2025 California

Exclusive Provider Organization (EPO) / Deductible EPO (DEPO) Commercial (Self-Funded Plans) Formulary

(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER WHEN YOU PARTICIPATE IN A KAISER PERMANENTE EXCLUSIVE PROVIDER ORGANIZATION (EPO) OR DEDUCTIBLE EPO (DEPO) SELF-FUNDED PLAN.

This prescription drug formulary was updated on 10/31/2025 and is effective as of November 1st, 2025. This formulary document is subject to change and may vary depending on your health plan. It does not provide information regarding specific coverage, including specific exclusions, copays, or coinsurances. That information can be found by referring to your *Summary Plan Description* or other Plan documents. For more recent information about which drug formulary applies to your plan, visit **kp.org/formulary** or for questions about your prescription benefits contact the Customer Service number on your ID card.

What is the Kaiser Permanente California EPO/DEPO Commercial Self-Funded Formulary?
The California EPO/DEPO Commercial Self-Funded Formulary is a list of covered drugs chosen by a group of Kaiser Permanente doctors and pharmacists known as the Pharmacy and Therapeutics Committee. The Committee meets regularly to evaluate and select drugs that are safe and effective for our members. This Formulary meets the requirements outlined under state law, regulations, and guidance for commercial plans.

What drugs are covered?
The Kaiser Permanente formulary includes medically necessary brand, generic, and specialty drugs listed on the California Commercial Formulary, providing the prescription is filled at a Kaiser Permanente, or an affiliated pharmacy, and other plan rules are followed.

If you are prescribed a drug on the California Commercial Formulary, that drug will be provided under the terms of your drug benefit.

Getting an exception to the formulary
Drugs not listed on the formulary are called non-formulary drugs. When a Kaiser Permanente doctor determines that a non-formulary drug is medically appropriate and necessary, that drug will be provided under the terms of your prescription drug benefits. If your prescription benefits are not through Kaiser Permanente, you will be charged the full retail price for the drug.

You may consult with your doctor if an exception to the formulary is needed. You and your doctor are best able to determine your medication needs.

If you wish to have a non-formulary drug that your doctor determines not to be medically necessary, you may file an appeal with Customer Service. Please reach out using the number found on the back of your I.D. card.

Are there any restrictions on the drugs covered on the Formulary?

Some covered drugs may have additional requirements or limits on coverage, such as Quantity Limits. For certain drugs, Kaiser Permanente may limit the amount of the drug dispensed to a certain days' supply. For example, drugs with significant potential for diversion or waste.

What is a brand-name drug?

Brand-name drugs are usually manufactured and sold by the drug company that originally researched and developed the drug. When the patent on a brand-name drug expires, other drug companies may manufacture and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices.

What is a generic drug?

A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

What is a specialty drug?

Specialty drugs are very high-cost drugs approved by the FDA that are on our formulary used to treat complex chronic conditions such as rheumatoid arthritis, multiple sclerosis, or cancer.

What drugs are eligible to be mailed from the mail order pharmacy?

Most drugs can be mailed from our mail order pharmacy. Some drugs (for example, drugs that are extremely high cost or require special handling) may not be eligible for mailing. Drugs cannot be mailed outside the United States.

You can order refills through our mail-order service online at **kp.org/refill** or by phone or mobile app. There is no extra charge for mail order. The appropriate cost share (according to your prescription drug benefit) will apply.

Your prescription drug benefit may have a lower cost share if you use the mail order pharmacy.

Please refer to your *Summary Plan Description or other Plan documents* for complete details of your prescription drug benefit.

Kaiser Permanente California Commercial Formulary
Kaiser Permanente may add or remove drugs from the California Commercial Formulary during the year. These changes to the Formulary are based on new information or new drugs that become available.

NOTE: This formulary is updated often and is subject to change. Upon revision, all previous versions are no longer in effect.

How do I use the formulary?
There are two ways to find your drug within the formulary:

Medical condition
The formulary begins on page 5. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Drugs". If you know what your drug is used for, look for the category name in the list that begins on page 5. Then look under the category name for your drug.

Alphabetical listing
If you are not sure what category to look under, you should look for your drug in the index that begins on page 108. The index provides an alphabetical list of all the drugs included in this document. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g. CAYSTON) and generic drugs are listed in lower-case italics (e.g. *amoxicillin*).

All dosage **forms** and **strengths** for a particular drug listed **may not be on the Formulary**. Some drugs have multiple dosage forms. In such cases, some dosages may be on the Formulary and others not. **Note:** Some of these drugs may be available only in a clinic setting and your applicable cost share may apply.

The second column, "Drug Tier," will indicate what tier number the drug is in. Drugs on the California EPO/DEPO Commercial Self-Funded Formulary are categorized:

Tier 1 – Preferred Generics

Tier 2 – Preferred Brands

Tier 3 – Non-Preferred (Generics and Brands) ** not listed **

Tier 4 – Specialty

Note: Your plan may not include benefits for each tier designated. Also, some drugs are required to be provided at no cost to members. Refer to your *Summary Plan Description or other Plan documents* for information on specific drug coverage for your plan.

The third column of the chart will indicate any requirements or limits for that drug:

QL = Quantity Limits -For certain drugs, we may limit the amount of drug that you can receive. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed.

LD = Limited-distribution drugs can only be obtained at certain specialty pharmacies. To locate a specialty pharmacy, contact Customer Service.

MB = A medical benefit drug. These drugs are not generally self-administered and instead are administered in a medical office building by a healthcare professional.

OC = Orally-administered chemotherapy (anti-cancer) drugs

PV = Preventative health drugs

DSL = Day Supply Limit

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 bąąh yáhoot'éél doo tł'oh yáti'ígíí éí nihá bąąh yáhoot'éélígíí t'áá íiyisí bee ná'álkidgo nihá dah naashá.Ákót'éego baa áháyú. T'áá íiyisí nídlíį' naaltsoos bee náníłti'ígíí bíkáá' nihá níhodoolwoł, dóó 1-866-213-3062 bee hólne' éí bitoodnáád-deest'įį'. Díkwíí hólǫ 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 សូមទូរសព្ទទៅនាយកដ្ឋានជានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ូលេខ 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

Table of Contents

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	
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*)	4	
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	4	
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	1	
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	4	
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	
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	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (*hyoscyamine sulfate*)	1	
LEVSIN ORAL TABLET 0.125 MG (*hyoscyamine sulfate*)	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	4	
penicillamine oral tablet 250 mg	4	
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	
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	
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*)	4	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sodium polystyrene sulfonate oral powder	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	2	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (*glucarpidase*)	PV	DSL = 30 days
CHEMOTHERAPY ANTIDOTES/PROTECTANTS		
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML (*sugammadex sodium*)	2	
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	
FLUOROPYRIMIDINE ANTIDOTE		
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	4	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	
allergy relief oral capsule 25 mg	1	
allergy relief oral tablet 25 mg	1	
banophen oral tablet 25 mg	1	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg, 6 mg	1	
clemastine fumarate oral syrup 0.67 mg/5ml	1	
clemastine fumarate oral tablet 2.68 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
m-dryl oral liquid 12.5 mg/5ml	1	
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	
banophen oral tablet 25 mg	1	
BONINE ORAL TABLET CHEWABLE 25 MG (*meclizine hcl*)	PV	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg, 6 mg	1	
chlorpheniramine maleate er oral tablet extended release 12 mg	1	
clemastine fumarate oral syrup 0.67 mg/5ml	1	
clemastine fumarate oral tablet 2.68 mg	1	
cold & allergy d max strength oral tablet 2.5-60 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cold & cough childrens oral liquid 1-5-2.5 mg/5ml	1	
cvs motion sickness oral tablet 50 mg	PV	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
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 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	
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	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
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	
motion sickness relief oral tablet 50 mg	PV	
motion sickness relief oral tablet chewable 25 mg	PV	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
bepotastine besilate ophthalmic solution 1.5 %	1	
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	
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	
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	

