OPTUMRx®

KAISER PERMANENTE®
Kaiser Permanente Insurance Company

Kaiser Permanente Bernard J. Tyson School of Medicine, Inc. Exclusive Provider Organization (EPO) Student Blanket Health Plan Drug Formulary

Effective December 1, 2025

Health Plan Products:
Kaiser Permanente Bernard J. Tyson School of Medicine, EPO Student Blanket Health Plan offered by Kaiser Permanente Insurance Company

For the most current list of covered medications or for help understanding your KPIC insurance plan benefits, including cost sharing for drugs under the prescription drug benefit and under the medical benefit:

Call **1-888-251-7052 (TTY 711)**, Monday through Friday, 6 a.m. to 6 p.m. PT

Visit **kaiserpermanente.org** to:

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

For cost sharing information for the outpatient prescription drug benefits in your specific plan, please visit **here.**

The formulary is subject to change and all previous versions of the formulary are no longer in effect.

Last updated: December 17th 2025

Kaiser Permanente

Understanding your formulary

What is a formulary?
This formulary provides a list of the approved prescription medications covered under your Health Insurance Plan including both generic and brand-name drugs. This list applies only to prescribed outpatient prescription drugs obtained through a Kaiser Permanente pharmacy or a retail pharmacy within the OptumRx network.

This list does not apply to medications administered in the doctor's office or in the hospital which are covered under your medical benefit. For information on drugs covered under your medical benefit, please see the General Benefits section of your Certificate of Insurance.

About this formulary
Where differences between this formulary and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan, and it doesn't mean that you are guaranteed to receive a medication on this list. Please review your benefit plan for full details.

Review the formulary using either the categorical list of drugs or the alphabetical index. The categorical list of drugs groups medications into drug categories and classes that are organized by the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic 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 in all lowercase italicized 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 medication in all lowercase italicized 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.

How do I use my formulary?
You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. A non-formulary drug must be covered when your doctor says it is medically necessary. If your medication is not listed here, please visit your plan's member website or call the number on your member ID card to submit a non-formulary exception request.

Some medications on your formulary have extra requirements before they can be covered. A few of the most common coverage programs are prior authorization (PA), step therapy (ST), Non-formulary (NF), quantity limits (QL) or max day supply limit per prescription (DSL).
Please note, this formulary is not subject to PA or ST programs.

You may request exception to certain non-formulary programs when your doctor feels it is necessary. If OptumRx doesn't respond to your non-urgent NF exception request within 72 hours or your urgent NF exception request within 24 hours, then your request will be automatically granted. You may appeal the denial of an exception request. Please review your coverage documents for more information on appeal rights and procedures. We use programs like these to help make sure the medication you take is safe and effective.

When you request coverage of a non-formulary drug, we will notify you or your designee and your provider of the coverage determination within these time frames. If the decision is to provide coverage for a non-urgent request, coverage will be for the duration of the prescription, including refills. If the coverage decision is based on exigent circumstances, coverage will be for the duration of the exigency. Check your plan documents for more information. Some Affordable Care Act (ACA) or Health Care Reform (HCR) preventive medications may have coverage restrictions.

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

Mail order
How can I receive medications by mail?
Most prescription refills can be mailed to you at no extra charge. You can sign up for mail-order services at your Kaiser Permanente pharmacy by calling the number on the back of your ID card or by visiting **kp.org**.

When does the formulary change?
- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

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

Why are some medications excluded from coverage?
A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication. OptumRx and Kaiser Permanente Insurance Company may not limit or exclude coverage for a drug if the health insurer previously approved coverage of the drug for an insured's medical condition and the prescribing provider continues to prescribe the drug for the condition. This is provided that the drug is appropriately prescribed and safe and effective for treating the insured's medical condition.

What if I don't agree with a decision about an excluded medication?
You or your authorized representative and your doctor can ask for a coverage request by calling the number on your member ID card.

What is the maximum cost-share for oral anti-cancer drugs?
The cost-share for orally administered anti-cancer drugs shall not exceed $250 for a 30-day supply.

What categories of medications are covered through my plan?
Your prescription drug benefit will generally cover prescribed generic and brand-name medications listed on the formulary as long as the drug is medically necessary; the prescription is filled by an OptumRx network pharmacy provider; and other coverage rules are followed.

Over-the-counter (OTC) medications are not generally covered; however, certain preventive OTC medications are covered when prescribed by a doctor, such as aspirin and smoking cessation drugs. Durable medical equipment, prescribed by a doctor to treat diabetes or to assist with inhalation devices is also covered.

The formulary lists the pharmacy benefits covered under your outpatient prescription drug benefit and obtained from a Kaiser Permanente pharmacy or an OptumRx network participating retail pharmacy. This formulary does not apply to medications and devices that are obtained through the medical benefit portion of your coverage. For example, medications provided or administered in the doctor's office or in the hospital or, unless specifically stated otherwise, devices covered under the durable medical equipment benefit that are obtained at the doctor's office or through a durable medical equipment vendor.

Diabetes medication and equipment. Your outpatient prescription medication coverage includes the following prescription items for the management and treatment of diabetes:

- Insulin
- Needles and syringes for injecting insulin
- Prescriptive medications for the treatment of diabetes
- Glucagon

Other medical benefit items. Some durable medical equipment that is covered through your medical benefit is also available at the pharmacy, such as disposable blood glucose test strips; blood glucose monitors; and lancets and lancet puncture devices.

Contraceptives. Your outpatient prescription drug coverage includes all prescribed FDA-approved contraceptive drugs, including over the counter FDA-approved female contraceptive methods at no cost-share when prescribed by a licensed health care professional authorized to prescribe drugs. All such medications require a prescription from your doctor.

Abortion or abortion related services at no cost. All medications used for abortion or services related to abortion, are eligible for coverage with no cost-share if the insured has a prescription from his or her doctor.

ACA Preventive drugs at no cost. All medications, even OTC drugs included under the federal Patient Affordable Care Act (ACA) as preventive medications, are eligible for coverage with no cost-share if the insured has a prescription from his or her doctor. Please note: some medications are only covered at no cost for patients who meet the criteria listed in the formulary.

Medication tips

What is the difference between brand-name and generic medications?
Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

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

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

Definitions

Brand name drug A drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

Coinsurance Percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

Copayment Fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

Deductible Amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

Drug Tier A group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

Exception request A request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the nonformulary drug when it is medically necessary for you to take the drug.

Exigent circumstances When you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a nonformulary drug.

Formulary or prescription drug list The list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

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

Medically Necessary Health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary. The fact that a doctor may prescribe, authorize, or direct a service does not by itself make it medically necessary or confirm coverage by the policy.

Nonformulary drug A prescription drug that is not listed on this formulary.

Out-of-pocket cost Your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

Prescribing provider A health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition. Prescription An oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

Prescription drug A drug that by law requires a prescription.

Prior Authorization A decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

Step therapy A specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

Over-the-counter (OTC) drugs are medications sold directly to a consumer without requiring a prescription. For this formulary, OTC drugs that are covered under your outpatient prescription drug benefit require a prescription from your doctor.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase and italicized (for example, *clobetasol*).

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

The copayment or coinsurance for a covered outpatient prescription drug for an individual prescription should not exceed $250 for a 30-day supply after meeting the deductible, if any.

Please refer to the tier definition table below to see how to identify which medications are preferred or non-preferred drugs.

Drug Tier	Includes	Helpful Tips
PV	$0 **Preventative drugs**	Preventative drugs required under the Affordable Care Act (ACA) at $0 cost share.
Tier 1	$ **Lower-cost** generics and some brand name	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	$$ **Mid-range cost** preferred brand name	Use Tier 2 drugs if Tier 1 drugs are not available or you prefer a brand.
Tier 3	$$ **Exception-based** non-preferred brand	Tier 3 drugs in this plan require an exception for coverage.

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

OC	**Oral anti-cancer** – Cost share not to exceed $250 per month for a 30-day supply.
QL	**Quantity Limit** – Medication may be limited to a certain quantity.
DSL	**Day Supply Limit** – Medication may be restricted to a maximum day supply limit per prescription.

Please refer to your COI (Certificate of Insurance) for more information about:

- Your medical coverage
- Existing conditions
- Non-formulary drugs
- Filing an appeal related to a denial of a coverage request. Your COI will provide more information on appeal rights and procedures.
- Outpatient prescription drug benefit

OptumRx updates the formulary on a monthly basis. The notice includes a description of the types of changes made during the plan or policy year, and the dates on which such changes are effective.

Changes may include:

- Removal of a drug or dosage form of a medication from the formulary.
- Any change in tier placement of a medication that results in an increase in cost sharing.
- Adding or changing medication coverage requirements such as PA, ST and QL programs.

Nondiscrimination Notice

Kaiser Permanente Insurance Company (KPIC) does not discriminate based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Language assistance services are available. We can provide no cost aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats; large print, audio, and accessible electronic formats. We also provide no cost language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages. To request these services, please call **1-866-213-3062** (TTY users call **711**).

If you believe that KPIC failed to provide these services or there is a concern of discrimination based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability you can file a complaint by phone or mail with the KPIC Civil Rights Coordinator. If you need help filing a grievance, the KPIC Civil Rights Coordinator is able to help you.

KPIC Civil Rights Coordinator
PO Box 1809
Pleasanton, CA 94566

Fax: 1-888-987-2252
Phone: 1-800-788-0710

You may also contact the California Department of Insurance regarding your complaint.

By Phone:
California Department of Insurance
1-800-927-HELP
(1-800-927-4357)
TDD: 1-800-482-4TDD
(1-800-482-4833)

By Mail:
California Department of Insurance
Consumer Communications Bureau
300 S. Spring Street
Los Angeles, CA 90013

Electronically:
www.insurance.ca.gov

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- By completing the complaint form and submitting the form to:

  The U.S. Department of Health and Human Services
  200 Independence Avenue SW, Room 509F, HHH Building
  Washington, DC 20201
  Phone: 1-800-368-1019
  Phone (TDD): 1-800-537-7697

Complaint forms can be found online:
http://www.hhs.gov/ocr/office/file/index.html.

- Or, electronically by submitting your complaint through the Office for Civil Rights Complaints Online Portal:
https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

HELP IN YOUR LANGUAGE

No Cost Language Services. You can get an interpreter and get documents read to you in your language. You may also request for materials to be translated into your language or alternative formats sent to you. For help, call us at the number listed on your ID card or 1-866-213-3062. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

Servicios de idioma sin costo. Puede obtener servicios de un intérprete y que le lea documentos en su idioma. También puede solicitar que se traduzcan materiales a su idioma o que se le envíen en formatos alternativos. Si necesita ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-866-213-3062. Para obtener más información, llame al Departamento de Seguros de California al 1-800-927-4357. Los usuarios de TTY deben llamar al 711. Spanish

免費語言服務。您可使用口譯員並請人使用您的語言將文件唸給您聽。您也可以要求將資料翻譯成您的語言或以替代格式寄給您。如需幫助，請致電您會員證上所列的電話號碼或致電1-866-213-3062 與我們聯絡。如需進一步幫助，請致電1-800-927-4357與加州保險部聯絡。TTY使用者請致電711。Chinese

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Bizaad bee áko t'áá íiyisí bá oolzinígíí. Díí bizaad bee naaltsoos nihá ályaaígíí t'áá íiyisí yíníłta'go bee hane' doo naaltsoos nihá níłtsą. Díí naaltsoos nihá bą́ąh yáhoot'éél doo tł'oh yáti'ígíí éí nihá bą́ąh yáhoot'éélígíí t'áá íiyisí bee ná'álkidgo nihá dah naashá.Ákót'éego baa áháyú. T'áá íiyisí nídlį́į' naaltsoos bee náníłti'ígíí bíkáá' nihá níhodoolwoł, dóó 1-866-213-3062 bee hólne' éí bitoodnáád-deest'į́į'. Díkwíí hóló holne'go, California Béeso Bee Hane' Áłchíní Bá Hooghan bee 1-800-927-4357 bibeeso biká anilyeed. TTY yáhoot'éél nihá shikaad 711. Navajo

Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể được bố trí thông dịch viên và người đọc thông tin giấy tờ, tài liệu bằng ngôn ngữ quý vị dùng cho quý vị nghe. Quý vị cũng có thể yêu cầu dịch tài liệu sang ngôn ngữ của quý vị hoặc gửi đến quý vị các định dạng thay thế. Để được giúp đỡ, hãy gọi chúng tôi theo số điện thoại ghi trên thẻ Nhận Dạng (thẻ ID) của quý vị hoặc số 1-866-213-3062. Để được giúp đỡ thêm, vui lòng gọi Sở Bảo Hiểm CA theo số 1-800-927-4357. Người dùng TTY gọi số 711. Vietnamese

무료 언어 서비스. 통역사를 통해 사용하시는 언어로 서류를 읽어드립니다. 또한 사용하시는 언어로 자료를 번역해달라고 요청하거나 대체 형식으로 보내달라고 요청하셔도 됩니다. 도움이 필요한 경우, 회원 신분증에 적힌 번호나 1-866-213-3062번으로 문의하십시오. 추가로 도움이 필요한 경우, 캘리포니아주 보험국 전화번호 1-800-927-4357번으로 문의하시기를 바랍니다. TTY 사용자는 711번으로 전화하십시오. Korean

Walang Gastos na Mga Serbisyo sa Wika. Maaari kayong kumuha ng interpreter at ipabasa ang mga dokumento sa inyong wika. Maaari rin kayong humiling na ang mga materyal ay isalin sa inyong wika o ipadala sa inyo sa mga alternatibong format. Para sa tulong, tawagan kami sa numerong nakalista sa inyong card ng pagkakakilanlan o sa 1-866-213-3062. Para sa higit pang tulong tumawag sa Departamento ng Insurance ng California sa 1-800-927-4357. Ang mga gumagamit ng TTY ay dapat tumawag sa 711. Tagalog

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ, և փաստաթղթերը կարող են ընթերցել ձեզ համար ձեր լեզվով: Կարող եք նաև խնդրել, որ նյութերը թարգմանվեն ձեր լեզվով կամ ուղարկվեն ձեզ այլընտրանքային ձևաչափերով: Օգնության համար զանգահարեք մեզ ձեր նույնականացման քարտի վրա նշված համարով կամ 1-866-213-3062 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆորնիայի Ապահովագրության վարչություն 1-800-927-4357 հեռախոսահամարով: TTY-ից օգտվողները պետք է զանգահարեն 711: Armenian

Бесплатные услуги переводчика. Вы можете воспользоваться услугами переводчика, и документы будут прочтены для вас на вашем языке. Вы также можете подать запрос о переводе материалов на ваш язык или в альтернативные форматы.Если вам требуется помощь, звоните нам по телефону, указанному на вашей идентификационной карте, или по телефону 1-866-213-3062. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния по телефону 1-800-927-4357. Пользователям линии TTY следует звонить по телефону 711. Russian

無料の言語サービス。 通訳を手配し、書類をあなたの言語で読み上げてもらうことができます。また、ご希望があれば資料をあなたの言語に翻訳したり、別の形式でお届けすることも可能です。 サポートが必要な場合は、身分証明カードに記載されている電話番号、または1-866-213-3062にお電話ください。さらにサポートが必要な場合は、カリフォルニア州保険局まで1-800-927-4357にご連絡ください。TTYユーザーの方は、711までお電話にてご連絡ください。 Japanese

خدمات زبانی رایگان. می‌توانید یک مترجم شفاهی داشته باشید و ترتیبی بدهید تا اسناد به زبان خودتان برای شما خوانده شود. همچنین می‌توانید درخواست کنید که مطالب به زبان شما ترجمه شود یا در قالب‌های جایگزین برای شما ارسال گردد. برای دریافت کمک و راهنمایی، با شماره مندرج در کارت شناسایی یا 1-866-213-3062 با ما تماس بگیرید. برای دریافت راهنمایی بیشتر با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. کاربران TTY می‌توانند با شماره 711 تماس بگیرند. Persian

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀ ਸਹਾਇਤਾ ਨਾਲ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਪੜ੍ਹਵਾ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਮੱਗਰੀ ਦੇ ਅਨੁਵਾਦ ਜਾਂ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟਾਂ ਦੀ ਵੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਸਹਾਇਤਾ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-866-213-3062 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਹੋਰ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। TTY ਦੇ ਉਪਯੋਗਕਰਤਾ 711 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាភាសាឥតគិតថ្លៃ។
អ្នកអាចទទួលបានអ្នកបកប្រែនិងទទួលបានឯកសារអានជូនអ្នកក្នុងភាសារបស់អ្នក។ អ្នកក៏អាចស្នើសុំឯកសារដើម្បីបកប្រែក្នុងភាសារបស់អ្នក ឬទម្រង់ផ្សេងទៀត ត្រូវបានផ្តើទៅអ្នក។ សម្រាប់ជំនួយ សូមទូរសព្ទទៅលេខដែលមានចុះនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក ឬលេខ 1-866-213-3062។ សម្រាប់ជំនួយបន្ថែម សូមទូរសព្ទទៅនាយកដ្ឋានជានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ាលេខ 1-800-927-4357។ អ្នកប្រើប្រាស់ TTY សូមហៅទៅលេខ 711។ Khmer

خدمات لغوية بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك بلغتك. يحق لك أيضاً طلب إرسال وثائق مترجمة بلغتك أو صيغ بديلة.للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية الخاصة بك أو 1-866-213-3062. لمزيد من المساعدة اتصل بقسم التأمين في كاليفورنيا على الرقم 1-800-927-4357. على مستخدمي TTY الاتصال على الرقم 711. العربية Arabic

Kev Pab Txhais Lus Dawb. Koj tuaj yeem txais ib tug kws txhais lus thiab txais kev nyeem cov ntaub ntawv ua koj hom lus. Koj tuaj kheev thov kom muab cov ntaub ntawv txhais mus ua koj hom lus los sis xa ua lwm hom ntawv tuaj rau koj huv si. Rau kev pab, hu rau peb ntawm tus xov tooj uas sau nyob rau ntawm koj daim npav cim thawj los sis 1-866-213-3062. Rau kev pab ntxiv, hu rau CA Chaw Ua Hauj Lwm Tswj Kev Tuav Pov Hwm ntawm 1-800-927-4357. Cov neeg siv TTY hu rau 711. Hmong

बिना किसी लागत के भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं और दस्तावेज़ आपको आपकी भाषा में पढ़ कर सुनाए जा सकते हैं। आप सामग्रियों को अपनी भाषा या आपको भेजे जाने वाले वैकल्पिक प्रारूप में अनुवाद करवाने के लिए भी अनुरोध कर सकते हैं। सहायता के लिए अपने आईडी कार्ड पर दिये नम्बर या 1-866-213-3062 पर हमें कॉल करें। अधिक सहायता के लिए कैलिफोर्निया डिपार्टमेंट ऑफ इंशोरेंस को 1-800-927-4357 पर कॉल करें। TTY प्रयोक्ता 711 पर कॉल करें। Hindi

บริการด้านภาษาที่ไม่คิดค่าบริการ คุณสามารถขอใช้บริการล่ามและบริการอ่านเอกสารให้ฟังเป็นภาษาของคุณได้ คุณอาจขอเอกสารที่แปลเป็นภาษาของคุณหรือในรูปแบบอื่นที่ส่งถึงคุณได้ หากต้องการความช่วยเหลือ โปรดติดต่อหมายเลขโทรศัพท์ที่ปรากฏบนบัตรประจำตัวของคุณหรือติดต่อหมายเลข 1-866-213-3062 หากต้องการความช่วยเหลือเพิ่มเติม โปรดติดต่อกรมการประกันภัยของรัฐแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 ผู้ใช้เครื่อง TTY โปรดติดต่อหมายเลข 711 Thai

Kaiser Permanente

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIDOTE THERAPEUTICS		
ACETAMINOPHEN ANTIDOTE		
acetylcysteine inhalation solution 10 %, 20 %	1	
ALCOHOL DETERRENTS (91:02)		
acamprosate calcium oral tablet delayed release 333 mg	1	
disulfiram oral tablet 250 mg, 500 mg	1	
naltrexone hcl oral tablet 50 mg	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	2	
ANTIDOTE THERAPEUTICS		
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	2	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %	3	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	3	
atropine sulfate ophthalmic solution 1 %	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
CHEMET ORAL CAPSULE 100 MG (*succimer*)	3	
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	3	
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	1	
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	3	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (*deferoxamine mesylate*)	3	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (*digoxin immune fab*)	2	
ft naloxone hcl nasal liquid 4 mg/0.1ml	1	
glucagon emergency kit injection solution reconstituted 1 mg	PV	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (*glucagon*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (*glucagon*)	3	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral solution 0.125 mg/ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
hyosyne oral elixir 0.125 mg/5ml	1	
hyosyne oral solution 0.125 mg/ml	1	
iodine strong oral solution 5 %	1	
IOSAT ORAL TABLET 130 MG, 65 MG (*potassium iodide (antidote)*)	3	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*)	3	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (*hyoscyamine sulfate*)	1	
LEVSIN ORAL TABLET 0.125 MG (*hyoscyamine sulfate*)	1	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (*hyoscyamine sulfate*)	1	
magnesium sulfate injection solution 50 %	PV	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	PV	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	
naloxone hcl nasal liquid 4 mg/0.1ml	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*)	3	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (*hyoscyamine sulfate*)	1	
OSCIMIN ORAL TABLET 0.125 MG	1	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	1	
penicillamine oral capsule 250 mg	3	
penicillamine oral tablet 250 mg	3	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	1	
phytonadione oral tablet 5 mg	PV	
REXTOVY NASAL LIQUID 4 MG/0.25ML (*naloxone hcl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RIVIVE NASAL LIQUID 3 MG/0.1ML (*naloxone hcl*)	3	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	1	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*)	3	
ANTIDOTES (91:04)		
atropine sulfate injection solution 8 mg/20ml	1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	1	
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/ML	3	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	3	
magnesium sulfate injection solution 50 %	PV	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	PV	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	
naltrexone hcl oral tablet 50 mg	1	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GM/50ML (*idarucizumab*)	3	
RADIOGARDASE ORAL CAPSULE 0.5 GM (*prussian blue insoluble*)	3	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (*sevelamer carbonate*)	PV	
RENVELA ORAL TABLET 800 MG (*sevelamer carbonate*)	PV	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	PV	
sevelamer carbonate oral tablet 800 mg	PV	
sevelamer hcl oral tablet 400 mg, 800 mg	PV	
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (*sodium polystyrene sulfonate*)	3	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	2	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (*glucarpidase*)	PV	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*)	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*)	3	
CHEMOTHERAPY ANTIDOTES/PROTECTANTS		
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML (*sugammadex sodium*)	2	
BRIDION INTRAVENOUS SOLUTION 500 MG/5ML (*sugammadex sodium*)	3	
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*trilaciclib dihydrochloride*)	PV	DSL = 30 days
dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg	PV	
dexrazoxane intravenous solution reconstituted 250 mg	PV	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (*levoleucovorin*)	PV	DSL = 30 days
leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml	PV	
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	PV	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	PV	
levoleucovorin calcium intravenous solution reconstituted 50 mg	PV	
levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml	PV	
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE 12.5-2.5 MG, 25-10 MG, 25-5 MG, 50-10 MG, 50-20 MG, 50-25 MG, 75-25 MG	PV	
CYANIDE ANTIDOTES		
EXODERM EXTERNAL LOTION 25-1 % (*sod thiosulfate-salicylic acd*)	3	
FLUOROPYRIMIDINE ANTIDOTE		
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	3	DSL = 30 days
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE DRUGS - Drugs for Allergy		
promethazine hcl oral tablet 25 mg	PV	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
allergy childrens oral liquid 12.5 mg/5ml	1	
allergy oral capsule 25 mg	1	
allergy relief childrens oral liquid 12.5 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
allergy relief oral capsule 25 mg	1	
allergy relief oral tablet 25 mg	1	
banophen oral tablet 25 mg	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	3	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg, 6 mg	1	
CARBZAH ORAL SOLUTION 4 MG/5ML	3	
clemastine fumarate oral syrup 0.67 mg/5ml	1	
clemastine fumarate oral tablet 2.68 mg	1	
CLEMSZA ORAL TABLET 2.68 MG (*clemastine fumarate*)	3	
CURELIEF ORAL LIQUID 12.5 MG/5ML	3	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (*clemastine fumarate*)	3	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	
DIMETAPP COUGH & ALLERGY CHILD ORAL TABLET CHEWABLE 12.5 MG (*diphenhydramine hcl*)	3	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 25 mg	1	
ft nighttime sleep aid oral tablet 25 mg	1	
ft sleep-aid maximum strength oral capsule 50 mg	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
goodsense allergy relief oral capsule 25 mg	1	
goodsense allergy relief oral tablet 25 mg	1	
goodsense sleep-aid max str oral capsule 50 mg	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	3	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
m-dryl oral liquid 12.5 mg/5ml	1	
MM ALLER-BEN ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
ryvent oral tablet 6 mg	1	
sleep-aid oral capsule 25 mg, 50 mg	1	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
allergy childrens oral liquid 12.5 mg/5ml	1	
allergy oral capsule 25 mg	1	
allergy relief childrens oral liquid 12.5 mg/5ml	1	
allergy relief oral capsule 25 mg	1	
allergy relief oral tablet 25 mg, 4 mg	1	
APRODINE ORAL TABLET 2.5-60 MG (*triprolidine-pseudoephedrine*)	3	
banophen oral tablet 25 mg	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
BONINE ORAL TABLET CHEWABLE 25 MG (*meclizine hcl*)	PV	
BRANTUSSIN DM ORAL LIQUID 7.5-2-15 MG/5ML	3	
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	3	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg, 6 mg	1	
CARBZAH ORAL SOLUTION 4 MG/5ML	3	
chlorpheniramine maleate er oral tablet extended release 12 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clemastine fumarate oral syrup 0.67 mg/5ml	1	
clemastine fumarate oral tablet 2.68 mg	1	
CLEMSZA ORAL TABLET 2.68 MG (*clemastine fumarate*)	3	
cold & allergy d max strength oral tablet 2.5-60 mg	1	
cold & cough childrens oral liquid 1-5-2.5 mg/5ml	1	
CURELIEF ORAL LIQUID 12.5 MG/5ML	3	
cvs motion sickness oral tablet 50 mg	PV	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (*clemastine fumarate*)	3	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	
DIMETAPP COUGH & ALLERGY CHILD ORAL TABLET CHEWABLE 12.5 MG (*diphenhydramine hcl*)	3	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 25 mg, 4 mg	1	
ft motion sickness oral tablet 50 mg	PV	
ft motion sickness oral tablet chewable 25 mg	PV	
ft nighttime sleep aid oral tablet 25 mg	1	
ft sleep-aid maximum strength oral capsule 50 mg	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	
goodsense allergy relief oral capsule 25 mg	1	
goodsense allergy relief oral tablet 25 mg, 4 mg	1	
goodsense cough & cold hbp oral tablet 4-30 mg	1	
goodsense motion sickness oral tablet 50 mg	PV	
goodsense sleep-aid max str oral capsule 50 mg	1	
HISTEX PD ORAL LIQUID 1.25 MG/ML (*triprolidine hcl*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	3	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
m-dryl oral liquid 12.5 mg/5ml	1	
meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PV	
meclizine hcl oral tablet chewable 25 mg	PV	
MICLARA LQ ORAL LIQUID 1.25 MG/5ML (*triprolidine hcl*)	3	
MM ALLER-BEN ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
motion sickness relief oral tablet 50 mg	PV	
motion sickness relief oral tablet chewable 25 mg	PV	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (*phenylephrine-chlorphen-dm*)	3	
PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML (*triprolidine hcl*)	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (*promethazine hcl*)	PV	
phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml	1	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	PV	
promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml	PV	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PV	
promethazine hcl rectal suppository 12.5 mg, 25 mg	PV	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	
promethazine-dm oral syrup 15-6.25 mg/5ml, 6.25-15 mg/5ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (*promethazine hcl*)	PV	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	3	
ryvent oral tablet 6 mg	1	
sleep-aid oral capsule 25 mg, 50 mg	1	
triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	3	
wal-tap cold/allergy oral elixir 1-15 mg/5ml	1	
westussin dm nf oral liquid 2-15-7.5 mg/5ml	1	
OTHER ANTIHISTAMINES - Drugs for Allergy		
acid controller oral tablet 10 mg	PV	
acid reducer oral tablet 10 mg	PV	
ALAWAY OPHTHALMIC SOLUTION 0.035 % (*ketotifen fumarate*)	3	
bepotastine besilate ophthalmic solution 1.5 %	1	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (*bepotastine besilate*)	3	
cimetidine hcl oral solution 300 mg/5ml	PV	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	PV	
eye itch relief ophthalmic solution 0.035 %	1	
famotidine (pf) intravenous solution 20 mg/2ml	PV	
famotidine oral suspension reconstituted 40 mg/5ml	PV	
famotidine oral tablet 10 mg, 20 mg, 40 mg	PV	
famotidine orig st oral tablet 10 mg	PV	
ft acid reducer oral tablet 10 mg	PV	
goodsense eye itch relief ophthalmic solution 0.035 %	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
ketotifen fumarate ophthalmic solution 0.035 %	1	
LASTACAFT OPHTHALMIC SOLUTION 0.25 % (*alcaftadine*)	3	
nizatidine oral capsule 150 mg, 300 mg	PV	
olopatadine hcl nasal solution 0.6 %	1	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	1	
PATADAY OPHTHALMIC SOLUTION 0.1 % (*olopatadine hcl*)	1	
PATADAY OPHTHALMIC SOLUTION 0.2 % (*olopatadine hcl*)	3	
PEPCID AC ORAL TABLET 10 MG (*famotidine*)	PV	
PEPCID ORAL TABLET 20 MG, 40 MG (*famotidine*)	PV	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3	
TAGAMET HB 200 ORAL TABLET 200 MG (*cimetidine*)	PV	
ZADITOR OPHTHALMIC SOLUTION 0.035 % (*ketotifen fumarate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (*promethazine hcl*)	PV	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	PV	
promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml	PV	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PV	
promethazine hcl rectal suppository 12.5 mg, 25 mg	PV	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	
promethazine-dm oral syrup 15-6.25 mg/5ml, 6.25-15 mg/5ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (*promethazine hcl*)	PV	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
allergy relief oral tablet 4 mg	1	
APRODINE ORAL TABLET 2.5-60 MG (*triprolidine-pseudoephedrine*)	3	
BRANTUSSIN DM ORAL LIQUID 7.5-2-15 MG/5ML	3	
chlorpheniramine maleate er oral tablet extended release 12 mg	1	
cold & allergy d max strength oral tablet 2.5-60 mg	1	
cold & cough childrens oral liquid 1-5-2.5 mg/5ml	1	
ft allergy relief oral tablet 4 mg	1	
goodsense allergy relief oral tablet 4 mg	1	
goodsense cough & cold hbp oral tablet 4-30 mg	1	
HISTEX PD ORAL LIQUID 1.25 MG/ML (*triprolidine hcl*)	3	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	
MICLARA LQ ORAL LIQUID 1.25 MG/5ML (*triprolidine hcl*)	3	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (*phenylephrine-chlorphen-dm*)	3	
PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML (*triprolidine hcl*)	3	
phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	3	
triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	3	
wal-tap cold/allergy oral elixir 1-15 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
westussin dm nf oral liquid 2-15-7.5 mg/5ml	1	
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
12 hour allergy-d oral tablet extended release 12 hour 5-120 mg	1	
12hr allergy relief oral tablet 60 mg	1	
24hr allergy relief oral tablet 180 mg	1	
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (*loratadine*)	3	
all day allergy d oral tablet extended release 12 hour 5-120 mg	1	
ALLEGRA ALLERGY ORAL TABLET 180 MG (*fexofenadine hcl*)	3	
ALLEGRA HIVES 24HR ORAL TABLET 180 MG (*fexofenadine hcl*)	3	
allergy (cetirizine) oral tablet 10 mg	1	
allergy 24hour indoor/outdoor oral tablet 10 mg	1	
allergy 24-hr oral tablet 180 mg	1	
allergy childrens oral solution 5 mg/5ml	1	
allergy childrens oral suspension 30 mg/5ml	1	
allergy rel child (loratadine) oral solution 5 mg/5ml	1	
allergy relief (cetirizine) oral tablet 10 mg	1	
allergy relief (loratadine) oral tablet 10 mg	1	
allergy relief cetirizine oral tablet 10 mg, 5 mg	1	
allergy relief d oral tablet extended release 24 hour 10-240 mg	1	
allergy relief d-12 oral tablet extended release 12 hour 5-120 mg	1	
allergy relief d12 oral tablet extended release 12 hour 60-120 mg	1	
allergy relief oral tablet 10 mg, 180 mg	1	
allergy relief/indoor/outdoor oral tablet 180 mg	1	
allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg	1	
allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg	1	
allergy relief-d oral tablet extended release 12 hour 5-120 mg	1	
allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	1	
allergy-d 12hr oral tablet extended release 12 hour 5-120 mg	1	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	1	
cetirizine hcl oral tablet 10 mg, 5 mg	1	
cetirizine hcl oral tablet chewable 10 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	1	
CHLOHUX EXTERNAL SHAMPOO 0.05-2 %	3	
CLARINEX ORAL TABLET 5 MG (*desloratadine*)	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (*desloratadine-pseudoephedrine*)	3	
CLARITIN CHILDRENS ORAL TABLET CHEWABLE 5 MG (*loratadine*)	3	
desloratadine oral tablet 5 mg	1	
desloratadine oral tablet dispersible 5 mg	1	
epinastine hcl ophthalmic solution 0.05 %	1	
fexofenadine hcl oral tablet 180 mg, 60 mg	1	
fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg	1	
fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg	1	
ft all day allergy 24 hour oral tablet 10 mg	1	
ft all day allergy oral tablet 10 mg	1	
ft all day allergy relief oral tablet 10 mg	1	
ft all day allergy-d oral tablet extended release 12 hour 5-120 mg	1	
ft allergy & congestion-d 12hr oral tablet extended release 12 hour 60-120 mg	1	
ft allergy childrens oral solution 5 mg/5ml	1	
ft allergy d-12 hour oral tablet extended release 12 hour 5-120 mg	1	
ft allergy relief 12 hour oral tablet 60 mg	1	
ft allergy relief 24 hour oral tablet 180 mg	1	
ft allergy relief cetirizine oral tablet 10 mg	1	
ft allergy relief childrens oral tablet chewable 5 mg	1	
ft allergy relief loratadine oral tablet 10 mg	1	
ft allergy relief oral tablet 10 mg, 180 mg	1	
ft allergy relief-d oral tablet extended release 24 hour 10-240 mg	1	
goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg	1	
goodsense aller-ease oral tablet 180 mg	1	
goodsense allergy relief child oral solution 5 mg/5ml	1	
ILEXOR EXTERNAL SHAMPOO 0.05-2 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KAZURI EXTERNAL GEL 5-1-0.05 %	3	
KYNARA EXTERNAL GEL 5-1-2 %	3	
LASTACAFT OPHTHALMIC SOLUTION 0.25 % (*alcaftadine*)	3	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	1	
levocetirizine dihydrochloride oral tablet 5 mg	1	
loratadine childrens oral solution 5 mg/5ml	1	
loratadine childrens oral tablet chewable 5 mg	1	
loratadine oral solution 5 mg/5ml	1	
loratadine oral tablet 10 mg	1	
loratadine oral tablet dispersible 10 mg	1	
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	1	
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	1	
mm allergy relief 24 hour oral tablet 180 mg	1	
QUIHOXAXIA EXTERNAL GEL 5-1-2 %	3	
QUIHOXVAR EXTERNAL GEL 5-1-0.05 %	3	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (*cetirizine hcl*)	3	
ZYRTEC ALLERGY ORAL TABLET 10 MG (*cetirizine hcl*)	3	
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG (*cetirizine hcl*)	3	
ZYRTEC ORAL TABLET CHEWABLE 10 MG (*cetirizine hcl*)	3	
ZYRTEC-D ALLERGY & SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (*cetirizine-pseudoephedrine*)	3	
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	
cefadroxil oral tablet 1 gm	1	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm	1	
cefazolin sodium-dextrose intravenous solution 2-4 gm/100ml-%	1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefaclor er oral tablet extended release 12 hour 500 mg	1	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (*cefotetan disodium*)	3	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1	
cefoxitin sodium intravenous solution reconstituted 10 gm	1	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefixime oral capsule 400 mg	1	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	
ceftazidime injection solution reconstituted 1 gm, 6 gm	1	
ceftazidime intravenous solution reconstituted 2 gm	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
tazicef injection solution reconstituted 1 gm	1	
tazicef intravenous solution reconstituted 1 gm, 2 gm, 6 gm	1	
4TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefepime hcl intravenous solution reconstituted 2 gm	1	
5TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 600 MG (*ceftaroline fosamil*)	3	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
amantadine hcl oral capsule 100 mg	PV	
amantadine hcl oral solution 50 mg/5ml	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amantadine hcl oral tablet 100 mg	PV	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*)	PV	DSL = 30 days
rimantadine hcl oral tablet 100 mg	PV	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
athletes foot (terbinafine) external cream 1 %	1	
ft athletes foot (terbinafine) external cream 1 %	1	
LAMISIL AT ATHLETES FOOT EXTERNAL CREAM 1 % (*terbinafine hcl*)	3	
LAMISIL AT JOCK ITCH EXTERNAL CREAM 1 % (*terbinafine hcl*)	3	
ONYCHO-MED EXTERNAL KIT 2-250 %-MG (*terbinafine & miconazole*)	3	
terbinafine hcl oral tablet 250 mg	1	
AMEBICIDES - Drugs for the Mouth and Throat		
BAXONIL EXTERNAL OINTMENT 1-2 %	3	
chlorhexidine gluconate external solution 4 %	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
DAZINIA EXTERNAL CREAM 1-2.5-2 %	3	
dyna-hex 4 external solution 4 %	3	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	3	
HIBICLENS EXTERNAL SOLUTION 4 % (*chlorhexidine gluconate*)	3	
HUMATIN ORAL CAPSULE 250 MG (*paromomycin sulfate*)	3	
hydrocortisone-iodoquinol external cream 1-1 %	1	
IDARAN EXTERNAL OINTMENT 1-2 %	3	
IODOQUIMEZ-HC EXTERNAL CREAM 1-1.9 %	3	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	3	
METROCREAM EXTERNAL CREAM 0.75 % (*metronidazole*)	3	
METROGEL EXTERNAL GEL 1 % (*metronidazole*)	3	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %, 1 %	1	
metronidazole external lotion 0.75 %	1	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 125 mg, 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORITATE EXTERNAL CREAM 1 % (*metronidazole*)	3	
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (*chlorhexidine gluconate*)	3	
periogard mouth/throat solution 0.12 %	1	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
VANDAZOLE VAGINAL GEL 0.75 % (*metronidazole*)	3	
VYTONE EXTERNAL CREAM 1-1.9 % (*iodoquinol-hydrocortisone-aloe*)	3	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
amikacin sulfate injection solution 500 mg/2ml	1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (*amikacin sulfate liposome*)	3	DSL = 30 days
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	3	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
HUMATIN ORAL CAPSULE 250 MG (*paromomycin sulfate*)	3	
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	3	
neomycin sulfate oral tablet 500 mg	1	
streptomycin sulfate intramuscular solution reconstituted 1 gm	1	
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	3	
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	3	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	2	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	3	
tobramycin inhalation nebulization solution 300 mg/4ml	3	
tobramycin nebulization solution 300 mg/5ml inhalation	1	
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	3	
tobramycin ophthalmic solution 0.3 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBRAMYCIN-VANCOMYCIN HCL OPHTHALMIC SOLUTION 1.5-5 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOBREX OPHTHALMIC OINTMENT 0.3 % (*tobramycin*)	2	
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML (*plazomicin sulfate*)	3	
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL TABLET 150 MG (*omadacycline tosylate*)	3	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (*sarecycline hcl*)	3	DSL = 30 days
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
ampicillin oral capsule 500 mg	1	
ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm	1	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML (*amoxicillin-pot clavulanate*)	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (*amoxicillin-pot clavulanate*)	3	
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	3	
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM (*ampicillin-sulbactam sodium*)	3	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (*amoxicillin-vonoprazan*)	3	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (*amoxicill-clarithro-vonoprazan*)	3	
ANTHELMINTICS - Drugs for Parasites		
albendazole oral tablet 200 mg	1	DSL = 30 days
BILTRICIDE ORAL TABLET 600 MG (*praziquantel*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EGATEN ORAL TABLET 250 MG (*triclabendazole*)	3	
EMVERM ORAL TABLET CHEWABLE 100 MG (*mebendazole*)	3	
ivermectin oral tablet 3 mg, 6 mg	1	
praziquantel oral tablet 600 mg	1	
STROMECTOL ORAL TABLET 3 MG (*ivermectin*)	3	
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
BREXAFEMME ORAL TABLET 150 MG (*ibrexafungerp citrate*)	3	
griseofulvin microsize oral suspension 125 mg/5ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
griseofulvin ultramicrosize oral tablet 165 mg	1	DSL = 30 days
iodine strong oral solution 5 %	1	
IOSAT ORAL TABLET 130 MG, 65 MG (*potassium iodide (antidote)*)	3	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	3	
ANTILEPROSY AGENTS - Antibiotics		
ACZONE EXTERNAL GEL 5 % (*dapsone*)	3	
ACZONE EXTERNAL GEL 7.5 % (*dapsone*)	3	
dapsone external gel 5 %	1	
dapsone external gel 7.5 %	3	
dapsone oral tablet 100 mg, 25 mg	1	
ANTIMALARIALS - Drugs for the Mouth and Throat		
AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*)	3	
ARAKODA ORAL TABLET 100 MG (*tafenoquine succinate*)	PV	
ARESTIN DENTAL 1 MG (*minocycline hcl*)	3	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	PV	
AVIDOXY ORAL TABLET 100 MG	3	
chloroquine phosphate oral tablet 250 mg, 500 mg	PV	
COARTEM ORAL TABLET 20-120 MG (*artemether-lumefantrine*)	PV	
DARAPRIM ORAL TABLET 25 MG (*pyrimethamine*)	PV	DSL = 30 days
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (*doxycycline hyclate*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
doxy 100 intravenous solution reconstituted 100 mg	1	
doxycycline hyclate intravenous solution reconstituted 100 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline oral capsule delayed release 40 mg	1	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	PV	
KRINTAFEL ORAL TABLET 150 MG (*tafenoquine succinate*)	PV	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (*atovaquone-proguanil hcl*)	PV	
mefloquine hcl oral tablet 250 mg	PV	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	
MONDOXYNE NL ORAL CAPSULE 100 MG (*doxycycline monohydrate*)	3	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*)	3	
PLAQUENIL ORAL TABLET 200 MG (*hydroxychloroquine sulfate*)	PV	
primaquine phosphate oral tablet 26.3 (15 base) mg	PV	
pyrimethamine oral tablet 25 mg	PV	DSL = 30 days
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE 12.5-2.5 MG, 25-10 MG, 25-5 MG, 50-10 MG, 50-20 MG, 50-25 MG, 75-25 MG	PV	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
quinine sulfate oral capsule 324 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOVUNA ORAL TABLET 200 MG, 300 MG (*hydroxychloroquine sulfate*)	PV	
TARGADOX ORAL TABLET 50 MG (*doxycycline hyclate*)	3	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	
ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*)	3	
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	1	
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS - Drugs for the Mouth and Throat		
nitazoxanide oral tablet 500 mg	1	
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
ACZONE EXTERNAL GEL 5 % (*dapsone*)	3	
ACZONE EXTERNAL GEL 7.5 % (*dapsone*)	3	
atovaquone oral suspension 750 mg/5ml	PV	
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	3	
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	3	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	
dapsone external gel 5 %	1	
dapsone external gel 7.5 %	3	
dapsone oral tablet 100 mg, 25 mg	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	3	
IMPAVIDO ORAL CAPSULE 50 MG (*miltefosine*)	3	DSL = 30 days
LAMPIT ORAL TABLET 120 MG, 30 MG (*nifurtimox*)	3	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	3	
MEPRON ORAL SUSPENSION 750 MG/5ML (*atovaquone*)	PV	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (*pentamidine isethionate*)	PV	
nitazoxanide oral tablet 500 mg	1	
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG (*pentamidine isethionate*)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pentamidine isethionate inhalation solution reconstituted 300 mg	PV	
pentamidine isethionate injection solution reconstituted 300 mg	PV	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	3	
SOLOSEC ORAL PACKET 2 GM (*secnidazole*)	3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
tinidazole oral tablet 250 mg, 500 mg	1	
ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE - Drugs for the Mouth and Throat		
tinidazole oral tablet 250 mg, 500 mg	1	
ANTIRETROVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (*lenacapavir sodium*)	3	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (*lenacapavir sodium*)	3	
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (*lenacapavir sodium*)	3	
ANTITUBERCULOSIS AGENTS - Antibiotics		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (*ciprofloxacin*)	2	
CIPRO ORAL TABLET 250 MG, 500 MG (*ciprofloxacin hcl*)	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
cycloserine oral capsule 250 mg	1	
ethambutol hcl oral tablet 100 mg, 400 mg	1	
isoniazid oral syrup 50 mg/5ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	1	
moxifloxacin hcl oral tablet 400 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	2	
pyrazinamide oral tablet 500 mg	1	
rifabutin oral capsule 150 mg	3	
rifampin oral capsule 150 mg, 300 mg	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (*rifampin*)	3	
SIRTURO ORAL TABLET 100 MG, 20 MG (*bedaquiline fumarate*)	3	DSL = 30 days
streptomycin sulfate intramuscular solution reconstituted 1 gm	1	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
foscarnet sodium intravenous solution 6000 mg/250ml	PV	
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML (*foscarnet sodium*)	PV	
LIVTENCITY ORAL TABLET 200 MG (*maribavir*)	PV	DSL = 30 days
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	PV	
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (*nirmatrelvir-ritonavir*)	2	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	PV	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML (*letermovir*)	PV	DSL = 30 days
PREVYMIS ORAL PACKET 120 MG, 20 MG (*letermovir*)	PV	
PREVYMIS ORAL TABLET 240 MG, 480 MG (*letermovir*)	PV	DSL = 30 days
TPOXX ORAL CAPSULE 200 MG (*tecovirimat*)	3	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (*baloxavir marboxil*)	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (*baloxavir marboxil*)	3	
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG (*isavuconazonium sulfate*)	3	DSL = 30 days
CRESEMBA ORAL CAPSULE 186 MG (*isavuconazonium sulfate*)	3	DSL = 30 days
CRESEMBA ORAL CAPSULE 74.5 MG (*isavuconazonium sulfate*)	3	DSL = 30 days
DELIBON EXTERNAL CREAM 2-2.5 %	3	
DENVITA EXTERNAL CREAM 2-4 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*fluconazole*)	3	
FERVINA EXTERNAL LOTION 3-5-20 %	3	
FIDILA EXTERNAL SHAMPOO 2-2 %	3	
FILOMA EXTERNAL SOLUTION 8-1-1 %	3	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
HIXDEFRIMA EXTERNAL SOLUTION 8-1-1 %	3	
itraconazole oral capsule 100 mg	1	
itraconazole oral solution 10 mg/ml	1	
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral tablet 200 mg	1	
ketodan external foam 2 %	1	
NOXAFIL ORAL PACKET 300 MG (*posaconazole*)	3	DSL = 30 days
NOXAFIL ORAL SUSPENSION 40 MG/ML (*posaconazole*)	3	DSL = 30 days
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PHEOXIA EXTERNAL CREAM 2-4 %	3	
PHEYO EXTERNAL CREAM 2.5-2 %	3	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (*ketoconazole-urea*)	3	
posaconazole oral suspension 40 mg/ml	1	DSL = 30 days
posaconazole oral tablet delayed release 100 mg	3	
SPORANOX ORAL CAPSULE 100 MG (*itraconazole*)	3	
TOLSURA ORAL CAPSULE 65 MG	3	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*voriconazole*)	PV	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (*oteseconazole*)	3	
voriconazole oral suspension reconstituted 40 mg/ml	PV	
voriconazole oral tablet 200 mg, 50 mg	PV	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (*ketoconazole-hydrocortisone*)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (*ketoconazole & pyrithione zinc*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (*ketoconazole & pyrithione zinc*)	3	
BACITRACIN ANTIBIOTICS - Antibiotics		
antibiotic external ointment 500 unit/gm	1	
bacitracin external ointment 500 unit/gm	1	
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin zinc external ointment 500 unit/gm	1	
bacitracin zinc-aloe external ointment 500 unit/gm	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
ft antibiotic external ointment 500 unit/gm	1	
ft double antibiotic external ointment 500-10000 unit/gm	1	
ft triple antibiotic + pain external ointment 1 %	1	
ft triple antibiotic external ointment 3.5-400-5000	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % (*bacitracin-polymyx-neo-hc*)	3	
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 % (*neomy-bacit-polymyx-pramoxine*)	3	
NEOSPORIN ORIGINAL EXTERNAL OINTMENT , 3.5-400-5000 (*neomycin-bacitracin-polymyxin*)	3	
poly bacitracin external ointment 500-10000 unit/gm	1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM (*bacitracin-polymyxin b*)	3	
POLYSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM (*bacitracin-polymyxin b*)	3	
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit	1	
triple antibiotic pain relief external ointment 1 %	1	
CARBAPENEM ANTIBIOTICS - Antibiotics		
ertapenem sodium injection solution reconstituted 1 gm	3	
imipenem-cilastatin intravenous solution reconstituted 250 mg	1	
meropenem intravenous solution reconstituted 500 mg	1	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML	3	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM (*imipenem-cilastatin-relebactam*)	3	DSL = 30 days
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM (*meropenem-vaborbactam*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CEPHAMYCIN ANTIBIOTICS - Antibiotics		
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (*cefotetan disodium*)	3	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1	
cefoxitin sodium intravenous solution reconstituted 10 gm	1	
CHLORAMPHENICOL ANTIBIOTICS - Antibiotics		
chloramphenicol sod succinate intravenous solution reconstituted 1 gm	1	
CORONAVIRUS (COVID-19) - Drugs for Viral Infections		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	PV	
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (*nirmatrelvir-ritonavir*)	2	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	PV	
CYCLIC LIPOPEPTIDE ANTIBIOTICS - Antibiotics		
daptomycin intravenous solution reconstituted 350 mg, 500 mg	1	
ECHINOCANDIN ANTIFUNGALS - Drugs for Fungus		
caspofungin acetate intravenous solution reconstituted 70 mg	3	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*anidulafungin*)	3	
micafungin sodium intravenous solution reconstituted 100 mg	3	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*micafungin sodium*)	3	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (*rezafungin acetate*)	3	
ENDONUCLEASE INHIBITORS - Drugs for Viral Infections		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (*baloxavir marboxil*)	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (*baloxavir marboxil*)	3	
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
E.E.S. 400 ORAL TABLET 400 MG (*erythromycin ethylsuccinate*)	3	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	3	
ery external pad 2 %	1	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (*erythromycin ethylsuccinate*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
erythromycin base oral capsule delayed release particles 250 mg	1	
erythromycin base oral tablet 250 mg, 500 mg	1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	1	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	1	
EXTENDED-SPECTRUM PENICILLINS - Antibiotics		
piperacillin sod-tazobactam so intravenous solution reconstituted 4.5 (4-0.5) gm	1	
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*)	3	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG (*vancomycin hcl*)	3	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%	1	
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	1	
vancomycin hcl oral capsule 125 mg, 250 mg	3	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	1	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML (*vancomycin hcl*)	3	
GLYCYLCYCLINE ANTIBIOTICS - Antibiotics		
tigecycline intravenous solution reconstituted 50 mg	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (*tigecycline*)	3	
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (*sofosbuvir-velpatasvir*)	3	DSL = 30 days
EPCLUSA ORAL TABLET 200-50 MG (*sofosbuvir-velpatasvir*)	2	DSL = 30 days
EPCLUSA ORAL TABLET 400-100 MG (*sofosbuvir-velpatasvir*)	2	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (*ledipasvir-sofosbuvir*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (*ledipasvir-sofosbuvir*)	3	DSL = 30 days
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	DSL = 30 days
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	
SOVALDI ORAL PACKET 150 MG, 200 MG (*sofosbuvir*)	3	DSL = 30 days
SOVALDI ORAL TABLET 200 MG, 400 MG (*sofosbuvir*)	3	DSL = 30 days
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	3	DSL = 30 days
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	3	DSL = 30 days
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	3	DSL = 30 days
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	3	DSL = 30 days
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	3	DSL = 30 days
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (*sofosbuvir-velpatasvir*)	3	DSL = 30 days
EPCLUSA ORAL TABLET 200-50 MG (*sofosbuvir-velpatasvir*)	2	DSL = 30 days
EPCLUSA ORAL TABLET 400-100 MG (*sofosbuvir-velpatasvir*)	2	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (*ledipasvir-sofosbuvir*)	3	DSL = 30 days
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (*ledipasvir-sofosbuvir*)	3	DSL = 30 days
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	DSL = 30 days
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	3	DSL = 30 days
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	3	DSL = 30 days
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	3	DSL = 30 days
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	3	DSL = 30 days
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET 300 MG (*lenacapavir sodium*)	3	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (*lenacapavir sodium*)	3	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (*lenacapavir sodium*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YEZTUGO ORAL TABLET 300 MG (*lenacapavir sodium*)	3	
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (*lenacapavir sodium*)	3	
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (*enfuvirtide*)	3	DSL = 30 days
maraviroc oral tablet 150 mg, 300 mg	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (*fostemsavir tromethamine*)	3	
SELZENTRY ORAL SOLUTION 20 MG/ML (*maraviroc*)	3	
SELZENTRY ORAL TABLET 150 MG, 300 MG (*maraviroc*)	2	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML (*ibalizumab-uiyk*)	3	
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (*cabotegravir*)	PV	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	2	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML (*cabotegravir & rilpivirine*)	3	
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	2	
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	2	
ISENTRESS HD ORAL TABLET 600 MG (*raltegravir potassium*)	2	
ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*)	3	
ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*)	2	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*)	2	
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	2	
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	2	
TIVICAY ORAL TABLET 50 MG (*dolutegravir sodium*)	3	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (*dolutegravir sodium*)	2	
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VOCABRIA ORAL TABLET 30 MG (*cabotegravir sodium*)	3	
HIV NONNUCLEOSIDE REV.TRANSCRIP. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	2	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML (*cabotegravir & rilpivirine*)	3	
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	3	
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	3	
EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*)	2	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG (*rilpivirine hcl*)	3	
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	1	
etravirine oral tablet 100 mg, 200 mg	1	
INTELENCE ORAL TABLET 100 MG, 200 MG (*etravirine*)	3	
INTELENCE ORAL TABLET 25 MG (*etravirine*)	2	
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	2	
methocarbamol oral tablet 500 mg	1	
nevirapine er oral tablet extended release 24 hour 400 mg	1	
nevirapine oral suspension 50 mg/5ml	1	
nevirapine oral tablet 200 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	2	
PIFELTRO ORAL TABLET 100 MG (*doravirine*)	3	
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	2	
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
abacavir sulfate oral solution 20 mg/ml	1	
abacavir sulfate oral tablet 300 mg	1	
abacavir sulfate-lamivudine oral tablet 600-300 mg	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CIMDUO ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	2	
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	3	
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	3	
DESCOVY ORAL TABLET 120-15 MG (*emtricitabine-tenofovir af*)	2	
DESCOVY ORAL TABLET 200-25 MG (*emtricitabine-tenofovir af*)	PV	
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	2	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	
emtricitabine oral capsule 200 mg	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	1	
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	1	
EMTRIVA ORAL CAPSULE 200 MG (*emtricitabine*)	2	
EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*)	2	
EPIVIR ORAL SOLUTION 10 MG/ML (*lamivudine*)	3	
EPIVIR ORAL TABLET 150 MG, 300 MG (*lamivudine*)	3	
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	2	
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	2	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (*zidovudine*)	2	
RETROVIR ORAL CAPSULE 100 MG (*zidovudine*)	3	
RETROVIR ORAL SYRUP 50 MG/5ML (*zidovudine*)	3	
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	2	
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	2	
tenofovir disoproxil fumarate oral tablet 300 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (*emtricitabine-tenofovir df*)	2	
TRUVADA ORAL TABLET 200-300 MG (*emtricitabine-tenofovir df*)	PV	
VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*)	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (*tenofovir disoproxil fumarate*)	3	
VIREAD ORAL TABLET 300 MG (*tenofovir disoproxil fumarate*)	3	
ZIAGEN ORAL SOLUTION 20 MG/ML (*abacavir sulfate*)	2	
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 50 mg/5ml	1	
zidovudine oral tablet 300 mg	1	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (*tipranavir*)	2	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	1	
darunavir oral tablet 600 mg, 800 mg	1	
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	2	
fosamprenavir calcium oral tablet 700 mg	1	
KALETRA ORAL SOLUTION 400-100 MG/5ML (*lopinavir-ritonavir*)	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (*lopinavir-ritonavir*)	3	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	
NORVIR ORAL PACKET 100 MG (*ritonavir*)	3	
NORVIR ORAL TABLET 100 MG (*ritonavir*)	3	
PREZCOBIX ORAL TABLET 675-150 MG (*darunavir-cobicistat*)	3	
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (*darunavir*)	3	
PREZISTA ORAL TABLET 150 MG, 600 MG (*darunavir*)	3	
PREZISTA ORAL TABLET 75 MG (*darunavir*)	2	
PREZISTA ORAL TABLET 800 MG (*darunavir*)	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (*atazanavir sulfate*)	3	
REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ritonavir oral tablet 100 mg	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG (*nelfinavir mesylate*)	2	
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	3	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	3	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	3	DSL = 30 days
LINCOMYCIN ANTIBIOTICS - Antibiotics		
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	3	
APORIX EXTERNAL GEL 1-4 %	3	
APORIX EXTERNAL LOTION 1-4 %	3	
AVIDORA EXTERNAL CREAM 1-4-0.025 %	3	
AVIDORA EXTERNAL SOLUTION 1-4-0.025 %	3	
AVIDORA HP EXTERNAL CREAM 1-4-0.05 %	3	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (*clindamycin hcl*)	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (*clindamycin palmitate hcl*)	2	
CLEOCIN VAGINAL CREAM 2 % (*clindamycin phosphate*)	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (*clindamycin phosphate*)	3	
CLEOCIN-T EXTERNAL LOTION 1 % (*clindamycin phosphate*)	3	
clindacin etz external swab 1 %	1	
clindacin external foam 1 %	1	
clindacin-p external swab 1 %	1	
CLINDAGEL EXTERNAL GEL 1 % (*clindamycin phosphate*)	3	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
clindamycin phos (once-daily) external gel 1 %	1	
clindamycin phos (twice-daily) external gel 1 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
clindamycin phosphate external foam 1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clindamycin phosphate external lotion 1 %	1	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
clindamycin phosphate vaginal cream 2 %	1	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CLINDESSE VAGINAL CREAM 2 % (*clindamycin phosphate (1 dose)*)	3	
DEOXIA EXTERNAL GEL 1-4 %	3	
DEOXIA EXTERNAL LOTION 1-4 %	3	
DEOXIATAR EXTERNAL SOLUTION 1-4-0.025 %	3	
DEOXIAVAR EXTERNAL CREAM 1-4-0.05 %	3	
LINCOCIN INJECTION SOLUTION 300 MG/ML (*lincomycin hcl*)	3	
lincomycin hcl injection solution 300 mg/ml	1	
neuac external gel 1.2-5 %	1	
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	3	
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
XACIATO VAGINAL GEL 2 % (*clindamycin phosphate*)	3	
ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	3	
MONOBACTAM ANTIBIOTICS - Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*)	3	DSL = 30 days
EMBLAVEO INTRAVENOUS SOLUTION RECONSTITUTED 1.5-0.5 GM (*aztreonam-avibactam sodium*)	3	DSL = 30 days
MONOCLONAL ANTIBODIES (08:18) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*nirsevimab-alip*)	2	
ENFLONSIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0.7ML (*clesrovimab-cfor*)	3	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	3	DSL = 30 days
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (*palivizumab*)	3	
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML (*penicillin g benzathine*)	2	
penicillin g potassium injection solution reconstituted 5000000 unit	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
penicillin g sodium injection solution reconstituted 5000000 unit	1	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 5000000 UNIT (*penicillin g potassium*)	3	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	PV	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	PV	
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML (*peramivir*)	PV	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (*zanamivir*)	PV	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (*oseltamivir phosphate*)	PV	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (*oseltamivir phosphate*)	PV	
NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL - Drugs for the Mouth and Throat		
IMPAVIDO ORAL CAPSULE 50 MG (*miltefosine*)	3	DSL = 30 days
NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL - Drugs for the Mouth and Throat		
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
NITROIMIDAZOLE DERIVATIVES, MISC - Drugs for the Mouth and Throat		
BAXONIL EXTERNAL OINTMENT 1-2 %	3	
IDARAN EXTERNAL OINTMENT 1-2 %	3	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	3	
METROCREAM EXTERNAL CREAM 0.75 % (*metronidazole*)	3	
METROGEL EXTERNAL GEL 1 % (*metronidazole*)	3	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %, 1 %	1	
metronidazole external lotion 0.75 %	1	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 125 mg, 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	1	
NORITATE EXTERNAL CREAM 1 % (*metronidazole*)	3	
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VANDAZOLE VAGINAL GEL 0.75 % (*metronidazole*)	3	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
acyclovir external cream 5 %	1	
acyclovir external ointment 5 %	1	
acyclovir oral capsule 200 mg	PV	
acyclovir oral suspension 200 mg/5ml	PV	
acyclovir oral tablet 400 mg, 800 mg	PV	
adefovir dipivoxil oral tablet 10 mg	3	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (*entecavir*)	3	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (*entecavir*)	3	
cidofovir intravenous solution 75 mg/ml	PV	
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	3	
DESCOVY ORAL TABLET 120-15 MG (*emtricitabine-tenofovir af*)	2	
DESCOVY ORAL TABLET 200-25 MG (*emtricitabine-tenofovir af*)	PV	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	1	
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	1	
entecavir oral tablet 0.5 mg, 1 mg	3	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	PV	
LAGEVRIO ORAL CAPSULE 200 MG (*molnupiravir*)	PV	
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	2	
ribavirin inhalation solution reconstituted 6 gm	3	
ribavirin oral capsule 200 mg	1	
ribavirin oral tablet 200 mg	1	
SITAVIG BUCCAL TABLET 50 MG (*acyclovir*)	PV	
TEMBEXA ORAL SUSPENSION 10 MG/ML (*brincidofovir*)	3	
TEMBEXA ORAL TABLET 100 MG (*brincidofovir*)	3	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (*emtricitabine-tenofovir df*)	2	
TRUVADA ORAL TABLET 200-300 MG (*emtricitabine-tenofovir df*)	PV	
valacyclovir hcl oral tablet 1 gm, 500 mg	PV	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (*valganciclovir hcl*)	PV	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VALCYTE ORAL TABLET 450 MG (*valganciclovir hcl*)	PV	DSL = 30 days
valganciclovir hcl oral solution reconstituted 50 mg/ml	PV	DSL = 30 days
valganciclovir hcl oral tablet 450 mg	PV	DSL = 30 days
VALTREX ORAL TABLET 1 GM, 500 MG (*valacyclovir hcl*)	PV	
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*remdesivir*)	3	DSL = 30 days
VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*)	3	DSL = 30 days
XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*)	3	
ZIRGAN OPHTHALMIC GEL 0.15 % (*ganciclovir*)	3	
ZOVIRAX EXTERNAL CREAM 5 % (*acyclovir*)	3	
ZOVIRAX EXTERNAL OINTMENT 5 % (*acyclovir*)	3	
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*fidaxomicin*)	3	DSL = 30 days
DIFICID ORAL TABLET 200 MG (*fidaxomicin*)	3	DSL = 30 days
fidaxomicin oral tablet 200 mg	1	DSL = 30 days
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	3	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (*amoxicill-clarithro-vonoprazan*)	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (*azithromycin*)	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (*azithromycin*)	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (*azithromycin*)	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (*azithromycin*)	3	
OTHER MACROLIDES (8:12.12.92) - Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*fidaxomicin*)	3	DSL = 30 days
DIFICID ORAL TABLET 200 MG (*fidaxomicin*)	3	DSL = 30 days
fidaxomicin oral tablet 200 mg	1	DSL = 30 days
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	3	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (*amoxicill-clarithro-vonoprazan*)	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (*azithromycin*)	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (*azithromycin*)	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (*azithromycin*)	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (*azithromycin*)	3	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	3	
linezolid intravenous solution 600 mg/300ml	3	
linezolid oral suspension reconstituted 100 mg/5ml	1	
linezolid oral tablet 600 mg	3	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (*tedizolid phosphate*)	3	
SIVEXTRO ORAL TABLET 200 MG (*tedizolid phosphate*)	3	
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML (*linezolid*)	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*linezolid*)	3	
ZYVOX ORAL TABLET 600 MG (*linezolid*)	3	
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
nafcillin sodium injection solution reconstituted 1 gm	1	
nafcillin sodium intravenous solution reconstituted 10 gm	1	
oxacillin sodium injection solution reconstituted 1 gm	1	
oxacillin sodium intravenous solution reconstituted 10 gm	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POLYENE ANTIFUNGALS - Drugs for Fungus		
amphotericin b intravenous solution reconstituted 50 mg	1	
klayesta external powder 100000 unit/gm	1	
nyamyc external powder 100000 unit/gm	1	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral tablet 500000 unit	1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
nystop external powder 100000 unit/gm	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
colistimethate sodium (cba) injection solution reconstituted 150 mg	1	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (*colistimethate sodium*)	3	
polymyxin b sulfate injection solution reconstituted 500000 unit	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (*flucytosine*)	3	
flucytosine oral capsule 250 mg, 500 mg	3	
QUINOLONE ANTIBIOTICS - Antibiotics		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*delafloxacin meglumine*)	3	
BAXDELA ORAL TABLET 450 MG (*delafloxacin meglumine*)	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (*ciprofloxacin*)	2	
CIPRO ORAL TABLET 250 MG, 500 MG (*ciprofloxacin hcl*)	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
levofloxacin ophthalmic solution 0.5 %, 1.5 %	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	1	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	1	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
moxifloxacin hcl oral tablet 400 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MOXIFLOXACIN-BROMFENAC OPHTHALMIC SOLUTION 0.5-0.075 %	3	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (*ofloxacin*)	3	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
ofloxacin otic solution 0.3 %	1	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (*moxifloxacin hcl*)	3	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	2	
rifabutin oral capsule 150 mg	3	
rifampin oral capsule 150 mg, 300 mg	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (*rifampin*)	3	
XIFAXAN ORAL TABLET 200 MG (*rifaximin*)	3	DSL = 30 days
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	2	DSL = 30 days
SIDEROPHORE CEPHALOSPORINS - Antibiotics		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (*cefiderocol sulfate tosylate*)	3	DSL = 30 days
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	3	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	3	
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	3	
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	3	
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*)	3	
ARESTIN DENTAL 1 MG (*minocycline hcl*)	3	
AVIDOXY DK COMBINATION KIT 100 MG (*doxycycline-suncreen-sal acid*)	3	
AVIDOXY ORAL TABLET 100 MG	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENZODOX COMBINATION THERAPY PACK 30 X 100 MG & 4.4%, 60 X 100 MG & 4.4% (*doxycycline-benzoyl peroxide*)	3	
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	
demeclocycline hcl oral tablet 150 mg, 300 mg	1	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (*doxycycline hyclate*)	3	
doxy 100 intravenous solution reconstituted 100 mg	1	
doxycycline hyclate intravenous solution reconstituted 100 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline oral capsule delayed release 40 mg	1	
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (*minocycline hcl micronized*)	3	DSL = 30 days
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	
MONDOXYNE NL ORAL CAPSULE 100 MG (*doxycycline monohydrate*)	3	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*)	3	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	3	
TARGADOX ORAL TABLET 50 MG (*doxycycline hyclate*)	3	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	
ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIAZAACENAPHTHYLENES - Antibiotics		
BLUJEPA ORAL TABLET 750 MG (*gepotidacin mesylate*)	3	
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	3	
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	3	
fosfomycin tromethamine oral packet 3 gm	1	
HIPREX ORAL TABLET 1 GM (*methenamine hippurate*)	3	
MACROBID ORAL CAPSULE 100 MG (*nitrofurantoin monohyd macro*)	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (*nitrofurantoin macrocrystal*)	3	
MB CAPS ORAL CAPSULE 120 MG	3	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
methenamine hippurate oral tablet 1 gm	1	
methenamine mandelate oral tablet 0.5 gm, 1 gm	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	3	DSL = 30 days
ORLYNVAH ORAL TABLET 500-500 MG (*sulopenem etzadrox-probenecid*)	3	DSL = 30 days
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
trimethoprim oral tablet 100 mg	1	
URELLE ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
uretron d/s oral tablet 81.6 mg	1	
URIBEL ORAL TABLET 81.6 MG (*meth-hyo-m bl-benz acd-ph sal*)	3	
URIMAR-T ORAL CAPSULE 120 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
URNEVA ORAL CAPSULE 120 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG (*methen-hyosc-meth blue-na phos*)	3	
URO-MP ORAL CAPSULE 118 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VILAMIT MB ORAL CAPSULE 118 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
VILEVEV MB ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ABECMA INTRAVENOUS SUSPENSION 460000000 CELLS (*idecabtagene vicleucel*)	3	
abiraterone acetate oral tablet 250 mg	3	OC
abiraterone acetate oral tablet 500 mg	3	OC
abirtega oral tablet 250 mg	3	OC
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (*paclitaxel protein-bound part*)	3	
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (*brentuximab vedotin*)	2	
adriamycin intravenous solution reconstituted 50 mg	1	
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML (*nadofaragene firadenovec-vncg*)	3	DSL = 30 days
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (*everolimus*)	3	DSL = 30 days; OC
AFINITOR ORAL TABLET 10 MG (*everolimus*)	3	DSL = 30 days; OC
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (*everolimus*)	3	OC
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (*niraparib-abiraterone acetate*)	3	DSL = 30 days
ALECENSA ORAL CAPSULE 150 MG (*alectinib hcl*)	3	DSL = 30 days; OC
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*pemetrexed disodium*)	3	DSL = 30 days
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*pemetrexed disodium*)	3	DSL = 30 days
ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*)	2	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (*brigatinib*)	3	DSL = 30 days; OC
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (*brigatinib*)	3	DSL = 30 days; OC
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab-maly*)	3	DSL = 30 days
anastrozole oral tablet 1 mg	PV	OC
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML (*nogapendekin alfa inbakic-pmln*)	3	
ARIMIDEX ORAL TABLET 1 MG (*anastrozole*)	PV	OC
AROMASIN ORAL TABLET 25 MG (*exemestane*)	PV	OC

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARRANON INTRAVENOUS SOLUTION 5 MG/ML (*nelarabine*)	3	
arsenic trioxide intravenous solution 10 mg/10ml	3	
arsenic trioxide intravenous solution 12 mg/6ml	3	DSL = 30 days
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML (*ofatumumab*)	3	DSL = 30 days
ARZERRA INTRAVENOUS CONCENTRATE 1000 MG/50ML (*ofatumumab*)	3	DSL = 30 days
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (*calaspargase pegol-mknl*)	3	DSL = 30 days
ATRALIN EXTERNAL GEL 0.05 % (*tretinoin*)	3	
AUCATZYL INTRAVENOUS SUSPENSION 410000000 CELLS (*obecabtagene autoleucel*)	3	
AUGTYRO ORAL CAPSULE 160 MG (*repotrectinib*)	3	DSL = 30 days
AUGTYRO ORAL CAPSULE 40 MG (*repotrectinib*)	3	DSL = 30 days
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab*)	3	
AVGEMSI INTRAVENOUS SOLUTION 1 GM/26.3ML, 2 GM/52.6ML (*gemcitabine hcl*)	3	
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG (*avutometinib-defactinib*)	3	DSL = 30 days
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG (*pemetrexed dipotassium*)	3	DSL = 30 days
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (*avapritinib*)	3	DSL = 30 days
azacitidine injection suspension reconstituted 100 mg	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (*erdafitinib*)	3	DSL = 30 days
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML (*avelumab*)	3	DSL = 30 days
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*belinostat*)	3	DSL = 30 days
BELRAPZO INTRAVENOUS SOLUTION 100 MG/4ML (*bendamustine hcl*)	3	DSL = 30 days
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	3	DSL = 30 days
bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg	1	
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML (*bendamustine hcl*)	3	DSL = 30 days
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG (*inotuzumab ozogamicin*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	3	DSL = 30 days
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2.75 MG/0.11ML	3	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 2.25 MG/0.09ML	3	
bexarotene external gel 1 %	1	
bexarotene oral capsule 75 mg	3	OC
bicalutamide oral tablet 50 mg	3	OC
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK 375 MG/18.75ML (*zenocutuzumab-zbco*)	3	DSL = 30 days
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit	1	
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG (*blinatumomab*)	3	DSL = 30 days
bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg	1	
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML (*bortezomib*)	3	
BOSULIF ORAL CAPSULE 100 MG, 50 MG (*bosutinib*)	3	DSL = 30 days
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (*bosutinib*)	3	DSL = 30 days; OC
BRAFTOVI ORAL CAPSULE 75 MG (*encorafenib*)	3	DSL = 30 days
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML (*lisocabtagene maraleucel*)	3	
BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*)	3	DSL = 30 days
BRUKINSA ORAL TABLET 160 MG (*zanubrutinib*)	3	DSL = 30 days
busulfan intravenous solution 6 mg/ml	3	
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML (*busulfan*)	3	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (*cabozantinib s-malate*)	3	DSL = 30 days; OC
CALQUENCE ORAL TABLET 100 MG (*acalabrutinib maleate*)	3	DSL = 30 days
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG (*leuprolide mesylate (6 month)*)	3	
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 40 MG/2ML (*irinotecan hcl*)	2	
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15ML (*irinotecan hcl*)	3	
capecitabine oral tablet 150 mg, 500 mg	3	DSL = 30 days; OC
CAPRELSA ORAL TABLET 100 MG, 300 MG (*vandetanib*)	3	OC
carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	1	
carmustine intravenous solution reconstituted 100 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS (*ciltacabtagene autoleucel*)	3	
CASODEX ORAL TABLET 50 MG (*bicalutamide*)	3	OC
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml	1	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	3	
cisplatin solution 50 mg/50ml intravenous	1	
CISPLATIN SOLUTION 50 MG/50ML INTRAVENOUS	3	
cladribine intravenous solution 10 mg/10ml	1	
clofarabine intravenous solution 1 mg/ml	1	
COLUMVI INTRAVENOUS SOLUTION 10 MG/10ML, 2.5 MG/2.5ML (*glofitamab-gxbm*)	3	DSL = 30 days
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG (*cabozantinib s-malate*)	3	DSL = 30 days; OC
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (*duvelisib*)	3	DSL = 30 days
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	3	DSL = 30 days; OC
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	1	DSL = 30 days
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/2ML, 1000 MG/10ML, 2 GM/4ML, 2000 MG/20ML, 500 MG/5ML	3	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	3	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/ML	3	DSL = 30 days
cyclophosphamide oral capsule 25 mg, 50 mg	3	OC
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	OC
CYCLOPHOSPHAMIDE SOLUTION 2 GM/10ML INTRAVENOUS	3	DSL = 30 days
CYCLOPHOSPHAMIDE SOLUTION 2 GM/10ML INTRAVENOUS	3	DSL = 30 days
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*ramucirumab*)	3	DSL = 30 days
cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml	1	
cytarabine injection solution 20 mg/ml	1	
dacarbazine intravenous solution reconstituted 100 mg, 200 mg	1	
dactinomycin intravenous solution reconstituted 0.5 mg	3	
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML (*naxitamab-gqgk*)	3	DSL = 30 days
DANZITEN ORAL TABLET 71 MG, 95 MG (*nilotinib tartrate*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML (*daratumumab-hyaluronidase-fihj*)	3	DSL = 30 days
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (*daratumumab*)	3	DSL = 30 days
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 70 mg, 80 mg	1	DSL = 30 days; OC
dasatinib oral tablet 50 mg	1	OC
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*datopotamab deruxtecan-dlnk*)	3	DSL = 30 days
daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml	1	
DAURISMO ORAL TABLET 100 MG, 25 MG (*glasdegib maleate*)	3	
decitabine intravenous solution reconstituted 50 mg	3	
docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml	1	
docetaxel intravenous concentrate 80 mg/4ml	3	
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	3	DSL = 30 days
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML (*docetaxel*)	3	DSL = 30 days
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML (*doxorubicin hcl liposomal*)	3	
doxorubicin hcl intravenous solution 2 mg/ml	1	
doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg	1	
doxorubicin hcl liposomal intravenous suspension 2 mg/ml	1	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (*hydroxyurea*)	3	
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML (*mirvetuximab soravtansine-gynx*)	3	DSL = 30 days
ELIGARD SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	2	
ELIGARD SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	2	
ELIGARD SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	2	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*)	2	
ELLENCE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML (*epirubicin hcl*)	3	
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML, 76 MG/1.9ML (*elranatamab-bcmm*)	3	DSL = 30 days
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML (*tagraxofusp-erzs*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG (*elotuzumab*)	3	DSL = 30 days
EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 20 MG (*telisotuzumab vedotin-tllv*)	3	DSL = 30 days
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*fam-trastuzumab deruxtec-nxki*)	2	DSL = 30 days
ENSACOVE ORAL CAPSULE 100 MG, 25 MG (*ensartinib hcl*)	3	DSL = 30 days
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML (*epcoritamab-bysp*)	3	DSL = 30 days
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML (*cetuximab*)	3	
eribulin mesylate intravenous solution 1 mg/2ml	1	DSL = 30 days
ERIVEDGE ORAL CAPSULE 150 MG (*vismodegib*)	3	DSL = 30 days; OC
ERLEADA ORAL TABLET 240 MG (*apalutamide*)	3	DSL = 30 days
ERLEADA ORAL TABLET 60 MG (*apalutamide*)	3	DSL = 30 days; OC
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	3	DSL = 30 days; OC
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*etoposide phosphate*)	3	
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1	
etoposide oral capsule 50 mg	3	OC
EULEXIN ORAL CAPSULE 125 MG (*flutamide*)	3	DSL = 30 days; OC
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	OC
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	1	DSL = 30 days; OC
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (*melphalan hcl*)	3	DSL = 30 days
exemestane oral tablet 25 mg	PV	OC
FARESTON ORAL TABLET 60 MG (*toremifene citrate*)	PV	OC
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (*fulvestrant*)	3	DSL = 30 days
FEMARA ORAL TABLET 2.5 MG (*letrozole*)	PV	OC
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	3	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	3	
floxuridine injection solution reconstituted 0.5 gm	1	
fludarabine phosphate intravenous solution 50 mg/2ml	1	
fludarabine phosphate intravenous solution reconstituted 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML (*pralatrexate*)	3	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (*tivozanib hcl*)	3	DSL = 30 days
FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML (*cyclophosphamide*)	3	
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML (*cyclophosphamide*)	3	DSL = 30 days
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (*fruquintinib*)	3	DSL = 30 days
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	3	DSL = 30 days
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (*sirolimus protein-bound part*)	3	DSL = 30 days
GAVRETO ORAL CAPSULE 100 MG (*pralsetinib*)	3	DSL = 30 days
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML (*obinutuzumab*)	3	DSL = 30 days
gefitinib oral tablet 250 mg	1	DSL = 30 days; OC
gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml	1	
gemcitabine hcl intravenous solution reconstituted 1 gm	3	
gemcitabine hcl intravenous solution reconstituted 2 gm, 200 mg	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (*afatinib dimaleate*)	3	DSL = 30 days; OC
GLEEVEC ORAL TABLET 100 MG (*imatinib mesylate*)	3	DSL = 30 days; OC
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (*lomustine*)	3	OC
GOMEKLI ORAL CAPSULE 1 MG, 2 MG (*mirdametinib*)	3	DSL = 30 days
GOMEKLI ORAL TABLET SOLUBLE 1 MG (*mirdametinib*)	3	DSL = 30 days
GRAFAPEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 5 GM (*treosulfan*)	3	DSL = 30 days
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML (*eribulin mesylate*)	3	DSL = 30 days
HEPZATO W/50MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG (*melphalan hcl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEPZATO W/62MM CATHETER INTRA-ARTERIAL SOLUTION RECONSTITUTED 50 MG (*melphalan hcl*)	3	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML (*trastuzumab-hyaluronidase-oysk*)	3	
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (*trastuzumab*)	3	DSL = 30 days
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (*trastuzumab-strf*)	3	DSL = 30 days
HERNEXEOS ORAL TABLET 60 MG (*zongertinib*)	3	DSL = 30 days
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (*trastuzumab-pkrb*)	3	DSL = 30 days
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (*topotecan hcl*)	3	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (*topotecan hcl*)	3	DSL = 30 days; OC
HYDREA ORAL CAPSULE 500 MG (*hydroxyurea*)	3	OC
hydroxyurea oral capsule 500 mg	3	OC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (*palbociclib*)	3	DSL = 30 days; OC
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (*palbociclib*)	3	DSL = 30 days
IBTROZI ORAL CAPSULE 200 MG (*taletrectinib adipate*)	3	
ICLUSIG ORAL TABLET 10 MG, 30 MG (*ponatinib hcl*)	3	
ICLUSIG ORAL TABLET 15 MG, 45 MG (*ponatinib hcl*)	3	DSL = 30 days; OC
IDAMYCIN PFS INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML (*idarubicin hcl*)	2	
idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml	1	
IDHIFA ORAL TABLET 100 MG, 50 MG (*enasidenib mesylate*)	3	DSL = 30 days; OC
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 3 GM (*ifosfamide*)	3	
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml	1	
ifosfamide intravenous solution reconstituted 1 gm, 3 gm	1	
imatinib mesylate oral tablet 100 mg, 400 mg	3	OC
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (*ibrutinib*)	3	DSL = 30 days; OC
IMBRUVICA ORAL SUSPENSION 70 MG/ML (*ibrutinib*)	3	DSL = 30 days
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (*ibrutinib*)	3	DSL = 30 days; OC
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG (*tarlatamab-dlle*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML (*durvalumab*)	3	DSL = 30 days
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML (*tremelimumab-actl*)	3	DSL = 30 days
IMKELDI ORAL SOLUTION 80 MG/ML	3	DSL = 30 days
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML (*talimogene laherparepvec*)	3	
INLEXZO INTRAVESICAL DEVICE 225 MG (*gemcitabine hcl*)	3	
INLURIYO ORAL TABLET 200 MG (*imlunestrant tosylate*)	3	
INLYTA ORAL TABLET 1 MG, 5 MG (*axitinib*)	3	DSL = 30 days; OC
INQOVI ORAL TABLET 35-100 MG (*decitabine-cedazuridine*)	3	DSL = 30 days
INREBIC ORAL CAPSULE 100 MG (*fedratinib hcl*)	3	DSL = 30 days
IRESSA ORAL TABLET 250 MG (*gefitinib*)	3	DSL = 30 days; OC
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml	1	
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (*romidepsin*)	3	
ITOVEBI ORAL TABLET 3 MG, 9 MG (*inavolisib*)	3	
IVRA INTRAVENOUS SOLUTION 90 MG/ML	3	DSL = 30 days
IWILFIN ORAL TABLET 192 MG (*eflornithine hcl*)	PV	DSL = 30 days
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG (*ixabepilone*)	3	DSL = 30 days
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	3	DSL = 30 days; OC
JAYPIRCA ORAL TABLET 100 MG, 50 MG (*pirtobrutinib*)	3	DSL = 30 days
JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG (*mitomycin*)	3	DSL = 30 days
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML (*dostarlimab-gxly*)	3	
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML (*cabazitaxel*)	3	
JOBEVNE INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab-nwgd*)	3	DSL = 30 days
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	3	
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG (*ado-trastuzumab emtansine*)	3	DSL = 30 days
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (*trastuzumab-anns*)	3	DSL = 30 days
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 420 MG (*trastuzumab-anns*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KEFUNOVA EXTERNAL CREAM 5-0.005 % (*fluorouracil-calcipotriene*)	3	
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML (*pembrolizumab*)	3	DSL = 30 days
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML (*tebentafusp-tebn*)	3	DSL = 30 days
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	3	DSL = 30 days; OC
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	3	DSL = 30 days; OC
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	3	DSL = 30 days; OC
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (*selumetinib sulfate*)	3	DSL = 30 days
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG, 7.5 MG (*selumetinib sulfate*)	3	
KRAZATI ORAL TABLET 200 MG (*adagrasib*)	3	DSL = 30 days
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG (*carfilzomib*)	3	DSL = 30 days
KYXATA INTRAVENOUS SOLUTION 500 MG/50ML, 80 MG/8ML (*carboplatin*)	3	DSL = 30 days
lapatinib ditosylate oral tablet 250 mg	3	DSL = 30 days; OC
LAZCLUZE ORAL TABLET 240 MG, 80 MG (*lazertinib mesylate*)	2	DSL = 30 days
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	1	DSL = 30 days; OC
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG (*lenvatinib mesylate*)	3	DSL = 30 days; OC
LENVIMA ORAL CAPSULE THERAPY PACK 3 X 4 MG, 4 MG (*lenvatinib mesylate*)	3	DSL = 30 days
letrozole oral tablet 2.5 mg	PV	OC
LEUKERAN ORAL TABLET 2 MG (*chlorambucil*)	3	OC
leuprolide acetate injection kit 1 mg/0.2ml	1	
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML (*cemiplimab-rwlc*)	2	DSL = 30 days
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (*trifluridine-tipiracil*)	3	DSL = 30 days; OC
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML (*toripalimab-tpzi*)	3	DSL = 30 days
LORBRENA ORAL TABLET 100 MG, 25 MG (*lorlatinib*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LUMAKRAS ORAL TABLET 120 MG, 320 MG (*sotorasib*)	3	DSL = 30 days
LUMAKRAS ORAL TABLET 240 MG (*sotorasib*)	3	DSL = 30 days
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML (*mosunetuzumab-axgb*)	3	DSL = 30 days
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (*leuprolide acetate*)	3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (*leuprolide acetate*)	2	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate (3 month)*)	3	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (*leuprolide acetate (3 month)*)	2	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (4 month)*)	2	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	2	
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML (*lutetium lu 177 dotatate*)	3	
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG (*leuprolide acetate (3 month)*)	3	
LYNOZYFIC INTRAVENOUS SOLUTION 200 MG/10ML, 5 MG/2.5ML (*linvoseltamab-gcpt*)	3	DSL = 30 days
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	3	DSL = 30 days; OC
LYSODREN ORAL TABLET 500 MG (*mitotane*)	3	DSL = 30 days; OC
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	3	DSL = 30 days
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	3	DSL = 30 days
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	3	DSL = 30 days
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML (*margetuximab-cmkb*)	3	DSL = 30 days
MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*)	3	DSL = 30 days; OC
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	
megestrol acetate oral suspension 40 mg/ml	1	
megestrol acetate oral suspension 625 mg/5ml	PV	
megestrol acetate oral tablet 20 mg, 40 mg	3	OC

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (*trametinib dimethyl sulfoxide*)	3	DSL = 30 days
MEKINIST ORAL TABLET 0.5 MG, 2 MG (*trametinib dimethyl sulfoxide*)	3	DSL = 30 days; OC
MEKTOVI ORAL TABLET 15 MG (*binimetinib*)	3	DSL = 30 days
melphalan hcl intravenous solution reconstituted 50 mg	1	
mercaptopurine oral suspension 2000 mg/100ml	1	DSL = 30 days; OC
mercaptopurine oral tablet 50 mg	3	OC
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	3	OC
mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg	1	
MITOMYCIN INTRAVESICAL SOLUTION PREFILLED SYRINGE 20 MG/40ML	3	
mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml	1	
MODEYSO ORAL CAPSULE 125 MG (*dordaviprone hcl*)	3	DSL = 30 days
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (*tafasitamab-cxix*)	3	DSL = 30 days
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG, 5 MG (*mitomycin*)	3	
MVASI INTRAVENOUS SOLUTION 100 MG/4ML (*bevacizumab-awwb*)	3	DSL = 30 days
MVASI INTRAVENOUS SOLUTION 400 MG/16ML (*bevacizumab-awwb*)	3	DSL = 30 days
MYLERAN ORAL TABLET 2 MG (*busulfan*)	3	OC
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG (*gemtuzumab ozogamicin*)	3	DSL = 30 days
nelarabine intravenous solution 5 mg/ml	1	
NERLYNX ORAL TABLET 40 MG (*neratinib maleate*)	3	DSL = 30 days; OC
NEXAVAR ORAL TABLET 200 MG (*sorafenib tosylate*)	3	DSL = 30 days; OC
NILANDRON ORAL TABLET 150 MG (*nilutamide*)	3	OC
NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG, 50 MG	3	DSL = 30 days
nilotinib hcl oral capsule 150 mg, 200 mg	1	DSL = 30 days; OC
nilotinib hcl oral capsule 50 mg	1	DSL = 30 days
nilutamide oral tablet 150 mg	3	OC

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (*ixazomib citrate*)	3	DSL = 30 days; OC
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (*pentostatin*)	3	
NUBEQA ORAL TABLET 300 MG (*darolutamide*)	3	DSL = 30 days
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	3	DSL = 30 days; OC
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (*trastuzumab-dkst*)	3	DSL = 30 days
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (*nirogacestat hydrobromide*)	3	DSL = 30 days
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (*tovorafenib*)	3	DSL = 30 days
OJEMDA ORAL TABLET 100 MG (*tovorafenib*)	3	DSL = 30 days
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (*momelotinib dihydrochloride*)	3	DSL = 30 days
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (*pegaspargase*)	3	
ONIVYDE INTRAVENOUS SUSPENSION 43 MG/10ML (*irinotecan hcl liposome*)	3	DSL = 30 days
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (*trastuzumab-dttb*)	3	DSL = 30 days
ONUREG ORAL TABLET 200 MG, 300 MG (*azacitidine*)	3	DSL = 30 days
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML (*nivolumab*)	3	DSL = 30 days
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600-10000 MG-UT/5ML (*nivolumab-hyaluronidase-nvhy*)	3	DSL = 30 days
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML (*nivolumab-relatlimab-rmbw*)	3	DSL = 30 days
OPZELURA EXTERNAL CREAM 1.5 % (*ruxolitinib phosphate*)	3	DSL = 30 days
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	3	DSL = 30 days
ORSERDU ORAL TABLET 345 MG, 86 MG (*elacestrant hydrochloride*)	3	DSL = 30 days
oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml	3	
oxaliplatin intravenous solution reconstituted 100 mg, 50 mg	1	
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	1	
paclitaxel protein-bound part intravenous suspension reconstituted 100 mg	1	
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG (*enfortumab vedotin-ejfv*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pazopanib hcl oral tablet 200 mg	1	DSL = 30 days; OC
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	3	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	3	DSL = 30 days
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (*pemigatinib*)	3	DSL = 30 days
PEMETREXED DIPOTASSIUM INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	3	DSL = 30 days
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML	3	DSL = 30 days
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 100 MG/4ML, 500 MG/20ML	2	DSL = 30 days
pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg	1	DSL = 30 days
PEMETREXED INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	3	DSL = 30 days
PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML (*pemetrexed*)	3	DSL = 30 days
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*pemetrexed disodium*)	3	DSL = 30 days
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML (*pertuzumab*)	3	DSL = 30 days
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML (*pertuz-trastuz-hyaluron-zzxf*)	3	DSL = 30 days
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED 75 MG (*porfimer sodium*)	3	
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 70 MG, 80 MG (*dasatinib*)	3	DSL = 30 days; OC
PHYRAGO ORAL TABLET 50 MG (*dasatinib*)	3	OC
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG (*alpelisib*)	3	
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML (*lutetium lu 177 vipivotide tet*)	3	
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG (*polatuzumab vedotin-piiq*)	3	
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 30 MG (*polatuzumab vedotin-piiq*)	3	DSL = 30 days
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	3	DSL = 30 days; OC
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML (*necitumumab*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML (*mogamulizumab-kpkc*)	3	DSL = 30 days
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (*aldesleukin*)	3	DSL = 30 days
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS (*sipuleucel-t*)	3	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	3	DSL = 30 days; OC
QINLOCK ORAL TABLET 50 MG (*ripretinib*)	3	DSL = 30 days
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (*selpercatinib*)	3	
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (*tretinoin*)	2	
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (*tretinoin*)	2	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*)	2	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*)	2	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % (*tretinoin microsphere*)	3	DSL = 30 days
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (*tretinoin microsphere*)	3	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (*lenalidomide*)	3	DSL = 30 days; OC
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG (*revumenib citrate*)	3	DSL = 30 days
REZLIDHIA ORAL CAPSULE 150 MG (*olutasidenib*)	3	DSL = 30 days
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*rituximab-arrx*)	3	DSL = 30 days
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML (*rituximab-hyaluronidase human*)	3	DSL = 30 days
RITUXAN INTRAVENOUS SOLUTION 500 MG/50ML (*rituximab*)	2	
romidepsin intravenous solution reconstituted 10 mg	1	
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (*vimseltinib*)	3	DSL = 30 days
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (*entrectinib*)	3	DSL = 30 days
ROZLYTREK ORAL PACKET 50 MG (*entrectinib*)	3	DSL = 30 days
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (*rucaparib camsylate*)	3	DSL = 30 days; OC

