catheter</i> )	Tier 3	
BARDEX I.C. FOLEY CATHETER 24 FR ( <i>catheter</i> )	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK ( <i>urinary bag/catheterization tray</i> )	Tier 3	
DOVER FOLEY CATHETER 24 FR ( <i>catheter</i> )	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR ( <i>catheter</i> )	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR ( <i>catheter</i> )	Tier 3	
DOVER UNIVERSAL TRAY ( <i>catheterization tray</i> )	Tier 3	
FEMALE CATHETER 14 FR ( <i>catheter</i> )	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-" ( <i>catheter</i> )	Tier 3	
KENGUARD FOLEY CATHETER TRAY ( <i>catheterization tray</i> )	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-" ( <i>catheter</i> )	Tier 3	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16" ( <i>urinary bag/catheter</i> )	Tier 3	
LOFRIC ORIGO 14-16 FR-" ( <i>catheter</i> )	Tier 3	
LOFRIC PRIMO NELATON CATHETER 16-16 FR-" ( <i>catheter</i> )	Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" ( <i>catheter</i> )	Tier 3	
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" ( <i>catheter</i> )	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR ( <i>catheter</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELF-CATHETER, FEMALE 14 FR ( <i>catheter</i> )	Tier 3	
SILASTIC FOLEY CATHETER 20 FR ( <i>catheter</i> )	Tier 3	
SPEEDICATH (FEMALE) 16 FR ( <i>catheter</i> )	Tier 3	
TOUCH-TROL 10 FR ( <i>catheter</i> )	Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" ( <i>urinary bag/catheter</i> )	Tier 3	
<b>Medical Supplies and DME - Urine Glucose Tests - Medical Supplies and Durable Medical Equipment</b>		
DIASTIX STRIP ( <i>urine glucose test strip</i> )	Tier 3	DD
NO-STICK GLUCOSE STRIP ( <i>urine glucose test strip</i> )	Tier 3	DD
<b>Medical Supplies and DME - Urine Glucose-Acetone Combination Tests - Medical Supplies and Durable Medical Equipment</b>		
KETO-DIASTIX STRIP ( <i>urine glucose-acet test strip</i> )	Tier 3	DD
<b>Medical Supplies and DME - Urine Ketone Tests - Medical Supplies and Durable Medical Equipment</b>		
CHEK-STIX CONTROL STRIP ( <i>urine multiple test strips</i> )	Tier 3	
KETONE CARE STRIP ( <i>urine acetone test strips</i> )	Tier 3	DD
<b>Medical Supplies and DME- Blood Collection Sets with Local Anesthetics - Medical Supplies and Durable Medical Equipment</b>		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 % ( <i>blood collection set/lidocaine/prilocaine</i> )	Tier 3	
LIDO BDK KIT 21 GAUGE X 1" - 2.5 %-2.5 % ( <i>blood collection set/lidocaine/prilocaine</i> )	Tier 3	
<b>Medical Supplies and DME-Eustachian Tube/Middle Ear Ventilator Devices - Medical Supplies and Durable Medical Equipment</b>		
EAR POPPER INFLATION DEVICE NASAL DEVICE ( <i>middle ear inflation device</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Medical Supplies and DME-Glucose Monitoring and Insulin Admin Supplies - Medical Supplies and Durable Medical Equipment</b>		
ACCU-CHEK COMBO SYSTEM KIT ( <i>insulin pump/infusion set/blood-glucose meter</i> )	Tier 3	DD
AUTOSOFT 30 INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
AUTOSOFT 90 INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
AUTOSOFT XC INFUSION SET 23" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
AUTOSOFT XC INFUSION SET 32" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
AUTOSOFT XC INFUSION SET 43" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MEDTRONIC EXT INFUSION SET 23" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MEDTRONIC EXT INFUSION SET 32" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MINIMED MIO ADVANCE INF SET23" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MINIMED MIO ADVANCE INF SET43" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MINIMED QUICK SET 18" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MINIMED QUICK SET 23" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MINIMED QUICK SET 32" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MINIMED QUICK SET 43" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MINIMED SILHOUETTE 18" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MINIMED SILHOUETTE 23" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD

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MINIMED SILHOUETTE 32" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MINIMED SILHOUETTE 43" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MINIMED SURE T 18" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MINIMED SURE T 23" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MINIMED SURE T 32" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
TRUSTEEL INFUSION SET 23" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
TRUSTEEL INFUSION SET 32" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
VARISOFT INFUSION SET 23" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
VARISOFT INFUSION SET 32" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
VARISOFT INFUSION SET 43" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
<b>Medical Supply, FDB Superset</b>		
<b>Medical Supply, FDB Superset</b>		
ACCU-CHEK COMBO SYSTEM KIT ( <i>insulin pump/infusion set/blood-glucose meter</i> )	Tier 3	DD
ACCU-CHEK FASTCLIX LANCET DRUM ( <i>lancets</i> )	Tier 2	DD
ACCU-CHEK RAPID-D LINK 70 CM ( <i>subcutaneous administration set</i> )	Tier 3	
ACCU-CHEK RAPID-D LINK INFUSION SET 10 X 20 MM-CM ( <i>subcutaneous administration set</i> )	Tier 3	
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE ( <i>lancets</i> )	Tier 2	DD
ACCU-CHEK SPIRIT ADAPTER ( <i>subcutaneous infusion pump accessory</i> )	Tier 3	
ACCU-CHEK SPIRIT CARTRIDGE SYS ( <i>subcutaneous infusion pump accessory</i> )	Tier 3	

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ACCU-CHEK SPIRIT CLIP CASE ( <i>subcutaneous infusion pump accessory</i> )	Tier 3	
ACE AEROSOL CLOUD ENHANCER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
ADVANCE PLUS INTERMITTENT 10 FR, 10-16 FR-", 12 FR, 6-16 FR-", 8-16 FR-" ( <i>catheter</i> )	Tier 3	
ADVANCE PLUS INTERMITTENT COMBO PACK 6 FR, 8 FR- 16" ( <i>urinary bag/catheter</i> )	Tier 3	
ADVANCED TRAVEL LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
AEROBIKA OSCILLATING PEP SYSTM DEVICE ( <i>mucus clearing device</i> )	Tier 3	
AEROCHAMBER MINI SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
AEROCHAMBER MV SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER ( <i>inhaler, assist device with large mask</i> )	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER ( <i>inhaler, assist device with medium mask</i> )	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER ( <i>inhaler, assist device with small mask</i> )	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
AEROECLIPSE II NEBULIZER ( <i>nebulizer</i> )	Tier 3	
AEROGEAR ACTION ASTHMA KIT KIT ( <i>peak flow meter/inhaler, assist devices</i> )	Tier 3	
AEROTRACH PLUS SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
AEROVENT PLUS SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
AIMSCO LATEX CONDOM DEVICE ( <i>condoms, latex, lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
AIRS DISPOSABLE NEBULIZER ( <i>nebulizer</i> )	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 " ( <i>foam bandage</i> )	Tier 3	
ALTERA NEBULIZER HANDSET ( <i>nebulizer</i> )	Tier 3	

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ALTERA NEBULIZER SYSTEM ( <i>nebulizer</i> )	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE ( <i>lancets</i> )	Tier 2	DD
APOGEE IC INTERMIT CATHETER 14-6 FR-" ( <i>catheter</i> )	Tier 3	
APOGEE PLUS INTERMITT CATHETER 16-16 FR-" ( <i>catheter</i> )	Tier 3	
ARGYLE TRACHEOSTOMY CARE TRAY ( <i>medical supply, miscellaneous</i> )	Tier 3	
ASTHMAPACK CHILDREN'S KIT ( <i>peak flow meter/inhaler, assist devices</i> )	Tier 3	
AURA PORTANEB ( <i>nebulizer</i> )	Tier 3	
AUTOSOFT XC INFUSION SET 32" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
BARDEX I.C. FOLEY CATHETER 24 FR ( <i>catheter</i> )	Tier 3	
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" ( <i>pen needle, diabetic disposable, safety</i> )	Tier 2	DD
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" ( <i>syringe with needle,insulin 0.3 ml (half unit mark)</i> )	Tier 2	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" ( <i>syringe, insulin u-500 with needle, disposable, 0.5 ml</i> )	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" ( <i>syringe with needle,insulin,0.3 ml</i> )	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" ( <i>syringe with needle,insulin,0.5 ml</i> )	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" ( <i>syringe with needle,disposable,insulin 1 ml</i> )	Tier 2	DD
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" ( <i>intravenous catheter</i> )	Tier 3	
BD MICROTAINER LANCET 1.5 X 2 MM ( <i>blade lancet, safety</i> )	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD

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BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" ( <i>pen needle, diabetic</i> )	Tier 2	DD
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" ( <i>intravenous catheter kit</i> )	Tier 3	
BD ULTRA FINE LANCETS 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" ( <i>pen needle, diabetic</i> )	Tier 2	DD
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" ( <i>pen needle, diabetic</i> )	Tier 2	DD
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" ( <i>pen needle, diabetic</i> )	Tier 2	DD
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" ( <i>pen needle, diabetic</i> )	Tier 2	DD
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" ( <i>pen needle, diabetic</i> )	Tier 2	DD