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	
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	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	
phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml	1	
wal-tap cold/allergy oral elixir 1-15 mg/5ml	1	
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	
all day allergy d oral tablet extended release 12 hour 5-120 mg	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefaclor er oral tablet extended release 12 hour 500 mg	1	
cefaclor oral capsule 250 mg, 500 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cefaclor oral suspension reconstituted 250 mg/5ml	1	
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	
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	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
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
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	
terbinafine hcl oral tablet 250 mg	1	
AMEBICIDES - Drugs for the Mouth and Throat		
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
hydrocortisone-iodoquinol external cream 1-1 %	1	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
periogard mouth/throat solution 0.12 %	1	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
amikacin sulfate injection solution 500 mg/2ml	1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (*amikacin sulfate liposome*)	4	DSL = 30 days
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	4	
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*)	4	
neomycin sulfate oral tablet 500 mg	1	
streptomycin sulfate intramuscular solution reconstituted 1 gm	1	
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	4	
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	4	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	2	
tobramycin inhalation nebulization solution 300 mg/4ml	4	
tobramycin nebulization solution 300 mg/5ml inhalation	1	
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	
tobramycin ophthalmic solution 0.3 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (*tobramycin*)	2	
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML (*plazomicin sulfate*)	4	
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL TABLET 150 MG (*omadacycline tosylate*)	4	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (*sarecycline hcl*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
ANTHELMINTICS - Drugs for Parasites		
albendazole oral tablet 200 mg	1	DSL = 30 days
ivermectin oral tablet 3 mg, 6 mg	1	
praziquantel oral tablet 600 mg	1	
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
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	
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	
ANTILEPROSY AGENTS - Antibiotics		
dapsone external gel 5 %	1	
dapsone oral tablet 100 mg, 25 mg	1	
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA ORAL TABLET 100 MG (*tafenoquine succinate*)	PV	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	PV	
chloroquine phosphate oral tablet 250 mg, 500 mg	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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*)	4	
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 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	
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	
SOVUNA ORAL TABLET 200 MG, 300 MG (*hydroxychloroquine sulfate*)	PV	
tetracycline hcl oral capsule 250 mg, 500 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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		
atovaquone oral suspension 750 mg/5ml	PV	
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 oral tablet 100 mg, 25 mg	1	
IMPAVIDO ORAL CAPSULE 50 MG (*miltefosine*)	4	DSL = 30 days
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	
pentamidine isethionate inhalation solution reconstituted 300 mg	PV	
pentamidine isethionate injection solution reconstituted 300 mg	PV	
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	
ANTITUBERCULOSIS AGENTS - Antibiotics		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (*ciprofloxacin*)	2	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
PRETOMANID ORAL TABLET 200 MG	4	
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	2	
pyrazinamide oral tablet 500 mg	1	
rifabutin oral capsule 150 mg	4	
rifampin oral capsule 150 mg, 300 mg	1	
SIRTURO ORAL TABLET 100 MG, 20 MG (*bedaquiline fumarate*)	4	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
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA ORAL CAPSULE 74.5 MG (*isavuconazonium sulfate*)	4	DSL = 30 days
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
itraconazole oral capsule 100 mg	1	
itraconazole oral solution 10 mg/ml	1	
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ketoconazole external shampoo 2 %	1	
ketoconazole oral tablet 200 mg	1	
ketodan external foam 2 %	1	
NOXAFIL ORAL PACKET 300 MG (*posaconazole*)	4	DSL = 30 days
posaconazole oral suspension 40 mg/ml	1	DSL = 30 days
posaconazole oral tablet delayed release 100 mg	4	
TOLSURA ORAL CAPSULE 65 MG	4	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*voriconazole*)	PV	
voriconazole oral suspension reconstituted 40 mg/ml	PV	
voriconazole oral tablet 200 mg, 50 mg	PV	
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	
poly bacitracin external ointment 500-10000 unit/gm	1	
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	4	
imipenem-cilastatin intravenous solution reconstituted 250 mg	1	
meropenem intravenous solution reconstituted 500 mg	1	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM (*imipenem-cilastatin-relebactam*)	4	DSL = 30 days
CEPHAMYCIN ANTIBIOTICS - Antibiotics		
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	4	
micafungin sodium intravenous solution reconstituted 100 mg	4	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (*rezafungin acetate*)	4	
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
ery external pad 2 %	1	
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		
VANCOCIN ORAL CAPSULE 125 MG, 250 MG (*vancomycin hcl*)	4	
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	4	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLYCYLCYCLINE ANTIBIOTICS - Antibiotics		
tigecycline intravenous solution reconstituted 50 mg	4	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (*tigecycline*)	4	
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (*sofosbuvir-velpatasvir*)	4	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*)	4	DSL = 30 days
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (*ledipasvir-sofosbuvir*)	4	DSL = 30 days
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	DSL = 30 days
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	
SOVALDI ORAL PACKET 150 MG, 200 MG (*sofosbuvir*)	4	DSL = 30 days
SOVALDI ORAL TABLET 200 MG, 400 MG (*sofosbuvir*)	4	DSL = 30 days
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	4	DSL = 30 days
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	4	DSL = 30 days
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	4	DSL = 30 days
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	4	DSL = 30 days
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	4	DSL = 30 days
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (*sofosbuvir-velpatasvir*)	4	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*)	4	DSL = 30 days
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (*ledipasvir-sofosbuvir*)	4	DSL = 30 days
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	DSL = 30 days
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	4	DSL = 30 days
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	4	DSL = 30 days
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	4	DSL = 30 days
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
maraviroc oral tablet 150 mg, 300 mg	1	
SELZENTRY ORAL TABLET 150 MG, 300 MG (*maraviroc*)	2	
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	
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 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 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	
HIV NONNUCLEOSIDE REV.TRANSCRIP. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	2	
EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*)	2	
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 25 MG (*etravirine*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
CIMDUO ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	2	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	2	
PREZISTA ORAL TABLET 75 MG (*darunavir*)	2	
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*)	4	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	4	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LINCOMYCIN ANTIBIOTICS - Antibiotics		
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (*clindamycin palmitate hcl*)	2	
clindacin etz external swab 1 %	1	
clindacin external foam 1 %	1	
clindacin-p external swab 1 %	1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
clindamycin phos (once-daily) external gel 1 %	1	
clindamycin phos (twice-daily) external gel 1 %	1	
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	
lincomycin hcl injection solution 300 mg/ml	1	
neuac external gel 1.2-5 %	1	
MONOBACTAM ANTIBIOTICS - Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*)	4	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	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	4	DSL = 30 days
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (*palivizumab*)	4	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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*)	4	DSL = 30 days
NITROIMIDAZOLE DERIVATIVES, MISC - Drugs for the Mouth and Throat		
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	
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	4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (*entecavir*)	4	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (*entecavir*)	4	
cidofovir intravenous solution 75 mg/ml	PV	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
entecavir oral tablet 0.5 mg, 1 mg	4	
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	4	
ribavirin oral capsule 200 mg	1	
ribavirin oral tablet 200 mg	1	
SITAVIG BUCCAL TABLET 50 MG (*acyclovir*)	PV	
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
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	
VEMLIDY ORAL TABLET 25 MG (*tenofovir alafenamide fumarate*)	4	DSL = 30 days
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*)	4	DSL = 30 days
fidaxomicin oral tablet 200 mg	1	DSL = 30 days
OTHER MACROLIDES (8:12.12.92) - 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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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*)	4	DSL = 30 days
fidaxomicin oral tablet 200 mg	1	DSL = 30 days
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	4	
linezolid intravenous solution 600 mg/300ml	4	
linezolid oral suspension reconstituted 100 mg/5ml	1	
linezolid oral tablet 600 mg	4	
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML (*linezolid*)	4	
ZYVOX ORAL TABLET 600 MG (*linezolid*)	4	
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	
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	
polymyxin b sulfate injection solution reconstituted 500000 unit	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (*flucytosine*)	4	
flucytosine oral capsule 250 mg, 500 mg	4	
QUINOLONE ANTIBIOTICS - Antibiotics		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (*ciprofloxacin*)	2	
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	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
ofloxacin otic solution 0.3 %	1	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	2	
rifabutin oral capsule 150 mg	4	
rifampin oral capsule 150 mg, 300 mg	1	
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	2	DSL = 30 days
SIDEROPHORE CEPHALOSPORINS - Antibiotics		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (*cefiderocol sulfate tosylate*)	4	DSL = 30 days
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
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		
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*)	4	

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 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	
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	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
fosfomycin tromethamine oral packet 3 gm	1	
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	
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	
uretron d/s oral tablet 81.6 mg	1	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ABECMA INTRAVENOUS SUSPENSION 460000000 CELLS (*idecabtagene vicleucel*)	4	
abiraterone acetate oral tablet 250 mg	4	OC
abirtega oral tablet 250 mg	4	OC

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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*)	4	DSL = 30 days
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (*everolimus*)	4	DSL = 30 days; OC
AFINITOR ORAL TABLET 10 MG (*everolimus*)	4	DSL = 30 days; OC
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (*everolimus*)	4	OC
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (*niraparib-abiraterone acetate*)	4	DSL = 30 days
ALECENSA ORAL CAPSULE 150 MG (*alectinib hcl*)	4	DSL = 30 days; OC
ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*)	2	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (*brigatinib*)	4	DSL = 30 days; OC
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (*brigatinib*)	4	DSL = 30 days; OC
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab-maly*)	4	DSL = 30 days
anastrozole oral tablet 1 mg	PV	OC
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML (*nogapendekin alfa inbakic-pmln*)	4	
ARIMIDEX ORAL TABLET 1 MG (*anastrozole*)	PV	OC
AROMASIN ORAL TABLET 25 MG (*exemestane*)	PV	OC
arsenic trioxide intravenous solution 10 mg/10ml	4	
arsenic trioxide intravenous solution 12 mg/6ml	4	DSL = 30 days
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML (*ofatumumab*)	4	DSL = 30 days
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (*calaspargase pegol-mknl*)	4	DSL = 30 days
AUGTYRO ORAL CAPSULE 40 MG (*repotrectinib*)	4	DSL = 30 days
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab*)	4	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (*avapritinib*)	4	DSL = 30 days
azacitidine injection suspension reconstituted 100 mg	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (*erdafitinib*)	4	DSL = 30 days
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML (*avelumab*)	4	DSL = 30 days
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*belinostat*)	4	DSL = 30 days
BELRAPZO INTRAVENOUS SOLUTION 100 MG/4ML (*bendamustine hcl*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	4	DSL = 30 days
bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg	1	
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML (*bendamustine hcl*)	4	DSL = 30 days
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG (*inotuzumab ozogamicin*)	4	DSL = 30 days
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	4	DSL = 30 days
bexarotene external gel 1 %	1	
bexarotene oral capsule 75 mg	4	OC
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit	1	
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG (*blinatumomab*)	4	DSL = 30 days
bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg	1	
BOSULIF ORAL CAPSULE 100 MG, 50 MG (*bosutinib*)	4	DSL = 30 days
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (*bosutinib*)	4	DSL = 30 days; OC
BRAFTOVI ORAL CAPSULE 75 MG (*encorafenib*)	4	DSL = 30 days
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML (*lisocabtagene maraleucel*)	4	
BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*)	4	DSL = 30 days
busulfan intravenous solution 6 mg/ml	4	
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML (*busulfan*)	4	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (*cabozantinib s-malate*)	4	DSL = 30 days; OC
CALQUENCE ORAL TABLET 100 MG (*acalabrutinib maleate*)	4	DSL = 30 days
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 40 MG/2ML (*irinotecan hcl*)	2	
CAPRELSA ORAL TABLET 100 MG, 300 MG (*vandetanib*)	4	OC
carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	1	
carmustine intravenous solution reconstituted 100 mg	1	
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS (*ciltacabtagene autoleucel*)	4	
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml	1	
cisplatin intravenous solution 50 mg/50ml	1	
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*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG (*cabozantinib s-malate*)	4	DSL = 30 days; OC
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (*duvelisib*)	4	DSL = 30 days
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	4	DSL = 30 days; OC
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	1	DSL = 30 days
CYCLOPHOSPHAMIDE SOLUTION 2 GM/10ML INTRAVENOUS	4	DSL = 30 days
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*ramucirumab*)	4	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	4	
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML (*naxitamab-gqgk*)	4	DSL = 30 days
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML (*daratumumab-hyaluronidase-fihj*)	4	DSL = 30 days
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (*daratumumab*)	4	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
daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml	1	
DAURISMO ORAL TABLET 100 MG, 25 MG (*glasdegib maleate*)	4	
docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml	1	
docetaxel intravenous concentrate 80 mg/4ml	4	
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	4	DSL = 30 days
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML (*docetaxel*)	4	DSL = 30 days
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	
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML (*mirvetuximab soravtansine-gynx*)	4	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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELIGARD SUBCUTANEOUS KIT 7.5 MG (*leuprolide acetate*)	2	
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML, 76 MG/1.9ML (*elranatamab-bcmm*)	4	DSL = 30 days
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML (*tagraxofusp-erzs*)	4	DSL = 30 days
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG (*elotuzumab*)	4	DSL = 30 days
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*fam-trastuzumab deruxtec-nxki*)	2	DSL = 30 days
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML (*cetuximab*)	4	
eribulin mesylate intravenous solution 1 mg/2ml	1	DSL = 30 days
ERIVEDGE ORAL CAPSULE 150 MG (*vismodegib*)	4	DSL = 30 days; OC
ERLEADA ORAL TABLET 240 MG (*apalutamide*)	4	DSL = 30 days
ERLEADA ORAL TABLET 60 MG (*apalutamide*)	4	DSL = 30 days; OC
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	4	DSL = 30 days; OC
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*etoposide phosphate*)	4	
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	1	
EULEXIN ORAL CAPSULE 125 MG (*flutamide*)	4	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*)	4	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*)	4	DSL = 30 days
FEMARA ORAL TABLET 2.5 MG (*letrozole*)	PV	OC
floxuridine injection solution reconstituted 0.5 gm	1	
fludarabine phosphate intravenous solution 50 mg/2ml	1	
fludarabine phosphate intravenous solution reconstituted 50 mg	1	
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	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (*tivozanib hcl*)	4	DSL = 30 days
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (*fruquintinib*)	4	DSL = 30 days
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GAVRETO ORAL CAPSULE 100 MG (*pralsetinib*)	4	DSL = 30 days
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML (*obinutuzumab*)	4	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 2 gm, 200 mg	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (*afatinib dimaleate*)	4	DSL = 30 days; OC
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (*trastuzumab*)	4	DSL = 30 days
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (*trastuzumab-strf*)	4	DSL = 30 days
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (*trastuzumab-pkrb*)	4	DSL = 30 days
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (*topotecan hcl*)	4	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (*topotecan hcl*)	4	DSL = 30 days; OC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (*palbociclib*)	4	DSL = 30 days; OC
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (*palbociclib*)	4	DSL = 30 days
ICLUSIG ORAL TABLET 15 MG, 45 MG (*ponatinib hcl*)	4	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*)	4	DSL = 30 days; OC
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml	1	
ifosfamide intravenous solution reconstituted 1 gm, 3 gm	1	
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (*ibrutinib*)	4	DSL = 30 days; OC
IMBRUVICA ORAL SUSPENSION 70 MG/ML (*ibrutinib*)	4	DSL = 30 days
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (*ibrutinib*)	4	DSL = 30 days; OC
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG (*tarlatamab-dlle*)	4	DSL = 30 days
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML (*durvalumab*)	4	DSL = 30 days
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML (*tremelimumab-actl*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML (*talimogene laherparepvec*)	4	
INLYTA ORAL TABLET 1 MG, 5 MG (*axitinib*)	4	DSL = 30 days; OC
INQOVI ORAL TABLET 35-100 MG (*decitabine-cedazuridine*)	4	DSL = 30 days
INREBIC ORAL CAPSULE 100 MG (*fedratinib hcl*)	4	DSL = 30 days
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml	1	
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (*romidepsin*)	4	
IWILFIN ORAL TABLET 192 MG (*eflornithine hcl*)	PV	DSL = 30 days
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG (*ixabepilone*)	4	DSL = 30 days
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	4	DSL = 30 days; OC
JAYPIRCA ORAL TABLET 100 MG, 50 MG (*pirtobrutinib*)	4	DSL = 30 days
JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG (*mitomycin*)	4	DSL = 30 days
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML (*dostarlimab-gxly*)	4	
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML (*cabazitaxel*)	4	
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG (*ado-trastuzumab emtansine*)	4	DSL = 30 days
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (*trastuzumab-anns*)	4	DSL = 30 days
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML (*pembrolizumab*)	4	DSL = 30 days
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	4	DSL = 30 days; OC
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	4	DSL = 30 days; OC
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	4	DSL = 30 days; OC
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (*selumetinib sulfate*)	4	DSL = 30 days
KRAZATI ORAL TABLET 200 MG (*adagrasib*)	4	DSL = 30 days
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG (*carfilzomib*)	4	DSL = 30 days
lapatinib ditosylate oral tablet 250 mg	4	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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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*)	4	DSL = 30 days; OC
LENVIMA ORAL CAPSULE THERAPY PACK 3 X 4 MG, 4 MG (*lenvatinib mesylate*)	4	DSL = 30 days
letrozole oral tablet 2.5 mg	PV	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*)	4	DSL = 30 days; OC
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML (*toripalimab-tpzi*)	4	DSL = 30 days
LORBRENA ORAL TABLET 100 MG, 25 MG (*lorlatinib*)	4	DSL = 30 days
LUMAKRAS ORAL TABLET 120 MG, 320 MG (*sotorasib*)	4	DSL = 30 days
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML (*mosunetuzumab-axgb*)	4	DSL = 30 days
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (*leuprolide acetate*)	2	
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	
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	4	DSL = 30 days; OC
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	4	DSL = 30 days
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	4	DSL = 30 days
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	4	DSL = 30 days
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML (*margetuximab-cmkb*)	4	DSL = 30 days
MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*)	4	DSL = 30 days; OC
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	4	
megestrol acetate oral suspension 40 mg/ml	1	
megestrol acetate oral suspension 625 mg/5ml	PV	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (*trametinib dimethyl sulfoxide*)	4	DSL = 30 days
MEKINIST ORAL TABLET 0.5 MG, 2 MG (*trametinib dimethyl sulfoxide*)	4	DSL = 30 days; OC