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML (*rituximab-pvvr*)	3	DSL = 30 days
RUXIENCE INTRAVENOUS SOLUTION 500 MG/50ML (*rituximab-pvvr*)	3	
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML (*amivantamab-vmjw*)	3	DSL = 30 days
RYDAPT ORAL CAPSULE 25 MG (*midostaurin*)	3	DSL = 30 days; OC
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML (*asparaginase erwinia chry-rywn*)	3	DSL = 30 days
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG (*imetelstat sodium*)	3	DSL = 30 days
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML (*isatuximab-irfc*)	3	DSL = 30 days
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (*asciminib hcl*)	3	DSL = 30 days
SIKLOS ORAL TABLET 100 MG (*hydroxyurea*)	3	
SIKLOS ORAL TABLET 1000 MG (*hydroxyurea*)	3	DSL = 30 days
SOLTAMOX ORAL SOLUTION 10 MG/5ML (*tamoxifen citrate*)	PV	OC
sorafenib tosylate oral tablet 200 mg	1	DSL = 30 days; OC
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 70 MG, 80 MG (*dasatinib*)	3	DSL = 30 days; OC
SPRYCEL ORAL TABLET 50 MG (*dasatinib*)	3	OC
STIVARGA ORAL TABLET 40 MG (*regorafenib*)	3	DSL = 30 days; OC
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	DSL = 30 days; OC
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (*sunitinib malate*)	3	DSL = 30 days; OC
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG (*siltuximab*)	3	DSL = 30 days
TABLOID ORAL TABLET 40 MG (*thioguanine*)	3	OC
TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*)	3	DSL = 30 days
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*)	3	DSL = 30 days; OC
TAFINLAR ORAL TABLET SOLUBLE 10 MG (*dabrafenib mesylate*)	3	DSL = 30 days
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	3	DSL = 30 days; OC
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML (*talquetamab-tgvs*)	3	DSL = 30 days
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 1 MG (*talazoparib tosylate*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG (*talazoparib tosylate*)	3	DSL = 30 days
tamoxifen citrate oral tablet 10 mg, 20 mg	PV	OC
TARCEVA ORAL TABLET 100 MG (*erlotinib hcl*)	3	DSL = 30 days; OC
TARGRETIN EXTERNAL GEL 1 % (*bexarotene*)	3	
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	3	OC
TASIGNA ORAL CAPSULE 150 MG, 200 MG (*nilotinib hcl*)	3	DSL = 30 days; OC
TASIGNA ORAL CAPSULE 50 MG (*nilotinib hcl*)	3	DSL = 30 days
TAZVERIK ORAL TABLET 200 MG (*tazemetostat hbr*)	3	DSL = 30 days
TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS (*brexucabtagene autoleucel*)	3	
TECARTUS INTRAVENOUS SUSPENSION 200000000 CELLS (*brexucabtagene autoleucel*)	3	
TECELRA INTRAVENOUS SUSPENSION 10000000000 CELLS (*afamitresgene autoleucel*)	3	
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML (*atezolizumab-hyaluronidas-tqjs*)	3	DSL = 30 days
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML (*atezolizumab*)	3	DSL = 30 days
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML (*atezolizumab*)	3	
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML (*teclistamab-cqyv*)	3	DSL = 30 days
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*temozolomide*)	3	
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	3	OC
temsirolimus intravenous solution 25 mg/ml	3	
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG, 15 MG (*thiotepa*)	3	DSL = 30 days
TEPADINA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG/200ML (*thiotepa & sodium chloride*)	3	DSL = 30 days
TEPMETKO ORAL TABLET 225 MG (*tepotinib hcl*)	3	DSL = 30 days
TEPYLUTE INTRAVENOUS SOLUTION 100 MG/10ML, 15 MG/1.5ML	3	DSL = 30 days
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML (*tislelizumab-jsgr*)	3	
THALOMID ORAL CAPSULE 100 MG, 50 MG (*thalidomide*)	3	OC
thiotepa injection solution reconstituted 100 mg, 15 mg	3	DSL = 30 days
TIBSOVO ORAL TABLET 250 MG (*ivosidenib*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (*bcg live*)	2	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (*tisotumab vedotin-tftv*)	3	DSL = 30 days
TOLAK EXTERNAL CREAM 4 % (*fluorouracil*)	3	
topotecan hcl intravenous solution 4 mg/4ml	1	
topotecan hcl intravenous solution reconstituted 4 mg	3	
toremifene citrate oral tablet 60 mg	PV	OC
TORISEL INTRAVENOUS SOLUTION 25 MG/ML (*temsirolimus*)	3	
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	OC
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (*trastuzumab-qyyp*)	3	
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG (*trastuzumab-qyyp*)	3	DSL = 30 days
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*bendamustine hcl*)	3	DSL = 30 days
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (*bendamustine hcl*)	3	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*)	3	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	1	
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	1	
tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %	1	
tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %	1	
tretinoin oral capsule 10 mg	3	DSL = 30 days; OC
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	3	OC
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML (*arsenic trioxide*)	3	DSL = 30 days
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG (*sacituzumab govitecan-hziy*)	3	DSL = 30 days
TRUQAP ORAL TABLET 200 MG (*capivasertib*)	3	DSL = 30 days
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (*capivasertib*)	3	
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML (*rituximab-abbs*)	3	DSL = 30 days
TRUXIMA INTRAVENOUS SOLUTION 500 MG/50ML (*rituximab-abbs*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TUKYSA ORAL TABLET 150 MG, 50 MG (*tucatinib*)	3	DSL = 30 days
TURALIO ORAL CAPSULE 125 MG (*pexidartinib hcl*)	3	DSL = 30 days
TYKERB ORAL TABLET 250 MG (*lapatinib ditosylate*)	3	DSL = 30 days; OC
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML (*dinutuximab*)	3	DSL = 30 days
UNLOXCYT INTRAVENOUS SOLUTION 300 MG/5ML (*cosibelimab-ipdl*)	3	DSL = 30 days
VABRINTY SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	2	
VABRINTY SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	2	
valrubicin intravesical solution 40 mg/ml	3	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (*valrubicin*)	3	
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (*quizartinib dihydrochloride*)	3	DSL = 30 days
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (*panitumumab*)	3	
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab-adcd*)	3	DSL = 30 days
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG (*bortezomib*)	3	
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (*venetoclax*)	3	DSL = 30 days; OC
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (*venetoclax*)	3	DSL = 30 days; OC
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*)	3	DSL = 30 days; OC
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG (*azacitidine*)	3	
vinblastine sulfate intravenous solution 1 mg/ml	1	
vincristine sulfate intravenous solution 1 mg/ml, 2 mg/2ml	1	
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	1	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (*larotrectinib sulfate*)	3	DSL = 30 days
VITRAKVI ORAL SOLUTION 20 MG/ML (*larotrectinib sulfate*)	3	DSL = 30 days
VIVIMUSTA INTRAVENOUS SOLUTION 100 MG/4ML	3	DSL = 30 days
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (*dacomitinib*)	3	DSL = 30 days
VONJO ORAL CAPSULE 100 MG (*pacritinib citrate*)	3	DSL = 30 days
VORANIGO ORAL TABLET 10 MG, 40 MG (*vorasidenib*)	2	DSL = 30 days
VOTRIENT ORAL TABLET 200 MG (*pazopanib hcl*)	3	DSL = 30 days; OC