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" ( <i>syringe with needle,insulin 0.3 ml (half unit mark)</i> )	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" ( <i>syringe with needle,insulin,0.3 ml</i> )	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" ( <i>syringe with needle,disposable,insulin 1 ml</i> )	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" ( <i>syringe with needle,insulin,0.5 ml</i> )	Tier 2	DD
BD VERITOR AT-HOME COVID19 TST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVD AG CARD HOME TST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVID-19 AG SELF TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
BUTTERFLY TOUCH LANCET 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
CAREONE THIN LANCET ( <i>lancets</i> )	Tier 2	DD
CARESENS LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD

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CARESTART COVID-19 AG HOME TST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
CARETOUCH TWIST LANCET 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM ( <i>diaphragms, contoured</i> )	\$0	CT; EHB
CEFALY COMBO PACK ( <i>transcutaneous electrical nerve stimulators(tens)/electrodes</i> )	Tier 3	
CELLTRION DIATRUST COV-19 HOME KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CEQUR SIMPLICITY DEVICE 2 UNIT ( <i>subcutaneous bolus insulin patch pump, 200 unit, disposable</i> )	Tier 3	DD
CEQUR SIMPLICITY INSERTER ( <i>diabetic supplies,miscell</i> )	Tier 3	DD
CHEK-STIX CONTROL STRIP ( <i>urine multiple test strips</i> )	Tier 3	
CHEMSTRIP 10 MD STRIP ( <i>urine multiple test strips</i> )	Tier 3	
CHEMSTRIP 10/SG STRIP ( <i>urine multiple test strips</i> )	Tier 3	
CHEMSTRIP 2 GP STRIP ( <i>urine multiple test strips</i> )	Tier 3	
CHEMSTRIP 50B STRIP ( <i>urine multiple test strips</i> )	Tier 3	
CHEMSTRIP 7 STRIP ( <i>urine multiple test strips</i> )	Tier 3	
CHEMSTRIP 9 STRIP ( <i>urine multiple test strips</i> )	Tier 3	
CLEVER CHOICE NEB KIT-ADULT ( <i>nebulizer accessories</i> )	Tier 3	
CLEVER CHOICE NEB KIT-CHILD ( <i>nebulizer accessories</i> )	Tier 3	
CLEVER CHOICE NEBULIZER DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
CLEVER CHOICE WHISPER AIRE PED DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
CLINITEST COVID-19 HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
COAGUCHEK LANCETS ( <i>lancets</i> )	Tier 2	DD
COAGUCHEK XS ( <i>prothrombin timelinr test meter</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COLOR LANCETS 21 GAUGE ( <i>lancets</i> )	Tier 2	DD
COMBISTIX REAGENT STRIP ( <i>urine multiple test strips</i> )	Tier 3	
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE ( <i>lancets</i> )	Tier 2	DD
COMPACT SPACE CHAMBER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
COMP-AIR NEBULIZER COMPRESSOR DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
CONCEPTION KIT ( <i>conception assistance supplies combination no.1</i> )	Tier 3	
CONDOMS-PREM LUBRICATED DEVICE ( <i>condoms, latex, lubricated</i> )	Tier 3	CT; \$0 COPAY IF QUANTITY OF 60
COVID-19 AT-HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 " ( <i>bismuth tribromophenatelpetrolatum,white</i> )	Tier 3	
CURAFIL GEL WOUND TOPICAL GEL ( <i>gel dressing</i> )	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" ( <i>polyhexamethylene biguanidelgauze bandage</i> )	Tier 3	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET ( <i>polyhexamethylene biguanidelgauze bandage</i> )	Tier 3	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " ( <i>gauze bandage</i> )	Tier 3	
CURITY DRAINAGE BAG 2,000 ML ( <i>drainage bag</i> )	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 ( <i>iodoform</i> )	Tier 3	
DEVILBISS DISPOSABLE NEBULIZER ( <i>nebulizer</i> )	Tier 3	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE ( <i>compressor, for nebulizer</i> )	Tier 3	

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DEVILBISS PULMOMATE COMPRESSOR DEVICE ( <i>compressor, for nebulizer</i> )	Tier 3	
DEVILBISS PULMONEB LT COMP-NEB DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
DOVER COATED LATEX FOLEY COMBO PACK ( <i>urinary bag/catheterization tray</i> )	Tier 3	
DOVER FOLEY CATHETER 24 FR ( <i>catheter</i> )	Tier 3	
DOVER LATEX FOLEY CATHETER 16 FR, 28 FR ( <i>catheter</i> )	Tier 3	
DOVER RED RUBBER ROBINSON CATH 8 FR ( <i>catheter</i> )	Tier 3	
DOVER UNIVERSAL TRAY ( <i>catheterization tray</i> )	Tier 3	
EAR POPPER INFLATION DEVICE NASAL DEVICE ( <i>middle ear inflation device</i> )	Tier 3	
EASIVENT MASK LARGE DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
EASIVENT MASK MEDIUM DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
EASIVENT MASK SMALL DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
EASY NEB COMPRESSOR NEBULIZER DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE ( <i>lancets</i> )	Tier 2	DD
EASY TOUCH SAFETY LANCETS 30 GAUGE, 32 GAUGE ( <i>lancets</i> )	Tier 2	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
EASY TWIST AND CAP LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
EBASE CONTROLLER DEVICE ( <i>compressor, for nebulizer</i> )	Tier 3	
ELLUME COVID-19 HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
EMBRACE LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENLITE SERTER ( <i>diabetic supplies, miscell</i> )	Tier 3	DD
ENLITE SYSTEM ( <i>blood-glucose transmitter/blood-glucose sensor</i> )	Tier 3	DD
ENTERAL GRAVITY BAG SET-ENFIT ( <i>feeder container with gravity set, enfit</i> )	Tier 3	
<i>eua patient assessment</i>	Tier 3	
EXTENDED RESERVOIR 3 ML ( <i>insulin pump syringe, 3 ml</i> )	Tier 3	DD
E-Z JECT LANCETS 26 GAUGE, 32 GAUGE ( <i>lancets</i> )	Tier 2	DD
EZ SMART LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
EZ-LETS 26 GAUGE ( <i>lancets</i> )	Tier 2	DD
FASTEP COVID-19 AG HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
FC2 FEMALE CONDOM ( <i>condoms, female</i> )	\$0	CT; EHB; \$0 COPAY IF QUANTITY OF 60
FEMALE CATHETER 14 FR ( <i>catheter</i> )	Tier 3	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM ( <i>cervical cap</i> )	\$0	CT; EHB
FINGERSTIX LANCETS ( <i>lancets</i> )	Tier 2	DD
FLEXICHAMBER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
FLEXI-SEAL SIGNAL FMS RECTAL ( <i>fecal collector with charcoal filter/catheter/syringe</i> )	Tier 3	
FLOWFLEX COVID-19 AG HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
FORACARE LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
FREESTYLE INSULINX STRIP ( <i>blood sugar diagnostic</i> )	Tier 2	DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE INSULINX TEST STRIPS STRIP ( <i>blood sugar diagnostic</i> )	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
FREESTYLE UNISTIK 2 ( <i>lancets</i> )	Tier 2	DD
GENABIO COVID-19 RAPID AT-HOME KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
GLUCOCOM AUTOLINK ( <i>diabetic supplies,miscell</i> )	Tier 3	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
GOJJI LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
GUARDIAN RT CHARGER ( <i>diabetic supplies,miscell</i> )	Tier 3	DD
HALO CLOSED BAG ADAPTOR ( <i>infusion adaptor, closed system</i> )	Tier 3	
HALO CLOSED SYRINGE ADAPTOR ( <i>needle injector, luer lock, closed system</i> )	Tier 3	
HALO VIAL CONVERTER DEVICE 13 MM ( <i>vial size converter, closed system</i> )	Tier 3	
HEMA-COMBISTIX STRIP ( <i>urine multiple test strips</i> )	Tier 3	
HI-VOLUME PUMPING CHAMBER SET ( <i>transfer sets</i> )	Tier 3	
HYPERSONIQU NEBULIZER CARTRIDGE ( <i>nebulizer accessories</i> )	Tier 3	
IHEALTH COVID-19 AG HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INCONTROL SUPER THIN LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
INDICAID COVID-19 AG HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
INNOSPIRE DELUXE DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
INNOSPIRE GO NEBULIZER ( <i>nebulizer</i> )	Tier 3	
INNOSPIRE REPLACEMENT FILTER ( <i>nebulizer accessories</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN ( <i>insulin pen, reusable, bluetooth for use with insulin lispro</i> )	Tier 3	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN ( <i>insulin pen, reusable, bluetooth for use with insulin lispro</i> )	Tier 3	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN ( <i>insulin pen, reusable, bluetooth for use with insulin lispro</i> )	Tier 3	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN ( <i>insulin pen, reusable, bluetooth for use with insulin aspart</i> )	Tier 3	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN ( <i>insulin pen, reusable, bluetooth for use with insulin aspart</i> )	Tier 3	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN ( <i>insulin pen, reusable, bluetooth for use with insulin aspart</i> )	Tier 3	DD
INSPIRACHAMBER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER ( <i>inhaler,assist device with large mask</i> )	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER ( <i>inhaler,assist device with medium mask</i> )	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER ( <i>inhaler,assist device with small mask</i> )	Tier 3	
INSPIRATION ELITE FILTER ( <i>nebulizer accessories</i> )	Tier 3	
INSUFLOXON INFUSION SET 25 X 18 MM ( <i>subcutaneous administration set</i> )	Tier 3	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " ( <i>intravenous catheter</i> )	Tier 3	
INTELISWAB COVID-19 HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
INTERLINK LEVER LOCK CANNULA ( <i>syringe accessory</i> )	Tier 3	
INVACARE LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
I-PORT ADVANCE 6 MM INJEC PORT ( <i>injection ports</i> )	Tier 3	
I-PORT ADVANCE 9 MM INJEC PORT ( <i>injection ports</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KANGAROO 924 SAFETY SCREW ( <i>pump set</i> )	Tier 3	
KANGAROO EPUMP SET ( <i>feeder container with pump set</i> )	Tier 3	
KANGAROO GRAVITY SET ( <i>feeder container with gravity set</i> )	Tier 3	
KENDALL DISINFECTANT CAP ( <i>alcohol swab cap</i> )	Tier 3	