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MEKTOVI ORAL TABLET 15 MG (*binimetinib*)	4	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	4	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	
mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg	1	
mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml	1	
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (*tafasitamab-cxix*)	4	DSL = 30 days
MVASI INTRAVENOUS SOLUTION 100 MG/4ML (*bevacizumab-awwb*)	4	DSL = 30 days
MYLERAN ORAL TABLET 2 MG (*busulfan*)	4	OC
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG (*gemtuzumab ozogamicin*)	4	DSL = 30 days
nelarabine intravenous solution 5 mg/ml	1	
NERLYNX ORAL TABLET 40 MG (*neratinib maleate*)	4	DSL = 30 days; OC
nilotinib hcl oral capsule 150 mg, 200 mg	1	DSL = 30 days; OC
nilotinib hcl oral capsule 50 mg	1	DSL = 30 days
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (*ixazomib citrate*)	4	DSL = 30 days; OC
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (*pentostatin*)	4	
NUBEQA ORAL TABLET 300 MG (*darolutamide*)	4	DSL = 30 days
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	4	DSL = 30 days; OC
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (*trastuzumab-dkst*)	4	DSL = 30 days
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (*nirogacestat hydrobromide*)	4	DSL = 30 days
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (*tovorafenib*)	4	DSL = 30 days
OJEMDA ORAL TABLET 100 MG (*tovorafenib*)	4	DSL = 30 days
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (*momelotinib dihydrochloride*)	4	DSL = 30 days
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (*pegaspargase*)	4	
ONIVYDE INTRAVENOUS SUSPENSION 43 MG/10ML (*irinotecan hcl liposome*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (*trastuzumab-dttb*)	4	DSL = 30 days
ONUREG ORAL TABLET 200 MG, 300 MG (*azacitidine*)	4	DSL = 30 days
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML (*nivolumab*)	4	DSL = 30 days
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML (*nivolumab-relatlimab-rmbw*)	4	DSL = 30 days
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	4	DSL = 30 days
ORSERDU ORAL TABLET 345 MG, 86 MG (*elacestrant hydrochloride*)	4	DSL = 30 days
oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml	4	
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*)	4	DSL = 30 days
pazopanib hcl oral tablet 200 mg	1	DSL = 30 days; OC
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	4	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	4	DSL = 30 days
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (*pemigatinib*)	4	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
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*pemetrexed disodium*)	4	DSL = 30 days
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML (*pertuzumab*)	4	DSL = 30 days
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML (*pertuz-trastuz-hyaluron-zzxf*)	4	DSL = 30 days
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 70 MG, 80 MG (*dasatinib*)	4	DSL = 30 days; OC
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG (*alpelisib*)	4	
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG (*polatuzumab vedotin-piiq*)	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 30 MG (*polatuzumab vedotin-piiq*)	4	DSL = 30 days
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	4	DSL = 30 days; OC
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML (*necitumumab*)	4	DSL = 30 days
POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML (*mogamulizumab-kpkc*)	4	DSL = 30 days
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (*aldesleukin*)	4	DSL = 30 days
QINLOCK ORAL TABLET 50 MG (*ripretinib*)	4	DSL = 30 days
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*)	4	DSL = 30 days
REZLIDHIA ORAL CAPSULE 150 MG (*olutasidenib*)	4	DSL = 30 days
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*rituximab-arrx*)	4	DSL = 30 days
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML (*rituximab-hyaluronidase human*)	4	DSL = 30 days
RITUXAN INTRAVENOUS SOLUTION 500 MG/50ML (*rituximab*)	2	
romidepsin intravenous solution reconstituted 10 mg	1	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (*entrectinib*)	4	DSL = 30 days
ROZLYTREK ORAL PACKET 50 MG (*entrectinib*)	4	DSL = 30 days
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (*rucaparib camsylate*)	4	DSL = 30 days; OC
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML (*rituximab-pvvr*)	4	DSL = 30 days
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML (*amivantamab-vmjw*)	4	DSL = 30 days
RYDAPT ORAL CAPSULE 25 MG (*midostaurin*)	4	DSL = 30 days; OC
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML (*asparaginase erwinia chry-rywn*)	4	DSL = 30 days
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG (*imetelstat sodium*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML (*isatuximab-irfc*)	4	DSL = 30 days
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (*asciminib hcl*)	4	DSL = 30 days
SIKLOS ORAL TABLET 1000 MG (*hydroxyurea*)	4	DSL = 30 days
SOLTAMOX ORAL SOLUTION 10 MG/5ML (*tamoxifen citrate*)	PV	OC
sorafenib tosylate oral tablet 200 mg	1	DSL = 30 days; OC
STIVARGA ORAL TABLET 40 MG (*regorafenib*)	4	DSL = 30 days; OC
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	DSL = 30 days; OC
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG (*siltuximab*)	4	DSL = 30 days
TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*)	4	DSL = 30 days
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*)	4	DSL = 30 days; OC
TAFINLAR ORAL TABLET SOLUBLE 10 MG (*dabrafenib mesylate*)	4	DSL = 30 days
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	4	DSL = 30 days; OC
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML (*talquetamab-tgvs*)	4	DSL = 30 days
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 1 MG (*talazoparib tosylate*)	4	DSL = 30 days
tamoxifen citrate oral tablet 10 mg, 20 mg	PV	OC
TARCEVA ORAL TABLET 100 MG (*erlotinib hcl*)	4	DSL = 30 days; OC
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	4	OC
TAZVERIK ORAL TABLET 200 MG (*tazemetostat hbr*)	4	DSL = 30 days
TECARTUS INTRAVENOUS SUSPENSION 200000000 CELLS (*brexucabtagene autoleucel*)	4	
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML (*atezolizumab*)	4	DSL = 30 days
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML (*teclistamab-cqyv*)	4	DSL = 30 days
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*temozolomide*)	4	
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	4	OC
temsirolimus intravenous solution 25 mg/ml	4	
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG, 15 MG (*thiotepa*)	4	DSL = 30 days
TEPMETKO ORAL TABLET 225 MG (*tepotinib hcl*)	4	DSL = 30 days
THALOMID ORAL CAPSULE 100 MG, 50 MG (*thalidomide*)	4	OC
thiotepa injection solution reconstituted 100 mg, 15 mg	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TIBSOVO ORAL TABLET 250 MG (*ivosidenib*)	4	DSL = 30 days
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (*bcg live*)	2	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (*tisotumab vedotin-tftv*)	4	DSL = 30 days
topotecan hcl intravenous solution 4 mg/4ml	1	
topotecan hcl intravenous solution reconstituted 4 mg	4	
toremifene citrate oral tablet 60 mg	PV	OC
TORISEL INTRAVENOUS SOLUTION 25 MG/ML (*temsirolimus*)	4	
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	OC
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG (*trastuzumab-qyyp*)	4	DSL = 30 days
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*bendamustine hcl*)	4	DSL = 30 days
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*)	4	
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	
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML (*arsenic trioxide*)	4	DSL = 30 days
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG (*sacituzumab govitecan-hziy*)	4	DSL = 30 days
TRUQAP ORAL TABLET 200 MG (*capivasertib*)	4	DSL = 30 days
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML (*rituximab-abbs*)	4	DSL = 30 days
TUKYSA ORAL TABLET 150 MG, 50 MG (*tucatinib*)	4	DSL = 30 days
TURALIO ORAL CAPSULE 125 MG (*pexidartinib hcl*)	4	DSL = 30 days
TYKERB ORAL TABLET 250 MG (*lapatinib ditosylate*)	4	DSL = 30 days; OC
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML (*dinutuximab*)	4	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	4	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (*valrubicin*)	4	
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (*quizartinib dihydrochloride*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (*panitumumab*)	4	
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab-adcd*)	4	DSL = 30 days
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG (*bortezomib*)	4	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*)	4	DSL = 30 days; OC
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*)	4	DSL = 30 days
VITRAKVI ORAL SOLUTION 20 MG/ML (*larotrectinib sulfate*)	4	DSL = 30 days
VIVIMUSTA INTRAVENOUS SOLUTION 100 MG/4ML	4	DSL = 30 days
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (*dacomitinib*)	4	DSL = 30 days
VONJO ORAL CAPSULE 100 MG (*pacritinib citrate*)	4	DSL = 30 days
VORANIGO ORAL TABLET 10 MG, 40 MG (*vorasidenib*)	2	DSL = 30 days
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG (*daunorubicin-cytarabine lipo*)	4	DSL = 30 days
WELIREG ORAL TABLET 40 MG (*belzutifan*)	4	DSL = 30 days
XALKORI ORAL CAPSULE 200 MG, 250 MG (*crizotinib*)	4	DSL = 30 days; OC
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG (*crizotinib*)	4	DSL = 30 days
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	4	DSL = 30 days; OC
XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*)	4	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (*selinexor*)	4	DSL = 30 days
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	4	DSL = 30 days
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (*selinexor*)	4	DSL = 30 days
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	4	DSL = 30 days
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	4	DSL = 30 days
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	4	DSL = 30 days
XTANDI ORAL CAPSULE 40 MG (*enzalutamide*)	4	DSL = 30 days; OC
XTANDI ORAL TABLET 40 MG, 80 MG (*enzalutamide*)	4	DSL = 30 days
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML (*ipilimumab*)	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS (*axicabtagene ciloleucel*)	4	
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG (*trabectedin*)	4	DSL = 30 days
YONSA ORAL TABLET 125 MG (*abiraterone acetate micronized*)	4	DSL = 30 days
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML (*ziv-aflibercept*)	4	DSL = 30 days
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (*niraparib tosylate*)	4	DSL = 30 days
ZELBORAF ORAL TABLET 240 MG (*vemurafenib*)	4	OC
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (*lurbinectedin*)	4	DSL = 30 days
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML (*bevacizumab-bvzr*)	4	DSL = 30 days
ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*)	4	OC
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*everolimus*)	4	
ZYDELIG ORAL TABLET 100 MG, 150 MG (*idelalisib*)	4	DSL = 30 days; OC
ZYKADIA ORAL TABLET 150 MG (*ceritinib*)	4	DSL = 30 days
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (*loncastuximab tesirine-lpyl*)	4	DSL = 30 days
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML (*retifanlimab-dlwr*)	4	DSL = 30 days
ZYTIGA ORAL TABLET 250 MG (*abiraterone acetate*)	4	OC
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (*timothy grass pollen allergen*)	2	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (*dust mite mixed allergen ext*)	2	
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (*peanut powder-dnfp*)	4	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*)	4	DSL = 30 days
PALFORZIA ORAL PACKET 300 MG (*peanut powder-dnfp*)	2	
PALFORZIA ORAL PACKET 300 MG (*peanut powder-dnfp*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTITOXINS AND IMMUNE GLOBULINS - Organ Transplant		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)-stwk*)	4	DSL = 30 days
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	2	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (*immune globulin (human)-slra*)	4	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 1.65 GM/10ML (*immune globulin (human)-hipp*)	4	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (*immune globulin (human)*)	4	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	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)*)	4	DSL = 30 days
HIZENTRA SUBCUTANEOUS SOLUTION 10 GM/50ML (*immune globulin (human)*)	2	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 GM/50ML (*immune globulin (human)*)	4	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 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*)	4	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	
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*)	4	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (*immune globulin (human)*)	2	
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	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (*immune globulin (human)-klhw*)	4	DSL = 30 days
ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML (*bezlotoxumab*)	4	
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	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (*diphth-acell pertussis-tetanus*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-hepatitis b recomb-ipv*)	2	
QUADRACEL INTRAMUSCULAR SUSPENSION (*dtap-ipv vaccine*)	2	
VACCINES - Vaccines		
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	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*meningococcal b recomb omv adj*)	PV	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
MENVEO INTRAMUSCULAR SOLUTION (*meningococcal a c y&w-135 olig*)	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (*meningococcal a c y&w-135 olig*)	2	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-hepatitis b recomb-ipv*)	2	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (*pneumococcal vac polyvalent*)	2	
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 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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
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	
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	
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	4	DSL = 30 days
ephedrine sulfate (pressors) intravenous solution 50 mg/ml	1	
epinephrine (anaphylaxis) injection solution 1 mg/ml	1	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
epinephrine injection solution auto-injector 0.15 mg/0.3ml	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (*droxidopa*)	4	DSL = 30 days
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	1	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
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	
lofexidine hcl oral tablet 0.18 mg	1	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	
nasal decongestant pe oral tablet 10 mg	1	
phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml	1	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (*dexmedetomidine hcl*)	2	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	
westussin dm nf oral liquid 2-15-7.5 mg/5ml	1	
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
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 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	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (*aclidinium br-formoterol fum*)	4	
glycopyrrolate oral solution 1 mg/5ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	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	
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	
scopolamine transdermal patch 72 hour 1 mg/3days	PV	
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	
tiotropium bromide inhalation capsule 18 mcg	1	
uretron d/s oral tablet 81.6 mg	1	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (*revefenacin*)	4	
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	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
m-dryl oral liquid 12.5 mg/5ml	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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	2	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (*rimabotulinumtoxinb*)	2	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT (*incobotulinumtoxina*)	4	
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT - Drugs for Relaxing Muscles		
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	
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	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet 2 mg, 4 mg	1	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	1	
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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg	1	
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	
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
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	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 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	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
dihydroergotamine mesylate injection solution 1 mg/ml	1	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	2	
phenoxybenzamine hcl oral capsule 10 mg	1	
phentolamine mesylate injection solution reconstituted 5 mg	1	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
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	
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	4	
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	
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 oral solution 60 mg/5ml	1	
pyridostigmine bromide oral tablet 30 mg, 60 mg	1	
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	
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	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
silodosin oral capsule 4 mg, 8 mg	1	
tamsulosin hcl oral capsule 0.4 mg	1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
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	
breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	1	
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	1	
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*)	4	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
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	
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	
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	