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*zolbetuximab-clzb*)	3	
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*zolbetuximab-clzb*)	3	DSL = 30 days
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG (*daunorubicin-cytarabine lipo*)	3	DSL = 30 days
WELIREG ORAL TABLET 40 MG (*belzutifan*)	3	DSL = 30 days
XALKORI ORAL CAPSULE 200 MG, 250 MG (*crizotinib*)	3	DSL = 30 days; OC
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG (*crizotinib*)	3	DSL = 30 days
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	3	DSL = 30 days; OC
XELODA ORAL TABLET 150 MG, 500 MG (*capecitabine*)	3	DSL = 30 days; OC
XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*)	3	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (*selinexor*)	3	DSL = 30 days
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG (*selinexor*)	3	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	3	DSL = 30 days
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (*selinexor*)	3	DSL = 30 days
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	3	DSL = 30 days
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	3	DSL = 30 days
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	3	DSL = 30 days
XROMI ORAL SOLUTION 100 MG/ML (*hydroxyurea*)	3	DSL = 30 days
XTANDI ORAL CAPSULE 40 MG (*enzalutamide*)	3	DSL = 30 days; OC
XTANDI ORAL TABLET 40 MG, 80 MG (*enzalutamide*)	3	DSL = 30 days
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML (*ipilimumab*)	3	
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS (*axicabtagene ciloleucel*)	3	
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG (*trabectedin*)	3	DSL = 30 days
YONSA ORAL TABLET 125 MG (*abiraterone acetate micronized*)	3	DSL = 30 days
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML (*ziv-aflibercept*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (*niraparib tosylate*)	3	DSL = 30 days
ZELBORAF ORAL TABLET 240 MG (*vemurafenib*)	3	OC
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (*lurbinectedin*)	3	DSL = 30 days
ZEVALIN Y-90 INTRAVENOUS KIT 3.2 MG/2ML (*ibritumomab tiuxetan for y-90*)	3	
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*zanidatamab-hrii*)	3	DSL = 30 days
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML (*bevacizumab-bvzr*)	3	DSL = 30 days
ZIRABEV INTRAVENOUS SOLUTION 400 MG/16ML (*bevacizumab-bvzr*)	3	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (*goserelin acetate*)	3	
ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*)	3	OC
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*everolimus*)	3	
ZUSDURI INTRAVESICAL SOLUTION RECONSTITUTED 80 (2 X 40) MG (*mitomycin*)	3	
ZYDELIG ORAL TABLET 100 MG, 150 MG (*idelalisib*)	3	DSL = 30 days; OC
ZYKADIA ORAL TABLET 150 MG (*ceritinib*)	3	DSL = 30 days
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (*loncastuximab tesirine-lpyl*)	3	DSL = 30 days
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML (*retifanlimab-dlwr*)	3	DSL = 30 days
ZYTIGA ORAL TABLET 250 MG (*abiraterone acetate*)	3	OC
ZYTIGA ORAL TABLET 500 MG (*abiraterone acetate*)	3	OC
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM		
ACACIA SUBCUTANEOUS SOLUTION 1:20	3	
ALDER SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN BEECH POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN BEECH SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN ELM SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN SYCAMORE SUBCUTANEOUS SOLUTION 1:20	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION 1:20	3	
BAHIA SUBCUTANEOUS SOLUTION 1:20	3	
BALD CYPRESS SUBCUTANEOUS SOLUTION 1:20	3	
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION 1:20	3	
BERMUDA GRASS SUBCUTANEOUS SOLUTION 10000 BAU/ML	3	
BLACK WALNUT POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
BOX ELDER SUBCUTANEOUS SOLUTION 1:20	3	
BROME SUBCUTANEOUS SOLUTION 1:20	3	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION 1:20	3	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION 10000 BAU/ML	3	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	3	
CEDAR ELM SUBCUTANEOUS SOLUTION 1:20	3	
COCKLEBUR SUBCUTANEOUS SOLUTION 1:20	3	
CORN POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
DANDELION SUBCUTANEOUS SOLUTION 1:20	3	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
DOG FENNEL SUBCUTANEOUS SOLUTION 1:20	3	
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION 1:20	3	
ENGLISH PLANTAIN SUBCUTANEOUS SOLUTION 1:20	3	
FIRE ANT SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
GERMAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	3	
GOLDENROD SUBCUTANEOUS SOLUTION 1:20	3	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (*timothy grass pollen allergen*)	2	
HACKBERRY SUBCUTANEOUS SOLUTION 1:20	3	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
JOHNSON GRASS SUBCUTANEOUS SOLUTION 1:20	3	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
KOCHIA SUBCUTANEOUS SOLUTION 1:20	3	
LAMBS QUARTERS SUBCUTANEOUS SOLUTION 1:20	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LENSCALE SUBCUTANEOUS SOLUTION 1:20	3	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
MELALEUCA SUBCUTANEOUS SOLUTION 1:20	3	
MESQUITE SUBCUTANEOUS SOLUTION 1:20	3	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
MIXED FEATHERS SUBCUTANEOUS SOLUTION 1:20	3	
MIXED RAGWEED SUBCUTANEOUS SOLUTION 1:20	3	
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION 1:20	3	
MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	3	
MUGWORT SUBCUTANEOUS SOLUTION 1:20	3	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (*dust mite mixed allergen ext*)	2	
OLIVE TREE SUBCUTANEOUS SOLUTION 1:20	3	
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	3	
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (*grass mix pollens allergen ext*)	3	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	3	
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
PALFORZIA (1 MG DAILY DOSE) ORAL 1 X 1 MG (*peanut powder-dnfp*)	3	
PALFORZIA INITIAL DOSE 1-3YRS ORAL 0.5 & 1 & 1.5 & 3 MG (*peanut powder-dnfp*)	3	
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (*peanut powder-dnfp*)	3	DSL = 30 days
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG (*peanut powder-dnfp*)	3	DSL = 30 days
PALFORZIA ORAL PACKET 300 MG (*peanut powder-dnfp*)	2	
PALFORZIA ORAL PACKET 300 MG (*peanut powder-dnfp*)	3	DSL = 30 days
PECAN POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
PERENNIAL RYE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRIVET SUBCUTANEOUS SOLUTION 1:20	3	
QUEEN PALM SUBCUTANEOUS SOLUTION 1:20	3	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (*short ragweed pollen ext*)	3	
RED BIRCH SUBCUTANEOUS SOLUTION 1:20	3	
RED CEDAR SUBCUTANEOUS SOLUTION 1:20	3	
RED MAPLE SUBCUTANEOUS SOLUTION 1:20	3	
RED MULBERRY SUBCUTANEOUS SOLUTION 1:20	3	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION 1:20	3	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION 1:20	3	
SAGEBRUSH SUBCUTANEOUS SOLUTION 1:20	3	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION 1:20	3	
SHEEP SORREL SUBCUTANEOUS SOLUTION 1:20	3	
SHEEP SORREL-YELLOW DOCK INJECTION SOLUTION 1:20	3	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION 1:20	3	
SORREL/DOCK MIX INJECTION SOLUTION 1:20	3	
SPINY PIGWEED SUBCUTANEOUS SOLUTION 1:20	3	
SPRING BIRCH POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
SWEET GUM SUBCUTANEOUS SOLUTION 1:20	3	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
TALL RAGWEED SUBCUTANEOUS SOLUTION 1:20	3	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
TRICHOPHYTON MENTAGROPHYTES SUBCUTANEOUS SOLUTION 1:20	3	
VIRGINIA LIVE OAK SUBCUTANEOUS SOLUTION 1:20	3	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION 1:20	3	
WHITE ASH SUBCUTANEOUS SOLUTION 1:20	3	
WHITE BIRCH SUBCUTANEOUS SOLUTION 1:20	3	
WHITE MULBERRY SUBCUTANEOUS SOLUTION 1:20	3	
WHITE OAK SUBCUTANEOUS SOLUTION 1:20	3	
WHITE PINE SUBCUTANEOUS SOLUTION 1:20	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YELLOW DOCK SUBCUTANEOUS SOLUTION 1:20	3	
ANTITOXINS AND IMMUNE GLOBULINS - Organ Transplant		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)-stwk*)	3	DSL = 30 days
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	2	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)-slra*)	3	DSL = 30 days
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	2	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (*crotalidae polyval immune fab*)	2	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (*immune globulin (human)-hipp*)	3	
CUTAQUIG SUBCUTANEOUS SOLUTION 1.65 GM/10ML (*immune globulin (human)-hipp*)	3	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (*immune globulin (human)*)	3	DSL = 30 days
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML (*immune globulin (human)*)	2	DSL = 30 days
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML (*cytomegalovirus immune glob*)	2	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (*digoxin immune fab*)	2	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (*immune globulin (human)*)	2	
GAMASTAN INTRAMUSCULAR SOLUTION (*immune globulin (human)*)	2	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)*)	2	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (*immune globulin (human)*)	2	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	2	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	2	
GAMUNEX-C INJECTION SOLUTION 40 GM/400ML (*immune globulin (human)*)	3	
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML (*hepatitis b immune globulin*)	3	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	3	DSL = 30 days
HIZENTRA SUBCUTANEOUS SOLUTION 10 GM/50ML (*immune globulin (human)*)	2	DSL = 30 days
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	3	
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 GM/50ML (*immune globulin (human)*)	3	DSL = 30 days
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (*hepatitis b immune globulin*)	2	
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML (*hepatitis b immune globulin*)	2	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 900 UNIT/3ML (*rabies immune globulin*)	3	
HYPERRAB INJECTION SOLUTION 300 UNIT/ML (*rabies immune globulin*)	2	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (*rho d immune globulin*)	2	
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML (*tetanus immune globulin*)	2	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin-hyaluronidase*)	3	DSL = 30 days
KEDRAB INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	2	
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML (*hepatitis b immune globulin*)	2	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML (*immune globulin (human)*)	2	
OCTAGAM INTRAVENOUS SOLUTION 2 GM/20ML, 30 GM/300ML (*immune globulin (human)*)	3	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin (human)-ifas*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	2	
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML (*immune globulin (human)*)	3	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (*rho d immune globulin*)	2	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (*rho d immune globulin*)	2	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (*varicella-zoster immune glob*)	3	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML (*rho d immune globulin*)	3	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)-klhw*)	3	DSL = 30 days
ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML (*bezlotoxumab*)	3	
TOXOIDS - Vaccines		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	2	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (*diphth-acell pertussis-tetanus*)	3	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (*diphth-acell pertussis-tetanus*)	2	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-hepatitis b recomb-ipv*)	2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (*dtap-ipv-hib vaccine*)	3	
QUADRACEL INTRAMUSCULAR SUSPENSION (*dtap-ipv vaccine*)	2	
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML (*tetanus-diphtheria toxoids td*)	3	
VAXELIS INTRAMUSCULAR SUSPENSION (*dtap-ipv-hib-hepatitis b recmb*)	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-ipv-hib-hepatitis b recmb*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VACCINES - Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (*rsv pre-fusion f a&b vac rcmb*)	3	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (*haemophilus b polysac conj vac*)	2	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	2	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	2	
AFLURIA INTRAMUSCULAR SUSPENSION (*influenza virus vaccine split*)	PV	
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza virus vacc split pf*)	PV	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (*rsvpref3 vac recomb adjuvanted*)	2	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	3	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*meningococcal b recomb omv adj*)	PV	
BIOTHRAX INTRAMUSCULAR SUSPENSION (*anthrax vaccine adsorbed*)	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	3	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (*pneumococcal 21-valent conjuga*)	3	
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (*covid-19 mrna virus vaccine*)	3	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (*covid-19 mrna virus vaccine*)	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (*diphth-acell pertussis-tetanus*)	3	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (*dengue virus vaccine live tetr*)	3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (*hepatitis b vac recombinant*)	2	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (*hepatitis b vac recombinant*)	2	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza vac a&b surf ant adj*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza virus vacc split pf*)	PV	
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza vac tiss-cult subunt*)	PV	
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza virus vacc split pf*)	PV	
FLUMIST NASAL LIQUID (*influenza virus vaccine live*)	PV	
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza vac split high-dose*)	PV	
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza virus vacc split pf*)	PV	
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML (*hpv 9-valent recomb vaccine*)	2	DSL = 30 days
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*hpv 9-valent recomb vaccine*)	2	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML (*hepatitis a vaccine*)	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (*hepatitis b vac recomb adj*)	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (*haemophilus b polysac conj vac*)	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML (*rabies virus vaccine, hdc*)	2	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (*diphth-acell pertussis-tetanus*)	2	
IPOL INJECTION SUSPENSION (*poliovirus vaccine inactivated*)	2	
IXIARO INTRAMUSCULAR SUSPENSION (*japanese encephalitis vac inac*)	2	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML (*mening acy&w-135 tetanus conj*)	3	
MENVEO INTRAMUSCULAR SOLUTION (*meningococcal a c y&w-135 olig*)	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (*meningococcal a c y&w-135 olig*)	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED (*measles, mumps & rubella vac*)	3	
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML (*covid-19 mrna virus vaccine*)	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-hepatitis b recomb-ipv*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (*haemophilus b polysac conj vac*)	3	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (*mening acyw(tet conj)-b(rcmb)*)	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (*dtap-ipv-hib vaccine*)	3	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (*pneumococcal vac polyvalent*)	2	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*pneumococcal 20-val conj vacc*)	3	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (*measles, mumps & rubella vac*)	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (*measles-mumps-rubella-varicell*)	2	
QUADRACEL INTRAMUSCULAR SUSPENSION (*dtap-ipv vaccine*)	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (*rabies vaccine, pcec*)	2	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML (*hepatitis b vac recombinant*)	3	
RECOMBIVAX HB INJECTION SUSPENSION 40 MCG/ML, 5 MCG/0.5ML (*hepatitis b vac recombinant*)	2	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (*hepatitis b vac recombinant*)	2	
ROTARIX ORAL SUSPENSION (*rotavirus vaccine live oral*)	2	
ROTATEQ ORAL SOLUTION (*rotavirus vac live pentavalent*)	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (*zoster vac recomb adjuvanted*)	2	
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML (*covid-19 mrna virus vaccine*)	3	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (*covid-19 mrna virus vaccine*)	3	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (*bcg live*)	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*meningococcal b vac (recomb)*)	PV	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (*hepatitis a-hep b recomb vac*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML (*typhoid vi polysaccharide vacc*)	2	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (*typhoid vi polysaccharide vacc*)	2	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (*hepatitis a vaccine*)	2	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML (*hepatitis a vaccine*)	2	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (*varicella virus vaccine live*)	2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED (*cholera vac live attenuated*)	2	
VAXELIS INTRAMUSCULAR SUSPENSION (*dtap-ipv-hib-hepatitis b recmb*)	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-ipv-hib-hepatitis b recmb*)	3	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*pneumococcal 15-val conj vacc*)	3	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (*typhoid vaccine*)	3	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED (*yellow fever vaccine*)	2	
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	PV	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (*varenicline tartrate*)	PV	
CHANTIX ORAL TABLET 0.5 MG, 1 MG (*varenicline tartrate*)	PV	
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42 (*varenicline tartrate*)	PV	
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	PV	
ft nicotine mouth/throat gum 2 mg, 4 mg	PV	
ft nicotine mouth/throat lozenge 2 mg, 4 mg	PV	
ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	PV	
goodsense nicotine mouth/throat gum 2 mg, 4 mg	PV	
goodsense nicotine mouth/throat lozenge 4 mg	PV	
goodsense nicotine policrilex mouth/throat gum 4 mg	PV	
habitrol transdermal patch 24 hour 21 mg/24hr	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
naltrexone hcl oral tablet 50 mg	1	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG (*nicotine polacrilex*)	PV	
NICORETTE MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	PV	
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (*nicotine polacrilex*)	PV	
nicotine mini mouth/throat lozenge 2 mg, 4 mg	PV	
nicotine polacrilex mini mouth/throat lozenge 2 mg	PV	
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	PV	
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	PV	
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	PV	
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	PV	
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	PV	
nicotine transdermal kit 21-14-7 mg/24hr	PV	
nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	PV	
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	PV	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (*varenicline tartrate*)	3	DSL = 30 days
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	PV	
varenicline tartrate oral tablet 0.5 mg, 1 mg	PV	
varenicline tartrate(continue) oral tablet 1 mg	PV	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	2	
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
12 hour allergy-d oral tablet extended release 12 hour 5-120 mg	1	
12 hour nasal decongestant oral tablet extended release 12 hour 120 mg	1	
ADRENALIN INJECTION SOLUTION 1 MG/ML (*epinephrine*)	3	
ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*)	3	
ADVIL COLD/SINUS ORAL TABLET 30-200 MG (*pseudoephedrine-ibuprofen*)	3	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (*ephedrine sulfate (pressors)*)	3	
all day allergy d oral tablet extended release 12 hour 5-120 mg	1	
allergy relief d oral tablet extended release 24 hour 10-240 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
allergy relief d-12 oral tablet extended release 12 hour 5-120 mg	1	
allergy relief d12 oral tablet extended release 12 hour 60-120 mg	1	
allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg	1	
allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg	1	
allergy relief-d oral tablet extended release 12 hour 5-120 mg	1	
allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	1	
allergy-d 12hr oral tablet extended release 12 hour 5-120 mg	1	
APRODINE ORAL TABLET 2.5-60 MG (*triprolidine-pseudoephedrine*)	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	2	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	1	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (*desloratadine-pseudoephedrine*)	3	
cold & allergy d max strength oral tablet 2.5-60 mg	1	
cold & sinus oral tablet 30-200 mg	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	3	DSL = 30 days
ephedrine sulfate (pressors) intravenous solution 50 mg/ml	1	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 50 MG/5ML	3	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
epinephrine (anaphylaxis) injection solution 1 mg/ml	1	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	3	
epinephrine injection solution auto-injector 0.15 mg/0.3ml	1	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	3	
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML	3	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	3	
EPINEPHRINESNAP INJECTION KIT 1 MG/ML (*epinephrine*)	3	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (*epinephrine*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (*epinephrine*)	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (*epinephrine*)	2	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (*epinephrine*)	2	
fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg	1	
fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg	1	
ft all day allergy-d oral tablet extended release 12 hour 5-120 mg	1	
ft allergy & congestion-d 12hr oral tablet extended release 12 hour 60-120 mg	1	
ft allergy d-12 hour oral tablet extended release 12 hour 5-120 mg	1	
ft allergy relief-d oral tablet extended release 24 hour 10-240 mg	1	
ft mucus relief d 12 hour oral tablet extended release 12 hour 60-600 mg	1	
ft mucus relief-d max strength oral tablet extended release 12 hour 120-1200 mg	1	
ft mucus relief-d oral tablet extended release 12 hour 60-600 mg	1	
ft nasal decongestant max str oral tablet 30 mg	1	
ft nasal decongestant max str oral tablet extended release 12 hour 120 mg	1	
goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg	1	
LETS KIT	3	
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	1	
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	1	
mucus relief d oral tablet extended release 12 hour 60-600 mg	1	
nasal decongestant oral tablet 30 mg	1	
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML (*epinephrine*)	3	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (*droxidopa*)	3	DSL = 30 days
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg, 60-600 mg	1	
SUDAFED SINUS CONGESTION ORAL TABLET 30 MG (*pseudoephedrine hcl*)	3	
sudogest 12 hour oral tablet extended release 12 hour 120 mg	1	
sudogest maximum strength oral tablet 30 mg	1	
wal-tap cold/allergy oral elixir 1-15 mg/5ml	1	
ZYRTEC-D ALLERGY & SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (*cetirizine-pseudoephedrine*)	3	
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
BRANTUSSIN DM ORAL LIQUID 7.5-2-15 MG/5ML	3	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (*clonidine*)	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (*clonidine*)	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (*clonidine*)	3	
CLONIDINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	3	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
cold & cough childrens oral liquid 1-5-2.5 mg/5ml	1	
cold & flu relief daytime oral capsule 10-5-325 mg	1	
cold/flu daytime relief oral capsule 10-5-325 mg	1	
daytime cold/flu relief oral capsule 10-5-325 mg	1	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	1	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1	
ft daytime cold & flu relief oral liquid 10-5-325 mg/15ml	1	
ft nasal decongestant pe oral tablet 10 mg	1	
ft tussin cf adult oral liquid 10-20-200 mg/10ml	1	
goodsense day time cold & flu oral capsule 10-5-325 mg	1	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (*dexmedetomidine hcl*)	3	DSL = 30 days
lofexidine hcl oral tablet 0.18 mg	1	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LUCEMYRA ORAL TABLET 0.18 MG (*lofexidine hcl*)	3	DSL = 30 days
maxi-tuss pe max oral liquid 5-100 mg/5ml	1	
methyldopa oral tablet 250 mg, 500 mg	1	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	3	
MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	3	
nasal decongestant pe oral tablet 10 mg	1	
NEO-SYNEPHRINE COLD/ALLRG MILD NASAL SOLUTION 0.25 % (*phenylephrine hcl*)	3	
NEO-SYNEPHRINE COLD/ALLRGY EXT NASAL SOLUTION 1 % (*phenylephrine hcl*)	3	
NEO-SYNEPHRINE COLD/ALLRGY REG NASAL SOLUTION 0.5 % (*phenylephrine hcl*)	3	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (*phenylephrine-chlorphen-dm*)	3	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (*clonidine*)	3	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML (*clonidine hcl*)	3	
PHENYLEPHRINE HCL INTRACAVERNOSAL SOLUTION 2 MG/2ML	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	3	
phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml	1	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML (*dexmedetomidine hcl in nacl*)	3	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (*dexmedetomidine hcl*)	2	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML (*dexmedetomidine hcl in nacl*)	3	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	
THERAFLU SEVERE COLD RELIEF ORAL PACKET 20-10-650 MG (*dm-phenylephrine-acetaminophen*)	3	
westussin dm nf oral liquid 2-15-7.5 mg/5ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*)	3	
atropine sulfate injection solution 8 mg/20ml	1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	1	
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/ML	3	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	3	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %	3	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	3	
atropine sulfate ophthalmic solution 1 %	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (*ipratropium bromide hfa*)	PV	
belladonna alkaloids-opium rectal suppository 16.2-60 mg	1	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	3	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	3	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	PV	
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	3	
dicyclomine hcl oral capsule 10 mg	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
dicyclomine hcl oral tablet 40 mg	1	DSL = 30 days
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
DONNATAL ORAL ELIXIR 16.2 MG/5ML (*pb-hyoscy-atropine-scopolamine*)	2	
DONNATAL ORAL TABLET 16.2 MG (*pb-hyoscy-atropine-scopolamine*)	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (*aclidinium br-formoterol fum*)	3	
GLYCATE ORAL TABLET 1.5 MG (*glycopyrrolate*)	3	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	3	
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	3	
glycopyrrolate oral solution 1 mg/5ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
glycopyrrolate pf +rfid injection solution prefilled syringe 0.4 mg/2ml	1	
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 1 MG/5ML (*glycopyrrolate*)	3	
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (*hydrocodone bit-homatrop mbr*)	3	
HYCODAN ORAL TABLET 5-1.5 MG (*hydrocodone bit-homatrop mbr*)	3	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	
hydromet oral solution 5-1.5 mg/5ml	1	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral solution 0.125 mg/ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
hyosyne oral elixir 0.125 mg/5ml	1	
hyosyne oral solution 0.125 mg/ml	1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (*umeclidinium bromide*)	3	
ipratropium bromide inhalation solution 0.02 %	PV	
ipratropium bromide nasal solution 0.03 %, 0.06 %	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (*hyoscyamine sulfate*)	1	
LEVSIN ORAL TABLET 0.125 MG (*hyoscyamine sulfate*)	1	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (*hyoscyamine sulfate*)	1	
LIBRAX ORAL CAPSULE 5-2.5 MG (*chlordiazepoxide-clidinium*)	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG (*diphenoxylate-atropine*)	3	
MB CAPS ORAL CAPSULE 120 MG	3	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	1	
MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*)	3	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (*hyoscyamine sulfate*)	1	
OSCIMIN ORAL TABLET 0.125 MG	1	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	1	
pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml	1	
pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg	1	
PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML (*pb-hyoscy-atropine-scopolamine*)	2	
PHENOHYTRO ORAL TABLET 16.2 MG (*pb-hyoscy-atropine-scopolamine*)	1	
QBREXZA EXTERNAL PAD 2.4 % (*glycopyrronium tosylate*)	3	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
scopolamine transdermal patch 72 hour 1 mg/3days	PV	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide*)	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (*tiotropium bromide*)	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*tiotropium bromide*)	2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	2	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
tiotropium bromide inhalation capsule 18 mcg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (*aclidinium bromide*)	3	
UMECLIDINIUM-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	
URELLE ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
uretron d/s oral tablet 81.6 mg	1	
URIBEL ORAL TABLET 81.6 MG (*meth-hyo-m bl-benz acd-ph sal*)	3	
URIMAR-T ORAL CAPSULE 120 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
URNEVA ORAL CAPSULE 120 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG (*methen-hyosc-meth blue-na phos*)	3	
URO-MP ORAL CAPSULE 118 MG	3	
VILAMIT MB ORAL CAPSULE 118 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
VILEVEV MB ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (*revefenacin*)	3	
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
allergy childrens oral liquid 12.5 mg/5ml	1	
allergy oral capsule 25 mg	1	
allergy relief childrens oral liquid 12.5 mg/5ml	1	
allergy relief oral capsule 25 mg	1	
allergy relief oral tablet 25 mg	1	
banophen oral tablet 25 mg	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
CURELIEF ORAL LIQUID 12.5 MG/5ML	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	
DIMETAPP COUGH & ALLERGY CHILD ORAL TABLET CHEWABLE 12.5 MG (*diphenhydramine hcl*)	3	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 25 mg	1	
ft nighttime sleep aid oral tablet 25 mg	1	
ft sleep-aid maximum strength oral capsule 50 mg	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*)	PV	DSL = 30 days
goodsense allergy relief oral capsule 25 mg	1	
goodsense allergy relief oral tablet 25 mg	1	
goodsense sleep-aid max str oral capsule 50 mg	1	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
m-dryl oral liquid 12.5 mg/5ml	1	
MM ALLER-BEN ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
sleep-aid oral capsule 25 mg, 50 mg	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (*varenicline tartrate*)	PV	
CHANTIX ORAL TABLET 0.5 MG, 1 MG (*varenicline tartrate*)	PV	
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK 0.5 MG X 11 & 1 MG X 42 (*varenicline tartrate*)	PV	
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft nicotine mouth/throat gum 2 mg, 4 mg	PV	
ft nicotine mouth/throat lozenge 2 mg, 4 mg	PV	
ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	PV	
goodsense nicotine mouth/throat gum 2 mg, 4 mg	PV	
goodsense nicotine mouth/throat lozenge 4 mg	PV	
goodsense nicotine policrilex mouth/throat gum 4 mg	PV	
habitrol transdermal patch 24 hour 21 mg/24hr	PV	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG (*nicotine polacrilex*)	PV	
NICORETTE MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	PV	
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (*nicotine polacrilex*)	PV	
nicotine mini mouth/throat lozenge 2 mg, 4 mg	PV	
nicotine polacrilex mini mouth/throat lozenge 2 mg	PV	
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	PV	
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	PV	
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	PV	
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	PV	
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	PV	
nicotine transdermal kit 21-14-7 mg/24hr	PV	
nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	PV	
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	PV	
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	PV	
varenicline tartrate oral tablet 0.5 mg, 1 mg	PV	
varenicline tartrate(continue) oral tablet 1 mg	PV	
BOTULINUM TOXINS - Drugs for Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*onabotulinumtoxina (cosmetic)*)	2	
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 50 UNIT (*onabotulinumtoxina (cosmetic)*)	3	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	2	
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*daxibotulinumtoxina-lanm*)	3	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (*abobotulinumtoxina*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (*rimabotulinumtoxinb*)	2	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (*incobotulinumtoxina*)	3	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT (*incobotulinumtoxina*)	3	
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT - Drugs for Relaxing Muscles		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (*cyclobenzaprine hcl*)	3	
carisoprodol oral tablet 250 mg, 350 mg	1	
chlorzoxazone oral tablet 250 mg	1	DSL = 30 days
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg	1	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	
ENOVARX-CYCLOBENZAPRINE HCL TRANSDERMAL CREAM 20 MG/GM	3	
FEXMID ORAL TABLET 7.5 MG (*cyclobenzaprine hcl*)	3	
metaxalone oral tablet 400 mg, 800 mg	1	
metaxalone oral tablet 640 mg	1	DSL = 30 days
methocarbamol oral tablet 1000 mg	1	DSL = 30 days
methocarbamol oral tablet 500 mg, 750 mg	1	
SOMA ORAL TABLET 250 MG, 350 MG (*carisoprodol*)	3	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML (*cyclobenzaprine hcl-msm*)	3	
TANLOR ORAL TABLET 1000 MG (*methocarbamol*)	3	DSL = 30 days
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet 2 mg, 4 mg	1	
VP FC KIT EXTERNAL CREAM	3	
ZANAFLEX ORAL CAPSULE 8 MG (*tizanidine hcl*)	3	
ZANAFLEX ORAL TABLET 4 MG (*tizanidine hcl*)	3	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM ORAL CAPSULE 25 MG (*dantrolene sodium*)	3	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml, 40000 mcg/20ml	1	
baclofen intrathecal solution prefilled syringe 50 mcg/ml	1	
baclofen oral solution 10 mg/5ml	1	DSL = 30 days
baclofen oral solution 5 mg/5ml	1	
baclofen oral suspension 25 mg/5ml	1	DSL = 30 days
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg	1	
BACLOFEN REFILL KIT-SYNCHROMED INTRATHECAL KIT 40 MG/20ML	3	
ENOVARX-BACLOFEN EXTERNAL CREAM 1 %	3	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (*baclofen*)	3	DSL = 30 days
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 40000 MCG/20ML (*baclofen*)	3	
GABLOFEN INTRATHECAL SOLUTION 20000 MCG/20ML (*baclofen*)	2	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML (*baclofen*)	2	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (*ketoprofen-baclofen-gabap-lido*)	3	
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/5ML (*baclofen*)	3	
LIORESAL INTRATHECAL SOLUTION 10 MG/20ML, 40 MG/20ML (*baclofen*)	3	
OZOBAX DS ORAL SOLUTION 10 MG/5ML (*baclofen*)	3	DSL = 30 days
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	
NORGESIC ORAL TABLET 25-385-30 MG (*orphenadrine-aspirin-caffeine*)	3	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (*orphenadrine-aspirin-caffeine*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEUROMUSCULAR BLOCKING AGENTS - Drugs for Relaxing Muscles		
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 140 MG/7ML	3	
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/10ML	3	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	3	
BETIMOL OPHTHALMIC SOLUTION 0.5 % (*timolol hemihydrate*)	3	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	3	
timolol hemihydrate ophthalmic solution 0.5 %	1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	1	
timolol maleate ocudose ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (*timolol maleate*)	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	3	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (*doxazosin mesylate*)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	3	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
TEZRULY ORAL SOLUTION 1 MG/ML (*terazosin hcl*)	3	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5 MG	3	
BREKIYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/ML (*dihydroergotamine mesylate*)	3	
DIBENZYLINE ORAL CAPSULE 10 MG (*phenoxybenzamine hcl*)	3	
dihydroergotamine mesylate injection solution 1 mg/ml	1	DSL = 30 days
dihydroergotamine mesylate nasal solution 4 mg/ml	1	DSL = 30 days
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (*ergotamine tartrate*)	2	
ergotamine-caffeine oral tablet 1-100 mg	1	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML (*papaverine-phentolamine*)	3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
phenoxybenzamine hcl oral capsule 10 mg	1	
phentolamine mesylate injection solution reconstituted 5 mg	1	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10 MG	3	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
SUPER TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-100 MG-MG-MCG	3	
TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5-50 MG-MG-MCG	3	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (*dihydroergotamine mesylate hfa*)	3	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (*donepezil hcl*)	3	
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (*donepezil hcl*)	3	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML (*neostigmine methylsulfate*)	3	
cevimeline hcl oral capsule 30 mg	1	
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
EVOXAC ORAL CAPSULE 30 MG (*cevimeline hcl*)	3	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (*rivastigmine*)	3	
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	3	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	
galantamine hydrobromide oral solution 4 mg/ml	1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	
memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 28-10 mg	1	DSL = 30 days
memantine hcl-donepezil hcl oral capsule extended release 24 hour 21-10 mg	1	
MESTINON ORAL SOLUTION 60 MG/5ML (*pyridostigmine bromide*)	2	
MESTINON ORAL TABLET 60 MG (*pyridostigmine bromide*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (*pyridostigmine bromide*)	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG (*memantine hcl-donepezil hcl*)	3	DSL = 30 days
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*)	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
pilocarpine hcl ophthalmic solution 1.25 %	1	DSL = 30 days
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
pyridostigmine bromide er oral tablet extended release 180 mg	1	
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG	3	
pyridostigmine bromide oral solution 60 mg/5ml	1	
pyridostigmine bromide oral tablet 30 mg, 60 mg	1	
QLOSI OPHTHALMIC SOLUTION 0.4 % (*pilocarpine hcl*)	3	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (*pilocarpine hcl*)	3	
VIZZ OPHTHALMIC SOLUTION 1.44 % (*aceclidine hcl*)	3	
VUITY OPHTHALMIC SOLUTION 1.25 % (*pilocarpine hcl*)	3	DSL = 30 days
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG (*benzgalantamine gluconate*)	3	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	3	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	
JALYN ORAL CAPSULE 0.5-0.4 MG (*dutasteride-tamsulosin hcl*)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (*silodosin*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
silodosin oral capsule 4 mg, 8 mg	1	
tamsulosin hcl oral capsule 0.4 mg	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (*alfuzosin hcl*)	3	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (*fluticasone-salmeterol*)	3	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	3	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	PV	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	PV	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	PV	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	PV	
albuterol sulfate oral syrup 2 mg/5ml	PV	
albuterol sulfate oral tablet 2 mg, 4 mg	PV	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*)	3	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	1	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (*fluticasone furoate-vilanterol*)	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	3	
breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	1	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	3	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (*arformoterol tartrate*)	3	
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	PV	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (*aclidinium br-formoterol fum*)	3	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	3	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	3	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	PV	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*salmeterol xinafoate*)	2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	2	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	3	
terbutaline sulfate injection solution 1 mg/ml	PV	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	PV	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	
UMECLIDINIUM-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	PV	
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	3	
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*atenolol*)	3	
betaxolol hcl ophthalmic solution 0.5 %	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*)	3	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg	1	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
LOPRESSOR ORAL SOLUTION 10 MG/ML (*metoprolol tartrate*)	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (*atenolol*)	3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*onabotulinumtoxina (cosmetic)*)	2	
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 50 UNIT (*onabotulinumtoxina (cosmetic)*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	2	
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*daxibotulinumtoxina-lanm*)	3	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (*abobotulinumtoxina*)	3	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (*rimabotulinumtoxinb*)	2	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	
NORGESIC ORAL TABLET 25-385-30 MG (*orphenadrine-aspirin-caffeine*)	3	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (*orphenadrine-aspirin-caffeine*)	3	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (*incobotulinumtoxina*)	3	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT (*incobotulinumtoxina*)	3	
BLOOD DERIVATIVES - Drugs for the Blood		
BLOOD DERIVATIVES - Drugs for the Blood		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (*alpha1-proteinase inhibitor*)	2	DSL = 30 days
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (*alpha1-proteinase inhibitor*)	3	DSL = 30 days
GLASSIA INTRAVENOUS SOLUTION 4 GM/200ML, 5 GM/250ML (*alpha1-proteinase inhibitor*)	3	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (*plasma human*)	3	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (*plasma human*)	3	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (*plasma human*)	3	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (*plasma human*)	3	
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG (*hemin*)	3	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (*alpha1-proteinase inhibitor*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG (*plasminogen human-tvmh*)	3	DSL = 30 days
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*)	2	DSL = 30 days
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG (*alpha1-proteinase inhibitor*)	3	DSL = 30 days
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (*darbepoetin alfa*)	PV	DSL = 30 days
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (*darbepoetin alfa*)	PV	DSL = 30 days
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa*)	PV	DSL = 30 days
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa*)	PV	DSL = 30 days
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG (*luspatercept-aamt*)	3	DSL = 30 days
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa-epbx*)	PV	DSL = 30 days
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (*anticoagulant cit dext soln a*)	2	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 %, 4 GM/100ML	3	
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (*fondaparinux sodium*)	3	DSL = 30 days
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (*protein c concentrate (human)*)	3	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	1	DSL = 30 days
REGIOCIT EXTRACORPOREAL SOLUTION 0.529 % (*region citrate anticoag (crrt)*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*antithrombin iii (human)*)	2	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (*anticoagulant sodium citrate*)	3	
ANTIHEMORRHAGIC AGENTS, MISCELLANEOUS - Drugs to Prevent Bleeding		
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (*coag fact xa inactivated-zhzo*)	3	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GM/50ML (*idarucizumab*)	3	
ANTITHROMBIN REPLACEMENTS - Drugs to Prevent Blood Clots		
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*antithrombin iii (human)*)	2	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (*caplacizumab-yhdp*)	3	DSL = 30 days
LODOCO ORAL TABLET 0.5 MG (*colchicine*)	3	
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML (*crizanlizumab-tmca*)	3	DSL = 30 days
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML (*sutimlimab-jome*)	3	DSL = 30 days
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (*mitapivat sulfate*)	3	DSL = 30 days
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (*mitapivat sulfate*)	3	DSL = 30 days
TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*)	3	DSL = 30 days
WAYRILZ ORAL TABLET 400 MG (*rilzabrutinib*)	3	DSL = 30 days
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG (*apixaban*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG (*apixaban*)	3	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (*apixaban*)	3	
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG (*apixaban*)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (*apixaban*)	3	
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG (*apixaban*)	3	
rivaroxaban oral suspension reconstituted 1 mg/ml	1	DSL = 30 days
rivaroxaban oral tablet 2.5 mg	1	
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (*edoxaban tosylate*)	3	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (*rivaroxaban*)	3	DSL = 30 days
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (*rivaroxaban*)	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (*rivaroxaban*)	3	
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (*dabigatran etexilate mesylate*)	3	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (*dabigatran etexilate mesylate*)	3	DSL = 30 days
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (*eltrombopag choline*)	3	DSL = 30 days
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED 62 MG (*motixafortide acetate*)	3	DSL = 30 days
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (*darbepoetin alfa*)	PV	DSL = 30 days
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (*darbepoetin alfa*)	PV	DSL = 30 days
DOPTELET ORAL TABLET 20 MG (*avatrombopag maleate*)	3	DSL = 30 days
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (*avatrombopag maleate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
eltrombopag olamine oral packet 12.5 mg, 25 mg	1	DSL = 30 days
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	3	DSL = 30 days
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa*)	PV	DSL = 30 days
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-jmdb*)	PV	DSL = 30 days
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-pbbk*)	PV	DSL = 30 days
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML (*tbo-filgrastim*)	PV	DSL = 30 days
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*tbo-filgrastim*)	PV	DSL = 30 days
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (*sargramostim*)	PV	DSL = 30 days
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (*methoxy peg-epoetin beta*)	PV	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (*plerixafor*)	3	DSL = 30 days
MULPLETA ORAL TABLET 3 MG (*lusutrombopag*)	3	DSL = 30 days
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	PV	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	PV	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim*)	PV	DSL = 30 days
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim*)	PV	DSL = 30 days
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (*filgrastim-aafi*)	PV	DSL = 30 days
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-aafi*)	PV	DSL = 30 days
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG (*romiplostim*)	3	DSL = 30 days
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (*romiplostim*)	3	DSL = 30 days
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-txid*)	PV	DSL = 30 days
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-apgf*)	PV	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
plerixafor subcutaneous solution 24 mg/1.2ml	1	DSL = 30 days
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa*)	PV	DSL = 30 days
PROMACTA ORAL PACKET 12.5 MG, 25 MG (*eltrombopag olamine*)	3	DSL = 30 days
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (*eltrombopag olamine*)	3	DSL = 30 days
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG (*luspatercept-aamt*)	3	DSL = 30 days
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	PV	DSL = 30 days
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (*epoetin alfa-epbx*)	PV	DSL = 30 days
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (*eflapegrastim-xnst*)	PV	DSL = 30 days
RYZNEUTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (*efbemalenograstim alfa-vuxw*)	PV	
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-fpgk*)	PV	DSL = 30 days
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	PV	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (*pegfilgrastim-cbqv*)	PV	DSL = 30 days
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	PV	DSL = 30 days
VAFSEO ORAL TABLET 150 MG, 300 MG (*vadadustat*)	3	
XOLREMDI ORAL CAPSULE 100 MG (*mavorixafor*)	3	DSL = 30 days
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-sndz*)	PV	DSL = 30 days
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-bmez*)	PV	DSL = 30 days
HEMORRHEOLOGIC AGENTS - Drugs for Blood Flow		
pentoxifylline er oral tablet extended release 400 mg	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
ACTIFOAM COLLAGEN SPONGE EXTERNAL (*absorbable collagen hemostat*)	3	
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT (*antihemophil factor (rahf-pfm)*)	3	DSL = 30 days
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	3	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact single chain*)	3	DSL = 30 days
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML (*concizumab-mtci*)	3	
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 60 MG/1.5ML (*concizumab-mtci*)	3	DSL = 30 days
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor-vwf*)	3	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (*coagulation factor ix*)	3	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (*coagulation factor ix*)	3	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*coagulation factor ix (rfixfc)*)	3	
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact fc-vwf-xten-ehtl*)	3	DSL = 30 days
aminocaproic acid oral solution 0.25 gm/ml	1	
aminocaproic acid oral tablet 1000 mg, 500 mg	1	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (*coag fact xa inactivated-zhzo*)	3	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (*ferric subsulfate*)	3	
AVITENE EXTERNAL PAD (*microfibrillar coll hemostat*)	3	
AVITENE FLOUR EXTERNAL POWDER (*microfibrillar coll hemostat*)	3	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	3	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (*coagulation factor x (human)*)	3	
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (*factor xiii concentrate human*)	3	
CRENESSITY ORAL CAPSULE 100 MG, 50 MG (*crinecerfont*)	3	DSL = 30 days
CRENESSITY ORAL SOLUTION 50 MG/ML (*crinecerfont*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML (*tranexamic acid*)	3	
DDAVP INJECTION SOLUTION 4 MCG/ML (*desmopressin acetate*)	3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (*desmopressin acetate*)	3	
DDAVP PF INJECTION SOLUTION 4 MCG/ML (*desmopressin acetate*)	3	
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate pf injection solution 4 mcg/ml	1	
desmopressin acetate spray nasal solution 0.01 %	1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (*antihem fact (bdd-rfviiifc)*)	3	
ENDO AVITENE EXTERNAL (*absorbable collagen hemostat*)	3	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*antihemoph fact rcmb gpeg-exei*)	3	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT (*antihemoph fact rcmb gpeg-exei*)	3	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (*antiinhibitor coagulant cmplx*)	3	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*)	3	DSL = 30 days
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED 2 GM (*fibrinogen concentrate (human)*)	3	
GELFILM EXTERNAL FILM (*gelatin absorbable*)	3	
GELFILM OPHTHALMIC FILM (*gelatin adsorbable*)	3	
GEL-FLOW EXTERNAL KIT (*gelatin absorb-thrombin*)	3	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE (*gelatin absorbable*)	3	
GELFOAM COMPRESSED SIZE 100 EXTERNAL (*gelatin absorbable*)	3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL (*gelatin absorbable*)	3	
GELFOAM MOUTH/THROAT POWDER (*gelatin absorbable*)	3	
GELFOAM SPONGE EXTERNAL 12-7 MM (*gelatin absorbable*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GELFOAM SPONGE SIZE 100 EXTERNAL (*gelatin absorbable*)	3	
GELFOAM SPONGE SIZE 200 EXTERNAL (*gelatin absorbable*)	3	
GELFOAM SPONGE SIZE 50 EXTERNAL (*gelatin absorbable*)	3	
GELFOAM-JMI POWDER EXTERNAL KIT (*gelatin absorb-thrombin*)	3	
GELFOAM-JMI SPONGE EXTERNAL KIT (*gelatin absorb-thrombin*)	3	
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML (*etranacogene dezaparvovec-drlb*)	3	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (*emicizumab-kxwh*)	3	DSL = 30 days
HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML (*emicizumab-kxwh*)	3	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	3	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (*antihemophilic factor-vwf*)	3	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*marstacimab-hncq*)	3	DSL = 30 days
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*coagulation factor ix (rix-fp)*)	3	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 3500 UNIT (*coagulation factor ix (rix-fp)*)	3	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	3	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*ahf (bdd-rfviii peg-aucl)*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT (*ahf (bdd-rfviii peg-aucl)*)	3	
KEBILIDI INJECTION SUSPENSION 280000000000 VG/0.5ML (*eladocagene exuparvovec-tneq*)	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	3	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (*antihemophilic factor*)	3	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (*antihem factor recomb (rfviii)*)	3	DSL = 30 days
KOGENATE FS INTRAVENOUS KIT 2000 UNIT, 3000 UNIT (*antihem factor recomb (rfviii)*)	3	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	3	
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact bd truncated*)	3	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (*coagulation factor viia recomb*)	3	DSL = 30 days
NUWIQ INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	2	DSL = 30 days
NUWIQ INTRAVENOUS KIT 1500 UNIT (*antihem fact (bdd-rfviii,sim)*)	3	
NUWIQ INTRAVENOUS KIT 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT (*antihem fact (bdd-rfviii,sim)*)	3	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	3	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (*antihem fact (bdd-rfviii,sim)*)	3	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 3000 UNIT, 4000 UNIT (*antihem fact (bdd-rfviii,sim)*)	3	
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	3	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*factor ix complex*)	3	DSL = 30 days
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML (*fitusiran sodium*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (*fitusiran sodium*)	3	DSL = 30 days
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (*coagulation factor ix glycopeg*)	3	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT (*coagulation factor ix glycopeg*)	3	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 801-1240 UNIT (*antihem factor recomb (rfviii)*)	3	DSL = 30 days
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 220-400 UNIT, 401-800 UNIT (*antihem factor recomb (rfviii)*)	3	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT (*thrombin (recombinant)*)	2	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (*thrombin (recombinant)*)	2	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (*fibrinogen concentrate (human)*)	3	DSL = 30 days
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	
ROCTAVIAN INTRAVENOUS SUSPENSION 20000000000000 VG/ML (*valoctocogene roxaparvov-rvox*)	3	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (*coagulation factor viia-jncw*)	3	DSL = 30 days
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 2 MG (*coagulation factor viia-jncw*)	3	
SYRINGE AVITENE EXTERNAL (*absorbable collagen hemostat*)	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT (*thrombin*)	3	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT (*thrombin*)	2	
THROMBIN-JMI EXTERNAL KIT 5000 UNIT (*thrombin*)	3	
THROMBOGEN EXTERNAL KIT 10000 UNIT (*thrombin*)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT (*thrombin*)	3	
tranexamic acid intravenous solution 1000 mg/10ml	1	
tranexamic acid oral tablet 650 mg	1	
tranexamic acid-nacl intravenous solution 1000-0.7 mg/100ml-%	1	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (*coagulation factor xiii a-sub*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL (*microfibrillar coll hemostat*)	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL (*microfibrillar coll hemostat*)	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL (*microfibrillar coll hemostat*)	3	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL (*microfibrillar coll hemostat*)	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL (*microfibrillar coll hemostat*)	3	
VISTASEAL EXTERNAL PREFILLED SYRINGE KIT 10 ML, 2 ML, 4 ML (*fibrinogen-thrombin*)	3	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (*von willebrand factor (recomb)*)	3	DSL = 30 days
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (*beremagene geperpavec-svdt*)	3	DSL = 30 days
WILATE INTRAVENOUS KIT 1000-1000 UNIT (*antihemophilic factor-vwf*)	3	
WILATE INTRAVENOUS KIT 500-500 UNIT (*antihemophilic factor-vwf*)	3	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	3	DSL = 30 days
XYNTHA INTRAVENOUS KIT 2000 UNIT (*antihem fact (bdd-rfviii,mor)*)	3	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	3	DSL = 30 days
XYNTHA SOLOFUSE INTRAVENOUS KIT 2000 UNIT, 3000 UNIT (*antihem fact (bdd-rfviii,mor)*)	3	
HEPARINS - Drugs to Prevent Blood Clots		
enoxaparin sodium injection solution 300 mg/3ml	1	DSL = 30 days
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	1	DSL = 30 days
ENOXILUV KIT INJECTION PREFILLED SYRINGE KIT 40 MG/0.4ML (*enoxaparin sodium*)	3	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML (*dalteparin sodium*)	3	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (*dalteparin sodium*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (*dalteparin sodium*)	3	DSL = 30 days
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%	1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 4000-0.9 UNIT/L-%	3	
heparin na (pork) lock flsh pf intravenous solution 10 unit/ml, 100 unit/ml	1	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	
heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml	1	
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml	1	
HEPMED COMBINATION KIT 100&0.9&2.5-2.5 UT/ML	3	
LOVENOX INJECTION SOLUTION 300 MG/3ML (*enoxaparin sodium*)	2	DSL = 30 days
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (*enoxaparin sodium*)	2	DSL = 30 days
INDIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (*fondaparinux sodium*)	3	DSL = 30 days
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	1	DSL = 30 days
IRON PREPARATIONS - Vitamins and Minerals		
ACCRUFER ORAL CAPSULE 30 MG (*ferric maltol*)	3	DSL = 30 days
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
ALIVE PREMIUM PRENATAL ORAL CAPSULE 13.5-0.2-100 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
ALTRIXA OB ORAL TABLET 15-0.4-0.6 MG	3	
ATABEX OB ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*)	3	
AZESCO ORAL TABLET 13-1 MG	3	
BENTIVITE ORAL TABLET 35-1 MG (*ferrous sulfate-folic acid*)	3	
CENTRATEX ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CHROMAGEN ORAL CAPSULE (*iron combinations*)	3	
corvita 150 oral tablet 150-1.25 mg	1	
CORVITE 150 ORAL TABLET (*iron combinations*)	3	
CORVITE 150 ORAL TABLET 150-1.25 MG (*iron-folic acid-c-b6-b12-zinc*)	3	
CORVITE FE ORAL TABLET	3	
DAVIMET-IRON ORAL TABLET CHEWABLE (*multiple vitamins-iron*)	3	
DERMACINRX PRETRATE ORAL TABLET 1 MG (*prenatal multivit-min-fe-fa*)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	3	
EMBRIVA ORAL TABLET 13-1 MG (*prenatal vit-fe gluconate-fa*)	3	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	3	
FEONYX ORAL TABLET	3	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML (*ferumoxytol*)	PV	
FERIVA 21/7 (WITH DOCUSATE) ORAL TABLET 75-1 MG (*feasp-b12-fa-c-dss-succac-zn*)	3	
ferotrinsic oral capsule	PV	
FERRALET 90 ORAL TABLET 90-1 MG (*fe cbn-fe gluc-fa-b12-c-dss*)	3	
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML (*na ferric gluc cplx in sucrose*)	3	
FERRO-PLEX ORAL TABLET 115-1 MG (*fe fum-fa-c-e-b12-intrins fact*)	3	
ferrous fumarate oral tablet 324 mg	1	
ferrous gluconate oral tablet 324 (38 fe) mg	1	
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml	1	
ferrous sulfate oral tablet 325 (65 fe) mg	1	
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg	1	
ferumoxytol intravenous solution 510 mg/17ml	PV	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (*pediatric multivit-minerals*)	3	
FOLATEXCEL ORAL TABLET 20-1 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOLIVANE-F ORAL CAPSULE 125-1 MG (*fe fum-fepoly-fa-vit c-vit b3*)	3	
FOLIVANE-PLUS ORAL CAPSULE (*fefum-fepoly-fa-b cmp-c-biot*)	3	
foltrin oral capsule	PV	
ft prenatal oral tablet 28-0.8 mg	1	
FUSION PLUS ORAL CAPSULE (*iron-fa-b cmp-c-biot-probiotic*)	3	
hematinic plus vit/minerals oral tablet 106-1 mg	1	
hematinic/folic acid oral tablet 324-1 mg	1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (*fe fum-vit c-vit b12-fa*)	3	
HEMATOGEN ORAL CAPSULE (*iron combinations*)	3	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	3	
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG (*iron-vit c-vit b12-folic acid*)	3	
INFED INJECTION SOLUTION 50 MG/ML (*iron dextran*)	2	
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML (*ferric carboxymaltose*)	3	
INTEGRA F ORAL CAPSULE 125-1 MG (*fe fum-fepoly-fa-vit c-vit b3*)	3	
INTEGRA PLUS ORAL CAPSULE (*fefum-fepoly-fa-b cmp-c-biot*)	3	
IRON FOLATE PLUS ORAL CAPSULE	3	
iron sucrose intravenous solution 20 mg/ml	1	
IROSPAN 24/6 ORAL (*fe-succ ac-b cmplx-c-ca-fa*)	3	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	
k-tan plus oral capsule 162-115.2-1 mg	1	
MATERNACEL ORAL TABLET 20-1 MG (*prenatal vit w/ fe bisg-fa*)	3	
MATERVIA ORAL CAPSULE 0.5 MG	3	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML (*ferric derisomaltose*)	3	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (*fe asp gly-succ-c-thre-b12-fa*)	PV	
MULTIGEN ORAL TABLET 70 MG (*fe-succ-c-thre-b12-des stomach*)	PV	
MULTIGEN PLUS ORAL TABLET (*feasp-fefum -suc-c-thre-b12-fa*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml	1	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEOMATERNA ORAL TABLET 20-1 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	3	
NEO-VITAL RX ORAL TABLET 1 MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	3	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	3	
NIFEREX ORAL TABLET (*iron combinations*)	3	
NUTRIVIT ORAL LIQUID (*b complex-lysine-min-fe-fa*)	3	
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG (*prenatal vit-iron carbonyl-fa*)	3	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (*prenatal-fe cbn-fa-dha w/o a*)	3	
ONE VITE FERROUS SULFATE ORAL SOLUTION 220 (44 FE) MG/5ML (*ferrous sulfate*)	3	
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
P2I PRENATAL WITH CHOLINE ORAL CAPSULE 0.333 MG (*prenatal multivit-min-fe-fa*)	3	
pnv 27-ca/fe/fa oral tablet 60-1 mg	1	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
PNV TABS 20-1 ORAL TABLET 20-1 MG	3	
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	1	
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	1	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (*ped multivitamins-fl-iron*)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	3	
PREGEN DHA ORAL CAPSULE 28-1-35 MG	3	
PREGENNA ORAL TABLET 20-1 MG	3	
prenatal oral tablet 27-0.8 mg, 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
prenatal vitamins oral tablet 27-0.8 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATOL-M ORAL TABLET 27-1.2 MG (*prenatal vit-fe fumarate-fa*)	3	
PRENATRIX ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
PRENATRYL ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
purevit dualfe plus oral capsule 162-115.2-1 mg	1	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	3	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (*ped multivitamins-fl-iron*)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
RENATABS WITH IRON ORAL 1 & 100 MG (*b complex-c-biotin-e-fa-fe cbn*)	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	3	
se-tan plus oral capsule 162-115.2-1 mg	1	
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG (*fefum-fepo-fa-b cmp-c-zn-mn-cu*)	3	
TARON FORTE ORAL CAPSULE	3	
TRICON ORAL CAPSULE (*fe fumarate-b12-vit c-fa-ifc*)	PV	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRUE FERROUS SULFATE ORAL TABLET DELAYED RELEASE 324 MG	3	
TULIVITE ORAL TABLET 35-1 MG	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (*iron sucrose*)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
VITALARA ORAL TABLET 20-1 MG	3	
VITA-PAC ORAL CAPSULE 0.9 MG	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTAB PLUS ORAL TABLET 27-1 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
ZALVIT ORAL TABLET 13-1 MG	3	
ZIPHEX ORAL TABLET 13-1 MG	3	
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG (*cyanocobalamin-methylcobalamin*)	3	
b-12 oral tablet 1000 mcg, 500 mcg	1	
b-12 oral tablet extended release 1000 mcg	1	
b-12 slow release oral tablet extended release 1000 mcg	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal solution 500 mcg/0.1ml	1	
cyanocobalamin sublingual liquid 5000 mcg/ml	3	
ft vitamin b-12 extra strength oral tablet chewable 1500 mcg	3	
ft vitamin b-12 oral tablet 500 mcg	1	
ft vitamin b-12 pr oral tablet extended release 1000 mcg	1	
ft vitamin b-12 sublingual tablet sublingual 2500 mcg, 5000 mcg	1	
MULTIGEN ORAL TABLET 70 MG (*fe-succ-c-thre-b12-des stomach*)	PV	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	3	
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG	3	
PHYSICIANS EZ USE B-12 INJECTION KIT 1000 MCG/ML	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRUE VITAMIN B12 ORAL TABLET 1000 MCG, 500 MCG	3	
VITAJOY B-12 EXTRA STR GUMMIES ORAL TABLET CHEWABLE 1500 MCG (*cyanocobalamin*)	3	
VITAMIN DEFICIENCY SYSTEM-B12 INJECTION KIT 1000 MCG/ML	3	
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
aspirin 81 oral tablet delayed release 81 mg	PV	
aspirin adult low dose oral tablet delayed release 81 mg	PV	
aspirin adult low strength oral tablet delayed release 81 mg	PV	
aspirin childrens oral tablet chewable 81 mg	PV	
aspirin ec adult low dose oral tablet delayed release 81 mg	PV	
aspirin ec low dose oral tablet delayed release 81 mg	PV	
aspirin ec low strength oral tablet delayed release 81 mg	PV	
aspirin ec oral tablet delayed release 325 mg	PV	
aspirin low dose oral tablet chewable 81 mg	PV	
aspirin low dose oral tablet delayed release 81 mg	PV	
aspirin oral tablet 325 mg	PV	
aspirin oral tablet chewable 81 mg	PV	
aspirin oral tablet delayed release 325 mg, 81 mg	PV	
aspirin rectal suppository 300 mg	1	
aspirin regimen oral tablet delayed release 81 mg	PV	
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (*aspirin*)	PV	
BRILINTA ORAL TABLET 60 MG (*ticagrelor*)	3	
BRILINTA ORAL TABLET 90 MG (*ticagrelor*)	3	
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel bisulfate oral tablet 300 mg, 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
EFFIENT ORAL TABLET 10 MG, 5 MG (*prasugrel hcl*)	2	
ft aspirin low dose oral tablet delayed release 81 mg	PV	
ft aspirin oral tablet 325 mg	PV	
ft aspirin oral tablet chewable 81 mg	PV	
ft enteric coated aspirin oral tablet delayed release 325 mg	PV	
goodsense aspirin low dose oral tablet delayed release 81 mg	PV	
goodsense aspirin oral tablet 325 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mm aspirin oral tablet delayed release 81 mg	PV	
PLAVIX ORAL TABLET 75 MG (*clopidogrel bisulfate*)	3	
prasugrel hcl oral tablet 10 mg, 5 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	PV	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	PV	
ticagrelor oral tablet 60 mg, 90 mg	1	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (*aspirin-omeprazole*)	3	
ZONTIVITY ORAL TABLET 2.08 MG (*vorapaxar sulfate*)	3	
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
AGRYLIN ORAL CAPSULE 0.5 MG (*anagrelide hcl*)	3	
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	
THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (*alteplase*)	2	
aspirin 81 oral tablet delayed release 81 mg	PV	
aspirin adult low dose oral tablet delayed release 81 mg	PV	
aspirin adult low strength oral tablet delayed release 81 mg	PV	
aspirin childrens oral tablet chewable 81 mg	PV	
aspirin ec adult low dose oral tablet delayed release 81 mg	PV	
aspirin ec low dose oral tablet delayed release 81 mg	PV	
aspirin ec low strength oral tablet delayed release 81 mg	PV	
aspirin ec oral tablet delayed release 325 mg	PV	
aspirin low dose oral tablet chewable 81 mg	PV	
aspirin low dose oral tablet delayed release 81 mg	PV	
aspirin oral tablet 325 mg	PV	
aspirin oral tablet chewable 81 mg	PV	
aspirin oral tablet delayed release 325 mg, 81 mg	PV	
aspirin rectal suppository 300 mg	1	
aspirin regimen oral tablet delayed release 81 mg	PV	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (*aspirin*)	PV	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG (*alteplase*)	2	
ft aspirin low dose oral tablet delayed release 81 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft aspirin oral tablet 325 mg	PV	
ft aspirin oral tablet chewable 81 mg	PV	
ft enteric coated aspirin oral tablet delayed release 325 mg	PV	
goodsense aspirin low dose oral tablet delayed release 81 mg	PV	
goodsense aspirin oral tablet 325 mg	PV	
mm aspirin oral tablet delayed release 81 mg	PV	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	PV	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	PV	
VON WILLEBRAND FACTOR-RELATED ANTITHROMB - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (*caplacizumab-yhdp*)	3	DSL = 30 days
CARDIOVASCULAR DRUGS		
BRADYKININ RECEPTORS ANTAGONISTS		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (*icatibant acetate*)	3	DSL = 30 days
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	DSL = 30 days
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (*icatibant acetate*)	3	DSL = 30 days
CARBONIC ANHYDRASE INHIBITORS (24:36)		
acetazolamide er oral capsule extended release 12 h our 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
dichlorphenamide oral tablet 50 mg	1	DSL = 30 days
KEVEYIS ORAL TABLET 50 MG (*dichlorphenamide*)	3	DSL = 30 days
methazolamide oral tablet 25 mg, 50 mg	1	
ORMALVI ORAL TABLET 50 MG (*dichlorphenamide*)	3	DSL = 30 days
FACTOR XIIA INHIBITORS		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML (*garadacimab-gxii*)	3	DSL = 30 days
KALLIKREIN INHIBITORS (24:48:08)		
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*donidalorsen sodium*)	3	DSL = 30 days
EKTERLY ORAL TABLET 300 MG (*sebetralstat*)	3	DSL = 30 days
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (*ecallantide*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	3	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	3	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*lanadelumab-flyo*)	3	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*lanadelumab-flyo*)	3	DSL = 30 days
LOOP DIURETICS (24:36)		
bumetanide injection solution 0.25 mg/ml	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (*bumetanide*)	3	
EDECRIN ORAL TABLET 25 MG (*ethacrynic acid*)	3	
ENBUMYST NASAL SOLUTION 0.5 MG/0.1ML (*bumetanide*)	3	
ethacrynic acid oral tablet 25 mg	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (*furosemide*)	3	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (*furosemide*)	3	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (*torsemide*)	3	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
OSMOTIC DIURETICS (24:36)		
CEM-UREA EXTERNAL SOLUTION 45 % (*urea*)	3	
DERMACINRX UREA EXTERNAL CREAM 41 % (*urea*)	3	
DERMACURE EXTERNAL CREAM 41 % (*urea*)	3	
HYDRO 40 EXTERNAL FOAM 40 % (*urea*)	3	
UMECTA MOUSSE EXTERNAL FOAM 40 % (*urea*)	3	
URAMAXIN EXTERNAL GEL 45 % (*urea*)	3	
urea 20 intensive hydrating external cream 20 %	1	
urea external cream 20 %, 39 %, 40 %, 41 %, 45 %	1	
UREA EXTERNAL CREAM 39.5 %	3	
UREA EXTERNAL FOAM 35 %	3	
urea external lotion 40 %	1	
urea nail external gel 45 %	1	
ureacin-10 external lotion 10 %	1	
ureacin-20 external cream 20 %	1	
UREAPRO ORAL POWDER 15 GM/SCOOP (*urea*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
uredeb external cream 39 %	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
URESOL EXTERNAL CREAM 42.5 % (*urea*)	3	
xurea external cream 39 %	1	
POTASSIUM-SPARING DIURETIC		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (*spironolactone*)	3	
amiloride hcl oral tablet 5 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	3	
DYRENIUM ORAL CAPSULE 100 MG (*triamterene*)	3	
DYRENIUM ORAL CAPSULE 50 MG (*triamterene*)	2	
eplerenone oral tablet 25 mg, 50 mg	1	
INSPRA ORAL TABLET 25 MG, 50 MG (*eplerenone*)	3	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
SODIUM-GLUC (SGLT) COTRANSPORTER INHIB		
INPEFA ORAL TABLET 200 MG, 400 MG (*sotagliflozin*)	3	DSL = 30 days
THIAZIDE DIURETICS (24:36)		
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	3	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*hydrochlorothiazide*)	3	
THIAZIDE-LIKE DIURETICS (24:36)		
chlorthalidone oral tablet 25 mg, 50 mg	1	
HEMICLOR ORAL TABLET 12.5 MG (*chlorthalidone*)	3	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
THALITONE ORAL TABLET 15 MG (*chlorthalidone*)	3	
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ACL INHIBITORS - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (*bempedoic acid*)	3	
NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for Varicose Veins		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (*doxazosin mesylate*)	3	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM (*talc*)	3	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
TEZRULY ORAL SOLUTION 1 MG/ML (*terazosin hcl*)	3	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (*doxazosin mesylate*)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	3	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
ANGIOTENSIN II RECEP ANTAGONIST/NEPROLYS - Drugs for the Heart		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (*sacubitril-valsartan*)	3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	3	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (*candesartan cilexetil*)	3	
AVAPRO ORAL TABLET 150 MG, 300 MG (*irbesartan*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (*olmesartan medoxomil*)	3	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (*losartan potassium*)	3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (*valsartan*)	3	
EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*)	3	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
MICARDIS ORAL TABLET 40 MG, 80 MG (*telmisartan*)	3	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
valsartan oral solution 4 mg/ml	1	DSL = 30 days
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
ARBLI ORAL SUSPENSION 10 MG/ML (*losartan potassium*)	3	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (*candesartan cilexetil-hctz*)	3	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (*candesartan cilexetil*)	3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (*irbesartan-hydrochlorothiazide*)	3	
AVAPRO ORAL TABLET 150 MG, 300 MG (*irbesartan*)	3	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (*amlodipine-olmesartan*)	3	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (*olmesartan medoxomil-hctz*)	3	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (*olmesartan medoxomil*)	3	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (*losartan potassium*)	3	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (*valsartan-hydrochlorothiazide*)	3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (*valsartan*)	3	
EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*)	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*)	3	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (*sacubitril-valsartan*)	3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	3	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (*amlodipine-valsartan-hctz*)	3	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (*amlodipine besylate-valsartan*)	3	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (*losartan potassium-hctz*)	3	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (*telmisartan-hctz*)	3	
MICARDIS ORAL TABLET 40 MG, 80 MG (*telmisartan*)	3	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (*olmesartan-amlodipine-hctz*)	3	
valsartan oral solution 4 mg/ml	1	DSL = 30 days
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*quinapril hcl*)	3	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
enalapril maleate oral solution 1 mg/ml	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalaprilat intravenous solution 1.25 mg/ml	1	
EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*)	3	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (*benazepril hcl*)	3	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (*perindopril arg-amlodipine*)	3	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*enalapril maleate*)	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (*lisinopril*)	3	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*quinapril hcl*)	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (*quinapril-hydrochlorothiazide*)	3	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
enalapril maleate oral solution 1 mg/ml	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalaprilat intravenous solution 1.25 mg/ml	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*)	3	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*benazepril-hydrochlorothiazide*)	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (*benazepril hcl*)	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (*amlodipine besy-benazepril hcl*)	3	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (*perindopril arg-amlodipine*)	3	
QBRELIS ORAL SOLUTION 1 MG/ML (*lisinopril*)	3	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
VASERETIC ORAL TABLET 10-25 MG (*enalapril-hydrochlorothiazide*)	3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*enalapril maleate*)	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*lisinopril-hydrochlorothiazide*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (*lisinopril*)	3	
ANGPTL3 INHIBITORS (24:06) - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML (*evinacumab-dgnb*)	3	DSL = 30 days
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
digoxin oral solution 0.05 mg/ml	PV	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	PV	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (*digoxin*)	PV	
magnesium sulfate injection solution 50 %	PV	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	PV	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML (*evinacumab-dgnb*)	3	DSL = 30 days
icosapent ethyl oral capsule 0.5 gm, 1 gm	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (*lomitapide mesylate*)	3	DSL = 30 days
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (*inclisiran sodium*)	3	
LOVAZA ORAL CAPSULE 1 GM (*omega-3-acid ethyl esters*)	3	
NEXLETOL ORAL TABLET 180 MG (*bempedoic acid*)	3	
NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*)	3	
niacin (antihyperlipidemic) oral tablet 500 mg	1	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	
niacor oral tablet 500 mg	1	
omega-3-acid ethyl esters oral capsule 1 gm	1	
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG (*niacin*)	2	
SURE RESULT O3D3 SYSTEM ORAL KIT 1 & 1000 GM & UNIT	3	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*olezarsen sodium*)	3	DSL = 30 days
VASCEPA ORAL CAPSULE 0.5 GM (*icosapent ethyl*)	3	
VASCEPA ORAL CAPSULE 1 GM (*icosapent ethyl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*atenolol*)	3	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
BETIMOL OPHTHALMIC SOLUTION 0.5 % (*timolol hemihydrate*)	3	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*)	3	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (*doxazosin mesylate*)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	3	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
LOPRESSOR ORAL SOLUTION 10 MG/ML (*metoprolol tartrate*)	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	3	
TENORETIC 100 ORAL TABLET 100-25 MG (*atenolol-chlorthalidone*)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (*atenolol-chlorthalidone*)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (*atenolol*)	3	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
timolol hemihydrate ophthalmic solution 0.5 %	1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	1	
timolol maleate ocudose ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (*timolol maleate*)	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
cholestyramine light oral packet 4 gm	1	
cholestyramine light oral powder 4 gm/dose	1	
cholestyramine oral packet 4 gm	1	
cholestyramine oral powder 4 gm/dose	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (*clindamycin-tretinoin-cholesty*)	3	
colesevelam hcl oral packet 3.75 gm	1	
colesevelam hcl oral tablet 625 mg	1	
COLESTID ORAL GRANULES 5 GM (*colestipol hcl*)	3	
COLESTID ORAL TABLET 1 GM (*colestipol hcl*)	3	
colestipol hcl oral granules 5 gm	1	
colestipol hcl oral packet 5 gm	1	
colestipol hcl oral tablet 1 gm	1	
prevalite oral packet 4 gm	1	
prevalite oral powder 4 gm/dose	1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (*cholestyramine light*)	3	
QUESTRAN ORAL PACKET 4 GM (*cholestyramine*)	3	
QUESTRAN ORAL POWDER 4 GM/DOSE (*cholestyramine*)	3	
WELCHOL ORAL PACKET 3.75 GM (*colesevelam hcl*)	3	
WELCHOL ORAL TABLET 625 MG (*colesevelam hcl*)	3	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (*diltiazem hcl coated beads*)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl*)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*)	3	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-MG/125ML	3	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
CALCIUM-CHANNEL BLOCKING AGENTS - Drugs for High Blood Pressure & Angina		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (*diltiazem hcl coated beads*)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl*)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*)	3	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-MG/125ML	3	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure & Angina		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (*diltiazem hcl coated beads*)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl*)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*)	3	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-MG/125ML	3	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	3	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG (*ranolazine*)	3	
ATTRUBY ORAL TABLET THERAPY PACK 356 MG (*acoramidis hcl*)	3	DSL = 30 days
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*mavacamten*)	3	
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	3	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	3	DSL = 30 days
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	1	
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	3	DSL = 30 days
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	3	
CARDIOTONIC AGENTS - Drugs for Angina		
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	3	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	3	DSL = 30 days
digoxin oral solution 0.05 mg/ml	PV	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	PV	
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	DSL = 30 days
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (*digoxin*)	PV	
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%	1	
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	1	
CENTRAL ALPHA-AGONISTS - Drugs for Abnormal Heart Rhythms		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*atenolol*)	3	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (*clonidine*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (*clonidine*)	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (*clonidine*)	3	
CLONIDINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	3	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	3	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	3	
methyldopa oral tablet 250 mg, 500 mg	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (*clonidine*)	3	
pindolol oral tablet 10 mg, 5 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	3	
TENORETIC 100 ORAL TABLET 100-25 MG (*atenolol-chlorthalidone*)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (*atenolol-chlorthalidone*)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (*atenolol*)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
CGMP SYNTHESIS AGENT - Drugs for High Blood Pressure & Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*)	3	
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*)	3	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (*ezetimibe-simvastatin*)	3	
ZETIA ORAL TABLET 10 MG (*ezetimibe*)	3	
CLASS IA ANTIARRHYTHMICS - Drugs for Angina		
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (*disopyramide phosphate*)	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (*disopyramide phosphate*)	3	
procainamide hcl injection solution 100 mg/ml, 500 mg/ml	1	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
CLASS IB ANTIARRHYTHMICS - Drugs for Angina		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (*phenytoin*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DILANTIN ORAL CAPSULE 100 MG (*phenytoin sodium extended*)	3	
DILANTIN ORAL CAPSULE 30 MG (*phenytoin sodium extended*)	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	3	
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	1	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION	3	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	1	
phenytek oral capsule 200 mg, 300 mg	1	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*atenolol*)	3	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	3	
betaxolol hcl ophthalmic solution 0.5 %	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
BETIMOL OPHTHALMIC SOLUTION 0.5 % (*timolol hemihydrate*)	3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*)	3	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (*nebivolol hcl*)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	3	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
LOPRESSOR ORAL SOLUTION 10 MG/ML (*metoprolol tartrate*)	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (*atenolol*)	3	
timolol hemihydrate ophthalmic solution 0.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
timolol maleate (once-daily) ophthalmic solution 0.5 %	1	
timolol maleate ocudose ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (*timolol maleate*)	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	3	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*)	3	
PACERONE ORAL TABLET 100 MG, 200 MG (*amiodarone hcl*)	3	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	3	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (*dofetilide*)	3	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (*diltiazem hcl coated beads*)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl*)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*)	3	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-MG/125ML	3	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*amlodipine besylate*)	3	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
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	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (*amlodipine-olmesartan*)	3	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (*amlodipine-atorvastatin*)	3	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (*levamlodipine maleate*)	3	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (*amlodipine-valsartan-hctz*)	3	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (*amlodipine besylate-valsartan*)	3	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	3	
LEVAMLODIPINE MALEATE ORAL TABLET 2.5 MG, 5 MG	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (*amlodipine besy-benazepril hcl*)	3	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
NIMODIPINE ORAL SOLUTION 60 MG/20ML	3	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*)	3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	3	DSL = 30 days
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (*perindopril arg-amlodipine*)	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (*nifedipine*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (*nisoldipine*)	3	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (*olmesartan-amlodipine-hctz*)	3	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*amlodipine besylate*)	3	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (*levamlodipine maleate*)	3	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	3	
LEVAMLODIPINE MALEATE ORAL TABLET 2.5 MG, 5 MG	3	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
NIMODIPINE ORAL SOLUTION 60 MG/20ML	3	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*)	3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	3	DSL = 30 days
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (*nifedipine*)	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (*nisoldipine*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
BIDIL ORAL TABLET 20-37.5 MG (*isosorb dinitrate-hydralazine*)	3	
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5 MG	3	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (*clonidine*)	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (*clonidine*)	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (*clonidine*)	3	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (*alprostadil (vasodilator)*)	3	
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (*alprostadil (vasodilator)*)	3	
CLONIDINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	3	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (*alprostadil (vasodilator)*)	3	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
HEMTARA EXTERNAL SOLUTION 0.05-5 %	3	
HEMTARA HP EXTERNAL SOLUTION 0.05-7 %	3	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML (*papaverine-phentolamine*)	3	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
methyldopa oral tablet 250 mg, 500 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (*clonidine*)	3	
OXOPID EXTERNAL SOLUTION 0.05-5 %	3	
OXOPOD EXTERNAL SOLUTION 0.05-7 %	3	
papaverine hcl injection solution 30 mg/ml	3	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10 MG	3	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
SUPER TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-100 MG-MG-MCG	3	
TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5-50 MG-MG-MCG	3	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
elixophyllin oral elixir 80 mg/15ml	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	PV	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	PV	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	1	
fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	1	
fenofibric acid oral tablet 105 mg, 35 mg	1	
gemfibrozil oral tablet 600 mg	1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (*fenofibrate*)	3	
LOPID ORAL TABLET 600 MG (*gemfibrozil*)	3	
TRICOR ORAL TABLET 145 MG, 48 MG (*fenofibrate*)	3	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (*lovastatin*)	PV	
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	1	
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (*atorvastatin calcium*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	PV	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (*amlodipine-atorvastatin*)	3	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	PV	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	3	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	3	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	PV	
fluvastatin sodium oral capsule 20 mg, 40 mg	PV	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (*fluvastatin sodium*)	PV	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (*atorvastatin calcium*)	PV	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (*pitavastatin calcium*)	PV	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	PV	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	PV	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	PV	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	PV	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	PV	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (*ezetimibe-simvastatin*)	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (*simvastatin*)	PV	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (*pitavastatin magnesium*)	3	
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
bumetanide injection solution 0.25 mg/ml	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (*bumetanide*)	3	
EDECRIN ORAL TABLET 25 MG (*ethacrynic acid*)	3	
ethacrynic acid oral tablet 25 mg	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (*furosemide*)	3	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (*furosemide*)	3	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (*torsemide*)	3	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
UDSX MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
UDSXMP MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (*spironolactone*)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	3	
eplerenone oral tablet 25 mg, 50 mg	1	
INSPRA ORAL TABLET 25 MG, 50 MG (*eplerenone*)	3	
KERENDIA ORAL TABLET 10 MG, 20 MG (*finerenone*)	3	
KERENDIA ORAL TABLET 40 MG (*finerenone*)	3	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (*spironolactone*)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	3	
eplerenone oral tablet 25 mg, 50 mg	1	
INSPRA ORAL TABLET 25 MG, 50 MG (*eplerenone*)	3	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
MTP PROTEIN INHIBITORS - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (*lomitapide mesylate*)	3	DSL = 30 days
NITRATES AND NITRITES - Drugs for High Blood Pressure & Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*atenolol*)	3	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl*)	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
BIDIL ORAL TABLET 20-37.5 MG (*isosorb dinitrate-hydralazine*)	3	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (*carvedilol phosphate*)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (*carvedilol*)	3	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (*isosorbide dinitrate*)	3	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NITRO-BID TRANSDERMAL OINTMENT 2 % (*nitroglycerin*)	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (*nitroglycerin*)	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (*nitroglycerin*)	2	
nitroglycerin rectal ointment 0.4 %	1	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (*nitroglycerin*)	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (*nitroglycerin*)	2	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (*nitroglycerin*)	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
RECTIV RECTAL OINTMENT 0.4 % (*nitroglycerin*)	3	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (*atenolol*)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	3	
NITRATES AND NITRITES - Drugs for the Heart		
BIDIL ORAL TABLET 20-37.5 MG (*isosorb dinitrate-hydralazine*)	3	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (*isosorbide dinitrate*)	3	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NITRO-BID TRANSDERMAL OINTMENT 2 % (*nitroglycerin*)	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (*nitroglycerin*)	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (*nitroglycerin*)	2	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (*nitroglycerin*)	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (*nitroglycerin*)	2	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (*nitroglycerin*)	1	
OMEGA-3-MEDIATED ANTILIPEMICS - Drugs for Cholesterol		
icosapent ethyl oral capsule 0.5 gm, 1 gm	1	
LOVAZA ORAL CAPSULE 1 GM (*omega-3-acid ethyl esters*)	3	
omega-3-acid ethyl esters oral capsule 1 gm	1	
SURE RESULT O3D3 SYSTEM ORAL KIT 1 & 1000 GM & UNIT	3	
VASCEPA ORAL CAPSULE 0.5 GM (*icosapent ethyl*)	3	
VASCEPA ORAL CAPSULE 1 GM (*icosapent ethyl*)	3	
PCSK9 INHIBITORS - Drugs for Cholesterol		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (*inclisiran sodium*)	3	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (*alirocumab*)	3	DSL = 30 days
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (*evolocumab*)	3	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*evolocumab*)	3	
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for High Blood Pressure & Angina		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	3	DSL = 30 days
alyq oral tablet 20 mg	3	DSL = 30 days
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
avanafil oral tablet 100 mg, 200 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CIALIS ORAL TABLET 10 MG, 20 MG (*tadalafil*)	3	
CIALIS ORAL TABLET 5 MG (*tadalafil*)	3	
cilostazol oral tablet 100 mg, 50 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	3	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	3	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	3	
sildenafil citrate intravenous solution 10 mg/12.5ml	3	
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	DSL = 30 days
sildenafil citrate oral tablet 100 mg, 50 mg	3	
sildenafil citrate oral tablet 20 mg	3	
sildenafil citrate oral tablet 25 mg	1	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (*avanafil*)	3	
tadalafil (pah) oral tablet 20 mg	3	DSL = 30 days
tadalafil oral tablet 10 mg, 20 mg	3	
tadalafil oral tablet 2.5 mg, 5 mg	1	
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	3	DSL = 30 days
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	
vardenafil hcl oral tablet dispersible 10 mg	1	
VIAGRA ORAL TABLET 100 MG, 50 MG (*sildenafil citrate*)	3	
VIAGRA ORAL TABLET 25 MG (*sildenafil citrate*)	3	
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	3	DSL = 30 days
alyq oral tablet 20 mg	3	DSL = 30 days
avanafil oral tablet 100 mg, 200 mg, 50 mg	1	
CIALIS ORAL TABLET 10 MG, 20 MG (*tadalafil*)	3	
CIALIS ORAL TABLET 5 MG (*tadalafil*)	3	
cilostazol oral tablet 100 mg, 50 mg	1	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	3	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	3	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	3	
sildenafil citrate intravenous solution 10 mg/12.5ml	3	
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	DSL = 30 days
sildenafil citrate oral tablet 100 mg, 50 mg	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sildenafil citrate oral tablet 20 mg	3	
sildenafil citrate oral tablet 25 mg	1	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (*avanafil*)	3	
tadalafil (pah) oral tablet 20 mg	3	DSL = 30 days
tadalafil oral tablet 10 mg, 20 mg	3	
tadalafil oral tablet 2.5 mg, 5 mg	1	
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	3	DSL = 30 days
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	3	
vardenafil hcl oral tablet dispersible 10 mg	1	
VIAGRA ORAL TABLET 100 MG, 50 MG (*sildenafil citrate*)	3	
VIAGRA ORAL TABLET 25 MG (*sildenafil citrate*)	3	
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (*spironolactone*)	3	
amiloride hcl oral tablet 5 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	3	
DYRENIUM ORAL CAPSULE 100 MG (*triamterene*)	3	
DYRENIUM ORAL CAPSULE 50 MG (*triamterene*)	2	
eplerenone oral tablet 25 mg, 50 mg	1	
INSPRA ORAL TABLET 25 MG, 50 MG (*eplerenone*)	3	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
RENIN INHIBITORS - Drugs for the Heart		
aliskiren fumarate oral tablet 150 mg, 300 mg	1	
TEKTURNA ORAL TABLET 150 MG, 300 MG (*aliskiren fumarate*)	3	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (*sacubitril-valsartan*)	3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	3	
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	3	DSL = 30 days
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SCLEROSING AGENTS - Drugs for the Heart		
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM (*talc*)	3	
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (*spironolactone*)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	3	
eplerenone oral tablet 25 mg, 50 mg	1	
INSPRA ORAL TABLET 25 MG, 50 MG (*eplerenone*)	3	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	3	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
THALITONE ORAL TABLET 15 MG (*chlorthalidone*)	3	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
DIBENZYLINE ORAL CAPSULE 10 MG (*phenoxybenzamine hcl*)	3	
phenoxybenzamine hcl oral capsule 10 mg	1	
phentolamine mesylate injection solution reconstituted 5 mg	1	
VECAMYL ORAL TABLET 2.5 MG (*mecamylamine hcl*)	3	DSL = 30 days
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
ambrisentan oral tablet 10 mg, 5 mg	3	DSL = 30 days
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*amlodipine besylate*)	3	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bosentan oral tablet 125 mg, 62.5 mg	3	DSL = 30 days
bosentan oral tablet soluble 32 mg	1	DSL = 30 days
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (*diltiazem hcl coated beads*)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl*)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (*diltiazem hcl*)	3	
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (*alprostadil (vasodilator)*)	3	
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (*alprostadil (vasodilator)*)	3	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (*levamlodipine maleate*)	3	
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	3	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	3	DSL = 30 days
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-MG/125ML	3	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (*alprostadil (vasodilator)*)	3	
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	3	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML (*papaverine-phentolamine*)	3	
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	DSL = 30 days
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	3	
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	3	DSL = 30 days
LEVAMLODIPINE MALEATE ORAL TABLET 2.5 MG, 5 MG	3	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
NIMODIPINE ORAL SOLUTION 60 MG/20ML	3	
NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*)	3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (*amlodipine besylate*)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	3	DSL = 30 days
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	3	DSL = 30 days
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	3	DSL = 30 days
papaverine hcl injection solution 30 mg/ml	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (*nifedipine*)	3	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	3	
REMODULIN INJECTION SOLUTION 8 MG/20ML (*treprostinil*)	3	
SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10 MG	3	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
SUPER TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-100 MG-MG-MCG	3	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	3	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	3	DSL = 30 days
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	3	DSL = 30 days
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	3	
TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5-50 MG-MG-MCG	3	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*)	3	
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (*treprostinil sodium*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CELLULAR AND GENE THERAPY - Drugs for Cancer		
CELLULAR THERAPY - Drugs for Cancer		
AMTAGVI INTRAVENOUS SUSPENSION 72000000000 CELLS (*lifileucel*)	3	
LANTIDRA INTRAVENOUS SUSPENSION (*donislecel-jujn*)	3	
OMISIRGE INTRAVENOUS SUSPENSION (*omidubicel-onlv*)	3	
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS (*sipuleucel-t*)	3	
RETHYMIC INTRAMUSCULAR IMPLANT (*allogeneic thymus tissue-agdc*)	3	
RYONCIL <12.5KG INTRAVENOUS KIT 1 X 3.8 ML (*remestemcel-l-rknd*)	3	
RYONCIL 100KG TO <112.5KG INTRAVENOUS KIT 9 X 3.8 ML (*remestemcel-l-rknd*)	3	
RYONCIL 112.5KG TO <125KG INTRAVENOUS KIT 10 X 3.8 ML (*remestemcel-l-rknd*)	3	
RYONCIL 12.5KG TO <25KG INTRAVENOUS KIT 2 X 3.8 ML (*remestemcel-l-rknd*)	3	
RYONCIL 125KG TO <137.5KG INTRAVENOUS KIT 11 X 3.8 ML (*remestemcel-l-rknd*)	3	
RYONCIL 137.5KG TO <150KG INTRAVENOUS KIT 12 X 3.8 ML (*remestemcel-l-rknd*)	3	
RYONCIL 25KG TO <37.5KG INTRAVENOUS KIT 3 X 3.8 ML (*remestemcel-l-rknd*)	3	
RYONCIL 37.5KG TO <50KG INTRAVENOUS KIT 4 X 3.8 ML (*remestemcel-l-rknd*)	3	
RYONCIL 50KG TO <62.5KG INTRAVENOUS KIT 5 X 3.8 ML (*remestemcel-l-rknd*)	3	
RYONCIL 62.5KG TO <75KG INTRAVENOUS KIT 6 X 3.8 ML (*remestemcel-l-rknd*)	3	
RYONCIL 75KG TO <87.5KG INTRAVENOUS KIT 7 X 3.8 ML (*remestemcel-l-rknd*)	3	
RYONCIL 87.5KG TO <100KG INTRAVENOUS KIT 8 X 3.8 ML (*remestemcel-l-rknd*)	3	
GENE THERAPY - Drugs for Cancer		
ABECMA INTRAVENOUS SUSPENSION 460000000 CELLS (*idecabtagene vicleucel*)	3	
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML (*nadofaragene firadenovec-vncg*)	3	DSL = 30 days
AUCATZYL INTRAVENOUS SUSPENSION 410000000 CELLS (*obecabtagene autoleucel*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML (*lisocabtagene maraleucel*)	3	
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS (*ciltacabtagene autoleucel*)	3	
CASGEVY INTRAVENOUS SUSPENSION (*exagamglogene autotemcel*)	3	
ELEVIDYS INTRAVENOUS KIT 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML, 49 X 10 ML, 50 X 10 ML, 51 X 10 ML, 52 X 10 ML, 53 X 10 ML, 54 X 10 ML, 55 X 10 ML, 56 X 10 ML, 57 X 10 ML, 58 X 10 ML, 59 X 10 ML, 60 X 10 ML, 61 X 10 ML, 62 X 10 ML, 63 X 10 ML, 64 X 10 ML, 65 X 10 ML, 66 X 10 ML, 67 X 10 ML, 68 X 10 ML, 69 X 10 ML, 70 X 10 ML (*delandistrogene moxeparvo-rokl*)	3	
ENCELTO INTRAVITREAL IMPLANT 200000 CELLS (*revakinagene taroretcel-lwey*)	3	
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML (*etranacogene dezaparvovec-drlb*)	3	
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML (*talimogene laherparepvec*)	3	
KEBILIDI INJECTION SUSPENSION 280000000000 VG/0.5ML (*eladocagene exuparvovec-tneq*)	3	
KYMRIAH INTRAVENOUS SUSPENSION 250000000 CELLS, 600000000 CELLS (*tisagenlecleucel*)	3	
LENMELDY INTRAVENOUS SUSPENSION (*atidarsagene autotemcel*)	3	
LUXTURNA INTRAOCULAR SUSPENSION 5000000000000 VG/ML (*voretigene neparvovec-rzyl*)	3	
LYFGENIA INTRAVENOUS SUSPENSION (*lovotibeglogene autotemcel*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PAPZIMEOS SUBCUTANEOUS SUSPENSION 500000000000 PU/ML (*zopapogene imadenovec-drba*)	3	
ROCTAVIAN INTRAVENOUS SUSPENSION 20000000000000 VG/ML (*valoctocogene roxaparvov-rvox*)	3	
SKYSONA INTRAVENOUS SUSPENSION (*elivaldogene autotemcel*)	3	DSL = 30 days
TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS (*brexucabtagene autoleucel*)	3	
TECARTUS INTRAVENOUS SUSPENSION 200000000 CELLS (*brexucabtagene autoleucel*)	3	
TECELRA INTRAVENOUS SUSPENSION 10000000000 CELLS (*afamitresgene autoleucel*)	3	
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (*beremagene geperpavec-svdt*)	3	DSL = 30 days
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS (*axicabtagene ciloleucel*)	3	
ZEVASKYN (UP TO 12 SHEETS) EXTERNAL SHEET (*prademagene zamikeracel*)	3	
ZOLGENSMA INTRAVENOUS KIT 10X8.3 ML, 11X8.3 ML, 12X8.3 ML, 13X8.3 ML, 14X8.3 ML, 1X5.5ML & 10X8.3ML, 1X5.5ML & 11X8.3ML, 1X5.5ML & 12X8.3ML, 1X5.5ML & 13X8.3ML, 1X5.5ML & 9X8.3ML, 2X5.5ML & 10X8.3ML, 2X5.5ML & 11X8.3ML, 2X5.5ML & 12X8.3ML, 2X5.5ML & 8X8.3ML, 2X5.5ML & 9X8.3ML (*onasemnogene abeparvovec-xioi*)	3	
ZOLGENSMA INTRAVENOUS KIT 1X5.5ML & 2X8.3ML, 1X5.5ML & 3X8.3ML, 1X5.5ML & 4X8.3ML, 1X5.5ML & 5X8.3ML, 1X5.5ML & 6X8.3ML, 1X5.5ML & 7X8.3ML, 1X5.5ML & 8X8.3ML, 2X5.5ML & 1X8.3ML, 2X5.5ML & 2X8.3ML, 2X5.5ML & 3X8.3ML, 2X5.5ML & 4X8.3ML, 2X5.5ML & 5X8.3ML, 2X5.5ML & 6X8.3ML, 2X5.5ML & 7X8.3ML, 2X8.3 ML, 3X8.3 ML, 4X8.3 ML, 5X8.3 ML, 6X8.3 ML, 7X8.3 ML, 8X8.3 ML, 9X8.3 ML (*onasemnogene abeparvovec-xioi*)	3	
ZYNTEGLO INTRAVENOUS SUSPENSION (*betibeglogene autotemcel*)	3	
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
edaravone intravenous solution 30 mg/100ml	1	DSL = 30 days
edaravone intravenous solution 60 mg/100ml	3	DSL = 30 days
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (*tofersen*)	3	DSL = 30 days
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML (*edaravone*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (*edaravone*)	3	DSL = 30 days
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (*edaravone*)	3	DSL = 30 days
riluzole oral tablet 50 mg	3	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	3	DSL = 30 days
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	3	DSL = 30 days
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
amantadine hcl oral capsule 100 mg	PV	
amantadine hcl oral solution 50 mg/5ml	PV	
amantadine hcl oral tablet 100 mg	PV	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (*amantadine hcl*)	PV	DSL = 30 days
ADENOSINE A2A RECEPTOR ANTAGONISTS - Drugs for Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*)	3	DSL = 30 days
AMPHETAMINE DERIVATIVES - Drugs for the Nervous System		
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	1	
diethylpropion hcl oral tablet 25 mg	1	
LOMAIRA ORAL TABLET 8 MG (*phentermine hcl*)	3	
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	1	
phendimetrazine tartrate oral tablet 35 mg	1	
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	1	
phentermine hcl oral tablet 37.5 mg, 8 mg	1	
AMPHETAMINES - Drugs for the Nervous System		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (*amphetamine-dextroamphetamine*)	3	DSL = 30 days
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (*amphetamine-dextroamphetamine*)	3	DSL = 30 days
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (*amphetamine*)	3	DSL = 30 days
AMPHETAMINE ER ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amphetamine sulfate oral tablet 10 mg, 5 mg	1	DSL = 30 days
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	DSL = 30 days
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	DSL = 30 days
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	DSL = 30 days
benzphetamine hcl oral tablet 50 mg	1	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG (*dextroamphetamine sulfate*)	3	DSL = 30 days
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1	DSL = 30 days
dextroamphetamine sulfate oral solution 5 mg/5ml	1	DSL = 30 days
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	DSL = 30 days
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (*amphetamine*)	3	DSL = 30 days
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (*amphetamine*)	3	DSL = 30 days
EVEKEO ORAL TABLET 10 MG, 5 MG (*amphetamine sulfate*)	3	DSL = 30 days
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	1	DSL = 30 days
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	DSL = 30 days
methamphetamine hcl oral tablet 5 mg	1	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (*amphetamine-dextroamphetamine*)	3	DSL = 30 days
PROCENTRA ORAL SOLUTION 5 MG/5ML (*dextroamphetamine sulfate*)	3	DSL = 30 days
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	2	DSL = 30 days
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*)	3	DSL = 30 days
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (*dextroamphetamine*)	3	
ZENZEDI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG (*dextroamphetamine sulfate*)	3	DSL = 30 days
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (*dextroamphetamine sulfate*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
8 hour arthritis pain oral tablet extended release 650 mg	1	
8 hour pain reliever oral tablet extended release 650 mg	1	
8 hr arthritis pain relief oral tablet extended release 650 mg	1	
8hr muscle aches & pain relief oral tablet extended release 650 mg	1	
acetaminophen 8 hour oral tablet extended release 650 mg	1	
acetaminophen childrens oral liquid 160 mg/5ml	1	
acetaminophen childrens oral solution 160 mg/5ml	1	
acetaminophen childrens oral suspension 160 mg/5ml	1	
acetaminophen childrens oral tablet chewable 160 mg, 80 mg	1	
acetaminophen er oral tablet extended release 650 mg	1	
acetaminophen extra strength oral liquid 1000 mg/30ml, 500 mg/15ml	1	
acetaminophen extra strength oral tablet 500 mg	1	
acetaminophen infants oral suspension 160 mg/5ml	1	
acetaminophen oral liquid 160 mg/5ml	1	
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	1	
acetaminophen oral suspension 160 mg/5ml	1	
acetaminophen oral tablet 325 mg, 500 mg	1	
acetaminophen rectal suppository 120 mg, 650 mg	1	
acetaminophen-codeine oral solution 120-12 mg/5ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	3	
aminofen oral tablet 325 mg	1	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	
arthritis pain reliever oral tablet extended release 650 mg	1	
aspirin-acetaminophen-caffeine oral tablet 250-250-65 mg	1	
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	
butalbital-acetaminophen oral capsule 50-300 mg	1	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION 50-325-40 MG/15ML	3	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
cold & flu relief daytime oral capsule 10-5-325 mg	1	
cold/flu daytime relief oral capsule 10-5-325 mg	1	
CURANOL ORAL LIQUID 160 MG/5ML	3	
cvs acetaminophen ex st oral tablet 500 mg	1	
daytime cold/flu relief oral capsule 10-5-325 mg	1	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	DSL = 30 days
EXCEDRIN EXTRA STRENGTH ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	
EXCEDRIN MIGRAINE ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	
EXCEDRIN TENSION HEADACHE ORAL TABLET 500-65 MG (*acetaminophen-caffeine*)	3	
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (*gabapentin*)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	3	
ft 8 hour pain relief oral tablet extended release 650 mg	1	
ft arthritis pain reliever oral tablet extended release 650 mg	1	
ft children's pain/fever oral tablet chewable 160 mg	1	
ft daytime cold & flu relief oral liquid 10-5-325 mg/15ml	1	
ft migraine relief oral tablet 250-250-65 mg	1	
ft pain & fever childrens oral suspension 160 mg/5ml	1	
ft pain & fever infants oral suspension 160 mg/5ml	1	
ft pain relief adult extra st oral tablet 500 mg	1	
ft pain relief extra strength oral tablet 500 mg	1	
ft pain relief oral tablet 325 mg	1	
ft pain reliever adults rectal suppository 650 mg	1	
ft pain reliever children rectal suppository 120 mg	1	
ft pain reliever ex str adult oral tablet 500 mg	1	
ft rapid release pain relief oral tablet 500 mg	1	
gabapentin (once-daily) oral tablet 300 mg, 600 mg	1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE ORAL TABLET 100 MG, 400 MG (*gabapentin*)	3	
goodsense day time cold & flu oral capsule 10-5-325 mg	1	
goodsense pain relief oral tablet 325 mg	1	
GRALISE ORAL TABLET 300 MG, 600 MG (*gabapentin (once-daily)*)	3	
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG (*gabapentin (once-daily)*)	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (*gabapentin enacarbil*)	3	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	3	DSL = 30 days
JOURNAVX ORAL TABLET 50 MG (*suzetrigine*)	3	DSL = 30 days
liquid acetaminophen oral liquid 160 mg/5ml	1	
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (*naltrexone hcl (pain)*)	3	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (*pregabalin*)	3	
MAX RELIEF JR CHILD PAIN/FEVER ORAL LIQUID 160 MG/5ML (*acetaminophen*)	3	
MAX RELIEF JR CHILD PAIN/FEVER ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
MAX RELIEF JUNIOR ORAL LIQUID 160 MG/5ML (*acetaminophen*)	3	
MB CAPS ORAL CAPSULE 120 MG	3	
migraine relief oral tablet 250-250-65 mg	1	
mm acetaminophen ex str oral tablet 500 mg	1	
m-pap oral liquid 160 mg/5ml	1	
MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	3	
MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	3	
NALOCET ORAL TABLET 2.5-300 MG	3	DSL = 30 days
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (*naltrexone hcl (pain)*)	3	
NEURAPTINE EXTERNAL CREAM 10 % (*gabapentin*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*)	3	
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (*gabapentin*)	3	
NEURORUB EXTERNAL CREAM 10 % (*gabapentin*)	3	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	DSL = 30 days
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	DSL = 30 days
pain & fever childrens oral suspension 160 mg/5ml	1	
pain & fever infants oral suspension 160 mg/5ml	1	
pain and fever relief kids oral liquid 160 mg/5ml	1	
pain relief extra strength oral capsule 500 mg	1	
pain relief extra strength oral tablet 500 mg	1	
pain relief oral liquid 500 mg/15ml	1	
pain relief regular strength oral tablet 325 mg	1	
pain reliever extra strength oral tablet 250-250-65 mg, 500 mg	1	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (*oxycodone-acetaminophen*)	3	DSL = 30 days
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	1	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% (*diclofenac-omeprazole-capsicum*)	3	
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (*ziconotide acetate*)	3	
PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*)	3	DSL = 30 days
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	3	DSL = 30 days
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	3	
THERAFLU FLU RELIEF MAX STR ORAL LIQUID 1000-30 MG/30ML (*acetaminophen-dm*)	3	
THERAFLU SEVERE COLD RELIEF ORAL PACKET 20-10-650 MG (*dm-phenylephrine-acetaminophen*)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	3	
TYLENOL 8 HOUR ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG (*acetaminophen*)	3	
TYLENOL 8 HOUR ORAL TABLET EXTENDED RELEASE 650 MG (*acetaminophen*)	3	
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG (*acetaminophen*)	3	
TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
TYLENOL ORAL TABLET 325 MG (*acetaminophen*)	3	
URELLE ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
uretron d/s oral tablet 81.6 mg	1	
URIBEL ORAL TABLET 81.6 MG (*meth-hyo-m bl-benz acd-ph sal*)	3	
URIMAR-T ORAL CAPSULE 120 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
URNEVA ORAL CAPSULE 120 MG	3	
URO-MP ORAL CAPSULE 118 MG	3	
VANQUISH EXTRA STRENGTH ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	
VILAMIT MB ORAL CAPSULE 118 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
VILEVEV MB ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
ANOREXIGENIC AGENTS - Drugs for the Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (*naltrexone-bupropion hcl*)	3	
phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	1	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (*phentermine-topiramate*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANOREXIGENIC AGENTS AND STIMULANTS, MISC - Drugs for the Nervous System		
phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	1	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (*phentermine-topiramate*)	3	
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG (*diazoxide choline*)	3	DSL = 30 days
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (*naltrexone-bupropion hcl*)	3	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*)	3	DSL = 30 days
liraglutide subcutaneous solution pen-injector 18 mg/3ml	1	DSL = 30 days
liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml	1	DSL = 30 days
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide -weight management*)	3	DSL = 30 days
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide*)	3	DSL = 30 days
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (*semaglutide-weight management*)	3	DSL = 30 days
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (*tirzepatide-weight management*)	3	DSL = 30 days
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (*tirzepatide-weight management*)	3	DSL = 30 days
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
allergy childrens oral liquid 12.5 mg/5ml	1	
allergy oral capsule 25 mg	1	
allergy relief childrens oral liquid 12.5 mg/5ml	1	
allergy relief oral capsule 25 mg	1	
allergy relief oral tablet 25 mg	1	
banophen oral tablet 25 mg	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
CURELIEF ORAL LIQUID 12.5 MG/5ML	3	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	
DIMETAPP COUGH & ALLERGY CHILD ORAL TABLET CHEWABLE 12.5 MG (*diphenhydramine hcl*)	3	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 25 mg	1	
ft nighttime sleep aid oral tablet 25 mg	1	
ft sleep-aid maximum strength oral capsule 50 mg	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	
goodsense allergy relief oral capsule 25 mg	1	
goodsense allergy relief oral tablet 25 mg	1	
goodsense sleep-aid max str oral capsule 50 mg	1	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
m-dryl oral liquid 12.5 mg/5ml	1	
MM ALLER-BEN ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
sleep-aid oral capsule 25 mg, 50 mg	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (*eslicarbazepine acetate*)	3	
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	3	
BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*)	3	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML (*brivaracetam*)	3	DSL = 30 days
BRIVIACT ORAL SOLUTION 10 MG/ML (*brivaracetam*)	3	DSL = 30 days
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (*brivaracetam*)	3	DSL = 30 days
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg, 200 mg	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine*)	3	
CONVENIENCE PAK COMBINATION THERAPY PACK 600 & 5 MG & % (*gabapentin & lidocaine*)	3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	PV	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	PV	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	PV	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (*stiripentol*)	3	DSL = 30 days
DIACOMIT ORAL PACKET 250 MG, 500 MG (*stiripentol*)	3	DSL = 30 days
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	PV	
divalproex sodium oral capsule delayed release sprinkle 125 mg	PV	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	PV	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (*levetiracetam*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*)	3	DSL = 30 days
EPRONTIA ORAL SOLUTION 25 MG/ML (*topiramate*)	3	DSL = 30 days
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 300 MG (*carbamazepine (antipsychotic)*)	3	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG (*carbamazepine (antipsychotic)*)	3	
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	1	
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (*gabapentin*)	3	
felbamate oral suspension 600 mg/5ml	3	
felbamate oral tablet 400 mg, 600 mg	3	
FELBATOL ORAL TABLET 400 MG, 600 MG (*felbamate*)	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (*fenfluramine hcl*)	3	DSL = 30 days
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (*perampanel*)	3	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*perampanel*)	3	DSL = 30 days
gabapentin (once-daily) oral tablet 300 mg, 600 mg	1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	3	
gabapentin oral tablet 600 mg, 800 mg	1	
GRALISE ORAL TABLET 300 MG, 600 MG (*gabapentin (once-daily)*)	3	
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG (*gabapentin (once-daily)*)	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (*gabapentin enacarbil*)	3	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML (*levetiracetam*)	3	
KEPPRA ORAL SOLUTION 100 MG/ML (*levetiracetam*)	3	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (*levetiracetam*)	3	
lacosamide intravenous solution 200 mg/20ml	1	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	PV	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*)	PV	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*)	PV	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*)	PV	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	PV	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*)	PV	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	PV	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	PV	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	PV	
lamotrigine oral tablet chewable 25 mg, 5 mg	PV	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	PV	
lamotrigine starter kit-blue oral kit 35 x 25 mg	PV	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	PV	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	PV	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	1	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	1	
levetiracetam intravenous solution 500 mg/5ml	1	
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	3	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*)	2	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	2	
magnesium sulfate injection solution 50 %	PV	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	PV	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*lacosamide*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*)	3	
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (*gabapentin*)	3	
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg	1	
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	3	
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	DSL = 30 days
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	3	
rufinamide oral tablet 200 mg, 400 mg	1	
SABRIL ORAL PACKET 500 MG (*vigabatrin*)	3	
SABRIL ORAL TABLET 500 MG (*vigabatrin*)	3	DSL = 30 days
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG (*levetiracetam*)	3	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG (*levetiracetam*)	3	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	PV	
subvenite starter kit-blue oral kit 35 x 25 mg	PV	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	PV	
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	PV	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (*carbamazepine*)	3	
TEGRETOL ORAL TABLET 200 MG (*carbamazepine*)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (*carbamazepine*)	3	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (*topiramate*)	3	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg	1	
topiramate oral solution 25 mg/ml	1	DSL = 30 days
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (*oxcarbazepine*)	3	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	3	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	3	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
vigabatrin oral packet 500 mg	3	