KENGUARD FOLEY CATHETER 18-16 FR-" ( <i>catheter</i> )	Tier 3	
KENGUARD FOLEY CATHETER TRAY ( <i>catheterization tray</i> )	Tier 3	
KERAGEL TOPICAL GEL ( <i>gel dressing</i> )	Tier 3	
KETONE CARE STRIP ( <i>urine acetone test strips</i> )	Tier 3	DD
KETONE URINE TEST STRIP ( <i>urine acetone test strips</i> )	Tier 3	DD
KETOSTIX STRIP ( <i>urine acetone test strips</i> )	Tier 3	DD
LABSTIX REAGENT STRIP ( <i>urine multiple test strips</i> )	Tier 3	
LANCETS, SUPER THIN ( <i>lancets</i> )	Tier 2	DD
LANCETS, THIN 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
LANCETS, ULTRA THIN ( <i>lancets</i> )	Tier 2	DD
LC PLUS NEBULIZER-PED MASK ( <i>nebulizer</i> )	Tier 3	
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
LITE TOUCH-MEDIUM MASK DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
LITEAIRE MDI CHAMBER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
LITETOUCH-LARGE MASK DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
LITETOUCH-SMALL MASK DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
LOFRIC 12-16 FR-", 14-16 FR-" ( <i>catheter</i> )	Tier 3	
LOFRIC ORIGO 14-16 FR-" ( <i>catheter</i> )	Tier 3	
LOFRIC SENSE NELATON CATHETER 14-6 FR-" ( <i>catheter</i> )	Tier 3	
LUCIRA CHECK-IT COVID HOME TST KIT ( <i>covid-19 molecular nucleic acid test assay</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAGIC3 INTERMITTENT CATHETER 10-16 FR-", 12-16 FR-" ( <i>catheter</i> )	Tier 3	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 " ( <i>alginate dressing/carboxymethylcellulose</i> )	Tier 3	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " ( <i>honey/hydrocolloid dressing</i> )	Tier 3	
MICROBORE EXTENSION SET INFUSION SET ( <i>intravenous administration extension set</i> )	Tier 3	
MINI PLUS NEBULIZER ( <i>nebulizer</i> )	Tier 3	
MINIMED 630G INSULIN PUMP ( <i>subcutaneous insulin pump</i> )	Tier 3	DD
MINIMED QUICK SET 18" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MINIMED SILHOUETTE 18" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MINIMED SURE T 18" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
MINIMED SYRINGE RESERVOIR 1.8 ML ( <i>insulin pump syringe, 1.8 ml</i> )	Tier 3	DD
MINIMED SYRINGE RESERVOIR 3 ML ( <i>insulin pump syringe, 3 ml</i> )	Tier 3	DD
MOBILE LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
MONO-FLO DRAINAGE BAG 2,000 ML ( <i>drainage bag</i> )	Tier 3	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY ( <i>intravenous equipment</i> )	Tier 3	
MONOLET THIN LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
MULTISTIX 10 SG STRIP ( <i>urine multiple test strips</i> )	Tier 3	
MULTISTIX 5 STRIP ( <i>urine multiple test strips</i> )	Tier 3	
MULTISTIX 7 STRIP ( <i>urine multiple test strips</i> )	Tier 3	
MULTISTIX 8 SG STRIP ( <i>urine multiple test strips</i> )	Tier 3	
MULTISTIX 9 SG STRIP ( <i>urine multiple test strips</i> )	Tier 3	
MULTISTIX 9 STRIP ( <i>urine multiple test strips</i> )	Tier 3	
MULTISTIX STRIP ( <i>urine multiple test strips</i> )	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>nebulizer and compressor device</b>	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 ", 24 GAUGE X 3/4", 24 X 0.56 " ( <b>intravenous catheter</b> )	Tier 3	
NOSE CLIP ( <b>nebulizer accessories</b> )	Tier 3	
NO-STICK GLUCOSE STRIP ( <b>urine glucose test strip</b> )	Tier 3	DD
NOVA SUREFLEX LANCETS ( <b>lancets</b> )	Tier 2	DD
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN ( <b>insulin admin. supplies</b> )	Tier 3	DD
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM ( <b>porcine acellular small intestine submucosa, fenestrated</b> )	Tier 3	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM ( <b>porcine acell submucosa, meshed</b> )	Tier 3	
OHC COVID-19 ANTIGEN HOME TEST KIT ( <b>covid-19 antigen immunoassay test</b> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
OMBRA COMPRESSOR SYSTEM DEVICE ( <b>nebulizer and compressor</b> )	Tier 3	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM ( <b>diaphragms, wide seal</b> )	\$0	CT; EHB
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE ( <b>insulin pump cartridge, automated dosing, bt with controller</b> )	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE ( <b>insulin pump cartridge, subcut automated dosing, bluetooth</b> )	Tier 2	DD
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE ( <b>insulin pump cartridge, continuous subcut infusion, radio freq</b> )	Tier 2	DD
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE ( <b>insulin pump cartridge, continuous infusion, bt and controller</b> )	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) ( <b>insulin pump controller</b> )	Tier 2	DD; QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE ( <i>insulin pump cartridge,continuous subcut infusion,bluetooth</i> )	Tier 2	DD
ON CALL LANCET 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ON CALL PLUS LANCET 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ONETOUCH DELICA LANCETS 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
ON-GO COVID-19 AG AT HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
OPTICHAMBER ADULT MASK-LARGE DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER ( <i>inhaler,assist device with large mask</i> )	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER ( <i>inhaler,assist device with medium mask</i> )	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER ( <i>inhaler,assist device with small mask</i> )	Tier 3	
PARADIGM RESERVOIR 1.8 ML ( <i>insulin pump syringe, 1.8 ml</i> )	Tier 3	DD
PARADIGM RESERVOIR 3 ML ( <i>insulin pump syringe, 3 ml</i> )	Tier 3	DD
PARI BABY CONV KIT - SIZE 1 KIT ( <i>nebulizer accessories</i> )	Tier 3	
PARI BABY CONV KIT - SIZE 2 KIT ( <i>nebulizer accessories</i> )	Tier 3	
PARI BABY CONV KIT - SIZE 3 KIT ( <i>nebulizer accessories</i> )	Tier 3	
PARI LC SPRINT NEBULIZER SET ( <i>nebulizer</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARI LC SPRINT SINUS ( <i>nebulizer</i> )	Tier 3	
PARI SINUS AEROSOL SYSTEM DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
PARI TREK S COMBO PACK DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
PARI TREK S COMPACT COMPRESSOR DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
PARI TREK S PORTABLE PWR KIT ( <i>nebulizer accessories</i> )	Tier 3	
PCCA ACCUPEN-15 DEVICE ( <i>topical cream metered-dose device</i> )	Tier 3	
PEDIATRIC BEAR NEBULIZER DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
PEDIATRIC DINOSAUR NEBULIZER DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
PEDIATRIC DOG NEBULIZER DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
PEDIATRIC FROG NEBULIZER DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE ( <i>spirometers and accessories</i> )	Tier 3	
PHASEAL ASSEMBLY FIXTURE DEVICE ( <i>assembly system, vial to transfer device, closed system</i> )	Tier 3	
PHASEAL INFUSION ADAPTER ( <i>infusion adapter, closed system</i> )	Tier 3	
PHASEAL INJECTOR LUER ( <i>needle injector, luer, closed system</i> )	Tier 3	
PHASEAL SECONDARY SET INFUSION SET ( <i>intravenous piggyback administration set</i> )	Tier 3	
PHASEAL Y-SITE ( <i>y-site line connector, closed system</i> )	Tier 3	
PILLOW MASK CHILD ( <i>nebulizer accessories</i> )	Tier 3	
PILOT COVID-19 AT-HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIP LANCET 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
PORTABLE NEBULIZER SYSTEM DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
PRIMEAIRE SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE ( <i>lancets</i> )	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
PRO COMFORT TENS ELECTRODE PAD ( <i>tens unit electrodes</i> )	Tier 3	
PRO COMFORT TENS UNIT COMBO PACK ( <i>transcutaneous electrical nerve stimulators(tens)/electrodes</i> )	Tier 3	
PROCARE COMPRESSOR NEBULIZER DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER ( <i>inhaler,assist device with large mask</i> )	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER ( <i>inhaler,assist device with medium mask</i> )	Tier 3	
PRO-CEPTION VAGINAL ( <i>medical supply, miscellaneous</i> )	Tier 3	
PROCHAMBER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
PRODIGY LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
PRONEB MAX COMPRESSOR-LC PLUS DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
PRONEB MAX COMPRESSOR-LC SPRINT DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
PRONEB ULTRA II FILTER ASSEM ( <i>nebulizer accessories</i> )	Tier 3	
PROVENT NASAL DEVICE ( <i>nasal exhalation resistance device</i> )	Tier 3	
PROVENT STARTER NASAL DEVICE ( <i>nasal exhalation resistance device</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMONEB LT COMPRESSOR NEBUL DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 " ( <i>dressing, collagen/silver</i> )	Tier 3	
PURE COMFORT SAFETY LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
PUREAIR MINI NEBULIZER DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
PUSH BUTTON SAFETY LANCETS 21 GAUGE ( <i>lancets</i> )	Tier 2	DD
QUAKE VIBRATORY PEP DEVICE ( <i>mucus clearing device</i> )	Tier 3	
QUICKVUE AT-HOME COVID-19 TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)
RAPPORT VACUUM THERAPY KIT ( <i>vacuum erection device system</i> )	Tier 3	
RATE FLOW REGULATOR IV SET INFUSION SET ( <i>intravenous administration set</i> )	Tier 3	
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
RELIAMED LANCET 23 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
RELIZORB CARTRIDGE ( <i>enteral pump accessory for fat hydrolysis</i> )	Tier 3	
RESTORE TOPICAL BANDAGE 2 X 2 " ( <i>silver/calcium alginate</i> )	Tier 3	
RIGHTEST GL300 LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
RITEFLO AEROCHAMBER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
ROBINSON CLEAR VINYL CATHETER 16 FR ( <i>catheter</i> )	Tier 3	