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	
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	
betaxolol hcl ophthalmic solution 0.5 %	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 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	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*onabotulinumtoxina (cosmetic)*)	2	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	2	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (*rimabotulinumtoxinb*)	2	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT (*incobotulinumtoxina*)	4	
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*)	4	DSL = 30 days
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG (*plasminogen human-tvmh*)	4	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*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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*)	4	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	
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
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*antithrombin iii (human)*)	2	
ANTIHEMORRHAGIC AGENTS, MISCELLANEOUS - Drugs to Prevent Bleeding		
PRAXBIND INTRAVENOUS SOLUTION 2.5 GM/50ML (*idarucizumab*)	4	
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*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML (*crizanlizumab-tmca*)	4	DSL = 30 days
TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*)	4	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		
rivaroxaban oral suspension reconstituted 1 mg/ml	1	DSL = 30 days
rivaroxaban oral tablet 2.5 mg	1	
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	1	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (*dabigatran etexilate mesylate*)	4	DSL = 30 days
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (*eltrombopag choline*)	4	DSL = 30 days
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED 62 MG (*motixafortide acetate*)	4	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*)	4	DSL = 30 days
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	4	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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
MULPLETA ORAL TABLET 3 MG (*lusutrombopag*)	4	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*)	4	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
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 TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (*eltrombopag olamine*)	4	DSL = 30 days
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG (*luspatercept-aamt*)	4	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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
XOLREMDI ORAL CAPSULE 100 MG (*mavorixafor*)	4	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		
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact fc-vwf-xten-ehtl*)	4	DSL = 30 days
aminocaproic acid oral solution 0.25 gm/ml	1	
aminocaproic acid oral tablet 1000 mg, 500 mg	1	
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	4	
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	
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*)	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (*emicizumab-kxwh*)	4	DSL = 30 days
NUWIQ INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	2	DSL = 30 days
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT (*thrombin (recombinant)*)	2	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (*thrombin (recombinant)*)	2	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (*coagulation factor viia-jncw*)	4	DSL = 30 days
THROMBIN-JMI EXTERNAL KIT 20000 UNIT (*thrombin*)	2	
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	
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (*beremagene geperpavec-svdt*)	4	DSL = 30 days
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
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%	1	
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	
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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INDIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	1	DSL = 30 days
IRON PREPARATIONS - Vitamins and Minerals		
corvita 150 oral tablet 150-1.25 mg	1	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML (*ferumoxytol*)	PV	
ferotrinsic oral capsule	PV	
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	
foltrin oral capsule	PV	
ft prenatal oral tablet 28-0.8 mg	1	
hematinic plus vit/minerals oral tablet 106-1 mg	1	
hematinic/folic acid oral tablet 324-1 mg	1	
INFED INJECTION SOLUTION 50 MG/ML (*iron dextran*)	2	
iron sucrose intravenous solution 20 mg/ml	1	
k-tan plus oral capsule 162-115.2-1 mg	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	
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	
pnv 27-ca/fe/fa oral tablet 60-1 mg	1	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
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	
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	
purevit dualfe plus oral capsule 162-115.2-1 mg	1	
se-tan plus oral capsule 162-115.2-1 mg	1	
TRICON ORAL CAPSULE (*fe fumarate-b12-vit c-fa-ifc*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
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 nasal solution 500 mcg/0.1ml	1	
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
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	
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	

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	
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*)	4	DSL = 30 days
CARDIOVASCULAR DRUGS		
BRADYKININ RECEPTORS ANTAGONISTS		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	DSL = 30 days
CARBONIC ANHYDRASE INHIBITORS (24:36)		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
dichlorphenamide oral tablet 50 mg	1	DSL = 30 days
methazolamide oral tablet 25 mg, 50 mg	1	
KALLIKREIN INHIBITORS (24:48:08)		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	4	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	4	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*lanadelumab-flyo*)	4	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	
ethacrynic acid oral tablet 25 mg	1	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
OSMOTIC DIURETICS (24:36)		
urea 20 intensive hydrating external cream 20 %	1	
urea external cream 20 %, 39 %, 40 %, 41 %, 45 %	1	
urea external lotion 40 %	1	
urea nail external gel 45 %	1	
ureacin-10 external lotion 10 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ureacin-20 external cream 20 %	1	
UREAPRO ORAL POWDER 15 GM/SCOOP (*urea*)	2	
uredeb external cream 39 %	1	
xurea external cream 39 %	1	
POTASSIUM-SPARING DIURETIC		
amiloride hcl oral tablet 5 mg	1	
DYRENIUM ORAL CAPSULE 50 MG (*triamterene*)	2	
eplerenone oral tablet 25 mg, 50 mg	1	
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	
THIAZIDE DIURETICS (24:36)		
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
THIAZIDE-LIKE DIURETICS (24:36)		
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for Varicose Veins		
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	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
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		
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
valsartan oral 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	
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	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
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	
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	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart		
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
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	
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	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
ANGPTL3 INHIBITORS (24:06) - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML (*evinacumab-dgnb*)	4	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*)	4	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*)	4	DSL = 30 days
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	
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-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 2.5 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 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	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate 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	
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	
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	
colesevelam hcl oral packet 3.75 gm	1	
colesevelam hcl oral tablet 625 mg	1	
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	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	