vigabatrin oral tablet 500 mg	1	DSL = 30 days
VIGADRONE ORAL PACKET 500 MG (*vigabatrin*)	3	
VIGADRONE ORAL TABLET 500 MG (*vigabatrin*)	3	DSL = 30 days
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (*lacosamide*)	3	
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*cenobamate*)	3	
XCOPRI ORAL TABLET 25 MG (*cenobamate*)	3	
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (*cenobamate*)	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (*zonisamide*)	3	
ZONISADE ORAL SUSPENSION 100 MG/5ML (*zonisamide*)	3	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (*ganaxolone*)	3	DSL = 30 days
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (*bupropion hbr*)	PV	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (*dextromethorphan-bupropion*)	3	DSL = 30 days
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	PV	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	PV	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	PV	
bupropion hcl oral tablet 100 mg, 75 mg	PV	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (*bupropion hcl*)	PV	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	PV	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	PV	
REMERON ORAL TABLET 15 MG, 30 MG (*mirtazapine*)	PV	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG (*mirtazapine*)	PV	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	3	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	3	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG (*bupropion hcl*)	PV	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (*bupropion hcl*)	PV	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (*zuranolone*)	3	DSL = 30 days
ANTIMANIC AGENTS - Drugs for Personality Disorder		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (*aripiprazole*)	PV	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (*aripiprazole*)	PV	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*)	PV	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole w/ sens-strip-pod*)	PV	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole w/ sens-strip-pod*)	PV	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole*)	PV	
aripiprazole oral solution 1 mg/ml	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	PV	
aripiprazole oral tablet dispersible 10 mg, 15 mg	PV	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*)	PV	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*)	PV	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	PV	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg, 200 mg	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine*)	3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	PV	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	PV	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	PV	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	PV	
divalproex sodium oral capsule delayed release sprinkle 125 mg	PV	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	PV	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 300 MG (*carbamazepine (antipsychotic)*)	3	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG (*carbamazepine (antipsychotic)*)	3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (*ziprasidone mesylate*)	PV	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (*ziprasidone hcl*)	PV	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	PV	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*)	PV	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*)	PV	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*)	PV	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	PV	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*)	PV	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	PV	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	PV	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	PV	
lamotrigine oral tablet chewable 25 mg, 5 mg	PV	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	PV	
lamotrigine starter kit-blue oral kit 35 x 25 mg	PV	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	PV	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	PV	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	PV	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	PV	
lithium carbonate oral tablet 300 mg	PV	
lithium oral solution 8 meq/5ml	PV	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (*lithium carbonate*)	PV	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (*olanzapine-samidorphan*)	3	
olanzapine intramuscular solution reconstituted 10 mg	PV	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	PV	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	PV	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg	PV	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (*aripiprazole*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*)	3	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	PV	
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	PV	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (*risperidone microspheres*)	PV	
RISPERDAL ORAL SOLUTION 1 MG/ML (*risperidone*)	PV	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*risperidone*)	PV	
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	PV	
risperidone oral solution 1 mg/ml	PV	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PV	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PV	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (*risperidone*)	3	DSL = 30 days
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (*asenapine maleate*)	PV	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (*asenapine*)	3	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	PV	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	PV	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	PV	
subvenite starter kit-blue oral kit 35 x 25 mg	PV	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	PV	
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	PV	
SYMBYAX ORAL CAPSULE 3-25 MG (*olanzapine-fluoxetine hcl*)	PV	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (*carbamazepine*)	3	
TEGRETOL ORAL TABLET 200 MG (*carbamazepine*)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (*carbamazepine*)	3	
valproic acid oral capsule 250 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
valproic acid oral solution 250 mg/5ml	1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	PV	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	PV	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (*olanzapine*)	PV	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG (*olanzapine*)	PV	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (*olanzapine pamoate*)	PV	
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
8 hour arthritis pain oral tablet extended release 650 mg	1	
8 hour pain reliever oral tablet extended release 650 mg	1	
8 hr arthritis pain relief oral tablet extended release 650 mg	1	
8hr muscle aches & pain relief oral tablet extended release 650 mg	1	
acetaminophen 8 hour oral tablet extended release 650 mg	1	
acetaminophen childrens oral liquid 160 mg/5ml	1	
acetaminophen childrens oral solution 160 mg/5ml	1	
acetaminophen childrens oral suspension 160 mg/5ml	1	
acetaminophen childrens oral tablet chewable 160 mg, 80 mg	1	
acetaminophen er oral tablet extended release 650 mg	1	
acetaminophen extra strength oral liquid 1000 mg/30ml, 500 mg/15ml	1	
acetaminophen extra strength oral tablet 500 mg	1	
acetaminophen infants oral suspension 160 mg/5ml	1	
acetaminophen oral liquid 160 mg/5ml	1	
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	1	
acetaminophen oral suspension 160 mg/5ml	1	
acetaminophen oral tablet 325 mg, 500 mg	1	
acetaminophen rectal suppository 120 mg, 650 mg	1	
addaprin oral tablet 200 mg	PV	
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG (*ibuprofen*)	PV	
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG (*ibuprofen*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADVIL LIQUI-GELS MINIS ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ADVIL MIGRAINE ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ADVIL ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ADVIL ORAL TABLET 200 MG (*ibuprofen*)	PV	
ALEVE ALL DAY STRONG ORAL TABLET 220 MG (*naproxen sodium*)	PV	
all day pain relief oral tablet 220 mg	PV	
all day relief oral tablet 220 mg	PV	
aminofen oral tablet 325 mg	1	
arthritis pain reliever oral tablet extended release 650 mg	1	
aspirin 81 oral tablet delayed release 81 mg	PV	
aspirin adult low dose oral tablet delayed release 81 mg	PV	
aspirin adult low strength oral tablet delayed release 81 mg	PV	
aspirin childrens oral tablet chewable 81 mg	PV	
aspirin ec adult low dose oral tablet delayed release 81 mg	PV	
aspirin ec low dose oral tablet delayed release 81 mg	PV	
aspirin ec low strength oral tablet delayed release 81 mg	PV	
aspirin ec oral tablet delayed release 325 mg	PV	
aspirin low dose oral tablet chewable 81 mg	PV	
aspirin low dose oral tablet delayed release 81 mg	PV	
aspirin oral tablet 325 mg	PV	
aspirin oral tablet chewable 81 mg	PV	
aspirin oral tablet delayed release 325 mg, 81 mg	PV	
aspirin rectal suppository 300 mg	1	
aspirin regimen oral tablet delayed release 81 mg	PV	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (*aspirin*)	PV	
BREKIYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/ML (*dihydroergotamine mesylate*)	3	
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	1	
butorphanol tartrate nasal solution 10 mg/ml	1	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	3	
CURANOL ORAL LIQUID 160 MG/5ML	3	
cvs acetaminophen ex st oral tablet 500 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	PV	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	PV	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	PV	
diclofenac potassium(migraine) oral packet 50 mg	1	
dihydroergotamine mesylate injection solution 1 mg/ml	1	DSL = 30 days
dihydroergotamine mesylate nasal solution 4 mg/ml	1	DSL = 30 days
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	PV	
divalproex sodium oral capsule delayed release sprinkle 125 mg	PV	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	PV	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (*celecoxib (migraine)*)	3	DSL = 30 days
EPRONTIA ORAL SOLUTION 25 MG/ML (*topiramate*)	3	DSL = 30 days
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (*ergotamine tartrate*)	2	
ergotamine-caffeine oral tablet 1-100 mg	1	
FLANAX ORAL TABLET 220 MG (*naproxen sodium*)	PV	
ft 8 hour pain relief oral tablet extended release 650 mg	1	
ft all day pain relief oral tablet 220 mg	PV	
ft arthritis pain reliever oral tablet extended release 650 mg	1	
ft aspirin low dose oral tablet delayed release 81 mg	PV	
ft aspirin oral tablet 325 mg	PV	
ft aspirin oral tablet chewable 81 mg	PV	
ft children's pain/fever oral tablet chewable 160 mg	1	
ft enteric coated aspirin oral tablet delayed release 325 mg	PV	
ft ibuprofen ib childrens oral tablet chewable 100 mg	PV	
ft ibuprofen infants oral suspension 50 mg/1.25ml	PV	
ft ibuprofen minis oral capsule 200 mg	PV	
ft ibuprofen oral capsule 200 mg	PV	
ft ibuprofen oral tablet 200 mg	PV	
ft pain & fever childrens oral suspension 160 mg/5ml	1	
ft pain & fever infants oral suspension 160 mg/5ml	1	
ft pain relief adult extra st oral tablet 500 mg	1	
ft pain relief extra strength oral tablet 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft pain relief oral tablet 200 mg	PV	
ft pain relief oral tablet 325 mg	1	
ft pain reliever adults rectal suppository 650 mg	1	
ft pain reliever children rectal suppository 120 mg	1	
ft pain reliever ex str adult oral tablet 500 mg	1	
ft rapid release pain relief oral tablet 500 mg	1	
goodsense aspirin low dose oral tablet delayed release 81 mg	PV	
goodsense aspirin oral tablet 325 mg	PV	
goodsense ibuprofen childrens oral tablet chewable 100 mg	PV	
goodsense ibuprofen oral capsule 200 mg	PV	
goodsense ibuprofen oral tablet 200 mg	PV	
goodsense naproxen sodium oral tablet 220 mg	PV	
goodsense pain relief oral tablet 325 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
IBUPAK ORAL KIT 600 MG (*ibuprofen*)	PV	
ibuprofen infants oral suspension 50 mg/1.25ml	PV	
ibuprofen oral capsule 200 mg	PV	
ibuprofen oral suspension 100 mg/5ml	PV	
ibuprofen oral tablet 200 mg, 300 mg, 400 mg, 600 mg, 800 mg	PV	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (*propranolol hcl sr beads*)	3	
ketoprofen er oral capsule extended release 24 hour 200 mg	PV	
ketoprofen oral capsule 25 mg, 50 mg	PV	
liquid acetaminophen oral liquid 160 mg/5ml	1	
MAX RELIEF JR CHILD PAIN/FEVER ORAL LIQUID 160 MG/5ML (*acetaminophen*)	3	
MAX RELIEF JR CHILD PAIN/FEVER ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
MAX RELIEF JUNIOR ORAL LIQUID 160 MG/5ML (*acetaminophen*)	3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	2	
mm acetaminophen ex str oral tablet 500 mg	1	
mm aspirin oral tablet delayed release 81 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MOTRIN CHILDRENS ORAL TABLET CHEWABLE 100 MG (*ibuprofen*)	PV	
MOTRIN IB ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
MOTRIN INFANTS DROPS ORAL SUSPENSION 50 MG/1.25ML (*ibuprofen*)	PV	
m-pap oral liquid 160 mg/5ml	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*)	PV	
naproxen dr oral tablet delayed release 500 mg	PV	
naproxen oral suspension 125 mg/5ml	PV	
naproxen oral tablet 250 mg, 375 mg, 500 mg	PV	
naproxen oral tablet delayed release 375 mg, 500 mg	PV	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	PV	
naproxen sodium oral tablet 220 mg, 275 mg, 550 mg	PV	
pain & fever childrens oral suspension 160 mg/5ml	1	
pain & fever infants oral suspension 160 mg/5ml	1	
pain and fever relief kids oral liquid 160 mg/5ml	1	
pain relief extra strength oral capsule 500 mg	1	
pain relief extra strength oral tablet 500 mg	1	
pain relief oral liquid 500 mg/15ml	1	
pain relief regular strength oral tablet 325 mg	1	
pain reliever extra strength oral tablet 500 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
PROPRINAL ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	PV	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	PV	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (*topiramate*)	3	
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg	1	
topiramate oral solution 25 mg/ml	1	DSL = 30 days
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	3	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (*dihydroergotamine mesylate hfa*)	3	
TYLENOL 8 HOUR ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG (*acetaminophen*)	3	
TYLENOL 8 HOUR ORAL TABLET EXTENDED RELEASE 650 MG (*acetaminophen*)	3	
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG (*acetaminophen*)	3	
TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
TYLENOL ORAL TABLET 325 MG (*acetaminophen*)	3	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (*xanomeline-trospium chloride*)	3	
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (*xanomeline-trospium chloride*)	3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	PV	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	PV	
pimozide oral tablet 1 mg, 2 mg	PV	
ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC - Drugs for Anxiety & Sleep Disorder		
allergy childrens oral liquid 12.5 mg/5ml	1	
allergy oral capsule 25 mg	1	
allergy relief childrens oral liquid 12.5 mg/5ml	1	
allergy relief oral capsule 25 mg	1	
allergy relief oral tablet 25 mg	1	
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (*zolpidem tartrate*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMBIEN ORAL TABLET 10 MG, 5 MG (*zolpidem tartrate*)	3	DSL = 30 days
banophen oral tablet 25 mg	1	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	3	DSL = 30 days
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	PV	
CURELIEF ORAL LIQUID 12.5 MG/5ML	3	
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	3	DSL = 30 days
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	1	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	
DIMETAPP COUGH & ALLERGY CHILD ORAL TABLET CHEWABLE 12.5 MG (*diphenhydramine hcl*)	3	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (*zolpidem tartrate*)	3	DSL = 30 days
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	DSL = 30 days
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 25 mg	1	
ft nighttime sleep aid oral tablet 25 mg	1	
ft sleep-aid maximum strength oral capsule 50 mg	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	
goodsense allergy relief oral capsule 25 mg	1	
goodsense allergy relief oral tablet 25 mg	1	
goodsense sleep-aid max str oral capsule 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*)	3	DSL = 30 days
HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*)	3	DSL = 30 days
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (*dexmedetomidine hcl*)	3	DSL = 30 days
liquid allergy relief oral liquid 12.5 mg/5ml	1	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (*eszopiclone*)	3	DSL = 30 days
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
m-dryl oral liquid 12.5 mg/5ml	1	
meprobamate oral tablet 200 mg, 400 mg	PV	
MM ALLER-BEN ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (*promethazine hcl*)	PV	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML (*dexmedetomidine hcl in nacl*)	3	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (*dexmedetomidine hcl*)	2	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML (*dexmedetomidine hcl in nacl*)	3	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	PV	
promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml	PV	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PV	
promethazine hcl rectal suppository 12.5 mg, 25 mg	PV	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (*promethazine hcl*)	PV	
ramelteon oral tablet 8 mg	1	
ROZEREM ORAL TABLET 8 MG (*ramelteon*)	3	
sleep-aid oral capsule 25 mg, 50 mg	1	
tasimelteon oral capsule 20 mg	1	DSL = 30 days
zaleplon oral capsule 10 mg, 5 mg	1	DSL = 30 days
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	DSL = 30 days
ZOLPIDEM TARTRATE ORAL CAPSULE 7.5 MG	3	
zolpidem tartrate oral tablet 10 mg, 5 mg	1	DSL = 30 days
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	1	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (*aripiprazole*)	PV	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (*aripiprazole*)	PV	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (*aripiprazole*)	PV	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole w/ sens-strip-pod*)	PV	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole w/ sens-strip-pod*)	PV	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (*aripiprazole*)	PV	
aripiprazole oral solution 1 mg/ml	PV	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	PV	
aripiprazole oral tablet dispersible 10 mg, 15 mg	PV	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (*aripiprazole lauroxil*)	PV	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (*aripiprazole lauroxil*)	PV	
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	PV	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (*lumateperone tosylate*)	3	DSL = 30 days
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	PV	DSL = 30 days
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	PV	DSL = 30 days
CLOZARIL ORAL TABLET 100 MG, 25 MG (*clozapine*)	PV	DSL = 30 days
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 351 MG/2.25ML, 39 MG/0.25ML, 78 MG/0.5ML (*paliperidone palmitate*)	PV	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*iloperidone*)	PV	
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG (*iloperidone*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG (*iloperidone*)	3	
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG (*iloperidone*)	3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (*ziprasidone mesylate*)	PV	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (*ziprasidone hcl*)	PV	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (*paliperidone palmitate*)	PV	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG (*paliperidone*)	PV	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (*paliperidone palmitate*)	PV	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (*paliperidone palmitate*)	PV	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (*lurasidone hcl*)	PV	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	PV	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (*olanzapine-samidorphan*)	3	
NUPLAZID ORAL CAPSULE 34 MG (*pimavanserin tartrate*)	3	DSL = 30 days
NUPLAZID ORAL TABLET 10 MG (*pimavanserin tartrate*)	3	DSL = 30 days
olanzapine intramuscular solution reconstituted 10 mg	PV	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	PV	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	PV	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	PV	
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (*aripiprazole*)	3	DSL = 30 days
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	PV	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*)	3	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	PV	
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*brexpiprazole*)	PV	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (*risperidone microspheres*)	PV	
RISPERDAL ORAL SOLUTION 1 MG/ML (*risperidone*)	PV	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*risperidone*)	PV	
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	PV	
risperidone oral solution 1 mg/ml	PV	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PV	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	PV	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (*risperidone*)	3	DSL = 30 days
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (*asenapine maleate*)	PV	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (*asenapine*)	3	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	PV	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	PV	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (*olanzapine-fluoxetine hcl*)	PV	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML (*risperidone*)	3	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (*clozapine*)	PV	DSL = 30 days
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (*cariprazine hcl*)	PV	DSL = 30 days
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	PV	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	PV	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (*olanzapine*)	PV	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG (*olanzapine*)	PV	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (*olanzapine pamoate*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
MYSOLINE ORAL TABLET 250 MG, 50 MG (*primidone*)	3	
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
primidone oral tablet 125 mg, 250 mg, 50 mg	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	3	
ascomp-codeine oral capsule 50-325-40-30 mg	1	
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	
butalbital-acetaminophen oral capsule 50-300 mg	1	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION 50-325-40 MG/15ML	3	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
DONNATAL ORAL ELIXIR 16.2 MG/5ML (*pb-hyoscy-atropine-scopolamine*)	2	
DONNATAL ORAL TABLET 16.2 MG (*pb-hyoscy-atropine-scopolamine*)	1	
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	3	
pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml	1	
pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg	1	
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML (*pb-hyoscy-atropine-scopolamine*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHENOHYTRO ORAL TABLET 16.2 MG (*pb-hyoscy-atropine-scopolamine*)	1	
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	3	
BARBITURATES (GENERAL ANESTHETICS) - Anesthetics		
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (*lorazepam*)	3	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*)	PV	DSL = 30 days
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet 10 mg, 20 mg	1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	PV	
diazepam intensol oral concentrate 5 mg/ml	PV	
diazepam oral concentrate 5 mg/ml	PV	
diazepam oral solution 5 mg/5ml	PV	
diazepam oral tablet 10 mg, 2 mg, 5 mg	PV	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*clonazepam*)	3	
lorazepam injection solution 2 mg/ml, 4 mg/ml	1	
lorazepam intensol oral concentrate 2 mg/ml	PV	DSL = 30 days
lorazepam oral concentrate 2 mg/ml	PV	DSL = 30 days
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	PV	DSL = 30 days
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG, 3 MG (*lorazepam*)	3	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG (*lorazepam*)	3	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*)	3	DSL = 30 days
ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*)	3	
ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*)	3	
SYMPAZAN ORAL FILM 10 MG, 20 MG (*clobazam*)	3	
SYMPAZAN ORAL FILM 5 MG (*clobazam*)	3	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (*diazepam*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (*diazepam*)	3	DSL = 30 days
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML (*diazepam*)	3	DSL = 30 days
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML (*diazepam*)	3	DSL = 30 days
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (*diazepam*)	3	DSL = 30 days
BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP) - Drugs for Anxiety & Sleep Disorder		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	PV	DSL = 30 days
alprazolam intensol oral concentrate 1 mg/ml	PV	DSL = 30 days
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	PV	DSL = 30 days
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	PV	DSL = 30 days
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	PV	DSL = 30 days
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (*lorazepam*)	3	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*lorazepam*)	PV	DSL = 30 days
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	PV	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	PV	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet 10 mg, 20 mg	1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	PV	
diazepam intensol oral concentrate 5 mg/ml	PV	
diazepam oral concentrate 5 mg/ml	PV	
diazepam oral solution 5 mg/5ml	PV	
diazepam oral tablet 10 mg, 2 mg, 5 mg	PV	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
estazolam oral tablet 1 mg, 2 mg	1	
flurazepam hcl oral capsule 15 mg, 30 mg	1	DSL = 30 days
HALCION ORAL TABLET 0.25 MG (*triazolam*)	3	DSL = 30 days
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (*clonazepam*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIBRAX ORAL CAPSULE 5-2.5 MG (*chlordiazepoxide-clidinium*)	3	
lorazepam injection solution 2 mg/ml, 4 mg/ml	1	
lorazepam intensol oral concentrate 2 mg/ml	PV	DSL = 30 days
lorazepam oral concentrate 2 mg/ml	PV	DSL = 30 days
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	PV	DSL = 30 days
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG, 3 MG (*lorazepam*)	3	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG (*lorazepam*)	3	
midazolam hcl oral syrup 2 mg/ml	1	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%	3	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*midazolam*)	3	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*)	3	DSL = 30 days
ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*)	3	
ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*)	3	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	PV	DSL = 30 days
quazepam oral tablet 15 mg	1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (*temazepam*)	3	DSL = 30 days
SYMPAZAN ORAL FILM 10 MG, 20 MG (*clobazam*)	3	
SYMPAZAN ORAL FILM 5 MG (*clobazam*)	3	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	DSL = 30 days
triazolam oral tablet 0.125 mg, 0.25 mg	1	DSL = 30 days
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (*diazepam*)	PV	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (*alprazolam*)	PV	DSL = 30 days
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (*alprazolam*)	PV	DSL = 30 days
BUTYROPHENONES - Drugs for Depression & Psychosis		
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	PV	
haloperidol lactate oral concentrate 2 mg/ml	PV	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*erenumab-aooe*)	3	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (*erenumab-aooe*)	3	DSL = 30 days
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (*fremanezumab-vfrm*)	2	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (*fremanezumab-vfrm*)	2	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*)	3	DSL = 30 days
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*galcanezumab-gnlm*)	3	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*)	3	DSL = 30 days
NURTEC ORAL TABLET DISPERSIBLE 75 MG (*rimegepant sulfate*)	3	DSL = 30 days
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (*atogepant*)	3	DSL = 30 days
UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*)	3	
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (*eptinezumab-jjmr*)	3	
ZAVZPRET NASAL SOLUTION 10 MG/ACT (*zavegepant hcl*)	3	DSL = 30 days
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
entacapone oral tablet 200 mg	1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (*opicapone*)	3	
TASMAR ORAL TABLET 100 MG (*tolcapone*)	3	
tolcapone oral tablet 100 mg	3	
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
acamprosate calcium oral tablet delayed release 333 mg	1	
ADDYI ORAL TABLET 100 MG (*flibanserin*)	3	DSL = 30 days
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	
DAYBUE ORAL SOLUTION 200 MG/ML (*trofinetide*)	3	DSL = 30 days
edaravone intravenous solution 30 mg/100ml	1	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	1	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (*guanfacine hcl*)	3	
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML (*lecanemab-irmb*)	3	DSL = 30 days
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (*sodium oxybate*)	3	DSL = 30 days
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 28-10 mg	1	DSL = 30 days
memantine hcl-donepezil hcl oral capsule extended release 24 hour 21-10 mg	1	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (*memantine hcl*)	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG (*memantine hcl-donepezil hcl*)	3	DSL = 30 days
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*)	3	
NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*)	3	DSL = 30 days
NUEDEXTA ORAL CAPSULE 20-10 MG (*dextromethorphan-quinidine*)	3	DSL = 30 days
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (*tofersen*)	3	DSL = 30 days
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*viloxazine hcl*)	3	
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML (*edaravone*)	3	DSL = 30 days
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (*edaravone*)	3	DSL = 30 days
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (*edaravone*)	3	DSL = 30 days
riluzole oral tablet 50 mg	3	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	3	DSL = 30 days
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	3	DSL = 30 days
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	3	DSL = 30 days
VEOZAH ORAL TABLET 45 MG (*fezolinetant*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (*bremelanotide acetate*)	3	DSL = 30 days
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	3	DSL = 30 days
XYREM ORAL SOLUTION 500 MG/ML (*sodium oxybate*)	3	DSL = 30 days
XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*)	3	DSL = 30 days
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (*celecoxib*)	3	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (*celecoxib (migraine)*)	3	DSL = 30 days
DIBENZOXAPINES - Drugs for Depression & Psychosis		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	PV	
DIHYDROINDOLONES - Drugs for Depression & Psychosis		
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	PV	
DIPHENYLBUTYLPERIDINES - Drugs for Depression & Psychosis		
pimozide oral tablet 1 mg, 2 mg	PV	
DOPAMINE PRECURSORS - Drugs for Parkinson		
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG (*carbidopa-levodopa*)	3	
DHIVY ORAL TABLET 25-100 MG (*carbidopa-levodopa*)	1	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*)	3	
INBRIJA INHALATION CAPSULE 42 MG (*levodopa*)	3	DSL = 30 days
LODOSYN ORAL TABLET 25 MG (*carbidopa*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (*carbidopa-levodopa*)	3	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (*carbidopa-levodopa*)	3	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML (*foscarbidopa-foslevodopa*)	3	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
bromocriptine mesylate oral capsule 5 mg	1	
bromocriptine mesylate oral tablet 2.5 mg	1	
cabergoline oral tablet 0.5 mg	1	
PARLODEL ORAL CAPSULE 5 MG (*bromocriptine mesylate*)	3	
PARLODEL ORAL TABLET 2.5 MG (*bromocriptine mesylate*)	3	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	PV	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (*pregabalin*)	3	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*)	2	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	2	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	3	
GABA-MEDIATED ANTICONVULSANTS - Drugs for Seizures		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	PV	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	PV	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (*stiripentol*)	3	DSL = 30 days
DIACOMIT ORAL PACKET 250 MG, 500 MG (*stiripentol*)	3	DSL = 30 days
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	PV	
gabapentin (once-daily) oral tablet 300 mg, 600 mg	1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	3	
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE ORAL TABLET 100 MG, 400 MG (*gabapentin*)	3	
GRALISE ORAL TABLET 300 MG, 600 MG (*gabapentin (once-daily)*)	3	
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG (*gabapentin (once-daily)*)	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (*gabapentin enacarbil*)	3	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (*pregabalin*)	3	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*)	2	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	2	
NEURAPTINE EXTERNAL CREAM 10 % (*gabapentin*)	3	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*)	3	
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (*gabapentin*)	3	
NEURORUB EXTERNAL CREAM 10 % (*gabapentin*)	3	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
SABRIL ORAL PACKET 500 MG (*vigabatrin*)	3	
SABRIL ORAL TABLET 500 MG (*vigabatrin*)	3	DSL = 30 days
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
valproic acid oral solution 250 mg/5ml	1	
vigabatrin oral packet 500 mg	3	
vigabatrin oral tablet 500 mg	1	DSL = 30 days
VIGADRONE ORAL PACKET 500 MG (*vigabatrin*)	3	
VIGADRONE ORAL TABLET 500 MG (*vigabatrin*)	3	DSL = 30 days
VIGAFYDE ORAL SOLUTION 100 MG/ML (*vigabatrin*)	2	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZTALMY ORAL SUSPENSION 50 MG/ML (*ganaxolone*)	3	DSL = 30 days
GENERAL ANESTHETICS, MISCELLANEOUS - Anesthetics		
KETAMINE HCL SUBLINGUAL TROCHE 100 MG	3	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/5ML-%	3	
HYDANTOINS - Drugs for Seizures		
CEREBYX INJECTION SOLUTION 500 MG PE/10ML (*fosphenytoin sodium*)	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (*phenytoin*)	3	
DILANTIN ORAL CAPSULE 100 MG (*phenytoin sodium extended*)	3	
DILANTIN ORAL CAPSULE 30 MG (*phenytoin sodium extended*)	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	3	
fosphenytoin sodium injection solution 500 mg pe/10ml	1	
phenytek oral capsule 200 mg, 300 mg	1	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
INHALATION ANESTHETICS - Anesthetics		
desflurane inhalation solution	1	
FORANE INHALATION SOLUTION (*isoflurane*)	2	
isoflurane inhalation solution	1	
sevoflurane inhalation solution	1	
SUPRANE INHALATION SOLUTION (*desflurane*)	3	
terrell inhalation solution	1	
ULTANE INHALATION SOLUTION (*sevoflurane*)	3	
ION CHANNEL INHIBITION AGENTS - Drugs for Seizures		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (*eslicarbazepine acetate*)	3	
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	3	
BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*)	3	
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	1	
lacosamide intravenous solution 200 mg/20ml	1	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*lacosamide*)	3	DSL = 30 days
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg	1	
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	3	
rufinamide oral suspension 40 mg/ml	3	
rufinamide oral tablet 200 mg, 400 mg	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (*oxcarbazepine*)	3	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	3	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (*lacosamide*)	3	
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*cenobamate*)	3	
XCOPRI ORAL TABLET 25 MG (*cenobamate*)	3	
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (*cenobamate*)	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (*zonisamide*)	3	
ZONISADE ORAL SUSPENSION 100 MG/5ML (*zonisamide*)	3	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
MELATONIN RECEPTOR AGONISTS - Drugs for Anxiety & Sleep Disorder		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*)	3	DSL = 30 days
HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*)	3	DSL = 30 days
ramelteon oral tablet 8 mg	1	
ROZEREM ORAL TABLET 8 MG (*ramelteon*)	3	
tasimelteon oral capsule 20 mg	1	DSL = 30 days
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
AZILECT ORAL TABLET 0.5 MG, 1 MG (*rasagiline mesylate*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (*selegiline*)	3	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
XADAGO ORAL TABLET 100 MG, 50 MG (*safinamide mesylate*)	3	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	3	
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
AZILECT ORAL TABLET 0.5 MG, 1 MG (*rasagiline mesylate*)	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (*selegiline*)	3	
MARPLAN ORAL TABLET 10 MG (*isocarboxazid*)	PV	
NARDIL ORAL TABLET 15 MG (*phenelzine sulfate*)	PV	
PARNATE ORAL TABLET 10 MG (*tranylcypromine sulfate*)	PV	
phenelzine sulfate oral tablet 15 mg	PV	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
tranylcypromine sulfate oral tablet 10 mg	PV	
XADAGO ORAL TABLET 100 MG, 50 MG (*safinamide mesylate*)	3	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	3	
NMDA ANTAGONISTS - Drugs for Depression & Psychosis		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	3	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	3	
NON-BARBITURATES - Anesthetics		
KETAMINE HCL SUBLINGUAL TROCHE 100 MG	3	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/5ML-%	3	
NON-BENZODIAZEPINE ANXIOLYTICS - Drugs for Anxiety & Sleep Disorder		
BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG (*buspirone hcl*)	PV	DSL = 30 days
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
meprobamate oral tablet 200 mg, 400 mg	PV	
NON-BENZODIAZEPINE HYPNOTICS - Drugs for Anxiety & Sleep Disorder		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (*zolpidem tartrate*)	3	DSL = 30 days
AMBIEN ORAL TABLET 10 MG, 5 MG (*zolpidem tartrate*)	3	DSL = 30 days
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (*zolpidem tartrate*)	3	DSL = 30 days
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	DSL = 30 days
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (*eszopiclone*)	3	DSL = 30 days
zaleplon oral capsule 10 mg, 5 mg	1	DSL = 30 days
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	DSL = 30 days
ZOLPIDEM TARTRATE ORAL CAPSULE 7.5 MG	3	
zolpidem tartrate oral tablet 10 mg, 5 mg	1	DSL = 30 days
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	1	DSL = 30 days
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (*apomorphine hcl*)	3	DSL = 30 days
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	1	DSL = 30 days
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (*rotigotine*)	3	
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML (*apomorphine hcl*)	3	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	1	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
NON-OPIOID ANALGESICS - Drugs for Pain		
8 hour arthritis pain oral tablet extended release 650 mg	1	
8 hour pain reliever oral tablet extended release 650 mg	1	
8 hr arthritis pain relief oral tablet extended release 650 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
8hr muscle aches & pain relief oral tablet extended release 650 mg	1	
acetaminophen 8 hour oral tablet extended release 650 mg	1	
acetaminophen childrens oral liquid 160 mg/5ml	1	
acetaminophen childrens oral solution 160 mg/5ml	1	
acetaminophen childrens oral suspension 160 mg/5ml	1	
acetaminophen childrens oral tablet chewable 160 mg, 80 mg	1	
acetaminophen er oral tablet extended release 650 mg	1	
acetaminophen extra strength oral liquid 1000 mg/30ml, 500 mg/15ml	1	
acetaminophen extra strength oral tablet 500 mg	1	
acetaminophen infants oral suspension 160 mg/5ml	1	
acetaminophen oral liquid 160 mg/5ml	1	
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	1	
acetaminophen oral suspension 160 mg/5ml	1	
acetaminophen oral tablet 325 mg, 500 mg	1	
acetaminophen rectal suppository 120 mg, 650 mg	1	
acetaminophen-codeine oral solution 120-12 mg/5ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	3	
aminofen oral tablet 325 mg	1	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	
arthritis pain reliever oral tablet extended release 650 mg	1	
aspirin-acetaminophen-caffeine oral tablet 250-250-65 mg	1	
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	
butalbital-acetaminophen oral capsule 50-300 mg	1	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION 50-325-40 MG/15ML	3	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
cold & flu relief daytime oral capsule 10-5-325 mg	1	
cold/flu daytime relief oral capsule 10-5-325 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMBOGESIC ORAL TABLET 325-97.5 MG (*ibuprofen-acetaminophen*)	3	
CURANOL ORAL LIQUID 160 MG/5ML	3	
cvs acetaminophen ex st oral tablet 500 mg	1	
daytime cold/flu relief oral capsule 10-5-325 mg	1	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	DSL = 30 days
EXCEDRIN EXTRA STRENGTH ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	
EXCEDRIN MIGRAINE ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	
EXCEDRIN TENSION HEADACHE ORAL TABLET 500-65 MG (*acetaminophen-caffeine*)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	3	
ft 8 hour pain relief oral tablet extended release 650 mg	1	
ft arthritis pain reliever oral tablet extended release 650 mg	1	
ft children's pain/fever oral tablet chewable 160 mg	1	
ft daytime cold & flu relief oral liquid 10-5-325 mg/15ml	1	
ft migraine relief oral tablet 250-250-65 mg	1	
ft pain & fever childrens oral suspension 160 mg/5ml	1	
ft pain & fever infants oral suspension 160 mg/5ml	1	
ft pain relief adult extra st oral tablet 500 mg	1	
ft pain relief extra strength oral tablet 500 mg	1	
ft pain relief oral tablet 325 mg	1	
ft pain reliever adults rectal suppository 650 mg	1	
ft pain reliever children rectal suppository 120 mg	1	
ft pain reliever ex str adult oral tablet 500 mg	1	
ft rapid release pain relief oral tablet 500 mg	1	
goodsense day time cold & flu oral capsule 10-5-325 mg	1	
goodsense pain relief oral tablet 325 mg	1	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	
liquid acetaminophen oral liquid 160 mg/5ml	1	
MAX RELIEF JR CHILD PAIN/FEVER ORAL LIQUID 160 MG/5ML (*acetaminophen*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAX RELIEF JR CHILD PAIN/FEVER ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
MAX RELIEF JUNIOR ORAL LIQUID 160 MG/5ML (*acetaminophen*)	3	
migraine relief oral tablet 250-250-65 mg	1	
mm acetaminophen ex str oral tablet 500 mg	1	
m-pap oral liquid 160 mg/5ml	1	
MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	3	
MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	3	
NALOCET ORAL TABLET 2.5-300 MG	3	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	DSL = 30 days
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	DSL = 30 days
pain & fever childrens oral suspension 160 mg/5ml	1	
pain & fever infants oral suspension 160 mg/5ml	1	
pain and fever relief kids oral liquid 160 mg/5ml	1	
pain relief extra strength oral capsule 500 mg	1	
pain relief extra strength oral tablet 500 mg	1	
pain relief oral liquid 500 mg/15ml	1	
pain relief regular strength oral tablet 325 mg	1	
pain reliever extra strength oral tablet 250-250-65 mg, 500 mg	1	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (*oxycodone-acetaminophen*)	3	DSL = 30 days
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (*ziconotide acetate*)	3	
PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*)	3	DSL = 30 days
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	3	DSL = 30 days
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	3	
THERAFLU FLU RELIEF MAX STR ORAL LIQUID 1000-30 MG/30ML (*acetaminophen-dm*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THERAFLU SEVERE COLD RELIEF ORAL PACKET 20-10-650 MG (*dm-phenylephrine-acetaminophen*)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	3	
TYLENOL 8 HOUR ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG (*acetaminophen*)	3	
TYLENOL 8 HOUR ORAL TABLET EXTENDED RELEASE 650 MG (*acetaminophen*)	3	
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG (*acetaminophen*)	3	
TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION 160 MG/5ML (*acetaminophen*)	3	
TYLENOL ORAL TABLET 325 MG (*acetaminophen*)	3	
VANQUISH EXTRA STRENGTH ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC - Drugs for Pain		
addaprin oral tablet 200 mg	PV	
ADVIL COLD/SINUS ORAL TABLET 30-200 MG (*pseudoephedrine-ibuprofen*)	3	
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG (*ibuprofen*)	PV	
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG (*ibuprofen*)	PV	
ADVIL LIQUI-GELS MINIS ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ADVIL MIGRAINE ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ADVIL ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ADVIL ORAL TABLET 200 MG (*ibuprofen*)	PV	
ALEVE ALL DAY STRONG ORAL TABLET 220 MG (*naproxen sodium*)	PV	
all day pain relief oral tablet 220 mg	PV	
all day relief oral tablet 220 mg	PV	
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (*diclofenac-misoprostol*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML (*ibuprofen*)	PV	
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	3	
CAPSINAC EXTERNAL THERAPY PACK 0.025-1.5 %	3	
cold & sinus oral tablet 30-200 mg	1	
COXANTO ORAL CAPSULE 300 MG (*oxaprozin*)	PV	DSL = 30 days
DICLOFENAC PATCH EXTERNAL PATCH 1.3 %	PV	
diclofenac potassium oral capsule 25 mg	PV	
diclofenac potassium oral tablet 25 mg, 50 mg	PV	
diclofenac potassium(migraine) oral packet 50 mg	1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	PV	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	PV	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	1	
DICLOSAICIN EXTERNAL THERAPY PACK 1.5-0.025 % (*diclofenac sodium-capsaicin*)	3	
diflunisal oral tablet 500 mg	1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	PV	
etodolac oral capsule 200 mg, 300 mg	PV	
etodolac oral tablet 400 mg, 500 mg	PV	
fenoprofen calcium oral capsule 400 mg	PV	
FLANAX ORAL TABLET 220 MG (*naproxen sodium*)	PV	
FLECTOR EXTERNAL PATCH 1.3 % (*diclofenac epolamine*)	PV	
flurbiprofen oral tablet 100 mg, 50 mg	PV	
ft all day pain relief oral tablet 220 mg	PV	
ft ibuprofen ib childrens oral tablet chewable 100 mg	PV	
ft ibuprofen infants oral suspension 50 mg/1.25ml	PV	
ft ibuprofen minis oral capsule 200 mg	PV	
ft ibuprofen oral capsule 200 mg	PV	
ft ibuprofen oral tablet 200 mg	PV	
ft pain relief oral tablet 200 mg	PV	
goodsense ibuprofen childrens oral tablet chewable 100 mg	PV	
goodsense ibuprofen oral capsule 200 mg	PV	
goodsense ibuprofen oral tablet 200 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
goodsense naproxen sodium oral tablet 220 mg	PV	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
IBUPAK ORAL KIT 600 MG (*ibuprofen*)	PV	
ibuprofen infants oral suspension 50 mg/1.25ml	PV	
ibuprofen oral capsule 200 mg	PV	
ibuprofen oral suspension 100 mg/5ml	PV	
ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg	PV	
ibuprofen-famotidine oral tablet 800-26.6 mg	1	
ICLOFENAC CP EXTERNAL THERAPY PACK 0.025-1.5 % (*diclofenac sodium-capsaicin*)	3	
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	PV	
INDOCIN RECTAL SUPPOSITORY 50 MG (*indomethacin*)	PV	DSL = 30 days
indomethacin er oral capsule extended release 75 mg	PV	
indomethacin oral capsule 25 mg, 50 mg	PV	
indomethacin oral suspension 25 mg/5ml	PV	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	PV	
indomethacin rectal suppository 50 mg	PV	DSL = 30 days
INFLAMMACIN COMBINATION THERAPY PACK 75 & 0.025 MG-% (*diclofenac sodium-capsaicin*)	3	
INFLATHERM COMBINATION THERAPY PACK 75 & 3-3 MG & % (*diclofenac-menthol-camphor*)	3	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (*ketoprofen-baclofen-gabap-lido*)	3	
ketoprofen er oral capsule extended release 24 hour 200 mg	PV	
ketoprofen oral capsule 25 mg, 50 mg	PV	
ketorolac tromethamine injection solution 15 mg/ml	PV	
KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION 30 MG/ML	PV	
ketorolac tromethamine intramuscular solution 60 mg/2ml	PV	
ketorolac tromethamine oral tablet 10 mg	PV	
ketorolac tromethamine solution 30 mg/ml injection	PV	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	PV	
LEXTOL EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
LICART EXTERNAL PATCH 24 HOUR 1.3 % (*diclofenac epolamine*)	PV	
LODINE ORAL TABLET 400 MG (*etodolac*)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOFENA ORAL TABLET 25 MG (*diclofenac potassium*)	PV	
LURBIRO ORAL TABLET 100 MG (*flurbiprofen*)	PV	
meclofenamate sodium oral capsule 100 mg, 50 mg	PV	
mefenamic acid oral capsule 250 mg	PV	
meloxicam oral capsule 10 mg, 5 mg	PV	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	PV	
meloxicam oral tablet 15 mg, 7.5 mg	PV	
MOTRIN CHILDRENS ORAL TABLET CHEWABLE 100 MG (*ibuprofen*)	PV	
MOTRIN IB ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
MOTRIN INFANTS DROPS ORAL SUSPENSION 50 MG/1.25ML (*ibuprofen*)	PV	
nabumetone oral tablet 500 mg, 750 mg	PV	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*)	PV	
NAPROTIN COMBINATION KIT 500 & 0.025 MG & % (*naproxen-capsaicin*)	3	
naproxen dr oral tablet delayed release 500 mg	PV	
naproxen oral suspension 125 mg/5ml	PV	
naproxen oral tablet 250 mg, 375 mg, 500 mg	PV	
naproxen oral tablet delayed release 375 mg, 500 mg	PV	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	PV	
naproxen sodium oral tablet 220 mg, 275 mg, 550 mg	PV	
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	1	
OXAPROZIN ORAL CAPSULE 300 MG	PV	DSL = 30 days
oxaprozin oral tablet 600 mg	PV	
piroxicam oral capsule 10 mg, 20 mg	PV	
PRASTERA ORAL KIT 200 & 400 MG (*prasterone & ibuprofen*)	3	
PREVIDOLRX PLUS ANALGESIC COMBINATION THERAPY PACK 75 & 0.025 MG-%	3	
PROPRINAL ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
RELAFEN DS ORAL TABLET 1000 MG (*nabumetone*)	PV	DSL = 30 days
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	PV	
sulindac oral tablet 150 mg, 200 mg	PV	
sumatriptan-naproxen sodium oral tablet 85-500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SURE RESULT DSS PREMIUM PACK EXTERNAL THERAPY PACK 1.5 & 0.025 %	3	
TOLECTIN 600 ORAL TABLET 600 MG (*tolmetin sodium*)	PV	
tolmetin sodium oral capsule 400 mg	PV	
tolmetin sodium oral tablet 600 mg	PV	
TORONOVA II SUIK COMBINATION KIT 30 MG/ML (*ketorolac trometh & anesthetic*)	3	
TORONOVA SUIK COMBINATION KIT 30 MG/ML (*ketorolac trometh & anesthetic*)	3	
TRESNI RECTAL SUPPOSITORY 100 MG (*diclofenac sodium*)	PV	
TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*)	3	
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG (*naproxen-esomeprazole*)	3	
ZICLOPRO EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
ZIPSOR ORAL CAPSULE 25 MG (*diclofenac potassium*)	PV	
OPIOID AGONISTS (28:08) - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	
ascomp-codeine oral capsule 50-325-40-30 mg	1	
belladonna alkaloids-opium rectal suppository 16.2-60 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	DSL = 30 days
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*tramadol hcl*)	3	
DEMEROL INJECTION SOLUTION 50 MG/ML (*meperidine hcl*)	3	DSL = 30 days
DILAUDID ORAL LIQUID 1 MG/ML (*hydromorphone hcl*)	3	DSL = 30 days
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (*hydromorphone hcl*)	3	DSL = 30 days
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG (*sufentanil citrate*)	3	
DURAMORPH INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	3	
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	DSL = 30 days
FENTANYL CITRATE (BULK) SOLUTION 500 MG/50ML	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 50 mcg/ml, 500 mcg/10ml	1	DSL = 30 days
FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MCG/2ML	3	
FENTANYL CITRATE-NACL INJECTION SOLUTION 1-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	DSL = 30 days
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/50ML-%, 2.5-0.9 MG/100ML-%, 2.5-0.9 MG/50ML-%, 5-0.9 MG/100ML-%, 5-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 500-0.9 MCG/50ML-%	3	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	DSL = 30 days
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	1	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.0625-0.9 MG/100ML-%, 1-0.125-0.9 MG/250ML-%	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%, 0.8-0.1667-0.9 MG/200ML-%	3	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2-0.125-0.9 MCG/ML-%-%	3	DSL = 30 days
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	1	DSL = 30 days
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1	DSL = 30 days
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	1	DSL = 30 days
hydromorphone hcl injection solution 2 mg/ml	1	DSL = 30 days
hydromorphone hcl oral liquid 1 mg/ml	1	DSL = 30 days
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydromorphone hcl rectal suppository 3 mg	1	DSL = 30 days
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 25-0.9 MG/50ML-%, 50-0.9 MG/50ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/50ML-%, 15-0.9 MG/30ML-%	3	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*hydrocodone bitartrate*)	3	DSL = 30 days
INFUMORPH 200 INJECTION SOLUTION 200 MG/20ML (10 MG/ML) (*morphine sulfate microinfusion*)	2	DSL = 30 days
INFUMORPH 500 INJECTION SOLUTION 500 MG/20ML (25 MG/ML) (*morphine sulfate microinfusion*)	2	DSL = 30 days
levorphanol tartrate oral tablet 2 mg	1	DSL = 30 days
levorphanol tartrate oral tablet 3 mg	1	
meperidine hcl injection solution 50 mg/ml	1	DSL = 30 days
meperidine hcl oral solution 50 mg/5ml	1	DSL = 30 days
meperidine hcl oral tablet 50 mg	1	DSL = 30 days
methadone hcl injection solution 10 mg/ml	1	DSL = 30 days
methadone hcl intensol oral concentrate 10 mg/ml	1	DSL = 30 days
methadone hcl oral concentrate 10 mg/ml	1	DSL = 30 days
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	1	DSL = 30 days
methadone hcl oral tablet 10 mg, 5 mg	1	DSL = 30 days
methadone hcl oral tablet soluble 40 mg	1	DSL = 30 days
METHADOSE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	3	DSL = 30 days
methadose oral tablet soluble 40 mg	1	DSL = 30 days
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	3	DSL = 30 days
mitigo injection solution 200 mg/20ml (10 mg/ml), 500 mg/20ml (25 mg/ml)	1	DSL = 30 days
MORPHINE SULFATE (BULK) SOLUTION 7812.5 MG/125ML	3	
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml	1	
morphine sulfate (pf) intravenous solution 1 mg/ml	3	
morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml	1	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	1	
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	3	DSL = 30 days
morphine sulfate injection solution 2 mg/ml	1	DSL = 30 days
morphine sulfate injection solution 4 mg/ml	1	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML	3	
MORPHINE SULFATE INTRAVENOUS SOLUTION 1 MG/ML	1	
morphine sulfate intravenous solution 10 mg/ml, 50 mg/ml	1	DSL = 30 days
morphine sulfate intravenous solution 2 mg/ml, 4 mg/ml, 8 mg/ml	1	
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	1	
morphine sulfate oral tablet 15 mg, 30 mg	1	
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/50ML-%	3	
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG (*morphine sulfate*)	3	
NALOCET ORAL TABLET 2.5-300 MG	3	DSL = 30 days
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (*tapentadol hcl*)	3	DSL = 30 days
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (*tapentadol hcl*)	3	DSL = 30 days
opium oral tincture 10 mg/ml (1%)	1	
oxycodone hcl oral capsule 5 mg	1	DSL = 30 days
oxycodone hcl oral concentrate 100 mg/5ml	1	DSL = 30 days
oxycodone hcl oral solution 5 mg/5ml	1	DSL = 30 days
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	DSL = 30 days
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 10 MG	3	
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG	3	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	DSL = 30 days
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (*oxycodone hcl*)	3	DSL = 30 days
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	DSL = 30 days
oxymorphone hcl oral tablet 10 mg, 5 mg	1	DSL = 30 days
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (*oxycodone-acetaminophen*)	3	DSL = 30 days
PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*)	3	DSL = 30 days
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	3	DSL = 30 days
ROXICODONE ORAL TABLET 15 MG, 30 MG (*oxycodone hcl*)	3	DSL = 30 days
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG (*oxycodone hcl*)	3	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (*oxycodone hcl*)	3	DSL = 30 days
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*tramadol hcl*)	3	
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	
TRAMADOL HCL ORAL SOLUTION 5 MG/ML	3	DSL = 30 days
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg, 75 mg	1	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	3	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (*oxycodone*)	3	
OPIOID ANTAGONISTS (28:10) - Drugs for Overdose or Poisoning		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	DSL = 30 days
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft naloxone hcl nasal liquid 4 mg/0.1ml	1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*)	3	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	
naloxone hcl nasal liquid 4 mg/0.1ml	1	
naltrexone hcl oral tablet 50 mg	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*)	3	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (*nalmefene hcl*)	3	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (*methylnaltrexone bromide*)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML (*methylnaltrexone bromide*)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML (*methylnaltrexone bromide*)	3	DSL = 30 days
REXTOVY NASAL LIQUID 4 MG/0.25ML (*naloxone hcl*)	3	
RIVIVE NASAL LIQUID 3 MG/0.1ML (*naloxone hcl*)	3	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*)	3	DSL = 30 days
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*)	3	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	3	DSL = 30 days
ZURNAI INJECTION SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML (*nalmefene hcl*)	3	
OPIOID PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (*buprenorphine hcl*)	3	
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML (*buprenorphine*)	3	DSL = 30 days
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML (*buprenorphine*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
buprenorphine hcl injection solution 0.3 mg/ml	1	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	1	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	DSL = 30 days
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	1	DSL = 30 days
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	1	
butorphanol tartrate nasal solution 10 mg/ml	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (*buprenorphine*)	3	DSL = 30 days
nalbuphine hcl injection solution 20 mg/ml	1	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (*buprenorphine*)	3	DSL = 30 days
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (*buprenorphine hcl-naloxone hcl*)	3	DSL = 30 days
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	3	DSL = 30 days
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	3	DSL = 30 days
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	3	DSL = 30 days
QUVIVIQ ORAL TABLET 25 MG, 50 MG (*daridorexant hcl*)	3	DSL = 30 days
PHENOTHIAZINES - Drugs for Depression & Psychosis		
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	PV	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	PV	
fluphenazine decanoate injection solution 25 mg/ml	PV	
fluphenazine hcl injection solution 2.5 mg/ml	PV	
fluphenazine hcl oral concentrate 5 mg/ml	PV	
fluphenazine hcl oral elixir 2.5 mg/5ml	PV	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	PV	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	PV	
prochlorperazine maleate oral tablet 10 mg, 5 mg	PV	
prochlorperazine rectal suppository 25 mg	PV	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	PV	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	PV	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*methylphenidate hcl*)	2	
ascomp-codeine oral capsule 50-325-40-30 mg	1	
aspirin-acetaminophen-caffeine oral tablet 250-250-65 mg	1	
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (*serdexmethylphen-dexmethylphen*)	3	
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION 50-325-40 MG/15ML	3	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (*methylphenidate hcl*)	3	DSL = 30 days
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (*methylphenidate*)	3	DSL = 30 days
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (*methylphenidate*)	3	
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	DSL = 30 days
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	DSL = 30 days
elixophyllin oral elixir 80 mg/15ml	1	
ergotamine-caffeine oral tablet 1-100 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EXCEDRIN EXTRA STRENGTH ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	
EXCEDRIN MIGRAINE ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	
EXCEDRIN TENSION HEADACHE ORAL TABLET 500-65 MG (*acetaminophen-caffeine*)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	3	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (*dexmethylphenidate hcl*)	3	DSL = 30 days
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (*dexmethylphenidate hcl*)	3	DSL = 30 days
ft migraine relief oral tablet 250-250-65 mg	1	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (*methylphenidate hcl*)	3	
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*methylphenidate hcl*)	3	DSL = 30 days
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (*methylphenidate hcl*)	3	DSL = 30 days
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	DSL = 30 days
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	DSL = 30 days
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	1	
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	1	
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	1	DSL = 30 days
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	DSL = 30 days
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	1	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	2	
migraine relief oral tablet 250-250-65 mg	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	
NORGESIC ORAL TABLET 25-385-30 MG (*orphenadrine-aspirin-caffeine*)	3	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (*orphenadrine-aspirin-caffeine*)	3	
pain reliever extra strength oral tablet 250-250-65 mg	1	
PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40-1 MG/ML-%	3	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*viloxazine hcl*)	3	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (*methylphenidate hcl*)	3	DSL = 30 days
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*)	3	DSL = 30 days
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (*methylphenidate hcl*)	3	DSL = 30 days
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG (*methylphenidate hcl*)	3	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG (*methylphenidate hcl*)	3	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (*methylphenidate hcl*)	3	DSL = 30 days
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	PV	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	PV	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	3	
VANQUISH EXTRA STRENGTH ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REVERSIBLE COX-1/COX-2 INHIBITORS - Drugs for Pain		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (*ketorolac tromethamine*)	PV	
ACULAR OPHTHALMIC SOLUTION 0.5 % (*ketorolac tromethamine*)	PV	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (*ketorolac tromethamine*)	PV	
addaprin oral tablet 200 mg	PV	
ADVIL COLD/SINUS ORAL TABLET 30-200 MG (*pseudoephedrine-ibuprofen*)	3	
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG (*ibuprofen*)	PV	
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG (*ibuprofen*)	PV	
ADVIL LIQUI-GELS MINIS ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ADVIL MIGRAINE ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ADVIL ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
ADVIL ORAL TABLET 200 MG (*ibuprofen*)	PV	
ALEVE ALL DAY STRONG ORAL TABLET 220 MG (*naproxen sodium*)	PV	
all day pain relief oral tablet 220 mg	PV	
all day relief oral tablet 220 mg	PV	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML (*ibuprofen*)	PV	
cold & sinus oral tablet 30-200 mg	1	
COMBOGESIC ORAL TABLET 325-97.5 MG (*ibuprofen-acetaminophen*)	3	
COXANTO ORAL CAPSULE 300 MG (*oxaprozin*)	PV	DSL = 30 days
diclofenac sodium external gel 3 %	1	
diflunisal oral tablet 500 mg	1	
DOLOBID ORAL TABLET 250 MG (*diflunisal*)	3	
DOLOBID ORAL TABLET 375 MG (*diflunisal*)	3	DSL = 30 days
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	PV	
etodolac oral capsule 200 mg, 300 mg	PV	
etodolac oral tablet 400 mg, 500 mg	PV	
fenoprofen calcium oral capsule 400 mg	PV	
FENOPRON ORAL CAPSULE 300 MG (*fenoprofen calcium*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLANAX ORAL TABLET 220 MG (*naproxen sodium*)	PV	
flurbiprofen oral tablet 100 mg, 50 mg	PV	
flurbiprofen sodium ophthalmic solution 0.03 %	PV	
ft all day pain relief oral tablet 220 mg	PV	
ft ibuprofen ib childrens oral tablet chewable 100 mg	PV	
ft ibuprofen infants oral suspension 50 mg/1.25ml	PV	
ft ibuprofen minis oral capsule 200 mg	PV	
ft ibuprofen oral capsule 200 mg	PV	
ft ibuprofen oral tablet 200 mg	PV	
ft pain relief oral tablet 200 mg	PV	
goodsense ibuprofen childrens oral tablet chewable 100 mg	PV	
goodsense ibuprofen oral capsule 200 mg	PV	
goodsense ibuprofen oral tablet 200 mg	PV	
goodsense naproxen sodium oral tablet 220 mg	PV	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
IBUPAK ORAL KIT 600 MG (*ibuprofen*)	PV	
ibuprofen infants oral suspension 50 mg/1.25ml	PV	
ibuprofen oral capsule 200 mg	PV	
ibuprofen oral suspension 100 mg/5ml	PV	
ibuprofen oral tablet 200 mg, 300 mg, 400 mg, 600 mg, 800 mg	PV	
ibuprofen-famotidine oral tablet 800-26.6 mg	1	
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	PV	
INDOCIN RECTAL SUPPOSITORY 50 MG (*indomethacin*)	PV	DSL = 30 days
indomethacin er oral capsule extended release 75 mg	PV	
indomethacin oral capsule 25 mg, 50 mg	PV	
indomethacin oral suspension 25 mg/5ml	PV	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	PV	
indomethacin rectal suppository 50 mg	PV	DSL = 30 days
KERAXA EXTERNAL GEL 3-4 %	3	
ketorolac tromethamine injection solution 15 mg/ml	PV	
KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION 30 MG/ML	PV	
ketorolac tromethamine intramuscular solution 60 mg/2ml	PV	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	PV	
ketorolac tromethamine oral tablet 10 mg	PV	
ketorolac tromethamine solution 30 mg/ml injection	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	PV	
LODINE ORAL TABLET 400 MG (*etodolac*)	PV	
LURBIRO ORAL TABLET 100 MG (*flurbiprofen*)	PV	
meclofenamate sodium oral capsule 100 mg, 50 mg	PV	
mefenamic acid oral capsule 250 mg	PV	
meloxicam oral capsule 10 mg, 5 mg	PV	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	PV	
meloxicam oral tablet 15 mg, 7.5 mg	PV	
MOTRIN CHILDRENS ORAL TABLET CHEWABLE 100 MG (*ibuprofen*)	PV	
MOTRIN IB ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
MOTRIN INFANTS DROPS ORAL SUSPENSION 50 MG/1.25ML (*ibuprofen*)	PV	
nabumetone oral tablet 500 mg, 750 mg	PV	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*)	PV	
NAPROTIN COMBINATION KIT 500 & 0.025 MG & % (*naproxen-capsaicin*)	3	
naproxen dr oral tablet delayed release 500 mg	PV	
naproxen oral suspension 125 mg/5ml	PV	
naproxen oral tablet 250 mg, 375 mg, 500 mg	PV	
naproxen oral tablet delayed release 375 mg, 500 mg	PV	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	PV	
naproxen sodium oral tablet 220 mg, 275 mg, 550 mg	PV	
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	1	
OXAPROZIN ORAL CAPSULE 300 MG	PV	DSL = 30 days
oxaprozin oral tablet 600 mg	PV	
piroxicam oral capsule 10 mg, 20 mg	PV	
PRASTERA ORAL KIT 200 & 400 MG (*prasterone & ibuprofen*)	3	
PROPRINAL ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
RELAFEN DS ORAL TABLET 1000 MG (*nabumetone*)	PV	DSL = 30 days
ROAOXIA EXTERNAL GEL 3-4 %	3	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	PV	
sulindac oral tablet 150 mg, 200 mg	PV	
sumatriptan-naproxen sodium oral tablet 85-500 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYMBRAVO ORAL TABLET 20-10 MG (*meloxicam-rizatriptan*)	3	
TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*)	3	
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG (*naproxen-esomeprazole*)	3	
SALICYLATES - Drugs for Pain		
ascomp-codeine oral capsule 50-325-40-30 mg	1	
aspirin 81 oral tablet delayed release 81 mg	PV	
aspirin adult low dose oral tablet delayed release 81 mg	PV	
aspirin adult low strength oral tablet delayed release 81 mg	PV	
aspirin childrens oral tablet chewable 81 mg	PV	
aspirin ec adult low dose oral tablet delayed release 81 mg	PV	
aspirin ec low dose oral tablet delayed release 81 mg	PV	
aspirin ec low strength oral tablet delayed release 81 mg	PV	
aspirin ec oral tablet delayed release 325 mg	PV	
aspirin low dose oral tablet chewable 81 mg	PV	
aspirin low dose oral tablet delayed release 81 mg	PV	
aspirin oral tablet 325 mg	PV	
aspirin oral tablet chewable 81 mg	PV	
aspirin oral tablet delayed release 325 mg, 81 mg	PV	
aspirin rectal suppository 300 mg	1	
aspirin regimen oral tablet delayed release 81 mg	PV	
aspirin-acetaminophen-caffeine oral tablet 250-250-65 mg	1	
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (*aspirin*)	PV	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
EXCEDRIN EXTRA STRENGTH ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	
EXCEDRIN MIGRAINE ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	
ft aspirin low dose oral tablet delayed release 81 mg	PV	
ft aspirin oral tablet 325 mg	PV	
ft aspirin oral tablet chewable 81 mg	PV	
ft enteric coated aspirin oral tablet delayed release 325 mg	PV	
ft migraine relief oral tablet 250-250-65 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
goodsense aspirin low dose oral tablet delayed release 81 mg	PV	
goodsense aspirin oral tablet 325 mg	PV	
migraine relief oral tablet 250-250-65 mg	1	
mm aspirin oral tablet delayed release 81 mg	PV	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	
NORGESIC ORAL TABLET 25-385-30 MG (*orphenadrine-aspirin-caffeine*)	3	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (*orphenadrine-aspirin-caffeine*)	3	
pain reliever extra strength oral tablet 250-250-65 mg	1	
salsalate oral tablet 500 mg, 750 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	PV	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	PV	
VANQUISH EXTRA STRENGTH ORAL TABLET 250-250-65 MG (*aspirin-acetaminophen-caffeine*)	3	
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	PV	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	PV	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (*duloxetine hcl*)	3	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	PV	
DULOXICAINE COMBINATION KIT 30 & 4 MG & % (*duloxetine-lidocaine hcl*)	3	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (*venlafaxine hcl*)	PV	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (*levomilnacipran hcl*)	PV	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (*levomilnacipran hcl*)	PV	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (*desvenlafaxine succinate*)	PV	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	3	
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 112.5 MG	3	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	PV	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	PV	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	PV	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	1	
FROVA ORAL TABLET 2.5 MG (*frovatriptan succinate*)	3	
frovatriptan succinate oral tablet 2.5 mg	1	
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (*sumatriptan succinate*)	3	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (*sumatriptan succinate*)	3	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (*sumatriptan succinate*)	3	
MAXALT ORAL TABLET 10 MG (*rizatriptan benzoate*)	3	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (*rizatriptan benzoate*)	3	
MIGRANOW COMBINATION THERAPY PACK 50 & 4-10 MG & % (*sumatriptan & camphor-menthol*)	3	
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (*sumatriptan succinate*)	3	
RELPAX ORAL TABLET 20 MG, 40 MG (*eletriptan hydrobromide*)	3	
REYVOW ORAL TABLET 100 MG, 50 MG (*lasmiditan succinate*)	3	DSL = 30 days
rizatriptan benzoate oral tablet 10 mg, 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	
SUMANSETRON ORAL TABLET THERAPY PACK 50 & 4 MG (*sumatriptan-ondansetron*)	3	
sumatriptan nasal solution 20 mg/act, 5 mg/act	1	
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	1	
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	
sumatriptan-naproxen sodium oral tablet 85-500 mg	1	
SYMBRAVO ORAL TABLET 20-10 MG (*meloxicam-rizatriptan*)	3	
TOSYMRA NASAL SOLUTION 10 MG/ACT (*sumatriptan*)	3	DSL = 30 days
TREXIMET ORAL TABLET 85-500 MG (*sumatriptan-naproxen sodium*)	3	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (*sumatriptan succinate*)	3	
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	3	
zolmitriptan nasal solution 5 mg	1	
zolmitriptan oral tablet 2.5 mg, 5 mg	1	
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	1	
ZOMIG NASAL SOLUTION 2.5 MG (*zolmitriptan*)	3	
ZOMIG NASAL SOLUTION 5 MG (*zolmitriptan*)	3	
ZOMIG ORAL TABLET 5 MG (*zolmitriptan*)	3	
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (*citalopram hydrobromide*)	PV	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE 30 MG	PV	
citalopram hydrobromide oral solution 10 mg/5ml	PV	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	PV	
ESCITALOPRAM OXALATE ORAL CAPSULE 15 MG	3	
escitalopram oxalate oral solution 5 mg/5ml	PV	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	PV	
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	PV	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	PV	
fluoxetine hcl oral capsule delayed release 90 mg	PV	
fluoxetine hcl oral solution 20 mg/5ml	PV	
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg	PV	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	PV	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	PV	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (*escitalopram oxalate*)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	PV	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	PV	
paroxetine hcl oral suspension 10 mg/5ml	PV	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	PV	
paroxetine mesylate oral capsule 7.5 mg	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (*paroxetine hcl*)	PV	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (*paroxetine hcl*)	PV	
sertraline hcl oral capsule 150 mg, 200 mg	1	
sertraline hcl oral concentrate 20 mg/ml	PV	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	PV	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (*olanzapine-fluoxetine hcl*)	PV	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (*sertraline hcl*)	PV	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (*sertraline hcl*)	PV	
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG (*gepirone hcl*)	3	
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG (*gepirone hcl*)	3	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	PV	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	PV	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	PV	
RALDESY ORAL SOLUTION 10 MG/ML (*trazodone hcl*)	3	DSL = 30 days
REMERON ORAL TABLET 15 MG, 30 MG (*mirtazapine*)	PV	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG (*mirtazapine*)	PV	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	PV	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*)	PV	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (*vilazodone hcl*)	PV	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUCCINIMIDES - Drugs for Seizures		
CELONTIN ORAL CAPSULE 300 MG (*methsuximide*)	3	
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5ml	1	
methsuximide oral capsule 300 mg	1	
ZARONTIN ORAL CAPSULE 250 MG (*ethosuximide*)	3	
ZARONTIN ORAL SOLUTION 250 MG/5ML (*ethosuximide*)	3	
THIOXANTHENES - Drugs for Depression & Psychosis		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	PV	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PV	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	PV	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (*clomipramine hcl*)	PV	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	PV	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	PV	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PV	
doxepin hcl external cream 5 %	1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PV	
doxepin hcl oral concentrate 10 mg/ml	PV	
doxepin hcl oral tablet 3 mg, 6 mg	1	
ENOVARX-AMITRIPTYLINE EXTERNAL KIT 2 %	PV	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	PV	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	PV	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (*desipramine hcl*)	PV	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	PV	
nortriptyline hcl oral solution 10 mg/5ml	PV	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (*nortriptyline hcl*)	PV	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	PV	
protriptyline hcl oral tablet 10 mg, 5 mg	PV	
PRUDOXIN EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	3	
SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	PV	
ZONALON EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	3	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (*deutetrabenazine*)	3	DSL = 30 days
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (*deutetrabenazine*)	3	DSL = 30 days
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (*deutetrabenazine*)	3	DSL = 30 days
INGREZZA ORAL CAPSULE 40 MG, 80 MG (*valbenazine tosylate*)	3	DSL = 30 days
INGREZZA ORAL CAPSULE 60 MG (*valbenazine tosylate*)	3	
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG (*valbenazine tosylate*)	3	DSL = 30 days
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (*valbenazine tosylate*)	3	DSL = 30 days
tetrabenazine oral tablet 12.5 mg, 25 mg	3	
XENAZINE ORAL TABLET 12.5 MG, 25 MG (*tetrabenazine*)	3	
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	
diclofenac sodium oral tablet delayed release 75 mg	PV	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (*sodium oxybate*)	3	DSL = 30 days
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (*sodium oxybate*)	3	
modafinil oral tablet 100 mg, 200 mg	1	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (*armodafinil*)	3	
PROVIGIL ORAL TABLET 100 MG, 200 MG (*modafinil*)	2	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	3	DSL = 30 days
SUNOSI ORAL TABLET 150 MG, 75 MG (*solriamfetol hcl*)	3	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (*pitolisant hcl*)	3	DSL = 30 days
XYREM ORAL SOLUTION 500 MG/ML (*sodium oxybate*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DENTAL AGENTS		
NUTRITIONAL SUPPLEMENTS		
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0.75 MG (*pediatric multivitamins-fl*)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (*sodium fluoride*)	PV	
DENTAGEL DENTAL GEL 1.1 % (*sodium fluoride*)	PV	
EASYGEL DENTAL GEL 0.4 % (*stannous fluoride*)	PV	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 % (*stannous fluoride*)	PV	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	PV	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride oral suspension 0.25 mg/ml	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (*sodium fluoride*)	PV	
PREVIDENT DENTAL GEL 1.1 % (*sodium fluoride*)	PV	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (*sodium fluoride*)	PV	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sf 5000 plus dental cream 1.1 %	PV	
sf dental gel 1.1 %	PV	
sodium fluoride 5000 plus dental cream 1.1 %	PV	
sodium fluoride 5000 ppm dental cream 1.1 %	PV	
sodium fluoride 5000 ppm dental gel 1.1 %	PV	
sodium fluoride dental cream 1.1 %	PV	
sodium fluoride dental gel 1.1 %	PV	
sodium fluoride mouth/throat solution 0.2 %	PV	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	PV	
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	PV	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	PV	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRI-VITAMIN WITH FLUORIDE ORAL SUSPENSION 0.25 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 % (*sodium fluoride*)	PV	
DENTAL AGENTS - Oral Care		
DENTAL AGENTS - Oral Care		
CLINPRO 5000 DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0.75 MG (*pediatric multivitamins-fl*)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (*sodium fluoride*)	PV	
DENTA 5000 PLUS SENSITIVE DENTAL GEL 1.1-5 %	3	
DENTAGEL DENTAL GEL 1.1 % (*sodium fluoride*)	PV	
EASYGEL DENTAL GEL 0.4 % (*stannous fluoride*)	PV	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 % (*stannous fluoride*)	PV	
FLUORIDEX DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	PV	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride oral suspension 0.25 mg/ml	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
PREVIDENT DENTAL GEL 1.1 % (*sodium fluoride*)	PV	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (*sodium fluoride*)	PV	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
sf 5000 plus dental cream 1.1 %	PV	
sf dental gel 1.1 %	PV	
sod fluoride-potassium nitrate dental gel 1.1-5 %	1	
sodium fluoride 5000 enamel dental gel 1.1-5 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	PV	
sodium fluoride 5000 ppm dental cream 1.1 %	PV	
sodium fluoride 5000 ppm dental gel 1.1 %	PV	
sodium fluoride 5000 ppm dental paste 1.1 %	PV	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	1	
sodium fluoride dental cream 1.1 %	PV	
sodium fluoride dental gel 1.1 %	PV	
sodium fluoride mouth/throat solution 0.2 %	PV	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	PV	
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	PV	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	PV	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRI-VITAMIN WITH FLUORIDE ORAL SUSPENSION 0.25 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 % (*sodium fluoride*)	PV	
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA IN VITRO SOLUTION (*blood glucose calibration*)	PV	
ACCU-CHEK FASTCLIX LANCET KIT KIT (*lancets misc.*)	2	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (*blood glucose calibration*)	PV	
ACCU-CHEK GUIDE KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
ACCU-CHEK GUIDE ME KIT W/DEVICE (*blood glucose monitoring suppl*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (*blood glucose calibration*)	PV	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (*lancets misc.*)	2	
ACCU-CHEK TENDER 1 INFUSION KIT (*iv sets-tubing*)	3	
ACCU-CHEK ULTRAFLEX INF SET (*insulin infusion pump supplies*)	3	
ADULT AEROSOL MASK	2	
ADVOCATE SAFETY LANCETS 21G (*lancets*)	PV	
ADVOCATE SAFETY LANCETS 23G (*lancets*)	PV	
ADVOCATE SAFETY LANCETS 28G (*lancets*)	PV	
AERIVA CONCENTRATOR NEBULIZER	3	
AEROBIKA DEVICE (*respiratory therapy supplies*)	3	
AEROCHAMBER HOLDING CHAMBER DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER2GO ANTI-STATIC DEVICE (*spacer/aero-holding chambers*)	2	
AEROECLIPSE EZ TWIST TUBING (*respiratory therapy supplies*)	2	
AEROECLIPSE II W/ELBOW ADAPTER (*nebulizers*)	3	
AEROECLIPSE II W/UNIV TUBING (*nebulizers*)	3	
AEROECLIPSE MASK LARGE (*respiratory therapy supplies*)	2	
AEROECLIPSE MASK MEDIUM (*respiratory therapy supplies*)	2	
AEROECLIPSE MASK SMALL (*respiratory therapy supplies*)	2	
AEROECLIPSE XL NEBULIZER (*nebulizers*)	3	
ALCOHOL PREP PADS PAD , 70 %	3	
ALCOHOL PREP PADS SHEET 70 %	3	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	PV	
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (*insulin pen needle*)	PV	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (*insulin pen needle*)	PV	
AUM ALCOHOL PREP PADS PAD 70 %	3	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	PV	
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	PV	
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	PV	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (*insulin pen needle*)	PV	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (*insulin pen needle*)	PV	
AUTOLET LANCING DEVICE (*lancet devices*)	PV	
AUTOLET LITE LANCING DEVICE (*lancet devices*)	PV	
AUTOSOFT 30 INFUSION SET (*insulin infusion pump supplies*)	3	
AUTOSOFT 90 INFUSION SET (*insulin infusion pump supplies*)	3	
AUTOSOFT XC INFUSION SET (*insulin infusion pump supplies*)	3	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (*insulin pen needle*)	PV	
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" (*needle (disp)*)	3	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" (*needle (disp)*)	3	
BD ECLIPSE NEEDLE 23G X 1" , 25G X 1-1/2" (*needle (disp)*)	2	
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM (*insulin pen needle*)	PV	
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM (*insulin pen needle*)	PV	
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM (*insulin pen needle*)	PV	
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM (*insulin pen needle*)	PV	
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM (*insulin pen needle*)	PV	
BD SAFETYGLIDE NEEDLE 23G X 1-1/2" (*needle (disp)*)	2	
BD SHARPS COLLECTOR (*sharps container*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	PV	
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	PV	
BD ULTRA-FINE PEN NEEDLES 32G X 4 MM (*insulin pen needle*)	PV	
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (*insulin syringe-needle u-100*)	PV	
BIGFOOT UNITY PROGRAM KIT (*blood glucose monitoring suppl*)	3	
BLOOD GLUCOSE MONITORING 333 DEVICE	3	
BLUESTAR DEVICE (*blood glucose monitor software*)	3	
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	
BREATHE COMFORT HUMIDIFIER (*humidifiers*)	3	
BREATHE EASE HUMIDIFIER	3	
BREATHE EASE NEB MASK/CHILD	2	
BREATHE EASE NEB MASK/INFANT	2	
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 18G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 21G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 27G X 1/2"	3	
CAREPOINT POLY HUB NEEDLE 30G X 1/2"	3	
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	2	
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION (*blood glucose calibration*)	PV	
CARESENS LANCETS 30G (*lancets*)	PV	
CARESENS N FELIZ BT DEVICE (*blood glucose monitoring suppl*)	3	
CARESENS N FELIZ DEVICE (*blood glucose monitoring suppl*)	3	
CARESENS N PLUS BT KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
CARESENS S CONTROL SOLN A/B IN VITRO LIQUID (*blood glucose calibration*)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARESENS S FIT BLOOD GLUC MON DEVICE (*blood glucose monitoring suppl*)	3	
CARESENS S FIT BT BLOOD GLUC DEVICE (*blood glucose monitoring suppl*)	3	
CARETOUCH 2 CPAP HOSE HANGER (*respiratory therapy supplies*)	2	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (*blood glucose calibration*)	PV	
CARETOUCH CPAP & BIPAP HOSE (*respiratory therapy supplies*)	2	
CARETOUCH CPAP MASK WIPES (*respiratory therapy supplies*)	2	
CARETOUCH CPAP PRE-WASH SOLN (*respiratory therapy supplies*)	2	
CARETOUCH CPAP TUBE BRUSH (*respiratory therapy supplies*)	2	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2" (*needle (disp)*)	3	
CARETOUCH LANCING/EJECTOR (*lancet devices*)	PV	
CARETOUCH UNIVERSL CPAP FILTER (*respiratory therapy supplies*)	2	
CEQUR SIMPLICITY 2U DEVICE (*injection device for insulin*)	PV	
CHEMSTRIP BG LOG BOOK (*blood glucose monitoring suppl*)	PV	
CHOSEN LANCETS 30G (*lancets*)	PV	
CHOSEN LANCING DEVICE (*lancet devices*)	PV	
CHOSEN SAFETY LANCETS 28G (*lancets*)	PV	
CLEVER CHOICE COMFORT EZ (*lancets*)	PV	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (*insulin pen needle*)	PV	
COMFORT TOUCH TWIST LANCET 30G (*lancets*)	PV	
COMPRESSOR NEBULIZER	3	
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL (*blood glucose calibration*)	PV	
CONTOUR MONITOR DEVICE DEVICE (*blood glucose monitoring suppl*)	3	
CONTOUR MONITOR KIT W/DEVICE KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (*blood glucose calibration*)	PV	
CONTOUR NEXT EZ KIT W/DEVICE (*blood glucose monitoring suppl*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CONTOUR NEXT GEN MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
CONTOUR NEXT LINK KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
CONTOUR NEXT MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
CONTOUR NEXT ONE KIT (*blood glucose monitoring suppl*)	3	
CONTOUR NEXT ONE KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
CONTOUR PLUS BLUE KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
CONTOUR PLUS CONTROL SOLUTION IN VITRO LIQUID (*blood glucose calibration*)	PV	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
DERMACINRX SURGICAL COMBOPAK EXTERNAL KIT	3	
DEXCOM G6 RECEIVER DEVICE (*continuous glucose receiver*)	3	
DEXCOM G6 SENSOR (*continuous glucose sensor*)	3	
DEXCOM G6 TRANSMITTER (*continuous glucose transmitter*)	3	
DEXCOM G7 15 DAY SENSOR (*continuous glucose sensor*)	3	
DEXCOM G7 RECEIVER DEVICE (*continuous glucose receiver*)	3	
DEXCOM G7 SENSOR (*continuous glucose sensor*)	3	
DIABETES CARE KIT	3	
DIABETES MONITOR DIGIT ADD-ON KIT	3	
DIABETES MONITOR DIGIT SOLN KIT	3	
DROPLET MICRON 34G X 3.5 MM (*insulin pen needle*)	PV	
DROPSAFE ACTI-LANCE 23G (*lancets*)	PV	
DROPSAFE ALCOHOL PREP PAD 70 % (*alcohol swabs*)	3	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	PV	
DROPSAFE SICURA 25G X 1" (*needle (disp)*)	3	
EASIVENT (*spacer/aero-holding chambers*)	2	
EASY AIR NEBULIZER FILTERS	2	
EASY COMFORT SHARPS CONTAINER	3	
EASY MAX T1 GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EASY NEB NEBULIZER FILTERS	2	
EASY TOUCH HEALTHPRO GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
EASY TOUCH HEALTHPRO HIGH/LOW IN VITRO LIQUID (*blood glucose calibration*)	PV	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (*blood glucose calibration*)	PV	
EASYMAX CONTROL IN VITRO SOLUTION NORMAL (*blood glucose calibration*)	PV	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID (*blood glucose calibration*)	PV	
EMBECTA AUTOSHIELD DUO 30G X 5 MM (*insulin pen needle*)	PV	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML (*insulin syringe-needle u-100*)	PV	
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	PV	
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (*insulin syringe-needle u-100*)	PV	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML, 28G X 1/2" 1 ML (*insulin syringe-needle u-100*)	PV	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	PV	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM (*insulin pen needle*)	PV	
EMBECTA PEN NEEDLE NANO 32G X 4 MM (*insulin pen needle*)	PV	
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM (*insulin pen needle*)	PV	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	PV	
EMBRACE WAVE BLOOD GLUCOSE DEVICE (*blood glucose monitoring suppl*)	3	
EMBRACE WAVE GLUCOSE METER DEVICE (*blood glucose monitoring suppl*)	3	
ENLITE GLUCOSE SENSOR (*continuous glucose sensor*)	3	
EVERSENSE 365 SENSOR/HOLDER (*continuous glucose sensor*)	3	
EVERSENSE 365 SMART TRANSMIT (*continuous glucose transmitter*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EVERSENSE SENSOR/HOLDER (*continuous glucose sensor*)	3	
EVERSENSE SMART TRANSMITTER (*continuous glucose transmitter*)	3	
EXTENDED INFUSION SET 23"/6MM	3	
EXTENDED INFUSION SET 23"/9MM	3	
EXTENDED INFUSION SET 32"/6MM	3	
EXTENDED INFUSION SET 32"/9MM	3	
EXTENDED RESERVOIR 3ML (*insulin infusion pump supplies*)	3	
FLEXICHAMBER ADULT MASK/SMALL (*spacer/aero-hold chamber mask*)	2	
FLEXICHAMBER CHILD MASK/LARGE (*spacer/aero-hold chamber mask*)	2	
FLEXICHAMBER CHILD MASK/SMALL (*spacer/aero-hold chamber mask*)	2	
FLEXICHAMBER DEVICE (*spacer/aero-holding chambers*)	2	
FORA TEST N' GO ADVANCE DEVICE (*blood glucose/ketone monitor*)	3	
FREESTYLE LIBRE 14 DAY READER DEVICE (*continuous glucose receiver*)	3	
FREESTYLE LIBRE 14 DAY SENSOR (*continuous glucose sensor*)	3	
FREESTYLE LIBRE 2 PLUS SENSOR (*continuous glucose sensor*)	3	
FREESTYLE LIBRE 2 READER DEVICE (*continuous glucose receiver*)	3	
FREESTYLE LIBRE 2 SENSOR (*continuous glucose sensor*)	3	
FREESTYLE LIBRE 3 PLUS SENSOR (*continuous glucose sensor*)	3	
FREESTYLE LIBRE 3 READER DEVICE (*continuous glucose receiver*)	3	
FREESTYLE LIBRE 3 SENSOR (*continuous glucose sensor*)	3	
FREESTYLE LIBRE READER DEVICE (*continuous glucose receiver*)	3	
FREESTYLE PRECISION NEO SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
ft early result pregnancy in vitro diagnostic test	1	
ft one step pregnancy in vitro diagnostic test	1	
GOODSENSE ALCOHOL SWABS PAD 70 %	3	
GUARDIAN 4 GLUCOSE SENSOR (*continuous glucose sensor*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GUARDIAN 4 TRANSMITTER (*continuous glucose transmitter*)	3	
GUARDIAN LINK 3 TRANSMITTER (*continuous glucose transmitter*)	3	
GUARDIAN REAL-TIME CHARGER (*continuous glucose monitor sup*)	3	
GUARDIAN REAL-TIME REPLACE PED DEVICE (*continuous glucose receiver*)	3	
GUARDIAN REAL-TIME TEST PLUG (*continuous glucose monitor sup*)	3	
GUARDIAN SENSOR 3 (*continuous glucose sensor*)	3	
HOME PAP KIT IN VITRO KIT 2.5 %	3	
HUMATROPEN FOR 12MG DEVICE (*injection device*)	PV	
HUMATROPEN FOR 24MG DEVICE (*injection device*)	PV	
HUMATROPEN FOR 6MG DEVICE (*injection device*)	PV	
IHEALTH CONTROL SOLUTION IN VITRO LIQUID (*blood glucose calibration*)	PV	
IHEALTH GLUCO+ KIT 10 KIT (*blood glucose monitoring suppl*)	3	
IHEALTH GLUCO+ KIT 100 KIT (*blood glucose monitoring suppl*)	3	
IHEALTH LANCING DEVICE (*lancet devices*)	PV	
ILET CONTACT DETACH 23" 6MM (*insulin infusion pump supplies*)	3	
ILET INFUSION-INSET 23" 6MM (*insulin infusion pump supplies*)	3	
ILET INFUSION-INSET 32" 6MM (*insulin infusion pump supplies*)	3	
ILET STARTER - CONTACT DETACH (*insulin infusion pump supplies*)	3	
ILET STARTER KIT - INSET 23" (*insulin infusion pump supplies*)	3	
ILET STARTER KIT - INSET 32" (*insulin infusion pump supplies*)	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE (*injection device for insulin*)	PV	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE (*injection device for insulin*)	PV	
INPEN 100-GREY-LILLY-HUMALOG DEVICE (*injection device for insulin*)	PV	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE (*injection device for insulin*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INPEN 100-PINK-LILLY-HUMALOG DEVICE (*injection device for insulin*)	PV	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE (*injection device for insulin*)	PV	
INSPIREASE RESERVOIR BAGS (*spacer/aero-hold chamber bags*)	3	
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 8MM , 31G X 4 MM , 31G X 8 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (*insulin pen needle*)	PV	
INSULIN PEN NEEDLES 29G X 4MM , 29G X 5MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	PV	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 1/2" 0.3 ML, 31G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	PV	
INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	PV	
INSUPEN32G EXTR3ME 32G X 6 MM (*insulin pen needle*)	PV	
IVENIX LVP PRIMARY ADMIN SET (*iv sets-tubing*)	3	
KT TAPE CGM PATCH (*continuous glucose monitor sup*)	3	
LANCETS	PV	
LANCETS 28G THIN	PV	
LANCETS SUPER THIN (*lancets*)	PV	
MC 300 W/UNIVERSAL TUBING (*nebulizers*)	3	
MC 300-MOUTHPIECE (*nebulizers*)	3	
MICROLET NEXT LANCING DEVICE (*lancet devices*)	PV	
MINIMED INSTINCT GLUC SENSOR (*continuous glucose sensor*)	3	
MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
MM BLOOD GLUCOSE SYSTEM REFILL KIT (*blood glucose monitoring suppl*)	3	
MM BLULINK GLUCOSE MONIT SYS DEVICE (*blood glucose monitoring suppl*)	3	
MOBILE LANCETS 30G	PV	
MODD1 SUPPLY KIT KIT (*insulin disposable pump*)	3	
NEB 200 COMPRESSOR NEBULIZER	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEBULIZER MASK ADULT	2	
NEBULIZER MASK ADULT/TUBING	2	
NEBULIZER MASK CHILD	2	
NEBULIZER MASK PED/TUBING	2	
NEODOT THERMOMETER	3	
NERIVIO DEVICE (*nerve stimulator*)	3	
NORDIPEN 5 INJECTION DEVICE (*injection device*)	PV	
NOVOFINE PEN NEEDLE 32G X 6 MM (*insulin pen needle*)	PV	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (*insulin pen needle*)	PV	
NOVOPEN ECHO DEVICE (*injection device for insulin*)	PV	
NOZIN NASAL SANITIZER POPSWAB NASAL SWAB (*alcohol*)	3	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
NUTRIARX CREAMPAK EXTERNAL KIT 0.1 & 5 % (*triamcinolone-dimeth-silicone*)	3	
OMBRA COMPRESSOR AIR FILTERS (*respiratory therapy supplies*)	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (*insulin disposable pump*)	3	
OMNIPOD 5 DEXG7G6 PODS GEN 5 (*insulin disposable pump*)	3	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT (*insulin disposable pump*)	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS (*insulin disposable pump*)	3	
ONETOUCH DELICA PLUS LANCING (*lancet devices*)	PV	
ONETOUCH DELICA SAFETY LANCING (*lancets*)	PV	
ONETOUCH ULTRA 2 KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
ONETOUCH ULTRA IN VITRO LIQUID (*blood glucose calibration*)	PV	
ONETOUCH VERIO FLEX SYSTEM DEVICE (*blood glucose monitoring suppl*)	3	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
ONETOUCH VERIO IN VITRO LIQUID HIGH (*blood glucose calibration*)	PV	
ONETOUCH VERIO REFLECT KIT W/DEVICE (*blood glucose monitoring suppl*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PARI ALTERA NEBULIZER HANDSET (*respiratory therapy supplies*)	2	
PARI BABY NEBULIZER SET (*nebulizers*)	3	
PARI BUBBLES PEDIATRIC MASK (*respiratory therapy supplies*)	2	
PARI PRONEB MAX LC PLUS (*nebulizers*)	3	
PARI PRONEB MAX LC SPRINT (*nebulizers*)	3	
PARI SMARTMASK BABY/ELBOW (*respiratory therapy supplies*)	2	
PARI TREK S COMBO PACK DEVICE (*respiratory therapy supplies*)	3	
PARI VORTEX ADULT MASK (*spacer/aero-hold chamber mask*)	2	
PARI VORTEX PEDIATRIC MASK (*spacer/aero-hold chamber mask*)	2	
PEDIATRIC COMPRESSOR NEBULIZER	3	
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM , 32G X 4 MM	PV	
PERFECT POINT SAFETY LANCETS (*lancets*)	PV	
PERFECT POINT SAFETY NEEDLE 25G X 1" (*needle (disp)*)	3	
PIP BLOOD GLUCOSE MONITORING DEVICE (*blood glucose monitoring suppl*)	3	
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID (*blood glucose calibration*)	PV	
PRONEB ULTRA FILTER SET (*respiratory therapy supplies*)	2	
PURE COMFORT PEAK FLOW MOUTHPIECE	3	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	PV	
QUICK TOUCH BLOOD GLUCOSE KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM (*insulin pen needle*)	PV	
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	PV	
REUSABLE COMFORTSEAL MASK-LRG (*respiratory therapy supplies*)	2	
REUSABLE COMFORTSEAL MASK-MED (*respiratory therapy supplies*)	2	
REUSABLE COMFORTSEAL MASK-SML (*respiratory therapy supplies*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	PV	
SANADERMRX SKIN REPAIR EXTERNAL KIT 0.1 & 5 %	3	
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION) (*triamcinolone-dimeth-silicone*)	3	
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
SILTREX SHEET (*occlusive silicone sheets*)	3	
SIMPLERA SENSOR (*continuous glucose sensor*)	3	
SIMPLERA SYNC SENSOR (*continuous glucose sensor*)	3	
SIMPLERA SYSTEM (*continuous glucose sensor*)	3	
SUSVIMO OCULAR IMPLANT INTRAVITREAL IMPLANT (*ocular implant*)	3	
T:SLIM X2 3ML CARTRIDGE (*insulin infusion pump supplies*)	3	
T:SLIM X2/BASAL-IQ/ACC/INSTR (*insulin infusion pump supplies*)	3	
T:SLIM X2/CONTROL-IQ/ACC/INSTR (*insulin infusion pump supplies*)	3	
TANDEM MOBI AUTOSOFT 30 KIT (*insulin infusion pump supplies*)	3	
TANDEM MOBI AUTOSOFT XC KIT (*insulin infusion pump supplies*)	3	
TANDEM MOBI AUTOSOFT30 14PK23" (*insulin infusion pump supplies*)	3	
TANDEM MOBI AUTOSOFTXC 14PK23" (*insulin infusion pump supplies*)	3	
TANDEM MOBI AUTOSOFTXC 14PK5" (*insulin infusion pump supplies*)	3	
TANDEM MOBI TRUSTEEL SUPP KIT (*insulin infusion pump supplies*)	3	
TANDEM T:SLIM ASFT 30 PK10 23" (*insulin infusion pump supplies*)	3	
TANDEM T:SLIM ASFT 30 PK14 23" (*insulin infusion pump supplies*)	3	
TANDEM T:SLIM ASFT XC PK10 23" (*insulin infusion pump supplies*)	3	
TANDEM T:SLIM ASFT XC PK14 23" (*insulin infusion pump supplies*)	3	
TANDEM T:SLIM TRUSTL PK10 23" (*insulin infusion pump supplies*)	3	
TECHLITE LANCETS 26G (*lancets*)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TECHLITE PLUS PEN NEEDLES 32G X 4 MM (*insulin pen needle*)	PV	
TEMPO REFILL KIT (*blood glucose monitoring suppl*)	3	
TEMPO SMART BUTTON (*blood glucose monitoring suppl*)	PV	
TEMPO WELCOME KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
TRIASIL EXTERNAL THERAPY PACK 0.1 % (*triamcinolone acet-silicone*)	3	
TRIVIX EXTERNAL KIT 0.1 & 5 % (*triamcinolone-dimeth-silicone*)	3	
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	PV	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW (*blood glucose calibration*)	PV	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL (*blood glucose calibration*)	PV	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH (*blood glucose calibration*)	PV	
TRUSTEEL INFUSION SET (*insulin infusion pump supplies*)	3	
TWIIST REFILL KIT KIT (*insulin disposable pump*)	3	
TWIIST REFILL KIT/INFUSION SET KIT (*insulin disposable pump*)	3	
TWIIST STARTER KIT KIT (*insulin disposable pump*)	3	
ULTRA NEB ACCESSORIES KIT	2	
UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM (*insulin pen needle*)	PV	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (*insulin pen needle*)	PV	
UNISTRIP CONTROL IN VITRO SOLUTION LOW (*blood glucose calibration*)	PV	
VARISOFT INFUSION SET (*insulin infusion pump supplies*)	3	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	PV	
VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	PV	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	PV	
VERIFINE SAFE LANCET MINI 21G (*lancets*)	PV	
VERIFINE SAFE LANCET MINI 23G (*lancets*)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VERIFINE SAFE LANCET MINI 28G (*lancets*)	PV	
VERIFINE SAFE LANCET MINI 30G (*lancets*)	PV	
VERIFINE SHARPS CONTAINER (*sharps container*)	3	
VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" , 25G X 1" (*needle (disp)*)	2	
VERSAPAP DEVICE (*respiratory therapy supplies*)	3	
VERSAPAP W/UNIVERSAL TUBING DEVICE (*respiratory therapy supplies*)	3	
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID (*blood glucose calibration*)	PV	
VIVAGUARD INO GLUCOSE METER KIT (*blood glucose monitoring suppl*)	3	
VIVAGUARD INO SMART GLUC METER DEVICE (*blood glucose monitoring suppl*)	3	
VIVAGUARD LANCETS 30G (*lancets*)	PV	
VIVAGUARD LANCING DEVICE (*lancet devices*)	PV	
VIVAGUARD SAFETY LANCETS 28G (*lancets*)	PV	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE (*spacer/aero-holding chambers*)	2	
VORTEX VALVED HOLDING CHAMBER DEVICE (*spacer/aero-holding chambers*)	2	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (*corticotropin*)	3	
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	3	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (*corticotropin*)	3	
CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*)	3	
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (*cosyntropin*)	2	
cosyntropin injection solution reconstituted 0.25 mg	1	
ALLERGENIC EXTRACTS (DIAGNOSTIC)		
ACACIA SUBCUTANEOUS SOLUTION 1:20	3	
ALDER SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN BEECH POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN BEECH SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMERICAN ELM SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN SYCAMORE SUBCUTANEOUS SOLUTION 1:20	3	
BAHIA SUBCUTANEOUS SOLUTION 1:20	3	
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION 1:20	3	
BERMUDA GRASS SUBCUTANEOUS SOLUTION 10000 BAU/ML	3	
BLACK WALNUT POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
BOX ELDER SUBCUTANEOUS SOLUTION 1:20	3	
BROME SUBCUTANEOUS SOLUTION 1:20	3	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION 10000 BAU/ML	3	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	3	
CEDAR ELM SUBCUTANEOUS SOLUTION 1:20	3	
COCKLEBUR SUBCUTANEOUS SOLUTION 1:20	3	
CORN POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
DANDELION SUBCUTANEOUS SOLUTION 1:20	3	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
DOG FENNEL SUBCUTANEOUS SOLUTION 1:20	3	
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION 1:20	3	
ENGLISH PLANTAIN SUBCUTANEOUS SOLUTION 1:20	3	
GOLDENROD SUBCUTANEOUS SOLUTION 1:20	3	
HACKBERRY SUBCUTANEOUS SOLUTION 1:20	3	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
JOHNSON GRASS SUBCUTANEOUS SOLUTION 1:20	3	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
KOCHIA SUBCUTANEOUS SOLUTION 1:20	3	
LAMBS QUARTERS SUBCUTANEOUS SOLUTION 1:20	3	
LENSCALE SUBCUTANEOUS SOLUTION 1:20	3	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
MELALEUCA SUBCUTANEOUS SOLUTION 1:20	3	
MESQUITE SUBCUTANEOUS SOLUTION 1:20	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
MIXED FEATHERS SUBCUTANEOUS SOLUTION 1:20	3	
MIXED RAGWEED SUBCUTANEOUS SOLUTION 1:20	3	
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION 1:20	3	
MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	3	
MUGWORT SUBCUTANEOUS SOLUTION 1:20	3	
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
PECAN POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
PERENNIAL RYE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
PRIVET SUBCUTANEOUS SOLUTION 1:20	3	
QUEEN PALM SUBCUTANEOUS SOLUTION 1:20	3	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
RED BIRCH SUBCUTANEOUS SOLUTION 1:20	3	
RED CEDAR SUBCUTANEOUS SOLUTION 1:20	3	
RED MULBERRY SUBCUTANEOUS SOLUTION 1:20	3	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION 1:20	3	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION 1:20	3	
SAGEBRUSH SUBCUTANEOUS SOLUTION 1:20	3	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION 1:20	3	
SHEEP SORREL-YELLOW DOCK INJECTION SOLUTION 1:20	3	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION 1:20	3	
SORREL/DOCK MIX INJECTION SOLUTION 1:20	3	
SPINY PIGWEED SUBCUTANEOUS SOLUTION 1:20	3	
SPRING BIRCH POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
TALL RAGWEED SUBCUTANEOUS SOLUTION 1:20	3	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRICHOPHYTON MENTAGROPHYTES SUBCUTANEOUS SOLUTION 1:20	3	
VIRGINIA LIVE OAK SUBCUTANEOUS SOLUTION 1:20	3	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION 1:20	3	
WHITE ASH SUBCUTANEOUS SOLUTION 1:20	3	
WHITE MULBERRY SUBCUTANEOUS SOLUTION 1:20	3	
WHITE OAK SUBCUTANEOUS SOLUTION 1:20	3	
WHITE PINE SUBCUTANEOUS SOLUTION 1:20	3	
CARDIAC FUNCTION		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
DIABETES MELLITUS		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (*glucose blood*)	PV	
ACCU-CHEK GUIDE TEST IN VITRO STRIP (*glucose blood*)	PV	
ACCU-CHEK SMARTVIEW TEST STRIPS IN VITRO STRIP (*glucose blood*)	PV	
BLOOD GLUCOSE TEST STRIPS 333 IN VITRO STRIP	PV	
CARESENS S GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	PV	
CARETOUCH TEST IN VITRO STRIP (*glucose blood*)	PV	
CONTOUR NEXT TEST IN VITRO STRIP (*glucose blood*)	PV	
CONTOUR PLUS TEST IN VITRO STRIP (*glucose blood*)	PV	
CONTOUR TEST IN VITRO STRIP (*glucose blood*)	PV	
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	PV	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	PV	
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (*glucose blood*)	PV	
FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP (*ketone blood test*)	3	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (*glucose blood*)	PV	
FREESTYLE TEST IN VITRO STRIP (*glucose blood*)	PV	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (*glucose blood*)	PV	
GLUCOCARD SHINE TEST IN VITRO STRIP (*glucose blood*)	PV	
GLUCOCARD VITAL TEST IN VITRO STRIP (*glucose blood*)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP (*glucose blood*)	PV	
MICRODOT TEST IN VITRO STRIP (*glucose blood*)	PV	
MM BLULINK GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	PV	
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP (*glucose blood*)	PV	
ONETOUCH ULTRA IN VITRO STRIP (*glucose blood*)	PV	
ONETOUCH ULTRA TEST IN VITRO STRIP (*glucose blood*)	PV	
ONETOUCH VERIO IN VITRO STRIP (*glucose blood*)	PV	
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (*glucose blood*)	PV	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	PV	
PTS PANELS EGLU TEST IN VITRO STRIP (*glucose blood*)	PV	
QUICK TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	PV	
RELION GLUCOSE TEST STRIPS IN VITRO STRIP (*glucose blood*)	PV	
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	PV	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (*glucose blood*)	PV	
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP (*glucose blood*)	PV	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (*glucose blood*)	PV	
DIAGNOSTIC AGENTS		
ACCUCAINE COMBINATION KIT 1 % (*lido-pentaf-tetrafl-ultrasound*)	3	
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	
CADIRAMD EXTERNAL KIT 2.5-2.5 % (*lido-prilocaine-blood collect*)	3	
CARESTART COVID-19 HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	
CLEARDETECT COVID-19 AG HOME IN VITRO KIT (*covid-19 at home test*)	3	
CLINITEST RAPID COVID-19 TEST IN VITRO KIT (*covid-19 at home test*)	3	
COVID-19 AT HOME ANTIGEN TEST IN VITRO KIT	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COVID-19 AT-HOME TEST IN VITRO KIT	3	
DIATRUST COVID-19 HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	
ELLUME COVID-19 HOME TEST IN VITRO KIT	3	
FASTEP COVID-19 ANTIGEN TEST IN VITRO KIT	3	
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	
IHEALTH COVID-19 RAPID TEST IN VITRO KIT (*covid-19 at home test*)	3	
INDICAID COVID-19 RAPID TEST IN VITRO KIT (*covid-19 at home test*)	3	
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (*covid-19 at home test*)	3	
LUCIRA COVID-19 & FLU TEST IN VITRO KIT (*influenza-sars molecular test*)	3	
METHACHOLINE CHLORIDE INHALATION KIT	3	
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT (*covid-19 at home test*)	3	
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	
PILOT COVID-19 AT-HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	
PROVOCHOLINE INHALATION KIT (*methacholine chloride*)	3	
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (*covid-19 at home test*)	3	
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT (*covid-19 at home test*)	3	
UDSX MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
UDSXMP MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % (*lidocaine hcl-blood collection*)	3	
XENOVIEW INHALATION GAS 1 % (*xenon xe 129 hyperpolarized*)	3	
KETONES		
CHEMSTRIP K IN VITRO STRIP (*acetone (urine) test*)	2	
KETOSTIX IN VITRO STRIP (*acetone (urine) test*)	2	
MYASTHENIA GRAVIS		
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML (*neostigmine methylsulfate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML	3	
OCULAR DISORDERS		
ALTAFLUOR BENOX OPHTHALMIC SOLUTION 0.25-0.4 %	1	
BIO GLO OPHTHALMIC STRIP 1 MG (*fluorescein sodium*)	1	
FLUCAINE OPHTHALMIC SOLUTION 0.25-0.5 % (*fluorescein-proparacaine*)	3	
fluorescein sodium ophthalmic strip 1 mg	1	
FLUORESCEIN SODIUM/BENOXINATE OPHTHALMIC SOLUTION 0.3-0.4 %	3	
fluorescein-benoxinate ophthalmic solution 0.25-0.4 %	1	
FLUOR-I-STRIPS A.T. OPHTHALMIC STRIP 1 MG (*fluorescein sodium*)	1	
FLURA-SAFE OPHTHALMIC SOLUTION 0.35-0.4 % (*fluorexon-benoxinate*)	3	
GLOSTRIPS OPHTHALMIC STRIP 1 MG (*fluorescein sodium*)	1	
GREEN GLO LISSAMINE GREEN OPHTHALMIC STRIP 1.5 MG (*lissamine green*)	3	
proparacaine-fluorescein ophthalmic solution 0.5-0.25 %	1	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.06 % (*trypan blue*)	3	
PH		
PH STRIPS IN VITRO DIAGNOSTIC TEST	3	
PHEOCHROMOCYTOMA		
DEMSER ORAL CAPSULE 250 MG (*metyrosine*)	3	
metyrosine oral capsule 250 mg	1	
PITUITARY FUNCTION		
METOPIRONE ORAL CAPSULE 250 MG (*metyrapone*)	2	
PROTEIN		
CHEMSTRIP MICRAL IN VITRO STRIP (*albumin (urine) test*)	2	
RESPIRATORY FUNCTION		
ARIDOL INHALATION KIT 0 & 5 & 10 & 20 & 40 MG (*mannitol*)	3	
ROENTGENOGRAPHY AND OTHER IMAGING AGENTS		
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM (*aminolevulinic acid hcl*)	3	
SUGAR		
DIASTIX REAGENT IN VITRO STRIP (*glucose urine test-glucose ox*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THYROID FUNCTION		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG (*thyrotropin alfa*)	2	
URINE AND FECES CONTENTS		
CHEMSTRIP 10 MD IN VITRO STRIP (*multiple urine tests*)	2	
CHEMSTRIP 10/SG IN VITRO STRIP (*multiple urine tests*)	2	
CHEMSTRIP 2 GP IN VITRO STRIP (*multiple urine tests*)	2	
CHEMSTRIP 5 OB IN VITRO STRIP (*multiple urine tests*)	2	
CHEMSTRIP 7 IN VITRO STRIP (*multiple urine tests*)	2	
CHEMSTRIP 9 IN VITRO STRIP (*multiple urine tests*)	2	
CHEMSTRIP UGK IN VITRO STRIP (*urine glucose-ketones test*)	2	
KETO-DIASTIX IN VITRO STRIP (*urine glucose-ketones test*)	2	
KETONE CARE IN VITRO STRIP (*urine glucose-ketones test*)	2	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
formaldehyde external solution 10 %, 37 %	1	
glutaraldehyde external solution 25 %	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS NO 2 ORAL TABLET 305-700 MG (*pot & sod ac phosphates*)	PV	
ALKALINIZING AGENTS		
cytra k crystals oral packet 3300-1002 mg	1	
ORACIT ORAL SOLUTION 490-640 MG/5ML (*sod citrate-citric acid*)	3	
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	3	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	1	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	1	
sodium bicarbonate solution 8.4 % intravenous	1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	1	
tricitrates oral solution 550-500-334 mg/5ml	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (*potassium citrate*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (*potassium citrate*)	3	
AMMONIA DETOXICANTS		
BUPHENYL ORAL POWDER 3 GM/TSP (*sodium phenylbutyrate*)	3	DSL = 30 days
BUPHENYL ORAL TABLET 500 MG (*sodium phenylbutyrate*)	3	DSL = 30 days
CARBAGLU ORAL TABLET SOLUBLE 200 MG (*carglumic acid*)	3	DSL = 30 days
carglumic acid oral tablet soluble 200 mg	1	DSL = 30 days
constulose oral solution 10 gm/15ml	1	
enulose oral solution 10 gm/15ml	1	
generlac oral solution 10 gm/15ml	1	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (*lactulose*)	3	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral packet 10 gm, 20 gm	1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	1	
LITHOSTAT ORAL TABLET 250 MG (*acetohydroxamic acid*)	2	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM (*sodium phenylbutyrate*)	3	DSL = 30 days
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM (*sodium phenylbutyrate*)	3	DSL = 30 days
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (*sodium phenylbutyrate*)	3	DSL = 30 days
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (*sodium phenylbutyrate*)	3	DSL = 30 days
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (*sodium phenylbutyrate*)	3	DSL = 30 days
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (*sodium phenylbutyrate*)	3	DSL = 30 days
PHEBURANE ORAL PELLET 483 MG/GM (*sodium phenylbutyrate*)	3	DSL = 30 days
RAVICTI ORAL LIQUID 1.1 GM/ML (*glycerol phenylbutyrate*)	3	DSL = 30 days
sodium phenylbutyrate oral powder 3 gm/tsp	3	DSL = 30 days
sodium phenylbutyrate oral tablet 500 mg	3	DSL = 30 days
CALORIC AGENTS - Drugs for Nutrition		
3232a infant formula oral powder	3	
aminoamrms oral capsule	3	
AMINOPMRMS ORAL CAPSULE (*nutritional supplements*)	3	
aminoreliefrms oral capsule	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
APP SLIM RMS ORAL CAPSULE (*nutritional supp - diet aids*)	3	
ARGIMENT AT ORAL PACKET (*amino acids*)	3	
ARGINAID ORAL PACKET (*nutritional supplements*)	3	
asilnasalrms oral capsule	1	
AXONA ORAL PACKET (*dietary management product*)	3	
BOOST BREEZE 2-FLAVOR PACK ORAL LIQUID (*nutritional supplements*)	3	
BOOST GLUCOSE CTRL MAX PROTEIN ORAL LIQUID (*nutritional supplements*)	3	
BOOST HIGH PROTEIN ORAL LIQUID (*nutritional supplements*)	3	
BOOST MAX PROTEIN ORAL LIQUID (*nutritional supplements*)	3	
BOOST ORIGINAL ORAL LIQUID (*nutritional supplements*)	3	
BOOST PLUS ORAL LIQUID (*nutritional supplements*)	3	
BOOST SOOTHE ORAL LIQUID (*protein*)	3	
brain support oral capsule	1	
BRAINSUSTAIN ORAL PACKET (*nutritional supplements*)	3	
CAMINO PRO COMPLETE/GLYTACTIN ORAL BAR (*nutritional supplements*)	3	
cefazolin sodium-dextrose intravenous solution 2-4 gm/100ml-%	1	
CEREFOLIN BRAIN WELLNESS ORAL TABLET 6-2-600 MG (*methylfol-methylcob-acetylcyst*)	3	
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG (*methylfol-algae-b12-acetylcyst*)	3	
chicken/peas/carrots plus oral powder	3	
chicken/peas/carrots plus pedi oral powder	3	
COMPLEAT ORIGINAL PLANT-BASED ENTERAL LIQUID (*nutritional supplements*)	3	
COMPLEAT PEDI ORIG PLANT-BASED ENTERAL LIQUID (*nutritional supplements*)	3	
COMPLEAT PEPTIDE 1.5 ORAL LIQUID (*nutritional supplements*)	3	
COMPLEAT STANDARD 1.4 ORAL LIQUID (*nutritional supplements*)	3	
COMPLEX ESSENTIAL MSD ORAL POWDER (*nutritional supplements*)	3	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-MG/125ML	3	
DOJOLVI ORAL LIQUID 100 % (*triheptanoin*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DPP DIPEPTIDE POWER ORAL LIQUID (*nutritional supplements*)	3	
DR BROWN GOOD ST SOY-EASE PRO ORAL POWDER (*infant foods*)	3	
DR BROWN GOOD START GENTLE PRO ORAL POWDER (*infant foods*)	3	
DR BROWN GOOD START SOOTHE PRO ORAL POWDER (*infant foods*)	3	
EAA SUPPLEMENT ORAL PACKET (*nutritional supplements*)	3	
ELECARE JR ORAL POWDER (*nutritional supplements*)	3	
ENCALA ORAL POWDER (*nutritional supplements*)	3	
ENFAGROW NEUROPRO TODDLER ORAL LIQUID (*infant foods*)	3	
ENFAGROW PREMIUM TODDLER GENTL ORAL POWDER (*infant foods*)	3	
ENFAGROW PREMIUM TODDLER ORAL POWDER (*infant foods*)	3	
ENFAMIL A.R. INFANT ORAL POWDER (*infant foods*)	3	
ENFAMIL DHA & ARA SUPPLEMENT ORAL LIQUID (*infant foods*)	3	
ENFAMIL ENSPIRE GENTLEASE ORAL POWDER (*infant foods*)	3	
ENFAMIL ENSPIRE OPTIMUM ORAL POWDER (*infant foods*)	3	
ENFAMIL GENTLEASE ORAL LIQUID (*infant foods*)	3	
ENFAMIL GENTLEASE ORAL POWDER (*infant foods*)	3	
ENFAMIL HUMAN MILK FORTIFIER ORAL CONCENTRATE (*infant foods*)	3	
ENFAMIL INFANT ORAL POWDER (*infant foods*)	3	
ENFAMIL NEUROPRO ENFACARE ORAL LIQUID (*infant foods*)	3	
ENFAMIL NEUROPRO GENTLEASE ORAL PACKET (*infant foods*)	3	
ENFAMIL NEUROPRO GENTLEASE ORAL POWDER (*infant foods*)	3	
ENFAMIL NEUROPRO INFANT ORAL LIQUID (*infant foods*)	3	
ENFAMIL NEUROPRO INFANT ORAL PACKET (*infant foods*)	3	
ENFAMIL NEUROPRO INFANT ORAL POWDER (*infant foods*)	3	
ENFAMIL NEUROPRO SENSITIVE ORAL POWDER (*infant foods*)	3	
ENFAMIL NUTRAMIGEN ORAL LIQUID (*infant foods*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENFAMIL NUTRAMIGEN PROBIOT LGG ORAL POWDER (*infant foods*)	3	
ENLYTE ORAL CAPSULE (*dietary management product*)	3	
ENSURE ENLIVE ORAL LIQUID (*nutritional supplements*)	3	
ENSURE HIGH PROTEIN ORAL LIQUID (*nutritional supplements*)	3	
ENSURE ORIGINAL ORAL LIQUID (*nutritional supplements*)	3	
ENSURE ORIGINAL ORAL POWDER (*nutritional supplements*)	3	
ENSURE ORIGINAL/FIBER ORAL LIQUID (*nutritional supplements*)	3	
ENSURE PLUS ORAL LIQUID (*nutritional supplements*)	3	
ENSURE PLUS WITH FIBER ORAL LIQUID (*nutritional supplements*)	3	
ENSURE SURGERY ORAL LIQUID (*nutritional supplements*)	3	
ENTERADE IBS-D ORAL LIQUID (*nutritional supplements*)	3	
ENU NUTRITIONAL SHAKE ORAL LIQUID (*nutritional supplements*)	3	
ENU PRO3 PLUS ORAL POWDER (*nutritional supplements*)	3	
EQUACARE JR ORAL POWDER	3	
ESSENTIAL CARE JR ORAL POWDER (*nutritional supplements*)	3	
FITFOOD LEAN COLLAGEN ORAL POWDER (*protein*)	3	
FOLITE ORAL TABLET	3	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (*genistein-zn chelate-vit d*)	3	
FOSTEUM PLUS ORAL CAPSULE (*dietary management product*)	3	
GERBER GOOD START GENTLEPRO ORAL POWDER (*infant foods*)	3	
GERBER GOOD START SOOTHEPRO ORAL POWDER (*infant foods*)	3	
GLUCERNA CARBSTEADY ORAL LIQUID (*nutritional supplements*)	3	
GLYTACTIN BETTERMILK 15 ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN BETTERMILK DE-LITE ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN BUILD 10PE ORAL PACKET (*nutritional supplements*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLYTACTIN BUILD 20/20 ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN BUILD 20/20 PKU ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN BURST ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN COMPLETE 10PE ORAL BAR (*nutritional supplements*)	3	
GLYTACTIN RESTORE 10 ORAL LIQUID (*nutritional supplements*)	3	
GLYTACTIN RESTORE 5 ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN RESTORE LITE 10 ORAL LIQUID (*nutritional supplements*)	3	
GLYTACTIN RESTORE LITE 10PE ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN RTD 10 ORAL LIQUID (*nutritional supplements*)	3	
GLYTACTIN RTD 15 ORAL LIQUID (*nutritional supplements*)	3	
GLYTACTIN RTD LITE 15 ORAL LIQUID (*nutritional supplements*)	3	
GLYTACTIN SWIRL 15 ORAL PACKET (*nutritional supplements*)	3	
GLYTACTIN SWIRL 15PE ORAL PACKET (*nutritional supplements*)	3	
HOMACTIN AA PLUS ORAL LIQUID (*nutritional supplements*)	3	
HOMACTIN AA PLUS ORAL PACKET (*nutritional supplements*)	3	
IGG 2000 CWP ORAL CAPSULE (*protein*)	3	
IGG 2000 CWP ORAL POWDER (*protein*)	3	
IGG PURE ORAL POWDER (*protein*)	3	
IMPACT PEPTIDE 1.5 ENTERAL LIQUID (*nutritional supplements*)	3	
ISOVACTIN AA PLUS ORAL PACKET (*nutritional supplements*)	3	
JUVEN ORAL PACKET (*nutritional supplements*)	3	
kale/quinoa/berries plus oral powder	3	
kale/quinoa/berries plus pedia oral powder	3	
KATE FARMS BLENDED MEALS PED ORAL (*nutritional supplements*)	3	
KATE FARMS GLUCOSE SUPPORT 1.2 ENTERAL LIQUID (*nutritional supplements*)	3	
KATE FARMS GLUCOSE SUPPORT 1.2 ORAL LIQUID (*nutritional supplements*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KATE FARMS KIDS NUTRITION ORAL LIQUID (*nutritional supplements*)	3	
KATE FARMS PED PEPTIDE 1.0 ORAL LIQUID (*nutritional supplements*)	3	
KATE FARMS PED PEPTIDE 1.5 ORAL LIQUID (*nutritional supplements*)	3	
KATE FARMS PED STANDARD 1.2 ORAL LIQUID (*nutritional supplements*)	3	
KATE FARMS PEPTIDE 1.5 ENTERAL LIQUID (*nutritional supplements*)	3	
KATE FARMS RENAL SUPPORT 1.8 ENTERAL LIQUID (*nutritional supplements*)	3	
KATE FARMS RENAL SUPPORT 1.8 ORAL LIQUID (*nutritional supplements*)	3	
KATE FARMS STANDARD 1.4 ORAL LIQUID (*nutritional supplements*)	3	
KETOVIE 3:1 ORAL LIQUID (*nutritional supplements*)	3	
KETOVIE 4:1 ORAL LIQUID (*nutritional supplements*)	3	
KETOVIE ORAL LIQUID (*nutritional supplements*)	3	
KETOVIE PEPTIDE ORAL LIQUID (*nutritional supplements*)	3	
KIDS PLANT PROTEIN SHAKE ORAL LIQUID (*nutritional supplements*)	3	
L-CYSTINE POWDER	3	
levocarnitine l-tartrate oral capsule 500 mg	1	
LIL MIXINS-EGG ORAL POWDER 5 GM/5GM (*nutritional supplements*)	3	
LIL MIXINS-PEANUT ORAL POWDER 5 GM/5GM (*nutritional supplements*)	3	
LIQUACEL ORAL LIQUID (*amino acids*)	3	
LIQUID HOPE PEPTIDE BERRY ORAL LIQUID (*nutritional supplements*)	3	
L-ISOLEUCINE POWDER	3	
LORMATE ORAL CAPSULE	3	
MALTOCARB ORAL POWDER (*nutritional supplements*)	3	
MAXPRO-18G ORAL LIQUID	3	
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG (*methylfol-methylcob-acetylcyst*)	3	
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG (*methylfol-algae-b12-acetylcyst*)	3	
methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%	1	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (*fe asp gly-succ-c-thre-b12-fa*)	PV	
MULTIGEN ORAL TABLET 70 MG (*fe-succ-c-thre-b12-des stomach*)	PV	
MULTIGEN PLUS ORAL TABLET (*feasp-fefum -suc-c-thre-b12-fa*)	3	
nac oral capsule 600 mg	3	
NEOCATE SYNEO JUNIOR ORAL POWDER (*nutritional supplements*)	3	
NEPRO/CARBSTEADY ORAL LIQUID (*nutritional supplements*)	3	
NEW ZEALAND WHEY PROTEIN ORAL POWDER (*protein*)	3	
NICAPRIN ORAL TABLET (*dietary management product*)	3	
NUTRIVIT ORAL LIQUID (*b complex-lysine-min-fe-fa*)	3	
OPTICLEANSE GHI ORAL PACKET (*nutritional supplements*)	3	
OPTICLEANSE PLUS ORAL PACKET (*nutritional supplements*)	3	
ORGANIC MIX-INS STAGE1/STAGE 2 ORAL PACKET	3	
OSMOLITE 1 CAL ORAL LIQUID (*nutritional supplements*)	3	
PEDIASURE GROW & GAIN/FIBER ORAL LIQUID (*nutritional supplements*)	3	
PEPTAMEN AF ORAL LIQUID (*nutritional supplements*)	3	
PEPTICATE ORAL POWDER (*infant foods*)	3	
PERATIVE 1.3 CAL ORAL LIQUID (*nutritional supplements*)	3	
PHENYLADE ESSENTIAL DRINK MIX ORAL POWDER (*nutritional supplements*)	3	
PHENYLADE GMP MIX DHA/FIBER ORAL POWDER (*nutritional supplements*)	3	
PHENYLADE GMP MIX-IN ORAL PACKET (*nutritional supplements*)	3	
PHENYLADE GMP MIX-IN ORAL POWDER (*nutritional supplements*)	3	
PHENYLADE GMP ULTRA ORAL PACKET (*nutritional supplements*)	3	
PHENYLADE60 DRINK MIX ORAL POWDER (*nutritional supplements*)	3	
PIVOT 1.5 CAL ORAL LIQUID (*nutritional supplements*)	3	
PKU EASY MICROTABS ORAL TABLET DELAYED RELEASE (*nutritional supplements*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PKU EASY MICROTABS PLUS ORAL TABLET DELAYED RELEASE (*nutritional supplements*)	3	
PKU EASY SHAKE & GO ORAL POWDER (*nutritional supplements*)	3	
PKU GOLIKE PLUS 16+ ORAL PACKET	3	
PKU GOLIKE PLUS 4-16 ORAL PACKET	3	
PKU SPHERE NEXT 15 ORAL LIQUID (*nutritional supplements*)	3	
PKU START ORAL POWDER (*nutritional supplements*)	3	
pku trio oral powder	3	
PREKUNIL ORAL TABLET (*nutritional supplements*)	3	
PRO-CRITIC ORAL PACKET	3	
PROLEVA ORAL TABLET	3	
PROMOTE 1.0 ORAL LIQUID (*nutritional supplements*)	3	
PROMOTE 1.0 WITH FIBER ORAL LIQUID (*nutritional supplements*)	3	
PROSOURCE GELATEIN PLUS ORAL GEL (*protein*)	3	
PROSOURCE GELATEIN PLUS/MCT ORAL GEL (*protein*)	3	
PROSOURCE GELATEIN20 ORAL GEL (*protein*)	3	
PROSOURCE NO CARB ORAL LIQUID (*protein*)	3	
PROSOURCE PLUS ORAL LIQUID (*nutritional supplements*)	3	
PROSOURCE PROTEIN ORAL POWDER (*protein*)	3	
PROSOURCE TF FREE ENTERAL LIQUID (*protein*)	3	
PROSOURCE TF20 ENFIT COMPATIBL ENTERAL LIQUID (*protein*)	3	
PROSOURCE XTRACAL ORAL LIQUID (*nutritional supplements*)	3	
PROSOURCE ZAC ORAL LIQUID (*nutritional supplements*)	3	
PRO-STAT/FIBER ORAL LIQUID (*amino acids-protein hydrolys*)	3	
PROTALITY ORAL LIQUID (*nutritional supplements*)	3	
protein fortifier oral liquid	1	
PROTEINEX ORAL LIQUID (*amino acids-protein hydrolys*)	3	
PROTEINEX P18 ORAL LIQUID (*amino acids-protein hydrolys*)	3	
PULMOCARE 1.5 ORAL LIQUID (*nutritional supplements*)	3	
PURAMINO DHA/ARA ORAL POWDER (*infant foods*)	3	
PUSH 20+ ADVANCED ORAL LIQUID	3	
REAL FOOD BLENDS ENTERAL LIQUID (*nutritional supplements*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REFRESH AA 15 PKU ORAL LIQUID (*amino acids*)	3	
REFRESH AA 15 TYR ORAL LIQUID (*amino acids*)	3	
RHEUMATE ORAL CAPSULE (*dietary management product*)	3	
SERACAL ORAL PACKET (*nutritional supplements*)	3	
SERACAL ORAL POWDER (*nutritional supplements*)	3	
SIMILAC 360 TOT CARE SENS 5HMO ORAL LIQUID (*infant foods*)	3	
SIMILAC 360 TOTAL CARE 5 HMO ORAL LIQUID (*infant foods*)	3	
SIMILAC 360 TOTAL CARE 5 HMO ORAL POWDER (*infant foods*)	3	
SIMILAC 360 TOTAL CARE ORAL POWDER (*infant foods*)	3	
SIMILAC ADVANCE KOSHER ORAL LIQUID (*infant foods*)	3	
SIMILAC ALIMENTUM IMMUNESUPP ORAL LIQUID (*infant foods*)	3	
SIMILAC ALIMENTUM TODDLER ORAL POWDER (*infant foods*)	3	
SIMILAC NEOSURE OPTIGRO ORAL LIQUID (*infant foods*)	3	
SIMILAC SENSITIVE OPTIGRO ORAL LIQUID (*infant foods*)	3	
SIMILAC SOY ISOMIL ORAL LIQUID (*infant foods*)	3	
SIMILAC SOY ISOMIL ORAL POWDER (*infant foods*)	3	
SIMILAC SPECIAL CARE PREMATURE ORAL LIQUID (*infant foods*)	3	
SIMILAC TOTAL CMFRT OPTIGRO/FE ORAL POWDER (*infant foods*)	3	
SUPERVITE ORAL LIQUID (*b complex-lysine-zn-fa*)	3	
sv n-acetyl cysteine oral capsule	3	
TOBAKIENT ORAL CAPSULE (*dietary management product*)	3	
TYLACTIN BUILD 20PE TYR ORAL PACKET (*nutritional supplements*)	3	
TYLACTIN COMPLETE 15 PE ORAL BAR (*nutritional supplements*)	3	
TYLACTIN RESTORE 10 ORAL LIQUID (*nutritional supplements*)	3	
TYLACTIN RESTORE 5PE ORAL PACKET (*nutritional supplements*)	3	
TYLACTIN RTD 15 ORAL LIQUID (*nutritional supplements*)	3	
TYR GOLIKE ORAL BAR (*nutritional supplements*)	3	
TYR GOLIKE PLUS ORAL PACKET (*nutritional supplements*)	3	