RUBBER MOUTHPIECE ( <i>nebulizer accessories</i> )	Tier 3	
SAFETY LANCETS 26 GAUGE ( <i>lancets</i> )	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAMI THE SEAL DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
SAMI THE SEAL MASK ( <i>nebulizer accessories</i> )	Tier 3	
SELF-CATHETER, FEMALE 14 FR ( <i>catheter</i> )	Tier 3	
SIDESTREAM MASK ( <i>nebulizer accessories</i> )	Tier 3	
SIDESTREAM PLUS ( <i>nebulizer</i> )	Tier 3	
SILASTIC FOLEY CATHETER 20 FR ( <i>catheter</i> )	Tier 3	
SILICONE MASK - INFANT DEVICE ( <i>inhaler, assist devices, accessories</i> )	Tier 3	
SILINOIN TOPICAL SHEET 5 CM X 14 CM ( <i>silicone adhesive</i> )	Tier 3	
SINGLE-LET ( <i>lancets</i> )	Tier 2	DD
SINUSTAR NEBULIZER ( <i>nebulizer</i> )	Tier 3	
SMART SENSE LANCETS 21 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
SMARTEST LANCET ( <i>lancets</i> )	Tier 2	DD
SMARTNEB COMPRESSOR NEBULIZER DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
SOFT TOUCH LANCETS ( <i>lancets</i> )	Tier 2	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
SOOTHENEB COMPRESSOR NEBULIZER DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
SOOTHENEB MESH NEBULIZER ( <i>nebulizer</i> )	Tier 3	
SPACE CHAMBER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER ( <i>inhaler,assist device with large mask</i> )	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER ( <i>inhaler,assist device with medium mask</i> )	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER ( <i>inhaler,assist device with small mask</i> )	Tier 3	
SPECTRAGEL TOPICAL GEL ( <i>gel dressing</i> )	Tier 3	
SPEEDICATH (FEMALE) 16 FR ( <i>catheter</i> )	Tier 3	
SPEEDYSWAB COVID-19 HOME TEST KIT ( <i>covid-19 antigen immunoassay test</i> )	Tier 3	QL (8 EA per 30 days); Age (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STERILANCE TL 30 GAUGE, 32 GAUGE ( <i>lancets</i> )	Tier 2	DD
STRATACTX TOPICAL GEL ( <i>gel dressing</i> )	Tier 3	
STRATAGRT TOPICAL GEL ( <i>gel dressing</i> )	Tier 3	
STRATAVRT TOPICAL GEL ( <i>gel dressing</i> )	Tier 3	
SUNRISE COMPRESSOR-NEBULIZER DEVICE ( <i>compressor, for nebulizer</i> )	Tier 3	
SUPER THIN LANCETS ( <i>lancets</i> )	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
SURE-LANCE 26 GAUGE ( <i>lancets</i> )	Tier 2	DD
SURE-T INFUSION SET ( <i>subcutaneous infusion pump accessory</i> )	Tier 3	
SURE-TOUCH LANCET ( <i>lancets</i> )	Tier 2	DD
T.E.D. KNEE LENGTH-M-LONG ( <i>compression stocking, knee high, long length, small circumferen</i> )	Tier 3	
T.E.D. KNEE LENGTH-S-REGULAR ( <i>compression stocking, knee high, regular length, small</i> )	Tier 3	
T:FLEX SUBCUTANEOUS CARTRIDGE ( <i>insulin pump cartridge</i> )	Tier 3	DD
T:SLIM X2 SUBCUTANEOUS CARTRIDGE ( <i>insulin pump cartridge</i> )	Tier 3	DD
TELCARE LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
TEMPO REFILL KIT COMBO PACK ( <i>lancet with blood glucose test strips and pen needles</i> )	Tier 2	DD
TEMPO SMART BUTTON DEVICE ( <i>data transfer accessory (insulin pen), bluetooth</i> )	Tier 3	DD
TEMPO WELCOME KIT KIT ( <i>blood glucose meter/insulin data transf accessory, bluetooth</i> )	Tier 3	DD
TENS 502 DEVICE ( <i>transcutaneous electrical nerve stimulators (tens units)</i> )	Tier 3	
TENS 504 DEVICE ( <i>transcutaneous electrical nerve stimulators (tens units)</i> )	Tier 3	
TENSCARE ITOUCH SURE VAGINAL DEVICE ( <i>incont device, muscle toner, elt</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THERAHONEY TOPICAL BANDAGE 4 X 5 " ( <i>honey</i> )	Tier 3	
THRESHOLD IMT TRAINER DEVICE ( <i>spirometers and accessories</i> )	Tier 3	
THRESHOLD PEP DEVICE DEVICE ( <i>spirometers and accessories</i> )	Tier 3	
TOPCARE UNIVERSAL1 LANCET 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
TOUCH-TROL 10 FR ( <i>catheter</i> )	Tier 3	
TRUEPLUS KETONE STRIP ( <i>urine acetone test strips</i> )	Tier 3	DD
TRUEPLUS LANCETS 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
TRUNEB NEBULIZER ( <i>nebulizer</i> )	Tier 3	
TRUZONE PEAK FLOW METER DEVICE ( <i>peak flow meter</i> )	Tier 3	
ULTILET BASIC LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTILET CLASSIC LANCETS 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTILET LANCETS 30 GAUGE, 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTRA FINE LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTRA THIN LANCETS 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTRA-CARE LANCETS 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK 3 COMFORT LANCET ( <i>lancets</i> )	Tier 2	DD
UNISTIK 3 LANCETS 21 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
UNISTIK TOUCH LANCETS 28 GAUGE, 30 GAUGE ( <i>lancets</i> )	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URISTIX 4 STRIP ( <i>urine multiple test strips</i> )	Tier 3	
URISTIX REAGENT STRIP ( <i>urine multiple test strips</i> )	Tier 3	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 8" ( <i>urinary bag/catheter</i> )	Tier 3	
VARISOFT INFUSION SET 32" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
VARISOFT INFUSION SET 43" INFUSION SET ( <i>infusion set for insulin pump</i> )	Tier 3	DD
VARITHENA ADMINISTRATION PACK ( <i>transfer set/syringe, disposable bandages, compression tubing</i> )	Tier 3	
V-GO 20 DEVICE ( <i>sub-q insulin delivery device, 20 unit, disposable</i> )	Tier 2	DD
V-GO 30 DEVICE ( <i>sub-q insulin delivery device, 30 unit, disposable</i> )	Tier 2	DD
V-GO 40 DEVICE ( <i>sub-q insulin delivery device, 40 unit, disposable</i> )	Tier 2	DD
VIBRANT ORAL CAPSULE ( <i>vibrating transient device for constipation</i> )	Tier 3	
VIBRANT STARTER KIT COMBO PACK ( <i>vibrating transient device for constipation</i> )	Tier 3	
VIVAGUARD LANCET 30 GAUGE ( <i>lancets</i> )	Tier 2	DD
VIXONE NEBULIZER ( <i>nebulizer</i> )	Tier 3	
VIXONE NEBULIZER-ADULT MASK ( <i>nebulizer</i> )	Tier 3	
VIXONE NEBULIZER-PEDIATRIC MSK ( <i>nebulizer</i> )	Tier 3	
VORTEX HOLDING CHAMBER SPACER ( <i>inhaler, assist devices</i> )	Tier 3	
VORTEX VHC FROG MASK-CHILD SPACER ( <i>inhaler, assist device with medium mask</i> )	Tier 3	
VORTEX VHC LADYBUG MASK-TODDLR SPACER ( <i>inhaler, assist device with small mask</i> )	Tier 3	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM ( <i>diaphragms, wide seal</i> )	\$0	CT; EHB
WILLIS THE WHALE COMPRESSR NEB DEVICE ( <i>nebulizer and compressor</i> )	Tier 3	
XENOVIEW EMPTY DELIVERY BAG ( <i>inhalation bag with mouthpiece</i> )	Tier 3	
ZENPHOR TOPICAL BANDAGE 2 X 4.7 " ( <i>gel dressing</i> )	Tier 3	
ZENPHOR TOPICAL GEL ( <i>gel dressing</i> )	Tier 3	
<b>Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease</b>		
<b>Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs for Metabolic Disease</b>		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML ( <i>asfotase alfa</i> )	Tier 4	PA; SP
<b>Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs for Metabolic Disease</b>		
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) ( <i>elapegedemase-lvlr</i> )	Tier 4	PA; SP

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORFADIN ORAL SUSPENSION 4 MG/ML ( <i>nitisinone</i> )	Tier 4	PA; SP
<b>Metabolic Modifier - Homocystinuria Treatment Agents - Drugs that Alter Metabolism</b>		
<i>betaine oral powder 1 gram/scoop</i>	Tier 4	PA; SP
<b>Metabolic Modifier - Phosphatidylinositol-3-Kinase (PI3K) Inhibitors - Drugs that Alter Metabolism</b>		
JOENJA ORAL TABLET 70 MG ( <i>leniolisib phosphate</i> )	Tier 4	PA; SP
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG ( <i>alpelisib</i> )	Tier 4	PA; SP
<b>Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism</b>		
PHEBURANE ORAL GRANULES 483 MG/GRAM ( <i>sodium phenylbutyrate</i> )	Tier 4	PA; SP
RAVICTI ORAL LIQUID 1.1 GRAM/ML ( <i>glycerol phenylbutyrate</i> )	Tier 4	PA; SP
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 4	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 4	PA; SP
<b>Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (CPS 1) activator - Drugs that Alter Metabolism</b>		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG ( <i>carglumic acid</i> )	Tier 4	PA; SP
<i>carglumic acid oral tablet, dispersible 200 mg</i>	Tier 4	PA; SP
<b>Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs that Alter Metabolism</b>		
TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )	Tier 2	QL (1 EA per 1 day)
<b>Pharmacological Chaperone Tx - alpha-galactosidase A enzyme stabilizer - Drugs that Alter Metabolism</b>		
GALAFOLD ORAL CAPSULE 123 MG ( <i>migalastat hcl</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Phenylketonuria(PKU) Tx Agents - Cofactor of Phenylalanine Hydroxylase - Drugs that Alter Metabolism</b>		
<i>sapropterin dihydrochloride</i> (Javygtor Oral Powder In Packet 100 Mg, 500 Mg)	Tier 4	SP
<i>sapropterin dihydrochloride</i> (Javygtor Oral Tablet,Soluble 100 Mg)	Tier 4	SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG ( <i>sapropterin dihydrochloride</i> )	Tier 4	SP
KUVAN ORAL TABLET,SOLUBLE 100 MG ( <i>sapropterin dihydrochloride</i> )	Tier 4	SP
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	Tier 4	SP
<i>sapropterin oral tablet,soluble 100 mg</i>	Tier 4	SP
<b>Phenylketonuria(PKU) Tx Agents - Phenylalanine Ammonia Lyase - Drugs that Alter Metabolism</b>		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML ( <i>pegvaliase-pqpz</i> )	Tier 4	PA; SP
<b>Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs that Alter Metabolism</b>		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG ( <i>lonafarnib</i> )	Tier 4	PA; SP
<b>Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat</b>		
<b>Dental Product - Fluoride Preparations - Drugs for the Mouth and Throat</b>		
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)lml</i>	\$0	EHB; \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS; Age (Max 6 Years)