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	
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	
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		
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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		
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	
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	
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	
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		
ATTRUBY ORAL TABLET THERAPY PACK 356 MG (*acoramidis hcl*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*mavacamten*)	4	
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	DSL = 30 days
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	1	
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	4	DSL = 30 days
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	4	
CARDIOTONIC AGENTS - Drugs for Angina		
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-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
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	
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	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
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	
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 ORAL CAPSULE 30 MG (*phenytoin sodium extended*)	2	
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
betaxolol hcl ophthalmic solution 0.5 %	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 2.5 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	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 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	
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	
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	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	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	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	

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	
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	
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 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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nimodipine oral capsule 30 mg	1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	4	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	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
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	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	4	DSL = 30 days
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
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	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
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	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
elixophyllin oral elixir 80 mg/15ml	1	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	PV	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	PV	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
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	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (*simvastatin*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
ethacrynic acid oral tablet 25 mg	1	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
eplerenone oral tablet 25 mg, 50 mg	1	
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		
eplerenone oral tablet 25 mg, 50 mg	1	
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*)	4	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	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
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	
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	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
NITRATES AND NITRITES - Drugs for the Heart		
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
omega-3-acid ethyl esters oral capsule 1 gm	1	
PCSK9 INHIBITORS - Drugs for Cholesterol		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (*alirocumab*)	4	DSL = 30 days
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for High Blood Pressure & Angina		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	4	DSL = 30 days
alyq oral tablet 20 mg	4	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	
cilostazol oral tablet 100 mg, 50 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	4	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	4	
sildenafil citrate intravenous solution 10 mg/12.5ml	4	
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	DSL = 30 days
sildenafil citrate oral tablet 20 mg	4	
sildenafil citrate oral tablet 25 mg	1	
tadalafil (pah) oral tablet 20 mg	4	DSL = 30 days
tadalafil oral tablet 2.5 mg, 5 mg	1	
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	4	DSL = 30 days
vardenafil hcl oral tablet dispersible 10 mg	1	
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	4	DSL = 30 days
alyq oral tablet 20 mg	4	DSL = 30 days
avanafil oral tablet 100 mg, 200 mg, 50 mg	1	
cilostazol oral tablet 100 mg, 50 mg	1	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	4	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sildenafil citrate intravenous solution 10 mg/12.5ml	4	
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	DSL = 30 days
sildenafil citrate oral tablet 20 mg	4	
sildenafil citrate oral tablet 25 mg	1	
tadalafil (pah) oral tablet 20 mg	4	DSL = 30 days
tadalafil oral tablet 2.5 mg, 5 mg	1	
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	4	DSL = 30 days
vardenafil hcl oral tablet dispersible 10 mg	1	
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
amiloride hcl oral tablet 5 mg	1	
DYRENIUM ORAL CAPSULE 50 MG (*triamterene*)	2	
eplerenone oral tablet 25 mg, 50 mg	1	
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	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
eplerenone oral tablet 25 mg, 50 mg	1	
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		
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	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
phenoxybenzamine hcl oral capsule 10 mg	1	
phentolamine mesylate injection solution reconstituted 5 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
ambrisentan oral tablet 10 mg, 5 mg	4	DSL = 30 days
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
bosentan oral tablet 125 mg, 62.5 mg	4	DSL = 30 days
bosentan oral tablet soluble 32 mg	1	DSL = 30 days
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	
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	
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	
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	1	
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	DSL = 30 days
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	4	DSL = 30 days
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	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	4	DSL = 30 days
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	4	DSL = 30 days
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	4	DSL = 30 days
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	4	DSL = 30 days
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	4	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	4	DSL = 30 days
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	4	DSL = 30 days
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (*treprostinil*)	4	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
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	
CELLULAR AND GENE THERAPY - Drugs for Cancer		
CELLULAR THERAPY - Drugs for Cancer		
LANTIDRA INTRAVENOUS SUSPENSION (*donislecel-jujn*)	4	
GENE THERAPY - Drugs for Cancer		
ABECMA INTRAVENOUS SUSPENSION 460000000 CELLS (*idecabtagene vicleucel*)	4	
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML (*nadofaragene firadenovec-vncg*)	4	DSL = 30 days
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML (*lisocabtagene maraleucel*)	4	
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS (*ciltacabtagene autoleucel*)	4	
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*)	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML (*talimogene laherparepvec*)	4	
KYMRIAH INTRAVENOUS SUSPENSION 250000000 CELLS, 600000000 CELLS (*tisagenlecleucel*)	4	
SKYSONA INTRAVENOUS SUSPENSION (*elivaldogene autotemcel*)	4	DSL = 30 days
TECARTUS INTRAVENOUS SUSPENSION 200000000 CELLS (*brexucabtagene autoleucel*)	4	
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (*beremagene geperpavec-svdt*)	4	DSL = 30 days
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS (*axicabtagene ciloleucel*)	4	
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*)	4	
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
edaravone intravenous solution 30 mg/100ml	1	DSL = 30 days
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (*tofersen*)	4	DSL = 30 days
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (*edaravone*)	4	DSL = 30 days
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (*edaravone*)	4	DSL = 30 days
riluzole oral tablet 50 mg	4	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	4	DSL = 30 days
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	4	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*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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		
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	
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
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	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	2	DSL = 30 days
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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 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	
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
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	4	
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE ORAL TABLET 100 MG, 400 MG (*gabapentin*)	4	
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	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	4	DSL = 30 days
liquid acetaminophen oral liquid 160 mg/5ml	1	
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	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	4	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	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	1	
PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tramadol-acetaminophen oral tablet 37.5-325 mg	1	
uretron d/s oral tablet 81.6 mg	1	
ANOREXIGENIC AGENTS - 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	
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	
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*)	4	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
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	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
liquid allergy relief oral liquid 12.5 mg/5ml	1	
m-dryl oral liquid 12.5 mg/5ml	1	
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	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	4	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML (*brivaracetam*)	4	DSL = 30 days
BRIVIACT ORAL SOLUTION 10 MG/ML (*brivaracetam*)	4	DSL = 30 days
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (*brivaracetam*)	4	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	
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	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (*levetiracetam*)	4	DSL = 30 days
EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*)	4	DSL = 30 days
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	1	
felbamate oral suspension 600 mg/5ml	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
felbamate oral tablet 400 mg, 600 mg	4	
FELBATOL ORAL TABLET 400 MG, 600 MG (*felbamate*)	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (*fenfluramine hcl*)	4	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	4	
gabapentin oral tablet 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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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*)	4	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	
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	4	
rufinamide oral tablet 200 mg, 400 mg	1	
SABRIL ORAL PACKET 500 MG (*vigabatrin*)	4	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG (*levetiracetam*)	4	
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	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	
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	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
vigabatrin oral packet 500 mg	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
vigabatrin oral tablet 500 mg	1	DSL = 30 days
VIGADRONE ORAL PACKET 500 MG (*vigabatrin*)	4	
XCOPRI ORAL TABLET 25 MG (*cenobamate*)	4	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (*ganaxolone*)	4	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	
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	PV	
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*)	4	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	4	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
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*)	4	
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	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (*risperidone*)	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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*)	4	DSL = 30 days
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (*asenapine maleate*)	PV	
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	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
cvs acetaminophen ex st oral tablet 500 mg	1	
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)*)	4	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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
topiramate oral solution 25 mg/ml	1	DSL = 30 days
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
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	
banophen oral tablet 25 mg	1	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	PV	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	1	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1	
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	
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	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
m-dryl oral liquid 12.5 mg/5ml	1	
meprobamate oral tablet 200 mg, 400 mg	PV	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (*promethazine hcl*)	PV	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (*dexmedetomidine hcl*)	2	
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	
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 tablet 10 mg, 5 mg	1	DSL = 30 days
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	1	DSL = 30 days
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	

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	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (*lumateperone tosylate*)	4	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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (*olanzapine-samidorphan*)	4	
NUPLAZID ORAL CAPSULE 34 MG (*pimavanserin tartrate*)	4	DSL = 30 days
NUPLAZID ORAL TABLET 10 MG (*pimavanserin tartrate*)	4	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	
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*)	4	
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	
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*)	4	DSL = 30 days
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (*asenapine maleate*)	PV	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML (*risperidone*)	4	
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	
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
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		
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 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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML (*pb-hyoscy-atropine-scopolamine*)	2	
PHENOHYTRO ORAL TABLET 16.2 MG (*pb-hyoscy-atropine-scopolamine*)	1	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
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	
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
SYMPAZAN ORAL FILM 10 MG, 20 MG (*clobazam*)	4	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (*diazepam*)	PV	
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 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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
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
midazolam hcl oral syrup 2 mg/ml	1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	PV	DSL = 30 days
quazepam oral tablet 15 mg	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG (*clobazam*)	4	
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	
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
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 PREFILLED SYRINGE 100 MG/ML (*galcanezumab-gnlm*)	4	
NURTEC ORAL TABLET DISPERSIBLE 75 MG (*rimegepant sulfate*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (*atogepant*)	4	DSL = 30 days
ZAVZPRET NASAL SOLUTION 10 MG/ACT (*zavegepant hcl*)	4	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	
TASMAR ORAL TABLET 100 MG (*tolcapone*)	4	
tolcapone oral tablet 100 mg	4	
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
acamprosate calcium oral tablet delayed release 333 mg	1	
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*)	4	DSL = 30 days
edaravone intravenous solution 30 mg/100ml	1	DSL = 30 days
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	
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML (*lecanemab-irmb*)	4	DSL = 30 days
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (*sodium oxybate*)	4	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	
NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*)	4	DSL = 30 days
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (*tofersen*)	4	DSL = 30 days
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (*edaravone*)	4	DSL = 30 days
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (*edaravone*)	4	DSL = 30 days
riluzole oral tablet 50 mg	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	4	DSL = 30 days
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	4	DSL = 30 days
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	4	DSL = 30 days
XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*)	4	DSL = 30 days
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (*celecoxib (migraine)*)	4	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	
DHIVY ORAL TABLET 25-100 MG (*carbidopa-levodopa*)	1	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*)	4	
INBRIJA INHALATION CAPSULE 42 MG (*levodopa*)	4	DSL = 30 days
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (*carbidopa-levodopa*)	4	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	PV	
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	
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	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	PV	
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	4	
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE ORAL TABLET 100 MG, 400 MG (*gabapentin*)	4	
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	
SABRIL ORAL PACKET 500 MG (*vigabatrin*)	4	
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	4	
vigabatrin oral tablet 500 mg	1	DSL = 30 days
VIGADRONE ORAL PACKET 500 MG (*vigabatrin*)	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIGAFYDE ORAL SOLUTION 100 MG/ML (*vigabatrin*)	2	DSL = 30 days
ZTALMY ORAL SUSPENSION 50 MG/ML (*ganaxolone*)	4	DSL = 30 days
HYDANTOINS - Drugs for Seizures		
DILANTIN ORAL CAPSULE 30 MG (*phenytoin sodium extended*)	2	
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	
terrell inhalation solution	1	
ION CHANNEL INHIBITION AGENTS - Drugs for Seizures		
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	4	
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	
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*)	4	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	
rufinamide oral suspension 40 mg/ml	4	
rufinamide oral tablet 200 mg, 400 mg	1	
XCOPRI ORAL TABLET 25 MG (*cenobamate*)	4	
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*)	4	DSL = 30 days
ramelteon oral tablet 8 mg	1	
tasimelteon oral capsule 20 mg	1	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
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	
NMDA ANTAGONISTS - Drugs for Depression & Psychosis		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	4	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	4	
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	
meprobamate oral tablet 200 mg, 400 mg	PV	
NON-BENZODIAZEPINE HYPNOTICS - Drugs for Anxiety & Sleep Disorder		
eszopiclone oral tablet 1 mg, 2 mg, 3 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 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*)	4	DSL = 30 days
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	1	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
cold & flu relief daytime oral capsule 10-5-325 mg	1	
cold/flu daytime relief oral capsule 10-5-325 mg	1	
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
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	
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	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	4	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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*)	4	DSL = 30 days
tramadol-acetaminophen oral tablet 37.5-325 mg	1	
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC - Drugs for Pain		
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
LICART EXTERNAL PATCH 24 HOUR 1.3 % (*diclofenac epolamine*)	PV	
LODINE ORAL TABLET 400 MG (*etodolac*)	PV	
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	
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	
PROPRINAL ORAL CAPSULE 200 MG (*ibuprofen*)	PV	
RELAFEN DS ORAL TABLET 1000 MG (*nabumetone*)	PV	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
TOLECTIN 600 ORAL TABLET 600 MG (*tolmetin sodium*)	PV	
tolmetin sodium oral capsule 400 mg	PV	
tolmetin sodium oral tablet 600 mg	PV	
TRESNI RECTAL SUPPOSITORY 100 MG (*diclofenac sodium*)	PV	
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
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	DSL = 30 days
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 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	
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