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TYROS 2 ORAL POWDER (*nutritional supplements*)	3	
UCD ANAMIX INFANT ORAL POWDER	3	
ucd trio oral powder	3	
UTYMAX ORAL PACKET (*nutritional supplements*)	3	
VASCULERA ORAL TABLET (*dietary management product*)	3	
VEGAPRO ORAL POWDER (*protein*)	3	
VILACTIN AA PLUS ORAL LIQUID (*nutritional supplements*)	3	
VILACTIN AA PLUS ORAL PACKET (*nutritional supplements*)	3	
VITAL 1.0 CAL ORAL LIQUID (*nutritional supplements*)	3	
VITAL 1.5 CAL ORAL LIQUID (*nutritional supplements*)	3	
VITAL AF 1.2 CAL ADV FORMULA ORAL LIQUID (*nutritional supplements*)	3	
VITAL HP 1.0 CAL ORAL LIQUID (*nutritional supplements*)	3	
VITAL PEPTIDE 1.5 CAL ORAL LIQUID (*nutritional supplements*)	3	
VIVONEX PEDIATRIC ORAL PACKET (*nutritional supplements*)	3	
VIVONEX PEDIATRIC ORAL POWDER (*nutritional supplements*)	3	
VIVONEX PLUS ORAL PACKET (*nutritional supplements*)	3	
whey protein oral powder	3	
XYZBAC ORAL TABLET	3	
ZYVEXOL ORAL TABLET	3	
CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
DIURETICS, MISCELLANEOUS - Drugs for Water Balance		
elixophyllin oral elixir 80 mg/15ml	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	PV	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	PV	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELECTROLYTIC,CALORIC,WATER BALANCE MISC,		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (*burosumab-twza*)	3	DSL = 30 days
IRRIGATING SOLUTIONS		
glycine irrigation solution 1.5 %	1	
glycine urologic irrigation solution 1.5 %	1	
PHYSIOLYTE IRRIGATION SOLUTION (*irrigation solns physiological*)	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION (*irrigation solns physiological*)	3	
RENACIDIN IRRIGATION SOLUTION (*citric ac-gluconolact-mg carb*)	3	
ringers irrigation irrigation solution	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml	1	
LOOP DIURETICS (40:28) - Drugs for Water Balance		
bumetanide injection solution 0.25 mg/ml	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (*bumetanide*)	3	
EDECRIN ORAL TABLET 25 MG (*ethacrynic acid*)	3	
ENBUMYST NASAL SOLUTION 0.5 MG/0.1ML (*bumetanide*)	3	
ethacrynic acid oral tablet 25 mg	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (*furosemide*)	3	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (*furosemide*)	3	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (*torsemide*)	3	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
UDSX MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
UDSXMP MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
OSMOTIC DIURETICS - Drugs for Water Balance		
CEM-UREA EXTERNAL SOLUTION 45 % (*urea*)	3	
DERMACINRX UREA EXTERNAL CREAM 41 % (*urea*)	3	
DERMACURE EXTERNAL CREAM 41 % (*urea*)	3	
HYDRO 40 EXTERNAL FOAM 40 % (*urea*)	3	
UMECTA MOUSSE EXTERNAL FOAM 40 % (*urea*)	3	
URAMAXIN EXTERNAL GEL 45 % (*urea*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
urea 20 intensive hydrating external cream 20 %	1	
urea external cream 20 %, 39 %, 40 %, 41 %, 45 %	1	
UREA EXTERNAL CREAM 39.5 %	3	
UREA EXTERNAL FOAM 35 %	3	
urea external lotion 40 %	1	
urea nail external gel 45 %	1	
ureacin-10 external lotion 10 %	1	
ureacin-20 external cream 20 %	1	
UREAPRO ORAL POWDER 15 GM/SCOOP (*urea*)	2	
uredeb external cream 39 %	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
URESOL EXTERNAL CREAM 42.5 % (*urea*)	3	
xurea external cream 39 %	1	
OTHER ION-REMOVING AGENTS		
RADIOGARDASE ORAL CAPSULE 0.5 GM (*prussian blue insoluble*)	3	
PHOSPHATE-REMOVING AGENTS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE) (*ferric citrate*)	3	DSL = 30 days
calcium acetate (phos binder) oral capsule 667 mg	PV	
calcium acetate (phos binder) oral tablet 667 mg	PV	
calcium acetate oral tablet 667 mg	PV	
FERRIC CITRATE ORAL TABLET 1 GM 210 MG(FE)	3	DSL = 30 days
FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*)	PV	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (*lanthanum carbonate*)	PV	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	PV	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (*sevelamer carbonate*)	PV	
RENVELA ORAL TABLET 800 MG (*sevelamer carbonate*)	PV	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	PV	
sevelamer carbonate oral tablet 800 mg	PV	
sevelamer hcl oral tablet 400 mg, 800 mg	PV	
VELPHORO ORAL TABLET CHEWABLE 500 MG (*sucroferric oxyhydroxide*)	3	
XPHOZAH ORAL TABLET 20 MG, 30 MG (*tenapanor hcl (ckd)*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POTASSIUM-REMOVING AGENTS		
LOKELMA ORAL PACKET 10 GM, 5 GM (*sodium zirconium cyclosilicate*)	3	
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (*sodium polystyrene sulfonate*)	3	
VELTASSA ORAL PACKET 1 GM (*patiromer sorbitex calcium*)	3	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (*patiromer sorbitex calcium*)	3	DSL = 30 days
XPHOZAH ORAL TABLET 30 MG (*tenapanor hcl (ckd)*)	3	DSL = 30 days
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (*spironolactone*)	3	
amiloride hcl oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	3	
DYRENIUM ORAL CAPSULE 100 MG (*triamterene*)	3	
DYRENIUM ORAL CAPSULE 50 MG (*triamterene*)	2	
eplerenone oral tablet 25 mg, 50 mg	1	
INSPRA ORAL TABLET 25 MG, 50 MG (*eplerenone*)	3	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
REPLACEMENT PREPARATIONS		
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
AFLORA ORAL TABLET (*multiple vitamins-minerals*)	3	
AIRBORNE ELDERBERRY ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
AIRBORNE ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
ALIVE ADULT PREMIUM ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALIVE PREMIUM PRENATAL ORAL CAPSULE 13.5-0.2-100 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
ALTRIXA OB ORAL TABLET 15-0.4-0.6 MG	3	
BACMIN ORAL TABLET (*multiple vitamins-minerals*)	3	
BIOCEL ORAL TABLET	3	
b-plex plus oral tablet	1	
CALCIFOL ORAL WAFER 1342-1.6 MG (*ca carb-fa-d-b6-b12-boron-mg*)	3	
calcium acetate (phos binder) oral capsule 667 mg	PV	
calcium acetate (phos binder) oral tablet 667 mg	PV	
calcium acetate oral tablet 667 mg	PV	
CALTRATE GUMMY BITES ORAL TABLET CHEWABLE 250-10 MG-MCG (*ca phosphate-cholecalciferol*)	3	
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION	3	
CARDIOPLEGIA IND PLAS/HIK/LIDO PERFUSION SOLUTION	3	
CARDIOPLEGIA IND PLASMA-TROMET PERFUSION SOLUTION	3	
CARDIOPLEGIA INDUCTION HIGH K PERFUSION SOLUTION	3	
CARDIOPLEGIA INDUCTION LOW DEX PERFUSION SOLUTION	3	
CARDIOPLEGIA INDUCTION NON-ENR PERFUSION SOLUTION	3	
CARDIOPLEGIA MAIN LOW DEXTROSE PERFUSION SOLUTION	3	
CARDIOPLEGIA MAIN LOW TROMETHA PERFUSION SOLUTION	3	
CARDIOPLEGIA MAIN PLASMA-TROME PERFUSION SOLUTION	3	
CARDIOPLEGIA MAINTENANCE PERFUSION SOLUTION	3	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION	3	
CENTRATEX ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	3	
corvita 150 oral tablet 150-1.25 mg	1	
CORVITA ORAL TABLET (*multiple vitamins-minerals*)	3	
CORVITE 150 ORAL TABLET 150-1.25 MG (*iron-folic acid-c-b6-b12-zinc*)	3	
DAYAVITE ORAL TABLET	3	
DEPLIN MA ORAL CAPSULE (*multiple vitamins-minerals*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DERMACINRX MULTITAM ORAL TABLET (*multiple vitamins-minerals*)	3	
DERMACINRX PRETRATE ORAL TABLET 1 MG (*prenatal multivit-min-fe-fa*)	3	
DERMACINRX RIBOTIN-E ORAL TABLET (*multiple vitamins-minerals*)	3	
DERMACINRX ZINTREXYL-C ORAL TABLET (*multiple vitamins-minerals*)	3	
DEXATRAN ORAL CAPSULE (*multiple vitamins-minerals*)	3	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	1	
DIALYVITE 3000 ORAL TABLET 3 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE 5000 ORAL TABLET 5 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE SUPREME D ORAL TABLET (*multiple vitamins-minerals*)	3	
DIALYVITE/ZINC ORAL TABLET (*b complex-c-zn-folic acid*)	3	
DIATROL ORAL TABLET (*multiple vitamins-minerals*)	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (*potassium bicarb-citric acid*)	PV	
effer-k oral tablet effervescent 25 meq	1	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 50 MG/5ML	3	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
eye health gummies oral tablet chewable	1	
FENTANYL CITRATE-NACL INJECTION SOLUTION 1-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	DSL = 30 days
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/50ML-%, 2.5-0.9 MG/100ML-%, 2.5-0.9 MG/50ML-%, 5-0.9 MG/100ML-%, 5-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 500-0.9 MCG/50ML-%	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.0625-0.9 MG/100ML-%, 1-0.125-0.9 MG/250ML-%	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%, 0.8-0.1667-0.9 MG/200ML-%	3	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2-0.125-0.9 MCG/ML-%-%	3	DSL = 30 days
FERIVA 21/7 (WITH DOCUSATE) ORAL TABLET 75-1 MG (*feasp-b12-fa-c-dss-succac-zn*)	3	
FINAZOL ORAL TABLET (*multiple vitamins-minerals*)	3	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (*pediatric multivit-minerals*)	3	
FLORRAXYL ORAL TABLET (*multiple vitamins-minerals*)	3	
FOLAGENT DHA ORAL CAPSULE	3	
FOLAMAX ORAL TABLET	3	
FOLAMED DHA ORAL CAPSULE	3	
FOLAPRIME ORAL TABLET	3	
FOLATEXCEL ORAL TABLET 20-1 MG	3	
FOLGARD OS ORAL TABLET 500-1.1 MG (*multiple vit-min-calcium-fa*)	3	
FOLIFLEX ORAL TABLET (*multiple vitamins-minerals*)	3	
FOLITE ORAL TABLET	3	
FOLITIN-Z ORAL TABLET (*multiple vitamins-minerals*)	3	
ft adult multi gummies oral tablet chewable	1	
ft calcium + vitamin d3 oral tablet 500-5 mg-mcg	1	
ft calcium citrate +vitamin d3 oral tablet 315-6.25 mg-mcg	1	
ft calcium citrate/vit d3 oral tablet 315-6.25 mg-mcg	1	
ft calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg	1	
ft calcium oral tablet 1500 (600 ca) mg	1	
ft calcium-magnesium-zinc-d3 oral tablet 333-133-5-3.33 mg-mcg	1	
ft childrens multi oral tablet chewable	1	
ft electrolyte oral solution	1	
ft immune support oral tablet chewable	1	
ft magnesium oxide oral tablet 400 (240 mg) mg	PV	
ft zinc chelated oral tablet 50 mg	1	
GALZIN ORAL CAPSULE 25 MG, 50 MG (*zinc acetate (oral)*)	3	
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOLE/ML (*sodium glycerophosphate*)	PV	
goodsense electrolyte adv care oral solution	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
goodsense electrolyte oral solution	1	
growing bones & muscles kids oral tablet chewable	1	
hematinic plus vit/minerals oral tablet 106-1 mg	1	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	3	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%	1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 4000-0.9 UNIT/L-%	3	
HEPMED COMBINATION KIT 100&0.9&2.5-2.5 UT/ML	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 25-0.9 MG/50ML-%, 50-0.9 MG/50ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/50ML-%, 15-0.9 MG/30ML-%	3	
HYLAZINC ORAL TABLET	3	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (*calfactant in nacl*)	3	
IROSPAN 24/6 ORAL (*fe-succ ac-b cmplx-c-ca-fa*)	3	
ISOLYTE-S INTRAVENOUS SOLUTION (*electrolyte-s*)	3	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	
kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%	1	
kcl (0.298%) in nacl intravenous solution 40-0.9 meq/l-%	1	
KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION 10-10 MEQ-MG /100ML	3	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/5ML-%	3	
KEYFOLIC ORAL TABLET	3	
KEYLOSA ORAL TABLET (*multiple vitamins-minerals*)	3	
klor-con 10 oral tablet extended release 10 meq	PV	
klor-con m10 oral tablet extended release 10 meq	PV	
klor-con m15 oral tablet extended release 15 meq	PV	
klor-con m20 oral tablet extended release 20 meq	PV	
klor-con oral packet 20 meq	PV	
klor-con oral tablet extended release 8 meq	PV	
klor-con/ef oral tablet effervescent 25 meq	1	
K-PHOS ORAL TABLET 500 MG (*potassium phosphate monobasic*)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (*k phos mono-sod phos di & mono*)	PV	
k-tan plus oral capsule 162-115.2-1 mg	1	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	1	
LIMBREL250 ORAL CAPSULE 250-50 MG (*flavocoxid-cit zn bisglcinate*)	3	
LIMBREL500 ORAL CAPSULE 500-50 MG (*flavocoxid-cit zn bisglcinate*)	3	
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	3	
LIQUICAL PLUS ORAL LIQUID 84-24-0.7-10 MG-MCG/5ML (*calcium-magnesium-zinc-vit d3*)	3	
LIVITA ADULTS ORAL LIQUID (*multiple vitamins-minerals*)	3	
LIVITA CHILDREN ORAL LIQUID (*pediatric multivit-minerals*)	3	
LYSIPLEX PLUS ORAL TABLET (*multiple vitamins-minerals*)	3	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 400 mg, 500 mg	PV	
magnesium plus oral capsule 100 mg	PV	
magnesium-oxide oral tablet 400 (240 mg) mg	PV	
mag-oxide oral tablet 200 mg	PV	
MATERVIA ORAL CAPSULE 0.5 MG	3	
MEDI TAB ORAL TABLET	3	
MENATROL ORAL CAPSULE (*multiple vitamins-minerals*)	3	
mens multivitamin gummies oral tablet chewable	1	
MICROPLEGIA MSA-MSG PERFUSION SOLUTION	3	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%	3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/50ML-%	3	
multiple electro type 1 ph 5.5 intravenous solution	1	
multiple electro type 1 ph 7.4 intravenous solution	1	
MULTIPRO ORAL CAPSULE	3	
MULTITOL-M ORAL TABLET (*multiple vitamins-minerals*)	3	
MVW ORANGE CHEWABLES ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (*insulin regular(human) in nacl*)	3	
NEOMATERNA ORAL TABLET 20-1 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEO-VITAL RX ORAL TABLET 1 MG	3	
NEOVITE ORAL TABLET	3	
NEPHPLEX RX ORAL TABLET (*b complex-c-zn-folic acid*)	3	
NICADAN ORAL TABLET (*multiple vitamins-minerals*)	3	
NICAZEL FORTE ORAL TABLET (*multiple vitamins-minerals*)	3	
NICAZEL ORAL TABLET (*multiple vitamins-minerals*)	3	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (*niacinamide-zn-cu-methfo-se-cr*)	3	
nicotinamide oral tablet 750-27-2-0.5 mg	1	
NUTRALYN ORAL TABLET (*multiple vitamins-minerals*)	3	
NUTRIFAC ZX ORAL TABLET (*multiple vitamins-minerals*)	3	
NUTRIVIT ORAL LIQUID (*b complex-lysine-min-fe-fa*)	3	
OCUVEL ORAL CAPSULE (*multiple vitamins-minerals*)	3	
ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
ONEVITE CALCIUM+D3 ORAL TABLET 500-5 MG-MCG, 600-200 MG-UNIT (*calcium carb-cholecalciferol*)	3	
ONEVITE ORAL TABLET	3	
oralyte oral solution	1	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 30 UNIT/500ML	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 20-0.9 UNIT/L-%	3	
oyster shell calcium oral tablet 1250 (500 ca) mg	1	
oyster shell calcium w/d oral tablet 500-5 mg-mcg	1	
oyster shell calcium/d oral tablet 250-6.25 mg-mcg	1	
oyster shell calcium/vit d oral tablet 500-5 mg-mcg	1	
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg	1	
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg	1	
P2I PRENATAL WITH CHOLINE ORAL CAPSULE 0.333 MG (*prenatal multivit-min-fe-fa*)	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	3	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (*k phos mono-sod phos di & mono*)	PV	
phosphorous oral tablet 155-852-130 mg	PV	
phosphorus supplement oral packet 280-160-250 mg	PV	
phosphorus w/sod & potassium oral packet 280-160-250 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
phospho-trin 250 neutral oral tablet 155-852-130 mg	PV	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG (*potassium phosphate monobasic*)	PV	
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION 22-4-1 MEQ-MMOL/L	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5-1 MEQ-MMOL/L	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION (*electrolyte-148*)	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION (*electrolyte-a*)	3	
POKONZA ORAL PACKET 10 MEQ (*potassium chloride*)	PV	DSL = 30 days
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	PV	
potassium chloride er oral capsule extended release 10 meq, 8 meq	PV	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	PV	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	1	
potassium chloride oral packet 20 meq	PV	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	PV	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML (*dexmedetomidine hcl in nacl*)	3	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML (*dexmedetomidine hcl in nacl*)	3	
PREGEN DHA ORAL CAPSULE 28-1-35 MG	3	
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	3	
prenatal fa + dha + choline oral tablet chewable 0.18-35 mg	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PREPIV SUPPLY COMBINATION KIT 2.5-2.5 & 0.9 %	3	
PREV-RX ORAL TABLET	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L (*bicarb-dextrose-k (crrt)*)	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L (*bicarb-dextrose-ca (crrt)*)	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L (*bicarb-dextrose-k (crrt)*)	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L (*bicarb-dextrose-k-ca (crrt)*)	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L (*bicarb-dextose-k-mg (crrt)*)	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L (*bicarb-dextrose-k-ca (crrt)*)	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L (*bicarb-mg (crrt)*)	3	
PROFOLA ORAL TABLET	3	
purevit dualfe plus oral capsule 162-115.2-1 mg	1	
qc eye drops ophthalmic solution 0.05-0.25 %	1	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	3	
REMEDIENT ORAL CAPSULE (*multiple vitamins-minerals*)	3	
se-tan plus oral capsule 162-115.2-1 mg	1	
SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE 71.5-119 MG (*magnesium cl-calcium carbonate*)	3	
sodium chloride (pf) injection solution 0.9 %	1	
SODIUM CHLORIDE INJECTION SOLUTION 0.9 %	3	
sodium chloride injection solution 2.5 meq/ml	1	
sodium chloride intravenous solution 0.45 %, 3 %, 5 %	1	
sodium chloride oral solution 4 meq/ml	1	
sodium chloride oral tablet 1 gm	1	
SODIUM CHLORIDE SOLUTION 0.9 % INTRAVENOUS	3	
sodium chloride solution 0.9 % intravenous	1	
SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS	3	
sodium chloride solution 4 meq/ml intravenous	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STROVITE FORTE ORAL SYRUP (*multiple vitamins-minerals*)	3	
STROVITE ONE ORAL TABLET (*multiple vitamins-minerals*)	3	
SUPERVITE ORAL LIQUID (*b complex-lysine-zn-fa*)	3	
SUPPORT ORAL LIQUID	3	
sv n-acetyl cysteine oral capsule	3	
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG (*fefum-fepo-fa-b cmp-c-zn-mn-cu*)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRUE MAGNESIUM OXIDE ORAL TABLET 400 MG, 500 MG	PV	
true oyster shell calcium oral tablet 1250 (500 ca) mg	1	
TRUELYTE ORAL SOLUTION	3	
UDAMIN SP ORAL TABLET (*multiple vitamins-minerals*)	3	
ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg	1	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%	1	
v-c forte oral capsule	1	
VENEXA FE ORAL TABLET (*multiple vitamins-minerals*)	3	
VENEXA ORAL TABLET (*multiple vitamins-minerals*)	3	
VENTRIXYL FE ORAL TABLET (*multiple vitamins-minerals*)	3	
VENTRIXYL ORAL TABLET (*multiple vitamins-minerals*)	3	
vic-forte oral capsule	1	
VITA S FORTE ORAL TABLET (*multiple vitamins-minerals*)	3	
VITACEL ORAL TABLET (*multiple vitamins-minerals*)	3	
vitachew adult multi vitamin oral tablet chewable	1	
VITACORE ORAL TABLET (*multiple vitamins-minerals*)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
VITAFUSION MULTI WOMENS ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
VITAL-D RX ORAL TABLET 1 MG (*b complex-c-biotin-d-zinc-fa*)	3	
VITA-PAC ORAL CAPSULE 0.9 MG	3	
VITAROCA PLUS ORAL TABLET (*multiple vitamins-minerals*)	3	
VITRAMYN ORAL TABLET (*multiple vitamins-minerals*)	3	
VITRANOL FE ORAL TABLET (*multiple vitamins-minerals*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITRANOL ORAL TABLET (*multiple vitamins-minerals*)	3	
VITREXATE FE ORAL TABLET (*multiple vitamins-minerals*)	3	
VITREXATE ORAL TABLET (*multiple vitamins-minerals*)	3	
VITREXYL + IRON ORAL TABLET (*multiple vitamins-minerals*)	3	
VITREXYL ORAL TABLET (*multiple vitamins-minerals*)	3	
WELL MAGNESIUM OXIDE ORAL TABLET 400 (240 MG) MG	PV	
WELLFOLA ORAL TABLET	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	
wes-phos 250 neutral oral tablet 155-852-130 mg	PV	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
womens multivitamin + collagen oral tablet chewable	1	
womens multivitamin gummies oral tablet chewable	1	
YUM-VS COMPLETE MULTIVITAMIN ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
zinc oral tablet 50 mg	1	
SALT AND SUGAR SUBSTITUTES		
ASPARTAME (FOR COMPOUNDING) POWDER	3	
ASPARTAME (NUTRASWEET) POWDER (*aspartame*)	3	
THIAZIDE DIURETICS - Drugs for Water Balance		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (*quinapril-hydrochlorothiazide*)	3	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (*candesartan cilexetil-hctz*)	3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (*irbesartan-hydrochlorothiazide*)	3	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (*olmesartan medoxomil-hctz*)	3	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (*valsartan-hydrochlorothiazide*)	3	
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*)	3	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (*amlodipine-valsartan-hctz*)	3	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (*losartan potassium-hctz*)	3	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*hydrochlorothiazide*)	3	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*benazepril-hydrochlorothiazide*)	3	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (*telmisartan-hctz*)	3	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (*olmesartan-amlodipine-hctz*)	3	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
VASERETIC ORAL TABLET 10-25 MG (*enalapril-hydrochlorothiazide*)	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*lisinopril-hydrochlorothiazide*)	3	
THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
HEMICLOR ORAL TABLET 12.5 MG (*chlorthalidone*)	3	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
TENORETIC 100 ORAL TABLET 100-25 MG (*atenolol-chlorthalidone*)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (*atenolol-chlorthalidone*)	3	
THALITONE ORAL TABLET 15 MG (*chlorthalidone*)	3	
URICOSURIC AGENTS		
colchicine-probenecid oral tablet 0.5-500 mg	1	
ORLYNVAH ORAL TABLET 500-500 MG (*sulopenem etzadrox-probenecid*)	3	DSL = 30 days
probenecid oral tablet 500 mg	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
JYNARQUE ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	3	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG (*tolvaptan*)	3	DSL = 30 days
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (*tolvaptan*)	3	DSL = 30 days
SAMSCA ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	3	
tolvaptan oral tablet 15 mg, 30 mg	3	
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	1	DSL = 30 days
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	3	DSL = 30 days
JAVYGTOR ORAL PACKET 100 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JAVYGTOR ORAL PACKET 500 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
JAVYGTOR ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
KUVAN ORAL PACKET 100 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
KUVAN ORAL PACKET 500 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
KUVAN ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (*arimoclomol citrate*)	3	
sapropterin dihydrochloride oral packet 100 mg, 500 mg	3	DSL = 30 days
sapropterin dihydrochloride oral tablet 100 mg	1	DSL = 30 days
SEPHIENCE ORAL PACKET 1000 MG, 250 MG (*sepiapterin*)	3	DSL = 30 days
zelvysia oral packet 100 mg, 500 mg	3	DSL = 30 days
ENZYME INHIBITORS		
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	3	DSL = 30 days
HARLIKU ORAL TABLET 2 MG (*nitisinone (aku)*)	3	DSL = 30 days
miglustat oral capsule 100 mg	3	DSL = 30 days
nitisinone oral capsule 10 mg, 2 mg, 5 mg	3	DSL = 30 days
nitisinone oral capsule 20 mg	1	DSL = 30 days
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (*nitisinone*)	3	DSL = 30 days
OPFOLDA ORAL CAPSULE 65 MG (*miglustat (gaa deficiency)*)	3	DSL = 30 days
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*)	3	DSL = 30 days
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	3	DSL = 30 days
ZAVESCA ORAL CAPSULE 100 MG (*miglustat*)	3	DSL = 30 days
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (*lonafarnib*)	3	DSL = 30 days
ENZYMES		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (*alteplase*)	2	
ADZYNMA INTRAVENOUS KIT 1500 UNIT, 500 UNIT	3	DSL = 30 days
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (*laronidase*)	3	
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (*calaspargase pegol-mknl*)	3	DSL = 30 days
BRINEURA KIT 2 X 150 MG/5ML (*cerliponase alfa*)	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG (*alteplase*)	2	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*imiglucerase*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	2	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (*idursulfase*)	3	DSL = 30 days
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (*taliglucerase alfa*)	2	DSL = 30 days
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML (*pegunigalsidase alfa-iwxj*)	3	DSL = 30 days
ELFABRIO INTRAVENOUS SOLUTION 5 MG/2.5ML (*pegunigalsidase alfa-iwxj*)	2	DSL = 30 days
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG (*rasburicase*)	3	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (*agalsidase beta*)	3	DSL = 30 days
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (*immune globulin-hyaluronidase*)	3	DSL = 30 days
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (*sebelipase alfa*)	3	DSL = 30 days
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (*velmanase alfa-tycv*)	3	DSL = 30 days
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (*alglucosidase alfa*)	3	DSL = 30 days
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML (*vestronidase alfa-vjbk*)	3	
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (*galsulfase*)	3	DSL = 30 days
NEXOBRID EXTERNAL GEL 8.8 % (*anacaulase-bcdb*)	3	
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*avalglucosidase alfa-ngpt*)	3	DSL = 30 days
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (*pegvaliase-pqpz*)	3	DSL = 30 days
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (*pancrelipase (lip-prot-amyl)*)	3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (*pancrelipase (lip-prot-amyl)*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG (*cipaglucosidase alfa-atga*)	3	DSL = 30 days
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	3	
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML (*elapegademase-lvlr*)	3	
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML (*asparaginase erwinia chry-rywn*)	3	DSL = 30 days
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	2	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (*asfotase alfa*)	3	DSL = 30 days
SUCRAID ORAL SOLUTION 8500 UNIT/ML (*sacrosidase*)	3	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (*elosulfase alfa*)	3	DSL = 30 days
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (*pancrelipase (lip-prot-amyl)*)	3	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (*glucarpidase*)	PV	DSL = 30 days
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*velaglucerase alfa*)	3	DSL = 30 days
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG (*olipudase alfa-rpcp*)	3	DSL = 30 days
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (*olipudase alfa-rpcp*)	3	DSL = 30 days
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (*collagenase clostrid histolyt*)	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (*pancrelipase (lip-prot-amyl)*)	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT (*pancrelipase (lip-prot-amyl)*)	3	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (*brimonidine tartrate*)	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (*brimonidine tartrate*)	3	
apraclonidine hcl ophthalmic solution 0.5 %	1	
BIMATOPROST-BRIMONIDINE-DORZOL OPHTHALMIC SOLUTION 0.01-0.1-2 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
brimonidine tartrate external gel 0.33 %	1	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %	1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	1	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC SOLUTION 0.1-2 %	3	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC SOLUTION 0.15-2 %	3	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*)	3	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
DAZOMON EXTERNAL GEL 0.25 %	3	
IOPIDINE OPHTHALMIC SOLUTION 1 % (*apraclonidine hcl*)	2	
MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*)	3	
REMYDA EXTERNAL GEL 0.25 %	3	
RENSOTI EXTERNAL CREAM 1-4-1 %	3	
ROCELIX EXTERNAL CREAM 4-1 %	3	
ROVIS EXTERNAL GEL 0.25-1-1-4 %	3	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*)	3	
TIMOLOL-BRIMON-DORZOL-BIMATOPR OPHTHALMIC SOLUTION 0.5-0.1-2-0.01 %, 0.5-0.15-2-0.01 %	3	
TIMOLOL-BRIMON-DORZOL-LATANOPR OPHTHALMIC SOLUTION 0.5-0.15-2 -0.005%	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC SOLUTION 0.5-0.1-2 %	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC SOLUTION 0.5-0.15-2 %	3	
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALAWAY OPHTHALMIC SOLUTION 0.035 % (*ketotifen fumarate*)	3	
ALOCRIL OPHTHALMIC SOLUTION 2 % (*nedocromil sodium*)	2	
ASTEPRO CHILDRENS NASAL SOLUTION 205.5 MCG/SPRAY (*azelastine hcl*)	3	
ASTEPRO NASAL SOLUTION 205.5 MCG/SPRAY (*azelastine hcl*)	3	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl ophthalmic solution 0.05 %	1	
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
bepotastine besilate ophthalmic solution 1.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BEPREVE OPHTHALMIC SOLUTION 1.5 % (*bepotastine besilate*)	3	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	PV	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	3	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	3	
epinastine hcl ophthalmic solution 0.05 %	1	
eye itch relief ophthalmic solution 0.035 %	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (*cromolyn sodium*)	3	
goodsense eye itch relief ophthalmic solution 0.035 %	1	
ketotifen fumarate ophthalmic solution 0.035 %	1	
LASTACAFT OPHTHALMIC SOLUTION 0.25 % (*alcaftadine*)	3	
olopatadine hcl nasal solution 0.6 %	1	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	1	
OPCON-A OPHTHALMIC SOLUTION 0.027-0.315 % (*naphazoline-pheniramine*)	3	
PATADAY OPHTHALMIC SOLUTION 0.1 % (*olopatadine hcl*)	1	
PATADAY OPHTHALMIC SOLUTION 0.2 % (*olopatadine hcl*)	3	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3	
ZADITOR OPHTHALMIC SOLUTION 0.035 % (*ketotifen fumarate*)	3	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (*cetirizine hcl*)	3	
ANTIBACTERIALS (52:04) - Drugs for Infections		
AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*)	3	
antibiotic external ointment 500 unit/gm	1	
ARESTIN DENTAL 1 MG (*minocycline hcl*)	3	
AZASITE OPHTHALMIC SOLUTION 1 % (*azithromycin*)	3	
bacitracin external ointment 500 unit/gm	1	
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin zinc external ointment 500 unit/gm	1	
bacitracin zinc-aloe external ointment 500 unit/gm	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (*besifloxacin hcl*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	3	
CETRAXAL OTIC SOLUTION 0.2 % (*ciprofloxacin hcl*)	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*)	3	
CIPRO HC OTIC SUSPENSION 0.2-1 % (*ciprofloxacin-hydrocortisone*)	3	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
ciprofloxacin hcl otic solution 0.2 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION 0.3-0.025 %	3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (*neomycin-colist-hc-thonzonium*)	2	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	
doxycycline oral capsule delayed release 40 mg	1	
ery external pad 2 %	1	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
erythromycin ophthalmic ointment 5 mg/gm	1	
ft antibiotic external ointment 500 unit/gm	1	
ft double antibiotic external ointment 500-10000 unit/gm	1	
ft triple antibiotic + pain external ointment 1 %	1	
ft triple antibiotic external ointment 3.5-400-5000	1	
gatifloxacin ophthalmic solution 0.5 %	1	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	3	
KLARITY-A OPHTHALMIC SOLUTION 1 % (*azithromycin*)	3	
levofloxacin ophthalmic solution 0.5 %, 1.5 %	1	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*)	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (*neomycin-polymyxin-dexameth*)	3	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	
MITOSOL OPHTHALMIC KIT 0.2 MG (*mitomycin*)	2	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	1	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
MOXIFLOXACIN-BROMFENAC OPHTHALMIC SOLUTION 0.5-0.075 %	3	
neomycin sulfate oral tablet 500 mg	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % (*bacitracin-polymyx-neo-hc*)	3	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000 (*neomycin-bacitracin zn-polymyx*)	3	
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 % (*neomy-bacit-polymyx-pramoxine*)	3	
NEOSPORIN ORIGINAL EXTERNAL OINTMENT , 3.5-400-5000 (*neomycin-bacitracin-polymyxin*)	3	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (*ofloxacin*)	3	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin otic solution 0.3 %	1	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*)	3	
OTOVEL OTIC SOLUTION 0.3-0.025 % (*ciprofloxacin-fluocinolone*)	3	
poly bacitracin external ointment 500-10000 unit/gm	1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM (*bacitracin-polymyxin b*)	3	
polymyxin b sulfate injection solution reconstituted 500000 unit	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POLYSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM (*bacitracin-polymyxin b*)	3	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLONE ACET-MOXIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
PREDNISOLONE-GATIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION 1-0.5 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-0.5 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	3	
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	3	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	2	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	3	
tobramycin inhalation nebulization solution 300 mg/4ml	3	
tobramycin nebulization solution 300 mg/5ml inhalation	1	
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	3	
tobramycin ophthalmic solution 0.3 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBRAMYCIN-VANCOMYCIN HCL OPHTHALMIC SOLUTION 1.5-5 %	3	
TOBREX OPHTHALMIC OINTMENT 0.3 % (*tobramycin*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit	1	
triple antibiotic pain relief external ointment 1 %	1	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (*moxifloxacin hcl*)	3	
ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*)	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (*natamycin*)	2	
ANTI-INFECTIVES, MISCELLANEOUS (52:04) - Drugs for Infections		
artificial tears ophthalmic solution 0.5-0.6 %	1	
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 % (*silver nitrate-pot nitrate*)	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (*povidone-iodine*)	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION 6.5 % (*carbamide peroxide*)	3	
earwax removal otic solution 6.5 %	1	
ft earwax removal kit otic solution 6.5 %	1	
ft earwax removal otic solution 6.5 %	1	
goodsense ear wax kit otic solution 6.5 %	1	
goodsense eye drops adv relief ophthalmic solution 0.05-0.1-1-1 %	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (*chlorhexidine gluconate*)	3	
periogard mouth/throat solution 0.12 %	1	
POVIDONE-IODINE OPHTHALMIC SOLUTION 5 %	3	
PRAMOTIC OTIC LIQUID 1-0.1 % (*pramoxine-chloroxylenol*)	3	
qc artificial tears ophthalmic solution 0.5-0.6 %	1	
qc eye drops ophthalmic solution 0.05-0.25 %	1	
silver nitrate external solution 0.5 %	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (*lotilaner*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-INFLAMMATORY AGENTS (EENT) - Drugs for Inflammation		
CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*)	2	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine ophthalmic emulsion 0.05 %	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
KLARITY-C DROPS OPHTHALMIC EMULSION 0.1 % (*cyclosporine*)	3	DSL = 30 days
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (*perfluorohexyloctane*)	3	
NEORAL ORAL CAPSULE 100 MG, 25 MG (*cyclosporine modified*)	3	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	2	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (*cenegermin-bkbj*)	3	DSL = 30 days
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	3	
RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	3	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (*cyclosporine*)	3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	2	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*teprotumumab-trbw*)	3	DSL = 30 days
VERKAZIA OPHTHALMIC EMULSION 0.1 % (*cyclosporine*)	3	DSL = 30 days
VEVYE OPHTHALMIC SOLUTION 0.1 % (*cyclosporine*)	3	DSL = 30 days
XIIDRA OPHTHALMIC SOLUTION 5 % (*lifitegrast*)	3	
ANTIVIRALS (EENT) - Drugs for Infections		
trifluridine ophthalmic solution 1 %	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (*ganciclovir*)	3	
ASTRINGENTS (52:04) - Drugs for Infections		
chlorhexidine gluconate external solution 4 %	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION 6.5 % (*carbamide peroxide*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dyna-hex 4 external solution 4 %	3	
earwax removal otic solution 6.5 %	1	
ft earwax removal kit otic solution 6.5 %	1	
ft earwax removal otic solution 6.5 %	1	
goodsense ear wax kit otic solution 6.5 %	1	
HIBICLENS EXTERNAL SOLUTION 4 % (*chlorhexidine gluconate*)	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (*chlorhexidine gluconate*)	3	
periogard mouth/throat solution 0.12 %	1	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
betaxolol hcl ophthalmic solution 0.5 %	1	
BETIMOL OPHTHALMIC SOLUTION 0.5 % (*timolol hemihydrate*)	3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*)	3	
BIMATOPROST-TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.01-0.5 %	3	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	1	
carteolol hcl ophthalmic solution 1 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*)	3	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	3	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	3	
LATANOPROST-TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.005-0.5 %	3	
levobunolol hcl ophthalmic solution 0.5 %	1	
timolol hemihydrate ophthalmic solution 0.5 %	1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	1	
timolol maleate ocudose ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TIMOLOL-BRIMON-DORZOL-BIMATOPR OPHTHALMIC SOLUTION 0.5-0.1-2-0.01 %, 0.5-0.15-2-0.01 %	3	
TIMOLOL-BRIMON-DORZOL-LATANOPR OPHTHALMIC SOLUTION 0.5-0.15-2 -0.005%	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC SOLUTION 0.5-0.1-2 %	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC SOLUTION 0.5-0.15-2 %	3	
TIMOLOL-DORZOLAMID-BIMATOPROST OPHTHALMIC SOLUTION 0.5-2-0.01 %	3	
TIMOLOL-DORZOLAMID-LATANOPROST OPHTHALMIC SOLUTION 0.5-0.15-0.005 %	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (*timolol maleate*)	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	3	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
AZOPT OPHTHALMIC SUSPENSION 1 % (*brinzolamide*)	3	
BIMATOPROST-BRIMONIDINE-DORZOL OPHTHALMIC SOLUTION 0.01-0.1-2 %	3	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC SOLUTION 0.1-2 %	3	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC SOLUTION 0.15-2 %	3	
brinzolamide ophthalmic suspension 1 %	1	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	3	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	1	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
methazolamide oral tablet 25 mg, 50 mg	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TIMOLOL-BRIMON-DORZOL-BIMATOPR OPHTHALMIC SOLUTION 0.5-0.1-2-0.01 %, 0.5-0.15-2-0.01 %	3	
TIMOLOL-BRIMON-DORZOL-LATANOPR OPHTHALMIC SOLUTION 0.5-0.15-2 -0.005%	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC SOLUTION 0.5-0.1-2 %	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC SOLUTION 0.5-0.15-2 %	3	
TIMOLOL-DORZOLAMID-BIMATOPROST OPHTHALMIC SOLUTION 0.5-2-0.01 %	3	
TIMOLOL-DORZOLAMID-LATANOPROST OPHTHALMIC SOLUTION 0.5-0.15-0.005 %	3	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (*fluticasone-salmeterol*)	3	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	3	
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 % (*hydrocortisone*)	3	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
ALA SCALP EXTERNAL LOTION 2 % (*hydrocortisone*)	3	
ala-cort external cream 1 %	1	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (*hydrocortisone*)	3	DSL = 30 days
ALREX OPHTHALMIC SUSPENSION 0.2 % (*loteprednol etabonate*)	3	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*)	2	
ANALPRAM HC EXTERNAL CREAM 1-1 % (*hydrocortisone ace-pramoxine*)	3	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (*hydrocortisone ace-pramoxine*)	1	
ANALPRAM HC EXTERNAL LOTION 2.5-1 % (*hydrocortisone ace-pramoxine*)	2	
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	3	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*)	3	
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (*fluticasone furoate-vilanterol*)	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	3	
CIPRO HC OTIC SUSPENSION 0.2-1 % (*ciprofloxacin-hydrocortisone*)	3	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION 0.3-0.025 %	3	
CLOBETASOL PROPIONATE OPHTHALMIC SUSPENSION 0.05 %	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (*hydrocortisone*)	3	
CORTENEMA RECTAL ENEMA 100 MG/60ML (*hydrocortisone*)	3	
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (*neomycin-colist-hc-thonzonium*)	2	
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	3	
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	3	
DERMOTIC OTIC OIL 0.01 % (*fluocinolone acetonide*)	3	
dexameth sod phos (pf) +rfid injection solution prefilled syringe 10 mg/ml	1	
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	1	
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dexamethasone sod phos (pf) injection solution prefilled syringe 10 mg/ml	1	
dexamethasone sod phos +rfid injection solution prefilled syringe 4 mg/ml	1	
dexamethasone sod phosphate pf injection solution 10 mg/ml	1	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	1	
dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml	1	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	1	
dexamethasone sodium phosphate solution 10 mg/ml injection	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	3	
dexamethasone sodium phosphate solution 4 mg/ml injection	1	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (*dexamethasone sodium phosphate*)	3	
DEXTENZA OPHTHALMIC INSERT 0.4 MG (*dexamethasone*)	3	
DEXYCU INTRAOCULAR SUSPENSION 9 % (*dexamethasone*)	3	
difluprednate ophthalmic emulsion 0.05 %	1	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	
DUREZOL OPHTHALMIC EMULSION 0.05 % (*difluprednate*)	3	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	3	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (*loteprednol etabonate*)	3	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone acetate*)	3	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluocinolone acetonide body external oil 0.01 %	1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	
fluocinolone acetonide external ointment 0.025 %	1	
fluocinolone acetonide external solution 0.01 %	1	
fluocinolone acetonide otic oil 0.01 %	1	
fluocinolone acetonide scalp external oil 0.01 %	1	
fluorometholone ophthalmic suspension 0.1 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUTICASONE FUROATE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	3	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	
fluticasone propionate nasal suspension 50 mcg/act	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*)	2	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone*)	3	
ft 24 hour nasal allergy nasal aerosol 55 mcg/act	1	
ft itch relief max strength external cream 1 %	1	
ft itch relief/aloe max str external cream 1 %	1	
HEMADY ORAL TABLET 20 MG (*dexamethasone*)	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	1	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	3	
HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) (*dexamethasone*)	3	
hydrocortisone (perianal) external cream 1 %, 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate external cream 1 %	1	
HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5 %	3	
hydrocortisone acetate external ointment 1 %	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone anti-itch external cream 1 %	1	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external lotion 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
HYDROCORTISONE COMPLETE KIT EXTERNAL THERAPY PACK 2 %	3	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
HYDROCORTISONE EXTERNAL SOLUTION 2.5 %	3	
hydrocortisone max st external cream 1 %	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
hydrocortisone/aloe max str external cream 1 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
HYDROXATE EXTERNAL GEL 2 % (*hydrocortisone*)	3	
HYDROXYM EXTERNAL CREAM 2 % (*hydrocortisone*)	3	
HYDROXYM EXTERNAL GEL 2 % (*hydrocortisone*)	3	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (*fluocinolone acetonide*)	3	
INVELTYS OPHTHALMIC SUSPENSION 1 % (*loteprednol etabonate*)	3	
IONTOSONE 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (*dexamethasone sodium phosphate*)	3	
KHINDIVI ORAL SOLUTION 1 MG/ML (*hydrocortisone*)	3	
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 % (*loteprednol etabonate*)	3	
LOTEMAX OPHTHALMIC GEL 0.5 % (*loteprednol etabonate*)	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (*loteprednol etabonate*)	3	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (*loteprednol etabonate*)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (*loteprednol etabonate*)	3	
loteprednol etabonate ophthalmic gel 0.5 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %	1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (*dexamethasone*)	3	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*)	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (*neomycin-polymyxin-dexameth*)	3	
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 % (*hydrocortisone*)	3	
MICORT HC EXTERNAL CREAM 2.5 % (*hydrocortisone acetate*)	3	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
mometasone furoate nasal suspension 50 mcg/act	1	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (*triamcinolone acetonide*)	3	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % (*bacitracin-polymyx-neo-hc*)	3	
NUCORT EXTERNAL LOTION 2 % (*hydrocortisone acetate*)	3	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (*prednisolone sodium phosphate*)	3	
OTOVEL OTIC SOLUTION 0.3-0.025 % (*ciprofloxacin-fluocinolone*)	3	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (*dexamethasone*)	3	
PEDIAPRED ORAL SOLUTION 5 MG/5ML (*prednisolone sodium phosphate*)	3	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (*prednisolone acetate*)	PV	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
prednisolone acetate ophthalmic suspension 1 %	PV	
PREDNISOLONE ACETATE P-F OPHTHALMIC SUSPENSION 1 %	PV	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.1 %	3	
PREDNISOLONE ACET-MOXIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
prednisolone oral solution 15 mg/5ml	1	
prednisolone oral tablet 5 mg	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
PREDNISOLONE-BROMFENAC OPHTHALMIC SOLUTION 1-0.075 %	3	
PREDNISOLONE-BROMFENAC OPHTHALMIC SUSPENSION 1-0.075 %	3	
PREDNISOLONE-GATIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION 1-0.5 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-0.5 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
PREPARATION H EXTERNAL CREAM 1 % (*hydrocortisone*)	3	
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM 1 % (*hydrocortisone*)	3	
PROCORT EXTERNAL CREAM 1.85-1.15 % (*hydrocortisone ace-pramoxine*)	3	
PROCTOCORT EXTERNAL CREAM 1 % (*hydrocortisone*)	3	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	1	
procto-med hc external cream 2.5 %	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	3	
PROCTOZONE-HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	3	
PROPEL CONTOUR NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL MINI NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL MINI SDS NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	3	
RETISERT INTRAVITREAL IMPLANT 0.59 MG (*fluocinolone acetonide*)	3	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3	
SINUVA NASAL IMPLANT 1350 MCG (*mometasone furoate*)	3	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG (*hydrocortisone sod succinate*)	3	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
SYNALAR EXTERNAL CREAM 0.025 % (*fluocinolone acetonide*)	3	
SYNALAR EXTERNAL OINTMENT 0.025 % (*fluocinolone acetonide*)	3	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21) (*dexamethasone*)	3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	3	
TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*)	3	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	2	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	3	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	
triamcinolone acetonide nasal aerosol 55 mcg/act	1	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	3	
XIPERE INTRAOCULAR SUSPENSION 40 MG/ML (*triamcinolone acetonide*)	3	
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (*fluocinolone acetonide*)	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*)	3	
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*)	2	
cyclosporine ophthalmic emulsion 0.05 %	1	
KLARITY-C DROPS OPHTHALMIC EMULSION 0.1 % (*cyclosporine*)	3	DSL = 30 days
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	3	
RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	3	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (*cyclosporine*)	3	DSL = 30 days
VEVYE OPHTHALMIC SOLUTION 0.1 % (*cyclosporine*)	3	DSL = 30 days
XIIDRA OPHTHALMIC SOLUTION 5 % (*lifitegrast*)	3	
EENT DRUGS, MISCELLANEOUS		
acetic acid otic solution 2 %	1	
ALCON TEARS OPHTHALMIC SOLUTION 0.5 % (*hypromellose*)	3	
altachlore ophthalmic ointment 5 %	1	
altachlore ophthalmic solution 5 %	1	
apraclonidine hcl ophthalmic solution 0.5 %	1	
AQUORAL MOUTH/THROAT SOLUTION (*artificial saliva*)	3	
artificial tears ophthalmic solution , 0.5-0.6 %	1	
artificial tears pf ophthalmic solution 0.1-0.3 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML	3	
BION TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 % (*dextran 70-hypromellose*)	3	
carboxymethylcellulose sod pf ophthalmic solution 0.5 %	1	
carboxymethylcellulose sodium ophthalmic solution 0.5 %	1	
CHONDROITIN SULFATE OPHTHALMIC SOLUTION 0.25 %	3	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	PV	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	3	
cvs lubricant eye drops ophthalmic solution 0.4-0.3 %	1	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (*cysteamine hcl*)	3	DSL = 30 days
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (*cysteamine hcl*)	3	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (*sulfuric acid-sulf phenolics*)	3	
ENCELTO INTRAVITREAL IMPLANT 200000 CELLS (*revakinagene taroretcel-lwey*)	3	
EYES ALIVE OPHTHALMIC SOLUTION 0.5 % (*carboxymethylcellulose sodium*)	3	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*)	3	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*)	3	
ft lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.5 %	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (*cromolyn sodium*)	3	
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT (*white petrolatum-mineral oil*)	3	
GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL 0.4-0.3 % (*polyethyl glycol-propyl glycol*)	3	
goodsense eye drops adv relief ophthalmic solution 0.05-0.1-1-1 %	1	
goodsense lubricating plus pf ophthalmic solution 0.5 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (*apraclonidine hcl*)	2	
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (*avacincaptad pegol*)	3	DSL = 30 days
lubricant eye drop ophthalmic solution 0.6 %	1	
lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.5 %, 0.6 %	1	
lubricant eye drops pf ophthalmic solution 0.5 %	1	
lubricant eye pm ophthalmic ointment	1	
lubricating tears eye drops ophthalmic solution 0.5 %	1	
lubrifresh p.m. ophthalmic ointment	1	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	3	DSL = 30 days
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (*perfluorohexyloctane*)	3	
MOUTH KOTE REMINT MOUTH/THROAT SOLUTION (*artificial saliva*)	3	
MUCOSITISRX MOUTH/THROAT PACKET (*artificial saliva*)	3	
MURO 128 OPHTHALMIC OINTMENT 5 % (*sodium chloride (hypertonic)*)	3	
MURO 128 OPHTHALMIC SOLUTION 5 % (*sodium chloride (hypertonic)*)	3	
nasal moisturizing spray nasal solution 0.65 %	1	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (*cenegermin-bkbj*)	3	DSL = 30 days
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE 0.146 &0.146-20 % (*riboflav5 & riboflav5-dextran*)	2	
polyvinyl alcohol ophthalmic solution 1.4 %	1	
qc artificial tears ophthalmic solution 0.5-0.6 %	1	
REFRESH RELIEVA OPHTHALMIC SOLUTION 0.5-0.9 % (*carboxymethylcellul-glycerin*)	3	
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 % (*carboxymethylcellul-glycerin*)	3	
REFRESH RELIEVA PF XTRA OPHTHALMIC SOLUTION 0.5-0.9 % (*carboxymethylcellul-glycerin*)	3	
REFRESH TEARS PF OPHTHALMIC SOLUTION 0.5-0.9 % (*carboxymethylcellul-glycerin*)	3	
RETAINE CMC OPHTHALMIC SOLUTION 0.5 % (*carboxymethylcellulose sodium*)	3	
SALIVAMAX MOUTH/THROAT PACKET (*artificial saliva*)	3	
sesame oil nasal spray nasal solution	3	
sodium chloride (hypertonic) ophthalmic ointment 5 %	1	
sodium chloride (hypertonic) ophthalmic solution 5 %	1	
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (*ranibizumab*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (*ranibizumab*)	3	
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (*pegcetacoplan (ophthalmic)*)	3	
SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 % (*propylene glycol*)	3	
SYSTANE HYDRATION PF OPHTHALMIC SOLUTION 0.4-0.3 % (*polyethyl glycol-propyl glycol*)	3	
SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 % (*polyethyl glycol-propyl glycol*)	3	
SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 % (*polyethyl glycol-propyl glycol*)	3	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*teprotumumab-trbw*)	3	DSL = 30 days
TRUE NASAL MOISTURIZING NASAL SOLUTION 0.65 %	3	
TRYPTYR OPHTHALMIC SOLUTION 0.003 % (*acoltremon*)	3	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (*varenicline tartrate*)	3	DSL = 30 days
ultra fresh pm ophthalmic ointment	1	
ultra lubricating eye drops ophthalmic solution 0.4-0.3 %	1	
ultra lubricating eye drops pf ophthalmic solution 0.4-0.3 %	1	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (*verteporfin*)	2	
VIZZ OPHTHALMIC SOLUTION 1.44 % (*aceclidine hcl*)	3	
XEROSTOMIA RELIEF SPRAY MOUTH/THROAT SOLUTION (*artificial saliva*)	3	
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (*ketorolac tromethamine*)	PV	
ACULAR OPHTHALMIC SOLUTION 0.5 % (*ketorolac tromethamine*)	PV	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (*ketorolac tromethamine*)	PV	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	PV	
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	PV	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (*bromfenac sodium*)	PV	
diclofenac sodium ophthalmic solution 0.1 %	PV	
flurbiprofen oral tablet 100 mg, 50 mg	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
flurbiprofen sodium ophthalmic solution 0.03 %	PV	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (*nepafenac*)	PV	
ketorolac tromethamine injection solution 15 mg/ml	PV	
KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION 30 MG/ML	PV	
ketorolac tromethamine intramuscular solution 60 mg/2ml	PV	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	PV	
ketorolac tromethamine oral tablet 10 mg	PV	
ketorolac tromethamine solution 30 mg/ml injection	PV	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	PV	
LURBIRO ORAL TABLET 100 MG (*flurbiprofen*)	PV	
MOXIFLOXACIN-BROMFENAC OPHTHALMIC SOLUTION 0.5-0.075 %	3	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (*nepafenac*)	PV	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.1 %	3	
PREDNISOLONE-BROMFENAC OPHTHALMIC SOLUTION 1-0.075 %	3	
PREDNISOLONE-BROMFENAC OPHTHALMIC SUSPENSION 1-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-0.5 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (*bromfenac sodium*)	PV	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	PV	
TOBRAMYCIN-VANCOMYCIN HCL OPHTHALMIC SOLUTION 1.5-5 %	3	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	
TROPIC-CYCLOPENT-PE-KETOROLAC OPHTHALMIC SOLUTION 1-1-10-0.5 %, 1-1-2.5-0.5 %	3	
TROPIC-CYCLOPENT-PE-KETOROLAC OPHTHALMIC SOLUTION PREFILLED SYRINGE 1-1-10-0.5 %, 1-1-2.5-0.5 %	3	
TROPIC-CYCLOP-PE-KETO-PROPAR OPHTHALMIC SOLUTION PREFILLED SYRINGE	3	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
ACYCLONINE MUM MOUTH/THROAT AEROSOL POWDER 36.7-16.7-3.33 %	3	
AKTEN OPHTHALMIC GEL 3.5 % (*lidocaine hcl*)	2	
ALCAINE OPHTHALMIC SOLUTION 0.5 % (*proparacaine hcl*)	2	
ALTACAINE OPHTHALMIC SOLUTION 0.5 % (*tetracaine hcl*)	2	
ALTAFLUOR BENOX OPHTHALMIC SOLUTION 0.25-0.4 %	1	
COCAINE HCL NASAL SOLUTION 40 MG/ML	3	
cough drops mouth/throat lozenge 5.4 mg	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	
FLUCAINE OPHTHALMIC SOLUTION 0.25-0.5 % (*fluorescein-proparacaine*)	3	
fluorescein-benoxinate ophthalmic solution 0.25-0.4 %	1	
goodsense cough simply menthol mouth/throat lozenge 5.4 mg	1	
HURRICAINE MOUTH/THROAT GEL 20 % (*benzocaine*)	3	
IHEEZO OPHTHALMIC GEL 3 % (*chloroprocaine hcl*)	3	
instant oral pain relief max mouth/throat gel 20 %	1	
lidocaine hcl mouth/throat solution 4 %	1	
LIDOCAINE HCL-OXYMETAZOLINE NASAL SOLUTION PREFILLED SYRINGE 2-0.025 % (2 ML)	3	
lidocaine viscous hcl mouth/throat solution 2 %	1	
LOLLICAINE MOUTH/THROAT GEL 20 % (*benzocaine*)	3	
NUMBRINO NASAL SOLUTION 40 MG/ML (*cocaine hcl (nasal anesthetic)*)	3	
PRAMOTIC OTIC LIQUID 1-0.1 % (*pramoxine-chloroxylenol*)	3	
proparacaine hcl ophthalmic solution 0.5 %	1	
proparacaine-fluorescein ophthalmic solution 0.5-0.25 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (*lido-capsaicin-men-methyl sal*)	3	
tetracaine hcl ophthalmic solution 0.5 %	1	
TROPIC-CYCLOP-PE-KETO-PROPAR OPHTHALMIC SOLUTION PREFILLED SYRINGE	3	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	
MACULAR DEGENERATION AGENTS		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (*cysteamine hcl*)	3	DSL = 30 days
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (*cysteamine hcl*)	3	
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (*avacincaptad pegol*)	3	DSL = 30 days
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (*pegcetacoplan (ophthalmic)*)	3	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (*verteporfin*)	2	
MIOTICS - Drugs for the Eye		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (*echothiophate iodide*)	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
pilocarpine hcl ophthalmic solution 1.25 %	1	DSL = 30 days
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
QLOSI OPHTHALMIC SOLUTION 0.4 % (*pilocarpine hcl*)	3	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (*pilocarpine hcl*)	3	
VIZZ OPHTHALMIC SOLUTION 1.44 % (*aceclidine hcl*)	3	
VUITY OPHTHALMIC SOLUTION 1.25 % (*pilocarpine hcl*)	3	DSL = 30 days
MYDRIATICS - Drugs for the Eye		
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate injection solution 8 mg/20ml	1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	1	
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/ML	3	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	3	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	3	
atropine sulfate ophthalmic solution 1 %	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (*cyclopentolate hcl*)	3	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (*cyclopentolate-phenylephrine*)	2	
cyclopentolate hcl ophthalmic solution 1 %	1	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 % (*homatropine hbr*)	3	
MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE 1-2.5 % (*tropicamide-phenylephrine*)	3	
MYDRIACYL OPHTHALMIC SOLUTION 1 % (*tropicamide*)	3	
NEO-SYNEPHRINE COLD/ALLRG MILD NASAL SOLUTION 0.25 % (*phenylephrine hcl*)	3	
NEO-SYNEPHRINE COLD/ALLRGY EXT NASAL SOLUTION 1 % (*phenylephrine hcl*)	3	
NEO-SYNEPHRINE COLD/ALLRGY REG NASAL SOLUTION 0.5 % (*phenylephrine hcl*)	3	
PHENYLEPHRINE HCL INTRACAVERNOSAL SOLUTION 2 MG/2ML	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	3	
tropicamide ophthalmic solution 0.5 %, 1 %	1	
TROPICAMIDE-CYCLOPENTOLATE-PE OPHTHALMIC SOLUTION 1-1-2.5 %	3	
TROPICAMIDE-PHENYLEPHRINE OPHTHALMIC SOLUTION 1-2.5 %	3	
TROPIC-CYCLOPENT-PE-KETOROLAC OPHTHALMIC SOLUTION 1-1-10-0.5 %, 1-1-2.5-0.5 %	3	
TROPIC-CYCLOPENT-PE-KETOROLAC OPHTHALMIC SOLUTION PREFILLED SYRINGE 1-1-10-0.5 %, 1-1-2.5-0.5 %	3	
TROPIC-CYCLOP-PE-KETO-PROPAR OPHTHALMIC SOLUTION PREFILLED SYRINGE	3	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	
OSMOTIC AGENTS - Drugs for the Eye		
CEM-UREA EXTERNAL SOLUTION 45 % (*urea*)	3	
DERMACINRX UREA EXTERNAL CREAM 41 % (*urea*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DERMACURE EXTERNAL CREAM 41 % (*urea*)	3	
HYDRO 40 EXTERNAL FOAM 40 % (*urea*)	3	
UMECTA MOUSSE EXTERNAL FOAM 40 % (*urea*)	3	
URAMAXIN EXTERNAL GEL 45 % (*urea*)	3	
urea 20 intensive hydrating external cream 20 %	1	
urea external cream 20 %, 39 %, 40 %, 41 %, 45 %	1	
UREA EXTERNAL CREAM 39.5 %	3	
UREA EXTERNAL FOAM 35 %	3	
urea external lotion 40 %	1	
urea nail external gel 45 %	1	
ureacin-10 external lotion 10 %	1	
ureacin-20 external cream 20 %	1	
UREAPRO ORAL POWDER 15 GM/SCOOP (*urea*)	2	
uredeb external cream 39 %	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
URESOL EXTERNAL CREAM 42.5 % (*urea*)	3	
xurea external cream 39 %	1	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
bimatoprost ophthalmic solution 0.03 %	1	
BIMATOPROST-BRIMONIDINE-DORZOL OPHTHALMIC SOLUTION 0.01-0.1-2 %	3	
BIMATOPROST-TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.01-0.5 %	3	
DURYSTA INTRAOCULAR IMPLANT 10 MCG (*bimatoprost*)	3	DSL = 30 days
IDOSE TR INTRAOCULAR IMPLANT 75 MCG (*travoprost*)	3	
IYUZEH OPHTHALMIC SOLUTION 0.005 % (*latanoprost*)	3	
LATANOPROST OIL	3	
latanoprost ophthalmic solution 0.005 %	1	
LATANOPROST-TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.005-0.5 %	3	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (*bimatoprost*)	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	3	
tafluprost (pf) ophthalmic solution 0.0015 %	1	
TIMOLOL-BRIMON-DORZOL-BIMATOPR OPHTHALMIC SOLUTION 0.5-0.1-2-0.01 %, 0.5-0.15-2-0.01 %	3	
TIMOLOL-BRIMON-DORZOL-LATANOPR OPHTHALMIC SOLUTION 0.5-0.15-2 -0.005%	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TIMOLOL-DORZOLAMID-BIMATOPROST OPHTHALMIC SOLUTION 0.5-2-0.01 %	3	
TIMOLOL-DORZOLAMID-LATANOPROST OPHTHALMIC SOLUTION 0.5-0.15-0.005 %	3	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (*travoprost*)	3	
travoprost (bak free) ophthalmic solution 0.004 %	1	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (*latanoprostene bunod*)	3	
XALATAN OPHTHALMIC SOLUTION 0.005 % (*latanoprost*)	3	
XELPROS OPHTHALMIC EMULSION 0.005 % (*latanoprost*)	3	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (*tafluprost*)	3	
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*)	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	3	
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG		
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab-maly*)	3	DSL = 30 days
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab*)	3	
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML (*brolucizumab-dbll*)	3	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2.75 MG/0.11ML	3	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 2.25 MG/0.09ML	3	
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (*ranibizumab-nuna*)	2	DSL = 30 days
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab-eqrn*)	3	DSL = 30 days
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07ML (*aflibercept*)	3	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*)	3	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*)	3	
JOBEVNE INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab-nwgd*)	3	DSL = 30 days
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MVASI INTRAVENOUS SOLUTION 100 MG/4ML (*bevacizumab-awwb*)	3	DSL = 30 days
MVASI INTRAVENOUS SOLUTION 400 MG/16ML (*bevacizumab-awwb*)	3	DSL = 30 days
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept-ayyh*)	3	
PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept-ayyh*)	3	
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (*ranibizumab*)	3	DSL = 30 days
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (*ranibizumab*)	3	
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05ML (*faricimab-svoa*)	3	DSL = 30 days
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML (*faricimab-svoa*)	3	
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab-adcd*)	3	DSL = 30 days
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML (*bevacizumab-bvzr*)	3	DSL = 30 days
ZIRABEV INTRAVENOUS SOLUTION 400 MG/16ML (*bevacizumab-bvzr*)	3	
VASOCONSTRICTORS		
ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*)	3	
altafrin ophthalmic solution 10 %, 2.5 %	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (*cyclopentolate-phenylephrine*)	2	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
ft eye drops ophthalmic solution 0.05 %	1	
ft nasal spray nasal solution 0.05 %	1	
giltuss severe sinus nasal solution 0.05 %	1	
goodsense eye drops adv relief ophthalmic solution 0.05-0.1-1-1 %	1	
L.E.T. (RACEPINEPHRINE) EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LIDOCAINE HCL-OXYMETAZOLINE NASAL SOLUTION PREFILLED SYRINGE 2-0.025 % (2 ML)	3	
LIDO-RACEPINEPHRINE-TETRACAINE EXTERNAL SOLUTION 4-0.05-0.5 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MYDCOMBI OPHTHALMIC SOLUTION CARTRIDGE 1-2.5 % (*tropicamide-phenylephrine*)	3	
nasal decongestant spray nasal solution 0.05 %	1	
nasal spray 12 hour nasal solution 0.05 %	1	
nasal spray no drip nasal solution 0.05 %	1	
NEO-SYNEPHRINE COLD/ALLRG MILD NASAL SOLUTION 0.25 % (*phenylephrine hcl*)	3	
NEO-SYNEPHRINE COLD/ALLRGY EXT NASAL SOLUTION 1 % (*phenylephrine hcl*)	3	
NEO-SYNEPHRINE COLD/ALLRGY REG NASAL SOLUTION 0.5 % (*phenylephrine hcl*)	3	
OPCON-A OPHTHALMIC SOLUTION 0.027-0.315 % (*naphazoline-pheniramine*)	3	
PHENYLEPHRINE HCL INTRACAVERNOSAL SOLUTION 2 MG/2ML	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	3	
qc eye drops ophthalmic solution 0.05-0.25 %	1	
RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*)	3	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 % (*lido-epinephrine-tetracaine*)	3	
TOPICAL L.E.T. EXTERNAL GEL 4-0.09-0.5 %	3	
TROPICAMIDE-CYCLOPENTOLATE-PE OPHTHALMIC SOLUTION 1-1-2.5 %	3	
TROPICAMIDE-PHENYLEPHRINE OPHTHALMIC SOLUTION 1-2.5 %	3	
TROPIC-CYCLOPENT-PE-KETOROLAC OPHTHALMIC SOLUTION 1-1-10-0.5 %, 1-1-2.5-0.5 %	3	
TROPIC-CYCLOPENT-PE-KETOROLAC OPHTHALMIC SOLUTION PREFILLED SYRINGE 1-1-10-0.5 %, 1-1-2.5-0.5 %	3	
TROPIC-CYCLOP-PE-KETO-PROPAR OPHTHALMIC SOLUTION PREFILLED SYRINGE	3	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (*oxymetazoline hcl*)	3	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
antacid & anti-gas max str oral suspension 800-800-80 mg/10ml	1	
antacid & antigas oral suspension 2400-2400-240 mg/30ml	1	
antacid advanced oral suspension 200-200-20 mg/5ml	1	
antacid calcium oral tablet chewable 500 mg	1	
antacid calcium rich oral tablet chewable 500 mg	1	
antacid extra strength oral tablet chewable 160-105 mg, 750 mg	1	
antacid maximum oral tablet chewable 1000 mg	1	
antacid maximum strength oral suspension 800-800-80 mg/10ml	1	
antacid oral suspension 400-400-40 mg/10ml	1	
antacid oral tablet chewable 500 mg, 750 mg	1	
antacid regular strength oral suspension 200-200-20 mg/5ml	1	
antacid ultra strength oral tablet chewable 1000 mg	1	
antacid/antigas oral suspension 400-400-40 mg/10ml	1	
bismuth subsalicylate oral tablet chewable 262 mg	1	
cvs antacid extra strength oral tablet chewable 750 mg	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	
ft antacid & antigas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	1	
ft antacid extra strength oral tablet chewable 750 mg	1	
ft antacid regular strength oral tablet chewable 500 mg	1	
ft stomach relief oral suspension 525 mg/30ml	1	
ft stomach relief oral tablet 262 mg	1	
ft stomach relief oral tablet chewable 262 mg	1	
GELUSIL ORAL TABLET CHEWABLE 200-200-25 MG (*alum & mag hydroxide-simeth*)	2	
geri-mox maximum strength oral suspension 400-400-40 mg/5ml	1	
goodsense advanced antacid oral suspension 200-200-20 mg/5ml	1	
goodsense antacid & gas relief oral suspension 400-400-40 mg/10ml, 400-400-40 mg/5ml, 800-800-80 mg/10ml	1	
goodsense antacid extra str oral tablet chewable 750 mg	1	
goodsense antacid oral tablet chewable 500 mg, 750 mg	1	
goodsense omep/sod bicarb oral capsule 20-1100 mg	1	
goodsense stomach relief oral tablet chewable 262 mg	1	
heartburn relief ex st oral suspension 254-237.5 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KAOPECTATE ORAL TABLET 262 MG (*bismuth subsalicylate*)	3	
KONVOMEP ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (*omeprazole-sodium bicarbonate*)	3	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	PV	
magnesium oxide oral tablet 400 mg, 420 mg	PV	
magnesium-aluminum-simethicone oral suspension 200-200-20 mg/5ml	1	
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	1	
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	1	
pink bismuth maximum strength oral suspension 525 mg/15ml	1	
smooth antacid extra strength oral tablet chewable 750 mg	1	
sodium bicarbonate oral tablet 325 mg, 650 mg	1	
stomach relief oral suspension 525 mg/30ml	1	
stomach relief oral tablet 262 mg	1	
stomach relief oral tablet chewable 262 mg	1	
TUMS CHEWY BITES ORAL TABLET CHEWABLE 750 MG (*calcium carbonate antacid*)	3	
TUMS CHEWY BITES ULTRA STR ORAL TABLET CHEWABLE 1000 MG (*calcium carbonate antacid*)	3	
TUMS EXTRA STRENGTH 750 ORAL TABLET CHEWABLE 750 MG (*calcium carbonate antacid*)	3	
TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG (*calcium carbonate antacid*)	3	
TUMS ULTRA STRENGTH ORAL TABLET CHEWABLE 1000 MG (*calcium carbonate antacid*)	3	
ZEGERID OTC ORAL CAPSULE 20-1100 MG (*omeprazole-sodium bicarbonate*)	3	
CHLORIDE CHANNEL ACTIVATORS		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (*lubiprostone*)	3	
lubiprostone oral capsule 24 mcg, 8 mcg	1	
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*)	3	
TRULANCE ORAL TABLET 3 MG (*plecanatide*)	3	
IMMUNOMODULATORY AGENTS (56:44)		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (*vedolizumab*)	3	DSL = 30 days
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML (*mirikizumab-mrkz*)	3	
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML (*mirikizumab-mrkz*)	3	
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML (*mirikizumab-mrkz*)	3	
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mirikizumab-mrkz*)	3	DSL = 30 days
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*mirikizumab-mrkz*)	3	DSL = 30 days
VELSIPITY ORAL TABLET 2 MG (*etrasimod arginine*)	3	DSL = 30 days
OPIOID ANTAGONISTS (56:18)		
alvimopan oral capsule 12 mg	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (*naloxegol oxalate*)	3	
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (*methylnaltrexone bromide*)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML (*methylnaltrexone bromide*)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML (*methylnaltrexone bromide*)	3	DSL = 30 days
SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*)	3	
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (*fosnetupitant-palonosetron*)	3	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (*fosnetupitant-palonosetron*)	3	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (*fosnetupitant-palonosetron*)	3	
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	2	DSL = 30 days
ANZEMET ORAL TABLET 50 MG (*dolasetron mesylate*)	PV	DSL = 30 days
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	PV	
granisetron hcl oral tablet 1 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ondansetron hcl +rfid injection solution 4 mg/2ml	PV	
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	PV	
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	PV	
ondansetron hcl oral solution 4 mg/5ml	PV	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	PV	
ondansetron odt oral tablet dispersible 16 mg, 4 mg, 8 mg	PV	
palonosetron hcl intravenous solution 0.25 mg/2ml, 0.25 mg/5ml	PV	
palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml	PV	
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5ML (*palonosetron hcl*)	PV	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (*granisetron*)	PV	
SUMANSETRON ORAL TABLET THERAPY PACK 50 & 4 MG (*sumatriptan-ondansetron*)	3	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML (*granisetron*)	PV	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
ACTIPHLORA ORAL CAPSULE (*probiotic product*)	3	
anti-diarrheal oral solution 1 mg/7.5ml	1	
anti-diarrheal oral tablet 2 mg	1	
AZO VAGINAL HEALTH PROBIOTIC ORAL CAPSULE (*lactobacillus*)	3	
BACICAP ORAL CAPSULE	3	
BACILLEX ORAL CAPSULE 250 MG (*lactobacillus*)	3	
BILAC ORAL CAPSULE	3	
BIOCORE DAILY ORAL CAPSULE (*probiotic product*)	3	
BIOZEN ORAL CAPSULE	3	
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	
bismuth subsalicylate oral tablet chewable 262 mg	1	
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	
BOLSITOL ORAL CAPSULE (*lactobacillus*)	3	
CULTURELLE ADULT ULT BALANCE ORAL CAPSULE (*lactobacillus-inulin*)	3	
CULTURELLE BLOATING & GAS DEF ORAL CAPSULE (*probiotic product*)	3	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE (*lactobacillus-inulin*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CULTURELLE METABOLISM-WEIGHT ORAL CAPSULE (*probiotic product*)	3	
CULTURELLE ULTIMATE STRENGTH ORAL CAPSULE (*lactobacillus-inulin*)	3	
CULTURELLE WOMENS 4 IN 1 ORAL CAPSULE (*lactobacillus*)	3	
DERMACINRX PROBISOL ORAL CAPSULE (*probiotic product*)	3	
DERMACINRX PROBITRAN ORAL CAPSULE (*probiotic product*)	3	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
ESTROVEN SLIMBIOTICS ORAL CAPSULE (*probiotic product*)	3	
FLORAMAX ORAL TABLET (*lactobacillus*)	3	
FLORASAVE ORAL CAPSULE DELAYED RELEASE	3	
FLORASTART ORAL CAPSULE 250 MG	3	
FLORASTOR ADVANCED ORAL CAPSULE (*probiotic product*)	3	
FLORASTOR DIGEST DE-STRESS ORAL CAPSULE (*probiotic product*)	3	
FLORESTA ORAL CAPSULE	3	
FORTIFY OPTIMA PROBIOTIC ORAL CAPSULE DELAYED RELEASE (*probiotic product*)	3	
FORTIFY OPTIMA WOMENS ADV CARE ORAL CAPSULE DELAYED RELEASE (*probiotic product*)	3	
ft acidophilus probiotic blend oral capsule	1	
ft anti-diarrheal oral solution 1 mg/7.5ml	1	
ft anti-diarrheal oral tablet 2 mg	1	
ft anti-diarrheal/anti-gas oral tablet 2-125 mg	1	
ft probiotic advanced oral capsule	1	
ft probiotic oral capsule 250 mg	1	
ft stomach relief oral suspension 525 mg/30ml	1	
ft stomach relief oral tablet 262 mg	1	
ft stomach relief oral tablet chewable 262 mg	1	
GENORAVANCE ORAL CAPSULE (*probiotic product*)	3	
goodsense anti-diarr/ant-gas oral tablet 2-125 mg	1	
goodsense anti-diarrheal oral solution 1 mg/7.5ml	1	
goodsense stomach relief oral tablet chewable 262 mg	1	
GUTVITE IMMUNE SUPPORT ORAL CAPSULE	3	
IMODIUM A-D ORAL TABLET 2 MG (*loperamide hcl*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMODIUM MULTI-SYMPTOM RELIEF ORAL TABLET 2-125 MG (*loperamide-simethicone*)	3	
KAOPECTATE ORAL TABLET 262 MG (*bismuth subsalicylate*)	3	
LACTEOL DIARRHEASE ORAL CAPSULE (*lactobacillus*)	3	
LACTEROL ORAL CAPSULE (*probiotic product*)	3	
lactobacillus oral tablet ，0.05-0.05 mg	1	
lactobacillus probiotic oral tablet	1	
LACTOVIVE ORAL CAPSULE	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG (*diphenoxylate-atropine*)	3	
loperamide hcl oral capsule 2 mg	1	
loperamide hcl oral solution 1 mg/7.5ml	1	
loperamide hcl oral tablet 2 mg	1	
loperamide-simethicone oral tablet 2-125 mg	1	
LUMIVA ORAL CAPSULE	3	
MICROFLOR ORAL CAPSULE (*probiotic product*)	3	
MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*)	3	
MVW COMPLETE PROBIOTIC ORAL CAPSULE DELAYED RELEASE (*probiotic product*)	3	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (*crofelemer*)	3	
NEWFLORA PROBIOTIC ORAL CAPSULE	3	
NUGUT BOWEL SUPPORT PROBIOTIC ORAL CAPSULE	3	
opium oral tincture 10 mg/ml (1%)	1	
PAXOTIN ORAL CAPSULE (*lactobacillus*)	3	
pink bismuth maximum strength oral suspension 525 mg/15ml	1	
PRIMIDAR ORAL CAPSULE (*probiotic product*)	3	
PROBICHEW ORAL TABLET CHEWABLE	3	
PROBINATE ORAL CAPSULE (*probiotic product*)	3	
PROBIOFLEXX ORAL CAPSULE	3	
PROBIONEXX ORAL CAPSULE	3	
probiotic acidophilus oral capsule	1	
probiotic advanced formula oral capsule	1	
PROBITROL ORAL CAPSULE (*probiotic product*)	3	
PROBIZEN ORAL CAPSULE	3	
PROMELLA IN PREBIOTIC ORAL CAPSULE	3	
PROMEROL ORAL CAPSULE (*probiotic product*)	3	
PRORIVA ORAL CAPSULE	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	3	
quad-probiotic oral capsule	1	
REJUVAFLOR ORAL CAPSULE	3	
RELIBIOTIC ORAL CAPSULE	3	
RESTORA RX ORAL CAPSULE 60-1.25 MG (*lactobacillus casei-folic acid*)	3	
REVITAFLOR ORAL CAPSULE	3	
saccharomyces boulardii oral capsule 250 mg	1	
stomach relief oral suspension 525 mg/30ml	1	
stomach relief oral tablet 262 mg	1	
stomach relief oral tablet chewable 262 mg	1	
SUREBIOTIC PROBIOTIC SUPPORT ORAL CAPSULE	3	
sv probiotic extra strength oral capsule	1	
VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*)	3	DSL = 30 days
VISBIOME GI CARE EX ST ORAL PACKET (*probiotic product*)	3	
WELLPRO 31 ORAL CAPSULE	3	
XERMELO ORAL TABLET 250 MG (*telotristat etiprate*)	3	DSL = 30 days
XYBIOTIC ORAL CAPSULE	3	
ZELAC ORAL CAPSULE	3	
ZENTERA ORAL CAPSULE	3	
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (*olanzapine-samidorphan*)	3	
MARINOL ORAL CAPSULE 2.5 MG (*dronabinol*)	3	
olanzapine intramuscular solution reconstituted 10 mg	PV	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	PV	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	PV	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	PV	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (*promethazine hcl*)	PV	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	PV	
promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml	PV	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
promethazine hcl rectal suppository 12.5 mg, 25 mg	PV	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (*promethazine hcl*)	PV	
scopolamine transdermal patch 72 hour 1 mg/3days	PV	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (*olanzapine-fluoxetine hcl*)	PV	
SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*)	3	DSL = 30 days
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (*olanzapine*)	PV	
ZYPREXA ORAL TABLET 2.5 MG, 20 MG, 5 MG (*olanzapine*)	PV	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (*olanzapine pamoate*)	PV	
ANTIFLATULENTS - Drugs for Gas		
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml	1	
antacid & anti-gas max str oral suspension 800-800-80 mg/10ml	1	
antacid & antigas oral suspension 2400-2400-240 mg/30ml	1	
antacid advanced oral suspension 200-200-20 mg/5ml	1	
antacid maximum strength oral suspension 800-800-80 mg/10ml	1	
antacid oral suspension 400-400-40 mg/10ml	1	
antacid regular strength oral suspension 200-200-20 mg/5ml	1	
antacid/antigas oral suspension 400-400-40 mg/10ml	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	
ft antacid & antigas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	1	
ft anti-diarrheal/anti-gas oral tablet 2-125 mg	1	
ft gas relief extra strength oral capsule 125 mg	1	
ft gas relief extra strength oral tablet chewable 125 mg	1	
ft gas relief infants oral suspension 20 mg/0.3ml	1	
ft gas relief oral tablet chewable 80 mg	1	
ft gas relief ultra strength oral capsule 180 mg	1	
gas relief extra strength oral capsule 125 mg	1	
gas relief infants oral suspension 20 mg/0.3ml	1	
gas relief oral tablet chewable 80 mg	1	
GELUSIL ORAL TABLET CHEWABLE 200-200-25 MG (*alum & mag hydroxide-simeth*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
geri-mox maximum strength oral suspension 400-400-40 mg/5ml	1	
goodsense advanced antacid oral suspension 200-200-20 mg/5ml	1	
goodsense antacid & gas relief oral suspension 400-400-40 mg/10ml, 400-400-40 mg/5ml, 800-800-80 mg/10ml	1	
goodsense anti-diarr/ant-gas oral tablet 2-125 mg	1	
heartland gas relief oral tablet chewable 80 mg	1	
IMODIUM MULTI-SYMPTOM RELIEF ORAL TABLET 2-125 MG (*loperamide-simethicone*)	3	
infants gas relief oral suspension 20 mg/0.3ml	1	
loperamide-simethicone oral tablet 2-125 mg	1	
magnesium-aluminum-simethicone oral suspension 200-200-20 mg/5ml	1	
MYLICON INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML (*simethicone*)	3	
PHAZYME ULTRA STRENGTH ORAL CAPSULE 180 MG (*simethicone*)	3	
simethicone drops infants oral suspension 20 mg/0.3ml	1	
simethicone oral capsule 125 mg	1	
simethicone oral suspension 20 mg/0.3ml	1	
simethicone oral tablet chewable 80 mg	1	
simethicone ultra strength oral capsule 180 mg	1	
TEENY TUMMY GAS RELIEF DROPS ORAL SUSPENSION 20 MG/0.3ML	3	
ANTIHISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
BONINE ORAL TABLET CHEWABLE 25 MG (*meclizine hcl*)	PV	
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (*doxylamine-pyridoxine*)	3	
cvs motion sickness oral tablet 50 mg	PV	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (*doxylamine-pyridoxine*)	3	DSL = 30 days
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	1	DSL = 30 days
ft motion sickness oral tablet 50 mg	PV	
ft motion sickness oral tablet chewable 25 mg	PV	
goodsense motion sickness oral tablet 50 mg	PV	
meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PV	
meclizine hcl oral tablet chewable 25 mg	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
motion sickness relief oral tablet 50 mg	PV	
motion sickness relief oral tablet chewable 25 mg	PV	
prochlorperazine maleate oral tablet 10 mg, 5 mg	PV	
prochlorperazine rectal suppository 25 mg	PV	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (*trimethobenzamide hcl*)	PV	
trimethobenzamide hcl oral capsule 300 mg	PV	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
alosetron hcl oral tablet 0.5 mg, 1 mg	3	DSL = 30 days
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (*mesalamine*)	3	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	3	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	3	
balsalazide disodium oral capsule 750 mg	1	
CANASA RECTAL SUPPOSITORY 1000 MG (*mesalamine*)	2	
COLAZAL ORAL CAPSULE 750 MG (*balsalazide disodium*)	3	
DIPENTUM ORAL CAPSULE 250 MG (*olsalazine sodium*)	3	DSL = 30 days
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (*mesalamine*)	3	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (*alosetron hcl*)	3	DSL = 30 days
mesalamine er oral capsule extended release 24 hour 0.375 gm	1	
mesalamine er oral capsule extended release 500 mg	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	1	
mesalamine rectal enema 4 gm	1	
mesalamine rectal suppository 1000 mg	1	
mesalamine-cleanser rectal kit 4 gm	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (*mesalamine*)	2	
ROWASA RECTAL KIT 4 GM (*mesalamine-cleanser*)	3	
SFROWASA RECTAL ENEMA 4 GM/60ML (*mesalamine*)	3	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	3	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (*amoxicill-rifabutin-omeprazole*)	3	
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
antacid calcium oral tablet chewable 500 mg	1	
antacid calcium rich oral tablet chewable 500 mg	1	
antacid extra strength oral tablet chewable 750 mg	1	
antacid maximum oral tablet chewable 1000 mg	1	
antacid oral tablet chewable 500 mg, 750 mg	1	
antacid ultra strength oral tablet chewable 1000 mg	1	
bismuth subsalicylate oral tablet chewable 262 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
cvs antacid extra strength oral tablet chewable 750 mg	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	3	
ft antacid extra strength oral tablet chewable 750 mg	1	
ft antacid regular strength oral tablet chewable 500 mg	1	
ft stomach relief oral suspension 525 mg/30ml	1	
ft stomach relief oral tablet 262 mg	1	
ft stomach relief oral tablet chewable 262 mg	1	
goodsense antacid extra str oral tablet chewable 750 mg	1	
goodsense antacid oral tablet chewable 500 mg, 750 mg	1	
goodsense stomach relief oral tablet chewable 262 mg	1	
KAOPECTATE ORAL TABLET 262 MG (*bismuth subsalicylate*)	3	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	3	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	PV	
magnesium oxide oral tablet 400 mg, 420 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
pink bismuth maximum strength oral suspension 525 mg/15ml	1	
smooth antacid extra strength oral tablet chewable 750 mg	1	
sodium bicarbonate oral tablet 325 mg, 650 mg	1	
stomach relief oral suspension 525 mg/30ml	1	
stomach relief oral tablet 262 mg	1	
stomach relief oral tablet chewable 262 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	
TUMS CHEWY BITES ORAL TABLET CHEWABLE 750 MG (*calcium carbonate antacid*)	3	
TUMS CHEWY BITES ULTRA STR ORAL TABLET CHEWABLE 1000 MG (*calcium carbonate antacid*)	3	
TUMS EXTRA STRENGTH 750 ORAL TABLET CHEWABLE 750 MG (*calcium carbonate antacid*)	3	
TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG (*calcium carbonate antacid*)	3	
TUMS ULTRA STRENGTH ORAL TABLET CHEWABLE 1000 MG (*calcium carbonate antacid*)	3	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
antacid extra strength oral tablet chewable 160-105 mg	1	
AVEDANA GLYCERIN (ADULT) RECTAL SUPPOSITORY 2 GM (*glycerin (laxative)*)	3	
BENEFIBER ORAL TABLET (*wheat dextrin*)	3	
bisacodyl ec oral tablet delayed release 5 mg	PV	
bisacodyl rectal suppository 10 mg	PV	
BLACK-DRAUGHT LAX-SENNA ORAL TABLET 8.6 MG (*sennosides*)	3	
chocolated laxative oral tablet chewable 15 mg	1	
citroma oral solution 1.745 gm/30ml	PV	
clearlax oral powder 17 gm/scoop	PV	
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (*sod picosulfate-mag ox-cit acd*)	PV	
CULTURELLE ADULT ULT BALANCE ORAL CAPSULE (*lactobacillus-inulin*)	3	
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE (*lactobacillus-inulin*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CULTURELLE ULTIMATE STRENGTH ORAL CAPSULE (*lactobacillus-inulin*)	3	
cvs gentle laxative rectal suppository 10 mg	PV	
docusate mini rectal enema 283 mg/5ml	1	
docusate sodium oral capsule 100 mg	PV	
docusate sodium oral capsule 250 mg	1	
docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml	1	
DOCUZEN ORAL TABLET 8.6-50 MG	3	
dok oral tablet 100 mg	1	
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML (*docusate sodium*)	3	
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG (*sennosides*)	3	
EX-LAX ORAL TABLET CHEWABLE 15 MG (*sennosides*)	3	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG (*bisacodyl*)	PV	
FERIVA 21/7 (WITH DOCUSATE) ORAL TABLET 75-1 MG (*feasp-b12-fa-c-dss-succac-zn*)	3	
FERRALET 90 ORAL TABLET 90-1 MG (*fe cbn-fe gluc-fa-b12-c-dss*)	3	
fiber laxative + calcium oral tablet 625 mg	1	
fiber laxative oral tablet 625 mg	1	
fiber oral powder 28.3 %	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	
FLEET LAXATIVE MINERAL OIL ORAL OIL (*mineral oil*)	3	
FLEET STIMULANT ORAL TABLET DELAYED RELEASE 5 MG (*bisacodyl*)	PV	
FLEET STOOL SOFTENER ORAL CAPSULE 100 MG (*docusate sodium*)	PV	
FRESKARO MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML (*magnesium citrate*)	PV	
ft clearlax oral powder 17 gm/scoop	PV	
ft enema mineral oil rectal enema	1	
ft enema rectal enema 7-19 gm/118ml	PV	
ft fiber laxative oral tablet 625 mg	1	
ft fiber oral powder 43 %	1	
ft gentle laxative rectal suppository 10 mg	PV	
ft laxative oral tablet delayed release 5 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft magnesium citrate oral solution 1.745 gm/30ml	PV	
ft milk of magnesia oral suspension 1200 mg/15ml	1	
ft mineral oil oral oil	1	
ft senna laxative oral tablet 8.6 mg	1	
ft senna laxatives oral tablet 8.6 mg	1	
ft senna-s oral tablet 8.6-50 mg	1	
ft stool softener oral capsule 100 mg	PV	
ft stool softener oral capsule 250 mg	1	
ft stool softener oral tablet 100 mg, 50-8.6 mg	1	
gavilax oral powder 17 gm/scoop	PV	
gavilyte-c oral solution reconstituted 240 gm	PV	
gavilyte-g oral solution reconstituted 236 gm	PV	
gavilyte-n with flavor pack oral solution reconstituted 420 gm	PV	
gentle laxative oral suspension 1200 mg/15ml	1	
gentle laxative oral tablet delayed release 5 mg	PV	
gentle laxative rectal suppository 10 mg	PV	
geri-kot oral tablet 8.6 mg	1	
glycerin (adult) rectal suppository 2 gm	1	
glycerin adult rectal suppository 2 gm	1	
glycerin childrens rectal suppository 1.2 gm	1	
glycolax oral powder 17 gm/scoop	PV	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	PV	
goodsense enema rectal enema 7-19 gm/118ml	PV	
goodsense fiber laxative oral tablet 625 mg	1	
goodsense milk of magnesia oral suspension 1200 mg/15ml	1	
goodsense senna laxative oral tablet 8.6 mg	1	
goodsense stimulant lax plus oral tablet 8.6-50 mg	1	
goodsense stool softener oral capsule 100 mg	PV	
heartburn relief ex st oral suspension 254-237.5 mg/5ml	1	
laxative max str oral tablet 25 mg	1	
laxative regular strength oral tablet 15 mg	1	
magnesium citrate oral solution 1.745 gm/30ml	PV	
METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 % (*psyllium*)	3	
milk of magnesia concentrate oral suspension 2400 mg/10ml	1	
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mineral oil heavy oral oil	1	
mineral oil lubricant laxative oral oil	1	
MIRALAX ORAL POWDER 17 GM/SCOOP (*polyethylene glycol 3350*)	PV	
mm clearlax oral powder 17 gm/scoop	PV	
mm stool softener laxative oral capsule 100 mg	PV	
mm stool softener oral capsule 100 mg	PV	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (*peg-kcl-nacl-nasulf-na asc-c*)	PV	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	PV	
natural senna laxative oral tablet 8.6 mg	1	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML (*magnesium citrate*)	PV	
ONELAX RECTAL SUPPOSITORY 10 MG (*bisacodyl*)	PV	
ONELAX SENNA ORAL SYRUP 8.8 MG/5ML (*sennosides*)	3	
peg 3350 oral powder 17 gm/scoop	PV	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	PV	
peg-3350/electrolytes oral solution reconstituted 236 gm	PV	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	PV	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	PV	
PEG-PREP ORAL KIT 5-210 MG-GM (*bisacodyl-peg-kcl-nabicar-nacl*)	PV	
PERDIEM OVERNIGHT RELIEF ORAL TABLET 15 MG (*sennosides*)	3	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*)	PV	
polyethylene glycol 3350 oral powder 17 gm/scoop	PV	
PROBICHEW ORAL TABLET CHEWABLE	3	
PROCTOZONE-B RECTAL SUPPOSITORY 10 MG (*bisacodyl*)	PV	
PROLAXA ORAL CAPSULE 250 MG (*docusate sodium*)	3	
reguloid oral powder 43 %	1	
senexon-s oral tablet 8.6-50 mg	1	
senna oral liquid 8.8 mg/5ml	1	
senna oral syrup 8.8 mg/5ml	1	
senna oral tablet 8.6 mg	1	
senna plus oral tablet 8.6-50 mg	1	
senna s oral tablet 8.6-50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
senna smooth oral tablet 15 mg	1	
senna-docusate sodium oral tablet 8.6-50 mg	1	
senna-lax oral tablet 8.6 mg	1	
senna-plus oral tablet 8.6-50 mg	1	
sennosides oral tablet 8.6 mg	1	
sennosides-docusate sodium oral tablet 8.6-50 mg	1	
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG (*sennosides*)	3	
SENOKOT ORAL TABLET 8.6 MG (*sennosides*)	3	
SENOKOT S ORAL TABLET 8.6-50 MG (*sennosides-docusate sodium*)	3	
smooth lax oral powder 17 gm/scoop	PV	
stimulant laxative oral tablet 8.6-50 mg	1	
stool softener laxative oral capsule 100 mg	PV	
stool softener oral capsule 100 mg	PV	
stool softener oral capsule 250 mg	1	
stool softener plus laxative oral tablet 8.6-50 mg	1	
stool softener/laxative oral tablet 50-8.6 mg	1	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (*peg 3350-kcl-nacl-nasulf-mgsul*)	PV	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (*na sulfate-k sulfate-mg sulf*)	PV	
SUTAB ORAL TABLET 1479-225-188 MG (*sodium sulfate-mag sulfate-kcl*)	PV	
true laxative oral powder 17 gm/scoop	PV	
vegetable lax+stool softener oral tablet 8.6-50 mg	1	
wal-mucil oral powder 43 %	1	
WE CARE ENEMA RECTAL ENEMA 7-19 GM/118ML (*sodium phosphates*)	PV	
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (*odevixibat*)	3	DSL = 30 days
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (*odevixibat*)	3	DSL = 30 days
CHENODAL ORAL TABLET 250 MG (*chenodiol*)	3	DSL = 30 days
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (*cholic acid*)	3	DSL = 30 days
CTEXLI ORAL TABLET 250 MG (*chenodiol (basds)*)	3	DSL = 30 days
IQIRVO ORAL TABLET 80 MG (*elafibranor*)	3	
LIVDELZI ORAL CAPSULE 10 MG (*seladelpar lysine*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIVMARLI ORAL SOLUTION 19 MG/ML (*maralixibat chloride*)	3	
LIVMARLI ORAL SOLUTION 9.5 MG/ML (*maralixibat chloride*)	3	DSL = 30 days
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (*maralixibat chloride*)	3	DSL = 30 days
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	3	DSL = 30 days
RELTONE ORAL CAPSULE 200 MG, 400 MG (*ursodiol*)	3	DSL = 30 days
URSO FORTE ORAL TABLET 500 MG (*ursodiol*)	2	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	DSL = 30 days
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML (*ursodiol*)	3	
DIGESTANTS - Drugs for the Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	2	
dairy relief oral tablet 3000 unit, 9000 unit	1	
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	3	DSL = 30 days
lactase enzyme oral tablet 3000 unit, 9000 unit	1	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (*pancrelipase (lip-prot-amyl)*)	3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (*pancrelipase (lip-prot-amyl)*)	3	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (*pancrelipase (lip-prot-amyl)*)	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (*pancrelipase (lip-prot-amyl)*)	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT (*pancrelipase (lip-prot-amyl)*)	3	
DOPAMINE RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
promethazine hcl rectal suppository 12.5 mg, 25 mg	PV	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (*promethazine hcl*)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AACF (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AACF(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AACF(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	3	
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	
ADALIMUMAB-FKJP (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-RYVK (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-RYVK (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	2	DSL = 30 days
alvimopan oral capsule 12 mg	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (*lubiprostone*)	3	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab-atto*)	2	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-atto*)	2	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (*adalimumab-atto*)	2	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML (*adalimumab-atto*)	2	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	3	DSL = 30 days
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (*odevixibat*)	3	DSL = 30 days
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (*odevixibat*)	3	DSL = 30 days
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (*cholic acid*)	3	DSL = 30 days
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	3	DSL = 30 days
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	3	DSL = 30 days
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	3	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	3	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-adbm*)	3	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*)	3	
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (*vedolizumab*)	3	DSL = 30 days
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	3	DSL = 30 days
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	3	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-fkjp*)	3	DSL = 30 days
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-fkjp*)	3	DSL = 30 days
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
IBSRELA ORAL TABLET 50 MG (*tenapanor hcl*)	3	DSL = 30 days
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	
IQIRVO ORAL TABLET 80 MG (*elafibranor*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*)	3	
LIVMARLI ORAL SOLUTION 9.5 MG/ML (*maralixibat chloride*)	3	DSL = 30 days
lubiprostone oral capsule 24 mcg, 8 mcg	1	
MARINOL ORAL CAPSULE 2.5 MG (*dronabinol*)	3	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (*prucalopride succinate*)	3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (*naloxegol oxalate*)	3	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (*octreotide acetate*)	3	DSL = 30 days
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	3	DSL = 30 days
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	
octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg	1	DSL = 30 days
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML (*mirikizumab-mrkz*)	3	
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mirikizumab-mrkz*)	3	DSL = 30 days
ORLISTAT ORAL CAPSULE 120 MG	3	
prucalopride succinate oral tablet 1 mg, 2 mg	1	
REBYOTA RECTAL SUSPENSION 150 ML (*fecal microbiota, live-jslm*)	3	
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (*methylnaltrexone bromide*)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML (*methylnaltrexone bromide*)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML (*methylnaltrexone bromide*)	3	DSL = 30 days
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	3	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	3	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (*octreotide acetate*)	3	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (*octreotide acetate*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	3	DSL = 30 days
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	3	DSL = 30 days
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-ryvk*)	2	DSL = 30 days
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*)	3	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	3	DSL = 30 days
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	3	DSL = 30 days
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (*risankizumab-rzaa*)	3	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (*risankizumab-rzaa*)	3	DSL = 30 days
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (*risankizumab-rzaa*)	3	
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab*)	3	
SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*)	3	
SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*)	3	DSL = 30 days
TRULANCE ORAL TABLET 3 MG (*plecanatide*)	3	
USTEKINUMAB INTRAVENOUS SOLUTION 130 MG/26ML	3	
VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*)	3	DSL = 30 days
VOWST ORAL CAPSULE (*fecal microb spores, live-brpk*)	3	DSL = 30 days
XENICAL ORAL CAPSULE 120 MG (*orlistat*)	3	
XPHOZAH ORAL TABLET 30 MG (*tenapanor hcl (ckd)*)	3	DSL = 30 days
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (*adalimumab-aaty*)	3	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-aaty*)	3	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-aqvh*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	3	DSL = 30 days
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
acid controller oral tablet 10 mg	PV	
acid reducer oral tablet 10 mg	PV	
cimetidine hcl oral solution 300 mg/5ml	PV	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	PV	
famotidine (pf) intravenous solution 20 mg/2ml	PV	
famotidine oral suspension reconstituted 40 mg/5ml	PV	
famotidine oral tablet 10 mg, 20 mg, 40 mg	PV	
famotidine orig st oral tablet 10 mg	PV	
ft acid reducer oral tablet 10 mg	PV	
ibuprofen-famotidine oral tablet 800-26.6 mg	1	
nizatidine oral capsule 150 mg, 300 mg	PV	
PEPCID AC ORAL TABLET 10 MG (*famotidine*)	PV	
PEPCID ORAL TABLET 20 MG, 40 MG (*famotidine*)	PV	
TAGAMET HB 200 ORAL TABLET 200 MG (*cimetidine*)	PV	
LIPOTROPIC AGENTS - Drugs for the Stomach		
flavovit ear health oral tablet	1	
ft niacin flush free oral capsule 400-100 mg	1	
niacin flush free oral capsule 400-100 mg	1	
scopolamine transdermal patch 72 hour 1 mg/3days	PV	
soya lecithin oral capsule 1200 mg	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (*fosnetupitant-palonosetron*)	3	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (*fosnetupitant-palonosetron*)	3	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (*fosnetupitant-palonosetron*)	3	
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	2	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML (*aprepitant*)	PV	DSL = 30 days
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	PV	DSL = 30 days
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML (*aprepitant*)	PV	DSL = 30 days
EMEND BIPACK ORAL CAPSULE 80 MG (*aprepitant*)	PV	DSL = 30 days
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (*fosaprepitant dimeglumine*)	PV	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (*aprepitant*)	PV	DSL = 30 days
EMEND TRIPACK ORAL CAPSULE 80 & 125 MG (*aprepitant*)	PV	DSL = 30 days
fosaprepitant dimeglumine intravenous solution reconstituted 150 mg	PV	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (*rolapitant hcl*)	PV	
POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (*amoxicillin-vonoprazan*)	3	
VOQUEZNA ORAL TABLET 10 MG, 20 MG (*vonoprazan fumarate*)	3	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (*amoxicill-clarithro-vonoprazan*)	3	
PROKINETIC AGENTS - Drugs for the Stomach		
GIMOTI NASAL SOLUTION 15 MG/ACT (*metoclopramide hcl*)	PV	DSL = 30 days
metoclopramide hcl oral solution 5 mg/5ml	PV	
metoclopramide hcl oral tablet 10 mg, 5 mg	PV	
metoclopramide hcl oral tablet dispersible 5 mg	PV	
REGLAN ORAL TABLET 10 MG, 5 MG (*metoclopramide hcl*)	PV	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (*diclofenac-misoprostol*)	3	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (*misoprostol*)	PV	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	1	
misoprostol oral tablet 100 mcg, 200 mcg	PV	
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
CARAFATE ORAL TABLET 1 GM (*sucralfate*)	PV	
sucralfate oral suspension 1 gm/10ml	PV	
sucralfate oral tablet 1 gm	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
acid reducer oral tablet delayed release 20 mg	PV	
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (*rabeprazole sodium*)	3	
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (*dexlansoprazole*)	3	
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	1	
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	PV	
esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg	PV	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (*lansoprazole*)	PV	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (*omeprazole*)	PV	
ft acid reducer oral capsule delayed release 15 mg	PV	
ft omeprazole oral tablet delayed release 20 mg	PV	
goodsense lansoprazole oral capsule delayed release 15 mg	PV	
goodsense lansoprazole oral tablet delayed release dispersible 15 mg	PV	
goodsense omep/sod bicarb oral capsule 20-1100 mg	1	
KONVOMEP ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (*omeprazole-sodium bicarbonate*)	3	
lansoprazole oral capsule delayed release 15 mg, 30 mg	PV	
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	PV	
naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG (*esomeprazole magnesium*)	PV	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (*esomeprazole magnesium*)	PV	
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	3	
omeprazole magnesium oral tablet delayed release 20 mg	PV	
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	PV	
omeprazole oral tablet delayed release 20 mg	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	1	
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	1	
pantoprazole sodium oral packet 40 mg	PV	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	PV	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (*lansoprazole*)	PV	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (*lansoprazole*)	PV	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (*lansoprazole*)	PV	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% (*diclofenac-omeprazole-capsicum*)	3	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*)	PV	
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	PV	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (*pantoprazole sodium*)	PV	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 10 MG	3	
rabeprazole sodium oral tablet delayed release 20 mg	1	
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG (*naproxen-esomeprazole*)	3	
VOQUEZNA ORAL TABLET 10 MG, 20 MG (*vonoprazan fumarate*)	3	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (*aspirin-omeprazole*)	3	
ZEGERID OTC ORAL CAPSULE 20-1100 MG (*omeprazole-sodium bicarbonate*)	3	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	3	
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (*succimer*)	3	
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	3	
CUVRIOR ORAL TABLET 300 MG (*trientine tetrahydrochloride*)	3	DSL = 30 days
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	3	
deferasirox oral packet 180 mg, 360 mg, 90 mg	3	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	3	
deferiprone oral tablet 1000 mg	1	
deferiprone oral tablet 500 mg	3	DSL = 30 days
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	1	
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	3	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (*deferoxamine mesylate*)	3	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (*deferasirox*)	3	DSL = 30 days
FERRIPROX ORAL SOLUTION 100 MG/ML (*deferiprone*)	3	DSL = 30 days
FERRIPROX ORAL TABLET 1000 MG (*deferiprone*)	3	
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (*deferiprone*)	3	DSL = 30 days
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (*deferasirox*)	3	DSL = 30 days
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (*deferasirox*)	3	DSL = 30 days
penicillamine oral capsule 250 mg	3	
penicillamine oral tablet 250 mg	3	
SYPRINE ORAL CAPSULE 250 MG (*trientine hcl*)	3	DSL = 30 days
trientine hcl oral capsule 250 mg, 500 mg	1	DSL = 30 days
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR AGONISTS		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*)	3	DSL = 30 days
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (*afamelanotide acetate*)	3	DSL = 30 days
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (*bremelanotide acetate*)	3	DSL = 30 days
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ACIOXIA EXTERNAL GEL 0.5-0.1 %	3	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (*fluticasone-salmeterol*)	3	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	3	
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 % (*hydrocortisone*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AGAMREE ORAL SUSPENSION 40 MG/ML (*vamorolone*)	3	DSL = 30 days
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
ALA SCALP EXTERNAL LOTION 2 % (*hydrocortisone*)	3	
ala-cort external cream 1 %	1	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (*hydrocortisone*)	3	DSL = 30 days
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*)	2	
ANALPRAM HC EXTERNAL CREAM 1-1 % (*hydrocortisone ace-pramoxine*)	3	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (*hydrocortisone ace-pramoxine*)	1	
ANALPRAM HC EXTERNAL LOTION 2.5-1 % (*hydrocortisone ace-pramoxine*)	2	
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	3	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	1	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*)	3	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	2	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	2	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (*mometasone furoate*)	2	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (*mometasone furoate*)	2	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT (*mometasone furoate*)	2	DSL = 30 days
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT (*mometasone furoate*)	PV	DSL = 30 days
BETA 1 KIT INJECTION KIT 30 MG/5ML	3	
BETALOAN SUIK COMBINATION KIT 30 MG/5ML (*betameth sod phos-ace & anesth*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETAMETHASONE COMBO INJECTION SUSPENSION 6 (3-3) MG/ML	1	
BETAMETHASONE COMBO INJECTION SUSPENSION 7 (4-3) MG/ML	3	
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	1	
betamethasone dipropionate aug external ointment 0.05 %	1	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	1	
BETAMETHASONE SOD PHOS & ACET INJECTION SUSPENSION 7 (4-3) MG/ML	3	
BETAMETHASONE SOD PHOS & ACET SUSPENSION 6 (3-3) MG/ML INJECTION	1	
betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection	1	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external foam 0.12 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
BLT-25 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (*triamcinolone & bupiv & lido*)	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (*fluticasone furoate-vilanterol*)	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	3	
breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	1	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	3	
budesonide er oral tablet extended release 24 hour 9 mg	3	DSL = 30 days
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	1	DSL = 30 days
budesonide oral capsule delayed release particles 3 mg	1	
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	1	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 (3-3) MG/ML (*betamethasone sod phos & acet*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (*hydrocortisone*)	3	
CORTENEMA RECTAL ENEMA 100 MG/60ML (*hydrocortisone*)	3	
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	3	
CORTISONE ACETATE ORAL TABLET 25 MG	3	
deflazacort oral suspension 22.75 mg/ml	1	DSL = 30 days
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	1	DSL = 30 days
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML (*methylprednisolone acetate*)	PV	
dexameth sod phos (pf) +rfid injection solution prefilled syringe 10 mg/ml	1	
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	1	
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	1	
dexamethasone sod phos (pf) injection solution prefilled syringe 10 mg/ml	1	
dexamethasone sod phos +rfid injection solution prefilled syringe 4 mg/ml	1	
dexamethasone sod phosphate pf injection solution 10 mg/ml	1	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	1	
dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	1	
dexamethasone sodium phosphate solution 10 mg/ml injection	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	3	
dexamethasone sodium phosphate solution 4 mg/ml injection	1	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (*dexamethasone sodium phosphate*)	3	
DIPROLENE EXTERNAL OINTMENT 0.05 % (*betamethasone dipropionate aug*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DMT SUIK COMBINATION KIT 10 MG/ML (*dexameth sod phos & anesthetic*)	3	
DOUBLEDEX INJECTION KIT 10 MG/ML (*dexamethasone sodium phosphate*)	3	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	3	
DYURAL 80-LM INJECTION KIT 80 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
DYURAL-40 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
DYURAL-80 INJECTION KIT 80 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
DYURAL-L INJECTION KIT 40 & 1 MG/ML-% (*methylprednisolone ace-lido*)	3	
DYURAL-LM INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (*deflazacort*)	3	DSL = 30 days
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (*deflazacort*)	3	DSL = 30 days
EOHILIA ORAL SUSPENSION 2 MG/10ML (*budesonide*)	3	DSL = 30 days
fludrocortisone acetate oral tablet 0.1 mg	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
FLUTICASONE FUROATE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	3	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	
fluticasone propionate nasal suspension 50 mcg/act	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	
ft itch relief max strength external cream 1 %	1	
ft itch relief/aloe max str external cream 1 %	1	
HEMADY ORAL TABLET 20 MG (*dexamethasone*)	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	1	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	3	
HEMTARA EXTERNAL SOLUTION 0.05-5 %	3	
HEMTARA HP EXTERNAL SOLUTION 0.05-7 %	3	
HEXATRIONE INTRA-ARTICULAR SUSPENSION 20 MG/ML (*triamcinolone hexacetonide*)	2	
HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) (*dexamethasone*)	3	
hydrocortisone (perianal) external cream 1 %, 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate external cream 1 %	1	
HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5 %	3	
hydrocortisone acetate external ointment 1 %	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
hydrocortisone anti-itch external cream 1 %	1	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external lotion 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
HYDROCORTISONE COMPLETE KIT EXTERNAL THERAPY PACK 2 %	3	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
HYDROCORTISONE EXTERNAL SOLUTION 2.5 %	3	
hydrocortisone max st external cream 1 %	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 0.2 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone valerate external ointment 0.2 %	1	
hydrocortisone/aloe max str external cream 1 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
HYDROXATE EXTERNAL GEL 2 % (*hydrocortisone*)	3	
HYDROXYM EXTERNAL CREAM 2 % (*hydrocortisone*)	3	
HYDROXYM EXTERNAL GEL 2 % (*hydrocortisone*)	3	
INTRAROSA VAGINAL INSERT 6.5 MG (*prasterone*)	3	
IONTOSONE 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (*dexamethasone sodium phosphate*)	3	
ISTURISA ORAL TABLET 1 MG, 5 MG (*osilodrostat phosphate*)	3	DSL = 30 days
jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg	3	DSL = 30 days
KENALOG-10 INJECTION SUSPENSION 10 MG/ML (*triamcinolone acetonide*)	3	
KENALOG-40 INJECTION SUSPENSION 40 MG/ML (*triamcinolone acetonide*)	2	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (*triamcinolone acetonide*)	3	
KHINDIVI ORAL SOLUTION 1 MG/ML (*hydrocortisone*)	3	
MAS CARE-PAK INJECTION KIT 10 MG/ML (*dexamethasone sodium phosphate*)	3	
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 % (*hydrocortisone*)	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG (*methylprednisolone*)	PV	
MEDROL ORAL TABLET THERAPY PACK 4 MG (*methylprednisolone*)	PV	
MEDROLOAN II SUIK COMBINATION KIT 40 MG/ML (*methylprednisolone & anesth*)	3	
MEDROLOAN SUIK COMBINATION KIT 40 MG/ML (*methylprednisolone & anesth*)	3	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	PV	
methylprednisolone acetate suspension 40 mg/ml injection	PV	
METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION	PV	
methylprednisolone acetate suspension 80 mg/ml injection	PV	
METHYLPREDNISOLONE ACETATE SUSPENSION 80 MG/ML INJECTION	PV	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methylprednisolone oral tablet therapy pack 4 mg	PV	
MICORT HC EXTERNAL CREAM 2.5 % (*hydrocortisone acetate*)	3	
MLK F1 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F2 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F3 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F4 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-% (*triamcinolone & bupiv & lido*)	3	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
mometasone furoate nasal suspension 50 mcg/act	1	
MULTI-SPECIALTY INJECTION KIT 40 & 1 MG/ML-%	3	
NUCORT EXTERNAL LOTION 2 % (*hydrocortisone acetate*)	3	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (*prednisolone sodium phosphate*)	3	
OXOPID EXTERNAL SOLUTION 0.05-5 %	3	
OXOPOD EXTERNAL SOLUTION 0.05-7 %	3	
P-CARE K40 INJECTION KIT 40 MG/ML	3	
P-CARE K40G COMBINATION KIT 40 MG/ML	3	
P-CARE K40MX INJECTION KIT 40 & 0.5 & 1 MG/ML-%-%	3	
P-CARE K80 INJECTION KIT 2 X 40 MG/ML	3	
P-CARE K80G COMBINATION KIT 40 MG/ML	3	
P-CARE K80MX INJECTION KIT 40 & 0.5 & 1 MG/ML-%-%	3	
PEDIAPRED ORAL SOLUTION 5 MG/5ML (*prednisolone sodium phosphate*)	3	
PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40-1 MG/ML-%	3	
PHYSICIANS EZ USE M-PRED INJECTION KIT 40-0.5 MG/ML-%	3	
POD-CARE 100K INJECTION KIT 40 MG/ML	3	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (*prednisolone acetate*)	PV	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	2	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
prednisolone acetate ophthalmic suspension 1 %	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREDNISOLONE ACETATE P-F OPHTHALMIC SUSPENSION 1 %	PV	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.1 %	3	
PREDNISOLONE ACET-MOXIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
prednisolone oral solution 15 mg/5ml	1	
prednisolone oral tablet 5 mg	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
PREDNISOLONE-BROMFENAC OPHTHALMIC SOLUTION 1-0.075 %	3	
PREDNISOLONE-BROMFENAC OPHTHALMIC SUSPENSION 1-0.075 %	3	
PREDNISOLONE-GATIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION 1-0.5 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-0.5 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
prednisone intensol oral concentrate 5 mg/ml	PV	
prednisone oral solution 5 mg/5ml	PV	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	PV	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	PV	
PREPARATION H EXTERNAL CREAM 1 % (*hydrocortisone*)	3	
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM 1 % (*hydrocortisone*)	3	
PRO-C-DURE 5 INJECTION KIT 2 X 40 MG/ML (*triamcinolone acetonide*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRO-C-DURE 6 INJECTION KIT 3 X 40 MG/ML (*triamcinolone acetonide*)	3	
PROCORT EXTERNAL CREAM 1.85-1.15 % (*hydrocortisone ace-pramoxine*)	3	
PROCTOCORT EXTERNAL CREAM 1 % (*hydrocortisone*)	3	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	1	
procto-med hc external cream 2.5 %	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	3	
PROCTOZONE-HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	3	
PROPEL CONTOUR NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL MINI NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL MINI SDS NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (*budesonide*)	3	
PULMICORT SUSPENSION INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (*budesonide*)	3	DSL = 30 days
pyquvi oral suspension 22.75 mg/ml	1	DSL = 30 days
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	3	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*)	3	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (*prednisone*)	PV	
RECORLEV ORAL TABLET 150 MG (*levoketoconazole*)	3	DSL = 30 days
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3	
SERNIVO EXTERNAL EMULSION 0.05 % (*betamethasone dipropionate*)	3	
SINUVA NASAL IMPLANT 1350 MCG (*mometasone furoate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG (*hydrocortisone sod succinate*)	3	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	3	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21) (*dexamethasone*)	3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	3	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (*budesonide*)	3	DSL = 30 days
TELIORA EXTERNAL GEL 0.1-0.5 %	3	
TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*)	3	
TOPIDEX INJECTION KIT 10 MG/ML	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	1	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide injection suspension 10 mg/ml	1	
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 50 MG/ML, 80 MG/ML	3	
triamcinolone acetonide suspension 40 mg/ml injection	1	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	2	
triamcinolone in absorbase external ointment 0.05 %	1	
TRIAMVEX (CREAM) EXTERNAL KIT 0.1 % (*triamcinolone-gauze-silic tape*)	3	
triderm external cream 0.5 %	1	
TRILOAN II SUIK COMBINATION KIT 40 MG/ML (*triamcinolone acet & anesth*)	3	
TRILOAN SUIK COMBINATION KIT 40 MG/ML (*triamcinolone acet & anesth*)	3	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*olezarsen sodium*)	3	DSL = 30 days
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (*budesonide*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	3	
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER 32 MG (*triamcinolone acetonide*)	3	
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	PV	
miglitol oral tablet 100 mg, 25 mg, 50 mg	PV	
ANDROGENS - Hormones		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (*testosterone*)	3	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (*testosterone undecanoate*)	3	
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML (*testosterone cypionate*)	3	
COVARYX HS ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	1	
COVARYX ORAL TABLET 1.25-2.5 MG (*est estrogens-methyltest*)	1	
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (*testosterone cypionate*)	2	
EC-RX TESTOSTERONE TRANSDERMAL CREAM 0.2 %, 0.4 %, 10 %, 20 %	3	
EEMT HS ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	1	
EEMT ORAL TABLET 1.25-2.5 MG (*est estrogens-methyltest*)	1	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	1	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (*testosterone undecanoate*)	3	DSL = 30 days
KYZATREX ORAL CAPSULE 150 MG, 200 MG (*testosterone undecanoate*)	3	
METHITEST ORAL TABLET 10 MG	2	
methyltestosterone oral capsule 10 mg	1	
NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	3	
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML (*testosterone cypionate*)	3	
TESTOPEL IMPLANT PELLET 75 MG (*testosterone*)	3	
TESTOSTERONE CYPIONATE INJECTION SOLUTION 200 MG/ML	3	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	
testosterone enanthate intramuscular solution 200 mg/ml	1	
TESTOSTERONE IMPLANT PELLET 100 MG, 200 MG, 25 MG, 50 MG	3	
TESTOSTERONE IMPLANT PELLET 37.5 MG, 87.5 MG	3	
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	
testosterone transdermal solution 30 mg/act	1	
TLANDO ORAL CAPSULE 112.5 MG (*testosterone undecanoate*)	3	
UNDECATREX ORAL CAPSULE 200 MG (*testosterone undecanoate*)	3	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (*testosterone*)	2	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	3	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (*testosterone enanthate*)	3	
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
colesevelam hcl oral packet 3.75 gm	1	
colesevelam hcl oral tablet 625 mg	1	
CYCLOSET ORAL TABLET 0.8 MG (*bromocriptine mesylate*)	3	
KORLYM ORAL TABLET 300 MG (*mifepristone*)	3	DSL = 30 days
mifepristone oral tablet 300 mg	1	DSL = 30 days
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML (*teplizumab-mzwv*)	3	
WELCHOL ORAL PACKET 3.75 GM (*colesevelam hcl*)	3	
WELCHOL ORAL TABLET 625 MG (*colesevelam hcl*)	3	
ANTIESTROGENS - Drugs for Women		
anastrozole oral tablet 1 mg	PV	OC