<i>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)</i>	\$0	EHB; \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS; Age (Max 6 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dental Product - Local Anesthetics - Drugs for the Mouth and Throat</b>		
KOVANAZE NASAL NASAL SPRAY SYRINGE 6-0.1 MG/0.2 ML ( <i>tetracaine hcl/loxymetazoline hcl</i> )	Tier 3	
<b>Mouth and Throat - Antifungals - Drugs for the Mouth and Throat</b>		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
<b>Mouth and Throat - Anti-infective Mixtures - Drugs for the Mouth and Throat</b>		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % ( <i>sulfuric acid/sulfonated phenol</i> )	Tier 3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 % ( <i>sulfuric acid/sulfonated phenol</i> )	Tier 3	
<b>Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat</b>		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	
<i>chlorhexidine gluconate</i> (Paroex Oral Rinse Mucous Membrane Mouthwash 0.12 %)	Tier 1	
<i>chlorhexidine gluconate</i> (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
<b>Mouth and Throat - Artificial Saliva - Drugs for the Mouth and Throat</b>		
NUMOISYN MUCOUS MEMBRANE LIQUID ( <i>flaxseed</i> )	Tier 3	
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM ( <i>sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos</i> )	Tier 3	
<b>Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat</b>		
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	
<i>lidocaine hcl</i> (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Mouth and Throat - Mucositis-Stomatitis Agents - Drugs for the Mouth and Throat</b>		
GELX MUCOUS MEMBRANE GEL ( <i>povidone/taurine/zinc gluconate/peg-40 castor oil</i> )	Tier 3	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH ( <i>potassium sorbate/maltodextrin/aloe vera/lysozyme ps</i> )	Tier 3	
<b>Mouth and Throat - Protectants - Drugs for the Mouth and Throat</b>		
GELX MUCOUS MEMBRANE GEL ( <i>povidone/taurine/zinc gluconate/peg-40 castor oil</i> )	Tier 3	
<b>Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat</b>		
<i>cevimeline oral capsule 30 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
<b>Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat</b>		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
<b>Therapy for Drooling- primary or secondary sialorrhea-Anticholinergic - Drugs for the Mouth and Throat</b>		
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
<b>Multiple Sclerosis Agents - Drugs for the Nervous System</b>		
<b>Multiple Sclerosis Agent - CD20 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis</b>		
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML ( <i>ofatumumab</i> )	Tier 4	PA; SP
<b>Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis</b>		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML ( <i>interferon beta-1a</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML ( <i>interferon beta-1a</i> )	Tier 4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML ( <i>interferon beta-1a</i> )	Tier 4	PA; SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML ( <i>interferon beta-1a</i> )	Tier 4	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	Tier 4	PA; SP
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG ( <i>interferon beta-1b</i> )	Tier 4	PA; SP
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML ( <i>peginterferon beta-1a</i> )	Tier 4	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML ( <i>peginterferon beta-1a</i> )	Tier 4	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML ( <i>peginterferon beta-1a</i> )	Tier 4	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML ( <i>interferon beta-1aalbumin human</i> )	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) ( <i>interferon beta-1aalbumin human</i> )	Tier 4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) ( <i>interferon beta-1aalbumin human</i> )	Tier 4	PA; SP
<b>Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis</b>		
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML ( <i>glatiramer acetate</i> )	Tier 4	PA; SP
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 4	PA; SP
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 4	PA; SP
<i>glatiramer acetate</i> (Glatopa Subcutaneous Syringe 20 Mg/MI, 40 Mg/MI)	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG ( <i>diroximel fumarate</i> )	Tier 4	PA; SP
<b>Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis</b>		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 4	PA; SP
<b>Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis</b>		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG ( <i>cladribine</i> )	Tier 4	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG ( <i>cladribine</i> )	Tier 4	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG ( <i>cladribine</i> )	Tier 4	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG ( <i>cladribine</i> )	Tier 4	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG ( <i>cladribine</i> )	Tier 4	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG ( <i>cladribine</i> )	Tier 4	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG ( <i>cladribine</i> )	Tier 4	PA; SP
<b>Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG ( <i>teriflunomide</i> )	Tier 4	PA; SP
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 4	PA
<b>Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis</b>		
<i>fingolimod oral capsule 0.5 mg</i>	Tier 4	PA; SP
GILENYA ORAL CAPSULE 0.25 MG ( <i>fingolimod hcl</i> )	Tier 4	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG ( <i>siponimod</i> )	Tier 4	PA; SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) ( <i>siponimod</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) ( <i>siponimod</i> )	Tier 4	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG ( <i>ozanimod hydrochloride</i> )	Tier 4	PA; SP
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG ( <i>ozanimod hydrochloride</i> )	Tier 4	PA; SP
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) ( <i>ozanimod hydrochloride</i> )	Tier 4	PA; SP
<b>Ophthalmic Agents - Drugs for the Eye</b>		
<b>Artificial Tears and Lubricant Single Agents - Drugs for the Eye</b>		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % ( <i>chondroitin sulfate a sodiumlpf</i> )	Tier 3	
<b>Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma</b>		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % ( <i>echothiophate iodide</i> )	Tier 3	
<b>Miotics - Direct Acting - Drugs for Glaucoma</b>		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
<b>Mydriatic and Cycloplegic Combinations - Drugs for the Eye</b>		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % ( <i>cyclopentolate hcl/phenylephrine hcl</i> )	Tier 3	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %</i>	Tier 1	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophth - Beta blocker-Adrenergic-Carbonic Anhydrase Inhibitor-Prostaglandin Analog - Drugs for Glaucoma</b>		
<i>timol-brimon-dorzo-latanop(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.005 %</i>	Tier 1	
<b>Ophthalmic - Adrenergic Receptor Agonist - Drugs for the Eye</b>		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % ( <i>oxymetazoline hcl/pf</i> )	Tier 3	PA
<b>Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma</b>		
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % ( <i>brinzolamide/brimonidine tartrate</i> )	Tier 2	
<b>Ophthalmic - Agents for Corneal Collagen Cross-Linking - Drugs for the Eye</b>		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % ( <i>riboflavin 5-phosphate sodium in 20 % dextran</i> )	Tier 3	
PHOTREXA OPHTHALMIC (EYE) DROPS 0.146 % ( <i>riboflavin 5-phosphate sodium (b2)</i> )	Tier 3	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 % ( <i>riboflavin 5-phosphate sodium in 20 % dextran</i> )	Tier 3	
<b>Ophthalmic - Agents for Presbyopia - Drugs for the Eye</b>		
VUITY OPHTHALMIC (EYE) DROPS 1.25 % ( <i>pilocarpine hcl</i> )	Tier 3	PA
<b>Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories</b>		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 2	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)</i>	Tier 1	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % ( <i>tobramycin/dexamethasone</i> )	Tier 2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
<b>Ophthalmic - Antibacterial-Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories</b>		
<i>prednisol ace-gatiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-gatiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<b>Ophthalmic Antibiotic - Vancomycin and Derivatives - Anti-Infective/Anti-Inflammatories</b>		
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	

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<b>Ophthalmic - Anticholinergics - Drugs for the Eye</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>atropine ophthalmic (eye) drops, emulsion 0.01 %</i>	Tier 1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	Tier 1	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % ( <i>homatropine hbr</i> )	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 1	
<b>Ophthalmic - Antifibrotic Agents - Drugs for the Eye</b>		
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG ( <i>mitomycin</i> )	Tier 3	
<b>Ophthalmic - Antihistamines - Drugs for Itchy Eye</b>		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 2	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	Tier 1	QL (3 ML per 30 days)