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
hydromorphone hcl rectal suppository 3 mg	1	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 tablet soluble 40 mg	1	DSL = 30 days
mitigo injection solution 200 mg/20ml (10 mg/ml), 500 mg/20ml (25 mg/ml)	1	DSL = 30 days
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 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	
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 2 mg/ml	1	DSL = 30 days
morphine sulfate injection solution 4 mg/ml	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	
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 15 MG, 30 MG, 5 MG	4	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	4	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
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
PROLATE ORAL SOLUTION 10-300 MG/5ML (*oxycodone-acetaminophen*)	4	DSL = 30 days
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (*oxycodone hcl*)	4	DSL = 30 days
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	4	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	
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	
ft naloxone hcl nasal liquid 4 mg/0.1ml	1	
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	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML (*methylnaltrexone bromide*)	4	DSL = 30 days
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (*naltrexone*)	2	
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*)	4	
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML (*buprenorphine*)	4	DSL = 30 days
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML (*buprenorphine*)	4	DSL = 30 days
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	
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*)	4	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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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 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	
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	
ft migraine relief oral tablet 250-250-65 mg	1	
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 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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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
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	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	
pain reliever extra strength oral tablet 250-250-65 mg	1	
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	
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 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	
COXANTO ORAL CAPSULE 300 MG (*oxaprozin*)	PV	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diclofenac sodium external gel 3 %	1	
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	
FENOPRON ORAL CAPSULE 300 MG (*fenoprofen calcium*)	PV	
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
ketorolac tromethamine injection solution 15 mg/ml	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sumatriptan-naproxen sodium oral tablet 85-500 mg	1	
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	
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	
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	
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	PV	
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	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	PV	
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	
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	
frovatriptan succinate oral tablet 2.5 mg	1	
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	
rizatriptan benzoate oral tablet 10 mg, 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	
sumatriptan nasal solution 20 mg/act, 5 mg/act	1	
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	
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	
TOSYMRA NASAL SOLUTION 10 MG/ACT (*sumatriptan*)	4	DSL = 30 days
zolmitriptan nasal solution 5 mg	1	
zolmitriptan oral tablet 2.5 mg, 5 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	1	
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 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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
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	
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	
SUCCINIMIDES - Drugs for Seizures		
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5ml	1	
methsuximide oral capsule 300 mg	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	PV	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (*deutetrabenazine*)	4	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*)	4	DSL = 30 days
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (*deutetrabenazine*)	4	DSL = 30 days
INGREZZA ORAL CAPSULE 40 MG, 80 MG (*valbenazine tosylate*)	4	DSL = 30 days
INGREZZA ORAL CAPSULE 60 MG (*valbenazine tosylate*)	4	
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG (*valbenazine tosylate*)	4	DSL = 30 days
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (*valbenazine tosylate*)	4	DSL = 30 days
tetrabenazine oral tablet 12.5 mg, 25 mg	4	
XENAZINE ORAL TABLET 12.5 MG, 25 MG (*tetrabenazine*)	4	
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*)	4	DSL = 30 days
modafinil oral tablet 100 mg, 200 mg	1	
PROVIGIL ORAL TABLET 100 MG, 200 MG (*modafinil*)	2	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (*pitolisant hcl*)	4	DSL = 30 days
DENTAL AGENTS		
NUTRITIONAL SUPPLEMENTS		
DENTA 5000 PLUS DENTAL CREAM 1.1 % (*sodium fluoride*)	PV	
DENTAGEL DENTAL GEL 1.1 % (*sodium fluoride*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EASYGEL DENTAL GEL 0.4 % (*stannous fluoride*)	PV	
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	
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	
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-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	
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	
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	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	PV	
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	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (*sodium fluoride*)	PV	
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 DENTAL GEL 1.1 % (*sodium fluoride*)	PV	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (*sodium fluoride*)	PV	
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-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (*blood glucose calibration*)	PV	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (*lancets misc.*)	2	
ADULT AEROSOL MASK	2	
ADVOCATE SAFETY LANCETS 21G (*lancets*)	PV	
ADVOCATE SAFETY LANCETS 23G (*lancets*)	PV	
ADVOCATE SAFETY LANCETS 28G (*lancets*)	PV	
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 MASK LARGE (*respiratory therapy supplies*)	2	
AEROECLIPSE MASK MEDIUM (*respiratory therapy supplies*)	2	
AEROECLIPSE MASK SMALL (*respiratory therapy supplies*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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 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	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (*insulin pen needle*)	PV	
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 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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	
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 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 PLUS BT KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
CARESENS S CONTROL SOLN A/B IN VITRO LIQUID (*blood glucose calibration*)	PV	
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 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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL (*blood glucose calibration*)	PV	
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	
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 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	
DROPLET MICRON 34G X 3.5 MM (*insulin pen needle*)	PV	
DROPSAFE ACTI-LANCE 23G (*lancets*)	PV	
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	
EASIVENT (*spacer/aero-holding chambers*)	2	
EASY AIR NEBULIZER FILTERS	2	
EASY MAX T1 GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
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 LANCING DEVICE (*lancet devices*)	PV	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE (*injection device for insulin*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
INPEN 100-PINK-LILLY-HUMALOG DEVICE (*injection device for insulin*)	PV	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE (*injection device for insulin*)	PV	
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	
LANCETS	PV	
LANCETS 28G THIN	PV	
LANCETS SUPER THIN (*lancets*)	PV	
MICROLET NEXT LANCING DEVICE (*lancet devices*)	PV	
MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
MOBILE LANCETS 30G	PV	
NEBULIZER MASK ADULT	2	
NEBULIZER MASK ADULT/TUBING	2	
NEBULIZER MASK CHILD	2	
NEBULIZER MASK PED/TUBING	2	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMBRA COMPRESSOR AIR FILTERS (*respiratory therapy supplies*)	2	
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 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	
PARI ALTERA NEBULIZER HANDSET (*respiratory therapy supplies*)	2	
PARI BUBBLES PEDIATRIC MASK (*respiratory therapy supplies*)	2	
PARI SMARTMASK BABY/ELBOW (*respiratory therapy supplies*)	2	
PARI VORTEX ADULT MASK (*spacer/aero-hold chamber mask*)	2	
PARI VORTEX PEDIATRIC MASK (*spacer/aero-hold chamber mask*)	2	
PEN NEEDLE/5-BEVEL TIP 31G X 8 MM , 32G X 4 MM	PV	
PERFECT POINT SAFETY LANCETS (*lancets*)	PV	
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID (*blood glucose calibration*)	PV	
PRONEB ULTRA FILTER SET (*respiratory therapy supplies*)	2	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REUSABLE COMFORTSEAL MASK-SML (*respiratory therapy supplies*)	2	
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	PV	
TECHLITE LANCETS 26G (*lancets*)	PV	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM (*insulin pen needle*)	PV	
TEMPO SMART BUTTON (*blood glucose monitoring suppl*)	PV	
TEMPO WELCOME KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
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	
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	
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	
VERIFINE SAFE LANCET MINI 28G (*lancets*)	PV	
VERIFINE SAFE LANCET MINI 30G (*lancets*)	PV	
VERISAFE SAFETY STERILE NEEDLE 23G X 1-1/2" , 25G X 1" (*needle (disp)*)	2	
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID (*blood glucose calibration*)	PV	
VIVAGUARD LANCETS 30G (*lancets*)	PV	
VIVAGUARD LANCING DEVICE (*lancet devices*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 INJECTION GEL 80 UNIT/ML (*corticotropin*)	4	
CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*)	4	
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (*cosyntropin*)	2	
cosyntropin injection solution reconstituted 0.25 mg	1	
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	
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	