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARIMIDEX ORAL TABLET 1 MG (*anastrozole*)	PV	OC
AROMASIN ORAL TABLET 25 MG (*exemestane*)	PV	OC
exemestane oral tablet 25 mg	PV	OC
FEMARA ORAL TABLET 2.5 MG (*letrozole*)	PV	OC
letrozole oral tablet 2.5 mg	PV	OC
ANTIGONADTROPINS - Hormones		
aftera oral tablet 1.5 mg	PV	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (*testosterone*)	3	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (*testosterone undecanoate*)	3	
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML (*testosterone cypionate*)	3	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (*cetrorelix acetate*)	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (*testosterone cypionate*)	2	
econtra one-step oral tablet 1.5 mg	PV	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	3	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	3	
FYREMADEL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (*ganirelix acetate*)	3	
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	1	
her style oral tablet 1.5 mg	PV	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (*testosterone undecanoate*)	3	DSL = 30 days
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (*levonorgestrel*)	PV	
KYZATREX ORAL CAPSULE 150 MG, 200 MG (*testosterone undecanoate*)	3	
levonorgestrel oral tablet 1.5 mg	PV	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (*levonorgestrel*)	PV	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (*levonorgestrel*)	PV	
my choice oral tablet 1.5 mg	PV	
my way oral tablet 1.5 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	3	DSL = 30 days
NATESTO NASAL GEL 5.5 MG/ACT (*testosterone*)	3	
new day oral tablet 1.5 mg	PV	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (*etonogestrel*)	PV	
opcicon one-step oral tablet 1.5 mg	PV	
option 2 oral tablet 1.5 mg	PV	
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	3	DSL = 30 days
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	3	DSL = 30 days
ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*)	3	DSL = 30 days
PLAN B ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	PV	
react oral tablet 1.5 mg	PV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (*levonorgestrel*)	PV	
SLYND ORAL TABLET 4 MG (*drospirenone*)	PV	
take action oral tablet 1.5 mg	PV	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	3	
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML (*testosterone cypionate*)	3	
TESTOPEL IMPLANT PELLET 75 MG (*testosterone*)	3	
TESTOSTERONE CYPIONATE INJECTION SOLUTION 200 MG/ML	3	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	
testosterone enanthate intramuscular solution 200 mg/ml	1	
TESTOSTERONE IMPLANT PELLET 100 MG, 200 MG, 25 MG, 50 MG	3	
TESTOSTERONE IMPLANT PELLET 37.5 MG, 87.5 MG	3	
testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	
testosterone transdermal solution 30 mg/act	1	
TLANDO ORAL CAPSULE 112.5 MG (*testosterone undecanoate*)	3	
UNDECATREX ORAL CAPSULE 200 MG (*testosterone undecanoate*)	3	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (*testosterone*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	3	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (*testosterone enanthate*)	3	
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
diazoxide oral suspension 50 mg/ml	3	
ft glucose oral tablet chewable 4 gm	1	
GLUCO TO GO 15 ORAL GEL 40 % (*dextrose (diabetic use)*)	3	
GLUCO TO GO ORAL TABLET CHEWABLE 4 GM (*dextrose (diabetic use)*)	3	
glucose gummies oral tablet chewable 2 gm	1	
GLUTOSE 5 ORAL GEL 40 % (*dextrose (diabetic use)*)	3	
INSTA-GLUCOSE ORAL GEL 77.4 % (*dextrose (diabetic use)*)	3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (*diazoxide*)	3	
ANTIPARATHYROID AGENTS - Drugs for Bones		
calcitonin (salmon) injection solution 200 unit/ml	1	DSL = 30 days
calcitonin (salmon) nasal solution 200 unit/act	1	
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	3	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (*calcitonin (salmon)*)	3	DSL = 30 days
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (*etelcalcetide hcl*)	3	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (*cinacalcet hcl*)	3	
ANTITHYROID AGENTS - Drugs for the Thyroid		
iodine strong oral solution 5 %	1	
IOSAT ORAL TABLET 130 MG, 65 MG (*potassium iodide (antidote)*)	3	
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
SODIUM IODIDE I-131 ORAL SOLUTION 1000 MCI/ML	3	
BIGUANIDES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (*pioglitazone hcl-metformin hcl*)	PV	
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	3	
DAPAGLIFLOZIN PRO-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	PV	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	PV	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	3	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	3	
JANUMET ORAL TABLET 50-1000 MG (*sitagliptin phos-metformin hcl*)	3	
JANUMET ORAL TABLET 50-500 MG (*sitagliptin phos-metformin hcl*)	PV	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin phos-metformin hcl*)	3	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (*linagliptin-metformin hcl*)	3	
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	PV	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	PV	
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	PV	
metformin hcl oral solution 500 mg/5ml	PV	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	PV	
metformin hcl oral tablet 625 mg	1	
metformin hcl oral tablet 750 mg	1	DSL = 30 days
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	PV	
RIOMET ORAL SOLUTION 500 MG/5ML (*metformin hcl*)	PV	
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg	1	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (*ertugliflozin-metformin hcl*)	3	
SITAGLIPT BASE-METFORM HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	
SITAGLIPTIN BASE-METFORMIN HCL ORAL TABLET 50-1000 MG, 50-500 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	3	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG (*dapagliflozin prop-metformin*)	3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 2.5-1000 MG, 5-500 MG (*dapagliflozin prop-metformin*)	3	
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin base-metformin hcl*)	3	
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin base-metformin hcl*)	3	
CONTRACEPTIVES - Drugs for Women		
afirmelle oral tablet 0.1-20 mg-mcg	PV	
aftera oral tablet 1.5 mg	PV	
altavera oral tablet 0.15-30 mg-mcg	PV	
alyacen 1/35 oral tablet 1-35 mg-mcg	PV	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
amethyst oral tablet 90-20 mcg	PV	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	PV	
apri oral tablet 0.15-30 mg-mcg	PV	
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	PV	
ashlyna oral tablet 0.15-0.03 &0.01 mg	PV	
aubra eq oral tablet 0.1-20 mg-mcg	PV	
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
aurovela 1/20 oral tablet 1-20 mg-mcg	PV	
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	PV	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	PV	
AVERI ORAL TABLET 0.15-0.03 MG (*desogestrel-eth estrad-fe*)	PV	
aviane oral tablet 0.1-20 mg-mcg	PV	
ayuna oral tablet 0.15-30 mg-mcg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	PV	
balziva oral tablet 0.4-35 mg-mcg	PV	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	PV	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	PV	
briellyn oral tablet 0.4-35 mg-mcg	PV	
camila oral tablet 0.35 mg	PV	
camrese lo oral tablet 0.1-0.02 & 0.01 mg	PV	
camrese oral tablet 0.15-0.03 &0.01 mg	PV	
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	PV	
chateal eq oral tablet 0.15-30 mg-mcg	PV	
cryselle-28 oral tablet 0.3-30 mg-mcg	PV	
cyred eq oral tablet 0.15-30 mg-mcg	PV	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	PV	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
daysee oral tablet 0.15-0.03 &0.01 mg	PV	
deblitane oral tablet 0.35 mg	PV	
delyla oral tablet 0.1-20 mg-mcg	PV	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (*medroxyprogesterone acetate*)	PV	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (*medroxyprogesterone acetate*)	PV	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*)	PV	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
dolishale oral tablet 90-20 mcg	PV	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	PV	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	PV	
econtra one-step oral tablet 1.5 mg	PV	
elinest oral tablet 0.3-30 mg-mcg	PV	
ELLA ORAL TABLET 30 MG (*ulipristal acetate*)	PV	
eluryng vaginal ring 0.12-0.015 mg/24hr	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
emzahh oral tablet 0.35 mg	PV	
enilloring vaginal ring 0.12-0.015 mg/24hr	PV	
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	PV	
enskyce oral tablet 0.15-30 mg-mcg	PV	
errin oral tablet 0.35 mg	PV	
estarylla oral tablet 0.25-35 mg-mcg	PV	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	PV	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	PV	
falmina oral tablet 0.1-20 mg-mcg	PV	
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
feirza 1/20 oral tablet 1-20 mg-mcg	PV	
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (*norethindrone acet-ethinyl est*)	PV	
finzala oral tablet chewable 1-20 mg-mcg(24)	PV	
galbriela oral tablet chewable 0.8-25 mg-mcg	PV	
gemmily oral capsule 1-20 mg-mcg(24)	PV	
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
hailey 24 fe oral tablet 1-20 mg-mcg(24)	PV	
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
hailey fe 1/20 oral tablet 1-20 mg-mcg	PV	
haloette vaginal ring 0.12-0.015 mg/24hr	PV	
heather oral tablet 0.35 mg	PV	
her style oral tablet 1.5 mg	PV	
iclevia oral tablet 0.15-0.03 mg	PV	
incassia oral tablet 0.35 mg	PV	
introvale oral tablet 0.15-0.03 mg	PV	
isibloom oral tablet 0.15-30 mg-mcg	PV	
jaimiess oral tablet 0.15-0.03 &0.01 mg	PV	
jasmiel oral tablet 3-0.02 mg	PV	
jencycla oral tablet 0.35 mg	PV	
jolessa oral tablet 0.15-0.03 mg	PV	
joyeaux oral tablet 0.1-20 mg-mcg(21)	PV	
juleber oral tablet 0.15-30 mg-mcg	PV	
junel 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
junel 1/20 oral tablet 1-20 mg-mcg	PV	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
junel fe 1/20 oral tablet 1-20 mg-mcg	PV	
junel fe 24 oral tablet 1-20 mg-mcg(24)	PV	
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	PV	
kalliga oral tablet 0.15-30 mg-mcg	PV	
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
kelnor 1/35 oral tablet 1-35 mg-mcg	PV	
kurvelo oral tablet 0.15-30 mg-mcg	PV	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (*levonorgestrel*)	PV	
larin 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
larin 1/20 oral tablet 1-20 mg-mcg	PV	
larin 24 fe oral tablet 1-20 mg-mcg(24)	PV	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
larin fe 1/20 oral tablet 1-20 mg-mcg	PV	
leena oral tablet 0.5/1/0.5-35 mg-mcg	PV	
lessina oral tablet 0.1-20 mg-mcg	PV	
levonest oral tablet 50-30/75-40/ 125-30 mcg	PV	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	PV	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	PV	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	PV	
levonorgestrel oral tablet 1.5 mg	PV	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	PV	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	PV	
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	PV	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (*levonorgestrel*)	PV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	PV	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (*norethindrone acet-ethinyl est*)	PV	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (*norethindrone acet-ethinyl est*)	PV	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (*norethin ace-eth estrad-fe*)	PV	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (*norethin ace-eth estrad-fe*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	PV	
loryna oral tablet 3-0.02 mg	PV	
low-ogestrel oral tablet 0.3-30 mg-mcg	PV	
lo-zumandimine oral tablet 3-0.02 mg	PV	
luizza 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
luizza 1/20 oral tablet 1-20 mg-mcg	PV	
lutera oral tablet 0.1-20 mg-mcg	PV	
lyleq oral tablet 0.35 mg	PV	
lyza oral tablet 0.35 mg	PV	
marlissa oral tablet 0.15-30 mg-mcg	PV	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	PV	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	PV	
meleya oral tablet 0.35 mg	PV	
merzee oral capsule 1-20 mg-mcg(24)	PV	
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	PV	
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
microgestin 1/20 oral tablet 1-20 mg-mcg	PV	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
microgestin fe 1/20 oral tablet 1-20 mg-mcg	PV	
mili oral tablet 0.25-35 mg-mcg	PV	
minzoya oral tablet 0.1-20 mg-mcg(21)	PV	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (*levonorgestrel*)	PV	
mono-linyah oral tablet 0.25-35 mg-mcg	PV	
my choice oral tablet 1.5 mg	PV	
my way oral tablet 1.5 mg	PV	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	PV	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PV	
new day oral tablet 1.5 mg	PV	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (*etonogestrel*)	PV	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	PV	
nikki oral tablet 3-0.02 mg	PV	
nora-be oral tablet 0.35 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	PV	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	PV	
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	PV	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	PV	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PV	
norethindrone oral tablet 0.35 mg	PV	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	PV	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	PV	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	PV	
norlyroc oral tablet 0.35 mg	PV	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PV	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	PV	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	PV	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	PV	
nylia 1/35 oral tablet 1-35 mg-mcg	PV	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
opcicon one-step oral tablet 1.5 mg	PV	
OPILL ORAL TABLET 0.075 MG (*norgestrel*)	3	
option 2 oral tablet 1.5 mg	PV	
orquidea oral tablet 0.35 mg	PV	
philith oral tablet 0.4-35 mg-mcg	PV	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	PV	
portia-28 oral tablet 0.15-30 mg-mcg	PV	
react oral tablet 1.5 mg	PV	
reclipsen oral tablet 0.15-30 mg-mcg	PV	
rivelsa oral tablet 42-21-21-7 days	PV	
rosyrah oral tablet 42-21-21-7 days	PV	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
setlakin oral tablet 0.15-0.03 mg	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sharobel oral tablet 0.35 mg	PV	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
simpesse oral tablet 0.15-0.03 &0.01 mg	PV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (*levonorgestrel*)	PV	
SLYND ORAL TABLET 4 MG (*drospirenone*)	PV	
sprintec 28 oral tablet 0.25-35 mg-mcg	PV	
sronyx oral tablet 0.1-20 mg-mcg	PV	
syeda oral tablet 3-0.03 mg	PV	
take action oral tablet 1.5 mg	PV	
tarina 24 fe oral tablet 1-20 mg-mcg(24)	PV	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	PV	
taysofy oral capsule 1-20 mg-mcg(24)	PV	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	PV	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
turqoz oral tablet 0.3-30 mg-mcg	PV	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	PV	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	PV	
tydemy oral tablet 3-0.03-0.451 mg	PV	
valtya 1/35 oral tablet 1-35 mg-mcg	PV	
valtya 1/50 oral tablet 1-50 mg-mcg	PV	
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	PV	
vestura oral tablet 3-0.02 mg	PV	
vienva oral tablet 0.1-20 mg-mcg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
vyfemla oral tablet 0.4-35 mg-mcg	PV	
vylibra oral tablet 0.25-35 mg-mcg	PV	
wera oral tablet 0.5-35 mg-mcg	PV	
wymzya fe oral tablet chewable 0.4-35 mg-mcg	PV	
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
xelria fe oral tablet chewable 0.4-35 mg-mcg	PV	
xulane transdermal patch weekly 150-35 mcg/24hr	PV	
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	PV	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	PV	
zafemy transdermal patch weekly 150-35 mcg/24hr	PV	
zovia 1/35 (28) oral tablet 1-35 mg-mcg	PV	
zumandimine oral tablet 3-0.03 mg	PV	
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	3	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	
BRYNOVIN ORAL SOLUTION 25 MG/ML (*sitagliptin hydrochloride*)	3	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*)	3	
JANUMET ORAL TABLET 50-1000 MG (*sitagliptin phos-metformin hcl*)	3	
JANUMET ORAL TABLET 50-500 MG (*sitagliptin phos-metformin hcl*)	PV	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin phos-metformin hcl*)	3	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin phosphate*)	PV	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (*linagliptin-metformin hcl*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONGLYZA ORAL TABLET 5 MG (*saxagliptin hcl*)	3	
saxagliptin hcl oral tablet 2.5 mg, 5 mg	1	
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg	1	
SITAGLIPT BASE-METFORM HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	
SITAGLIPTIN BASE-METFORMIN HCL ORAL TABLET 50-1000 MG, 50-500 MG	3	
SITAGLIPTIN ORAL TABLET 100 MG, 25 MG, 50 MG	1	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (*ertugliflozin-sitagliptin*)	3	
TRADJENTA ORAL TABLET 5 MG (*linagliptin*)	3	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	3	
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG (*sitagliptin base-metformin hcl*)	3	
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (*sitagliptin base-metformin hcl*)	3	
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin*)	1	
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
CLOMID ORAL TABLET 50 MG (*clomiphene citrate*)	3	
clomiphene citrate oral tablet 50 mg	1	
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	3	
EVISTA ORAL TABLET 60 MG (*raloxifene hcl*)	3	
FARESTON ORAL TABLET 60 MG (*toremifene citrate*)	PV	OC
milophene oral tablet 50 mg	1	
OSPHENA ORAL TABLET 60 MG (*ospemifene*)	PV	
raloxifene hcl oral tablet 60 mg	PV	
SOLTAMOX ORAL SOLUTION 10 MG/5ML (*tamoxifen citrate*)	PV	OC
tamoxifen citrate oral tablet 10 mg, 20 mg	PV	OC
toremifene citrate oral tablet 60 mg	PV	OC
ESTROGENS - Drugs for Women		
abigale lo oral tablet 0.5-0.1 mg	PV	
abigale oral tablet 1-0.5 mg	PV	
ACTIVELLA ORAL TABLET 1-0.5 MG (*estradiol-norethindrone acet*)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
afirmelle oral tablet 0.1-20 mg-mcg	PV	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	PV	
altavera oral tablet 0.15-30 mg-mcg	PV	
alyacen 1/35 oral tablet 1-35 mg-mcg	PV	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
amethyst oral tablet 90-20 mcg	PV	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	PV	
apri oral tablet 0.15-30 mg-mcg	PV	
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	PV	
ashlyna oral tablet 0.15-0.03 &0.01 mg	PV	
aubra eq oral tablet 0.1-20 mg-mcg	PV	
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
aurovela 1/20 oral tablet 1-20 mg-mcg	PV	
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	PV	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	PV	
AVERI ORAL TABLET 0.15-0.03 MG (*desogestrel-eth estrad-fe*)	PV	
aviane oral tablet 0.1-20 mg-mcg	PV	
ayuna oral tablet 0.15-30 mg-mcg	PV	
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	PV	
balziva oral tablet 0.4-35 mg-mcg	PV	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
BIJUVA ORAL CAPSULE 0.5-100 MG (*estradiol-progesterone*)	3	
BIJUVA ORAL CAPSULE 1-100 MG (*estradiol-progesterone*)	3	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	PV	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	PV	
briellyn oral tablet 0.4-35 mg-mcg	PV	
camrese lo oral tablet 0.1-0.02 & 0.01 mg	PV	
camrese oral tablet 0.15-0.03 &0.01 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	PV	
chateal eq oral tablet 0.15-30 mg-mcg	PV	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	3	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	PV	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	PV	
COVARYX HS ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	1	
COVARYX ORAL TABLET 1.25-2.5 MG (*est estrogens-methyltest*)	1	
cryselle-28 oral tablet 0.3-30 mg-mcg	PV	
cyred eq oral tablet 0.15-30 mg-mcg	PV	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	PV	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
daysee oral tablet 0.15-0.03 &0.01 mg	PV	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML (*estradiol valerate*)	3	
delyla oral tablet 0.1-20 mg-mcg	PV	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (*estradiol cypionate*)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	PV	
dolishale oral tablet 90-20 mcg	PV	
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	PV	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	PV	
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	3	
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	
EEMT HS ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	1	
EEMT ORAL TABLET 1.25-2.5 MG (*est estrogens-methyltest*)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (*estradiol*)	PV	
elinest oral tablet 0.3-30 mg-mcg	PV	
eluryng vaginal ring 0.12-0.015 mg/24hr	PV	
enilloring vaginal ring 0.12-0.015 mg/24hr	PV	
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	PV	
enskyce oral tablet 0.15-30 mg-mcg	PV	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	
estarylla oral tablet 0.25-35 mg-mcg	PV	
ESTRACE VAGINAL CREAM 0.01 % (*estradiol*)	2	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	PV	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 0.75 mg/1.25 gm (0.06%), 1 mg/gm, 1.25 mg/1.25gm	PV	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
estradiol vaginal cream 0.01 %	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	PV	
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (*estradiol*)	2	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*)	PV	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	PV	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	PV	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	PV	
falmina oral tablet 0.1-20 mg-mcg	PV	
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
feirza 1/20 oral tablet 1-20 mg-mcg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (*norethindrone acet-ethinyl est*)	PV	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	3	
finzala oral tablet chewable 1-20 mg-mcg(24)	PV	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	PV	
galbriela oral tablet chewable 0.8-25 mg-mcg	PV	
gemmily oral capsule 1-20 mg-mcg(24)	PV	
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
hailey 24 fe oral tablet 1-20 mg-mcg(24)	PV	
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
hailey fe 1/20 oral tablet 1-20 mg-mcg	PV	
haloette vaginal ring 0.12-0.015 mg/24hr	PV	
iclevia oral tablet 0.15-0.03 mg	PV	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	3	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	3	
introvale oral tablet 0.15-0.03 mg	PV	
isibloom oral tablet 0.15-30 mg-mcg	PV	
jaimiess oral tablet 0.15-0.03 &0.01 mg	PV	
jasmiel oral tablet 3-0.02 mg	PV	
jinteli oral tablet 1-5 mg-mcg	PV	
jolessa oral tablet 0.15-0.03 mg	PV	
joyeaux oral tablet 0.1-20 mg-mcg(21)	PV	
juleber oral tablet 0.15-30 mg-mcg	PV	
junel 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
junel 1/20 oral tablet 1-20 mg-mcg	PV	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
junel fe 1/20 oral tablet 1-20 mg-mcg	PV	
junel fe 24 oral tablet 1-20 mg-mcg(24)	PV	
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	PV	
kalliga oral tablet 0.15-30 mg-mcg	PV	
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
kelnor 1/35 oral tablet 1-35 mg-mcg	PV	
kurvelo oral tablet 0.15-30 mg-mcg	PV	
larin 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
larin 1/20 oral tablet 1-20 mg-mcg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
larin 24 fe oral tablet 1-20 mg-mcg(24)	PV	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
larin fe 1/20 oral tablet 1-20 mg-mcg	PV	
leena oral tablet 0.5/1/0.5-35 mg-mcg	PV	
lessina oral tablet 0.1-20 mg-mcg	PV	
levonest oral tablet 50-30/75-40/ 125-30 mcg	PV	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	PV	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	PV	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	PV	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	PV	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	PV	
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	PV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	PV	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (*norethindrone acet-ethinyl est*)	PV	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (*norethindrone acet-ethinyl est*)	PV	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (*norethin ace-eth estrad-fe*)	PV	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (*norethin ace-eth estrad-fe*)	PV	
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	PV	
loryna oral tablet 3-0.02 mg	PV	
low-ogestrel oral tablet 0.3-30 mg-mcg	PV	
lo-zumandimine oral tablet 3-0.02 mg	PV	
luizza 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
luizza 1/20 oral tablet 1-20 mg-mcg	PV	
lutera oral tablet 0.1-20 mg-mcg	PV	
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
marlissa oral tablet 0.15-30 mg-mcg	PV	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	PV	
merzee oral capsule 1-20 mg-mcg(24)	PV	
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
microgestin 1/20 oral tablet 1-20 mg-mcg	PV	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
microgestin fe 1/20 oral tablet 1-20 mg-mcg	PV	
mili oral tablet 0.25-35 mg-mcg	PV	
mimvey oral tablet 1-0.5 mg	PV	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	PV	
minzoya oral tablet 0.1-20 mg-mcg(21)	PV	
mono-linyah oral tablet 0.25-35 mg-mcg	PV	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	3	DSL = 30 days
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	PV	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PV	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	PV	
nikki oral tablet 3-0.02 mg	PV	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	PV	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	PV	
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	PV	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	PV	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PV	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	PV	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	PV	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	PV	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	PV	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PV	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	PV	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	PV	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nylia 1/35 oral tablet 1-35 mg-mcg	PV	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	3	DSL = 30 days
philith oral tablet 0.4-35 mg-mcg	PV	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
portia-28 oral tablet 0.15-30 mg-mcg	PV	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	PV	
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	2	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	PV	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*)	PV	
reclipsen oral tablet 0.15-30 mg-mcg	PV	
rivelsa oral tablet 42-21-21-7 days	PV	
rosyrah oral tablet 42-21-21-7 days	PV	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
setlakin oral tablet 0.15-0.03 mg	PV	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
simpesse oral tablet 0.15-0.03 &0.01 mg	PV	
SIVORA EXTERNAL CREAM 0.3 %	3	
sprintec 28 oral tablet 0.25-35 mg-mcg	PV	
sronyx oral tablet 0.1-20 mg-mcg	PV	
syeda oral tablet 3-0.03 mg	PV	
tarina 24 fe oral tablet 1-20 mg-mcg(24)	PV	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	PV	
taysofy oral capsule 1-20 mg-mcg(24)	PV	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	PV	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
turqoz oral tablet 0.3-30 mg-mcg	PV	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	PV	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	PV	
tydemy oral tablet 3-0.03-0.451 mg	PV	
VAGIFEM VAGINAL TABLET 10 MCG (*estradiol*)	3	
valtya 1/35 oral tablet 1-35 mg-mcg	PV	
valtya 1/50 oral tablet 1-50 mg-mcg	PV	
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	PV	
vestura oral tablet 3-0.02 mg	PV	
vienva oral tablet 0.1-20 mg-mcg	PV	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	PV	
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
vyfemla oral tablet 0.4-35 mg-mcg	PV	
vylibra oral tablet 0.25-35 mg-mcg	PV	
wera oral tablet 0.5-35 mg-mcg	PV	
wymzya fe oral tablet chewable 0.4-35 mg-mcg	PV	
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
xelria fe oral tablet chewable 0.4-35 mg-mcg	PV	
xulane transdermal patch weekly 150-35 mcg/24hr	PV	
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	PV	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	PV	
yuvafem vaginal tablet 10 mcg	1	
zafemy transdermal patch weekly 150-35 mcg/24hr	PV	
zovia 1/35 (28) oral tablet 1-35 mg-mcg	PV	
zumandimine oral tablet 3-0.03 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
glucagon emergency kit injection solution reconstituted 1 mg	PV	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (*glucagon*)	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (*glucagon*)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*)	3	
GONADOTROPINS - Hormones		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG (*leuprolide mesylate (6 month)*)	3	
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	3	
ELIGARD SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	2	
ELIGARD SUBCUTANEOUS KIT 30 MG (*leuprolide acetate (4 month)*)	2	
ELIGARD SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	2	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*)	2	
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	3	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (*follitropin beta*)	3	
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT (*follitropin alfa*)	3	
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML (*follitropin alfa*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
leuprolide acetate injection kit 1 mg/0.2ml	1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (*leuprolide acetate*)	3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (*leuprolide acetate*)	2	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate (3 month)*)	3	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (*leuprolide acetate (3 month)*)	2	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (4 month)*)	2	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	2	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate*)	3	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG, 7.5 MG (*leuprolide acetate*)	2	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (*leuprolide acetate (3 month)*)	3	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (*leuprolide acetate (3 month)*)	2	
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG (*leuprolide acetate (6 month)*)	3	
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG (*leuprolide acetate (3 month)*)	3	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*menotropins*)	2	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (*chorionic gonadotropin*)	3	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (*choriogonadotropin alfa*)	2	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (*chorionic gonadotropin*)	3	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (*histrelin acetate*)	3	
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	3	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*)	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (*triptorelin pamoate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VABRINTY SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	2	
VABRINTY SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	2	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (*goserelin acetate*)	3	
INCRETIN MIMETICS - Drugs for Diabetes		
EXENATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML, 5 MCG/0.02ML	3	
liraglutide subcutaneous solution pen-injector 18 mg/3ml	1	DSL = 30 days
liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml	1	DSL = 30 days
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (*tirzepatide*)	3	DSL = 30 days
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 8 MG/3ML (*semaglutide*)	2	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (*semaglutide*)	3	DSL = 30 days
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (*semaglutide*)	3	DSL = 30 days
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide -weight management*)	3	DSL = 30 days
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	3	DSL = 30 days
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (*dulaglutide*)	3	DSL = 30 days
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (*dulaglutide*)	3	DSL = 30 days
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide*)	3	DSL = 30 days
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (*semaglutide-weight management*)	3	DSL = 30 days
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (*insulin degludec-liraglutide*)	3	DSL = 30 days
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (*tirzepatide-weight management*)	3	DSL = 30 days
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (*tirzepatide-weight management*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PV	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	PV	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PV	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	PV	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	PV	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	PV	
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (*metreleptin*)	3	DSL = 30 days
LONG-ACTING INSULINS - Drugs for Diabetes		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	PV	
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	3	
INSULIN DEGLUDEC FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	DSL = 30 days
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INSULIN GLARGINE MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	DSL = 30 days
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	DSL = 30 days
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	PV	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*)	3	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-aglr*)	3	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine-yfgn*)	2	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-yfgn*)	2	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	3	DSL = 30 days
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	3	DSL = 30 days
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	3	DSL = 30 days
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin degludec*)	3	DSL = 30 days
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin degludec*)	2	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (*insulin degludec-liraglutide*)	3	DSL = 30 days
MEGLITINIDES - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	PV	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	PV	
PARATHYROID AGENTS - Drugs for Bones		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (*teriparatide*)	3	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (*teriparatide*)	3	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	1	
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	3	DSL = 30 days
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML (*palopegteriparatide*)	3	
PITUITARY - Hormones		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (*corticotropin*)	3	
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	3	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (*corticotropin*)	3	
CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*)	3	
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (*crinecerfont*)	3	DSL = 30 days
CRENESSITY ORAL SOLUTION 50 MG/ML (*crinecerfont*)	3	DSL = 30 days
DDAVP INJECTION SOLUTION 4 MCG/ML (*desmopressin acetate*)	3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (*desmopressin acetate*)	3	
DDAVP PF INJECTION SOLUTION 4 MCG/ML (*desmopressin acetate*)	3	
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate pf injection solution 4 mcg/ml	1	
desmopressin acetate spray nasal solution 0.01 %	1	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (*somatropin*)	3	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (*somatropin*)	3	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (*somatropin*)	3	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (*somatrogon-ghla*)	3	DSL = 30 days
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	3	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 30 MG/3ML (*somatropin*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (*somatropin*)	3	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (*somatropin*)	3	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (*somatropin*)	3	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	2	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	2	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (*somatropin (non-refrigerated)*)	3	
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 2.1 MG, 2.5 MG (*lonapegsomatropin-tcgd*)	3	
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (*lonapegsomatropin-tcgd*)	3	DSL = 30 days
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somapacitan-beco*)	3	DSL = 30 days
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (*somatropin*)	3	
PROGESTINS - Drugs for Women		
abigale lo oral tablet 0.5-0.1 mg	PV	
abigale oral tablet 1-0.5 mg	PV	
ACTIVELLA ORAL TABLET 1-0.5 MG (*estradiol-norethindrone acet*)	PV	
afirmelle oral tablet 0.1-20 mg-mcg	PV	
aftera oral tablet 1.5 mg	PV	
altavera oral tablet 0.15-30 mg-mcg	PV	
alyacen 1/35 oral tablet 1-35 mg-mcg	PV	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
amethyst oral tablet 90-20 mcg	PV	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	PV	
apri oral tablet 0.15-30 mg-mcg	PV	
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	PV	
ashlyna oral tablet 0.15-0.03 &0.01 mg	PV	
aubra eq oral tablet 0.1-20 mg-mcg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
aurovela 1/20 oral tablet 1-20 mg-mcg	PV	
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	PV	
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
aurovela fe 1/20 oral tablet 1-20 mg-mcg	PV	
AVERI ORAL TABLET 0.15-0.03 MG (*desogestrel-eth estrad-fe*)	PV	
aviane oral tablet 0.1-20 mg-mcg	PV	
ayuna oral tablet 0.15-30 mg-mcg	PV	
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	PV	
balziva oral tablet 0.4-35 mg-mcg	PV	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
BIJUVA ORAL CAPSULE 0.5-100 MG (*estradiol-progesterone*)	3	
BIJUVA ORAL CAPSULE 1-100 MG (*estradiol-progesterone*)	3	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	PV	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	PV	
briellyn oral tablet 0.4-35 mg-mcg	PV	
camila oral tablet 0.35 mg	PV	
camrese lo oral tablet 0.1-0.02 & 0.01 mg	PV	
camrese oral tablet 0.15-0.03 &0.01 mg	PV	
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	PV	
chateal eq oral tablet 0.15-30 mg-mcg	PV	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	PV	
CRINONE VAGINAL GEL 4 %, 8 % (*progesterone*)	PV	
cryselle-28 oral tablet 0.3-30 mg-mcg	PV	
cyred eq oral tablet 0.15-30 mg-mcg	PV	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	PV	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
daysee oral tablet 0.15-0.03 &0.01 mg	PV	
deblitane oral tablet 0.35 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
delyla oral tablet 0.1-20 mg-mcg	PV	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (*medroxyprogesterone acetate*)	PV	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (*medroxyprogesterone acetate*)	PV	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*)	PV	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
dolishale oral tablet 90-20 mcg	PV	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	PV	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	PV	
econtra one-step oral tablet 1.5 mg	PV	
EC-RX PROGESTERONE TRANSDERMAL CREAM 10 %, 20 %	PV	
elinest oral tablet 0.3-30 mg-mcg	PV	
ELLA ORAL TABLET 30 MG (*ulipristal acetate*)	PV	
eluryng vaginal ring 0.12-0.015 mg/24hr	PV	
emzahh oral tablet 0.35 mg	PV	
ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*)	PV	
enilloring vaginal ring 0.12-0.015 mg/24hr	PV	
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	PV	
enskyce oral tablet 0.15-30 mg-mcg	PV	
errin oral tablet 0.35 mg	PV	
estarylla oral tablet 0.25-35 mg-mcg	PV	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	PV	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	PV	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	PV	
falmina oral tablet 0.1-20 mg-mcg	PV	
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
feirza 1/20 oral tablet 1-20 mg-mcg	PV	
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (*norethindrone acet-ethinyl est*)	PV	
finzala oral tablet chewable 1-20 mg-mcg(24)	PV	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	PV	
galbriela oral tablet chewable 0.8-25 mg-mcg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gallifrey oral tablet 5 mg	PV	
gemmily oral capsule 1-20 mg-mcg(24)	PV	
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
hailey 24 fe oral tablet 1-20 mg-mcg(24)	PV	
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
hailey fe 1/20 oral tablet 1-20 mg-mcg	PV	
haloette vaginal ring 0.12-0.015 mg/24hr	PV	
heather oral tablet 0.35 mg	PV	
HENTIS EXTERNAL SOLUTION 5-0.1-0.025 %	3	
HENTIS HP EXTERNAL SOLUTION 7-0.1-0.025 %	3	
her style oral tablet 1.5 mg	PV	
HOLIXIA EXTERNAL SOLUTION 0.1-7 %	3	
iclevia oral tablet 0.15-0.03 mg	PV	
incassia oral tablet 0.35 mg	PV	
introvale oral tablet 0.15-0.03 mg	PV	
isibloom oral tablet 0.15-30 mg-mcg	PV	
jaimiess oral tablet 0.15-0.03 &0.01 mg	PV	
jasmiel oral tablet 3-0.02 mg	PV	
jencycla oral tablet 0.35 mg	PV	
jinteli oral tablet 1-5 mg-mcg	PV	
jolessa oral tablet 0.15-0.03 mg	PV	
joyeaux oral tablet 0.1-20 mg-mcg(21)	PV	
juleber oral tablet 0.15-30 mg-mcg	PV	
junel 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
junel 1/20 oral tablet 1-20 mg-mcg	PV	
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
junel fe 1/20 oral tablet 1-20 mg-mcg	PV	
junel fe 24 oral tablet 1-20 mg-mcg(24)	PV	
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	PV	
kalliga oral tablet 0.15-30 mg-mcg	PV	
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
kelnor 1/35 oral tablet 1-35 mg-mcg	PV	
kurvelo oral tablet 0.15-30 mg-mcg	PV	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (*levonorgestrel*)	PV	
larin 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
larin 1/20 oral tablet 1-20 mg-mcg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
larin 24 fe oral tablet 1-20 mg-mcg(24)	PV	
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
larin fe 1/20 oral tablet 1-20 mg-mcg	PV	
leena oral tablet 0.5/1/0.5-35 mg-mcg	PV	
lessina oral tablet 0.1-20 mg-mcg	PV	
levonest oral tablet 50-30/75-40/ 125-30 mcg	PV	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	PV	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	PV	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	PV	
levonorgestrel oral tablet 1.5 mg	PV	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	PV	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	PV	
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	PV	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (*levonorgestrel*)	PV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	PV	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (*norethindrone acet-ethinyl est*)	PV	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (*norethindrone acet-ethinyl est*)	PV	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (*norethin ace-eth estrad-fe*)	PV	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (*norethin ace-eth estrad-fe*)	PV	
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	PV	
loryna oral tablet 3-0.02 mg	PV	
low-ogestrel oral tablet 0.3-30 mg-mcg	PV	
lo-zumandimine oral tablet 3-0.02 mg	PV	
luizza 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
luizza 1/20 oral tablet 1-20 mg-mcg	PV	
lutera oral tablet 0.1-20 mg-mcg	PV	
lyleq oral tablet 0.35 mg	PV	
lyza oral tablet 0.35 mg	PV	
marlissa oral tablet 0.15-30 mg-mcg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	PV	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	PV	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	PV	
megestrol acetate oral suspension 40 mg/ml	1	
megestrol acetate oral suspension 625 mg/5ml	PV	
megestrol acetate oral tablet 20 mg, 40 mg	3	OC
meleya oral tablet 0.35 mg	PV	
merzee oral capsule 1-20 mg-mcg(24)	PV	
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	PV	
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
microgestin 1/20 oral tablet 1-20 mg-mcg	PV	
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
microgestin fe 1/20 oral tablet 1-20 mg-mcg	PV	
mili oral tablet 0.25-35 mg-mcg	PV	
mimvey oral tablet 1-0.5 mg	PV	
minzoya oral tablet 0.1-20 mg-mcg(21)	PV	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (*levonorgestrel*)	PV	
mono-linyah oral tablet 0.25-35 mg-mcg	PV	
my choice oral tablet 1.5 mg	PV	
my way oral tablet 1.5 mg	PV	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	3	DSL = 30 days
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	PV	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PV	
new day oral tablet 1.5 mg	PV	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (*etonogestrel*)	PV	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	PV	
nikki oral tablet 3-0.02 mg	PV	
nora-be oral tablet 0.35 mg	PV	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	PV	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	PV	
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	PV	
norethindrone acetate oral tablet 5 mg	PV	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PV	
norethindrone oral tablet 0.35 mg	PV	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	PV	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	PV	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	PV	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	PV	
norlyroc oral tablet 0.35 mg	PV	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	PV	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	PV	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	PV	
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (*etonogestrel-ethinyl estradiol*)	PV	
nylia 1/35 oral tablet 1-35 mg-mcg	PV	
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
opcicon one-step oral tablet 1.5 mg	PV	
OPILL ORAL TABLET 0.075 MG (*norgestrel*)	3	
option 2 oral tablet 1.5 mg	PV	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	3	DSL = 30 days
orquidea oral tablet 0.35 mg	PV	
philith oral tablet 0.4-35 mg-mcg	PV	
PIDPROGTAR EXTERNAL SOLUTION 5-0.1-0.025 %	3	
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	PV	
PODPROG EXTERNAL SOLUTION 0.1-7 %	3	
PODPROGTAR EXTERNAL SOLUTION 7-0.1-0.025 %	3	
portia-28 oral tablet 0.15-30 mg-mcg	PV	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	PV	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
progesterone intramuscular oil 50 mg/ml	PV	
PROGESTERONE MICRONIZED TRANSDERMAL CREAM 10 %	PV	
progesterone oral capsule 100 mg, 200 mg	PV	
progesterone vaginal insert 100 mg	PV	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (*progesterone*)	PV	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (*medroxyprogesterone acetate*)	PV	
react oral tablet 1.5 mg	PV	
reclipsen oral tablet 0.15-30 mg-mcg	PV	
rivelsa oral tablet 42-21-21-7 days	PV	
rosyrah oral tablet 42-21-21-7 days	PV	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
setlakin oral tablet 0.15-0.03 mg	PV	
sharobel oral tablet 0.35 mg	PV	
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
simpesse oral tablet 0.15-0.03 &0.01 mg	PV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (*levonorgestrel*)	PV	
SLYND ORAL TABLET 4 MG (*drospirenone*)	PV	
sprintec 28 oral tablet 0.25-35 mg-mcg	PV	
sronyx oral tablet 0.1-20 mg-mcg	PV	
syeda oral tablet 3-0.03 mg	PV	
take action oral tablet 1.5 mg	PV	
tarina 24 fe oral tablet 1-20 mg-mcg(24)	PV	
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	PV	
taysofy oral capsule 1-20 mg-mcg(24)	PV	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (*norethin ace-eth estrad-fe*)	PV	
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	PV	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	PV	
turqoz oral tablet 0.3-30 mg-mcg	PV	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	PV	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	PV	
tydemy oral tablet 3-0.03-0.451 mg	PV	
valtya 1/35 oral tablet 1-35 mg-mcg	PV	
valtya 1/50 oral tablet 1-50 mg-mcg	PV	
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	PV	
vestura oral tablet 3-0.02 mg	PV	
vienva oral tablet 0.1-20 mg-mcg	PV	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
vyfemla oral tablet 0.4-35 mg-mcg	PV	
vylibra oral tablet 0.25-35 mg-mcg	PV	
wera oral tablet 0.5-35 mg-mcg	PV	
wymzya fe oral tablet chewable 0.4-35 mg-mcg	PV	
xarah fe oral tablet 1-20/1-30/1-35 mg-mcg	PV	
xelria fe oral tablet chewable 0.4-35 mg-mcg	PV	
xulane transdermal patch weekly 150-35 mcg/24hr	PV	
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	PV	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	PV	
zafemy transdermal patch weekly 150-35 mcg/24hr	PV	
zovia 1/35 (28) oral tablet 1-35 mg-mcg	PV	
zumandimine oral tablet 3-0.03 mg	PV	
RAPID-ACTING INSULINS - Drugs for Diabetes		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*)	PV	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT (*insulin regular human*)	3	
AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT (*insulin regular human*)	3	DSL = 30 days
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glulisine*)	PV	
APIDRA VIAL INJECTION SOLUTION 100 UNIT/ML (*insulin glulisine*)	PV	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PV	
FIASP INJECTION SOLUTION 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PV	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PV	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart (w/niacinamide)*)	PV	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*)	PV	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	PV	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (*insulin lispro*)	3	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	PV	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	PV	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	PV	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin lispro*)	PV	
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	3	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	PV	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	PV	
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	PV	
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	PV	
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	PV	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	PV	
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	PV	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	PV	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	PV	
KIRSTY INJECTION SOLUTION 100 UNIT/ML (*insulin aspart-xjhz*)	2	
KIRSTY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart-xjhz*)	2	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro-aabc*)	3	
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro-aabc*)	3	
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (*insulin lispro-aabc*)	3	
MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart-szjj*)	3	
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin aspart-szjj*)	3	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PV	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*)	PV	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin aspart*)	PV	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PV	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PV	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin aspart prot & aspart*)	PV	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin aspart*)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (*insulin aspart*)	PV	
NOVOLOG U-100 VIAL INJECTION SOLUTION 100 UNIT/ML (*insulin aspart*)	PV	
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (*insulin regular human*)	PV	
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PV	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (*insulin regular(human) in nacl*)	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	PV	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	3	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin regular human*)	3	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PV	
NOVOLIN R VIAL INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	PV	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
BEXAGLIFLOZIN ORAL TABLET 20 MG	3	
BRENZAVVY ORAL TABLET 20 MG (*bexagliflozin*)	3	
DAPAGLIFLOZIN PRO-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG	3	
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FARXIGA ORAL TABLET 10 MG, 5 MG (*dapagliflozin propanediol*)	3	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*)	3	
INPEFA ORAL TABLET 200 MG, 400 MG (*sotagliflozin*)	3	DSL = 30 days
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	3	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (*canagliflozin-metformin hcl*)	3	
INVOKANA ORAL TABLET 100 MG, 300 MG (*canagliflozin*)	3	
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	2	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (*ertugliflozin-metformin hcl*)	3	
STEGLATRO ORAL TABLET 15 MG, 5 MG (*ertugliflozin l-pyroglutamicac*)	3	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (*ertugliflozin-sitagliptin*)	3	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	3	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG (*dapagliflozin prop-metformin*)	3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 2.5-1000 MG, 5-500 MG (*dapagliflozin prop-metformin*)	3	
SOMATOSTATIN AGONISTS - Hormones		
lanreotide acetate subcutaneous solution 120 mg/0.5ml	1	DSL = 30 days
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (*octreotide acetate*)	3	DSL = 30 days
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	
octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg	1	DSL = 30 days
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	
PALSONIFY ORAL TABLET 20 MG, 30 MG (*paltusotine hcl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (*octreotide acetate*)	3	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (*octreotide acetate*)	3	DSL = 30 days
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (*pasireotide pamoate*)	3	DSL = 30 days
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (*pasireotide diaspartate*)	3	DSL = 30 days
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML (*lanreotide acetate*)	3	DSL = 30 days
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML (*lanreotide acetate*)	3	DSL = 30 days
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (*tesamorelin acetate*)	3	DSL = 30 days
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG (*tesamorelin acetate*)	3	DSL = 30 days
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (*somatropin*)	3	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (*somatropin*)	3	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (*somatropin*)	3	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	3	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	3	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 30 MG/3ML (*somatropin*)	3	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (*somatropin*)	3	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (*somatropin*)	3	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (*somatropin*)	3	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	2	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (*somatropin (non-refrigerated)*)	3	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (*somatropin*)	3	
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*pegvisomant*)	3	DSL = 30 days
SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (*pioglitazone hcl-glimepiride*)	PV	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	PV	
glimepiride oral tablet 3 mg	1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	PV	
glipizide oral tablet 10 mg, 5 mg	PV	
glipizide oral tablet 2.5 mg	1	
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	PV	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (*glipizide*)	PV	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	PV	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	PV	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	PV	
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	PV	
THIAZOLIDINEDIONES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (*pioglitazone hcl-metformin hcl*)	PV	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (*pioglitazone hcl*)	PV	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (*pioglitazone hcl-glimepiride*)	PV	
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	PV	
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	PV	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	PV	
THYROID AGENTS - Drugs for the Thyroid		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*thyroid*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (*thyroid*)	3	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (*liothyronine sodium*)	3	
ERMEZA ORAL SOLUTION 150 MCG/5ML (*levothyroxine sodium*)	3	
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
LEVOTHYROXINE SODIUM 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	3	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (*thyroid*)	3	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (*resmetirom*)	3	DSL = 30 days
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*)	3	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (*levothyroxine sodium*)	3	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*)	3	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG (*levothyroxine sodium*)	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (*levothyroxine sodium*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (*glatiramer acetate*)	3	DSL = 30 days
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	1	DSL = 30 days
glatopa subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	1	DSL = 30 days
ANTIMETABOLITES		
AUBAGIO ORAL TABLET 14 MG, 7 MG (*teriflunomide*)	3	
cladribine intravenous solution 10 mg/10ml	1	
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	
teriflunomide oral tablet 14 mg, 7 mg	1	
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
AZASAN ORAL TABLET 100 MG, 75 MG (*azathioprine*)	3	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	1	
CELLCEPT ORAL CAPSULE 250 MG (*mycophenolate mofetil*)	3	
IMURAN ORAL TABLET 50 MG (*azathioprine*)	3	
mycophenolate mofetil oral capsule 250 mg	1	
BONE-MODIFYING AGENTS		
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-nxxp*)	3	
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-nxxp*)	3	
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-bnht*)	3	
BOMYNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/1.7ML (*denosumab-bnht*)	3	DSL = 30 days
CONEXXENCE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-bnht*)	3	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-bbdz*)	3	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-bmwo*)	3	DSL = 30 days
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab*)	3	
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab-bmwo*)	3	
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab-bbdz*)	3	DSL = 30 days
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab*)	3	DSL = 30 days
CALCINEURIN INHIBITORS, MISC (90:28)		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	3	
CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*)	2	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine ophthalmic emulsion 0.05 %	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (*tacrolimus*)	3	
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
KLARITY-C DROPS OPHTHALMIC EMULSION 0.1 % (*cyclosporine*)	3	DSL = 30 days
NEORAL ORAL CAPSULE 100 MG, 25 MG (*cyclosporine modified*)	3	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	2	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (*tacrolimus*)	2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	3	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	3	
RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	3	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (*cyclosporine*)	3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tacrolimus external ointment 0.03 %, 0.1 %	1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (*cyclosporine*)	3	DSL = 30 days
VEVYE OPHTHALMIC SOLUTION 0.1 % (*cyclosporine*)	3	DSL = 30 days
COMPLEMENT INHIBITOR AGENTS (90:20)		
BKEMV INTRAVENOUS SOLUTION 300 MG/30ML (*eculizumab-aeeb*)	3	DSL = 30 days
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML (*sutimlimab-jome*)	3	DSL = 30 days
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30ML (*eculizumab-aagh*)	3	DSL = 30 days
FABHALTA ORAL CAPSULE 200 MG (*iptacopan hcl*)	3	DSL = 30 days
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (*avacincaptad pegol*)	3	DSL = 30 days
PIASKY INJECTION SOLUTION 340 MG/2ML (*crovalimab-akkz*)	3	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (*eculizumab*)	3	DSL = 30 days
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (*pegcetacoplan (ophthalmic)*)	3	
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	3	DSL = 30 days
COMPLEMENT INHIBITORS (90:08)		
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (*zilucoplan sodium*)	3	DSL = 30 days
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*)	3	
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (*vedolizumab*)	3	DSL = 30 days
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	3	DSL = 30 days
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*abatacept*)	3	DSL = 30 days
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	3	DSL = 30 days
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	3	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	3	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	3	DSL = 30 days
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	3	DSL = 30 days
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	3	DSL = 30 days
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	PV	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	3	
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	3	OC
PLAQUENIL ORAL TABLET 200 MG (*hydroxychloroquine sulfate*)	PV	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML (*methotrexate (anti-rheumatic)*)	2	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	3	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	3	
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	3	
SOVUNA ORAL TABLET 200 MG, 300 MG (*hydroxychloroquine sulfate*)	PV	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML (*guselkumab*)	3	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	3	
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*guselkumab*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	3	DSL = 30 days
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	3	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (*guselkumab*)	3	DSL = 30 days
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	3	DSL = 30 days
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	3	OC
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	3	DSL = 30 days; OC
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	3	DSL = 30 days
FUMARATES		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (*monomethyl fumarate*)	3	DSL = 30 days
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	3	DSL = 30 days
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	1	DSL = 30 days
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (*dimethyl fumarate*)	3	DSL = 30 days
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (*dimethyl fumarate*)	3	DSL = 30 days
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (*diroximel fumarate*)	3	DSL = 30 days
IGG1 MONOCLONAL ANTIBODIES		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (*belimumab*)	3	DSL = 30 days
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	3	DSL = 30 days
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	3	DSL = 30 days
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML (*anifrolumab-fnia*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMMUNOMODULATORY AGENTS (90:00)		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (*everolimus*)	3	DSL = 30 days; OC
AFINITOR ORAL TABLET 10 MG (*everolimus*)	3	DSL = 30 days; OC
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (*everolimus*)	3	OC
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	1	DSL = 30 days
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/2ML, 1000 MG/10ML, 2 GM/4ML, 2000 MG/20ML, 500 MG/5ML	3	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	3	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/ML	3	DSL = 30 days
cyclophosphamide oral capsule 25 mg, 50 mg	3	OC
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	OC
CYCLOPHOSPHAMIDE SOLUTION 2 GM/10ML INTRAVENOUS	3	DSL = 30 days
CYCLOPHOSPHAMIDE SOLUTION 2 GM/10ML INTRAVENOUS	3	DSL = 30 days
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	OC
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	1	DSL = 30 days; OC
FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML (*cyclophosphamide*)	3	
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML (*cyclophosphamide*)	3	DSL = 30 days
mercaptopurine oral suspension 2000 mg/100ml	1	DSL = 30 days; OC
mercaptopurine oral tablet 50 mg	3	OC
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	3	DSL = 30 days; OC
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	OC
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*everolimus*)	3	
INTERFERON GAMMA INHIBITOR AGENTS, MISC		
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML (*emapalumab-lzsg*)	3	DSL = 30 days
INTERFERONS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	3	DSL = 30 days
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	2	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	3	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	3	DSL = 30 days
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	3	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	3	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	3	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	3	
INTERLEUKIN INHIBITOR AGENTS, MISC		
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (*basiliximab*)	3	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML (*omalizumab*)	3	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (*omalizumab*)	3	DSL = 30 days
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (*omalizumab*)	3	DSL = 30 days
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*omalizumab*)	3	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*)	3	DSL = 30 days
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	3	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab*)	3	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	3	DSL = 30 days
AVTOZMA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab-anoh*)	3	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (*secukinumab*)	3	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*secukinumab*)	3	DSL = 30 days
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	3	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	3	DSL = 30 days
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	3	DSL = 30 days
IMULDOSA INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab-srlf (iv)*)	3	
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-srlf*)	3	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	3	DSL = 30 days
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	3	DSL = 30 days
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	3	DSL = 30 days
OTULFI INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab-aauz (iv)*)	3	
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-aauz*)	3	
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-aauz*)	3	
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab-ttwe (iv)*)	3	
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-ttwe*)	3	
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML, 90 MG/ML (*ustekinumab-ttwe*)	3	
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (*ustekinumab-ttwe*)	3	
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab-ttwe*)	3	
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab-aekn (iv)*)	3	
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (*ustekinumab-aekn*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab-aekn*)	3	
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab*)	3	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*)	3	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab*)	3	
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab-stba (iv)*)	3	
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (*ustekinumab-stba*)	3	
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab-stba*)	3	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (*ixekizumab*)	3	DSL = 30 days
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML (*ixekizumab*)	3	
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (*ixekizumab*)	3	DSL = 30 days
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab-bavi*)	3	DSL = 30 days
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab-aazg*)	3	DSL = 30 days
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab-aazg*)	3	
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab-aazg*)	3	
USTEKINUMAB INTRAVENOUS SOLUTION 130 MG/26ML	3	
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	3	
USTEKINUMAB-AEKN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	
USTEKINUMAB-AEKN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	
USTEKINUMAB-TTWE INTRAVENOUS SOLUTION 130 MG/26ML	3	
USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	3	
USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WEZLANA INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab-auub (iv)*)	3	
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-auub*)	3	
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-auub*)	3	
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab-kfce (iv)*)	3	
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab-kfce*)	2	
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab-kfce*)	2	
JANUS KINASE INHIBITORS, MISCELLANEOUS		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	3	DSL = 30 days
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (*baricitinib*)	3	DSL = 30 days
RINVOQ LQ ORAL SOLUTION 1 MG/ML (*upadacitinib*)	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (*upadacitinib*)	3	DSL = 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (*upadacitinib*)	3	DSL = 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (*upadacitinib*)	3	
XELJANZ ORAL SOLUTION 1 MG/ML (*tofacitinib citrate*)	3	DSL = 30 days
XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*)	3	DSL = 30 days
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (*tofacitinib citrate*)	3	DSL = 30 days
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (*tofacitinib citrate*)	3	
MONOCARBOXYLIC ACID AMIDE AGENTS		
ARAVA ORAL TABLET 10 MG, 20 MG (*leflunomide*)	3	
LEFLUNICLO COMBINATION KIT 20 & 1 MG & % (*leflunomide & diclofenac sod*)	3	
leflunomide oral tablet 10 mg, 20 mg	3	
MONOCLONAL ANTIBODIES (90:04)		
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML (*ublituximab-xiiy*)	3	
MONOCLONAL ANTIBODIES (90:10)		
KISUNLA INTRAVENOUS SOLUTION 350 MG/20ML (*donanemab-azbt*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (*alemtuzumab*)	3	DSL = 30 days
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML (*lecanemab-irmb*)	3	DSL = 30 days
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 360 MG/1.8ML (*lecanemab-irmb*)	3	DSL = 30 days
MONOCLONAL ANTIBODIES (90:12)		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	3	DSL = 30 days
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (*inebilizumab-cdon*)	3	DSL = 30 days
MTOR INHIBITORS, MISCELLANEOUS		
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	3	DSL = 30 days
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
NEONATAL FC RECEPTOR BLOCKERS		
IMAAVY INTRAVENOUS SOLUTION 1200 MG/6.5ML (*nipocalimab-aahu*)	3	DSL = 30 days
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML, 420 MG/3ML, 560 MG/4ML, 840 MG/6ML (*rozanolixizumab-noli*)	3	DSL = 30 days
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML (*efgartigimod alfa-hyalur-qvfc*)	3	DSL = 30 days
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1000-10000 MG-UNT/5ML (*efgartigimod alfa-hyalur-qvfc*)	3	
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML (*efgartigimod alfa-fcab*)	3	DSL = 30 days
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
OTEZLA ORAL TABLET 20 MG (*apremilast*)	3	
OTEZLA ORAL TABLET 30 MG (*apremilast*)	3	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	3	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (*apremilast*)	3	
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (*apremilast*)	3	
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG (*apremilast*)	3	
POLYCLONAL ANTIBODIES, MISCELLANEOUS		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (*lymphocyte,anti-thymo imm glob*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (*anti-thymocyte glob (rabbit)*)	3	
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
fingolimod hcl oral capsule 0.5 mg	1	
GILENYA ORAL CAPSULE 0.25 MG (*fingolimod hcl*)	3	DSL = 30 days
GILENYA ORAL CAPSULE 0.5 MG (*fingolimod hcl*)	3	
MAYZENT ORAL TABLET 0.25 MG, 2 MG (*siponimod fumarate*)	3	
MAYZENT ORAL TABLET 1 MG (*siponimod fumarate*)	3	DSL = 30 days
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (*siponimod fumarate*)	3	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (*siponimod fumarate*)	3	
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (*fingolimod lauryl sulfate*)	3	DSL = 30 days
T-CELL BLOCKERS (90:24)		
LUPKYNIS ORAL CAPSULE 7.9 MG (*voclosporin*)	3	DSL = 30 days
T-CELL COSTIMULATORY BLOCKERS, MISC		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*belatacept*)	3	
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AACF (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AACF(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AACF(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	
ADALIMUMAB-FKJP (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-RYVK (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	DSL = 30 days
ADALIMUMAB-RYVK (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-RYVK (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	2	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab-atto*)	2	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-atto*)	2	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (*adalimumab-atto*)	2	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML (*adalimumab-atto*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	3	DSL = 30 days
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	3	DSL = 30 days
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	3	DSL = 30 days
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	3	DSL = 30 days
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	3	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	3	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	3	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-adbm*)	3	
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	3	
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	3	DSL = 30 days
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	3	
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	3	DSL = 30 days
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	3	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	3	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	3	DSL = 30 days
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	3	DSL = 30 days
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	3	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	3	DSL = 30 days
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-fkjp*)	3	DSL = 30 days
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-fkjp*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	3	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	3	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-ryvk*)	2	DSL = 30 days
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	3	DSL = 30 days
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-ryvk*)	2	DSL = 30 days
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*)	3	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	3	DSL = 30 days
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	3	DSL = 30 days
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (*adalimumab-aaty*)	3	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-aaty*)	3	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-aqvh*)	3	DSL = 30 days
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	3	DSL = 30 days
LOCAL ANESTHETICS - Drugs for Numbing		
LOCAL ANESTHETICS - Drugs for Numbing		
ACCUCAINE COMBINATION KIT 1 % (*lido-pentaf-tetrafl-ultrasound*)	3	
ALTACAINE OPHTHALMIC SOLUTION 0.5 % (*tetracaine hcl*)	2	
BLT-25 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (*triamcinolone & bupiv & lido*)	3	
bupivacaine fisiopharma injection solution 0.5 %, 2.5 mg/ml	1	
BUPIVACAINE HCL (BULK) SOLUTION 4760 MG/119ML	3	
bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %, 0.75 %	1	
BUPIVACAINE HCL INJECTION SOLUTION 0.125 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.125 % (50 ML), 0.25 % (10 ML)	3	
bupivacaine hcl solution 0.25 % injection	1	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	1	
bupivacaine hcl solution 0.5 % injection	1	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	1	
DYURAL 80-LM INJECTION KIT 80 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
DYURAL-40 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
DYURAL-80 INJECTION KIT 80 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
DYURAL-L INJECTION KIT 40 & 1 MG/ML-% (*methylprednisolone ace-lido*)	3	
DYURAL-LM INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (*methylprednisol & bupiv & lido*)	3	
EXPAREL INJECTION SUSPENSION 1.3 % (*bupivacaine liposome*)	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.0625-0.9 MG/100ML-%, 1-0.125-0.9 MG/250ML-%	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%, 0.8-0.1667-0.9 MG/200ML-%	3	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2-0.125-0.9 MCG/ML-%-%	3	DSL = 30 days
IHEEZO OPHTHALMIC GEL 3 % (*chloroprocaine hcl*)	3	
KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION 10-10 MEQ-MG /100ML	3	
LETS KIT	3	
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %	1	
lidocaine hcl injection solution 0.5 %	1	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML, 100 MG/10ML, 200 MG/10ML, 9 MG/ML	3	
LIDOCAINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/5ML	3	
lidocaine hcl solution 1 % injection	1	
LIDOCAINE HCL SOLUTION 1 % INJECTION	1	
lidocaine hcl solution 2 % injection	1	
LIDOCAINE HCL SOLUTION 2 % INJECTION	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	1	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION	3	
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % (*lidocaine-camphor-menthol*)	3	
MARCAINE INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 % (*bupivacaine hcl*)	3	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 % (*bupivacaine hcl*)	2	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.5 %, 0.75 % (*bupivacaine hcl*)	3	
MARLIDO INJECTION KIT 2 & 0.5 %	3	
MARLIDO-25 INJECTION KIT 1 & 0.25 % (*lidocaine hcl-bupivacaine hcl*)	3	
MARVONA SUIK COMBINATION KIT 0.5 % (*bupivacaine hcl & anesthetic*)	3	
MLK F1 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F2 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F3 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F4 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-% (*triamcinolone & bupiv & lido*)	3	
MULTI-SPECIALTY INJECTION KIT 40 & 1 MG/ML-%	3	
P-CARE K40MX INJECTION KIT 40 & 0.5 & 1 MG/ML-%-%	3	
P-CARE K80MX INJECTION KIT 40 & 0.5 & 1 MG/ML-%-%	3	
PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40-1 MG/ML-%	3	
PHYSICIANS EZ USE M-PRED INJECTION KIT 40-0.5 MG/ML-%	3	
SENSORCAINE INJECTION SOLUTION 0.25 %, 0.5 % (*bupivacaine hcl*)	1	
SENSORCAINE-MPF INJECTION SOLUTION 0.25 % (*bupivacaine hcl*)	2	
SENSORCAINE-MPF INJECTION SOLUTION 0.5 %, 0.75 % (*bupivacaine hcl*)	1	
tetracaine hcl ophthalmic solution 0.5 %	1	
XARACOLL IMPLANT IMPLANT 3 X 100 MG (*bupivacaine hcl*)	3	
XYLOCAINE INJECTION SOLUTION 0.5 %, 1 %, 2 % (*lidocaine hcl*)	3	
XYLOCAINE MPF +RFID INJECTION SOLUTION 1 % (*lidocaine hcl*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XYLOCAINE-MPF +RFID INJECTION SOLUTION 2 % (*lidocaine hcl*)	3	
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 % (*lidocaine hcl*)	3	
ZTLIDO EXTERNAL PATCH 1.8 % (*lidocaine*)	3	
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
AVODART ORAL CAPSULE 0.5 MG (*dutasteride*)	3	
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	3	
FINAPID EXTERNAL SOLUTION 0.1-5 %	3	
FINAPOD EXTERNAL SOLUTION 0.1-7 %	3	
FINAPODTAR EXTERNAL SOLUTION 0.1-7-0.025 %	3	
finasteride oral tablet 1 mg, 5 mg	1	
FLYPROGPIDTAR EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
HARISIS EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
HARVIVA EXTERNAL SOLUTION 0.1-5 %	3	
HARVIVA HP EXTERNAL SOLUTION 0.1-7 %	3	
HEVONA EXTERNAL SOLUTION 0.01-5-0.025 %	3	
HONISTA EXTERNAL SOLUTION 0.1-7-0.025 %	3	
JALYN ORAL CAPSULE 0.5-0.4 MG (*dutasteride-tamsulosin hcl*)	3	
PROPECIA ORAL TABLET 1 MG (*finasteride*)	3	
PROSCAR ORAL TABLET 5 MG (*finasteride*)	3	
TETPIDTAR EXTERNAL SOLUTION 0.01-5-0.025 %	3	
5-ALPHA-REDUCTASE INHIBITORS (92:04) - Drugs for Alcohol Dependence		
AVODART ORAL CAPSULE 0.5 MG (*dutasteride*)	3	
disulfiram oral tablet 250 mg, 500 mg	1	
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	3	
FINAPID EXTERNAL SOLUTION 0.1-5 %	3	
FINAPOD EXTERNAL SOLUTION 0.1-7 %	3	
FINAPODTAR EXTERNAL SOLUTION 0.1-7-0.025 %	3	
finasteride oral tablet 1 mg, 5 mg	1	
FLYPROGPIDTAR EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HARISIS EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
HARVIVA EXTERNAL SOLUTION 0.1-5 %	3	
HARVIVA HP EXTERNAL SOLUTION 0.1-7 %	3	
HEVONA EXTERNAL SOLUTION 0.01-5-0.025 %	3	
HONISTA EXTERNAL SOLUTION 0.1-7-0.025 %	3	
JALYN ORAL CAPSULE 0.5-0.4 MG (*dutasteride-tamsulosin hcl*)	3	
naltrexone hcl oral tablet 50 mg	1	
PROPECIA ORAL TABLET 1 MG (*finasteride*)	3	
PROSCAR ORAL TABLET 5 MG (*finasteride*)	3	
TETPIDTAR EXTERNAL SOLUTION 0.01-5-0.025 %	3	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	2	
ANTIDOTES (92:12) - Drugs for Overdose or Poisoning		
acetylcysteine inhalation solution 10 %, 20 %	1	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	2	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
atropine sulfate injection solution 8 mg/20ml	1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	1	
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	3	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML (*sugammadex sodium*)	2	
BRIDION INTRAVENOUS SOLUTION 500 MG/5ML (*sugammadex sodium*)	3	
CHEMET ORAL CAPSULE 100 MG (*succimer*)	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (*crotalidae polyval immune fab*)	2	
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	1	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (*deferoxamine mesylate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (*digoxin immune fab*)	2	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*)	PV	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (*lanthanum carbonate*)	PV	
glucagon emergency kit injection solution reconstituted 1 mg	PV	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (*glucagon*)	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (*glucagon*)	3	
IOSAT ORAL TABLET 130 MG, 65 MG (*potassium iodide (antidote)*)	3	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (*levoleucovorin*)	PV	DSL = 30 days
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	PV	
leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml	PV	
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	PV	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	PV	
levoleucovorin calcium intravenous solution reconstituted 50 mg	PV	
levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml	PV	
magnesium sulfate injection solution 50 %	PV	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	PV	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	
naltrexone hcl oral tablet 50 mg	1	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	1	
phytonadione oral tablet 5 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE 12.5-2.5 MG, 25-10 MG, 25-5 MG, 50-10 MG, 50-20 MG, 50-25 MG, 75-25 MG	PV	
RADIOGARDASE ORAL CAPSULE 0.5 GM (*prussian blue insoluble*)	3	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (*sevelamer carbonate*)	PV	
RENVELA ORAL TABLET 800 MG (*sevelamer carbonate*)	PV	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	PV	
sevelamer carbonate oral tablet 800 mg	PV	
sevelamer hcl oral tablet 400 mg, 800 mg	PV	
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (*sodium polystyrene sulfonate*)	3	
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	3	DSL = 30 days
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	2	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (*glucarpidase*)	PV	DSL = 30 days
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*)	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*)	3	
ANTIGOUT AGENTS - Drugs for Gout		
ALEVE ALL DAY STRONG ORAL TABLET 220 MG (*naproxen sodium*)	PV	
all day pain relief oral tablet 220 mg	PV	
all day relief oral tablet 220 mg	PV	
allopurinol oral tablet 100 mg, 200 mg, 300 mg	PV	
colchicine oral capsule 0.6 mg	PV	
colchicine oral tablet 0.6 mg	PV	
colchicine-probenecid oral tablet 0.5-500 mg	1	
febuxostat oral tablet 40 mg, 80 mg	PV	
FLANAX ORAL TABLET 220 MG (*naproxen sodium*)	PV	
ft all day pain relief oral tablet 220 mg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (*colchicine*)	PV	DSL = 30 days
goodsense naproxen sodium oral tablet 220 mg	PV	
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	PV	
INDOCIN RECTAL SUPPOSITORY 50 MG (*indomethacin*)	PV	DSL = 30 days
indomethacin er oral capsule extended release 75 mg	PV	
indomethacin oral capsule 25 mg, 50 mg	PV	
indomethacin oral suspension 25 mg/5ml	PV	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	PV	
indomethacin rectal suppository 50 mg	PV	DSL = 30 days
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50ML, 8 MG/ML (*pegloticase*)	PV	
MITIGARE ORAL CAPSULE 0.6 MG (*colchicine*)	PV	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (*naproxen sodium*)	PV	
naproxen dr oral tablet delayed release 500 mg	PV	
naproxen oral suspension 125 mg/5ml	PV	
naproxen oral tablet 250 mg, 375 mg, 500 mg	PV	
naproxen oral tablet delayed release 375 mg, 500 mg	PV	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	PV	
naproxen sodium oral tablet 220 mg, 275 mg, 550 mg	PV	
ORLYNVAH ORAL TABLET 500-500 MG (*sulopenem etzadrox-probenecid*)	3	DSL = 30 days
probenecid oral tablet 500 mg	1	
ULORIC ORAL TABLET 40 MG, 80 MG (*febuxostat*)	PV	
ANTISENSE OLIGONUCLEOTIDES		
AMONDYS 45 INTRAVENOUS SOLUTION 100 MG/2ML	3	DSL = 30 days
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*donidalorsen sodium*)	3	DSL = 30 days
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML (*eteplirsen*)	3	DSL = 30 days
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (*sodium oxybate*)	3	DSL = 30 days
LUMRYZ STARTER PACK ORAL THERAPY PACK 4.5 & 6 & 7.5 GM (*sodium oxybate*)	3	
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (*tofersen*)	3	DSL = 30 days
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML (*nusinersen*)	3	DSL = 30 days
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*olezarsen sodium*)	3	DSL = 30 days
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML (*viltolarsen*)	3	DSL = 30 days
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML (*golodirsen*)	3	DSL = 30 days
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (*eplontersen sodium*)	3	DSL = 30 days
XYREM ORAL SOLUTION 500 MG/ML (*sodium oxybate*)	3	DSL = 30 days
BONE ANABOLIC AGENTS		
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (*teriparatide*)	3	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*)	3	DSL = 30 days
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (*teriparatide*)	3	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	1	
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	3	DSL = 30 days
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
ACTONEL ORAL TABLET 150 MG, 35 MG (*risedronate sodium*)	3	
alendronate sodium oral solution 70 mg/75ml	1	
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	1	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	PV	
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (*risedronate sodium*)	3	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (*alendronate sodium*)	3	
calcitonin (salmon) injection solution 200 unit/ml	1	DSL = 30 days
calcitonin (salmon) nasal solution 200 unit/act	1	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	PV	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML (*estradiol valerate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (*estradiol cypionate*)	2	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	PV	
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (*estradiol*)	PV	
ESTRACE VAGINAL CREAM 0.01 % (*estradiol*)	2	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	PV	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 0.75 mg/1.25 gm (0.06%), 1 mg/gm, 1.25 mg/1.25gm	PV	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
estradiol vaginal cream 0.01 %	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (*estradiol*)	2	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*)	PV	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	PV	
EVISTA ORAL TABLET 60 MG (*raloxifene hcl*)	3	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	3	
FOSAMAX ORAL TABLET 70 MG (*alendronate sodium*)	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*)	3	
ibandronate sodium intravenous solution 3 mg/3ml	1	
ibandronate sodium oral tablet 150 mg	1	
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (*calcitonin (salmon)*)	3	DSL = 30 days
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	PV	
pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	PV	
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	2	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (*denosumab*)	3	
raloxifene hcl oral tablet 60 mg	PV	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (*zoledronic acid*)	3	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	
risedronate sodium oral tablet delayed release 35 mg	1	
VAGIFEM VAGINAL TABLET 10 MCG (*estradiol*)	3	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	PV	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (*denosumab*)	3	DSL = 30 days
yuvafem vaginal tablet 10 mcg	1	
zoledronic acid intravenous concentrate 4 mg/5ml	1	
zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml	1	
BRADYKININ RECEPTOR ANTAGONISTS		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (*icatibant acetate*)	3	DSL = 30 days
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	DSL = 30 days
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (*icatibant acetate*)	3	DSL = 30 days
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
dichlorphenamide oral tablet 50 mg	1	DSL = 30 days
KEVEYIS ORAL TABLET 50 MG (*dichlorphenamide*)	3	DSL = 30 days
ORMALVI ORAL TABLET 50 MG (*dichlorphenamide*)	3	DSL = 30 days
CARIOSTATIC AGENTS - Vitamins and Fluoride		
CLINPRO 5000 DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0.75 MG (*pediatric multivitamins-fl*)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (*sodium fluoride*)	PV	
DENTA 5000 PLUS SENSITIVE DENTAL GEL 1.1-5 %	3	
DENTAGEL DENTAL GEL 1.1 % (*sodium fluoride*)	PV	
EASYGEL DENTAL GEL 0.4 % (*stannous fluoride*)	PV	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*)	3	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*ped multiple vit-minerals-fl*)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 % (*stannous fluoride*)	PV	
FLUORIDEX DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
FLUORIMAX 5000 SENSITIVE DENTAL GEL 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	PV	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 %	3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride oral suspension 0.25 mg/ml	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (*ped multivitamins-fl-iron*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
PREVIDENT DENTAL GEL 1.1 % (*sodium fluoride*)	PV	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (*sodium fluoride*)	PV	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	3	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (*ped multivitamins-fl-iron*)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
sf 5000 plus dental cream 1.1 %	PV	
sf dental gel 1.1 %	PV	
sod fluoride-potassium nitrate dental gel 1.1-5 %	1	
sodium fluoride 5000 enamel dental gel 1.1-5 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	PV	
sodium fluoride 5000 ppm dental cream 1.1 %	PV	
sodium fluoride 5000 ppm dental gel 1.1 %	PV	
sodium fluoride 5000 ppm dental paste 1.1 %	PV	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	1	
sodium fluoride dental cream 1.1 %	PV	
sodium fluoride dental gel 1.1 %	PV	
sodium fluoride mouth/throat solution 0.2 %	PV	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	PV	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	PV	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRI-VITAMIN WITH FLUORIDE ORAL SUSPENSION 0.25 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 % (*sodium fluoride*)	PV	
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*)	3	DSL = 30 days
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*)	3	DSL = 30 days
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	3	DSL = 30 days
FABHALTA ORAL CAPSULE 200 MG (*iptacopan hcl*)	3	DSL = 30 days
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	3	DSL = 30 days
PIASKY INJECTION SOLUTION 340 MG/2ML (*crovalimab-akkz*)	3	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	3	DSL = 30 days
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (*eculizumab*)	3	DSL = 30 days
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	3	DSL = 30 days
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (*ravulizumab-cwvz*)	3	
VEOPOZ INJECTION SOLUTION 400 MG/2ML (*pozelimab-bbfg*)	3	DSL = 30 days
VOYDEYA ORAL TABLET 100 MG (*danicopan*)	3	DSL = 30 days
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (*danicopan*)	3	DSL = 30 days
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (*zilucoplan sodium*)	3	DSL = 30 days
COMPLEMENT INHIBITORS (92:32)		
BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*)	3	DSL = 30 days
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	3	DSL = 30 days
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (*icatibant acetate*)	3	DSL = 30 days
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	3	DSL = 30 days
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	DSL = 30 days
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (*ecallantide*)	3	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	3	DSL = 30 days
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	3	DSL = 30 days
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (*icatibant acetate*)	3	DSL = 30 days
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (*eculizumab*)	3	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	3	DSL = 30 days
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	3	DSL = 30 days
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (*ravulizumab-cwvz*)	3	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	3	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab*)	3	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	3	DSL = 30 days
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-AACF (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AACF(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AACF(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	3	
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	
ADALIMUMAB-FKJP (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-RYVK (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-RYVK (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	2	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab-atto*)	2	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-atto*)	2	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (*adalimumab-atto*)	2	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML (*adalimumab-atto*)	2	
ARAVA ORAL TABLET 10 MG, 20 MG (*leflunomide*)	3	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	3	DSL = 30 days
AZASAN ORAL TABLET 100 MG, 75 MG (*azathioprine*)	3	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	3	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	3	DSL = 30 days
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	3	DSL = 30 days
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	3	DSL = 30 days
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	3	DSL = 30 days
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	3	
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (*secukinumab*)	3	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*secukinumab*)	3	DSL = 30 days
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	3	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	3	DSL = 30 days
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	3	DSL = 30 days
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	3	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	3	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	3	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	3	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-adbm*)	3	
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	3	
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	3	DSL = 30 days
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	3	
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	3	DSL = 30 days
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	3	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	3	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	3	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	3	DSL = 30 days
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	3	DSL = 30 days
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	3	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	3	DSL = 30 days
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-fkjp*)	3	DSL = 30 days
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-fkjp*)	3	DSL = 30 days
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	3	DSL = 30 days
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	PV	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
IMURAN ORAL TABLET 50 MG (*azathioprine*)	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	3	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	3	DSL = 30 days
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	3	DSL = 30 days
LEFLUNICLO COMBINATION KIT 20 & 1 MG & % (*leflunomide & diclofenac sod*)	3	
leflunomide oral tablet 10 mg, 20 mg	3	
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	3	OC
NEORAL ORAL CAPSULE 100 MG, 25 MG (*cyclosporine modified*)	3	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	2	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (*baricitinib*)	3	DSL = 30 days
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	3	DSL = 30 days
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*abatacept*)	3	DSL = 30 days
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	3	DSL = 30 days
OTEZLA ORAL TABLET 30 MG (*apremilast*)	3	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	3	DSL = 30 days
penicillamine oral capsule 250 mg	3	
penicillamine oral tablet 250 mg	3	
PLAQUENIL ORAL TABLET 200 MG (*hydroxychloroquine sulfate*)	PV	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (*methotrexate (anti-rheumatic)*)	2	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	3	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	3	
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*rituximab-arrx*)	3	DSL = 30 days
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (*upadacitinib*)	3	DSL = 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (*upadacitinib*)	3	DSL = 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (*upadacitinib*)	3	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (*cyclosporine*)	3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	2	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	3	DSL = 30 days
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	3	DSL = 30 days
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-ryvk*)	2	DSL = 30 days
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*)	3	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	3	DSL = 30 days
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	3	DSL = 30 days
SOVUNA ORAL TABLET 200 MG, 300 MG (*hydroxychloroquine sulfate*)	PV	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab-bavi*)	3	DSL = 30 days
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	3	OC
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab-aazg*)	3	DSL = 30 days
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	3	DSL = 30 days; OC
XELJANZ ORAL SOLUTION 1 MG/ML (*tofacitinib citrate*)	3	DSL = 30 days
XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*)	3	DSL = 30 days
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (*tofacitinib citrate*)	3	DSL = 30 days
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (*tofacitinib citrate*)	3	
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-aaty*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (*adalimumab-aaty*)	3	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-aaty*)	3	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-aqvh*)	3	DSL = 30 days
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	3	DSL = 30 days
IGA NEPHROPATHY		
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	3	DSL = 30 days
VANRAFIA ORAL TABLET 0.75 MG (*atrasentan hcl*)	3	DSL = 30 days
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-afzb*)	3	DSL = 30 days
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	3	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab*)	3	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	3	DSL = 30 days
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (*interferon gamma-1b*)	3	DSL = 30 days
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AACF (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AACF(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-AACF(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	3	
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	
ADALIMUMAB-FKJP (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-RYVK (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-RYVK (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	2	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab-atto*)	2	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-atto*)	2	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (*adalimumab-atto*)	2	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML (*adalimumab-atto*)	2	
ARAVA ORAL TABLET 10 MG, 20 MG (*leflunomide*)	3	
AUBAGIO ORAL TABLET 14 MG, 7 MG (*teriflunomide*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	3	DSL = 30 days
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	3	DSL = 30 days
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	3	DSL = 30 days
AZASAN ORAL TABLET 100 MG, 75 MG (*azathioprine*)	3	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	3	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	3	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (*monomethyl fumarate*)	3	DSL = 30 days
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	3	DSL = 30 days
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	2	DSL = 30 days
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML (*ublituximab-xiiy*)	3	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	3	DSL = 30 days
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	3	DSL = 30 days
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (*certolizumab pegol*)	3	DSL = 30 days
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (*glatiramer acetate*)	3	DSL = 30 days
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	3	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-adbm*)	3	
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	3	DSL = 30 days
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	1	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	3	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	3	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	3	DSL = 30 days
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	3	DSL = 30 days
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	3	DSL = 30 days
fingolimod hcl oral capsule 0.5 mg	1	
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
GILENYA ORAL CAPSULE 0.25 MG (*fingolimod hcl*)	3	DSL = 30 days
GILENYA ORAL CAPSULE 0.5 MG (*fingolimod hcl*)	3	
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	1	DSL = 30 days
glatopa subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	1	DSL = 30 days
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	3	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	3	DSL = 30 days
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-fkjp*)	3	DSL = 30 days
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-fkjp*)	3	DSL = 30 days
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	3	DSL = 30 days
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	3	DSL = 30 days
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	3	DSL = 30 days
IMURAN ORAL TABLET 50 MG (*azathioprine*)	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	
JOENJA ORAL TABLET 70 MG (*leniolisib phosphate*)	3	DSL = 30 days
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	3	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (*ofatumumab*)	3	DSL = 30 days
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	3	DSL = 30 days
leflunomide oral tablet 10 mg, 20 mg	3	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (*alemtuzumab*)	3	DSL = 30 days
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	1	DSL = 30 days; OC
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	
MAYZENT ORAL TABLET 0.25 MG, 2 MG (*siponimod fumarate*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAYZENT ORAL TABLET 1 MG (*siponimod fumarate*)	3	DSL = 30 days
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (*siponimod fumarate*)	3	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (*siponimod fumarate*)	3	
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	3	OC
NEORAL ORAL CAPSULE 100 MG, 25 MG (*cyclosporine modified*)	3	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	2	
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML (*ocrelizumab*)	3	DSL = 30 days
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML (*ocrelizumab-hyaluronidase-ocsq*)	3	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	3	DSL = 30 days
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*abatacept*)	3	DSL = 30 days
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	3	DSL = 30 days
OTEZLA ORAL TABLET 20 MG (*apremilast*)	3	
OTEZLA ORAL TABLET 30 MG (*apremilast*)	3	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	3	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (*apremilast*)	3	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	3	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	3	DSL = 30 days
PLAQUENIL ORAL TABLET 200 MG (*hydroxychloroquine sulfate*)	PV	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	3	DSL = 30 days
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	3	DSL = 30 days
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML (*peginterferon beta-1a*)	3	DSL = 30 days
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	3	DSL = 30 days
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	3	DSL = 30 days; OC
PONVORY ORAL TABLET 20 MG (*ponesimod*)	3	DSL = 30 days
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (*ponesimod*)	3	DSL = 30 days
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (*aldesleukin*)	3	DSL = 30 days
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	3	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	3	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	3	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	3	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	3	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	3	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (*lenalidomide*)	3	DSL = 30 days; OC
RHAPSIDO ORAL TABLET 25 MG (*remibrutinib*)	3	
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	3	
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML (*rozanolixizumab-noli*)	3	DSL = 30 days
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (*cyclosporine*)	3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	2	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	3	DSL = 30 days
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-ryvk*)	2	DSL = 30 days
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*)	3	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	3	DSL = 30 days
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	3	DSL = 30 days
SOVUNA ORAL TABLET 200 MG, 300 MG (*hydroxychloroquine sulfate*)	PV	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (*fingolimod lauryl sulfate*)	3	DSL = 30 days
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (*dimethyl fumarate*)	3	DSL = 30 days
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (*dimethyl fumarate*)	3	DSL = 30 days
teriflunomide oral tablet 14 mg, 7 mg	1	
THALOMID ORAL CAPSULE 100 MG, 50 MG (*thalidomide*)	3	OC
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab-bavi*)	3	DSL = 30 days
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	3	OC
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab-aazg*)	3	DSL = 30 days
TYRUKO INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab-sztn*)	3	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab*)	3	DSL = 30 days
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (*inebilizumab-cdon*)	3	DSL = 30 days
VELSIPITY ORAL TABLET 2 MG (*etrasimod arginine*)	3	DSL = 30 days
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (*diroximel fumarate*)	3	DSL = 30 days
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML (*efgartigimod alfa-hyalur-qvfc*)	3	DSL = 30 days
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML (*efgartigimod alfa-fcab*)	3	DSL = 30 days
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	3	DSL = 30 days; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (*adalimumab-aaty*)	3	
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-aaty*)	3	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-aaty*)	3	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-aqvh*)	3	DSL = 30 days
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (*ozanimod hcl*)	3	DSL = 30 days
ZEPOSIA ORAL CAPSULE 0.92 MG (*ozanimod hcl*)	3	DSL = 30 days
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) (*ozanimod hcl*)	3	DSL = 30 days
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	3	DSL = 30 days
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
ARAVA ORAL TABLET 10 MG, 20 MG (*leflunomide*)	3	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	3	
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (*lymphocyte,anti-thymo imm glob*)	2	
AZASAN ORAL TABLET 100 MG, 75 MG (*azathioprine*)	3	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	1	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (*belimumab*)	3	DSL = 30 days
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	3	DSL = 30 days
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	3	DSL = 30 days
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*mycophenolate mofetil hcl*)	3	
CELLCEPT ORAL CAPSULE 250 MG (*mycophenolate mofetil*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (*mycophenolate mofetil*)	3	
CELLCEPT ORAL TABLET 500 MG (*mycophenolate mofetil*)	3	
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	1	DSL = 30 days
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	3	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1000 MG/10ML, 2000 MG/20ML, 500 MG/5ML	3	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/ML	3	DSL = 30 days
cyclophosphamide oral capsule 25 mg, 50 mg	3	OC
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	OC
CYCLOPHOSPHAMIDE SOLUTION 2 GM/10ML INTRAVENOUS	3	DSL = 30 days
CYCLOPHOSPHAMIDE SOLUTION 2 GM/10ML INTRAVENOUS	3	DSL = 30 days
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*)	2	
ELYZIA EXTERNAL CREAM 4-0.1 %	3	
ELYZIA EXTERNAL OINTMENT 4-0.1 %	3	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (*tacrolimus*)	3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML (*cyclophosphamide*)	3	DSL = 30 days
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML (*emapalumab-lzsg*)	3	DSL = 30 days
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
HOVYN EXTERNAL SOLUTION 0.1 %	3	
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	3	DSL = 30 days
IMURAN ORAL TABLET 50 MG (*azathioprine*)	3	
JYLAMVO ORAL SOLUTION 2 MG/ML (*methotrexate*)	3	
leflunomide oral tablet 10 mg, 20 mg	3	
LUPKYNIS ORAL CAPSULE 7.9 MG (*voclosporin*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	
mercaptopurine oral suspension 2000 mg/100ml	1	DSL = 30 days; OC
mercaptopurine oral tablet 50 mg	3	OC
methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	3	OC
mycophenolate mofetil hcl intravenous solution reconstituted 500 mg	1	
mycophenolate mofetil intravenous solution reconstituted 500 mg	1	
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	1	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (*mycophenolate sodium*)	3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (*mycophenolate mofetil*)	3	
NEORAL ORAL CAPSULE 100 MG, 25 MG (*cyclosporine modified*)	3	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	2	
NUJO EXTERNAL SOLUTION 0.1 %	3	
NUJU EXTERNAL CREAM 0.1 %	3	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*belatacept*)	3	
OXIANUJO EXTERNAL CREAM 4-0.1 %	3	
OXIANUJO EXTERNAL OINTMENT 4-0.1 %	3	
pimecrolimus external cream 1 %	1	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (*tacrolimus*)	2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	3	DSL = 30 days; OC
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (*cyclosporine*)	3	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	2	
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML (*anifrolumab-fnia*)	3	DSL = 30 days
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (*basiliximab*)	3	
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
tacrolimus external ointment 0.03 %, 0.1 %	1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (*anti-thymocyte glob (rabbit)*)	3	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	3	OC
VEVEN EXTERNAL CREAM 0.1 %	3	
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	3	DSL = 30 days; OC
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*everolimus*)	3	
KALLIKREIN INHIBITORS		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (*ecallantide*)	3	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	3	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	3	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*lanadelumab-flyo*)	3	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*lanadelumab-flyo*)	3	DSL = 30 days
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ACUNOL ORAL TABLET (*homeopathic products*)	PV	
ACUTE-CHRONIC MILESTONE 1 (*dtx app - musculoskeletal*)	3	
ACUTE-CHRONIC MILESTONE 2 (*dtx app - musculoskeletal*)	3	
ACUTE-CHRONIC MILESTONE 3 (*dtx app - musculoskeletal*)	3	
ACUTE-SURGERY MILESTONE 1 (*dtx app - musculoskeletal*)	3	
ACUTE-SURGERY MILESTONE 2 (*dtx app - musculoskeletal*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACUTE-SURGERY MILESTONE 3 (*dtx app - musculoskeletal*)	3	
ADVANCED THERAPY APP	3	
ALIVE PREMIUM PRENATAL ORAL CAPSULE 13.5-0.2-100 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
ALTEMIA ORAL EMULSION (*omega-3 fatty acids*)	3	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (*dalfampridine*)	3	DSL = 30 days
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (*vutrisiran sodium*)	3	DSL = 30 days
AQNEURSA ORAL PACKET 1 GM (*levacetylleucine*)	3	
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*)	3	
AVAILNEX ORAL TABLET CHEWABLE 750 MG (*carbocysteine*)	3	
betaine oral powder	1	DSL = 30 days
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*onabotulinumtoxina (cosmetic)*)	2	
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 50 UNIT (*onabotulinumtoxina (cosmetic)*)	3	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	2	
bp vit 3 oral capsule 1 mg	1	
BRUSELIX ORAL TABLET (*misc natural products*)	3	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML (*levocarnitine*)	3	
CARNITOR ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	3	
CARNITOR ORAL TABLET 330 MG (*levocarnitine*)	3	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	3	
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	3	DSL = 30 days
CEREFOLIN BRAIN WELLNESS ORAL TABLET 6-2-600 MG (*methylfol-methylcob-acetylcyst*)	3	
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG (*methylfol-algae-b12-acetylcyst*)	3	
CHRONIC MILESTONE 1 (*dtx app - musculoskeletal*)	3	
CHRONIC MILESTONE 2-3 (*dtx app - musculoskeletal*)	3	
CHRONIC-SURGERY TO ACUTE (*dtx app - musculoskeletal*)	3	
COACHING APP	3	
coenzyme q-10 oral capsule 100 mg, 200 mg, 30 mg	1	
coenzyme q10 oral capsule 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COLCIGEL EXTERNAL GEL (*homeopathic products*)	PV	
COLD-EEZE MOUTH/THROAT LOZENGE (*homeopathic products*)	PV	
COLD-EEZE PLUS COLD & FLU MOUTH/THROAT LOZENGE (*homeopathic products*)	PV	
COLD-EEZE PLUS DEFENSE MOUTH/THROAT LOZENGE (*homeopathic products*)	PV	
COMPLEX ESSENTIAL MSD ORAL POWDER (*nutritional supplements*)	3	
coq10 oral capsule 100 mg, 200 mg	1	
coq-10 oral capsule 100 mg, 200 mg	1	
CURESIGHT (*dtx app - visual*)	3	
CYSTADANE ORAL POWDER (*betaine*)	3	DSL = 30 days
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	2	DSL = 30 days
dalfampridine er oral tablet extended release 12 hour 10 mg	3	DSL = 30 days
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*daxibotulinumtoxina-lanm*)	3	
DAYLIGHT 2024 APP	3	
DEMSER ORAL CAPSULE 250 MG (*metyrosine*)	3	
DEPLIN 15 ORAL CAPSULE 15-90.314 MG (*l-methylfolate-algae*)	3	
DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG (*l-methylfolate-algae*)	3	
DEPLIN FC ORAL CAPSULE 15 MG, 7.5 MG (*l-methylfolate*)	3	
DEPREXIS (*dtx app-behav & mental hlth*)	3	
DERMACINRX SURGICAL COMBOPAK EXTERNAL KIT	3	
DIABETES MONITOR DIGIT ADD-ON KIT	3	
DIABETES MONITOR DIGIT SOLN KIT	3	
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (*sodium hyaluronate (viscosup)*)	3	
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (*givinostat hcl*)	3	DSL = 30 days
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (*abobotulinumtoxina*)	3	
EC-RX DHEA EXTERNAL CREAM 10 %, 4 % (*prasterone (dhea)*)	3	
ECZEMOL ORAL TABLET (*homeopathic products*)	PV	
ELFOLATE ORAL TABLET 15 MG, 7.5 MG (*l-methylfolate*)	3	
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	3	
ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*)	3	DSL = 30 days
ENGAGEMENT BILLING-ADDITIONAL	3	
ENGAGEMENT BILLING-FIRST	3	
ENTERAGAM ORAL PACKET 5 GM (*sbi/protein isolate*)	3	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	3	
evening primrose oil oral capsule 1300 mg	3	
evening primrose oil oral capsule 500 mg	1	
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (*risdiplam*)	3	DSL = 30 days
EVRYSDI ORAL TABLET 5 MG (*risdiplam*)	3	
FERIVA 21/7 (WITH DOCUSATE) ORAL TABLET 75-1 MG (*feasp-b12-fa-c-dss-succac-zn*)	3	
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	3	DSL = 30 days
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	3	
fish oil high potency oral capsule 1000 mg	1	
fish oil minis oral capsule 500 mg	1	
fish oil oral capsule 1000 mg, 300 mg, 500 mg	1	
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG (*l-methylfolate-algae-b12-b6*)	3	
FORM HEALTH VIRTUAL PROVIDER (*dtx app - wellness*)	3	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (*genistein-zn chelate-vit d*)	3	
ft co q-10 oral capsule 100 mg	1	
ft co q-10 rapid release oral capsule 100 mg, 200 mg	1	
ft fish oil oral capsule 300 mg	1	
ft fish oil oral capsule 360 mg	3	
ft fish oil oral capsule delayed release 1000 mg	1	
ft fish oil oral capsule delayed release 650 mg	3	
FUNGIZYL AL EXTERNAL LIQUID 2-2 % (*miconazole-dimethyl sulfoxide*)	3	
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	3	DSL = 30 days
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (*sodium hyaluronate (viscosup)*)	3	
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML (*givosiran sodium*)	3	DSL = 30 days
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (*sodium hyaluronate (viscosup)*)	3	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	3	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (*hyaluronan*)	3	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	3	DSL = 30 days
IMUBOLIC ORAL CAPSULE	3	
INFLATHERM COMBINATION THERAPY PACK 75 & 3-3 MG & % (*diclofenac-menthol-camphor*)	3	
IROSPAN 24/6 ORAL (*fe-succ ac-b cmplx-c-ca-fa*)	3	
ISTURISA ORAL TABLET 1 MG, 5 MG (*osilodrostat phosphate*)	3	DSL = 30 days
JAVYGTOR ORAL PACKET 100 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
JAVYGTOR ORAL PACKET 500 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
JAVYGTOR ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
KUVAN ORAL PACKET 100 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
KUVAN ORAL PACKET 500 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
KUVAN ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	3	DSL = 30 days
levocarnitine intravenous solution 200 mg/ml	1	
levocarnitine oral solution 1 gm/10ml	3	
levocarnitine oral tablet 330 mg	3	
levocarnitine sf oral solution 1 gm/10ml	3	
l-glutamine oral packet 5 gm	1	DSL = 30 days
LIMBREL ORAL CAPSULE 250 MG, 500 MG (*flavocoxid*)	3	
LIMBREL250 ORAL CAPSULE 250-50 MG (*flavocoxid-cit zn bisglcinate*)	3	
LIMBREL500 ORAL CAPSULE 500-50 MG (*flavocoxid-cit zn bisglcinate*)	3	
l-methylfolate calcium oral tablet 7.5 mg	1	
l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg	1	
l-methylfolate oral tablet 15 mg, 7.5 mg	1	
l-methylfolate-algae oral capsule 15-90.314 mg	1	
l-methylfolate-algae-b12-b6 oral capsule 3-90.314-2-35 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LODOCO ORAL TABLET 0.5 MG (*colchicine*)	3	
LUMINOPIA (*dtx app - visual*)	3	
MAVEN FAMILY BUILDING	3	
MAVEN MANAGED BENEFIT	3	
MAVEN PARENTING AND PEDIATRICS	3	
MAVEN WALLET	3	
MB CAPS ORAL CAPSULE 120 MG	3	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
MEGARED ADVANCED OMEGA-3 ORAL CAPSULE 800 MG (*omega-3 fatty acids*)	3	
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG (*methylfol-methylcob-acetylcyst*)	3	
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG (*methylfol-algae-b12-acetylcyst*)	3	
METANX ORAL CAPSULE 3-90.314-2-35 MG (*l-methylfolate-algae-b12-b6*)	3	
METANXPRO NERVE HEALTH ORAL CAPSULE 3-2-35-500 MG (*l-methylfol-b12-b6-acetylcar*)	3	
methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg	1	
metyrosine oral capsule 250 mg	1	
miglustat oral capsule 100 mg	3	DSL = 30 days
mini fish oil oral capsule 415 mg	3	
MODIA (*dtx app - subst use disorder*)	3	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (*hyaluronan*)	3	
MORCIN EXTERNAL CREAM	PV	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (*fe asp gly-succ-c-thre-b12-fa*)	PV	
MULTIGEN ORAL TABLET 70 MG (*fe-succ-c-thre-b12-des stomach*)	PV	
MULTIGEN PLUS ORAL TABLET (*feasp-fefum -suc-c-thre-b12-fa*)	3	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (*rimabotulinumtoxinb*)	2	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	3	
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 9 MG/0.18ML (*axatilimab-csfr*)	3	DSL = 30 days
nitisinone oral capsule 10 mg, 2 mg, 5 mg	3	DSL = 30 days
nitisinone oral capsule 20 mg	1	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (*nitisinone*)	3	DSL = 30 days
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG (*fosdenopterin hydrobromide*)	3	DSL = 30 days
NURX HERPES PREVENTION/TREAT	3	
NURX HPV CONSULT/TEST	3	
NURX STI CARE/TREATMENT	3	
NURX TELEPREP DISCOUNTED	3	
NURX TELEPREP MANDATORY	3	
NURX TELEPREP VOLUNTARY	3	
NURX UTI	3	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (*prenatal-fe cbn-fa-dha w/o a*)	3	
odorless coated fish oil oral capsule delayed release 1000 mg	1	
OMADA EXTENDED CARE TRACK (*dtx app - miscellaneous*)	3	
OMADA FOR DIABETES + HYPERTENS (*dtx app - miscellaneous*)	3	
OMADA FOR PREVENTION (*dtx app - wellness*)	3	
OMADA GLP1 EXTENDED CARE TRACK (*dtx app - miscellaneous*)	3	
OMADA MSK PT CONSULTATION (*dtx app - musculoskeletal*)	3	
OMADA MSK PT SUBS/RECOVERY (*dtx app - musculoskeletal*)	3	
omega 3 fish oil oral capsule 1000 mg	1	
omega-3 fish oil oral capsule 1000 mg	1	
omega-3 microgel oral capsule 600 mg	3	
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML (*patisiran sodium*)	3	DSL = 30 days
OPFOLDA ORAL CAPSULE 65 MG (*miglustat (gaa deficiency)*)	3	DSL = 30 days