<b>Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG ( <i>dexamethasone</i> )	Tier 3	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	Tier 2	QL (10 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops, suspension 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 % ( <i>loteprednol etabonate/chondroitin sulfate a sodium/pf</i> )	Tier 3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % ( <i>loteprednol etabonate</i> )	Tier 2	QL (7 GM per 14 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % ( <i>loteprednol etabonate</i> )	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 2	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % ( <i>dexamethasone</i> )	Tier 3	ST: Requires prior prescription for Dexamethasone 0.1%, Fluorometholone 0.1%, or Prednisolone 1% within the past 120 days; QL (25 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
<b>Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories</b>		
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % ( <i>cyclosporinelchondroitin sulfate a sodium</i> )	Tier 1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % ( <i>cyclosporine</i> )	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % ( <i>cyclosporine</i> )	Tier 1	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 % ( <i>cyclosporine</i> )	Tier 4	PA; SP
<b>Ophthalmic - Anti-inflammatory, LFA-1 antagonists - Anti-Infective/Anti-Inflammatories</b>		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % ( <i>lifitegrast</i> )	Tier 2	QL (60 EA per 30 days)

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<b>Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories</b>		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % ( <i>ketorolac tromethamine/pf</i> )	Tier 3	ST: At least 2 prior prescriptions for Diclofenac or Ketorolac opht drops, Ilevro, or Prolensa within the past 365 days; QL (60 EA per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 2	ST: Requires prior prescription for Diclofenac or Ketorolac ophth drops within the past 120 days; QL (3.4 ML per 16 days)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % ( <i>nepafenac</i> )	Tier 2	QL (3.4 ML per 16 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 1	QL (20 ML per 30 days)
<b>Ophthalmic - Beta blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs for Glaucoma</b>		
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	
<b>Ophthalmic - Beta blocker-Carbonic Anhydrase Inhib-Prostaglandin Analog - Drugs for Glaucoma</b>		
<i>timolol-dorzolamid-latanop(pf) ophthalmic (eye) drops 0.5-2-0.005 %</i>	Tier 1	
<b>Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma</b>		
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma</b>		
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Tier 2	ST: Requires prior prescription for Dorzolamide HCL/Timolol Maleate within the past 120 days; QL (2 EA per 1 day)
<i>dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %</i>	Tier 1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1	
<b>Ophthalmic - Beta blockers-Prostaglandin Analog Combinations - Drugs for Glaucoma</b>		
<i>timolol-latanoprost(pf) ophthalmic (eye) drops 0.5-0.005 %</i>	Tier 1	
<b>Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma</b>		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % ( <i>brinzolamide</i> )	Tier 1	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
<b>Ophthalmic - Cystine Depleting Agents - Drugs for the Eye</b>		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % ( <i>cysteamine hcl</i> )	Tier 4	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % ( <i>cysteamine hcl</i> )	Tier 4	PA; SP
<b>Ophthalmic - Decongestants - Drugs for Itchy Eye</b>		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	
<b>Ophthalmic - Diagnostic Agents - Drugs for the Eye</b>		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % ( <i>benoxinate hcl/fluorescein sodium</i> )	Tier 1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophthalmic - Local Anesthetic Combinations - Drugs for the Eye</b>		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % ( <i>benoxinate hcl/fluorescein sodium</i> )	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
<b>Ophthalmic - Local Anesthetic Esters - Drugs for the Eye</b>		
<i>proparacaine hcl</i> (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % ( <i>tetracaine hcl</i> )	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 % ( <i>chlorprocaine hcl/pf</i> )	Tier 3	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<b>Ophthalmic - Local Anesthetic, Amides - Drugs for the Eye</b>		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % ( <i>lidocaine hcl/pf</i> )	Tier 3	
<b>Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye</b>		
ALOCRILOPHTHALMIC (EYE) DROPS 2 % ( <i>nedocromil sodium</i> )	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (20 ML per 30 days)
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 % ( <i>Iodoxamide tromethamine</i> )	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophthalmic - Mydriatic-NSAID Combinations - Anti-Infective/Anti-Inflammatories</b>		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % ( <i>tropicamid/proparacain/phenylephrine/ketorolac in water</i> )	Tier 1	
<i>tropic-proparacai-pe-ketor-wat ophthalmic (eye) drops 1-0.5-2.5-0.5 %</i>	Tier 1	
<b>Ophthalmic - Rho Kinase Inhibitor and Prostaglandin Analog Combination - Drugs for Glaucoma</b>		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % ( <i>netarsudil mesylate/latanoprost</i> )	Tier 3	ST: At least 2 prior prescriptions for Alphagan P, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
<b>Ophthalmic - Surgical Aids Other - Drugs for the Eye</b>		
GELFILM OPHTHALMIC (EYE) FILM ( <i>gelatin</i> )	Tier 3	
<b>Ophthalmic - Viscoelastic Agents - Drugs for the Eye</b>		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML ( <i>hyaluronate sodium</i> )	Tier 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML ( <i>hyaluronate sodium</i> )	Tier 3	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML ( <i>hyaluronate sodium</i> )	Tier 3	
HEALON ENDOCOAT INTRAOCULAR SYRINGE 30 MG/ML ( <i>hyaluronate sodium</i> )	Tier 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML ( <i>hyaluronate sodium</i> )	Tier 3	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories</b>		
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % ( <i>besifloxacin hcl</i> )	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % ( <i>ciprofloxacin hcl</i> )	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<b>Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories</b>		
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 % ( <i>azithromycin/chondroitin sulfate a sodium/pf</i> )	Tier 3	
<b>Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories</b>		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
<b>Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories</b>		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % ( <i>natamycin</i> )	Tier 3	
<b>Ophthalmic Antifungals - Tetraene Polyene-type - Drugs for the Eye</b>		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % ( <i>natamycin</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories</b>		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % ( <i>povidone-iodine</i> )	Tier 3	
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	Tier 1	
<b>Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
<b>Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % ( <i>brimonidine tartrate</i> )	Tier 2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % ( <i>apraclonidine hcl</i> )	Tier 3	
<b>Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma</b>		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 2	QL (1 ML per 12 days)
<i>latanoprost (pf) ophthalmic (eye) drops 0.005 %</i>	Tier 1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % ( <i>bimatoprost</i> )	Tier 2	QL (2.5 ML per 25 days)
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	Tier 1	QL (1 EA per 1 day)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 2	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % ( <i>latanoprostene bunod</i> )	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost p/f, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % ( <i>latanoprost</i> )	Tier 3	ST: At least 3 prior prescriptions for Bimatoprost, Latanoprost, Latanoprost p/f, Lumigan, or Travoprost within the past 365 days; QL (2.5 ML per 25 days)
<b>Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs for Glaucoma</b>		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % ( <i>netarsudil mesylate</i> )	Tier 3	ST: At least 2 prior prescriptions for Alphagan P, Brimonidine Tartrate/Timolol, Brinzolamide, Latanoprost, Lumigan, Simbrinza, or Travoprost within the past 365 days; QL (2.5 ML per 30 days)
<b>Organ Preservation Solutions</b>		
<b>Microplegic Solutions</b>		
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
<i>microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
<b>Organ Preservation Solutions - Drugs for the Heart</b>		
<b>Cardioplegic and Other Related Organ Preservation Solutions - Drugs for the Heart</b>		
CUSTODIOL HTK PERFUSION SOLUTION 9 MMOL-198 MMOL -2 MMOL/L ( <i>cardioplegic and organ preservation solution no.1</i> )	Tier 3	
<b>Cardioplegic Solutions - Drugs for the Heart</b>		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) ( <i>cardioplegic solution no.16</i> )	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM) ( <i>cardioplegic solution no.10</i> )	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM) ( <i>cardioplegic no.23 (induction 4:1)</i> )	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM) ( <i>cardioplegic solution no.27 (induction 4:1)</i> )	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM) ( <i>cardioplegic solution no.18 (induction 8:1)</i> )	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM) ( <i>cardioplegic solution no.22 (induction 4:1)</i> )	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) ( <i>cardioplegic solution no.30 (induction 4:1)</i> )	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM) ( <i>cardioplegic solution no.15 (induction 8:1)</i> )	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM) ( <i>cardioplegic solution no.32 (maintenance 8:1)</i> )	Tier 1	