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	
KETONES		
CHEMSTRIP K IN VITRO STRIP (*acetone (urine) test*)	2	
KETOSTIX IN VITRO STRIP (*acetone (urine) test*)	2	
OCULAR DISORDERS		
ALTAFLUOR BENOX OPHTHALMIC SOLUTION 0.25-0.4 %	1	
BIO GLO OPHTHALMIC STRIP 1 MG (*fluorescein sodium*)	1	
fluorescein sodium ophthalmic strip 1 mg	1	
fluorescein-benoxinate ophthalmic solution 0.25-0.4 %	1	
FLUOR-I-STRIPS A.T. OPHTHALMIC STRIP 1 MG (*fluorescein sodium*)	1	
GLOSTRIPS OPHTHALMIC STRIP 1 MG (*fluorescein sodium*)	1	
proparacaine-fluorescein ophthalmic solution 0.5-0.25 %	1	
PHEOCHROMOCYTOMA		
metyrosine oral capsule 250 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PITUITARY FUNCTION		
METOPIRONE ORAL CAPSULE 250 MG (*metyrapone*)	2	
PROTEIN		
CHEMSTRIP MICRAL IN VITRO STRIP (*albumin (urine) test*)	2	
SUGAR		
DIASTIX REAGENT IN VITRO STRIP (*glucose urine test-glucose ox*)	2	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tricitrates oral solution 550-500-334 mg/5ml	1	
AMMONIA DETOXICANTS		
BUPHENYL ORAL POWDER 3 GM/TSP (*sodium phenylbutyrate*)	4	DSL = 30 days
BUPHENYL ORAL TABLET 500 MG (*sodium phenylbutyrate*)	4	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	
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*)	4	DSL = 30 days
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM (*sodium phenylbutyrate*)	4	DSL = 30 days
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (*sodium phenylbutyrate*)	4	DSL = 30 days
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (*sodium phenylbutyrate*)	4	DSL = 30 days
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (*sodium phenylbutyrate*)	4	DSL = 30 days
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (*sodium phenylbutyrate*)	4	DSL = 30 days
RAVICTI ORAL LIQUID 1.1 GM/ML (*glycerol phenylbutyrate*)	4	DSL = 30 days
sodium phenylbutyrate oral powder 3 gm/tsp	4	DSL = 30 days
sodium phenylbutyrate oral tablet 500 mg	4	DSL = 30 days
CALORIC AGENTS - Drugs for Nutrition		
asilnasalrms oral capsule	1	
brain support oral capsule	1	
cefazolin sodium-dextrose intravenous solution 2-4 gm/100ml-%	1	
DOJOLVI ORAL LIQUID 100 % (*triheptanoin*)	4	DSL = 30 days
levocarnitine l-tartrate oral capsule 500 mg	1	
methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
protein fortifier oral liquid	1	
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	
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	
ELECTROLYTIC,CALORIC,WATER BALANCE MISC,		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (*burosumab-twza*)	4	DSL = 30 days
IRRIGATING SOLUTIONS		
glycine irrigation solution 1.5 %	1	
glycine urologic irrigation solution 1.5 %	1	
ringers irrigation irrigation solution	1	
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	
ethacrynic acid oral tablet 25 mg	1	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
OSMOTIC DIURETICS - Drugs for Water Balance		
urea 20 intensive hydrating external cream 20 %	1	
urea external cream 20 %, 39 %, 40 %, 41 %, 45 %	1	
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	
xurea external cream 39 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHOSPHATE-REMOVING AGENTS		
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	
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	
POTASSIUM-REMOVING AGENTS		
sodium polystyrene sulfonate oral powder	1	
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
amiloride hcl oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
DYRENIUM ORAL CAPSULE 50 MG (*triamterene*)	2	
eplerenone oral tablet 25 mg, 50 mg	1	
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		
b-plex plus oral tablet	1	
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	
corvita 150 oral tablet 150-1.25 mg	1	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (*potassium bicarb-citric acid*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
effer-k oral tablet effervescent 25 meq	1	
eye health gummies oral tablet chewable	1	
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	
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOLE/ML (*sodium glycerophosphate*)	PV	
goodsense electrolyte adv care oral solution	1	
goodsense electrolyte oral solution	1	
growing bones & muscles kids oral tablet chewable	1	
hematinic plus vit/minerals oral tablet 106-1 mg	1	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%	1	
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	4	
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	
mens multivitamin gummies oral tablet chewable	1	
multiple electro type 1 ph 5.5 intravenous solution	1	
multiple electro type 1 ph 7.4 intravenous solution	1	
nicotinamide oral tablet 750-27-2-0.5 mg	1	
oralyte oral solution	1	
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	
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	
phospho-trin 250 neutral oral tablet 155-852-130 mg	PV	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG (*potassium phosphate monobasic*)	PV	
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	
purevit dualfe plus oral capsule 162-115.2-1 mg	1	
qc eye drops ophthalmic solution 0.05-0.25 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
se-tan plus oral capsule 162-115.2-1 mg	1	
sodium chloride (pf) injection solution 0.9 %	1	
sodium chloride injection solution 2.5 meq/ml	1	
sodium chloride intravenous solution 0.45 %, 3 %, 5 %	1	
sodium chloride intravenous solution 0.9 %, 4 meq/ml	1	
sodium chloride oral solution 4 meq/ml	1	
sodium chloride oral tablet 1 gm	1	
TRUE MAGNESIUM OXIDE ORAL TABLET 400 MG, 500 MG	PV	
true oyster shell calcium oral tablet 1250 (500 ca) mg	1	
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	
vic-forte oral capsule	1	
vitachew adult multi vitamin oral tablet chewable	1	
WELL MAGNESIUM OXIDE ORAL TABLET 400 (240 MG) MG	PV	
wes-phos 250 neutral oral tablet 155-852-130 mg	PV	
womens multivitamin + collagen oral tablet chewable	1	
womens multivitamin gummies oral tablet chewable	1	
zinc oral tablet 50 mg	1	
THIAZIDE DIURETICS - Drugs for Water Balance		
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	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
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	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 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	
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	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
URICOSURIC AGENTS		
colchicine-probenecid oral tablet 0.5-500 mg	1	
probenecid oral tablet 500 mg	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
JYNARQUE ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	4	
SAMSCA ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	4	
tolvaptan oral tablet 15 mg, 30 mg	4	
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*)	4	DSL = 30 days
JAVYGTOR ORAL PACKET 100 MG (*sapropterin dihydrochloride*)	4	DSL = 30 days
KUVAN ORAL PACKET 100 MG (*sapropterin dihydrochloride*)	4	DSL = 30 days
sapropterin dihydrochloride oral packet 100 mg, 500 mg	4	DSL = 30 days
sapropterin dihydrochloride oral tablet 100 mg	1	DSL = 30 days
zelvysia oral packet 100 mg, 500 mg	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENZYME INHIBITORS		
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	4	DSL = 30 days
miglustat oral capsule 100 mg	4	DSL = 30 days
nitisinone oral capsule 10 mg, 2 mg, 5 mg	4	DSL = 30 days
nitisinone oral capsule 20 mg	1	DSL = 30 days
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (*nitisinone*)	4	DSL = 30 days
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*)	4	DSL = 30 days
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	4	DSL = 30 days
ZAVESCA ORAL CAPSULE 100 MG (*miglustat*)	4	DSL = 30 days
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (*lonafarnib*)	4	DSL = 30 days
ENZYMES		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (*alteplase*)	2	
ADZYNMA INTRAVENOUS KIT 1500 UNIT, 500 UNIT	4	DSL = 30 days
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (*laronidase*)	4	
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (*calaspargase pegol-mknl*)	4	DSL = 30 days
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG (*alteplase*)	2	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*imiglucerase*)	4	DSL = 30 days
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*)	4	DSL = 30 days
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (*taliglucerase alfa*)	2	DSL = 30 days
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML (*pegunigalsidase alfa-iwxj*)	4	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*)	4	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (*agalsidase beta*)	4	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*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (*sebelipase alfa*)	4	DSL = 30 days
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (*velmanase alfa-tycv*)	4	DSL = 30 days
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (*alglucosidase alfa*)	4	DSL = 30 days
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (*galsulfase*)	4	DSL = 30 days
NEXOBRID EXTERNAL GEL 8.8 % (*anacaulase-bcdb*)	4	
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*avalglucosidase alfa-ngpt*)	4	DSL = 30 days
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (*pegvaliase-pqpz*)	4	DSL = 30 days
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG (*cipaglucosidase alfa-atga*)	4	DSL = 30 days
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	4	
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML (*elapegademase-lvlr*)	4	
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML (*asparaginase erwinia chry-rywn*)	4	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*)	4	DSL = 30 days
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (*elosulfase alfa*)	4	DSL = 30 days
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (*glucarpidase*)	PV	DSL = 30 days
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (*velaglucerase alfa*)	4	DSL = 30 days
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (*olipudase alfa-rpcp*)	4	DSL = 30 days
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	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
apraclonidine hcl ophthalmic solution 0.5 %	1	
brimonidine tartrate external gel 0.33 %	1	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (*apraclonidine hcl*)	2	
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALOCRIL OPHTHALMIC SOLUTION 2 % (*nedocromil sodium*)	2	
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	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	PV	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	4	
epinastine hcl ophthalmic solution 0.05 %	1	
eye itch relief ophthalmic solution 0.035 %	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (*cromolyn sodium*)	4	
goodsense eye itch relief ophthalmic solution 0.035 %	1	
ketotifen fumarate ophthalmic solution 0.035 %	1	
olopatadine hcl nasal solution 0.6 %	1	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	1	
PATADAY OPHTHALMIC SOLUTION 0.1 % (*olopatadine hcl*)	1	
ANTIBACTERIALS (52:04) - Drugs for Infections		
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	
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (*tobramycin*)	4	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
ciprofloxacin hcl otic solution 0.2 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (*neomycin-colist-hc-thonzonium*)	2	
doxycycline oral capsule delayed release 40 mg	1	
ery external pad 2 %	1	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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*)	4	
levofloxacin ophthalmic solution 0.5 %, 1.5 %	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	
MITOSOL OPHTHALMIC KIT 0.2 MG (*mitomycin*)	2	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	1	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
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	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin otic solution 0.3 %	1	
poly bacitracin external ointment 500-10000 unit/gm	1	
polymyxin b sulfate injection solution reconstituted 500000 unit	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML (*tobramycin*)	4	
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	4	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	2	
tobramycin inhalation nebulization solution 300 mg/4ml	4	
tobramycin nebulization solution 300 mg/5ml inhalation	1	
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	
tobramycin ophthalmic solution 0.3 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (*tobramycin*)	2	
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	
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	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
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	
periogard mouth/throat solution 0.12 %	1	
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*)	4	DSL = 30 days
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (*perfluorohexyloctane*)	4	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	2	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (*cenegermin-bkbj*)	4	DSL = 30 days
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	2	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*teprotumumab-trbw*)	4	DSL = 30 days
ANTIVIRALS (EENT) - Drugs for Infections		
trifluridine ophthalmic solution 1 %	1	
ASTRINGENTS (52:04) - Drugs for Infections		
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
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	
periogard mouth/throat solution 0.12 %	1	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
betaxolol hcl ophthalmic solution 0.5 %	1	
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	1	
carteolol hcl ophthalmic solution 1 %	1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
brinzolamide ophthalmic suspension 1 %	1	
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	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
ala-cort external cream 1 %	1	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (*hydrocortisone*)	4	DSL = 30 days
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*)	2	
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 RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	1	
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (*neomycin-colist-hc-thonzonium*)	2	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	1	
difluprednate ophthalmic emulsion 0.05 %	1	
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	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*)	2	
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	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	1	
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 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 external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (*fluocinolone acetonide*)	4	
loteprednol etabonate ophthalmic gel 0.5 %	1	
loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %	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	
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	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (*dexamethasone*)	4	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (*prednisolone acetate*)	PV	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	2	
prednisolone acetate ophthalmic suspension 1 %	PV	
PREDNISOLONE ACETATE P-F OPHTHALMIC SUSPENSION 1 %	PV	
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	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	1	
procto-med hc external cream 2.5 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RETISERT INTRAVITREAL IMPLANT 0.59 MG (*fluocinolone acetonide*)	4	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	2	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
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	
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (*fluocinolone acetonide*)	4	
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
CEQUA OPHTHALMIC SOLUTION 0.09 % (*cyclosporine*)	2	
cyclosporine ophthalmic emulsion 0.05 %	1	
EENT DRUGS, MISCELLANEOUS		
acetic acid otic solution 2 %	1	
altachlore ophthalmic ointment 5 %	1	
altachlore ophthalmic solution 5 %	1	
apraclonidine hcl ophthalmic solution 0.5 %	1	
artificial tears ophthalmic solution , 0.5-0.6 %	1	
artificial tears pf ophthalmic solution 0.1-0.3 %	1	
carboxymethylcellulose sod pf ophthalmic solution 0.5 %	1	
carboxymethylcellulose sodium ophthalmic solution 0.5 %	1	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	PV	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	4	
cvs lubricant eye drops ophthalmic solution 0.4-0.3 %	1	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (*cysteamine hcl*)	4	DSL = 30 days