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*)	3	DSL = 30 days
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	3	DSL = 30 days
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (*hyaluronan*)	3	
OVEEZA ORAL CAPSULE 0.5 MG (*fa-b12-ala-co q10-omega 3*)	3	
OVEGA-3 ORAL CAPSULE 250 MG (*omega-3 fatty acids*)	3	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML (*lumasiran sodium*)	3	DSL = 30 days
PARSLEY HEALTH	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PELAGO IN-PERS COUNS - 30 MIN	3	
PELAGO IN-PERS COUNS - 45 MIN	3	
PELAGO IN-PERS COUNS - 60 MIN	3	
PELAGO IN-PERSON PROV - 30 MIN	3	
PELAGO IN-PERSON PROV - 45 MIN	3	
PELAGO IN-PERSON PROV - 60 MIN	3	
PELAGO MANAGE TIER PROGRAM	3	
PELAGO MANAGE TIER PROGRAM FEE	3	
PELAGO NICOTINE THER - 12 WEEK	3	
PELAGO NICOTINE THER - 4 WEEK	3	
PELAGO NICOTINE THER - 8 WEEK	3	
PELAGO SUPPORT TIER PROGRAM	3	
PELAGO TREAT TIER PROGRAM FEE	3	
PELAGO VIRTUAL CNSLR 30 MIN	3	
PELAGO VIRTUAL CNSLR 45 MIN	3	
PELAGO VIRTUAL CNSLR 60 MIN	3	
PELAGO VIRTUAL PROVIDER 30 MIN	3	
PELAGO VIRTUAL PROVIDER 45 MIN	3	
PELAGO VIRTUAL PROVIDER 60 MIN	3	
PENTOSAN POLYSULFATE SODIUM ORAL CAPSULE DELAYED RELEASE 150 MG, 200 MG	3	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
PODIAPN ORAL CAPSULE (*l-methylfolate-b6-b12*)	3	
PRASTERA ORAL KIT 200 & 400 MG (*prasterone & ibuprofen*)	3	
PREGEN DHA ORAL CAPSULE 28-1-35 MG	3	
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	3	
prenatal fa + dha + choline oral tablet chewable 0.18-35 mg	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PREZCOBIX ORAL TABLET 675-150 MG (*darunavir-cobicistat*)	3	
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	2	
PRID EXTERNAL OINTMENT (*homeopathic products*)	PV	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (*cysteamine bitartrate*)	3	DSL = 30 days
PROCYSBI ORAL PACKET 300 MG, 75 MG (*cysteamine bitartrate*)	3	DSL = 30 days
PSORIZIDE FORTE ORAL TABLET 30-1-15 MG (*homeopathic products*)	PV	
PSORIZIDE ULTRA ORAL TABLET (*homeopathic products*)	PV	
REBYOTA RECTAL SUSPENSION 150 ML (*fecal microbiota, live-jslm*)	3	
RECORLEV ORAL TABLET 150 MG (*levoketoconazole*)	3	DSL = 30 days
REJOYN (*dtx app-behav & mental hlth*)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
RESET FOR APPLE-IOS (*dtx app - subst use disorder*)	3	
RESET FOR GOOGLE-ANDROID (*dtx app - subst use disorder*)	3	
RESET-O FOR APPLE-IOS (*dtx app - subst use disorder*)	3	
RESET-O FOR GOOGLE-ANDROID (*dtx app - subst use disorder*)	3	
RETHYMIC INTRAMUSCULAR IMPLANT (*allogeneic thymus tissue-agdc*)	3	
REZUROCK ORAL TABLET 200 MG (*belumosudil mesylate*)	3	DSL = 30 days
RIMSO-50 INTRAVESICAL SOLUTION 50 % (*dimethyl sulfoxide*)	2	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (*nedosiran sodium*)	3	
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML (*nedosiran sodium*)	3	
sapropterin dihydrochloride oral packet 100 mg, 500 mg	3	DSL = 30 days
sapropterin dihydrochloride oral tablet 100 mg	1	DSL = 30 days
SKYCLARYS ORAL CAPSULE 50 MG (*omaveloxolone*)	3	DSL = 30 days
SLEEPIO 2024 APP (*dtx app - sleep*)	3	
SLEEPIO/DAYLIGHT GROUP BUNDLE	3	
SLEEPIO/DAYLIGHT STEP BUNDLE (*dtx app - sleep*)	3	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (*palovarotene*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOLESTA INJECTION GEL 50-15 MG/ML (*dextranomer-sodium hyaluronate*)	3	
SPARK DIRECT	3	
SPARK DIRECT 2024	3	
SPEEDGEL RX EXTERNAL GEL (*homeopathic products*)	PV	
STREPTOCOCCINUM 30C SUBLINGUAL PELLET	PV	
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	2	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	2	
SURGERY MILESTONE 1 (*dtx app - musculoskeletal*)	3	
SURGERY MILESTONE 2-3 (*dtx app - musculoskeletal*)	3	
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	2	
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	3	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (*hylan g-f 20*)	3	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (*hylan g-f 20*)	3	
TALIVA ORAL CAPSULE 1 MG (*fa-b6-b12-omega 3-phytosterols*)	3	
THERAPY APP	3	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (*tiopronin*)	3	DSL = 30 days
THIOLA ORAL TABLET 100 MG (*tiopronin*)	2	
tiopronin oral tablet 100 mg	1	
tiopronin oral tablet delayed release 100 mg, 300 mg	1	DSL = 30 days
TRANZGEL EXTERNAL GEL (*homeopathic products*)	PV	
TRAUMEEL EXTERNAL OINTMENT (*homeopathic products*)	PV	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (*sodium hyaluronate (viscosup)*)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	2	
TYBOST ORAL TABLET 150 MG (*cobicistat*)	3	
ULTRA HERS RX ORAL CAPSULE	3	
ULTRA HIS ORAL CAPSULE	3	
ULTRA PCOS ORAL CAPSULE	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UREAPRO ORAL POWDER 15 GM/SCOOP (*urea*)	2	
URELLE ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
uretron d/s oral tablet 81.6 mg	1	
URIMAR-T ORAL CAPSULE 120 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
URNEVA ORAL CAPSULE 120 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG (*methen-hyosc-meth blue-na phos*)	3	
URO-MP ORAL CAPSULE 118 MG	3	
VENXXIVA ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (*tiopronin*)	3	DSL = 30 days
VIDA HEALTH TIER 1 PREVENT/ENG	3	
VIDA HEALTH TIER 1 PREVENT/NOT	3	
VIDA HEALTH TIER 2 CHRONIC	3	
VIDA HEALTH TIER 3 OBESITY	3	
VIDA HEALTH TIER 4 OBESITY+	3	
VIJOICE ORAL PACKET 50 MG (*alpelisib*)	3	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (*alpelisib*)	3	DSL = 30 days
VILAMIT MB ORAL CAPSULE 118 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
VILEVEV MB ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	2	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
VITAMEZ ORAL CAPSULE 1 MG (*fa-b6-b12-omega 3-phytosterols*)	3	
VORVIDA (*dtx app - subst use disorder*)	3	
VOWST ORAL CAPSULE (*fecal microb spores, live-brpk*)	3	DSL = 30 days
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (*vosoritide*)	3	DSL = 30 days
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	3	DSL = 30 days
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
WONDR ADVANCED (*dtx app - wellness*)	3	
WONDR ADVANCED PA (*dtx app - wellness*)	3	
WONDR HEALTH OUTCOME BONUS (*dtx app - wellness*)	3	
WW BEH SUB/ENROLLED	3	
WW BEH SUB/NOT ENROLLED (*dtx app - wellness*)	3	
WW CLINIC SUB	3	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (*incobotulinumtoxina*)	3	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT (*incobotulinumtoxina*)	3	
ZAVESCA ORAL CAPSULE 100 MG (*miglustat*)	3	DSL = 30 days
ZEEL ARTHIRITIS PAIN RELIEF EXTERNAL OINTMENT (*homeopathic products*)	PV	
zelvysia oral packet 100 mg, 500 mg	3	DSL = 30 days
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (*lonafarnib*)	3	DSL = 30 days
PROTECTIVE AGENTS		
ADAINZOXIA EXTERNAL GEL 0.3-2.5-4 %	3	
adapalene external cream 0.1 %	1	
adapalene external gel 0.1 %, 0.3 %	1	
ADAPALENE EXTERNAL PAD 0.1 %	3	
ADAPALENE EXTERNAL SOLUTION 0.1 %	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	1	
ADAPALENE-BENZOYL PEROXIDE EXTERNAL PAD 0.1-2.5 %	3	
ADEINZDE EXTERNAL GEL 0.1-2.5-1 %	3	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (*dalfampridine*)	3	DSL = 30 days
APHORIA EXTERNAL GEL 0.3-2.5-4 %	3	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (*adapalene-benzoyl per-clindamy*)	3	
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*trilaciclib dihydrochloride*)	PV	DSL = 30 days
dalfampridine er oral tablet extended release 12 hour 10 mg	3	DSL = 30 days
dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg	PV	
dexrazoxane intravenous solution reconstituted 250 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIFFERIN EXTERNAL CREAM 0.1 % (*adapalene*)	2	
DIFFERIN EXTERNAL GEL 0.3 % (*adapalene*)	3	
DIFFERIN EXTERNAL LOTION 0.1 % (*adapalene*)	3	
EPIDUO EXTERNAL GEL 0.1-2.5 % (*adapalene-benzoyl peroxide*)	3	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	2	
mesna intravenous solution 100 mg/ml	PV	
mesna oral tablet 400 mg	PV	DSL = 30 days; OC
MESNEX INTRAVENOUS SOLUTION 100 MG/ML (*mesna*)	PV	
MESNEX ORAL TABLET 400 MG (*mesna*)	PV	DSL = 30 days; OC
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (*afamelanotide acetate*)	3	DSL = 30 days
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (*diaphragm arc-spring*)	PV	
CONDOMS	PV	
DUREX EXTRA SENSITIVE THIN (*condoms latex lubricated*)	PV	
DUREX EXTRA SENSITIVE THIN DEVICE (*condoms latex lubricated*)	PV	
DUREX TROPICAL (*condoms latex lubricated*)	PV	
ENCARE VAGINAL SUPPOSITORY 100 MG (*nonoxynol-9*)	PV	
FC2 FEMALE CONDOM (*condoms - female*)	PV	
FEMCAP VAGINAL DEVICE 22 MM, 30 MM (*cervical caps*)	PV	
FEMCAP VAGINAL DEVICE 26 MM (*cervical caps*)	PV	
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*)	PV	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (*nonoxynol-9*)	PV	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (*copper*)	PV	
PHEXXI VAGINAL GEL 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*)	PV	
TODAY SPONGE VAGINAL 1000 MG (*nonoxynol-9*)	PV	
TRUE COVER DEVICE	PV	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (*nonoxynol-9*)	PV	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (*nonoxynol-9*)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	PV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	PV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	PV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	PV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	PV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	PV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	PV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	PV	
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
CERVIDIL VAGINAL INSERT 10 MG (*dinoprostone*)	2	
METHERGINE ORAL TABLET 0.2 MG (*methylergonovine maleate*)	3	
methylergonovine maleate oral tablet 0.2 mg	1	
MIFEPREX ORAL TABLET 200 MG (*mifepristone*)	PV	
mifepristone oral tablet 200 mg	PV	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 30 UNIT/500ML	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 20-0.9 UNIT/L-%	3	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (*dinoprostone*)	2	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
KERAMATRIX REPLICINE 2CMX3CM EXTERNAL SHEET (*wound dressings*)	3	
KERAMATRIX REPLICINE 5CMX5CM EXTERNAL SHEET (*wound dressings*)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
VERSAPENN (AG) ANHYDROUS TRANSDERMAL GEL (*transdermal base*)	3	
VERSAPENN (AL) ANHYD LIPID TRANSDERMAL GEL (*transdermal base*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RADIOACTIVE AGENTS		
RADIOACTIVE AGENTS		
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML (*lutetium lu 177 dotatate*)	3	
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML (*lutetium lu 177 vipivotide tet*)	3	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML (*radium ra 223 dichloride*)	3	
RESPIRATORY TRACT AGENTS		
DUAL PHOSPHODIESTERASE INHIBITOR (48:34)		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML (*ensifentrine*)	3	
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
12 hour nasal decongestant oral tablet extended release 12 hour 120 mg	1	
ADRENALIN INJECTION SOLUTION 1 MG/ML (*epinephrine*)	3	
ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*)	3	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (*ephedrine sulfate (pressors)*)	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	2	
ephedrine sulfate (pressors) intravenous solution 50 mg/ml	1	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 50 MG/5ML	3	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
epinephrine (anaphylaxis) injection solution 1 mg/ml	1	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	3	
epinephrine injection solution auto-injector 0.15 mg/0.3ml	1	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	3	
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML	3	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	3	
EPINEPHRINESNAP INJECTION KIT 1 MG/ML (*epinephrine*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (*epinephrine*)	3	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (*epinephrine*)	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (*epinephrine*)	2	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (*epinephrine*)	2	
ft nasal decongestant max str oral tablet 30 mg	1	
ft nasal decongestant max str oral tablet extended release 12 hour 120 mg	1	
nasal decongestant oral tablet 30 mg	1	
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	1	
SUDAFED SINUS CONGESTION ORAL TABLET 30 MG (*pseudoephedrine hcl*)	3	
sudogest 12 hour oral tablet extended release 12 hour 120 mg	1	
sudogest maximum strength oral tablet 30 mg	1	
ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD		
atropine sulfate injection solution 8 mg/20ml	1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	1	
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/ML	3	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	3	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %	3	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	3	
atropine sulfate ophthalmic solution 1 %	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (*ipratropium bromide hfa*)	PV	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	PV	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (*aclidinium br-formoterol fum*)	3	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral solution 0.125 mg/ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
hyosyne oral elixir 0.125 mg/5ml	1	
hyosyne oral solution 0.125 mg/ml	1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (*umeclidinium bromide*)	3	
ipratropium bromide inhalation solution 0.02 %	PV	
ipratropium bromide nasal solution 0.03 %, 0.06 %	PV	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (*hyoscyamine sulfate*)	1	
LEVSIN ORAL TABLET 0.125 MG (*hyoscyamine sulfate*)	1	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (*hyoscyamine sulfate*)	1	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (*hyoscyamine sulfate*)	1	
OSCIMIN ORAL TABLET 0.125 MG	1	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	1	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide*)	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (*tiotropium bromide*)	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*tiotropium bromide*)	2	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
tiotropium bromide inhalation capsule 18 mcg	1	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (*aclidinium bromide*)	3	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (*revefenacin*)	3	
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
ESBRIET ORAL TABLET 267 MG, 801 MG (*pirfenidone*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*)	3	DSL = 30 days
pirfenidone oral capsule 267 mg	1	
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	1	
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
BRINSUPRI ORAL TABLET 10 MG, 25 MG (*brensocatib*)	3	DSL = 30 days
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mepolizumab*)	3	DSL = 30 days
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML (*mepolizumab*)	3	DSL = 30 days
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (*mepolizumab*)	3	DSL = 30 days
ANTITUSSIVES - Drugs for Cough and Cold		
allergy childrens oral liquid 12.5 mg/5ml	1	
allergy oral capsule 25 mg	1	
allergy relief childrens oral liquid 12.5 mg/5ml	1	
allergy relief oral capsule 25 mg	1	
allergy relief oral tablet 25 mg	1	
banophen oral tablet 25 mg	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
benzonatate oral capsule 100 mg, 200 mg	1	
BRANTUSSIN DM ORAL LIQUID 7.5-2-15 MG/5ML	3	
chest congestion relief dm oral syrup 10-100 mg/5ml	1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	DSL = 30 days
cold & cough childrens oral liquid 1-5-2.5 mg/5ml	1	
cold & flu relief daytime oral capsule 10-5-325 mg	1	
cold/flu daytime relief oral capsule 10-5-325 mg	1	
cough dm oral suspension extended release 30 mg/5ml	1	
CURELIEF ORAL LIQUID 12.5 MG/5ML	3	
daytime cold/flu relief oral capsule 10-5-325 mg	1	
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml, 20-200 mg/10ml	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIMETAPP COUGH & ALLERGY CHILD ORAL TABLET CHEWABLE 12.5 MG (*diphenhydramine hcl*)	3	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
ft 12 hour cough relief oral suspension extended release 30 mg/5ml	1	
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 25 mg	1	
ft daytime cold & flu relief oral liquid 10-5-325 mg/15ml	1	
ft mucus relief dm oral tablet extended release 12 hour 30-600 mg	1	
ft nighttime sleep aid oral tablet 25 mg	1	
ft sleep-aid maximum strength oral capsule 50 mg	1	
ft tussin cf adult oral liquid 10-20-200 mg/10ml	1	
ft tussin dm max adult oral liquid 20-400 mg/20ml	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	
geri-tussin dm oral syrup 10-100 mg/5ml	1	
goodsense allergy relief oral capsule 25 mg	1	
goodsense allergy relief oral tablet 25 mg	1	
goodsense cough & cold hbp oral tablet 4-30 mg	1	
goodsense day time cold & flu oral capsule 10-5-325 mg	1	
goodsense mucus dm oral tablet extended release 12 hour 30-600 mg	1	
goodsense sleep-aid max str oral capsule 50 mg	1	
goodsense tussin dm max oral liquid 20-400 mg/20ml	1	
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml	1	
guaifenesin-dm oral syrup 100-10 mg/5ml	1	
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (*hydrocodone bit-homatrop mbr*)	3	
HYCODAN ORAL TABLET 5-1.5 MG (*hydrocodone bit-homatrop mbr*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	
hydromet oral solution 5-1.5 mg/5ml	1	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
maxi-tuss ac oral solution 100-10 mg/5ml	1	
maxi-tuss gmx oral liquid 10-200 mg/5ml	1	
m-dryl oral liquid 12.5 mg/5ml	1	
MM ALLER-BEN ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG (*dextromethorphan-guaifenesin*)	3	
MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	3	
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML (*dextromethorphan-guaifenesin*)	3	
MUCINEX FAST-MAX SEVERE CON/CG ORAL LIQUID 5-100 MG/5ML (*dextromethorphan-guaifenesin*)	3	
MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE 10-5-325 MG (*dm-phenylephrine-acetaminophen*)	3	
mucus dm oral tablet extended release 12 hour 30-600 mg	1	
mucus relief dm max oral liquid 20-400 mg/20ml	1	
mucus relief dm oral tablet extended release 12 hour 30-600 mg	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (*phenylephrine-chlorphen-dm*)	3	
phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml	1	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	
promethazine-dm oral syrup 15-6.25 mg/5ml, 6.25-15 mg/5ml	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
ROBITUSSIN 12 HOUR COUGH CHILD ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML (*dextromethorphan polistirex*)	3	
ROBITUSSIN COUGH & CHEST ADULT ORAL LIQUID 20-400 MG/20ML (*dextromethorphan-guaifenesin*)	3	
ROBITUSSIN COUGH & CHEST CHILD ORAL LIQUID 5-100 MG/5ML (*dextromethorphan-guaifenesin*)	3	
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (*dextromethorphan-guaifenesin*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sleep-aid oral capsule 25 mg, 50 mg	1	
THERAFLU FLU RELIEF MAX STR ORAL LIQUID 1000-30 MG/30ML (*acetaminophen-dm*)	3	
THERAFLU SEVERE COLD RELIEF ORAL PACKET 20-10-650 MG (*dm-phenylephrine-acetaminophen*)	3	
tussin dm cough + chest oral liquid 20-400 mg/20ml	1	
tussin dm max oral liquid 20-400 mg/20ml	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	3	
westussin dm nf oral liquid 2-15-7.5 mg/5ml	1	
CORTICOSTEROIDS (RESPIRATORY TRACT) - Drugs for Inflammation		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (*fluticasone-salmeterol*)	3	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	3	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*)	2	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*)	3	
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (*fluticasone furoate-vilanterol*)	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	3	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	1	DSL = 30 days
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	3	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
FLUTICASONE FUROATE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	3	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	
fluticasone propionate nasal suspension 50 mcg/act	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	
ft 24 hour nasal allergy nasal aerosol 55 mcg/act	1	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
mometasone furoate nasal suspension 50 mcg/act	1	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (*triamcinolone acetonide*)	3	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	3	
PROPEL CONTOUR NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL MINI NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL MINI SDS NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (*budesonide*)	3	
PULMICORT SUSPENSION INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (*budesonide*)	3	DSL = 30 days
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*)	3	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3	
SINUVA NASAL IMPLANT 1350 MCG (*mometasone furoate*)	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	
triamcinolone acetonide nasal aerosol 55 mcg/act	1	
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	3	
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (*vanzacaft-tezacaft-deutivacaft*)	3	DSL = 30 days
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (*lumacaftor-ivacaftor*)	3	DSL = 30 days
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*)	3	DSL = 30 days
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (*tezacaftor-ivacaftor*)	3	DSL = 30 days
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*)	3	DSL = 30 days
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (*elexacaftor-tezacaftor-ivacaft*)	3	DSL = 30 days
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (*vanzacaft-tezacaft-deutivacaft*)	3	DSL = 30 days
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (*ivacaftor*)	3	DSL = 30 days
KALYDECO ORAL TABLET 150 MG (*ivacaftor*)	3	DSL = 30 days
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (*lumacaftor-ivacaftor*)	3	DSL = 30 days
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*)	3	DSL = 30 days
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (*tezacaftor-ivacaftor*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*)	3	DSL = 30 days
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (*elexacaftor-tezacaftor-ivacaft*)	3	DSL = 30 days
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
ambrisentan oral tablet 10 mg, 5 mg	3	DSL = 30 days
bosentan oral tablet 125 mg, 62.5 mg	3	DSL = 30 days
bosentan oral tablet soluble 32 mg	1	DSL = 30 days
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	3	DSL = 30 days
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	3	DSL = 30 days
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	3	DSL = 30 days
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (*macitentan-tadalafil*)	3	DSL = 30 days
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	3	DSL = 30 days
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	3	DSL = 30 days
TRYVIO ORAL TABLET 12.5 MG (*aprocitentan*)	3	
VANRAFIA ORAL TABLET 0.75 MG (*atrasentan hcl*)	3	DSL = 30 days
EXPECTORANTS - Drugs for the Lungs		
chest congestion relief dm oral syrup 10-100 mg/5ml	1	
chest congestion relief oral liquid 100 mg/5ml	1	
chest congestion relief oral tablet 400 mg	1	
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml, 20-200 mg/10ml	1	
ft chest congestion relief oral tablet 400 mg	1	
ft mucus relief 12hr max str oral tablet extended release 12 hour 1200 mg	1	
ft mucus relief d 12 hour oral tablet extended release 12 hour 60-600 mg	1	
ft mucus relief dm oral tablet extended release 12 hour 30-600 mg	1	
ft mucus relief-d max strength oral tablet extended release 12 hour 120-1200 mg	1	
ft mucus relief-d oral tablet extended release 12 hour 60-600 mg	1	
ft tussin adult oral liquid 200 mg/10ml	1	
ft tussin cf adult oral liquid 10-20-200 mg/10ml	1	
ft tussin dm max adult oral liquid 20-400 mg/20ml	1	
geri-tussin dm oral syrup 10-100 mg/5ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
geri-tussin oral liquid 100 mg/5ml	1	
geri-tussin oral syrup 100 mg/5ml	1	
goodsense mucus dm oral tablet extended release 12 hour 30-600 mg	1	
goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg	1	
goodsense mucus relief oral tablet 400 mg	1	
goodsense tussin dm max oral liquid 20-400 mg/20ml	1	
guaifed oral liquid 100 mg/5ml	1	
guaifenesin er oral tablet extended release 12 hour 1200 mg	1	
guaifenesin oral liquid 100 mg/5ml, 200 mg/10ml, 300 mg/15ml	1	
guaifenesin oral tablet 400 mg	1	
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml	1	
guaifenesin-dm oral syrup 100-10 mg/5ml	1	
iodine strong oral solution 5 %	1	
IOSAT ORAL TABLET 130 MG, 65 MG (*potassium iodide (antidote)*)	3	
MAX TUSSIN MUCUS & CHEST CONG ORAL LIQUID 200 MG/10ML (*guaifenesin*)	3	
maxi-tuss ac oral solution 100-10 mg/5ml	1	
maxi-tuss gmx oral liquid 10-200 mg/5ml	1	
maxi-tuss pe max oral liquid 5-100 mg/5ml	1	
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG (*dextromethorphan-guaifenesin*)	3	
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML (*guaifenesin*)	3	
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML (*dextromethorphan-guaifenesin*)	3	
MUCINEX FAST-MAX SEVERE CON/CG ORAL LIQUID 5-100 MG/5ML (*dextromethorphan-guaifenesin*)	3	
mucus & chest congestion oral liquid 200 mg/10ml	1	
mucus dm oral tablet extended release 12 hour 30-600 mg	1	
mucus relief d oral tablet extended release 12 hour 60-600 mg	1	
mucus relief dm max oral liquid 20-400 mg/20ml	1	
mucus relief dm oral tablet extended release 12 hour 30-600 mg	1	
mucus relief er oral tablet extended release 12 hour 1200 mg	1	
mucus relief max st oral tablet extended release 12 hour 1200 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mucus relief oral tablet 400 mg	1	
potassium iodide (expectorant) oral solution 1 gm/ml	1	
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg, 60-600 mg	1	
ROBITUSSIN COUGH & CHEST ADULT ORAL LIQUID 20-400 MG/20ML (*dextromethorphan-guaifenesin*)	3	
ROBITUSSIN COUGH & CHEST CHILD ORAL LIQUID 5-100 MG/5ML (*dextromethorphan-guaifenesin*)	3	
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (*dextromethorphan-guaifenesin*)	3	
SSKI ORAL SOLUTION 1 GM/ML (*potassium iodide (expectorant)*)	2	
tusnel-ex oral liquid 100 mg/5ml	1	
tussin dm cough + chest oral liquid 20-400 mg/20ml	1	
tussin dm max oral liquid 20-400 mg/20ml	1	
tussin mucus & chest congest oral liquid 100 mg/5ml	1	
tussin mucus+chest congest sf oral liquid 200 mg/10ml	1	
tussin mucus+chest congestion oral liquid 100 mg/5ml	1	
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
allergy childrens oral liquid 12.5 mg/5ml	1	
allergy oral capsule 25 mg	1	
allergy relief childrens oral liquid 12.5 mg/5ml	1	
allergy relief oral capsule 25 mg	1	
allergy relief oral tablet 25 mg, 4 mg	1	
banophen oral tablet 25 mg	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (*diphenhydramine hcl*)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	3	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg, 6 mg	1	
CARBZAH ORAL SOLUTION 4 MG/5ML	3	
chlorpheniramine maleate er oral tablet extended release 12 mg	1	
clemastine fumarate oral syrup 0.67 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clemastine fumarate oral tablet 2.68 mg	1	
CLEMSZA ORAL TABLET 2.68 MG (*clemastine fumarate*)	3	
CURELIEF ORAL LIQUID 12.5 MG/5ML	3	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (*clemastine fumarate*)	3	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	
DIMETAPP COUGH & ALLERGY CHILD ORAL TABLET CHEWABLE 12.5 MG (*diphenhydramine hcl*)	3	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 25 mg, 4 mg	1	
ft nighttime sleep aid oral tablet 25 mg	1	
ft sleep-aid maximum strength oral capsule 50 mg	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	
goodsense allergy relief oral capsule 25 mg	1	
goodsense allergy relief oral tablet 25 mg, 4 mg	1	
goodsense sleep-aid max str oral capsule 50 mg	1	
HISTEX PD ORAL LIQUID 1.25 MG/ML (*triprolidine hcl*)	3	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	3	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML (*diphenhydramine hcl*)	3	
m-dryl oral liquid 12.5 mg/5ml	1	
MICLARA LQ ORAL LIQUID 1.25 MG/5ML (*triprolidine hcl*)	3	
MM ALLER-BEN ORAL TABLET 25 MG (*diphenhydramine hcl*)	3	
PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML (*triprolidine hcl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (*promethazine hcl*)	PV	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	PV	
promethazine hcl oral solution 12.5 mg/10ml, 6.25 mg/5ml	PV	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	PV	
promethazine hcl rectal suppository 12.5 mg, 25 mg	PV	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG (*promethazine hcl*)	PV	
ryvent oral tablet 6 mg	1	
sleep-aid oral capsule 25 mg, 50 mg	1	
triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml	1	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*)	3	
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (*reslizumab*)	3	DSL = 30 days
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (*dupilumab*)	3	DSL = 30 days
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (*benralizumab*)	3	DSL = 30 days
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (*benralizumab*)	3	
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (*benralizumab*)	3	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	3	DSL = 30 days
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (*tezepelumab-ekko*)	3	DSL = 30 days
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (*tezepelumab-ekko*)	3	DSL = 30 days
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (*zafirlukast*)	PV	
montelukast sodium oral packet 4 mg	PV	
montelukast sodium oral tablet 10 mg	PV	
montelukast sodium oral tablet chewable 4 mg, 5 mg	PV	
SINGULAIR ORAL PACKET 4 MG (*montelukast sodium*)	PV	
SINGULAIR ORAL TABLET 10 MG (*montelukast sodium*)	PV	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (*montelukast sodium*)	PV	
zafirlukast oral tablet 10 mg, 20 mg	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zileuton er oral tablet extended release 12 hour 600 mg	1	
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRIL OPHTHALMIC SOLUTION 2 % (*nedocromil sodium*)	2	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	PV	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	3	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (*cromolyn sodium*)	3	
MUCOLYTIC AGENTS - Drugs for the Lungs		
acetylcysteine inhalation solution 10 %, 20 %	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % (*sodium chloride*)	3	
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (*sodium chloride*)	1	
nasal moisturizing spray nasal solution 0.65 %	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %, 6 % (*sodium chloride*)	3	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % (*sodium chloride*)	1	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	3	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
TRUE NASAL MOISTURIZING NASAL SOLUTION 0.65 %	3	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	3	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate nasal suspension 50 mcg/act	3	
ft 24 hour nasal allergy nasal aerosol 55 mcg/act	1	
mometasone furoate nasal suspension 50 mcg/act	1	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (*triamcinolone acetonide*)	3	
PROPEL CONTOUR NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL MINI NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROPEL MINI SDS NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
PROPEL NASAL IMPLANT 370 MCG (*mometasone furoate*)	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	3	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	3	
SINUVA NASAL IMPLANT 1350 MCG (*mometasone furoate*)	3	
triamcinolone acetonide nasal aerosol 55 mcg/act	1	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (*fluticasone propionate*)	3	
NEUTROPHIL SERINE PROTEASE INHIBITORS - Drugs for Inflammation		
BRINSUPRI ORAL TABLET 10 MG, 25 MG (*brensocatib*)	3	DSL = 30 days
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (*fluticasone furoate*)	3	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	1	DSL = 30 days
FLUTICASONE FUROATE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	3	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (*budesonide*)	3	
PULMICORT SUSPENSION INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (*budesonide*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (*beclomethasone diprop hfa*)	3	
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
DALIRESP ORAL TABLET 250 MCG (*roflumilast*)	3	
DALIRESP ORAL TABLET 500 MCG (*roflumilast*)	3	
JASCAYD ORAL TABLET 18 MG, 9 MG (*nerandomilast*)	3	
roflumilast oral tablet 250 mcg, 500 mcg	1	
ZORYVE EXTERNAL CREAM 0.05 %, 0.15 %, 0.3 % (*roflumilast*)	3	
ZORYVE EXTERNAL FOAM 0.3 % (*roflumilast*)	3	
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	3	DSL = 30 days
alyq oral tablet 20 mg	3	DSL = 30 days
CIALIS ORAL TABLET 10 MG, 20 MG (*tadalafil*)	3	
CIALIS ORAL TABLET 5 MG (*tadalafil*)	3	
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (*macitentan-tadalafil*)	3	DSL = 30 days
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	3	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	3	
sildenafil citrate intravenous solution 10 mg/12.5ml	3	
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	DSL = 30 days
sildenafil citrate oral tablet 100 mg, 50 mg	3	
sildenafil citrate oral tablet 20 mg	3	
sildenafil citrate oral tablet 25 mg	1	
tadalafil (pah) oral tablet 20 mg	3	DSL = 30 days
tadalafil oral tablet 10 mg, 20 mg	3	
tadalafil oral tablet 2.5 mg, 5 mg	1	
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	3	DSL = 30 days
VIAGRA ORAL TABLET 100 MG, 50 MG (*sildenafil citrate*)	3	
VIAGRA ORAL TABLET 25 MG (*sildenafil citrate*)	3	
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES - Drugs for the Lungs		
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	3	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	3	DSL = 30 days
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	3	
REMODULIN INJECTION SOLUTION 8 MG/20ML (*treprostinil*)	3	
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	3	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	3	
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (*treprostinil sodium*)	3	DSL = 30 days
PULMONARY SURFACTANTS - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML (*poractant alfa*)	2	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (*calfactant in nacl*)	3	
SURVANTA INTRATRACHEAL SUSPENSION 25-0.9 MG/ML-% (*beractant in nacl*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (*alpha1-proteinase inhibitor*)	2	DSL = 30 days
BRONCHITOL INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	3	DSL = 30 days
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	3	DSL = 30 days
ESBRIET ORAL TABLET 267 MG, 801 MG (*pirfenidone*)	3	DSL = 30 days
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (*alpha1-proteinase inhibitor*)	3	DSL = 30 days
pirfenidone oral capsule 267 mg	1	
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	1	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (*alpha1-proteinase inhibitor*)	3	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (*tezepelumab-ekko*)	3	DSL = 30 days
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (*tezepelumab-ekko*)	3	DSL = 30 days
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG (*sotatercept-csrk*)	3	DSL = 30 days
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML (*omalizumab*)	3	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (*omalizumab*)	3	DSL = 30 days
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (*omalizumab*)	3	DSL = 30 days
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*omalizumab*)	3	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*)	3	DSL = 30 days
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (*alpha1-proteinase inhibitor*)	2	DSL = 30 days
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG (*alpha1-proteinase inhibitor*)	3	DSL = 30 days
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
12hr allergy relief oral tablet 60 mg	1	
24hr allergy relief oral tablet 180 mg	1	
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (*loratadine*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALLEGRA ALLERGY ORAL TABLET 180 MG (*fexofenadine hcl*)	3	
ALLEGRA HIVES 24HR ORAL TABLET 180 MG (*fexofenadine hcl*)	3	
allergy (cetirizine) oral tablet 10 mg	1	
allergy 24hour indoor/outdoor oral tablet 10 mg	1	
allergy 24-hr oral tablet 180 mg	1	
allergy childrens oral solution 5 mg/5ml	1	
allergy childrens oral suspension 30 mg/5ml	1	
allergy rel child (loratadine) oral solution 5 mg/5ml	1	
allergy relief (cetirizine) oral tablet 10 mg	1	
allergy relief (loratadine) oral tablet 10 mg	1	
allergy relief cetirizine oral tablet 10 mg, 5 mg	1	
allergy relief oral tablet 10 mg, 180 mg	1	
allergy relief/indoor/outdoor oral tablet 180 mg	1	
ASTEPRO CHILDRENS NASAL SOLUTION 205.5 MCG/SPRAY (*azelastine hcl*)	3	
ASTEPRO NASAL SOLUTION 205.5 MCG/SPRAY (*azelastine hcl*)	3	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl ophthalmic solution 0.05 %	1	
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	1	
cetirizine hcl oral tablet 10 mg, 5 mg	1	
cetirizine hcl oral tablet chewable 10 mg	1	
CLARINEX ORAL TABLET 5 MG (*desloratadine*)	3	
CLARITIN CHILDRENS ORAL TABLET CHEWABLE 5 MG (*loratadine*)	3	
desloratadine oral tablet 5 mg	1	
desloratadine oral tablet dispersible 5 mg	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (*azelastine-fluticasone*)	3	
fexofenadine hcl oral tablet 180 mg, 60 mg	1	
ft all day allergy 24 hour oral tablet 10 mg	1	
ft all day allergy oral tablet 10 mg	1	
ft all day allergy relief oral tablet 10 mg	1	
ft allergy childrens oral solution 5 mg/5ml	1	
ft allergy relief 12 hour oral tablet 60 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft allergy relief 24 hour oral tablet 180 mg	1	
ft allergy relief cetirizine oral tablet 10 mg	1	
ft allergy relief childrens oral tablet chewable 5 mg	1	
ft allergy relief loratadine oral tablet 10 mg	1	
ft allergy relief oral tablet 10 mg, 180 mg	1	
goodsense aller-ease oral tablet 180 mg	1	
goodsense allergy relief child oral solution 5 mg/5ml	1	
loratadine childrens oral solution 5 mg/5ml	1	
loratadine childrens oral tablet chewable 5 mg	1	
loratadine oral solution 5 mg/5ml	1	
loratadine oral tablet 10 mg	1	
loratadine oral tablet dispersible 10 mg	1	
mm allergy relief 24 hour oral tablet 180 mg	1	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (*cetirizine hcl*)	3	
ZYRTEC ALLERGY ORAL TABLET 10 MG (*cetirizine hcl*)	3	
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG (*cetirizine hcl*)	3	
ZYRTEC ORAL TABLET CHEWABLE 10 MG (*cetirizine hcl*)	3	
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	PV	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	PV	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	PV	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	PV	
albuterol sulfate oral syrup 2 mg/5ml	PV	
albuterol sulfate oral tablet 2 mg, 4 mg	PV	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	1	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (*arformoterol tartrate*)	3	
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	3	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	PV	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*salmeterol xinafoate*)	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	2	
terbutaline sulfate injection solution 1 mg/ml	PV	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	PV	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	PV	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	3	
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	3	DSL = 30 days
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	3	DSL = 30 days
alyq oral tablet 20 mg	3	DSL = 30 days
ambrisentan oral tablet 10 mg, 5 mg	3	DSL = 30 days
bosentan oral tablet 125 mg, 62.5 mg	3	DSL = 30 days
bosentan oral tablet soluble 32 mg	1	DSL = 30 days
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	1	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	3	
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	3	DSL = 30 days
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	3	DSL = 30 days
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (*treprostinil diolamine*)	3	DSL = 30 days
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	3	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	3	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	3	
sildenafil citrate intravenous solution 10 mg/12.5ml	3	
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	DSL = 30 days
sildenafil citrate oral tablet 100 mg, 50 mg	3	
sildenafil citrate oral tablet 20 mg	3	
sildenafil citrate oral tablet 25 mg	1	
tadalafil (pah) oral tablet 20 mg	3	DSL = 30 days
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	3	DSL = 30 days
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	3	DSL = 30 days
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	3	DSL = 30 days
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	3	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (*treprostinil*)	3	DSL = 30 days
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	DSL = 30 days
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (*selexipag*)	3	DSL = 30 days
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	3	DSL = 30 days
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	3	DSL = 30 days
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (*epoprostenol sodium*)	3	
VIAGRA ORAL TABLET 100 MG, 50 MG (*sildenafil citrate*)	3	
VIAGRA ORAL TABLET 25 MG (*sildenafil citrate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	3	DSL = 30 days
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (*selexipag*)	3	DSL = 30 days
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	3	DSL = 30 days
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	3	DSL = 30 days
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
elixophyllin oral elixir 80 mg/15ml	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	PV	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	PV	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTIPROLIFERANTS		
AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*)	3	
bexarotene external gel 1 %	1	
bexarotene oral capsule 75 mg	3	OC
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	1	
imiquimod external cream 3.75 %	3	
imiquimod external cream 5 %	1	
imiquimod pump external cream 3.75 %	3	
KAZURI EXTERNAL GEL 5-1-0.05 %	3	
KEFUNOVA EXTERNAL CREAM 5-0.005 % (*fluorouracil-calcipotriene*)	3	
KERIDA EXTERNAL GEL 5-30-0.1 %	3	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (*tirbanibulin*)	3	DSL = 30 days
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (*tirbanibulin*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KYNARA EXTERNAL GEL 5-1-2 %	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (*aminolevulinic acid hcl*)	2	
PANRETIN EXTERNAL GEL 0.1 % (*alitretinoin*)	3	DSL = 30 days
QUIDROXZAR EXTERNAL GEL 5-30-0.1 %	3	
QUIHOXAXIA EXTERNAL GEL 5-1-2 %	3	
QUIHOXVAR EXTERNAL GEL 5-1-0.05 %	3	
TARGRETIN EXTERNAL GEL 1 % (*bexarotene*)	3	
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	3	OC
TOLAK EXTERNAL CREAM 4 % (*fluorouracil*)	3	
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	3	DSL = 30 days
ZYCLARA EXTERNAL CREAM 3.75 % (*imiquimod*)	3	
ZYCLARA PUMP EXTERNAL CREAM 2.5 % (*imiquimod*)	3	
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (*imiquimod*)	3	
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ADRENERGIC AGONISTS - Drugs for the Skin		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (*brimonidine tartrate*)	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (*brimonidine tartrate*)	3	
brimonidine tartrate external gel 0.33 %	1	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %	1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	1	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC SOLUTION 0.1-2 %	3	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC SOLUTION 0.15-2 %	3	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*)	3	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
DAZOMON EXTERNAL GEL 0.25 %	3	
MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*)	3	
REMYDA EXTERNAL GEL 0.25 %	3	
RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*)	3	
ROVIS EXTERNAL GEL 0.25-1-1-4 %	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
athletes foot (terbinafine) external cream 1 %	1	
DIFMETIOXRIME EXTERNAL SOLUTION 4-2-1-4 %	3	
FENOVIA EXTERNAL SOLUTION 4-2-1-4 %	3	
FILOMA EXTERNAL SOLUTION 8-1-1 %	3	
ft athletes foot (terbinafine) external cream 1 %	1	
HIXDEFRIMA EXTERNAL SOLUTION 8-1-1 %	3	
LAMISIL AT ATHLETES FOOT EXTERNAL CREAM 1 % (*terbinafine hcl*)	3	
LAMISIL AT JOCK ITCH EXTERNAL CREAM 1 % (*terbinafine hcl*)	3	
naftifine hcl external cream 1 %, 2 %	1	
naftifine hcl external gel 2 %	1	
NAFTIN EXTERNAL GEL 2 % (*naftifine hcl*)	3	
ONYCHO-MED EXTERNAL KIT 2-250 %-MG (*terbinafine & miconazole*)	3	
ANTIBACTERIALS (84:04) - Drugs for the Skin		
ABENOR EXTERNAL CREAM 4-10 %	3	
ABENOR HP EXTERNAL LOTION 4-15 %	3	
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	3	
ACIOXIAY EXTERNAL CREAM 15-4 %	3	
ACYCLONINE MUM MOUTH/THROAT AEROSOL POWDER 36.7-16.7-3.33 %	3	
ACZONE EXTERNAL GEL 5 % (*dapsone*)	3	
ACZONE EXTERNAL GEL 7.5 % (*dapsone*)	3	
ADEINZDE EXTERNAL GEL 0.1-2.5-1 %	3	
ADERMICA EXTERNAL GEL 2.5-1-2-0.025 %	3	
ADERMICA HP EXTERNAL GEL 2.5-1-2-0.05 %	3	
ADMIRAZOL EXTERNAL CREAM 6-2-5 %	3	
ADMIRAZOL HP EXTERNAL CREAM 8.5-2-5 %	3	
ALIXI EXTERNAL CREAM 6-4 %	3	
ALIXI HP EXTERNAL CREAM 8.5-4 %	3	
ALOMIRA EXTERNAL GEL 5-1-2-0.05 %	3	
ALOMIRA HP EXTERNAL GEL 5-1-2-0.1 %	3	
ALOMIRA LP EXTERNAL GEL 5-1-2-0.025 %	3	
ALUXOF EXTERNAL THERAPY PACK 10-4 & 2-4-0.05 %	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALUXOF HP EXTERNAL THERAPY PACK 10-4 & 2-4-0.1 %	3	
AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*)	3	
antibiotic external ointment 500 unit/gm	1	
APEXOL CLEANSER EXTERNAL SUSPENSION 2-8 %	3	
APEXOL HP CLEANSER EXTERNAL SUSPENSION 5-10 %	3	
APORIX EXTERNAL GEL 1-4 %	3	
APORIX EXTERNAL LOTION 1-4 %	3	
ARESTIN DENTAL 1 MG (*minocycline hcl*)	3	
ARTILIS EXTERNAL GEL 1-2.5-4 %	3	
ARTILIS HP EXTERNAL GEL 1-5-4 %	3	
AUGUSTIL EXTERNAL GEL 1-4-2-0.025 %	3	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (*sulfacetamide sodium-sulfur*)	1	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (*sulfacetamide sodium-sulfur*)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (*sulfacetamide sodium-sulfur*)	3	
AVEIDA EXTERNAL GEL 1-1 %	3	
AVEIDAOXIA EXTERNAL GEL 1-1-4 %	3	
AVIDORA EXTERNAL CREAM 1-4-0.025 %	3	
AVIDORA EXTERNAL SOLUTION 1-4-0.025 %	3	
AVIDORA HP EXTERNAL CREAM 1-4-0.05 %	3	
AVIDOXY ORAL TABLET 100 MG	3	
AWANIS EXTERNAL CREAM 8.5-2-0.025 %	3	
azelaic acid external gel 15 %	1	
AZELEX EXTERNAL CREAM 20 % (*azelaic acid*)	3	
bacitracin external ointment 500 unit/gm	1	
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin zinc external ointment 500 unit/gm	1	
bacitracin zinc-aloe external ointment 500 unit/gm	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BATIZIA EXTERNAL OINTMENT 2-2 %	3	
BAXONIL EXTERNAL OINTMENT 1-2 %	3	
BENZAMYCIN EXTERNAL GEL 5-3 % (*benzoyl peroxide-erythromycin*)	3	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
bp 10-1 external emulsion 10-1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (*adapalene-benzoyl per-clindamy*)	3	
CLENIA PLUS EXTERNAL SUSPENSION 9-4.25 % (*sulfacetamide sodium-sulfur*)	3	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (*clindamycin hcl*)	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (*clindamycin palmitate hcl*)	2	
CLEOCIN VAGINAL CREAM 2 % (*clindamycin phosphate*)	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (*clindamycin phosphate*)	3	
CLEOCIN-T EXTERNAL LOTION 1 % (*clindamycin phosphate*)	3	
CLINDACIN ETZ EXTERNAL KIT 1 % (*clindamycin phos & cleanser*)	3	
clindacin etz external swab 1 %	1	
clindacin external foam 1 %	1	
clindacin-p external swab 1 %	1	
CLINDAGEL EXTERNAL GEL 1 % (*clindamycin phosphate*)	3	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
clindamycin phos (once-daily) external gel 1 %	1	
clindamycin phos (twice-daily) external gel 1 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
clindamycin phosphate external foam 1 %	1	
clindamycin phosphate external lotion 1 %	1	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
clindamycin phosphate vaginal cream 2 %	1	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CLINDESSE VAGINAL CREAM 2 % (*clindamycin phosphate (1 dose)*)	3	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (*clindamycin-tretinoin-cholesty*)	3	
dapsone external gel 5 %	1	
dapsone external gel 7.5 %	3	
dapsone oral tablet 100 mg, 25 mg	1	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
DEOXIA EXTERNAL GEL 1-4 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEOXIA EXTERNAL LOTION 1-4 %	3	
DEOXIADEMTAR EXTERNAL GEL 1-4-2-0.025 %	3	
DEOXIATAR EXTERNAL SOLUTION 1-4-0.025 %	3	
DEOXIAVAR EXTERNAL CREAM 1-4-0.05 %	3	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
DIADIMAXIA EXTERNAL CREAM 6-2-5 %	3	
DIADIMAXIA EXTERNAL GEL 6-2-5 %	3	
DIAOXIA EXTERNAL GEL 6-4 %	3	
DIASAXIATAR EXTERNAL CREAM 8.5-2-0.025 %	3	
DIASAXIATAR EXTERNAL GEL 8.5-2-0.025 %	3	
DIASDIMAXIA EXTERNAL CREAM 8.5-2-5 %	3	
DIASDIMAXIA EXTERNAL GEL 8.5-2-5 %	3	
DIASOXIA EXTERNAL CREAM 6-4 %, 8.5-4 %	3	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (*doxycycline hyclate*)	3	
doxy 100 intravenous solution reconstituted 100 mg	1	
doxycycline hyclate intravenous solution reconstituted 100 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline oral capsule delayed release 40 mg	1	
DRAXACEY EXTERNAL SUSPENSION 2-8 %	3	
DRIXECE EXTERNAL SUSPENSION 5-10 %	3	
ECEOXIA EXTERNAL CREAM 4-10 %	3	
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (*minocycline hcl micronized*)	3	DSL = 30 days
ery external pad 2 %	1	
erythromycin external gel 2 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
erythromycin external solution 2 %	1	
FINACEA EXTERNAL FOAM 15 % (*azelaic acid*)	3	
ft antibiotic external ointment 500 unit/gm	1	
ft double antibiotic external ointment 500-10000 unit/gm	1	
ft triple antibiotic + pain external ointment 1 %	1	
ft triple antibiotic external ointment 3.5-400-5000	1	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
IDARAN EXTERNAL OINTMENT 1-2 %	3	
INZDEAXIATAR EXTERNAL GEL 2.5-1-2-0.025 %	3	
INZDEAXIAVAR EXTERNAL GEL 2.5-1-2-0.05 %	3	
INZDEOXIA EXTERNAL GEL 2.5-1-4 %	3	
KLARON EXTERNAL LOTION 10 % (*sulfacetamide sodium (acne)*)	3	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	3	
LOUNZDOMDIOXATAR EXTERNAL THERAPY PACK 10-4 & 2-4-0.05 %	3	
MELZARA EXTERNAL CREAM 10-2-6 %	3	
METROCREAM EXTERNAL CREAM 0.75 % (*metronidazole*)	3	
METROGEL EXTERNAL GEL 1 % (*metronidazole*)	3	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %, 1 %	1	
metronidazole external lotion 0.75 %	1	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 125 mg, 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	1	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	
MONDOXYNE NL ORAL CAPSULE 100 MG (*doxycycline monohydrate*)	3	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	1	
moxifloxacin hcl oral tablet 400 mg	1	
mupirocin calcium external cream 2 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mupirocin external ointment 2 %	1	
NANRAN EXTERNAL OINTMENT 2-2 %	3	
neomycin sulfate oral tablet 500 mg	1	
neomycin-polymyxin b gu irrigation solution 40-200000	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % (*bacitracin-polymyx-neo-hc*)	3	
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 % (*neomy-bacit-polymyx-pramoxine*)	3	
NEOSPORIN ORIGINAL EXTERNAL OINTMENT , 3.5-400-5000 (*neomycin-bacitracin-polymyxin*)	3	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*)	3	
neuac external gel 1.2-5 %	1	
NORITATE EXTERNAL CREAM 1 % (*metronidazole*)	3	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	3	
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	3	
ONZDEAXIADEMTAR EXTERNAL GEL 5-1-2-2-0.025 %	3	
ONZDEAXIADEMVAR EXTERNAL GEL 5-1-2-2-0.05 %	3	
ONZDEAXIATAR EXTERNAL GEL 5-1-2-0.025 %	3	
ONZDEAXIAVAR EXTERNAL GEL 5-1-2-0.05 %	3	
ONZDEAXIAZAR EXTERNAL GEL 5-1-2-0.1 %	3	
ONZDEOXIA EXTERNAL GEL 1-5-4 %	3	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*)	3	
OVACE PLUS EXTERNAL SHAMPOO 10 % (*sulfacetamide sodium*)	3	
OVACE PLUS WASH EXTERNAL GEL 10 % (*sulfacetamide sodium*)	3	
OVACE PLUS WASH EXTERNAL LIQUID 10 % (*sulfacetamide sodium*)	3	
OVACE WASH EXTERNAL LIQUID 10 % (*sulfacetamide sodium*)	3	
OXIAICE EXTERNAL LOTION 4-15 %	3	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLEXION EXTERNAL CREAM 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	3	
PLEXION EXTERNAL LOTION 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	3	
PLEXION NS EXTERNAL SHAMPOO 9.8 % (*sulfacetamide sodium*)	3	
poly bacitracin external ointment 500-10000 unit/gm	1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM (*bacitracin-polymyxin b*)	3	
polymyxin b sulfate injection solution reconstituted 500000 unit	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
POLYSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM (*bacitracin-polymyxin b*)	3	
RESTIMO EXTERNAL GEL 1-1 %	3	
ROSITARA EXTERNAL GEL 1-1-4 %	3	
ROVIS EXTERNAL GEL 0.25-1-1-4 %	3	
RUMILO EXTERNAL CREAM 15-4 %	3	
sodium sulfacetamide external shampoo 10 %, 9.8 %	1	
sodium sulfacetamide wash external liquid 10 %	1	
sss 10-5 external cream 10-5 %	1	
sulfacetamide sodium (acne) external lotion 10 %	1	
sulfacetamide sodium (cleans) external gel 10 %	1	
sulfacetamide sodium external liquid 10 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external emulsion 10-1 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %, 9-4.25 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (*sulfacetamide sodium-sulfur*)	1	
sulfamez wash external emulsion 10-1 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (*mafenide acetate*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUMADAN EXTERNAL KIT 9-4.5 % (*sulfacetamide-sulfur-cleanser*)	3	
SUMADAN WASH EXTERNAL LIQUID 9-4.5 % (*sulfacetamide sodium-sulfur*)	3	
SUMAXIN CP EXTERNAL KIT 10-4 % (*sulfacetamide-sulfur-cleanser*)	3	
SUMAXIN EXTERNAL PAD 10-4 % (*sulfacetamide sodium-sulfur*)	3	
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
TARGADOX ORAL TABLET 50 MG (*doxycycline hyclate*)	3	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit	1	
triple antibiotic pain relief external ointment 1 %	1	
UNZDOMDIOXIAZAR EXTERNAL THERAPY PACK 10-4 & 2-4-0.1 %	3	
VANDAZOLE VAGINAL GEL 0.75 % (*metronidazole*)	3	
XACIATO VAGINAL GEL 2 % (*clindamycin phosphate*)	3	
ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	3	
ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*)	3	
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 % (*sod thiosulfate-salicylic acd*)	3	
FUNGIMEZ EXTERNAL SOLUTION	3	
MYCOZYL HC EXTERNAL GEL 1-0.667 % (*tolnaftate-hydrocortisone*)	3	
MYCOZYL HC EXTERNAL LIQUID 1-0.667 % (*tolnaftate-hydrocortisone*)	3	
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*)	3	
VTAMA EXTERNAL CREAM 1 % (*tapinarof*)	3	DSL = 30 days
WINLEVI EXTERNAL CREAM 1 % (*clascoterone*)	3	
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
ACCUCAINE COMBINATION KIT 1 % (*lido-pentaf-tetrafl-ultrasound*)	3	
ADEINZDE EXTERNAL GEL 0.1-2.5-1 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AGONEAZE EXTERNAL KIT 2.5-2.5 %	1	
ANA-LEX RECTAL KIT 2-2 % (*lidocaine-hydrocortisone ace*)	3	
ANALPRAM HC EXTERNAL CREAM 1-1 % (*hydrocortisone ace-pramoxine*)	3	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (*hydrocortisone ace-pramoxine*)	1	
ANALPRAM HC EXTERNAL LOTION 2.5-1 % (*hydrocortisone ace-pramoxine*)	2	
ANODYNE LPT EXTERNAL KIT 2.5-2.5 %	1	
ASPERFLEX LIDOCAINE EXTERNAL CREAM 4 % (*lidocaine*)	3	
ASTERO EXTERNAL GEL 4 % (*lidocaine hcl*)	3	
BATIZIA EXTERNAL OINTMENT 2-2 %	3	
BETALOAN SUIK COMBINATION KIT 30 MG/5ML (*betameth sod phos-ace & anesth*)	3	
BRUSELIX EXTERNAL CREAM 3.88 % (*lidocaine hcl*)	3	
BRUSELIX EXTERNAL GEL 3.88 % (*lidocaine hcl*)	3	
CADIRAMD EXTERNAL KIT 2.5-2.5 % (*lido-prilocaine-blood collect*)	3	
CETACAINE EXTERNAL AEROSOL 2-2-14 % (*butamben-tetracaine-benzocaine*)	3	
CETACAINE EXTERNAL GEL 2-2-14 % (*butamben-tetracaine-benzocaine*)	3	
CONVENIENCE PAK COMBINATION THERAPY PACK 600 & 5 MG & % (*gabapentin & lidocaine*)	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	3	
DERMACINRX DICLOLIDOL EXTERNAL THERAPY PACK 1 & 5 % (*diclofenac sod-lido hcl (top)*)	3	
DERMACINRX LIDOCAINE EXTERNAL GEL 5 % (*lidocaine hcl*)	3	
DERMACINRX LIDOGEL EXTERNAL GEL 2.8 % (*lidocaine hcl*)	3	
DERMACINRX PHN EXTERNAL THERAPY PACK 5 & 5 % (*lidocaine-dimethicone*)	3	
DERMACINRX ZRM EXTERNAL THERAPY PACK 5 % (*lidocaine-emollient*)	3	
DIABECIN HR EXTERNAL CREAM 4.12-0.13 % (*lidocaine-benzalkonium (pod)*)	3	
dibucaine (perianal) external ointment 1 %	1	
DICLOGEN EXTERNAL THERAPY PACK 1.5 & 4-10 % (*diclofenac sod-camphor-menthol*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DICLONA EXTERNAL GEL 1-4.5 %	3	DSL = 30 days
DMT SUIK COMBINATION KIT 10 MG/ML (*dexameth sod phos & anesthetic*)	3	
doxepin hcl external cream 5 %	1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	PV	
doxepin hcl oral concentrate 10 mg/ml	PV	
doxepin hcl oral tablet 3 mg, 6 mg	1	
DULOXICAINE COMBINATION KIT 30 & 4 MG & % (*duloxetine-lidocaine hcl*)	3	
DYCLOPRO EXTERNAL SOLUTION 0.5 %	3	
EHA EXTERNAL LOTION 4 %	3	
ELEMAR PATCH EXTERNAL KIT 5-6 % (*lidocaine-menthol*)	3	
ENOVARX-LIDOCAINE HCL EXTERNAL CREAM 10 %, 5 %	3	
ENZNONUTY EXTERNAL OINTMENT 20-10-10 %	3	
EPIFOAM EXTERNAL FOAM 1-1 % (*pramoxine-hc*)	3	
ethyl chloride external aerosol	1	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	
ft triple antibiotic + pain external ointment 1 %	1	
ft urinary pain relief oral tablet 95 mg	1	
GEBAUERS PAIN EASE EXTERNAL AEROSOL (*pentafluoroprop-tetrafluoroeth*)	3	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL (*pentafluoroprop-tetrafluoroeth*)	3	
glydo external prefilled syringe 2 %	1	
HEPMED COMBINATION KIT 100&0.9&2.5-2.5 UT/ML	3	
HURRICAINE MOUTH/THROAT GEL 20 % (*benzocaine*)	3	
HURRI-FREEZE MEDIUM STREAM EXTERNAL AEROSOL (*trifluoropropene-tetrafluoropr*)	3	
HURRI-FREEZE MIST SPRAY EXTERNAL AEROSOL (*trifluoropropene-tetrafluoropr*)	3	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
INFLATHERM COMBINATION THERAPY PACK 75 & 3-3 MG & % (*diclofenac-menthol-camphor*)	3	
instant oral pain relief max mouth/throat gel 20 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (*ketoprofen-baclofen-gabap-lido*)	3	
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML (*difelikefalin acetate*)	3	DSL = 30 days
L.E.T. (RACEPINEPHRINE) EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LDO PLUS EXTERNAL GEL 4 % (*lidocaine hcl*)	3	
LEVATIO EXTERNAL PATCH 0.03-5 %	3	
LIDO BDK EXTERNAL KIT 2.5-2.5 % (*lidocaine-prilocaine*)	1	
lidocaine external cream 4 %	1	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl external cream 3 %, 4 %	1	
LIDOCAINE HCL EXTERNAL CREAM 4.12 %	3	
lidocaine hcl external lotion 3 %	1	
lidocaine hcl external solution 4 %	1	
lidocaine hcl urethral/mucosal external gel 2 %	1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	1	
lidocaine pain relief max st external cream 4 %	1	
lidocaine-hydrocort (perianal) external cream 3-0.5 %	1	
LIDOCAINE-HYDROCORTISONE ACE EXTERNAL CREAM 1-1 %	3	
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL 2.8-0.55 %	3	
lidocaine-hydrocortisone ace rectal kit 1-3 %, 2-2 %, 3-0.5 %, 3-2.5 %	1	
lidocaine-prilocaine external cream 2.5-2.5 %	1	
lidocaine-prilocaine external kit 2.5-2.5 %	1	
LIDOCAN EXTERNAL PATCH 5 % (*lidocaine*)	3	
LIDOCORE EXTERNAL CREAM 4 %	3	
LIDOCORT EXTERNAL CREAM 3-0.5 % (*lidocaine-hydrocortisone ace*)	3	
LIDODERM EXTERNAL PATCH 5 % (*lidocaine*)	3	
LIDOGUARD EXTERNAL CREAM 4 % (*lidocaine hcl*)	3	
LIDOPIN EXTERNAL CREAM 3 %	3	
LIDOPIN EXTERNAL CREAM 3.25 %	3	
LIDOPURE PATCH EXTERNAL KIT 5 % (*lidocaine-adhesive sheets*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIDO-RACEPINEPHRINE-TETRACAINE EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LIDOREX EXTERNAL GEL 2.8 % (*lidocaine hcl*)	3	
LIDORUB EXTERNAL CREAM 7.5 % (*lidocaine*)	3	
LIDORX EXTERNAL GEL 3 %	3	
LIDO-SORB EXTERNAL LOTION 3 % (*lidocaine hcl*)	3	
LIDOSTREAM EXTERNAL KIT 5 & 10 %	3	
LIDOTHOL EXTERNAL GEL 4.5-5 % (*lidocaine-menthol*)	3	
LIDOTHOL EXTERNAL PATCH 4-1 % (*lidocaine-menthol*)	3	
LIDOTRAL + HYDROCORTISONE EXTERNAL CREAM 3.88-1 %, 5-1 % (*lidocaine-hydrocortisone ace*)	3	
LIDOTRAL EXTERNAL CREAM 3.88 % (*lidocaine hcl*)	3	
LIDOTRAL EXTERNAL GEL 3.88 %, 5 % (*lidocaine hcl*)	3	
LIDOTRAL EXTERNAL LIQUID 2 % (*lidocaine hcl*)	3	
LIDOTRAL EXTERNAL SOLUTION 5 % (*lidocaine hcl*)	3	
LIDOTRAL ROLL-ON EXTERNAL GEL 5 % (*lidocaine hcl*)	3	
LIDOTRAL-MENTHOL EXTERNAL LIQUID 5-3 % (*lidocaine-menthol*)	3	
LIDOTRAN EXTERNAL CREAM 3.88 % (*lidocaine hcl*)	3	
LIDOVIX L EXTERNAL KIT 5 %	3	
LIDOZALL EXTERNAL CREAM 4 %	3	
LIDOZALL PLUS EXTERNAL CREAM 4 %	3	
LIDTOPIC EXTERNAL CREAM 7.5 % (*lidocaine*)	3	
LIDTOPIC MAX EXTERNAL CREAM 10 % (*lidocaine*)	3	
LIVIXIL PAK EXTERNAL KIT 2.5-2.5 % (*lidocaine-prilocaine*)	1	
LM PLUS RELIEF EXTERNAL PATCH 3.5-7 % (*lidocaine-menthol*)	3	
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % (*lidocaine-camphor-menthol*)	3	
LOLLICAINE MOUTH/THROAT GEL 20 % (*benzocaine*)	3	
LYDEXA EXTERNAL CREAM 4.12 % (*lidocaine hcl*)	3	
MARVONA SUIK COMBINATION KIT 0.5 % (*bupivacaine hcl & anesthetic*)	3	
MEDROLOAN II SUIK COMBINATION KIT 40 MG/ML (*methylprednisolone & anesth*)	3	
MEDROLOAN SUIK COMBINATION KIT 40 MG/ML (*methylprednisolone & anesth*)	3	
MIGRANOW COMBINATION THERAPY PACK 50 & 4-10 MG & % (*sumatriptan & camphor-menthol*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NANRAN EXTERNAL OINTMENT 2-2 %	3	
NENDRUX EXTERNAL GEL 5-40 %	3	
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 % (*neomy-bacit-polymyx-pramoxine*)	3	
NEUROZYL EXTERNAL CREAM 4.12 % (*lidocaine hcl*)	3	
NOBELA EXTERNAL OINTMENT 20-10-10 %	3	
NOLIRA EXTERNAL CREAM 23-7 %	3	
NYNUTEY EXTERNAL CREAM 23-7 %	3	
pain relieving + lidocaine external cream 4 %	1	
PAINGO KFT EXTERNAL KIT 2.5-2.5-10-30 %	3	
P-CARE K40G COMBINATION KIT 40 MG/ML	3	
P-CARE K80G COMBINATION KIT 40 MG/ML	3	
phenazopyridine hcl oral tablet 100 mg, 200 mg, 95 mg	1	
PRAMOSONE EXTERNAL CREAM 1-1 % (*pramoxine-hc*)	3	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (*pramoxine-hc*)	2	
premium lidocaine external ointment 5 %	1	
PREMIUM SCAR EXTERNAL PATCH 2-4-30 %	3	
PREPIV SUPPLY COMBINATION KIT 2.5-2.5 & 0.9 %	3	
PRILOVIX EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIX PLUS EXTERNAL KIT 2.5-2.5 %	1	
PROCORT EXTERNAL CREAM 1.85-1.15 % (*hydrocortisone ace-pramoxine*)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	1	
PROXIVOL EXTERNAL GEL 2 % (*lidocaine hcl*)	3	
PRUDOXIN EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	3	
PYRIDIUM ORAL TABLET 100 MG, 200 MG (*phenazopyridine hcl*)	3	
REGENECARE EXTERNAL GEL 2 % (*lidocaine-collagen-aloe vera*)	3	
RELADOR PAK EXTERNAL KIT 2.5-2.5 % (*lidocaine-prilocaine*)	1	
RELADOR PAK PLUS EXTERNAL KIT 2.5-2.5 % (*lidocaine-prilocaine*)	1	
SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (*lido-capsaicin-men-methyl sal*)	3	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 % (*lido-epinephrine-tetracaine*)	3	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 % (*lidocaine hcl & post-op system*)	3	
SYNTHERMA PLUS EXTERNAL KIT 5-6 % (*lidocaine-menthol*)	3	
TOPICAL L.E.T. EXTERNAL GEL 4-0.09-0.5 %	3	
TORONOVA II SUIK COMBINATION KIT 30 MG/ML (*ketorolac trometh & anesthetic*)	3	
TORONOVA SUIK COMBINATION KIT 30 MG/ML (*ketorolac trometh & anesthetic*)	3	
TRIDACAINE II EXTERNAL PATCH 5 % (*lidocaine*)	3	
TRIDACAINE III EXTERNAL PATCH 5 % (*lidocaine*)	3	
TRILOAN II SUIK COMBINATION KIT 40 MG/ML (*triamcinolone acet & anesth*)	3	
TRILOAN SUIK COMBINATION KIT 40 MG/ML (*triamcinolone acet & anesth*)	3	
TRILOCAINE EXTERNAL CREAM 4.12 % (*lidocaine hcl*)	3	
triple antibiotic pain relief external ointment 1 %	1	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
TRUBREXA EXTERNAL PATCH 4.75-0.025 % (*lidocaine-capsaicin*)	3	
TYLENOL PRECISE PAIN RELIEVING EXTERNAL CREAM 4 % (*lidocaine*)	3	
urinary pain relief oral tablet 95 mg	1	
URO-PAIN ORAL TABLET 95 MG (*phenazopyridine hcl*)	3	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % (*lidocaine hcl-blood collection*)	3	
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	
WAYZEN EXTERNAL GEL 5-40 %	3	
WPR PLUS WOUND HEALING SYSTEM EXTERNAL THERAPY PACK 4 & 10-30 %	3	
XICLOFEN EXTERNAL OINTMENT 1-5 % (*diclofenac sod-methyl salicyl*)	3	
XYLIDERM EXTERNAL KIT 5 % (*lidocaine-adhesive sheets*)	3	
ZERUVIA EXTERNAL PATCH 4-1 %	3	
ZIONODIL 100 EXTERNAL LOTION 3 %	3	
ZIONODIL EXTERNAL LOTION 3 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZONALON EXTERNAL CREAM 5 % (*doxepin hcl (antipruritic)*)	3	
ZTLIDO EXTERNAL PATCH 1.8 % (*lidocaine*)	3	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
ABREVA EXTERNAL CREAM 10 % (*docosanol*)	3	
acyclovir external cream 5 %	1	
acyclovir external ointment 5 %	1	
acyclovir oral capsule 200 mg	PV	
acyclovir oral suspension 200 mg/5ml	PV	
acyclovir oral tablet 400 mg, 800 mg	PV	
DENAVIR EXTERNAL CREAM 1 % (*penciclovir*)	3	
docosanol external cream 10 %	1	
ft docosanol external cream 10 %	1	
penciclovir external cream 1 %	1	
SITAVIG BUCCAL TABLET 50 MG (*acyclovir*)	PV	
XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*)	3	
YCANTH EXTERNAL SOLUTION 0.7 % (*cantharidin*)	3	
ZELSUVMI EXTERNAL GEL 10.3 % (*berdazimer sodium*)	3	DSL = 30 days
ZOVIRAX EXTERNAL CREAM 5 % (*acyclovir*)	3	
ZOVIRAX EXTERNAL OINTMENT 5 % (*acyclovir*)	3	
ASTRINGENTS (84:12) - Drugs for the Skin		
astringent external packet	1	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	3	
BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 40 % (*zinc oxide*)	3	
calamine external lotion 8-8 %	1	
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	3	
DERMELEVE ANTI-ITCH SCALP EXTERNAL SOLUTION 0.2 % (*aluminum acetate*)	3	
DERMELEVE ENHANCED FORMULA EXTERNAL CREAM 0.2 % (*aluminum acetate*)	3	
diaper rash external ointment 40 %	1	
DRYSOL EXTERNAL SOLUTION 20 % (*aluminum chloride*)	2	
ft calamine external lotion 8-8 %	1	
GLYCATE ORAL TABLET 1.5 MG (*glycopyrrolate*)	3	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	3	
glycopyrrolate oral solution 1 mg/5ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
glycopyrrolate pf +rfid injection solution prefilled syringe 0.4 mg/2ml	1	
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 1 MG/5ML (*glycopyrrolate*)	3	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
PREMIUM SCAR EXTERNAL PATCH 2-4-30 %	3	
QBREXZA EXTERNAL PAD 2.4 % (*glycopyrronium tosylate*)	3	
SOFDRA EXTERNAL GEL 12.45 % (*sofpironium bromide*)	3	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	3	
XERAC AC EXTERNAL SOLUTION 6.25 % (*aluminum chloride in alcohol*)	2	
ASTRINGENTS, ANTI-INFECTIVE - Drugs for the Skin		
benzalkonium chloride external solution , 50 %	1	
BETADINE EXTERNAL SOLUTION 10 % (*povidone-iodine*)	3	
chlorhexidine gluconate external solution 4 %	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
DAZINIA EXTERNAL CREAM 1-2.5-2 %	3	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
DERMACINRX SURGICAL COMBOPAK EXTERNAL KIT	3	
dyna-hex 4 external solution 4 %	3	
ft povidone-iodine external solution 10 %	1	
HIBICLENS EXTERNAL SOLUTION 4 % (*chlorhexidine gluconate*)	3	
hydrocortisone-iodoquinol external cream 1-1 %	1	
iodine strong oral solution 5 %	1	
iodine tincture external tincture 2 %	1	
IODOQUIMEZ-HC EXTERNAL CREAM 1-1.9 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	
IODOSORB EXTERNAL GEL 0.9 %	3	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (*chlorhexidine gluconate*)	3	
periogard mouth/throat solution 0.12 %	1	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
povidone-iodine external solution 10 %	1	
SCRUB CARE POVIDONE-IODINE EXTERNAL SOLUTION 10 % (*povidone-iodine*)	3	
selenium sulfide external lotion 2.5 %	1	
selenium sulfide external shampoo 2.25 %, 2.3 %	1	
SILVADENE EXTERNAL CREAM 1 % (*silver sulfadiazine*)	3	
silver sulfadiazine external cream 1 %	1	
ssd external cream 1 %	1	
VYTONE EXTERNAL CREAM 1-1.9 % (*iodoquinol-hydrocortisone-aloe*)	3	
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
antifungal external cream 2 %	1	
antifungal external powder 2 %	1	
AZOLEN ANTI-FUNGAL WASH EXTERNAL SOLUTION 2 % (*miconazole nitrate*)	3	
CLOBEZIN EXTERNAL THERAPY PACK 1-0.05 & 20.6 % (*clotrimazole-betameth & zn ox*)	3	
clotrimazole external cream 1 %	1	
clotrimazole external solution 1 %	1	
clotrimazole mouth/throat troche 10 mg	1	
clotrimazole vaginal cream 1 %	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
cvs clotrimazole 3 vaginal cream 2 %	1	
DAZINIA EXTERNAL CREAM 1-2.5-2 %	3	
DELIBON EXTERNAL CREAM 2-2.5 %	3	
DENVITA EXTERNAL CREAM 2-4 %	3	
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 % (*clotrimazole-betameth & zn ox*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DESENEX EXTERNAL CREAM 2 % (*miconazole nitrate*)	3	
DESENEX EXTERNAL POWDER 2 % (*miconazole nitrate*)	3	
DIFMETIOXRIME EXTERNAL SOLUTION 4-2-1-4 %	3	
econazole nitrate external cream 1 %	1	
ECONAZOLE NITRATE EXTERNAL FOAM 1 %	3	
ECOZA EXTERNAL FOAM 1 % (*econazole nitrate*)	3	
ERTACZO EXTERNAL CREAM 2 % (*sertaconazole nitrate*)	3	
EXELDERM EXTERNAL CREAM 1 % (*sulconazole nitrate*)	3	
EXELDERM EXTERNAL SOLUTION 1 % (*sulconazole nitrate*)	3	
FENOVIA EXTERNAL SOLUTION 4-2-1-4 %	3	
FIDILA EXTERNAL SHAMPOO 2-2 %	3	
FRIVO EXTERNAL CREAM 1-4 %	3	
ft 7 day vaginal vaginal cream 1 %	1	
ft antifungal external cream 2 %	1	
ft clotrimazole 3 vaginal cream 2 %	1	
ft clotrimazole vaginal cream 1 %	1	
ft miconazole 1 vaginal kit 1200 & 2 mg & %	1	
ft miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	1	
ft miconazole 7 vaginal cream 2 %	1	
ft tioconazole-1 vaginal ointment 6.5 %	1	
FUNGIZYL AL EXTERNAL LIQUID 2-2 % (*miconazole-dimethyl sulfoxide*)	3	
goodsense anti-fungal external aerosol 2 %	1	
GYNAZOLE-1 VAGINAL CREAM 2 % (*butoconazole nitrate (1 dose)*)	3	
IMIOXIA EXTERNAL CREAM 1-4 %	3	
JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*)	3	
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	
ketoconazole external shampoo 2 %	1	
ketodan external foam 2 %	1	
LOTRIMIN AF EXTERNAL AEROSOL POWDER 2 % (*miconazole nitrate*)	3	
LULICONAZOLE EXTERNAL CREAM 1 %	3	
LUZU EXTERNAL CREAM 1 % (*luliconazole*)	3	
MEDPURA ANTIFUNGAL EXTERNAL CREAM 2 % (*miconazole nitrate*)	3	
micaderm external cream 2 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	1	
miconazole 3 vaginal suppository 200 mg	1	
miconazole 7 vaginal cream 2 %	1	
miconazole nitrate external cream 2 %	1	
miconazole nitrate external solution 2 %	3	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
miconazorb af external powder 2 %	1	
MICOTRIN AP EXTERNAL POWDER 2 % (*miconazole nitrate*)	3	
MONISTAT 1 COMBO PACK VAGINAL KIT 1200 & 2 MG & % (*miconazole nitrate*)	3	
MONISTAT 1 VAGINAL OINTMENT 6.5 % (*tioconazole*)	3	
MONISTAT 3 COMBO PACK APP VAGINAL KIT 200 & 2 MG-% (9GM) (*miconazole nitrate*)	3	
MYCOZYL AP EXTERNAL POWDER 2 % (*miconazole nitrate*)	3	
ONYCHO-MED EXTERNAL KIT 2-250 %-MG (*terbinafine & miconazole*)	3	
ORAVIG BUCCAL TABLET 50 MG (*miconazole*)	3	
oxiconazole nitrate external cream 1 %	1	
OXISTAT EXTERNAL LOTION 1 % (*oxiconazole nitrate*)	3	
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
PHEOXIA EXTERNAL CREAM 2-4 %	3	
PHEYO EXTERNAL CREAM 2.5-2 %	3	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (*ketoconazole-urea*)	3	
SECURA ANTIFUNGAL EXTRA THICK EXTERNAL CREAM 2 % (*miconazole nitrate*)	3	
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	3	
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	3	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	3	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (*ketoconazole-hydrocortisone*)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (*ketoconazole & pyrithione zinc*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (*ketoconazole & pyrithione zinc*)	3	
ZEASORB-AF EXTERNAL POWDER 2 % (*miconazole nitrate*)	3	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
ammonium lactate external cream 12 %	1	
ammonium lactate external lotion 12 %	1	
DICLOPR EXTERNAL KIT 1 & 10-30 %	3	
FENOVAR EXTERNAL KIT 1.5-10-15 % (*diclofenac& menthol-methyl sal*)	3	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (*salicylic acid-lactic acid*)	3	
methyl salicylate external liquid	1	
ORTHAPHEN EXTERNAL KIT 1.5-10-15 % (*diclofenac& menthol-methyl sal*)	3	
PRONAL EXTERNAL GEL 40-10 % (*urea-lactic acid*)	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (*salicylic acid-urea in lactac*)	3	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (*lido-capsaicin-men-methyl sal*)	3	
turpentine external spirit	1	
VAROPHEN EXTERNAL KIT 1.5-10-15 % (*diclofenac& menthol-methyl sal*)	3	
VITAMIN C BRIGHTENING SERUM EXTERNAL LIQUID	3	
XIRUN EXTERNAL GEL 40-10 %	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (*benzoyl peroxide-hyaluronate*)	3	
BASIC OILS AND OTHER SOLVENTS - Drugs for the Skin		
ft glycerin external liquid 99.5 %	1	
lactic acid e external cream 10-3500 %-unt/30gm	1	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
AQUA-NU EXTERNAL OINTMENT (*emollient*)	2	
AQUAPHILIC EXTERNAL OINTMENT (*emollient*)	2	
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (*fibrin sealant component*)	3	
ARTISS EXTERNAL SOLUTION (*fibrin sealant component*)	3	
BIOGAIA ALDERMIS BABY EXTERNAL OINTMENT (*emollient*)	2	
calamine external lotion 8-8 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
calcipotriene external cream 0.005 %	1	
CALCIPOTRIENE EXTERNAL FOAM 0.005 %	3	
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	3	DSL = 30 days
calcipotriene-betameth diprop external suspension 0.005-0.064 %	3	
CALCITRENE EXTERNAL OINTMENT 0.005 % (*calcipotriene*)	3	
CLOBEZIN EXTERNAL THERAPY PACK 1-0.05 & 20.6 % (*clotrimazole-betameth & zn ox*)	3	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
DERMACINRX PHN EXTERNAL THERAPY PACK 5 & 5 % (*lidocaine-dimethicone*)	3	
DERMACINRX SURGICAL COMBOPAK EXTERNAL KIT	3	
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 % (*clotrimazole-betameth & zn ox*)	3	
DERMACINRX ZRM EXTERNAL THERAPY PACK 5 % (*lidocaine-emollient*)	3	
DIOCHLOY EXTERNAL SOLUTION 0.005-0.05 %	3	
DIOOXIA EXTERNAL CREAM 0.005-4 %	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	3	
FLUOPAR EXTERNAL KIT 0.1 & 5 % (*fluocinonide & dimethicone*)	3	
ft calamine external lotion 8-8 %	1	
HYDROCORTISONE COMPLETE KIT EXTERNAL THERAPY PACK 2 %	3	
hydrocortisone external cream 1 %	1	
hydrocortisone/aloe max str external cream 1 %	1	
IODOQUIMEZ-HC EXTERNAL CREAM 1-1.9 %	3	
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	1	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	
lactic acid e external cream 10-3500 %-unt/30gm	1	
nitroglycerin rectal ointment 0.4 %	1	
NUDERMRXPAK 120 EXTERNAL THERAPY PACK 0.005-5 % (*calcipotriene-dimethicone*)	3	
NUDERMRXPAK 60 EXTERNAL THERAPY PACK 0.005-5 % (*calcipotriene-dimethicone*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
NUTRIARX CREAMPAK EXTERNAL KIT 0.1 & 5 % (*triamcinolone-dimeth-silicone*)	3	
PLENURA EXTERNAL SOLUTION 0.005-0.05 %	3	
PROSILK EXTERNAL GEL (*silicone*)	3	
PURAZIL EXTERNAL CREAM 0.005-4 %	3	
RECTIV RECTAL OINTMENT 0.4 % (*nitroglycerin*)	3	
REGENECARE EXTERNAL GEL 2 % (*lidocaine-collagen-aloe vera*)	3	
REXASIL PATCH & VITAMIN E LIQ EXTERNAL KIT (*silicone-vitamin e*)	3	
SANADERMRX SKIN REPAIR EXTERNAL KIT 0.1 & 5 %	3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	2	
SCARCARE GEL-PAD KIT/LARGE EXTERNAL KIT (*silicone-vitamin e*)	3	
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION) (*triamcinolone-dimeth-silicone*)	3	
SENI CARE BODY EXTERNAL CREAM (*skin protectants, misc.*)	3	
SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*)	3	
SWEEN MOISTURIZING BODY EXTERNAL CREAM (*skin protectants, misc.*)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	3	
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (*fibrin sealant component*)	3	
TRIONEX EXTERNAL KIT 0.005 % (*calcipotriene & dressing*)	3	
TRIVIX EXTERNAL KIT 0.1 & 5 % (*triamcinolone-dimeth-silicone*)	3	
VANICREAM EXTERNAL OINTMENT (*emollient*)	2	
VTAMA EXTERNAL CREAM 1 % (*tapinarof*)	3	DSL = 30 days
VYTONE EXTERNAL CREAM 1-1.9 % (*iodoquinol-hydrocortisone-aloe*)	3	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	3	DSL = 30 days
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (*collagenase clostrid histolyt*)	3	
BASIC POWDERS AND DEMULCENTS - Drugs for the Skin		
benzoin compound external tincture	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
benzoin external tincture	1	
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
ADERMICA EXTERNAL GEL 2.5-1-2-0.025 %	3	
ADERMICA HP EXTERNAL GEL 2.5-1-2-0.05 %	3	
ALOMIRA EXTERNAL GEL 5-1-2-0.05 %	3	
ALOMIRA HP EXTERNAL GEL 5-1-2-0.1 %	3	
ALOMIRA LP EXTERNAL GEL 5-1-2-0.025 %	3	
ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*)	2	
ALURIS EXTERNAL CREAM 4-0.05 %	3	
ALURIS EXTERNAL GEL 4-0.05 %	3	
ALURIS HP EXTERNAL CREAM 4-0.1 %	3	
ALURIS HP PLUS EXTERNAL CREAM 4-0.1 %	3	
ALURIS LP EXTERNAL CREAM 4-0.025 %	3	
ALURIS LP PLUS EXTERNAL CREAM 4-0.025 %	3	
ALURIS PLUS EXTERNAL CREAM 4-0.05 %	3	
ALUXOF EXTERNAL THERAPY PACK 10-4 & 2-4-0.05 %	3	
ALUXOF HP EXTERNAL THERAPY PACK 10-4 & 2-4-0.1 %	3	
ATRALIN EXTERNAL GEL 0.05 % (*tretinoin*)	3	
AUGUSTIL EXTERNAL GEL 1-4-2-0.025 %	3	
AVIDORA EXTERNAL CREAM 1-4-0.025 %	3	
AVIDORA EXTERNAL SOLUTION 1-4-0.025 %	3	
AVIDORA HP EXTERNAL CREAM 1-4-0.05 %	3	
AWANIS EXTERNAL CREAM 8.5-2-0.025 %	3	
AZALTA EXTERNAL GEL 2-5-0.025 %	3	
AZALTA HP EXTERNAL GEL 2-5-0.05 %	3	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (*clindamycin-tretinoin-cholesty*)	3	
DEOXIADEMTAR EXTERNAL GEL 1-4-2-0.025 %	3	
DEOXIATAR EXTERNAL SOLUTION 1-4-0.025 %	3	
DEOXIAVAR EXTERNAL CREAM 1-4-0.05 %	3	
DIASAXIATAR EXTERNAL CREAM 8.5-2-0.025 %	3	
DIASAXIATAR EXTERNAL GEL 8.5-2-0.025 %	3	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	3	
FINAPID EXTERNAL SOLUTION 0.1-5 %	3	
FINAPOD EXTERNAL SOLUTION 0.1-7 %	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FINAPODTAR EXTERNAL SOLUTION 0.1-7-0.025 %	3	
finasteride oral tablet 1 mg, 5 mg	1	
FLYPROGPIDTAR EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
HARISIS EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
HARVIVA EXTERNAL SOLUTION 0.1-5 %	3	
HARVIVA HP EXTERNAL SOLUTION 0.1-7 %	3	
HENTIS EXTERNAL SOLUTION 5-0.1-0.025 %	3	
HENTIS HP EXTERNAL SOLUTION 7-0.1-0.025 %	3	
HEVONA EXTERNAL SOLUTION 0.01-5-0.025 %	3	
HOLIZAR EXTERNAL SOLUTION 7-0.025 %	3	
HONISTA EXTERNAL SOLUTION 0.1-7-0.025 %	3	
HOVITRA EXTERNAL SOLUTION 7-4 %	3	
IDYYXIATAR EXTERNAL GEL 5-0.025 %	3	
INZDEAXIATAR EXTERNAL GEL 2.5-1-2-0.025 %	3	
INZDEAXIAVAR EXTERNAL GEL 2.5-1-2-0.05 %	3	
KATARAXAP EXTERNAL EMULSION 4-0.025-0.025 %	3	
KATARVIA EXTERNAL EMULSION 4-0.025 % (*hydroquinone-tretinoin*)	3	
KATARYA EXTERNAL EMULSION 4-0.5-0.025 %	3	
KATARYAXN EXTERNAL EMULSION 4-0.5-0.025 %	3	
KAZURI EXTERNAL GEL 5-1-0.05 %	3	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG (*palifermin*)	3	DSL = 30 days
KERIDA EXTERNAL GEL 5-30-0.1 %	3	
KETARYA EXTERNAL EMULSION 6-0.5-0.025 %	3	
KEVARAXAP EXTERNAL EMULSION 6-0.05-0.025 %	3	
KEVARTIA EXTERNAL EMULSION 6-0.05 %	3	
KEVARYA EXTERNAL EMULSION 6-0.5-0.05 %	3	
KOTARAXAP EXTERNAL EMULSION 5-0.025-0.025 %	3	
KUTAR EXTERNAL EMULSION 8-0.025 %	3	
KUTARVIA EXTERNAL EMULSION 8-0.025 %	3	
KUTARYAXM EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUTARYAXMPA EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUVARYA EXTERNAL EMULSION 8-0.5-0.05 %	3	
KUVARYE EXTERNAL EMULSION 8-1-0.05 %	3	
LOUNZDOMDIOXATAR EXTERNAL THERAPY PACK 10-4 & 2-4-0.05 %	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAVILO EXTERNAL EMULSION 5-0.025-0.025 %	3	
MAVILO HP EXTERNAL EMULSION 6-0.05-0.025 %	3	
MAVILO LP EXTERNAL EMULSION 4-0.025-0.025 %	3	
MECORIX EXTERNAL EMULSION 8-0.5-0.025 %	3	
MECORIX HP EXTERNAL EMULSION 8-0.5-0.05 %	3	
MECORIX PLUS EXTERNAL EMULSION 8-0.5-0.025 %	3	
MEKAM EXTERNAL EMULSION 6-0.5-0.025 %	3	
MEKAM HP EXTERNAL EMULSION 6-0.5-0.05 %	3	
MELIDU EXTERNAL EMULSION 4-0.5-0.025 %	3	
MELONDIS EXTERNAL EMULSION 4-0.5-0.025 %	3	
MELONDIS PLUS EXTERNAL EMULSION 4-0.5-0.025 %	3	
minoxidil oral tablet 10 mg, 2.5 mg	1	
MOKURA EXTERNAL EMULSION 8-0.025 %	3	
MOKURA LP EXTERNAL EMULSION 4-0.025 %	3	
MOKURA MOD EXTERNAL EMULSION 6-0.05 %	3	
MOKURA PLUS EXTERNAL EMULSION 8-0.025 %	3	
MOLEXI EXTERNAL EMULSION 4-2.5-0.025 %	3	
MYTHIUS EXTERNAL EMULSION 8-1-0.05 %	3	
ONZDEAXIADEMTAR EXTERNAL GEL 5-1-2-2-0.025 %	3	
ONZDEAXIADEMVAR EXTERNAL GEL 5-1-2-2-0.05 %	3	
ONZDEAXIATAR EXTERNAL GEL 5-1-2-0.025 %	3	
ONZDEAXIAVAR EXTERNAL GEL 5-1-2-0.05 %	3	
ONZDEAXIAZAR EXTERNAL GEL 5-1-2-0.1 %	3	
OXIATAR EXTERNAL CREAM 4-0.025 %	3	
OXIAVAR EXTERNAL CREAM 4-0.05 %	3	
OXIAVARRY EXTERNAL CREAM 4-0.05 %	3	
OXIAVARY EXTERNAL CREAM 4-0.1 %	3	
OXIAZAR EXTERNAL CREAM 4-0.1 %	3	
PIDPROGTAR EXTERNAL SOLUTION 5-0.1-0.025 %	3	
PODOXIA EXTERNAL SOLUTION 7-4 %	3	
PODPROGTAR EXTERNAL SOLUTION 7-0.1-0.025 %	3	
PODTAR EXTERNAL SOLUTION 7-0.025 %	3	
PROPECIA ORAL TABLET 1 MG (*finasteride*)	3	
PROSCAR ORAL TABLET 5 MG (*finasteride*)	3	
QUIDROXZAR EXTERNAL GEL 5-30-0.1 %	3	
QUIHOXVAR EXTERNAL GEL 5-1-0.05 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RENOVA EXTERNAL CREAM 0.02 % (*tretinoin (facial wrinkles)*)	3	
RENOVA PUMP EXTERNAL CREAM 0.02 % (*tretinoin (facial wrinkles)*)	3	
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (*tretinoin*)	2	
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (*tretinoin*)	2	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*)	2	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 % (*tretinoin microsphere*)	2	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % (*tretinoin microsphere*)	3	DSL = 30 days
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (*tretinoin microsphere*)	3	
SAROXIA EXTERNAL CREAM 4-0.05 %	3	
SIRVANA EXTERNAL GEL 5-0.025 %	3	
SORIXIA EXTERNAL CREAM 4-0.05 %	3	
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
TARDIMAXIA EXTERNAL GEL 2-5-0.025 %	3	
TAROXIA EXTERNAL CREAM 4-0.025 %	3	
TETPIDTAR EXTERNAL SOLUTION 0.01-5-0.025 %	3	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	1	
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	1	
tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %	1	
tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %	1	
tretinoin oral capsule 10 mg	3	DSL = 30 days; OC
TRI-LUMA EXTERNAL CREAM 0.01-4-0.05 % (*fluocin-hydroquinone-tretinoin*)	3	
TWYNEO EXTERNAL CREAM 0.1-3 % (*tretinoin-benzoyl peroxide*)	3	
UNZDOMDIOXIAZAR EXTERNAL THERAPY PACK 10-4 & 2-4-0.1 %	3	
VARDIMAXIA EXTERNAL GEL 2-5-0.05 %	3	
VAROXIA EXTERNAL CREAM 4-0.05 %	3	
VAROXIA EXTERNAL GEL 4-0.05 %	3	
YAXATARXYN EXTERNAL EMULSION 4-0.5-0.025 %	3	
YOKATAR EXTERNAL EMULSION 4-2.5-0.025 %	3	
ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ACIOXIA EXTERNAL GEL 0.5-0.1 %	3	
ACYCLONINE MUM MOUTH/THROAT AEROSOL POWDER 36.7-16.7-3.33 %	3	
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 % (*hydrocortisone*)	3	
ALA SCALP EXTERNAL LOTION 2 % (*hydrocortisone*)	3	
ala-cort external cream 1 %	1	
alclometasone dipropionate external cream 0.05 %	1	
alclometasone dipropionate external ointment 0.05 %	1	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (*hydrocortisone*)	3	DSL = 30 days
amcinonide external cream 0.1 %	1	
amcinonide external ointment 0.1 %	1	
ANA-LEX RECTAL KIT 2-2 % (*lidocaine-hydrocortisone ace*)	3	
ANALPRAM HC EXTERNAL CREAM 1-1 % (*hydrocortisone ace-pramoxine*)	3	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (*hydrocortisone ace-pramoxine*)	1	
ANALPRAM HC EXTERNAL LOTION 2.5-1 % (*hydrocortisone ace-pramoxine*)	2	
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	3	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	1	
BENZOYL PEROX-HYDROCORTISONE EXTERNAL LOTION 5-0.5 %	3	
BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION 7.5-1 %	3	
BETA 1 KIT INJECTION KIT 30 MG/5ML	3	
BETAMETHASONE COMBO INJECTION SUSPENSION 6 (3-3) MG/ML	1	
BETAMETHASONE COMBO INJECTION SUSPENSION 7 (4-3) MG/ML	3	
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	1	
betamethasone dipropionate aug external ointment 0.05 %	1	
betamethasone dipropionate external cream 0.05 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	1	
BETAMETHASONE SOD PHOS & ACET INJECTION SUSPENSION 7 (4-3) MG/ML	3	
BETAMETHASONE SOD PHOS & ACET SUSPENSION 6 (3-3) MG/ML INJECTION	1	
betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection	1	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external foam 0.12 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
BRYHALI EXTERNAL LOTION 0.01 % (*halobetasol propionate*)	3	
budesonide rectal foam 2 mg, 2 mg/act	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	3	DSL = 30 days
calcipotriene-betameth diprop external suspension 0.005-0.064 %	3	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 (3-3) MG/ML (*betamethasone sod phos & acet*)	3	
CHLOHUX EXTERNAL SHAMPOO 0.05-2 %	3	
CHLOOXIA EXTERNAL CREAM 0.05-4 %	3	
CHLOOXIA EXTERNAL OINTMENT 0.05-4 %	3	
CHLOOXIA EXTERNAL SOLUTION 0.05-4 %	3	
clobetasol propionate e external cream 0.05 %	1	
clobetasol propionate emulsion external foam 0.05 %	1	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	3	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam 0.05 %	1	
clobetasol propionate external gel 0.05 %	1	
clobetasol propionate external liquid 0.05 %	1	
clobetasol propionate external lotion 0.05 %	1	
clobetasol propionate external ointment 0.05 %	1	
clobetasol propionate external shampoo 0.05 %	1	
clobetasol propionate external solution 0.05 %	1	
CLOBEX EXTERNAL LOTION 0.05 % (*clobetasol propionate*)	3	
CLOBEX EXTERNAL SHAMPOO 0.05 % (*clobetasol propionate*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (*clobetasol propionate*)	2	
CLOBEZIN EXTERNAL THERAPY PACK 1-0.05 & 20.6 % (*clotrimazole-betameth & zn ox*)	3	
clocortolone pivalate external cream 0.1 %	1	
clodan external shampoo 0.05 %	1	
CLODERM EXTERNAL CREAM 0.1 % (*clocortolone pivalate*)	3	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*)	2	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (*hydrocortisone*)	3	
CORTENEMA RECTAL ENEMA 100 MG/60ML (*hydrocortisone*)	3	
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	3	
DAZINIA EXTERNAL CREAM 1-2.5-2 %	3	
DELIBON EXTERNAL CREAM 2-2.5 %	3	
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 % (*clotrimazole-betameth & zn ox*)	3	
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	3	
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	3	
DERMOTIC OTIC OIL 0.01 % (*fluocinolone acetonide*)	3	
desonide external cream 0.05 %	1	
desonide external gel 0.05 %	1	
desonide external lotion 0.05 %	1	
desonide external ointment 0.05 %	1	
desoximetasone external cream 0.05 %, 0.25 %	1	
desoximetasone external gel 0.05 %	1	
desoximetasone external liquid 0.25 %	1	
desoximetasone external ointment 0.05 %, 0.25 %	1	
diflorasone diacetate external cream 0.05 %	1	
diflorasone diacetate external ointment 0.05 %	1	
DIOCHLOY EXTERNAL SOLUTION 0.005-0.05 %	3	
DIONARIS EXTERNAL SHAMPOO 0.77-0.05-3 %	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIPROLENE EXTERNAL OINTMENT 0.05 % (*betamethasone dipropionate aug*)	3	
DIVENDO EXTERNAL SHAMPOO 0.77-0.05 %	3	
DIVINIX EXTERNAL CREAM 0.05-4 %	3	
DIVINIX EXTERNAL OINTMENT 0.05-4 %	3	
DIVINIX EXTERNAL SOLUTION 0.05-4 %	3	
DOMELA EXTERNAL CREAM 0.01-4 %	3	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (*halobetasol prop-tazarotene*)	3	
DYNOMA EXTERNAL CREAM 0.05-4 %	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	3	
EPIFOAM EXTERNAL FOAM 1-1 % (*pramoxine-hc*)	3	
fluocinolone acetonide body external oil 0.01 %	1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	
fluocinolone acetonide external ointment 0.025 %	1	
fluocinolone acetonide external solution 0.01 %	1	
fluocinolone acetonide otic oil 0.01 %	1	
fluocinolone acetonide scalp external oil 0.01 %	1	
fluocinonide emulsified base external cream 0.05 %	1	
fluocinonide external cream 0.05 %, 0.1 %	1	
fluocinonide external gel 0.05 %	1	
fluocinonide external ointment 0.05 %	1	
fluocinonide external solution 0.05 %	1	
FLUOPAR EXTERNAL KIT 0.1 & 5 % (*fluocinonide & dimethicone*)	3	
FLUOXIA EXTERNAL CREAM 0.05-4 %	3	
flurandrenolide external lotion 0.05 %	1	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
FLYPROGPIDTAR EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
ft itch relief max strength external cream 1 %	1	
ft itch relief/aloe max str external cream 1 %	1	
halcinonide external cream 0.1 %	1	
HALCINONIDE EXTERNAL SOLUTION 0.1 %	3	DSL = 30 days
halobetasol propionate external cream 0.05 %	1	
halobetasol propionate external foam 0.05 %	1	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
halobetasol propionate external ointment 0.05 %	1	
HALOG EXTERNAL CREAM 0.1 % (*halcinonide*)	3	
HARISIS EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
HAXCHLO EXTERNAL SHAMPOO 0.77-0.05 %	3	
HAXCHLODREX EXTERNAL SHAMPOO 0.77-0.05-3 %	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	1	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	3	
HEMTARA EXTERNAL SOLUTION 0.05-5 %	3	
HEMTARA HP EXTERNAL SOLUTION 0.05-7 %	3	
HESMILLA EXTERNAL SOLUTION 0.05-5-2-0.5 %	3	
HEVONA EXTERNAL SOLUTION 0.01-5-0.025 %	3	
hydrocortisone (perianal) external cream 1 %, 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
hydrocortisone acetate external cream 1 %	1	
HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5 %	3	
hydrocortisone acetate external ointment 1 %	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
hydrocortisone anti-itch external cream 1 %	1	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external lotion 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
HYDROCORTISONE COMPLETE KIT EXTERNAL THERAPY PACK 2 %	3	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
HYDROCORTISONE EXTERNAL SOLUTION 2.5 %	3	
hydrocortisone max st external cream 1 %	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
hydrocortisone/aloe max str external cream 1 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone-iodoquinol external cream 1-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
HYDROXATE EXTERNAL GEL 2 % (*hydrocortisone*)	3	
HYDROXYM EXTERNAL CREAM 2 % (*hydrocortisone*)	3	
HYDROXYM EXTERNAL GEL 2 % (*hydrocortisone*)	3	
ILEXOR EXTERNAL SHAMPOO 0.05-2 %	3	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (*fluocinolone acetonide*)	3	
IMPOYZ EXTERNAL CREAM 0.025 % (*clobetasol propionate*)	3	
IODOQUIMEZ-HC EXTERNAL CREAM 1-1.9 %	3	
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	1	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	
KATARAXAP EXTERNAL EMULSION 4-0.025-0.025 %	3	
KATARYA EXTERNAL EMULSION 4-0.5-0.025 %	3	
KATARYAXN EXTERNAL EMULSION 4-0.5-0.025 %	3	
KETARYA EXTERNAL EMULSION 6-0.5-0.025 %	3	
KEVARAXAP EXTERNAL EMULSION 6-0.05-0.025 %	3	
KEVARYA EXTERNAL EMULSION 6-0.5-0.05 %	3	
KEYA EXTERNAL EMULSION 6-0.5 %	3	
KHINDIVI ORAL SOLUTION 1 MG/ML (*hydrocortisone*)	3	
KOTARAXAP EXTERNAL EMULSION 5-0.025-0.025 %	3	
KOURZEQ MOUTH/THROAT PASTE 0.1 % (*triamcinolone acetonide*)	3	
KUTARYAXM EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUTARYAXMPA EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUVARYA EXTERNAL EMULSION 8-0.5-0.05 %	3	
KUVARYE EXTERNAL EMULSION 8-1-0.05 %	3	
LEXETTE EXTERNAL FOAM 0.05 % (*halobetasol propionate*)	3	DSL = 30 days
lidocaine-hydrocort (perianal) external cream 3-0.5 %	1	
LIDOCAINE-HYDROCORTISONE ACE EXTERNAL CREAM 1-1 %	3	
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL 2.8-0.55 %	3	
lidocaine-hydrocortisone ace rectal kit 1-3 %, 2-2 %, 3-0.5 %, 3-2.5 %	1	
LIDOCORT EXTERNAL CREAM 3-0.5 % (*lidocaine-hydrocortisone ace*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIDOTRAL + HYDROCORTISONE EXTERNAL CREAM 3.88-1 %, 5-1 % (*lidocaine-hydrocortisone ace*)	3	
MAVILO EXTERNAL EMULSION 5-0.025-0.025 %	3	
MAVILO HP EXTERNAL EMULSION 6-0.05-0.025 %	3	
MAVILO LP EXTERNAL EMULSION 4-0.025-0.025 %	3	
MECORIX EXTERNAL EMULSION 8-0.5-0.025 %	3	
MECORIX HP EXTERNAL EMULSION 8-0.5-0.05 %	3	
MECORIX PLUS EXTERNAL EMULSION 8-0.5-0.025 %	3	
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 % (*hydrocortisone*)	3	
MEKAM EXTERNAL EMULSION 6-0.5-0.025 %	3	
MEKAM HP EXTERNAL EMULSION 6-0.5-0.05 %	3	
MELIDU EXTERNAL EMULSION 4-0.5-0.025 %	3	
MELONDIS EXTERNAL EMULSION 4-0.5-0.025 %	3	
MELONDIS PLUS EXTERNAL EMULSION 4-0.5-0.025 %	3	
MICORT HC EXTERNAL CREAM 2.5 % (*hydrocortisone acetate*)	3	
MIMORA EXTERNAL EMULSION 6-0.5 %	3	
MOLEXI EXTERNAL EMULSION 4-2.5-0.025 %	3	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
MYCOZYL HC EXTERNAL GEL 1-0.667 % (*tolnaftate-hydrocortisone*)	3	
MYCOZYL HC EXTERNAL LIQUID 1-0.667 % (*tolnaftate-hydrocortisone*)	3	
MYTHIUS EXTERNAL EMULSION 8-1-0.05 %	3	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*)	3	
NUCORT EXTERNAL LOTION 2 % (*hydrocortisone acetate*)	3	
NUTRIARX CREAMPAK EXTERNAL KIT 0.1 & 5 % (*triamcinolone-dimeth-silicone*)	3	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
ORALONE MOUTH/THROAT PASTE 0.1 % (*triamcinolone acetonide*)	3	
OXOPID EXTERNAL SOLUTION 0.05-5 %	3	
OXOPIDAXIAQUP EXTERNAL SOLUTION 0.05-5-2-0.5 %	3	
OXOPOD EXTERNAL SOLUTION 0.05-7 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
PHEYO EXTERNAL CREAM 2.5-2 %	3	
PLENURA EXTERNAL SOLUTION 0.005-0.05 %	3	
PRAMOSONE EXTERNAL CREAM 1-1 % (*pramoxine-hc*)	3	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (*pramoxine-hc*)	2	
PREPARATION H EXTERNAL CREAM 1 % (*hydrocortisone*)	3	
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM 1 % (*hydrocortisone*)	3	
PROCORT EXTERNAL CREAM 1.85-1.15 % (*hydrocortisone ace-pramoxine*)	3	
PROCTOCORT EXTERNAL CREAM 1 % (*hydrocortisone*)	3	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	1	
procto-med hc external cream 2.5 %	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	3	
PROCTOZONE-HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	3	
RETISERT INTRAVITREAL IMPLANT 0.59 MG (*fluocinolone acetonide*)	3	
SANADERMRX SKIN REPAIR EXTERNAL KIT 0.1 & 5 %	3	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (*hc & sal acid-sulfur & shampoo*)	3	
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION) (*triamcinolone-dimeth-silicone*)	3	
SERNIVO EXTERNAL EMULSION 0.05 % (*betamethasone dipropionate*)	3	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG (*hydrocortisone sod succinate*)	3	
SYNALAR EXTERNAL CREAM 0.025 % (*fluocinolone acetonide*)	3	
SYNALAR EXTERNAL OINTMENT 0.025 % (*fluocinolone acetonide*)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	3	
TELIORA EXTERNAL GEL 0.1-0.5 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TETOXIA EXTERNAL CREAM 0.01-4 %	3	
TETPIDTAR EXTERNAL SOLUTION 0.01-5-0.025 %	3	
TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*)	3	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (*desoximetasone*)	3	
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (*desoximetasone*)	3	
tovet external foam 0.05 %	1	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	1	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	
triamcinolone in absorbase external ointment 0.05 %	1	
TRIAMVEX (CREAM) EXTERNAL KIT 0.1 % (*triamcinolone-gauze-silic tape*)	3	
TRIASIL EXTERNAL THERAPY PACK 0.1 % (*triamcinolone acet-silicone*)	3	
triderm external cream 0.5 %	1	
TRI-LUMA EXTERNAL CREAM 0.01-4-0.05 % (*fluocin-hydroquinone-tretinoin*)	3	
TRIVIX EXTERNAL KIT 0.1 & 5 % (*triamcinolone-dimeth-silicone*)	3	
UCERIS RECTAL FOAM 2 MG/ACT (*budesonide*)	3	
ULTRAVATE EXTERNAL LOTION 0.05 % (*halobetasol propionate*)	3	DSL = 30 days
VANOS EXTERNAL CREAM 0.1 % (*fluocinonide*)	3	
VANOXIDE-HC EXTERNAL LOTION 5-0.5 % (*benzoyl perox-hydrocortisone*)	3	
VYTONE EXTERNAL CREAM 1-1.9 % (*iodoquinol-hydrocortisone-aloe*)	3	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	3	DSL = 30 days
XERESE EXTERNAL CREAM 5-1 % (*acyclovir-hydrocortisone*)	3	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (*ketoconazole-hydrocortisone*)	3	
YAXATARXYN EXTERNAL EMULSION 4-0.5-0.025 %	3	
YOKATAR EXTERNAL EMULSION 4-2.5-0.025 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (*fluocinolone acetonide*)	3	
DEPIGMENTING AGENTS - Drugs for the Skin		
BLANCHE EXTERNAL CREAM 4 % (*hydroquinone*)	3	
hydroquinone external cream 4 %	1	
KATARAXAP EXTERNAL EMULSION 4-0.025-0.025 %	3	
KATARVIA EXTERNAL EMULSION 4-0.025 % (*hydroquinone-tretinoin*)	3	
KATARYA EXTERNAL EMULSION 4-0.5-0.025 %	3	
KATARYAXN EXTERNAL EMULSION 4-0.5-0.025 %	3	
KAXM EXTERNAL EMULSION 4 %	3	
KEIDO EXTERNAL EMULSION 6 %	3	
KETARYA EXTERNAL EMULSION 6-0.5-0.025 %	3	
KEVARAXAP EXTERNAL EMULSION 6-0.05-0.025 %	3	
KEVARTIA EXTERNAL EMULSION 6-0.05 %	3	
KEVARYA EXTERNAL EMULSION 6-0.5-0.05 %	3	
KEXM EXTERNAL EMULSION 6 %	3	
KEYA EXTERNAL EMULSION 6-0.5 %	3	
KOTARAXAP EXTERNAL EMULSION 5-0.025-0.025 %	3	
KUTAR EXTERNAL EMULSION 8-0.025 %	3	
KUTARVIA EXTERNAL EMULSION 8-0.025 %	3	
KUTARYAXM EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUTARYAXMPA EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUTEA EXTERNAL EMULSION 8 %	3	
KUVARYA EXTERNAL EMULSION 8-0.5-0.05 %	3	
KUVARYE EXTERNAL EMULSION 8-1-0.05 %	3	
KUXM EXTERNAL EMULSION 8 %	3	
MAVILO EXTERNAL EMULSION 5-0.025-0.025 %	3	
MAVILO HP EXTERNAL EMULSION 6-0.05-0.025 %	3	
MAVILO LP EXTERNAL EMULSION 4-0.025-0.025 %	3	
MECORIX EXTERNAL EMULSION 8-0.5-0.025 %	3	
MECORIX HP EXTERNAL EMULSION 8-0.5-0.05 %	3	
MECORIX PLUS EXTERNAL EMULSION 8-0.5-0.025 %	3	
MEDORFA EXTERNAL EMULSION 6 %	3	
MEDORFA HP EXTERNAL EMULSION 8 %	3	
MEDORFA HP PLUS EXTERNAL EMULSION 8 %	3	
MEDORFA LP EXTERNAL EMULSION 4 %	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MEDORFA PLUS EXTERNAL EMULSION 6 %	3	
MEKAM EXTERNAL EMULSION 6-0.5-0.025 %	3	
MEKAM HP EXTERNAL EMULSION 6-0.5-0.05 %	3	
MELIDU EXTERNAL EMULSION 4-0.5-0.025 %	3	
MELONDIS EXTERNAL EMULSION 4-0.5-0.025 %	3	
MELONDIS PLUS EXTERNAL EMULSION 4-0.5-0.025 %	3	
MELZARA EXTERNAL CREAM 10-2-6 %	3	
MIMORA EXTERNAL EMULSION 6-0.5 %	3	
MOKURA EXTERNAL EMULSION 8-0.025 %	3	
MOKURA LP EXTERNAL EMULSION 4-0.025 %	3	
MOKURA MOD EXTERNAL EMULSION 6-0.05 %	3	
MOKURA PLUS EXTERNAL EMULSION 8-0.025 %	3	
MOLEXI EXTERNAL EMULSION 4-2.5-0.025 %	3	
MYTHIUS EXTERNAL EMULSION 8-1-0.05 %	3	
MYVORI EXTERNAL CREAM 10-4 %	3	
PROOXIA EXTERNAL CREAM 10-4 %	3	
TRI-LUMA EXTERNAL CREAM 0.01-4-0.05 % (*fluocin-hydroquinone-tretinoin*)	3	
YAXATARXYN EXTERNAL EMULSION 4-0.5-0.025 %	3	
YOKATAR EXTERNAL EMULSION 4-2.5-0.025 %	3	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - Drugs for the Skin		
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (*benzoyl peroxide-vitamin e*)	3	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
PREMIUM SCAR EXTERNAL PATCH 2-4-30 %	3	
SCARTRATE EXTERNAL CREAM 5-2.25 % (*dimethicone-allantoin*)	3	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	3	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ciclodan external solution 8 %	1	
ciclopirox external gel 0.77 %	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ciclopirox external shampoo 1 %	1	
ciclopirox external solution 8 %	1	
ciclopirox olamine external cream 0.77 %	1	
ciclopirox olamine external suspension 0.77 %	1	
ciclopirox treatment external kit 8 %	1	
DAFILOR EXTERNAL SHAMPOO 0.77-2 %	3	
DIONARIS EXTERNAL SHAMPOO 0.77-0.05-3 %	3	
DIVENDO EXTERNAL SHAMPOO 0.77-0.05 %	3	
FERVINA EXTERNAL LOTION 3-5-20 %	3	
FILOMA EXTERNAL SOLUTION 8-1-1 %	3	
HAXCHLO EXTERNAL SHAMPOO 0.77-0.05 %	3	
HAXCHLODREX EXTERNAL SHAMPOO 0.77-0.05-3 %	3	
HAXDRAX EXTERNAL SHAMPOO 0.77-2 %	3	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
HIXDEFRIMA EXTERNAL SOLUTION 8-1-1 %	3	
IMMUNOMODULATORY AGENTS (84:06) - Drugs for the Skin		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*tralokinumab-ldrm*)	3	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*tralokinumab-ldrm*)	3	DSL = 30 days
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	3	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (*bimekizumab-bkzx*)	3	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML (*bimekizumab-bkzx*)	3	DSL = 30 days
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (*bimekizumab-bkzx*)	3	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML (*bimekizumab-bkzx*)	3	DSL = 30 days
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML (*dupilumab*)	3	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (*dupilumab*)	3	DSL = 30 days
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*dupilumab*)	3	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (*lebrikizumab-lbkz*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (*lebrikizumab-lbkz*)	3	DSL = 30 days
ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*)	2	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (*tacrolimus*)	3	
HOVYN EXTERNAL SOLUTION 0.1 %	3	
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	3	DSL = 30 days
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	3	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (*nemolizumab-ilto*)	3	
NUJO EXTERNAL SOLUTION 0.1 %	3	
NUJU EXTERNAL CREAM 0.1 %	3	
pimecrolimus external cream 1 %	1	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (*tacrolimus*)	2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	3	
RHAPSIDO ORAL TABLET 25 MG (*remibrutinib*)	3	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	3	DSL = 30 days
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	3	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	3	
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML (*spesolimab-sbzo*)	3	DSL = 30 days
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*spesolimab-sbzo*)	3	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*spesolimab-sbzo*)	3	DSL = 30 days
tacrolimus external ointment 0.03 %, 0.1 %	1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML (*guselkumab*)	3	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	3	
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*guselkumab*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	3	DSL = 30 days
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	3	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (*guselkumab*)	3	DSL = 30 days
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	3	DSL = 30 days
VEVEN EXTERNAL CREAM 0.1 %	3	
JANUS KINASE INHIBITORS (84:06) - Drugs for the Skin		
ANZUPGO EXTERNAL CREAM 20 MG/GM (*delgocitinib*)	3	DSL = 30 days
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	3	DSL = 30 days
DALIRESP ORAL TABLET 250 MCG (*roflumilast*)	3	
DALIRESP ORAL TABLET 500 MCG (*roflumilast*)	3	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	3	DSL = 30 days; OC
LEQSELVI ORAL TABLET 8 MG (*deuruxolitinib phosphate*)	3	DSL = 30 days
LITFULO ORAL CAPSULE 50 MG (*ritlecitinib tosylate*)	3	DSL = 30 days
OPZELURA EXTERNAL CREAM 1.5 % (*ruxolitinib phosphate*)	3	DSL = 30 days
roflumilast oral tablet 250 mcg, 500 mcg	1	
SOTYKTU ORAL TABLET 6 MG (*deucravacitinib*)	3	DSL = 30 days
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 % (*roflumilast*)	3	
ZORYVE EXTERNAL FOAM 0.3 % (*roflumilast*)	3	
KERATOLYTIC AGENTS - Drugs for the Skin		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*)	3	DSL = 30 days
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (*isotretinoin*)	3	
ABSORICA ORAL CAPSULE 25 MG, 35 MG (*isotretinoin*)	3	DSL = 30 days
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	3	DSL = 30 days
ADAINZOXIA EXTERNAL GEL 0.3-2.5-4 %	3	
adapalene external cream 0.1 %	1	
adapalene external gel 0.1 %, 0.3 %	1	
ADAPALENE EXTERNAL PAD 0.1 %	3	
ADAPALENE EXTERNAL SOLUTION 0.1 %	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	1	
ADAPALENE-BENZOYL PEROXIDE EXTERNAL PAD 0.1-2.5 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADEINZDE EXTERNAL GEL 0.1-2.5-1 %	3	
AKLIEF EXTERNAL CREAM 0.005 % (*trifarotene*)	3	
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
APEXOL CLEANSER EXTERNAL SUSPENSION 2-8 %	3	
APEXOL HP CLEANSER EXTERNAL SUSPENSION 5-10 %	3	
APHORIA EXTERNAL GEL 0.3-2.5-4 %	3	
ARAZLO EXTERNAL LOTION 0.045 % (*tazarotene*)	3	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (*sulfacetamide sodium-sulfur*)	1	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (*sulfacetamide sodium-sulfur*)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (*sulfacetamide sodium-sulfur*)	3	
AVIDOXY DK COMBINATION KIT 100 MG (*doxycycline-suncreen-sal acid*)	3	
bp 10-1 external emulsion 10-1 %	1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (*adapalene-benzoyl per-clindamy*)	3	
CEM-UREA EXTERNAL SOLUTION 45 % (*urea*)	3	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID 2 % (*salicylic acid*)	3	
CLENIA PLUS EXTERNAL SUSPENSION 9-4.25 % (*sulfacetamide sodium-sulfur*)	3	
CONDYLOX EXTERNAL GEL 0.5 % (*podofilox*)	3	
corn & callus remover external liquid 17 %	1	
DAFILOR EXTERNAL SHAMPOO 0.77-2 %	3	
DERMACINRX ATRIX ANTIBAC WASH EXTERNAL LIQUID 2 % (*salicylic acid*)	3	
DERMACINRX ATRIX CLARIFY TONER EXTERNAL LIQUID 2 % (*salicylic acid*)	3	
DERMACINRX UREA EXTERNAL CREAM 41 % (*urea*)	3	
DERMACURE EXTERNAL CREAM 41 % (*urea*)	3	
DIFFERIN EXTERNAL CREAM 0.1 % (*adapalene*)	2	
DIFFERIN EXTERNAL GEL 0.3 % (*adapalene*)	3	
DIFFERIN EXTERNAL LOTION 0.1 % (*adapalene*)	3	
DIONARIS EXTERNAL SHAMPOO 0.77-0.05-3 %	3	
DRAXACEY EXTERNAL SUSPENSION 2-8 %	3	
DRIXECE EXTERNAL SUSPENSION 5-10 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPIDUO EXTERNAL GEL 0.1-2.5 % (*adapalene-benzoyl peroxide*)	3	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	2	
EXODERM EXTERNAL LOTION 25-1 % (*sod thiosulfate-salicylic acd*)	3	
FABIOR EXTERNAL FOAM 0.1 % (*tazarotene*)	3	
FERVINA EXTERNAL LOTION 3-5-20 %	3	
FIDILA EXTERNAL SHAMPOO 2-2 %	3	
goodsense liquid wart remover external liquid 17 %	1	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (*salicylic acid-lactic acid*)	3	
HAXCHLODREX EXTERNAL SHAMPOO 0.77-0.05-3 %	3	
HAXDRAX EXTERNAL SHAMPOO 0.77-2 %	3	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
HYDRO 40 EXTERNAL FOAM 40 % (*urea*)	3	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
isotretinoin oral capsule 25 mg, 35 mg	1	DSL = 30 days
KERALYT EXTERNAL GEL 6 % (*salicylic acid*)	3	
KERALYT EXTERNAL SHAMPOO 6 % (*salicylic acid*)	3	
KERIDA EXTERNAL GEL 5-30-0.1 %	3	
METDRAY EXTERNAL GEL 2-17 %	3	
NEXOBRID EXTERNAL GEL 8.8 % (*anacaulase-bcdb*)	3	
NUTRASEB EXTERNAL CREAM (*antiseborrheic products, misc.*)	3	
PANOXYL ACNE BANISHING BODY EXTERNAL LIQUID 2 % (*salicylic acid*)	3	
PANOXYL ACNE EXTERNAL LIQUID 2 % (*salicylic acid*)	3	
PANOXYL CLARIFYING EXFOLIANT EXTERNAL LIQUID 2 % (*salicylic acid*)	3	
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLEXION EXTERNAL CREAM 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	3	
PLEXION EXTERNAL LOTION 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	3	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (*ketoconazole-urea*)	3	
PODOCON-25 EXTERNAL SOLUTION 25 % (*podophyllum resin*)	3	
podofilox external gel 0.5 %	1	
podofilox external solution 0.5 %	1	
PROMISEB EXTERNAL CREAM (*antiseborrheic products, misc.*)	3	
PRONAL EXTERNAL GEL 40-10 % (*urea-lactic acid*)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
QUIDROXZAR EXTERNAL GEL 5-30-0.1 %	3	
RAYASAL EXTERNAL CREAM 5.9 %	3	
RESORCINOL-SULFUR EXTERNAL LOTION 2-5 %	3	
SALICATE EXTERNAL LIQUID 10 % (*salicylic acid*)	3	
salicylic acid er external solution 28.5 %	1	
salicylic acid external gel 6 %	1	
salicylic acid external shampoo 6 %	1	
salicylic acid external solution 26 %	1	
salicylic acid wart remover external liquid 27.5 %	1	
salicylic acid-cleanser external kit 6 % cream	1	
SALIMEZ EXTERNAL CREAM 6 %	3	
SALIMEZ FORTE EXTERNAL CREAM 10 %	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (*salicylic acid-urea in lactac*)	3	
SALVAX EXTERNAL FOAM 6 % (*salicylic acid*)	3	
SALYCIM EXTERNAL CREAM 6 % (*salicylic acid*)	3	
salzix wart remover external liquid 17 %	1	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (*hc & sal acid-sulfur & shampoo*)	3	
selenium sulfide external shampoo 2.25 %, 2.3 %	1	
sss 10-5 external cream 10-5 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external emulsion 10-1 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %, 9-4.25 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (*sulfacetamide sodium-sulfur*)	1	
sulfamez wash external emulsion 10-1 %	1	
SUMADAN EXTERNAL KIT 9-4.5 % (*sulfacetamide-sulfur-cleanser*)	3	
SUMADAN WASH EXTERNAL LIQUID 9-4.5 % (*sulfacetamide sodium-sulfur*)	3	
SUMAXIN CP EXTERNAL KIT 10-4 % (*sulfacetamide-sulfur-cleanser*)	3	
SUMAXIN EXTERNAL PAD 10-4 % (*sulfacetamide sodium-sulfur*)	3	
tazarotene external cream 0.05 %, 0.1 %	1	
TAZAROTENE EXTERNAL FOAM 0.1 %	3	
tazarotene external gel 0.05 %, 0.1 %	1	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (*tazarotene*)	3	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (*tazarotene*)	3	
ULTRASAL-ER EXTERNAL SOLUTION 28.5 % (*salicylic acid*)	3	
UMECTA MOUSSE EXTERNAL FOAM 40 % (*urea*)	3	
URAMAXIN EXTERNAL GEL 45 % (*urea*)	3	
urea 20 intensive hydrating external cream 20 %	1	
urea external cream 20 %, 39 %, 40 %, 41 %, 45 %	1	
UREA EXTERNAL CREAM 39.5 %	3	
UREA EXTERNAL FOAM 35 %	3	
urea external lotion 40 %	1	
urea nail external gel 45 %	1	
ureacin-10 external lotion 10 %	1	
ureacin-20 external cream 20 %	1	
UREAPRO ORAL POWDER 15 GM/SCOOP (*urea*)	2	
UREA-SALICYLIC ACID EXTERNAL CREAM 39.5-2 % (*salicylic acid-urea*)	3	
uredeb external cream 39 %	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
URESOL EXTERNAL CREAM 42.5 % (*urea*)	3	
VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*)	3	
VIRASAL EXTERNAL LIQUID 27.5 % (*salicylic acid*)	3	
WELERIS EXTERNAL GEL 2-17 %	3	
XALIX EXTERNAL SOLUTION 28 % (*salicylic acid*)	3	
XIRUN EXTERNAL GEL 40-10 %	3	
xurea external cream 39 %	1	
YCANTH EXTERNAL SOLUTION 0.7 % (*cantharidin*)	3	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
KERATOPLASTIC AGENTS - Drugs for the Skin		
coal tar external solution 20 %	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	3	
ADAINZOXIA EXTERNAL GEL 0.3-2.5-4 %	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	1	
ADAPALENE-BENZOYL PEROXIDE EXTERNAL PAD 0.1-2.5 %	3	
ADEINZDE EXTERNAL GEL 0.1-2.5-1 %	3	
ADERMICA EXTERNAL GEL 2.5-1-2-0.025 %	3	
ADERMICA HP EXTERNAL GEL 2.5-1-2-0.05 %	3	
ALCOHOL PREP PADS EXTERNAL 70 %	3	
ALOMIRA EXTERNAL GEL 5-1-2-0.05 %	3	
ALOMIRA HP EXTERNAL GEL 5-1-2-0.1 %	3	
ALOMIRA LP EXTERNAL GEL 5-1-2-0.025 %	3	
ALUXOF EXTERNAL THERAPY PACK 10-4 & 2-4-0.05 %	3	
ALUXOF HP EXTERNAL THERAPY PACK 10-4 & 2-4-0.1 %	3	
APHORIA EXTERNAL GEL 0.3-2.5-4 %	3	
ARTILIS EXTERNAL GEL 1-2.5-4 %	3	
ARTILIS HP EXTERNAL GEL 1-5-4 %	3	
AUGUSTIL EXTERNAL GEL 1-4-2-0.025 %	3	
BENZAC AC WASH EXTERNAL LIQUID 5 % (*benzoyl peroxide*)	3	
benzalkonium chloride external solution , 50 %	1	
BENZAMYCIN EXTERNAL GEL 5-3 % (*benzoyl peroxide-erythromycin*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENZEPRO CREAMY WASH EXTERNAL LIQUID 7 % (*benzoyl peroxide*)	3	
BENZEPRO EXTERNAL 5.8 % (*benzoyl peroxide*)	3	
BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 % (*benzoyl peroxide*)	3	
benzepro external foam 5.3 %	1	
BENZEPRO EXTERNAL LIQUID 6.8 % (*benzoyl peroxide*)	3	
BENZEPRO FOAMING CLOTHS EXTERNAL 6 % (*benzoyl peroxide*)	3	
BENZODOX COMBINATION THERAPY PACK 30 X 100 MG & 4.4%, 60 X 100 MG & 4.4% (*doxycycline-benzoyl peroxide*)	3	
BENZOYL PEROX-HYDROCORTISONE EXTERNAL LOTION 5-0.5 %	3	
benzoyl peroxide external foam 9.8 %	1	
BENZOYL PEROXIDE EXTERNAL GEL 6.5 %, 8 %	3	
benzoyl peroxide external lotion 10 %, 5 %	1	
BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION 7.5-1 %	3	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
BETADINE EXTERNAL SOLUTION 10 % (*povidone-iodine*)	3	
bp wash external liquid 2.5 %	1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (*adapalene-benzoyl per-clindamy*)	3	
chlorhexidine gluconate external solution 4 %	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %	1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	3	
DAZINIA EXTERNAL CREAM 1-2.5-2 %	3	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (*sulfuric acid-sulf phenolics*)	3	
DEOXIADEMTAR EXTERNAL GEL 1-4-2-0.025 %	3	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
DERMACINRX SURGICAL COMBOPAK EXTERNAL KIT	3	
DIABECIN HR EXTERNAL CREAM 4.12-0.13 % (*lidocaine-benzalkonium (pod)*)	3	
dyna-hex 4 external solution 4 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPIDUO EXTERNAL GEL 0.1-2.5 % (*adapalene-benzoyl peroxide*)	3	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	2	
EPSOLAY EXTERNAL CREAM 5 % (*benzoyl peroxide*)	3	
FEM PH VAGINAL GEL 0.9-0.025 % (*acetic acid-oxyquinoline*)	3	
ft povidone-iodine external solution 10 %	1	
HIBICLENS EXTERNAL SOLUTION 4 % (*chlorhexidine gluconate*)	3	
hydrocortisone-iodoquinol external cream 1-1 %	1	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (*benzoyl peroxide-vitamin e*)	3	
INZDEAXIATAR EXTERNAL GEL 2.5-1-2-0.025 %	3	
INZDEAXIAVAR EXTERNAL GEL 2.5-1-2-0.05 %	3	
INZDEOXIA EXTERNAL GEL 2.5-1-4 %	3	
iodine tincture external tincture 2 %	1	
IODOQUIMEZ-HC EXTERNAL CREAM 1-1.9 %	3	
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	1	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	
IODOSORB EXTERNAL GEL 0.9 %	3	
LOUNZDOMDIOXATAR EXTERNAL THERAPY PACK 10-4 & 2-4-0.05 %	3	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
MEDPURA BENZOYL PEROXIDE EXTERNAL GEL 10 %, 5 % (*benzoyl peroxide*)	3	
MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID 10 %, 5 % (*benzoyl peroxide*)	3	
MEDPURA HAND SANITIZER EXTERNAL GEL 70 %	3	
neuac external gel 1.2-5 %	1	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (*chlorhex-mupir-dimeth-silicone*)	3	
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	3	
ONZDEAXIADEMTAR EXTERNAL GEL 5-1-2-2-0.025 %	3	
ONZDEAXIADEMVAR EXTERNAL GEL 5-1-2-2-0.05 %	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONZDEAXIATAR EXTERNAL GEL 5-1-2-0.025 %	3	
ONZDEAXIAVAR EXTERNAL GEL 5-1-2-0.05 %	3	
ONZDEAXIAZAR EXTERNAL GEL 5-1-2-0.1 %	3	
ONZDEOXIA EXTERNAL GEL 1-5-4 %	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (*chlorhexidine gluconate*)	3	
periogard mouth/throat solution 0.12 %	1	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
povidone-iodine external solution 10 %	1	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % (*benzoyl peroxide*)	3	
PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID 7 % (*benzoyl peroxide*)	3	
SCRUB CARE POVIDONE-IODINE EXTERNAL SOLUTION 10 % (*povidone-iodine*)	3	
selenium sulfide external lotion 2.5 %	1	
selenium sulfide external shampoo 2.25 %, 2.3 %	1	
SILVADENE EXTERNAL CREAM 1 % (*silver sulfadiazine*)	3	
silver sulfadiazine external cream 1 %	1	
ssd external cream 1 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (*mafenide acetate*)	2	
TWYNEO EXTERNAL CREAM 0.1-3 % (*tretinoin-benzoyl peroxide*)	3	
UNZDOMDIOXIAZAR EXTERNAL THERAPY PACK 10-4 & 2-4-0.1 %	3	
VANOXIDE-HC EXTERNAL LOTION 5-0.5 % (*benzoyl perox-hydrocortisone*)	3	
VYTONE EXTERNAL CREAM 1-1.9 % (*iodoquinol-hydrocortisone-aloe*)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (*ketoconazole & pyrithione zinc*)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (*ketoconazole & pyrithione zinc*)	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (*benzoyl peroxide-hyaluronate*)	3	
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
CAPSINAC EXTERNAL THERAPY PACK 0.025-1.5 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DERMACINRX DICLOLIDOL EXTERNAL THERAPY PACK 1 & 5 % (*diclofenac sod-lido hcl (top)*)	3	
diclofenac sodium external gel 3 %	1	
diclofenac sodium external solution 1.5 %, 2 %	PV	
DICLOGEN EXTERNAL THERAPY PACK 1.5 & 4-10 % (*diclofenac sod-camphor-menthol*)	3	
DICLONA EXTERNAL GEL 1-4.5 %	3	DSL = 30 days
DICLOPR EXTERNAL KIT 1 & 10-30 %	3	
DICLOSAICIN EXTERNAL THERAPY PACK 1.5-0.025 % (*diclofenac sodium-capsaicin*)	3	
DICLOSTREAM EXTERNAL THERAPY PACK 1.5-10 %	3	
DICLOVIX M EXTERNAL THERAPY PACK 1.5-8 %	3	
DIFMETIOXRIME EXTERNAL SOLUTION 4-2-1-4 %	3	
DIMENTHO EXTERNAL THERAPY PACK 1.5 & 10 %	3	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	
ENOVARX-DICLOFENAC SODIUM EXTERNAL CREAM 2.5 %	PV	
ENOVARX-IBUPROFEN EXTERNAL CREAM 10 %	PV	
ENOVARX-NAPROXEN EXTERNAL CREAM 10 %	PV	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	
FENOVAR EXTERNAL KIT 1.5-10-15 % (*diclofenac& menthol-methyl sal*)	3	
FENOVIA EXTERNAL SOLUTION 4-2-1-4 %	3	
FROTEK EXTERNAL CREAM 10 % (*ketoprofen*)	PV	
ICLOFENAC CP EXTERNAL THERAPY PACK 0.025-1.5 % (*diclofenac sodium-capsaicin*)	3	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (*ketoprofen-baclofen-gabap-lido*)	3	
KERAXA EXTERNAL GEL 3-4 %	3	
KETORUB EXTERNAL CREAM 10 % (*ketoprofen*)	PV	
LEFLUNICLO COMBINATION KIT 20 & 1 MG & % (*leflunomide & diclofenac sod*)	3	
LEXTOL EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
LIXOFEN EXTERNAL KIT 1.5 % (*diclofenac sodium*)	PV	
METDRAY EXTERNAL GEL 2-17 %	3	
ORTHAPHEN EXTERNAL KIT 1.5-10-15 % (*diclofenac& menthol-methyl sal*)	3	
PENNSAID EXTERNAL SOLUTION 2 % (*diclofenac sodium*)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROFINAC EXTERNAL THERAPY PACK 1.5 % (*diclofenac sod-adhesive sheet*)	3	
ROAOXIA EXTERNAL GEL 3-4 %	3	
SURE RESULT DSS PREMIUM PACK EXTERNAL THERAPY PACK 1.5 & 0.025 %	3	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VAROPHEN EXTERNAL KIT 1.5-10-15 % (*diclofenac& menthol-methyl sal*)	3	
VENNGEL ONE EXTERNAL KIT 1 % (*diclofenac sodium*)	PV	
VENNGEL TWO EXTERNAL KIT 1 % (*diclofenac sodium*)	PV	
VP FC KIT EXTERNAL CREAM	3	
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	
WELERIS EXTERNAL GEL 2-17 %	3	
XICLO EXTERNAL PATCH 1.25 % (*diclofenac*)	PV	
XICLOFEN EXTERNAL OINTMENT 1-5 % (*diclofenac sod-methyl salicyl*)	3	
ZICLOPRO EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
OXABOROLES - Drugs for the Skin		
tavaborole external solution 5 %	1	
PHOSPHODIESTERASE-4 INHIBITORS (84:06) - Drugs for the Skin		
DALIRESP ORAL TABLET 250 MCG (*roflumilast*)	3	
DALIRESP ORAL TABLET 500 MCG (*roflumilast*)	3	
EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*)	3	
JASCAYD ORAL TABLET 18 MG, 9 MG (*nerandomilast*)	3	
roflumilast oral tablet 250 mcg, 500 mcg	1	
ZORYVE EXTERNAL CREAM 0.05 %, 0.15 %, 0.3 % (*roflumilast*)	3	
PIGMENTING AGENTS - Drugs for the Skin		
methoxsalen rapid oral capsule 10 mg	1	
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
klayesta external powder 100000 unit/gm	1	
nyamyc external powder 100000 unit/gm	1	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
nystop external powder 100000 unit/gm	1	
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
AVEIDA EXTERNAL GEL 1-1 %	3	
AVEIDAOXIA EXTERNAL GEL 1-1-4 %	3	
CROTAN EXTERNAL LOTION 10 % (*crotamiton*)	3	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
ELIMITE EXTERNAL CREAM 5 % (*permethrin*)	3	
ft lice killing max st external shampoo 0.33-4 %	1	
goodsense lice killing external liquid 1 %	1	
goodsense lice killing max str external shampoo 0.33-4 %	1	
ivermectin external cream 1 %	1	
lice killing external shampoo 0.33-4 %	1	
lice killing shampoo max str external shampoo 0.33-4 %	1	
malathion external lotion 0.5 %	1	
NATROBA EXTERNAL SUSPENSION 0.9 % (*spinosad*)	3	
OVIDE EXTERNAL LOTION 0.5 % (*malathion*)	3	
permethrin external cream 5 %	1	
PRURADIK EXTERNAL LOTION 10 % (*crotamiton*)	3	
RENSOTI EXTERNAL CREAM 1-4-1 %	3	
RESTIMO EXTERNAL GEL 1-1 %	3	
ROSITARA EXTERNAL GEL 1-1-4 %	3	
ROVIS EXTERNAL GEL 0.25-1-1-4 %	3	
SOOLANTRA EXTERNAL CREAM 1 % (*ivermectin*)	3	
spinosad external suspension 0.9 %	1	
stop lice complete treatment combination kit 0.33-4-0.5 %	1	
sulfurated lime external solution	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 % (*amantad-amitrip-gabap-cycloben*)	3	
ABENOR EXTERNAL CREAM 4-10 %	3	
ABENOR HP EXTERNAL LOTION 4-15 %	3	
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (*isotretinoin*)	3	
ABSORICA ORAL CAPSULE 25 MG, 35 MG (*isotretinoin*)	3	DSL = 30 days
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ACESO AG EXTERNAL PAD 4"X4"	3	
ACIOXIA EXTERNAL GEL 0.5-0.1 %	3	
ACIOXIAY EXTERNAL CREAM 15-4 %	3	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	3	DSL = 30 days
ACZONE EXTERNAL GEL 5 % (*dapsone*)	3	
ACZONE EXTERNAL GEL 7.5 % (*dapsone*)	3	
ADAINZOXIA EXTERNAL GEL 0.3-2.5-4 %	3	
ADALINA EXTERNAL GEL 4-5 %	3	
adapalene external cream 0.1 %	1	
adapalene external gel 0.1 %, 0.3 %	1	
ADAPALENE EXTERNAL PAD 0.1 %	3	
ADAPALENE EXTERNAL SOLUTION 0.1 %	3	
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	1	
ADAPALENE-BENZOYL PEROXIDE EXTERNAL PAD 0.1-2.5 %	3	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*tralokinumab-ldrm*)	3	DSL = 30 days
ADEINZDE EXTERNAL GEL 0.1-2.5-1 %	3	
ADERMICA EXTERNAL GEL 2.5-1-2-0.025 %	3	
ADERMICA HP EXTERNAL GEL 2.5-1-2-0.05 %	3	
ADMIRAZOL EXTERNAL CREAM 6-2-5 %	3	
ADMIRAZOL HP EXTERNAL CREAM 8.5-2-5 %	3	
AKLIEF EXTERNAL CREAM 0.005 % (*trifarotene*)	3	
ALADERM PLUS EXTERNAL EMULSION (*dermatological products, misc.*)	3	
ALEVAMAX EXTERNAL CREAM	3	
ALIXI EXTERNAL CREAM 6-4 %	3	
ALIXI HP EXTERNAL CREAM 8.5-4 %	3	
ALOMIRA EXTERNAL GEL 5-1-2-0.05 %	3	
ALOMIRA HP EXTERNAL GEL 5-1-2-0.1 %	3	
ALOMIRA LP EXTERNAL GEL 5-1-2-0.025 %	3	
ALURIS EXTERNAL CREAM 4-0.05 %	3	
ALURIS EXTERNAL GEL 4-0.05 %	3	
ALURIS HP EXTERNAL CREAM 4-0.1 %	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALURIS HP PLUS EXTERNAL CREAM 4-0.1 %	3	
ALURIS LP EXTERNAL CREAM 4-0.025 %	3	
ALURIS LP PLUS EXTERNAL CREAM 4-0.025 %	3	
ALURIS PLUS EXTERNAL CREAM 4-0.05 %	3	
ALURODERM SCAR EXTERNAL PATCH 0.75 % (*scar treatment products*)	3	
ALUXOF EXTERNAL THERAPY PACK 10-4 & 2-4-0.05 %	3	
ALUXOF HP EXTERNAL THERAPY PACK 10-4 & 2-4-0.1 %	3	
ALVOX EXTERNAL CREAM 4-0.05 %	3	
ALVOX HP EXTERNAL CREAM 4-0.1 %	3	
AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*)	3	
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
APHORIA EXTERNAL GEL 0.3-2.5-4 %	3	
APORIX EXTERNAL GEL 1-4 %	3	
APORIX EXTERNAL LOTION 1-4 %	3	
ARAZLO EXTERNAL LOTION 0.045 % (*tazarotene*)	3	
ARIDA EXTERNAL GEL (*silver*)	3	
ARTILIS EXTERNAL GEL 1-2.5-4 %	3	
ARTILIS HP EXTERNAL GEL 1-5-4 %	3	
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (*fibrin sealant component*)	3	
ARTISS EXTERNAL SOLUTION (*fibrin sealant component*)	3	
AUGUSTIL EXTERNAL GEL 1-4-2-0.025 %	3	
AVIDORA EXTERNAL CREAM 1-4-0.025 %	3	
AVIDORA EXTERNAL SOLUTION 1-4-0.025 %	3	
AVIDORA HP EXTERNAL CREAM 1-4-0.05 %	3	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	3	DSL = 30 days
AWANIS EXTERNAL CREAM 8.5-2-0.025 %	3	
AZADROX EXTERNAL GEL (*silver*)	3	
AZALTA EXTERNAL GEL 2-5-0.025 %	3	
AZALTA HP EXTERNAL GEL 2-5-0.05 %	3	
azelaic acid external gel 15 %	1	
AZELEX EXTERNAL CREAM 20 % (*azelaic acid*)	3	
B & C EXTERNAL OINTMENT	3	
balsam peru-castor oil external ointment	1	
bexarotene external gel 1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BIAFINE EXTERNAL EMULSION (*wound dressings*)	3	
BILAYER MATRIX WOUND DRESSING EXTERNAL SHEET 5 CM X 5 CM	3	
bimatoprost external solution 0.03 %	1	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (*bimekizumab-bkzx*)	3	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (*bimekizumab-bkzx*)	3	
BIONECT EXTERNAL CREAM 0.2 % (*hyaluronate sodium*)	3	
BPCO EXTERNAL OINTMENT	3	
brimonidine tartrate external gel 0.33 %	1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (*adapalene-benzoyl per-clindamy*)	3	
calcipotriene external cream 0.005 %	1	
CALCIPOTRIENE EXTERNAL FOAM 0.005 %	3	
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	3	DSL = 30 days
calcipotriene-betameth diprop external suspension 0.005-0.064 %	3	
CALCITRENE EXTERNAL OINTMENT 0.005 % (*calcipotriene*)	3	
calcitriol external ointment 3 mcg/gm	1	
capsaicin external cream 0.025 %, 0.075 %, 0.1 %	1	
capsaicin hp external cream 0.1 %	1	
capsaicin pain relief external cream 0.1 %	1	
CAPSAID ES ARTHRITIS RELIEF EXTERNAL CREAM 0.1 %	3	
CAPSINAC EXTERNAL THERAPY PACK 0.025-1.5 %	3	
capzix external cream 0.1 %	1	
CERACADE EXTERNAL EMULSION (*dermatological products, misc.*)	3	
CHLOOXIA EXTERNAL CREAM 0.05-4 %	3	
CHLOOXIA EXTERNAL OINTMENT 0.05-4 %	3	
CHLOOXIA EXTERNAL SOLUTION 0.05-4 %	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	3	DSL = 30 days
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (*clindamycin-tretinoin-cholesty*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COLLANEX EXTERNAL POWDER (*wound dressings*)	3	
CONDYLOX EXTERNAL GEL 0.5 % (*podofilox*)	3	
COPADERM EXTERNAL GEL (*scar treatment products*)	3	
COPASIL EXTERNAL GEL (*scar treatment products*)	3	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	3	
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (*secukinumab*)	3	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*secukinumab*)	3	DSL = 30 days
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	3	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	3	DSL = 30 days
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	3	DSL = 30 days
dapsone external gel 5 %	1	
dapsone external gel 7.5 %	3	
dapsone oral tablet 100 mg, 25 mg	1	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
DAZOMON EXTERNAL GEL 0.25 %	3	
DELUO EXTERNAL SOLUTION (*wound cleansers*)	3	
DENVITA EXTERNAL CREAM 2-4 %	3	
DEOXIA EXTERNAL GEL 1-4 %	3	
DEOXIA EXTERNAL LOTION 1-4 %	3	
DEOXIADEMTAR EXTERNAL GEL 1-4-2-0.025 %	3	
DEOXIATAR EXTERNAL SOLUTION 1-4-0.025 %	3	
DEOXIAVAR EXTERNAL CREAM 1-4-0.05 %	3	
DERMACINRX DICLOLIDOL EXTERNAL THERAPY PACK 1 & 5 % (*diclofenac sod-lido hcl (top)*)	3	
DERMACINRX PENETRAL EXTERNAL CREAM 0.025 % (*capsaicin*)	2	
DERMAL-K EXTERNAL CREAM (*dermatological products, misc.*)	3	
DERMASO PLUS EXTERNAL CREAM (*dermatological products, misc.*)	3	
DERMELLE EXTERNAL GEL (*scar treatment products*)	3	
DERPIXA EXTERNAL GEL (*wound dressings*)	3	