CARDIOPLEGIA MAINT 4:1 PLASMA PERFUSION SOLUTION 30 MEQ/1,047 ML (POTASSIUM) ( <i>cardioplegic solution no.31 (maintenance 4:1)</i> )	Tier 3	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM) ( <i>cardioplegic solution no.29 (maintenance 4:1)</i> )	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM) ( <i>cardioplegic solution no.20 (maintenance 4:1)</i> )	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 36 MEQ/L (POTASSIUM) ( <i>cardioplegic solution no.26 (maintenance 4:1)</i> )	Tier 1	

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

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<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<b>Otic (Ear) - Anti-infectives other - Antibiotics</b>		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
<b>Otic (Ear) - Fluoroquinolones - Antibiotics</b>		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	
<b>Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories</b>		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
<b>Otic (Ear) - Pinna Combinations - Antibiotics</b>		
CORTANE-B TOPICAL LOTION 1-1-0.1 % ( <i>hydrocortisone/pramoxine hcl/chloroxylonol</i> )	Tier 3	
<b>Respiratory Therapy Agents - Drugs for the Lungs</b>		
<b>1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold</b>		
<i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 MI)	Tier 1	
<b>1st Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs for Cough and Cold</b>		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG ( <i>pseudoephedrine hcl/chlorpheniramine maleate/bellad alk</i> )	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>2nd Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold</b>		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG ( <i>desloratadine/pseudoephedrine sulfate</i> )	Tier 3	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (2 EA per 1 day)
<b>Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>diphenhydramine hcl</i> (Diphen Oral Elixir 12.5 Mg/5 ML)	Tier 1	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML ( <i>carbinoxamine maleate</i> )	Tier 3	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<b>Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies</b>		
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	Tier 1	
<i>promethazine rectal suppository 50 mg</i>	Tier 2	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 50 Mg)	Tier 2	
<b>Antihistamine - 1st Generation - Piperidines - Drugs for Allergies</b>		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	
<b>Antihistamines - 1st Generation - Drugs for Allergies</b>		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML ( <i>carbinoxamine maleate</i> )	Tier 3	ST: Requires prior prescription for Carbinoxamine Maleate within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine rectal suppository 50 mg</i>	Tier 2	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 25 Mg)	Tier 1	
<b>Antihistamines - 2nd Generation - Drugs for Allergies</b>		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 2	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 2	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
<b>Antitussives - Non-Opioid - Drugs for Allergies</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs for Asthma/COPD</b>		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
<b>Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb - Drugs for Asthma/COPD</b>		
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML ( <i>omalizumab</i> )	Tier 4	PA; SP
<b>Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD</b>		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION ( <i>fluticasone furoate</i> )	Tier 2	QL (30 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	Tier 1	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION ( <i>fluticasone propionate</i> )	Tier 2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION ( <i>fluticasone propionate</i> )	Tier 2	QL (120 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION ( <i>fluticasone propionate</i> )	Tier 2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION ( <i>fluticasone propionate</i> )	Tier 2	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION ( <i>fluticasone propionate</i> )	Tier 2	QL (21.2 GM per 30 days)
<b>Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAb - Drugs for Asthma/COPD</b>		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML ( <i>mepolizumab</i> )	Tier 4	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML ( <i>mepolizumab</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Asthma Therapy - Interleukin-5 (IL-5) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD</b>		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML ( <i>benralizumab</i> )	Tier 4	PA; SP
<b>Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD</b>		
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	
<i>montelukast oral tablet 10 mg</i>	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 2	
<b>Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD</b>		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
<b>Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, MAb - Drugs for Asthma/COPD</b>		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) ( <i>tezepelumab-ekko</i> )	Tier 4	PA; SP
<b>Asthma Therapy - Xanthines - Drugs for Asthma/COPD</b>		
<i>theophylline anhydrous</i> (Elixophyllin Oral Elixir 80 Mg/15 MI)	Tier 1	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline anhydrous</i> )	Tier 2	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors - Drugs for Asthma/COPD</b>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1	QL (1 EA per 1 day)
<b>Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD</b>		
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML ( <i>glycopyrrolate/nebulizer accessories</i> )	Tier 3	QL (60 ML per 30 days)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML ( <i>glycopyrrolate/nebulizer and accessories</i> )	Tier 3	QL (60 ML per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION ( <i>tiotropium bromide</i> )	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG ( <i>tiotropium bromide</i> )	Tier 2	QL (30 EA per 30 days)
<b>Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD</b>		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION ( <i>ipratropium bromide</i> )	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
<b>Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD</b>		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION ( <i>olodaterol hcl</i> )	Tier 2	QL (4 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD</b>		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 1	ST: Requires prior prescription for Formoterol Fumarate, Serevent Diskus, or Striverdi Respimat within the past 120 days; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE ( <i>salmeterol xinafoate</i> )	Tier 2	QL (60 EA per 30 days)
<b>Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD</b>		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/lactuation</i>	Tier 1	
<i>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</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	
<i>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</i>	Tier 2	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/lactuation</i>	Tier 1	
<b>Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD</b>		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD</b>		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION ( <i>umeclidinium bromide/vilanterol trifenate</i> )	Tier 2	QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION ( <i>ipratropium bromide/albuterol sulfate</i> )	Tier 2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION ( <i>tiotropium bromide/olodaterol hcl</i> )	Tier 2	QL (4 GM per 30 days)
<b>Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE ( <i>fluticasone propionate/salmeterol xinafoate</i> )	Tier 1	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION ( <i>fluticasone propionate/salmeterol xinafoate</i> )	Tier 2	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE ( <i>fluticasone furoate/vilanterol trifenate</i> )	Tier 2	QL (60 EA per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION ( <i>budesonide/formoterol fumarate</i> )	Tier 2	QL (30.6 GM per 30 days)
<b>Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb, - Drugs for Cystic Fibrosis</b>		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION ( <i>budesonide/glycopyrrolate/formoterol fumarate</i> )	Tier 2	QL (10.7 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG ( <i>fluticasone furoatelumeclidinium bromide/vilanterol trifenate</i> )	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG ( <i>fluticasone furoatelumeclidinium bromide/vilanterol trifenate</i> )	Tier 2	QL (2 EA per 1 day)
<b>Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis</b>		
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG ( <i>tobramycin</i> )	Tier 4	PA; SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	PA; SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Tier 4	PA; SP
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	PA; SP
<b>Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis</b>		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML ( <i>aztreonam lysine</i> )	Tier 4	PA; SP
<b>Cystic Fibrosis - Inhaled Osmotic Agents - Drugs for Cystic Fibrosis</b>		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG ( <i>mannitol</i> )	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)
<b>Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator - Drugs for Cystic Fibrosis</b>		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG ( <i>ivacaftor</i> )	Tier 4	PA; SP
KALYDECO ORAL TABLET 150 MG ( <i>ivacaftor</i> )	Tier 4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis</b>		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG ( <i>lumacaftor/livacaftor</i> )	Tier 4	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG ( <i>lumacaftor/livacaftor</i> )	Tier 4	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) ( <i>tezacaftor/livacaftor</i> )	Tier 4	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) ( <i>elexacaftor/tezacaftor/livacaftor</i> )	Tier 4	PA; SP
<b>Lung Surfactants - Drugs for the Lungs</b>		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML ( <i>poractant alfa</i> )	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML ( <i>calfactant</i> )	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML ( <i>beractant</i> )	Tier 3	
<b>Mucolytics - Drugs for the Lungs</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML ( <i>dornase alfa</i> )	Tier 4	PA; SP
<b>Nasal Anesthetics - Allergy</b>		
<i>cocaine nasal solution 4 %</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 % ( <i>cocaine hcl</i> )	Tier 1	
<b>Nasal Anticholinergics - Allergy</b>		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Nasal Antihistamine and Anti-inflammatory Steroid Combinations - Allergy</b>		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	Tier 2	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (23 GM per 30 days)
<b>Nasal Antihistamines - Allergy</b>		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	Tier 1	QL (60 ML per 30 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 2	QL (30.5 GM per 30 days)
<b>Nasal Corticosteroids - Allergy</b>		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 2	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcglactuation</i>	Tier 1	QL (16 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcglactuation</i>	Tier 2	QL (17 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION ( <i>beclomethasone dipropionate</i> )	Tier 2	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION ( <i>beclomethasone dipropionate</i> )	Tier 2	ST: Requires prior prescription for nasal formulation of Flunisolide or Fluticasone Propionate within the past 120 days; QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION ( <i>fluticasone propionate</i> )	Tier 2	ST: Requires prior prescription for nasal formulation of Flunisolide, Fluticasone Propionate, or Mometasone Furoate within the past 120 days; QL (32 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Nasal Sympathomimetic Decongestants (Intranasal) - Allergy</b>		
<i>epinephrine hcl nasal solution 1 mg/ml</i>	Tier 1	
<b>Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations - Drugs for Cough and Cold</b>		
<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> (Bromfed Dm Oral Syrup 2-30-10 Mg/5 MI)	Tier 1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	Tier 1	
<b>Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
<b>Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold</b>		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG ( <i>chlorpheniramine maleate/codeine phosphate</i> )	Tier 3	ST: Requires prior prescription for Promethazine HCL/codeine within the past 120 days; QL (2 EA per 1 day); Age (Min 18 Years)
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML ( <i>codeine polistirex/chlorpheniramine polistirex</i> )	Tier 3	ST: At least 2 prior prescriptions for Montelukast, Promethazine/codeine, or Zafirlukast within the past 365 days; QL (200 ML per 10 days); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Opioid Antitussive-1st Generation Antihistamine-Decongestant Comb. - Drugs for Cough and Cold</b>		
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML ( <i>chlorpheniramine maleate/phenylephrine hcllcodeine phosphate</i> )	Tier 3	Age (Min 12 Years)
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML ( <i>triprolidine hcllphenylephrine hcllcodeine phosphate</i> )	Tier 3	Age (Min 12 Years)
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcllcodeine phosphat</i> )	Tier 1	Age (Min 12 Years)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML ( <i>chlorpheniramine maleate/phenylephrine hcllcodeine phosphate</i> )	Tier 3	Age (Min 12 Years)
M-END PE ORAL LIQUID 1.33-3.33-6.33 MG/5 ML ( <i>brompheniramine maleate/phenylephrine hcllcodeine phosphate</i> )	Tier 3	Age (Min 12 Years)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML ( <i>brompheniramine maleate/phenylephrine hcllcodeine phosphate</i> )	Tier 3	Age (Min 12 Years)
<i>promethazinphenylephrine hcllcodeine</i> (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 Ml)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
RYDEX ORAL LIQUID 1.3-10-6.3 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcllcodeine phosphat</i> )	Tier 1	Age (Min 12 Years)
<b>Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold</b>		
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
<i>hydrocodone bitartrate/homatropine methylbromide</i> (Hydromet Oral Syrup 5-1.5 Mg/5 Ml)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Opioid Antitussive-Decongestant-Expectorant Combinations - Drugs for Cough and Cold</b>		
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML ( <i>pseudoephedrine hcl/codeine phosphatelguaifenesin</i> )	Tier 3	Age (Min 12 Years)
GUAIFENESIN DAC ORAL SYRUP 30-10-100 MG/5 ML ( <i>pseudoephedrine hcl/codeine phosphatelguaifenesin</i> )	Tier 1	Age (Min 12 Years)
VIRTUSSIN DAC ORAL SYRUP 30-10-100 MG/5 ML ( <i>pseudoephedrine hcl/codeine phosphatelguaifenesin</i> )	Tier 1	Age (Min 12 Years)
<b>Opioid Antitussive-Expectorant Combinations - Drugs for Cough and Cold</b>		
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	Tier 1	Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML ( <i>codeine phosphatelguaifenesin</i> )	Tier 1	Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML ( <i>codeine phosphatelguaifenesin</i> )	Tier 1	Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML ( <i>codeine phosphatelguaifenesin</i> )	Tier 1	Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML ( <i>codeine phosphatelguaifenesin</i> )	Tier 1	Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML ( <i>codeine phosphatelguaifenesin</i> )	Tier 1	Age (Min 12 Years)
M-CLEAR WC ORAL LIQUID 6.3-100 MG/5 ML ( <i>codeine phosphatelguaifenesin</i> )	Tier 3	Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML ( <i>codeine phosphatelguaifenesin</i> )	Tier 1	Age (Min 12 Years)
<b>Pleural Sclerosing Agents - Drugs for the Lungs</b>		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM ( <i>talc</i> )	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM ( <i>talc</i> )	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM ( <i>talc</i> )	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs</b>		
ESBRIET ORAL CAPSULE 267 MG ( <i>pirfenidone</i> )	Tier 4	PA; SP
<i>pirfenidone oral capsule 267 mg</i>	Tier 4	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 4	PA; SP
<i>pirfenidone oral tablet 534 mg</i>	Tier 4	PA; SP
<b>Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG ( <i>nintedanib esylate</i> )	Tier 4	PA; SP
<b>Vaginal Products - Drugs for Women</b>		
<b>Vaginal Antibacterial - Lincosamides - Drugs for Infections</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG ( <i>clindamycin phosphate</i> )	Tier 3	ST: At least 2 prior prescriptions for Clindamycin HCL, Clindamycin Palmitate HCL, Clindamycin Phosphate, Metronidazole, or Tinidazole within the past 365 days; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 2	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 % ( <i>clindamycin phosphate</i> )	Tier 3	ST: Requires prior prescription for Clindamycin 1% gel within the past 120 days
<b>Vaginal Antifungal - Imidazoles - Drugs for Infections</b>		
GYNAZOLE-1 VAGINAL CREAM 2 % ( <i>butoconazole nitrate</i> )	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG ( <i>miconazole nitrate</i> )	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Vaginal Antifungal - Triazoles - Drugs for Infections</b>		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 2	
<b>Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections</b>		
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 2	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) ( <i>metronidazole</i> )	Tier 3	
<b>Vaginal Antiseptic Mixtures - Drugs for Infections</b>		
FEM PH VAGINAL GEL 0.9-0.025 % ( <i>acetic acid/oxoquinoline sulfate</i> )	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 % ( <i>acetic acid/oxoquinoline sulfate</i> )	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % ( <i>oxyquinoline sulfate/sodium lauryl sulfate</i> )	Tier 3	
<b>Vaginal Estrogens - Drugs for Women</b>		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM ( <i>estrogens, conjugated</i> )	Tier 2	
<i>estradiol</i> (Yuvafem Vaginal Tablet 10 Mcg)	Tier 2	
<b>Vaginal Progestins - Drugs for Women</b>		
CRINONE VAGINAL GEL 4 % ( <i>progesterone, micronized</i> )	Tier 3	

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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 ដោយមិនគិតល្អិត គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ **1-844-337-3700** (TTY: 1-888-515-4065)។ Scripps Health Plan អនុវត្តតាមច្បាប់សិទ្ធិពលរដ្ឋនៃ សហព័ន្ធដែលសមរម្យនឹងមិនមានការរើសអើង លើមូលដ្ឋាន នៃពូជសាសន៍ ពណ៌សម្បុរ 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 Fwm Nrub Nrab Teb Chaw hais txog pej xeeb cov cai (Federal civil rights laws) thiab tsis ciav-cais leejtwg vim nws hom neeg, nqajj tawv, lub tebchaws tuaj, hnuv nyoog, kev tsis taus, los yog poj niam txiv.



**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 ได้ปฏิบัติตามรัฐบัญญัติด้านสิทธิที่เหมาะสมและไม่ได้แบ่งแยกทางชาติพันธุ์ สีผิว เชื้อชาติ อายุ ความทุพพลภาพ หรือเพศ