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DEXERYL EXTERNAL CREAM (*dermatological products, misc.*)	3	
DIADIMAXIA EXTERNAL CREAM 6-2-5 %	3	
DIADIMAXIA EXTERNAL GEL 6-2-5 %	3	
DIAOXIA EXTERNAL GEL 6-4 %	3	
DIASAXIATAR EXTERNAL CREAM 8.5-2-0.025 %	3	
DIASAXIATAR EXTERNAL GEL 8.5-2-0.025 %	3	
DIASDIMAXIA EXTERNAL CREAM 8.5-2-5 %	3	
DIASDIMAXIA EXTERNAL GEL 8.5-2-5 %	3	
DIASOXIA EXTERNAL CREAM 6-4 %, 8.5-4 %	3	
DIASOXIA EXTERNAL GEL 8.5-4 %	3	
diclofenac sodium external solution 1.5 %, 2 %	PV	
DICLOGEN EXTERNAL THERAPY PACK 1.5 & 4-10 % (*diclofenac sod-camphor-menthol*)	3	
DICLONA EXTERNAL GEL 1-4.5 %	3	DSL = 30 days
DICLOPR EXTERNAL KIT 1 & 10-30 %	3	
DICLOSAICIN EXTERNAL THERAPY PACK 1.5-0.025 % (*diclofenac sodium-capsaicin*)	3	
DICLOSTREAM EXTERNAL THERAPY PACK 1.5-10 %	3	
DICLOVIX M EXTERNAL THERAPY PACK 1.5-8 %	3	
DIFFERIN EXTERNAL CREAM 0.1 % (*adapalene*)	2	
DIFFERIN EXTERNAL GEL 0.3 % (*adapalene*)	3	
DIFFERIN EXTERNAL LOTION 0.1 % (*adapalene*)	3	
DIMENTHO EXTERNAL THERAPY PACK 1.5 & 10 %	3	
DIMOXIA EXTERNAL GEL 4-5 %	3	
DIOCHLOY EXTERNAL SOLUTION 0.005-0.05 %	3	
DIOOXIA EXTERNAL CREAM 0.005-4 %	3	
DIVINIX EXTERNAL CREAM 0.05-4 %	3	
DIVINIX EXTERNAL OINTMENT 0.05-4 %	3	
DIVINIX EXTERNAL SOLUTION 0.05-4 %	3	
DOMELA EXTERNAL CREAM 0.01-4 %	3	
doxycycline oral capsule delayed release 40 mg	1	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (*halobetasol prop-tazarotene*)	3	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML (*dupilumab*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*dupilumab*)	3	
DYNOMA EXTERNAL CREAM 0.05-4 %	3	
ECEOXIA EXTERNAL CREAM 4-10 %	3	
ELEMAR PATCH EXTERNAL KIT 5-6 % (*lidocaine-menthol*)	3	
ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*)	2	
ELYZIA EXTERNAL CREAM 4-0.1 %	3	
ELYZIA EXTERNAL OINTMENT 4-0.1 %	3	
EMULSION SB EXTERNAL EMULSION (*dermatological products, misc.*)	3	
ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*)	3	DSL = 30 days
ENOVARX-DICLOFENAC SODIUM EXTERNAL CREAM 2.5 %	PV	
ENOVARX-TRAMADOL EXTERNAL CREAM 5 %	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	3	
EPICERAM EXTERNAL EMULSION (*dermatological products, misc.*)	3	
EPIDUO EXTERNAL GEL 0.1-2.5 % (*adapalene-benzoyl peroxide*)	3	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	2	
EPISIL MOUTH/THROAT LIQUID (*oral wound care products*)	3	
ESKATA EXTERNAL SOLUTION 40 % (*hydrogen peroxide*)	3	
ETHOXIA EXTERNAL CREAM 4-0.05 %	3	
FABIOR EXTERNAL FOAM 0.1 % (*tazarotene*)	3	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	
FEM PH VAGINAL GEL 0.9-0.025 % (*acetic acid-oxyquinoline*)	3	
FENOVAR EXTERNAL KIT 1.5-10-15 % (*diclofenac& menthol-methyl sal*)	3	
FILSUVEZ EXTERNAL GEL 10 % (*birch triterpenes*)	3	
FINACEA EXTERNAL FOAM 15 % (*azelaic acid*)	3	
FINAPID EXTERNAL SOLUTION 0.1-5 %	3	
FINAPOD EXTERNAL SOLUTION 0.1-7 %	3	
FINAPODTAR EXTERNAL SOLUTION 0.1-7-0.025 %	3	
finasteride oral tablet 1 mg	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUOXIA EXTERNAL CREAM 0.05-4 %	3	
FLYPROGPIDTAR EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
FRIVO EXTERNAL CREAM 1-4 %	3	
GELCLAIR MOUTH/THROAT GEL (*povidone-nahyaluron-glycyrrhet*)	3	
GENADUR COMBINATION KIT (*dermatological products, misc.*)	3	
GENADUR EXTERNAL LIQUID (*dermatological products, misc.*)	3	
HALUCORT EXTERNAL GEL (*dermatological products, misc.*)	3	
HAPRODERM EXTERNAL GEL	3	
HARISIS EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
HARVIVA EXTERNAL SOLUTION 0.1-5 %	3	
HARVIVA HP EXTERNAL SOLUTION 0.1-7 %	3	
HENTIS EXTERNAL SOLUTION 5-0.1-0.025 %	3	
HENTIS HP EXTERNAL SOLUTION 7-0.1-0.025 %	3	
HESMILLA EXTERNAL SOLUTION 0.05-5-2-0.5 %	3	
HEVONA EXTERNAL SOLUTION 0.01-5-0.025 %	3	
HOLIXIA EXTERNAL SOLUTION 0.1-7 %	3	
HOLIZAR EXTERNAL SOLUTION 7-0.025 %	3	
HONISTA EXTERNAL SOLUTION 0.1-7-0.025 %	3	
HOVITRA EXTERNAL SOLUTION 7-4 %	3	
HOVYN EXTERNAL SOLUTION 0.1 %	3	
HPR PLUS EXTERNAL CREAM (*dermatological products, misc.*)	3	
HPR PLUS EXTERNAL FOAM (*dermatological products, misc.*)	3	
HPR PLUS HYDROGEL EXTERNAL KIT (*dermatological products, misc.*)	3	
HYDROCORTISONE COMPLETE KIT EXTERNAL THERAPY PACK 2 %	3	
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	3	DSL = 30 days
HYPOCYN ANTIPRURITIC EXTERNAL GEL 0.012 % (*hypochlorous acid*)	3	
ICLOFENAC CP EXTERNAL THERAPY PACK 0.025-1.5 % (*diclofenac sodium-capsaicin*)	3	
IDYYXIATAR EXTERNAL GEL 5-0.025 %	3	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	3	
IMIOXIA EXTERNAL CREAM 1-4 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
imiquimod external cream 3.75 %	3	
imiquimod external cream 5 %	1	
imiquimod pump external cream 3.75 %	3	
INFLATHERM COMBINATION THERAPY PACK 75 & 3-3 MG & % (*diclofenac-menthol-camphor*)	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	
INTERCEED EXTERNAL PAD (*oxidized cellulose*)	3	
INZDEAXIATAR EXTERNAL GEL 2.5-1-2-0.025 %	3	
INZDEAXIAVAR EXTERNAL GEL 2.5-1-2-0.05 %	3	
INZDEOXIA EXTERNAL GEL 2.5-1-4 %	3	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
isotretinoin oral capsule 25 mg, 35 mg	1	DSL = 30 days
ITHOXIA EXTERNAL CREAM 4-0.1 %	3	
JUVAZIN EXTERNAL GEL (*scar treatment products*)	3	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (*ketoprofen-baclofen-gabap-lido*)	3	
KAMDOY EXTERNAL EMULSION (*dermatological products, misc.*)	3	
KAZURI EXTERNAL GEL 5-1-0.05 %	3	
KERAGEL EXTERNAL GEL (*wound dressings*)	3	
KERAXA EXTERNAL GEL 3-4 %	3	
KERIDA EXTERNAL GEL 5-30-0.1 %	3	
KIVIK EXTERNAL EMULSION (*dermatological products, misc.*)	3	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (*tirbanibulin*)	3	DSL = 30 days
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (*tirbanibulin*)	3	DSL = 30 days
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML (*difelikefalin acetate*)	3	DSL = 30 days
KYNARA EXTERNAL GEL 5-1-2 %	3	
LATISSE EXTERNAL SOLUTION 0.03 % (*bimatoprost*)	3	
LEVATIO EXTERNAL PATCH 0.03-5 %	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (*aminolevulinic acid hcl*)	2	
LEXTOL EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
l-glutamine oral packet 5 gm	1	DSL = 30 days
LIDOSTREAM EXTERNAL KIT 5 & 10 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIDOTHOL EXTERNAL GEL 4.5-5 % (*lidocaine-menthol*)	3	
LIDOTHOL EXTERNAL PATCH 4-1 % (*lidocaine-menthol*)	3	
LIDOTRAL-MENTHOL EXTERNAL LIQUID 5-3 % (*lidocaine-menthol*)	3	
LITFULO ORAL CAPSULE 50 MG (*ritlecitinib tosylate*)	3	DSL = 30 days
LIXOFEN EXTERNAL KIT 1.5 % (*diclofenac sodium*)	PV	
LM PLUS RELIEF EXTERNAL PATCH 3.5-7 % (*lidocaine-menthol*)	3	
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % (*lidocaine-camphor-menthol*)	3	
LOUNZDOMDIOXATAR EXTERNAL THERAPY PACK 10-4 & 2-4-0.05 %	3	
LUXAMEND EXTERNAL CREAM (*wound dressings*)	3	
MEDERMA ADVANCED SCAR GEL EXTERNAL GEL (*scar treatment products*)	3	
MEDERMA EXTERNAL GEL (*scar treatment products*)	3	
MEDERMA FOR KIDS EXTERNAL GEL (*scar treatment products*)	3	
MEDERMA SPF 30 EXTERNAL CREAM (*scar treatment products*)	3	
MELZARA EXTERNAL CREAM 10-2-6 %	3	
MIGRANOW COMBINATION THERAPY PACK 50 & 4-10 MG & % (*sumatriptan & camphor-menthol*)	3	
MIMYX EXTERNAL CREAM (*dermatological products, misc.*)	3	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	
MIRO3D FIBERS EXTERNAL 100 MG, 250 MG, 500 MG, 700 MG (*collagen matrix (porcine)*)	3	
MIRO3D WOUND MATRIX EXTERNAL 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM (*collagen matrix (porcine)*)	3	
MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*)	3	
MISICARUB EXTERNAL CREAM 2 %, 5 % (*baclofen*)	3	
MUCOTROL MOUTH/THROAT WAFER (*oral wound care products*)	3	
MUGARD MOUTH/THROAT LIQUID (*oral wound care products*)	3	
MUSCUSOLICE EXTERNAL CREAM 2 %, 5 % (*baclofen*)	3	
MYVORI EXTERNAL CREAM 10-4 %	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEOSALUS EXTERNAL CREAM (*dermatological products, misc.*)	3	
NEOSALUS EXTERNAL FOAM (*dermatological products, misc.*)	3	
NEOSALUS EXTERNAL LOTION (*dermatological products, misc.*)	3	
NEXOBRID EXTERNAL GEL 8.8 % (*anacaulase-bcdb*)	3	
nitroglycerin rectal ointment 0.4 %	1	
NUDERMRXPAK 120 EXTERNAL THERAPY PACK 0.005-5 % (*calcipotriene-dimethicone*)	3	
NUDERMRXPAK 60 EXTERNAL THERAPY PACK 0.005-5 % (*calcipotriene-dimethicone*)	3	
NUJO EXTERNAL SOLUTION 0.1 %	3	
NUJU EXTERNAL CREAM 0.1 %	3	
NUVAIL EXTERNAL SOLUTION (*dermatological products, misc.*)	3	
ONZDEAXIADEMTAR EXTERNAL GEL 5-1-2-2-0.025 %	3	
ONZDEAXIADEMVAR EXTERNAL GEL 5-1-2-2-0.05 %	3	
ONZDEAXIATAR EXTERNAL GEL 5-1-2-0.025 %	3	
ONZDEAXIAVAR EXTERNAL GEL 5-1-2-0.05 %	3	
ONZDEAXIAZAR EXTERNAL GEL 5-1-2-0.1 %	3	
ONZDEOXIA EXTERNAL GEL 1-5-4 %	3	
OPZELURA EXTERNAL CREAM 1.5 % (*ruxolitinib phosphate*)	3	DSL = 30 days
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (*doxycycline*)	3	
ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED (*oral wound care products*)	3	
ORTHAPHEN EXTERNAL KIT 1.5-10-15 % (*diclofenac& menthol-methyl sal*)	3	
OTEZLA ORAL TABLET 20 MG (*apremilast*)	3	
OTEZLA ORAL TABLET 30 MG (*apremilast*)	3	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	3	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG (*apremilast*)	3	
OXIAICE EXTERNAL LOTION 4-15 %	3	
OXIANUJO EXTERNAL CREAM 4-0.1 %	3	
OXIANUJO EXTERNAL OINTMENT 4-0.1 %	3	
OXIATAR EXTERNAL CREAM 4-0.025 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OXIAVAR EXTERNAL CREAM 4-0.05 %	3	
OXIAVARRY EXTERNAL CREAM 4-0.05 %	3	
OXIAVARY EXTERNAL CREAM 4-0.1 %	3	
OXIAZAR EXTERNAL CREAM 4-0.1 %	3	
OXOPIDAXIAQUP EXTERNAL SOLUTION 0.05-5-2-0.5 %	3	
PAINGO KFT EXTERNAL KIT 2.5-2.5-10-30 %	3	
PANRETIN EXTERNAL GEL 0.1 % (*alitretinoin*)	3	DSL = 30 days
PENLEN EXTERNAL EMULSION (*dermatological products, misc.*)	3	
PENNSAID EXTERNAL SOLUTION 2 % (*diclofenac sodium*)	PV	
PHEOXIA EXTERNAL CREAM 2-4 %	3	
PHLAG SPRAY EXTERNAL EMULSION (*dermatological products, misc.*)	3	
PIDPROGTAR EXTERNAL SOLUTION 5-0.1-0.025 %	3	
pimecrolimus external cream 1 %	1	
PLENURA EXTERNAL SOLUTION 0.005-0.05 %	3	
PODOCON-25 EXTERNAL SOLUTION 25 % (*podophyllum resin*)	3	
podofilox external gel 0.5 %	1	
podofilox external solution 0.5 %	1	
PODOXIA EXTERNAL SOLUTION 7-4 %	3	
PODPROG EXTERNAL SOLUTION 0.1-7 %	3	
PODPROGTAR EXTERNAL SOLUTION 7-0.1-0.025 %	3	
PODTAR EXTERNAL SOLUTION 7-0.025 %	3	
PR CREAM EXTERNAL KIT (*dermatological products, misc.*)	3	
PRAKETAMIDE EXTERNAL CREAM 5 % (*ketamine hcl*)	3	
PRESERA EXTERNAL FOAM (*dermatological products, misc.*)	3	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% (*diclofenac-omeprazole-capsicum*)	3	
PROFINAC EXTERNAL THERAPY PACK 1.5 % (*diclofenac sod-adhesive sheet*)	3	
PROOXIA EXTERNAL CREAM 10-4 %	3	
PROPECIA ORAL TABLET 1 MG (*finasteride*)	3	
PRUCLAIR EXTERNAL CREAM (*dermatological products, misc.*)	3	
PRUMYX EXTERNAL CREAM (*dermatological products, misc.*)	3	
PURAZIL EXTERNAL CREAM 0.005-4 %	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QBREXZA EXTERNAL PAD 2.4 % (*glycopyrronium tosylate*)	3	
QUIDROXZAR EXTERNAL GEL 5-30-0.1 %	3	
QUIHOXAXIA EXTERNAL GEL 5-1-2 %	3	
QUIHOXVAR EXTERNAL GEL 5-1-0.05 %	3	
QUTENZA (2 PATCH) EXTERNAL KIT 8 % (*capsaicin-cleansing gel*)	3	
QUTENZA (4 PATCH) EXTERNAL KIT 8 % (*capsaicin-cleansing gel*)	3	
QUTENZA EXTERNAL KIT 8 % (*capsaicin-cleansing gel*)	3	
RADIAPLEXRX EXTERNAL GEL (*wound dressings*)	3	
RECEDO EXTERNAL GEL (*scar treatment products*)	3	
RECTIV RECTAL OINTMENT 0.4 % (*nitroglycerin*)	3	
REGENECARE EXTERNAL GEL 2 % (*lidocaine-collagen-aloe vera*)	3	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	3	
REMIGEN EXTERNAL CREAM	3	
REMYDA EXTERNAL GEL 0.25 %	3	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	3	
RENSOTI EXTERNAL CREAM 1-4-1 %	3	
RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*)	3	
ROAOXIA EXTERNAL GEL 3-4 %	3	
ROCELIX EXTERNAL CREAM 4-1 %	3	
ROVIS EXTERNAL GEL 0.25-1-1-4 %	3	
RUMILO EXTERNAL CREAM 15-4 %	3	
SAFRYCYN EXTERNAL CREAM 0.2 %	3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	2	
SAROXIA EXTERNAL CREAM 4-0.05 %	3	
SCARCIN EXTERNAL CREAM	3	
SCARSILK EXTERNAL GEL	3	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (*afamelanotide acetate*)	3	DSL = 30 days
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	3	DSL = 30 days
SILVERSEAL HYDROGEL DRESSING EXTERNAL PAD 2"X3" (*silver*)	3	
SIRVANA EXTERNAL GEL 5-0.025 %	3	
SIVORA EXTERNAL CREAM 0.3 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SKARCADE EXTERNAL PAD	3	
SKARJEL EXTERNAL GEL	3	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	3	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	3	
SOLOX EXTERNAL GEL (*silver*)	3	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (*lido-capsaicin-men-methyl sal*)	3	
SORILUX EXTERNAL FOAM 0.005 % (*calcipotriene*)	3	
SORIXIA EXTERNAL CREAM 4-0.05 %	3	
SOTYKTU ORAL TABLET 6 MG (*deucravacitinib*)	3	DSL = 30 days
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML (*spesolimab-sbzo*)	3	DSL = 30 days
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*)	3	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab*)	3	
STRATA CTX EXTERNAL GEL (*dermatological products, misc.*)	3	
STRATA GRT EXTERNAL GEL (*wound dressings*)	3	
STRATA MARK EXTERNAL GEL (*dermatological products, misc.*)	3	
STRATA TRIZ EXTERNAL GEL (*scar treatment products*)	3	
STRATA XRT EXTERNAL GEL (*dermatological products, misc.*)	3	
SURE RESULT DSS PREMIUM PACK EXTERNAL THERAPY PACK 1.5 & 0.025 %	3	
SURGICEL SNOW 1"X2" EXTERNAL PAD (*oxidized cellulose*)	3	
SURGICEL SNOW 2"X4" EXTERNAL PAD (*oxidized cellulose*)	3	
SURGICEL SNOW 4"X4" EXTERNAL PAD (*oxidized cellulose*)	3	
SYNERDERM EXTERNAL EMULSION (*dermatological products, misc.*)	3	
SYNTHERMA PLUS EXTERNAL KIT 5-6 % (*lidocaine-menthol*)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	3	
tacrolimus external ointment 0.03 %, 0.1 %	1	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (*ixekizumab*)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (*ixekizumab*)	3	DSL = 30 days
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
TARDIMAXIA EXTERNAL GEL 2-5-0.025 %	3	
TARGRETIN EXTERNAL GEL 1 % (*bexarotene*)	3	
TAROXIA EXTERNAL CREAM 4-0.025 %	3	
tazarotene external cream 0.05 %, 0.1 %	1	
TAZAROTENE EXTERNAL FOAM 0.1 %	3	
tazarotene external gel 0.05 %, 0.1 %	1	
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (*tazarotene*)	3	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (*tazarotene*)	3	
TELIORA EXTERNAL GEL 0.1-0.5 %	3	
TETOXIA EXTERNAL CREAM 0.01-4 %	3	
TETPIDTAR EXTERNAL SOLUTION 0.01-5-0.025 %	3	
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (*fibrin sealant component*)	3	
TOLAK EXTERNAL CREAM 4 % (*fluorouracil*)	3	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	3	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	3	
TRIONEX EXTERNAL KIT 0.005 % (*calcipotriene & dressing*)	3	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
TRUBREXA EXTERNAL PATCH 4.75-0.025 % (*lidocaine-capsaicin*)	3	
UNZDOMDIOXIAZAR EXTERNAL THERAPY PACK 10-4 & 2-4-0.1 %	3	
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5ML	3	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	3	
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	3	DSL = 30 days
VARDIMAXIA EXTERNAL GEL 2-5-0.05 %	3	
VAROPHEN EXTERNAL KIT 1.5-10-15 % (*diclofenac& menthol-methyl sal*)	3	
VAROXIA EXTERNAL CREAM 4-0.05 %	3	
VAROXIA EXTERNAL GEL 4-0.05 %	3	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (*calcitriol*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VENELEX EXTERNAL OINTMENT (*balsam peru-castor oil*)	3	
VENNGEL ONE EXTERNAL KIT 1 % (*diclofenac sodium*)	PV	
VENNGEL TWO EXTERNAL KIT 1 % (*diclofenac sodium*)	PV	
VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*)	3	
VEVEN EXTERNAL CREAM 0.1 %	3	
VP FC KIT EXTERNAL CREAM	3	
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	
VTAMA EXTERNAL CREAM 1 % (*tapinarof*)	3	DSL = 30 days
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (*beremagene geperpavec-svdt*)	3	DSL = 30 days
WINLEVI EXTERNAL CREAM 1 % (*clascoterone*)	3	
WPR PLUS WOUND HEALING SYSTEM EXTERNAL THERAPY PACK 4 & 10-30 %	3	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	3	DSL = 30 days
XICLOFEN EXTERNAL OINTMENT 1-5 % (*diclofenac sod-methyl salicyl*)	3	
ZELSUVMI EXTERNAL GEL 10.3 % (*berdazimer sodium*)	3	DSL = 30 days
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ZERUVIA EXTERNAL PATCH 4-1 %	3	
ZEVASKYN (UP TO 12 SHEETS) EXTERNAL SHEET (*prademagene zamikeracel*)	3	
ZIANA EXTERNAL GEL 1.2-0.025 % (*clindamycin-tretinoin*)	3	
ZICLOPRO EXTERNAL THERAPY PACK 1.5 & 0.025 % (*diclofenac sodium-capsaicin*)	3	
ZITHRANOL EXTERNAL SHAMPOO 1 % (*anthralin*)	3	
ZORYVE EXTERNAL CREAM 0.3 % (*roflumilast*)	3	
ZORYVE EXTERNAL FOAM 0.3 % (*roflumilast*)	3	
ZYCLARA EXTERNAL CREAM 3.75 % (*imiquimod*)	3	
ZYCLARA PUMP EXTERNAL CREAM 2.5 % (*imiquimod*)	3	
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (*imiquimod*)	3	
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML (*infliximab-dyyb*)	3	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	3	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUNSCREEN AGENTS - Drugs for the Skin		
AVIDOXY DK COMBINATION KIT 100 MG (*doxycycline-suncreen-sal acid*)	3	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (*afamelanotide acetate*)	3	DSL = 30 days
THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
antifungal maximum strength external solution 1 %	1	
DR SCHOLLS ODOR-X ATHLETE FOOT EXTERNAL AEROSOL POWDER 1 % (*tolnaftate*)	3	
FORMULA 7 THE SOLUTION EXTERNAL SOLUTION 1 % (*tolnaftate*)	3	
ft antifungal external cream 1 %	1	
FUNGICURE EXTERNAL SOLUTION 1 % (*tolnaftate*)	3	
MICOMITIN EXTERNAL SOLUTION 1 % (*tolnaftate*)	3	
MICOTRIN AL EXTERNAL SOLUTION 1 % (*tolnaftate*)	3	
MYCOZYL AL EXTERNAL SOLUTION 1 % (*tolnaftate*)	3	
TINACTIN EXTERNAL CREAM 1 % (*tolnaftate*)	3	
TOLNAFI-AL EXTERNAL SOLUTION 1 %	3	
tolnaftate antifungal external cream 1 %	1	
tolnaftate external cream 1 %	1	
tolnaftate external powder 1 %	1	
TRITOLNACIDE C EXTERNAL CREAM 1 % (*tolnaftate*)	3	
TRITOLNACIDE S EXTERNAL SOLUTION 1 % (*tolnaftate*)	3	
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (*xanomeline-trospium chloride*)	3	
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (*xanomeline-trospium chloride*)	3	
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	1	
DETROL ORAL TABLET 2 MG (*tolterodine tartrate*)	3	
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	1	
flavoxate hcl oral tablet 100 mg	1	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	1	
oxybutynin chloride oral solution 5 mg/5ml	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
oxybutynin chloride oral tablet 2.5 mg, 5 mg	1	
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (*oxybutynin*)	3	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (*oxybutynin*)	3	
solifenacin succinate oral tablet 10 mg, 5 mg	1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	1	
tolterodine tartrate oral tablet 1 mg, 2 mg	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*fesoterodine fumarate*)	3	
trospium chloride er oral capsule extended release 24 hour 60 mg	1	
trospium chloride oral tablet 20 mg	1	
VESICARE ORAL TABLET 10 MG, 5 MG (*solifenacin succinate*)	3	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
elixophyllin oral elixir 80 mg/15ml	1	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	3	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	3	
sildenafil citrate intravenous solution 10 mg/12.5ml	3	
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	DSL = 30 days
sildenafil citrate oral tablet 20 mg	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	PV	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	PV	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System		
GEMTESA ORAL TABLET 75 MG (*vibegron*)	3	
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (*mirabegron*)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (*mirabegron*)	3	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
ACTITROM-D ORAL CAPSULE (*bioflavonoid products*)	3	
ACTIVITE ORAL TABLET 1 MG	3	
ADRENAL C FORMULA ORAL TABLET (*bioflavonoid products*)	3	
AFLORA ORAL TABLET (*multiple vitamins-minerals*)	3	
AIRBORNE ELDERBERRY ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
AIRBORNE ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
ALIVE ADULT PREMIUM ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
ALIVE PREMIUM PRENATAL ORAL CAPSULE 13.5-0.2-100 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
ALTRIXA OB ORAL TABLET 15-0.4-0.6 MG	3	
ALTRIXA ORAL TABLET	3	
AMLADEX ORAL TABLET (*multiple vitamin*)	3	
ATABEX OB ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*)	3	
AZESCO ORAL TABLET 13-1 MG	3	
b-100 b-complex oral tablet	1	
b-50 complex oral capsule	3	
BACMIN ORAL TABLET (*multiple vitamins-minerals*)	3	
BIOCEL ORAL TABLET	3	
b-plex oral tablet	1	
b-plex plus oral tablet	1	
BRAIN BUILDER KIDS ORAL TABLET CHEWABLE	3	
COBALEFOL ORAL CAPSULE 1 MG	3	
cod liver oil oral oil	1	
CORVITA ORAL TABLET (*multiple vitamins-minerals*)	3	
daflonex-xl oral capsule	1	
DAVIMET-FLUORIDE ORAL TABLET CHEWABLE 0.75 MG (*pediatric multivitamins-fl*)	3	
DAVIMET-IRON ORAL TABLET CHEWABLE (*multiple vitamins-iron*)	3	
DAVIMET-M ORAL TABLET CHEWABLE (*multiple vitamin*)	3	
DAYAVITE ORAL TABLET	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEPLIN MA ORAL CAPSULE (*multiple vitamins-minerals*)	3	
DERMACINRX DAVIMET ORAL TABLET CHEWABLE (*multiple vitamin*)	3	
DERMACINRX MULTITAM ORAL TABLET (*multiple vitamins-minerals*)	3	
DERMACINRX MULTIVITAMIN ORAL TABLET CHEWABLE (*multiple vitamin*)	3	
DERMACINRX PRETRATE ORAL TABLET 1 MG (*prenatal multivit-min-fe-fa*)	3	
DERMACINRX RIBOTIN-E ORAL TABLET (*multiple vitamins-minerals*)	3	
DERMACINRX ZINTREXYL-C ORAL TABLET (*multiple vitamins-minerals*)	3	
DEXATRAN ORAL CAPSULE (*multiple vitamins-minerals*)	3	
DEXIFOL ORAL TABLET 5 MG (*b complex-c-folic acid*)	3	
DIALYVITE 3000 ORAL TABLET 3 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE 5000 ORAL TABLET 5 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE ORAL TABLET (*b complex-c-folic acid*)	3	
DIALYVITE SUPREME D ORAL TABLET (*multiple vitamins-minerals*)	3	
DIALYVITE/ZINC ORAL TABLET (*b complex-c-zn-folic acid*)	3	
DIATROL ORAL TABLET (*multiple vitamins-minerals*)	3	
EASY-C IMMUNE HEALTH W/BIOFLAV ORAL CAPSULE 500-200 MG (*bioflavonoid products*)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	3	
EMBRIVA ORAL TABLET 13-1 MG (*prenatal vit-fe gluconate-fa*)	3	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	3	
eye health gummies oral tablet chewable	1	
FINAZOL ORAL TABLET (*multiple vitamins-minerals*)	3	
flavovit ear health oral tablet	1	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (*pediatric multivit-minerals*)	3	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*ped multiple vit-minerals-fl*)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLORRAXYL ORAL TABLET (*multiple vitamins-minerals*)	3	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
FOLACHEW ORAL TABLET CHEWABLE	3	
FOLAGENT DHA ORAL CAPSULE	3	
FOLAMAX ORAL TABLET	3	
FOLAMED DHA ORAL CAPSULE	3	
FOLAPRIME ORAL TABLET	3	
FOLATEXCEL ORAL TABLET 20-1 MG	3	
FOLAWISE ORAL TABLET	3	
FOLCYTEINE ORAL TABLET (*multiple vitamin*)	3	
FOLETRA ORAL CAPSULE 1 MG	3	
FOLGARD OS ORAL TABLET 500-1.1 MG (*multiple vit-min-calcium-fa*)	3	
FOLIFLEX ORAL TABLET (*multiple vitamins-minerals*)	3	
FOLITIN-Z ORAL TABLET (*multiple vitamins-minerals*)	3	
ft adult multi gummies oral tablet chewable	1	
ft b-100 complex pr oral tablet extended release	1	
ft b-complex plus vitamin c oral tablet	1	
ft childrens multi oral tablet chewable	1	
ft childrens multi plus immune oral tablet chewable	1	
ft immune support oral tablet chewable	1	
ft niacin flush free oral capsule 400-100 mg	1	
ft prenatal oral tablet 28-0.8 mg	1	
GLP-DLAX ORAL TABLET	3	
grape seed extract oral capsule	1	
growing bones & muscles kids oral tablet chewable	1	
HYLAVITE ORAL TABLET	3	
HYLAZINC ORAL TABLET	3	
INFLAMEX ORAL CAPSULE (*specialty vitamins products*)	3	
INFUVITE ADULT INTRAVENOUS SOLUTION (*multiple vitamin*)	2	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (*pediatric multiple vitamins*)	2	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	
KEYFOLIC ORAL TABLET	3	
KEYLOSA ORAL TABLET (*multiple vitamins-minerals*)	3	
LIVITA ADULTS ORAL LIQUID (*multiple vitamins-minerals*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIVITA CHILDREN ORAL LIQUID (*pediatric multivit-minerals*)	3	
LYSIPLEX PLUS ORAL TABLET (*multiple vitamins-minerals*)	3	
MATERNACEL ORAL TABLET 20-1 MG (*prenatal vit w/ fe bisg-fa*)	3	
MATERVIA ORAL CAPSULE 0.5 MG	3	
MEDI TAB ORAL TABLET	3	
MENATROL ORAL CAPSULE (*multiple vitamins-minerals*)	3	
mens multivitamin gummies oral tablet chewable	1	
MICRONEX ORAL CAPSULE	3	
MINCORA ORAL TABLET	3	
MI-VITE RX ORAL TABLET 1 MG	3	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
MULTIPRO ORAL CAPSULE	3	
MULTITOL-M ORAL TABLET (*multiple vitamins-minerals*)	3	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride oral suspension 0.25 mg/ml	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
MVW ORANGE CHEWABLES ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
MYNEPHRON ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEOMATERNA ORAL TABLET 20-1 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	3	
NEO-VITAL RX ORAL TABLET 1 MG	3	
NEOVITE ORAL TABLET	3	
NEPHPLEX RX ORAL TABLET (*b complex-c-zn-folic acid*)	3	
NEPHRO-VITE ORAL TABLET 0.8 MG (*b complex-c-folic acid*)	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	3	
NEWVITE ORAL TABLET (*multiple vitamin*)	3	
niacin flush free oral capsule 400-100 mg	1	
NICADAN ORAL TABLET (*multiple vitamins-minerals*)	3	
NICAZEL FORTE ORAL TABLET (*multiple vitamins-minerals*)	3	
NICAZEL ORAL TABLET (*multiple vitamins-minerals*)	3	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (*niacinamide-zn-cu-methfo-se-cr*)	3	
nicotinamide oral tablet 750-27-2-0.5 mg	1	
norwegian cod liver oil oral capsule	1	
NOVAMV PEDIATRIC MULTI-VITAMIN ORAL LIQUID (*pediatric multiple vitamins*)	3	
NOVITE ORAL CAPSULE	3	
NUTRALYN ORAL TABLET (*multiple vitamins-minerals*)	3	
NUTRA-Z+ ORAL CAPSULE	3	
NUTRIFAC ZX ORAL TABLET (*multiple vitamins-minerals*)	3	
NUTRIVIT ORAL LIQUID (*b complex-lysine-min-fe-fa*)	3	
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG (*prenatal vit-iron carbonyl-fa*)	3	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (*prenatal-fe cbn-fa-dha w/o a*)	3	
OCUVEL ORAL CAPSULE (*multiple vitamins-minerals*)	3	
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
ONEVITE ORAL TABLET	3	
P2I PRENATAL WITH CHOLINE ORAL CAPSULE 0.333 MG (*prenatal multivit-min-fe-fa*)	3	
PAXLYTE ORAL CAPSULE (*b complex-folic acid*)	3	
pnv 27-ca/fe/fa oral tablet 60-1 mg	1	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
PNV TABS 20-1 ORAL TABLET 20-1 MG	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (*ped multivitamins-fl-iron*)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	3	
POLY-VITE PEDIATRIC ORAL SOLUTION	3	
PREGEN DHA ORAL CAPSULE 28-1-35 MG	3	
PREGENNA ORAL TABLET 20-1 MG	3	
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	3	
prenatal fa + dha + choline oral tablet chewable 0.18-35 mg	3	
prenatal oral tablet 27-0.8 mg, 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
prenatal vitamins oral tablet 27-0.8 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATOL-M ORAL TABLET 27-1.2 MG (*prenatal vit-fe fumarate-fa*)	3	
PRENATRIX ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
PRENATRYL ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
PREV-RX ORAL TABLET	3	
PRO HERS RX ORAL CAPSULE	3	
PRO HIS RX ORAL CAPSULE	3	
PRO PCOS RX ORAL CAPSULE	3	
PROFOLA ORAL TABLET	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	3	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (*ped multivitamins-fl-iron*)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
RELCARE ORAL TABLET	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
REMEDIENT ORAL CAPSULE (*multiple vitamins-minerals*)	3	
RENAL ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
RENATABS ORAL TABLET 1 MG (*b complex-c-biotin-e-fa*)	3	
RENATABS WITH IRON ORAL 1 & 100 MG (*b complex-c-biotin-e-fa-fe cbn*)	3	
rena-vite oral tablet	1	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	3	
stress formula/zinc/energy oral tablet	1	
STROVITE FORTE ORAL SYRUP (*multiple vitamins-minerals*)	3	
STROVITE ONE ORAL TABLET (*multiple vitamins-minerals*)	3	
SUPERVITE ORAL LIQUID (*b complex-lysine-zn-fa*)	3	
SUPPORT ORAL LIQUID	3	
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
TERAVAX ORAL CAPSULE 0.4 MG	3	
TM-VITE RX ORAL TABLET 1 MG	3	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	3	
triphrocaps oral capsule 1 mg	1	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRIVIA COMPLETE ORAL CAPSULE	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRI-VITAMIN WITH FLUORIDE ORAL SUSPENSION 0.25 MG/ML	3	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	1	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
TRONVITE ORAL TABLET 1 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRUE MULTIVITAMIN ORAL TABLET	3	
UDAMIN SP ORAL TABLET (*multiple vitamins-minerals*)	3	
v-c forte oral capsule	1	
VENEXA FE ORAL TABLET (*multiple vitamins-minerals*)	3	
VENEXA ORAL TABLET (*multiple vitamins-minerals*)	3	
VENTRIXYL FE ORAL TABLET (*multiple vitamins-minerals*)	3	
VENTRIXYL ORAL TABLET (*multiple vitamins-minerals*)	3	
vic-forte oral capsule	1	
VIREXA ORAL TABLET (*multiple vitamin*)	3	
VITA S FORTE ORAL TABLET (*multiple vitamins-minerals*)	3	
VITACEL ORAL TABLET (*multiple vitamins-minerals*)	3	
vitachew adult multi vitamin oral tablet chewable	1	
VITACORE ORAL TABLET (*multiple vitamins-minerals*)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
VITAFUSION MULTI WOMENS ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
VITALARA ORAL TABLET 20-1 MG	3	
VITAL-D RX ORAL TABLET 1 MG (*b complex-c-biotin-d-zinc-fa*)	3	
VITA-PAC ORAL CAPSULE 0.9 MG	3	
VITAROCA PLUS ORAL TABLET (*multiple vitamins-minerals*)	3	
VITASURE ORAL TABLET 1 MG	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
VITLIPID N ADULT INTRAVENOUS EMULSION (*multiple vitamin*)	2	
VITRAMYN ORAL TABLET (*multiple vitamins-minerals*)	3	
VITRANOL FE ORAL TABLET (*multiple vitamins-minerals*)	3	
VITRANOL ORAL TABLET (*multiple vitamins-minerals*)	3	
VITREXATE FE ORAL TABLET (*multiple vitamins-minerals*)	3	
VITREXATE ORAL TABLET (*multiple vitamins-minerals*)	3	
VITREXYL + IRON ORAL TABLET (*multiple vitamins-minerals*)	3	
VITREXYL ORAL TABLET (*multiple vitamins-minerals*)	3	
WELLFOLA ORAL TABLET	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
wescaps oral capsule 1 mg	1	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTAB PLUS ORAL TABLET 27-1 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
womens multivitamin + collagen oral tablet chewable	1	
womens multivitamin gummies oral tablet chewable	1	
YUM-VS COMPLETE MULTIVITAMIN ORAL TABLET CHEWABLE (*multiple vitamins-minerals*)	3	
ZALVIT ORAL TABLET 13-1 MG	3	
ZELDANA ORAL CAPSULE (*multiple vitamin*)	3	
ZIPHEX ORAL TABLET 13-1 MG	3	
VITAMIN A		
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
ALTRIXA OB ORAL TABLET 15-0.4-0.6 MG	3	
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML (*vitamin a*)	2	
beta carotene high potency oral capsule 25000 unit	1	
ft vitamin a oral capsule 3000 mcg	1	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	1	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
TRUE VITAMIN A ORAL CAPSULE 10000 UNIT, 8000 UNIT	3	
VITAMIN B COMPLEX		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG (*cyanocobalamin-methylcobalamin*)	3	
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
ACTIVITE ORAL TABLET 1 MG	3	
AIRAVITE ORAL TABLET 2.5-25-1 MG (*folic acid-vit b6-vit b12*)	3	
ALIVE PREMIUM PRENATAL ORAL CAPSULE 13.5-0.2-100 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
ALTRIXA OB ORAL TABLET 15-0.4-0.6 MG	3	
ATABEX OB ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*)	3	
AZESCO ORAL TABLET 13-1 MG	3	
b complex-b12 oral tablet	1	
b-100 b-complex oral tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
b-12 oral tablet 1000 mcg, 500 mcg	1	
b-12 oral tablet extended release 1000 mcg	1	
b-12 slow release oral tablet extended release 1000 mcg	1	
b-50 complex oral capsule	3	
b-complex/b-12 oral tablet	1	
BENTIVITE ORAL TABLET 35-1 MG (*ferrous sulfate-folic acid*)	3	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
BIOPETIT ORAL ELIXIR	3	
biotin oral tablet 1000 mcg	1	
biotin super potency oral capsule 5000 mcg	1	
bp vit 3 oral capsule 1 mg	1	
b-plex oral tablet	1	
CALCIFOL ORAL WAFER 1342-1.6 MG (*ca carb-fa-d-b6-b12-boron-mg*)	3	
CENFOL ORAL TABLET 2.3-24.5-2 MG (*folic acid-vit b6-vit b12*)	3	
CENTRATEX ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	3	
CEREFOLIN BRAIN WELLNESS ORAL TABLET 6-2-600 MG (*methylfol-methylcob-acetylcyst*)	3	
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG (*methylfol-algae-b12-acetylcyst*)	3	
CEREFOLIN ORAL TABLET 6-1-50-5 MG (*l-methylfolate-b12-b6-b2*)	3	
CHOLECAL DF ORAL TABLET 1-3800 MG-UNIT	3	
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT (*folic acid-cholecalciferol*)	3	
COBALEFOL ORAL CAPSULE 1 MG	3	
corvita 150 oral tablet 150-1.25 mg	1	
CORVITA ORAL TABLET (*multiple vitamins-minerals*)	3	
CORVITE 150 ORAL TABLET 150-1.25 MG (*iron-folic acid-c-b6-b12-zinc*)	3	
cvs b12 oral tablet chewable 5000 mcg	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal solution 500 mcg/0.1ml	1	
cyanocobalamin sublingual liquid 5000 mcg/ml	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DERMACINRX DOTREMIN ORAL TABLET 1-10000 MG-UNIT (*folic acid-cholecalciferol*)	3	
DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG (*folic acid-cholecalciferol*)	3	
DERMACINRX MULTITAM ORAL TABLET (*multiple vitamins-minerals*)	3	
DERMACINRX PRETRATE ORAL TABLET 1 MG (*prenatal multivit-min-fe-fa*)	3	
DEXIFOL ORAL TABLET 5 MG (*b complex-c-folic acid*)	3	
DIALYVITE 3000 ORAL TABLET 3 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE 5000 ORAL TABLET 5 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE ORAL TABLET (*b complex-c-folic acid*)	3	
DIALYVITE SUPREME D ORAL TABLET (*multiple vitamins-minerals*)	3	
DIALYVITE/ZINC ORAL TABLET (*b complex-c-zn-folic acid*)	3	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	PV	
ELFOLATE PLUS ORAL TABLET 3-35-2 MG (*l-methylfolate-b6-b12*)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	3	
EMBRIVA ORAL TABLET 13-1 MG (*prenatal vit-fe gluconate-fa*)	3	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	3	
FEONYX ORAL TABLET	3	
FERIVA 21/7 (WITH DOCUSATE) ORAL TABLET 75-1 MG (*feasp-b12-fa-c-dss-succac-zn*)	3	
ferotrinsic oral capsule	PV	
FERRALET 90 ORAL TABLET 90-1 MG (*fe cbn-fe gluc-fa-b12-c-dss*)	3	
FERRO-PLEX ORAL TABLET 115-1 MG (*fe fum-fa-c-e-b12-intrins fact*)	3	
FOLA-B COMPLEX ORAL TABLET 1-10-0.4 MG	3	
FOLAMED DHA ORAL CAPSULE	3	
FOLATEXCEL ORAL TABLET 20-1 MG	3	
FOLBIC RF ORAL TABLET 1.13-25-2 MG (*l-methylfolate-b6-b12*)	3	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOLDITAM ORAL TABLET 1-10000 MG-UNIT (*folic acid-cholecalciferol*)	3	
FOLETRA ORAL CAPSULE 1 MG	3	
FOLGARD OS ORAL TABLET 500-1.1 MG (*multiple vit-min-calcium-fa*)	3	
FOLGARD RX ORAL TABLET 2.2-25-1 MG (*folic acid-vit b6-vit b12*)	3	
folic acid injection solution 5 mg/ml	1	
folic acid oral capsule 5 mg	1	
FOLIC ACID ORAL LIQUID 200 MCG/ML	3	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	PV	
FOLIC D3 ORAL CAPSULE 1-3775 MG-UNIT	3	
FOLI-D ORAL TABLET 1-2000 MG-UNIT (*folic acid-cholecalciferol*)	3	
FOLITE ORAL TABLET	3	
FOLIVANE-F ORAL CAPSULE 125-1 MG (*fe fum-fepoly-fa-vit c-vit b3*)	3	
FOLIVANE-PLUS ORAL CAPSULE (*fefum-fepoly-fa-b cmp-c-biot*)	3	
FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT (*folic acid-cholecalciferol*)	3	
FOLIXATE ORAL TABLET 1-125 MG-MCG (*folic acid-cholecalciferol*)	3	
folplex 2.2 oral tablet 2.2-25-0.5 mg	1	
FOLTANX ORAL TABLET 3-35-2 MG (*l-methylfolate-b6-b12*)	3	
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG (*l-methylfolate-algae-b12-b6*)	3	
FOLTREXYL ORAL TABLET 1-5000 MG-UNIT (*folic acid-cholecalciferol*)	3	
foltrin oral capsule	PV	
FOLTX ORAL TABLET 1.13-25-2 MG (*l-methylfolate-b6-b12*)	3	
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT (*folic acid-cholecalciferol*)	3	
ft b-100 complex pr oral tablet extended release	1	
ft b-complex plus vitamin c oral tablet	1	
ft biotin oral capsule 5 mg	1	
ft biotin oral tablet 10 mg	1	
ft folic acid oral tablet 400 mcg, 800 mcg	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft niacin flush free oral capsule 400-100 mg	1	
ft prenatal oral tablet 28-0.8 mg	1	
ft vitamin b-1 oral tablet 100 mg	1	
ft vitamin b-12 extra strength oral tablet chewable 1500 mcg	3	
ft vitamin b-12 oral tablet 500 mcg	1	
ft vitamin b-12 pr oral tablet extended release 1000 mcg	1	
ft vitamin b-12 sublingual tablet sublingual 2500 mcg, 5000 mcg	1	
ft vitamin b-6 oral tablet 100 mg	1	
FUSION PLUS ORAL CAPSULE (*iron-fa-b cmp-c-biot-probiotic*)	3	
hematinic plus vit/minerals oral tablet 106-1 mg	1	
hematinic/folic acid oral tablet 324-1 mg	1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (*fe fum-vit c-vit b12-fa*)	3	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	3	
HYLAVITE ORAL TABLET	3	
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG (*iron-vit c-vit b12-folic acid*)	3	
INTEGRA F ORAL CAPSULE 125-1 MG (*fe fum-fepoly-fa-vit c-vit b3*)	3	
INTEGRA PLUS ORAL CAPSULE (*fefum-fepoly-fa-b cmp-c-biot*)	3	
IRON FOLATE PLUS ORAL CAPSULE	3	
IROSPAN 24/6 ORAL (*fe-succ ac-b cmplx-c-ca-fa*)	3	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (*levoleucovorin*)	PV	DSL = 30 days
k-tan plus oral capsule 162-115.2-1 mg	1	
leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml	PV	
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	PV	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	PV	
levoleucovorin calcium intravenous solution reconstituted 50 mg	PV	
levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml	PV	
l-methylfolate-algae-b12-b6 oral capsule 3-90.314-2-35 mg	1	
l-methyl-mc oral tablet 6-1-50-5 mg	1	
MATERNACEL ORAL TABLET 20-1 MG (*prenatal vit w/ fe bisg-fa*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MATERVIA ORAL CAPSULE 0.5 MG	3	
METAFOLBIC ORAL TABLET 6-1-50-5 MG (*l-methylfolate-b12-b6-b2*)	3	
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG (*methylfol-methylcob-acetylcyst*)	3	
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG (*methylfol-algae-b12-acetylcyst*)	3	
METANX FC ORAL CAPSULE 3-35-2 MG (*l-methylfolate-b6-b12*)	3	
METANX ORAL CAPSULE 3-90.314-2-35 MG (*l-methylfolate-algae-b12-b6*)	3	
METANXPRO NERVE HEALTH ORAL CAPSULE 3-2-35-500 MG (*l-methylfol-b12-b6-acetylcar*)	3	
methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg	1	
MI-VITE RX ORAL TABLET 1 MG	3	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (*fe asp gly-succ-c-thre-b12-fa*)	PV	
MULTIGEN ORAL TABLET 70 MG (*fe-succ-c-thre-b12-des stomach*)	PV	
MULTIGEN PLUS ORAL TABLET (*feasp-fefum -suc-c-thre-b12-fa*)	3	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
MYNEPHRON ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	3	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEOMATERNA ORAL TABLET 20-1 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	3	
NEO-VITAL RX ORAL TABLET 1 MG	3	
NEPHPLEX RX ORAL TABLET (*b complex-c-zn-folic acid*)	3	
NEPHRO-VITE ORAL TABLET 0.8 MG (*b complex-c-folic acid*)	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	3	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG	3	
niacin (antihyperlipidemic) oral tablet 500 mg	1	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	
niacin flush free oral capsule 400-100 mg	1	
niacor oral tablet 500 mg	1	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (*niacinamide-zn-cu-methfo-se-cr*)	3	
nicotinamide oral tablet 750-27-2-0.5 mg	1	
NUFOL ORAL TABLET 2.5-25-1 MG (*folic acid-vit b6-vit b12*)	3	
NUTRIVIT ORAL LIQUID (*b complex-lysine-min-fe-fa*)	3	
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG (*prenatal vit-iron carbonyl-fa*)	3	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (*prenatal-fe cbn-fa-dha w/o a*)	3	
OCUVEL ORAL CAPSULE (*multiple vitamins-minerals*)	3	
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
ONEVITE ORAL TABLET	3	
ORTHO DF ORAL CAPSULE 1-3775 MG-UNIT	3	
OSTACHOL ORAL TABLET 1-3800 MG-UNIT	3	
OVEEZA ORAL CAPSULE 0.5 MG (*fa-b12-ala-co q10-omega 3*)	3	
P2I PRENATAL WITH CHOLINE ORAL CAPSULE 0.333 MG (*prenatal multivit-min-fe-fa*)	3	
pantothenic acid oral capsule 250 mg	3	
PAXLYTE ORAL CAPSULE (*b complex-folic acid*)	3	
PHYSICIANS EZ USE B-12 INJECTION KIT 1000 MCG/ML	3	
pnv 27-ca/fe/fa oral tablet 60-1 mg	1	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
PNV TABS 20-1 ORAL TABLET 20-1 MG	3	
PODIAPN ORAL CAPSULE (*l-methylfolate-b6-b12*)	3	
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	1	
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	1	
PREGEN DHA ORAL CAPSULE 28-1-35 MG	3	
PREGENNA ORAL TABLET 20-1 MG	3	
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
prenatal fa + dha + choline oral tablet chewable 0.18-35 mg	3	
prenatal oral tablet 27-0.8 mg, 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
prenatal vitamins oral tablet 27-0.8 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATOL-M ORAL TABLET 27-1.2 MG (*prenatal vit-fe fumarate-fa*)	3	
PRENATRIX ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
PRENATRYL ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
purevit dualfe plus oral capsule 162-115.2-1 mg	1	
pyridoxine hcl solution 100 mg/ml injection	1	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	3	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (*multi vit-min-fluoride-fe-fa*)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
REMEDIENT ORAL CAPSULE (*multiple vitamins-minerals*)	3	
RENAL ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
RENATABS ORAL TABLET 1 MG (*b complex-c-biotin-e-fa*)	3	
RENATABS WITH IRON ORAL 1 & 100 MG (*b complex-c-biotin-e-fa-fe cbn*)	3	
rena-vite oral tablet	1	
RESTORA RX ORAL CAPSULE 60-1.25 MG (*lactobacillus casei-folic acid*)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	3	
se-tan plus oral capsule 162-115.2-1 mg	1	
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG (*niacin*)	2	
STROVITE FORTE ORAL SYRUP (*multiple vitamins-minerals*)	3	
SUPERVITE ORAL LIQUID (*b complex-lysine-zn-fa*)	3	
TALIVA ORAL CAPSULE 1 MG (*fa-b6-b12-omega 3-phytosterols*)	3	
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG (*fefum-fepo-fa-b cmp-c-zn-mn-cu*)	3	
TARON FORTE ORAL CAPSULE	3	
TERAVAX ORAL CAPSULE 0.4 MG	3	
thiamine hcl injection solution 100 mg/ml, 200 mg/2ml	1	
TM-VITE RX ORAL TABLET 1 MG	3	
TRICON ORAL CAPSULE (*fe fumarate-b12-vit c-fa-ifc*)	PV	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	3	
triphrocaps oral capsule 1 mg	1	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRONVITE ORAL TABLET 1 MG	3	
TRUE FOLIC ACID ORAL TABLET 1 MG	3	
TRUE FOLIC ACID ORAL TABLET 400 MCG	PV	
TRUE VITAMIN B1 ORAL TABLET 100 MG	3	
TRUE VITAMIN B12 ORAL TABLET 1000 MCG, 500 MCG	3	
TRUE VITAMIN B2 ORAL TABLET 100 MG, 25 MG, 50 MG	3	
TRUE VITAMIN B3 ORAL TABLET 250 MG, 50 MG	3	
TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG	3	
TRUE VITAMIN D3 ORAL TABLET 50 MCG	3	
TULIVITE ORAL TABLET 35-1 MG	3	
tydemy oral tablet 3-0.03-0.451 mg	PV	
UDAMIN SP ORAL TABLET (*multiple vitamins-minerals*)	3	
VENTRIXYL ORAL TABLET (*multiple vitamins-minerals*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
VITAJOY B-12 EXTRA STR GUMMIES ORAL TABLET CHEWABLE 1500 MCG (*cyanocobalamin*)	3	
VITALARA ORAL TABLET 20-1 MG	3	
VITAL-D RX ORAL TABLET 1 MG (*b complex-c-biotin-d-zinc-fa*)	3	
VITAMEZ ORAL CAPSULE 1 MG (*fa-b6-b12-omega 3-phytosterols*)	3	
vitamin b-complex 100 injection solution	1	
VITAMIN DEFICIENCY SYSTEM-B12 INJECTION KIT 1000 MCG/ML	3	
VITA-PAC ORAL CAPSULE 0.9 MG	3	
VITASURE ORAL TABLET 1 MG	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
wescaps oral capsule 1 mg	1	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTAB PLUS ORAL TABLET 27-1 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
ZALVIT ORAL TABLET 13-1 MG	3	
ZIPHEX ORAL TABLET 13-1 MG	3	
VITAMIN C		
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
ACTIVITE ORAL TABLET 1 MG	3	
ALTRIXA OB ORAL TABLET 15-0.4-0.6 MG	3	
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML (*ascorbic acid*)	3	
ASCORBIC ACID INJECTION SOLUTION 500 MG/ML	1	
ascorbic acid oral liquid 500 mg/5ml	1	
b-plex oral tablet	1	
c 500/rose hips oral tablet 500 mg	1	
CENTRATEX ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	3	
COBALEFOL ORAL CAPSULE 1 MG	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
corvita 150 oral tablet 150-1.25 mg	1	
CORVITE 150 ORAL TABLET 150-1.25 MG (*iron-folic acid-c-b6-b12-zinc*)	3	
DEXIFOL ORAL TABLET 5 MG (*b complex-c-folic acid*)	3	
DIALYVITE 3000 ORAL TABLET 3 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE 5000 ORAL TABLET 5 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE ORAL TABLET (*b complex-c-folic acid*)	3	
DIALYVITE/ZINC ORAL TABLET (*b complex-c-zn-folic acid*)	3	
EASY-C IMMUNE HEALTH ORAL TABLET 500 MG (*ascorbic acid*)	3	
FEONYX ORAL TABLET	3	
FERIVA 21/7 (WITH DOCUSATE) ORAL TABLET 75-1 MG (*feasp-b12-fa-c-dss-succac-zn*)	3	
ferotrinsic oral capsule	PV	
FERRALET 90 ORAL TABLET 90-1 MG (*fe cbn-fe gluc-fa-b12-c-dss*)	3	
FERRO-PLEX ORAL TABLET 115-1 MG (*fe fum-fa-c-e-b12-intrins fact*)	3	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (*pediatric multivit-minerals*)	3	
FOLETRA ORAL CAPSULE 1 MG	3	
FOLIVANE-F ORAL CAPSULE 125-1 MG (*fe fum-fepoly-fa-vit c-vit b3*)	3	
FOLIVANE-PLUS ORAL CAPSULE (*fefum-fepoly-fa-b cmp-c-biot*)	3	
foltrin oral capsule	PV	
ft b-complex plus vitamin c oral tablet	1	
ft childrens multi oral tablet chewable	1	
ft vitamin c oral tablet 1000 mg	1	
ft vitamin c oral tablet chewable 500 mg	1	
ft vitamin c/rose hips oral tablet 1000 mg, 500 mg	1	
FUSION PLUS ORAL CAPSULE (*iron-fa-b cmp-c-biot-probiotic*)	3	
growing bones & muscles kids oral tablet chewable	1	
hematinic plus vit/minerals oral tablet 106-1 mg	1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (*fe fum-vit c-vit b12-fa*)	3	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (*fe fum-fa-b cmp-c-zn-mg-mn-cu*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYLAVITE ORAL TABLET	3	
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG (*iron-vit c-vit b12-folic acid*)	3	
INTEGRA F ORAL CAPSULE 125-1 MG (*fe fum-fepoly-fa-vit c-vit b3*)	3	
INTEGRA PLUS ORAL CAPSULE (*fefum-fepoly-fa-b cmp-c-biot*)	3	
IRON FOLATE PLUS ORAL CAPSULE	3	
IROSPAN 24/6 ORAL (*fe-succ ac-b cmplx-c-ca-fa*)	3	
k-tan plus oral capsule 162-115.2-1 mg	1	
MI-VITE RX ORAL TABLET 1 MG	3	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (*peg-kcl-nacl-nasulf-na asc-c*)	PV	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (*fe asp gly-succ-c-thre-b12-fa*)	PV	
MULTIGEN PLUS ORAL TABLET (*feasp-fefum -suc-c-thre-b12-fa*)	3	
MYNEPHRON ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
NEPHPLEX RX ORAL TABLET (*b complex-c-zn-folic acid*)	3	
NEPHRO-VITE ORAL TABLET 0.8 MG (*b complex-c-folic acid*)	3	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	PV	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	PV	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*)	PV	
purevit dualfe plus oral capsule 162-115.2-1 mg	1	
RENAL ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
RENATABS ORAL TABLET 1 MG (*b complex-c-biotin-e-fa*)	3	
RENATABS WITH IRON ORAL 1 & 100 MG (*b complex-c-biotin-e-fa-fe cbn*)	3	
rena-vite oral tablet	1	
se-tan plus oral capsule 162-115.2-1 mg	1	
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG (*fefum-fepo-fa-b cmp-c-zn-mn-cu*)	3	
TARON FORTE ORAL CAPSULE	3	
TERAVAX ORAL CAPSULE 0.4 MG	3	
TM-VITE RX ORAL TABLET 1 MG	3	
TRICON ORAL CAPSULE (*fe fumarate-b12-vit c-fa-ifc*)	PV	
triphrocaps oral capsule 1 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	1	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
TRONVITE ORAL TABLET 1 MG	3	
TRUE VITAMIN C ORAL TABLET 1000 MG, 250 MG, 500 MG	3	
VITAL-D RX ORAL TABLET 1 MG (*b complex-c-biotin-d-zinc-fa*)	3	
VITASURE ORAL TABLET 1 MG	3	
WELL VITAMIN C ORAL TABLET 1000 MG, 500 MG	3	
wescaps oral capsule 1 mg	1	
VITAMIN D		
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
ALTRIXA OB ORAL TABLET 15-0.4-0.6 MG	3	
calcidol oral solution 200 mcg/ml	PV	
CALCIFOL ORAL WAFER 1342-1.6 MG (*ca carb-fa-d-b6-b12-boron-mg*)	3	
calcitriol intravenous solution 1 mcg/ml	PV	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	PV	
calcitriol oral solution 1 mcg/ml	PV	
CALTRATE GUMMY BITES ORAL TABLET CHEWABLE 250-10 MG-MCG (*ca phosphate-cholecalciferol*)	3	
CHOLECAL DF ORAL TABLET 1-3800 MG-UNIT	3	
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT (*folic acid-cholecalciferol*)	3	
d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut)	3	
d3 max st oral capsule 250 mcg (10000 ut)	3	
DECARA ORAL CAPSULE 1.25 MG (50000 UT), 625 MCG (25000 UT) (*cholecalciferol*)	3	
DERMACINRX DOTREMIN ORAL TABLET 1-10000 MG-UNIT (*folic acid-cholecalciferol*)	3	
DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG (*folic acid-cholecalciferol*)	3	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (*ergocalciferol*)	PV	
d-vite pediatric oral liquid 10 mcg/ml	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ergocalciferol oral capsule 1.25 mg (50000 ut)	PV	
ergocalciferol oral solution 200 mcg/ml	PV	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*)	3	
FOLDITAM ORAL TABLET 1-10000 MG-UNIT (*folic acid-cholecalciferol*)	3	
FOLIC D3 ORAL CAPSULE 1-3775 MG-UNIT	3	
FOLI-D ORAL TABLET 1-2000 MG-UNIT (*folic acid-cholecalciferol*)	3	
FOLITE ORAL TABLET	3	
FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT (*folic acid-cholecalciferol*)	3	
FOLIXATE ORAL TABLET 1-125 MG-MCG (*folic acid-cholecalciferol*)	3	
FOLTREXYL ORAL TABLET 1-5000 MG-UNIT (*folic acid-cholecalciferol*)	3	
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT (*folic acid-cholecalciferol*)	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*)	3	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (*genistein-zn chelate-vit d*)	3	
ft calcium + vitamin d3 oral tablet 500-5 mg-mcg	1	
ft calcium citrate +vitamin d3 oral tablet 315-6.25 mg-mcg	1	
ft calcium citrate/vit d3 oral tablet 315-6.25 mg-mcg	1	
ft calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg	1	
ft vitamin d3 oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg	1	
ft vitamin d3 rapid release oral capsule 125 mcg (5000 ut), 250 mcg (10000 ut)	3	
ONEVITE CALCIUM+D3 ORAL TABLET 500-5 MG-MCG, 600-200 MG-UNIT (*calcium carb-cholecalciferol*)	3	
ORTHO DF ORAL CAPSULE 1-3775 MG-UNIT	3	
OSTACHOL ORAL TABLET 1-3800 MG-UNIT	3	
oyster shell calcium w/d oral tablet 500-5 mg-mcg	1	
oyster shell calcium/d oral tablet 250-6.25 mg-mcg	1	
oyster shell calcium/vit d oral tablet 500-5 mg-mcg	1	
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg	1	
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg	1	
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (*calcifediol*)	PV	DSL = 30 days
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (*calcitriol*)	PV	
ROCALTROL ORAL SOLUTION 1 MCG/ML (*calcitriol*)	PV	
SURE RESULT O3D3 SYSTEM ORAL KIT 1 & 1000 GM & UNIT	3	
sv vitamin d3 oral capsule 25 mcg	3	
sv vitamin d3 oral capsule 50 mcg (2000 ut)	1	
sv vitamin d3 oral tablet chewable 25 mcg	1	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	1	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT), 125 MCG (5000 UT), 25 MCG (1000 UT), 250 MCG (10000 UT)	3	
TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 50 MCG (2000 UT)	3	
TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 125 MCG (5000 UT), 25 MCG (1000 UT), 50 MCG	3	
ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg	1	
vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)	1	
VITAL-D RX ORAL TABLET 1 MG (*b complex-c-biotin-d-zinc-fa*)	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	PV	
weekly-d oral capsule 1.25 mg (50000 ut)	3	
WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT)	3	
WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT)	3	
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML (*paricalcitol*)	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (*paricalcitol*)	3	
VITAMIN E		
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
ALTRIXA OB ORAL TABLET 15-0.4-0.6 MG	3	
COBALEFOL ORAL CAPSULE 1 MG	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIALYVITE 3000 ORAL TABLET 3 MG (*b complex-c-biotin-e-min-fa*)	3	
DIALYVITE 5000 ORAL TABLET 5 MG (*b complex-c-biotin-e-min-fa*)	3	
FERRO-PLEX ORAL TABLET 115-1 MG (*fe fum-fa-c-e-b12-intrins fact*)	3	
FOLETRA ORAL CAPSULE 1 MG	3	
ft vitamin e oral capsule 180 mg	1	
RENATABS ORAL TABLET 1 MG (*b complex-c-biotin-e-fa*)	3	
RENATABS WITH IRON ORAL 1 & 100 MG (*b complex-c-biotin-e-fa-fe cbn*)	3	
TERAVAX ORAL CAPSULE 0.4 MG	3	
TRUE VITAMIN E ORAL CAPSULE 180 MG, 450 MG, 90 MG	3	
wheat germ oil oral oil	1	
VITAMIN K ACTIVITY		
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	1	
phytonadione oral tablet 5 mg	PV	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	1	

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