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*)	4	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*)	4	
ft lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.5 %	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (*cromolyn sodium*)	4	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IOPIDINE OPHTHALMIC SOLUTION 1 % (*apraclonidine hcl*)	2	
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (*avacincaptad pegol*)	4	DSL = 30 days
lubricant eye drop ophthalmic solution 0.6 %	1	
lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %	1	
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*)	4	DSL = 30 days
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (*perfluorohexyloctane*)	4	
nasal moisturizing spray nasal solution 0.65 %	1	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (*cenegermin-bkbj*)	4	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	
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*)	4	DSL = 30 days
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (*pegcetacoplan (ophthalmic)*)	4	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (*teprotumumab-trbw*)	4	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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (*nepafenac*)	PV	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (*bromfenac sodium*)	PV	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	PV	
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
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	
cough drops mouth/throat lozenge 5.4 mg	1	
fluorescein-benoxinate ophthalmic solution 0.25-0.4 %	1	
goodsense cough simply menthol mouth/throat lozenge 5.4 mg	1	
instant oral pain relief max mouth/throat gel 20 %	1	
lidocaine hcl mouth/throat solution 4 %	1	
lidocaine viscous hcl mouth/throat solution 2 %	1	
proparacaine hcl ophthalmic solution 0.5 %	1	
proparacaine-fluorescein ophthalmic solution 0.5-0.25 %	1	
tetracaine hcl ophthalmic solution 0.5 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MACULAR DEGENERATION AGENTS		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (*cysteamine hcl*)	4	DSL = 30 days
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (*avacincaptad pegol*)	4	DSL = 30 days
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (*pegcetacoplan (ophthalmic)*)	4	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (*verteporfin*)	2	
MIOTICS - Drugs for the Eye		
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	
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 ophthalmic solution 1 %	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (*cyclopentolate-phenylephrine*)	2	
cyclopentolate hcl ophthalmic solution 1 %	1	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
tropicamide ophthalmic solution 0.5 %, 1 %	1	
OSMOTIC AGENTS - Drugs for the Eye		
urea 20 intensive hydrating external cream 20 %	1	
urea external cream 20 %, 39 %, 40 %, 41 %, 45 %	1	
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	
xurea external cream 39 %	1	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
bimatoprost ophthalmic solution 0.03 %	1	
DURYSTA INTRAOCULAR IMPLANT 10 MCG (*bimatoprost*)	4	DSL = 30 days
latanoprost ophthalmic solution 0.005 %	1	
tafluprost (pf) ophthalmic solution 0.0015 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
travoprost (bak free) ophthalmic solution 0.004 %	1	
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG		
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab-maly*)	4	DSL = 30 days
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab*)	4	
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*)	4	DSL = 30 days
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept*)	4	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept*)	4	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (*ranibizumab*)	4	DSL = 30 days
MVASI INTRAVENOUS SOLUTION 100 MG/4ML (*bevacizumab-awwb*)	4	DSL = 30 days
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05ML (*aflibercept-ayyh*)	4	
PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (*aflibercept-ayyh*)	4	
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (*ranibizumab*)	4	DSL = 30 days
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (*bevacizumab-adcd*)	4	DSL = 30 days
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML (*bevacizumab-bvzr*)	4	DSL = 30 days
VASOCONSTRICTORS		
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	
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	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
qc eye drops ophthalmic solution 0.05-0.25 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
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 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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
CHLORIDE CHANNEL ACTIVATORS		
lubiprostone oral capsule 24 mcg, 8 mcg	1	
IMMUNOMODULATORY AGENTS (56:44)		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*)	4	
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (*vedolizumab*)	4	DSL = 30 days
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mirikizumab-mrkz*)	4	DSL = 30 days
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*mirikizumab-mrkz*)	4	DSL = 30 days
VELSIPITY ORAL TABLET 2 MG (*etrasimod arginine*)	4	DSL = 30 days
OPIOID ANTAGONISTS (56:18)		
alvimopan oral capsule 12 mg	1	
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	4	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML (*methylnaltrexone bromide*)	4	DSL = 30 days
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
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	
ondansetron hcl +rfid injection solution 4 mg/2ml	PV	
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML (*granisetron*)	PV	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
anti-diarrheal oral solution 1 mg/7.5ml	1	
anti-diarrheal oral tablet 2 mg	1	
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	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
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	
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	
lactobacillus oral tablet , 0.05-0.05 mg	1	
lactobacillus probiotic oral tablet	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
opium oral tincture 10 mg/ml (1%)	1	
pink bismuth maximum strength oral suspension 525 mg/15ml	1	
probiotic acidophilus oral capsule	1	
probiotic advanced formula oral capsule	1	
quad-probiotic oral capsule	1	
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	
sv probiotic extra strength oral capsule	1	
VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*)	4	DSL = 30 days
XERMELO ORAL TABLET 250 MG (*telotristat etiprate*)	4	DSL = 30 days
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*)	4	
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	
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*)	4	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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
simethicone ultra strength oral capsule 180 mg	1	
ANTIHISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
BONINE ORAL TABLET CHEWABLE 25 MG (*meclizine hcl*)	PV	
cvs motion sickness oral tablet 50 mg	PV	
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	
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	4	DSL = 30 days
balsalazide disodium oral capsule 750 mg	1	
CANASA RECTAL SUPPOSITORY 1000 MG (*mesalamine*)	2	
DIPENTUM ORAL CAPSULE 250 MG (*olsalazine sodium*)	4	DSL = 30 days
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (*alosetron hcl*)	4	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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	
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	
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	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	PV	
magnesium oxide oral tablet 400 mg, 420 mg	PV	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CATHARTICS AND LAXATIVES - Drugs for Constipation		
antacid extra strength oral tablet chewable 160-105 mg	1	
bisacodyl ec oral tablet delayed release 5 mg	PV	
bisacodyl rectal suppository 10 mg	PV	
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	
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	
dok oral tablet 100 mg	1	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG (*bisacodyl*)	PV	
fiber laxative + calcium oral tablet 625 mg	1	
fiber laxative oral tablet 625 mg	1	
fiber oral powder 28.3 %	1	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*)	PV	
polyethylene glycol 3350 oral powder 17 gm/scoop	PV	
PROCTOZONE-B RECTAL SUPPOSITORY 10 MG (*bisacodyl*)	PV	
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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*)	4	DSL = 30 days
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (*odevixibat*)	4	DSL = 30 days
IQIRVO ORAL TABLET 80 MG (*elafibranor*)	4	
LIVMARLI ORAL SOLUTION 9.5 MG/ML (*maralixibat chloride*)	4	DSL = 30 days
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	4	DSL = 30 days
RELTONE ORAL CAPSULE 200 MG, 400 MG (*ursodiol*)	4	DSL = 30 days
URSO FORTE ORAL TABLET 500 MG (*ursodiol*)	2	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	4	DSL = 30 days
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
DIGESTANTS - Drugs for the Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	2	
dairy relief oral tablet 3000 unit, 9000 unit	1	
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	4	DSL = 30 days
lactase enzyme oral tablet 3000 unit, 9000 unit	1	
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	
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	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	4	DSL = 30 days
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-afzb*)	4	DSL = 30 days
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	
ADALIMUMAB-RYVK (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-RYVK (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	2	DSL = 30 days
alvimopan oral capsule 12 mg	1	
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*)	4	DSL = 30 days
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (*odevixibat*)	4	DSL = 30 days
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (*odevixibat*)	4	DSL = 30 days
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	4	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-adbm*)	4	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*)	4	
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (*vedolizumab*)	4	DSL = 30 days
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	4	DSL = 30 days
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	4	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	4	DSL = 30 days
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	4	DSL = 30 days
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	4	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*)	4	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	4	DSL = 30 days
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	4	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	4	DSL = 30 days
IBSRELA ORAL TABLET 50 MG (*tenapanor hcl*)	4	DSL = 30 days
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	4	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
IQIRVO ORAL TABLET 80 MG (*elafibranor*)	4	
LIVMARLI ORAL SOLUTION 9.5 MG/ML (*maralixibat chloride*)	4	DSL = 30 days
lubiprostone oral capsule 24 mcg, 8 mcg	1	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (*octreotide acetate*)	4	DSL = 30 days
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	4	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 SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mirikizumab-mrkz*)	4	DSL = 30 days
prucalopride succinate oral tablet 1 mg, 2 mg	1	
REBYOTA RECTAL SUSPENSION 150 ML (*fecal microbiota, live-jslm*)	4	
RELISTOR ORAL TABLET 150 MG (*methylnaltrexone bromide*)	4	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML (*methylnaltrexone bromide*)	4	DSL = 30 days
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	4	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	4	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	4	DSL = 30 days
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	4	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*)	4	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	4	DSL = 30 days
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab*)	4	
SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*)	4	DSL = 30 days
USTEKINUMAB INTRAVENOUS SOLUTION 130 MG/26ML	4	
VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*)	4	DSL = 30 days
VOWST ORAL CAPSULE (*fecal microb spores, live-brpk*)	4	DSL = 30 days
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-aaty*)	4	DSL = 30 days
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-aaty*)	4	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-aaty*)	4	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-aaty*)	4	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-aqvh*)	4	DSL = 30 days
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	4	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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	2	DSL = 30 days
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	
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		
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	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
acid reducer oral tablet delayed release 20 mg	PV	
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
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	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*)	PV	
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (*pantoprazole sodium*)	PV	
rabeprazole sodium oral tablet delayed release 20 mg	1	
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (*succimer*)	4	
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	4	
CUVRIOR ORAL TABLET 300 MG (*trientine tetrahydrochloride*)	4	DSL = 30 days
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	4	
deferasirox oral packet 180 mg, 360 mg, 90 mg	4	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	4	
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	4	
deferiprone oral tablet 1000 mg	1	
deferiprone oral tablet 500 mg	4	DSL = 30 days
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	1	
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	4	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (*deferasirox*)	4	DSL = 30 days
FERRIPROX ORAL SOLUTION 100 MG/ML (*deferiprone*)	4	DSL = 30 days
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (*deferiprone*)	4	DSL = 30 days
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (*deferasirox*)	4	DSL = 30 days
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (*deferasirox*)	4	DSL = 30 days
penicillamine oral capsule 250 mg	4	
penicillamine oral tablet 250 mg	4	
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*)	4	DSL = 30 days
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (*afamelanotide acetate*)	4	DSL = 30 days
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ala-cort external cream 1 %	1	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (*hydrocortisone*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*)	2	
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 RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	1	
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
BETAMETHASONE COMBO INJECTION SUSPENSION 6 (3-3) MG/ML	1	
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 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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	1	
budesonide er oral tablet extended release 24 hour 9 mg	4	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	
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	1	
EOHILIA ORAL SUSPENSION 2 MG/10ML (*budesonide*)	4	DSL = 30 days
fludrocortisone acetate oral tablet 0.1 mg	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
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 44 MCG/ACT	2	

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	
ft itch relief max strength external cream 1 %	1	
ft itch relief/aloe max str external cream 1 %	1	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	1	
HEXATRIONE INTRA-ARTICULAR SUSPENSION 20 MG/ML (*triamcinolone hexacetonide*)	2	
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 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 external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
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	
ISTURISA ORAL TABLET 1 MG, 5 MG (*osilodrostat phosphate*)	4	DSL = 30 days
KENALOG-40 INJECTION SUSPENSION 40 MG/ML (*triamcinolone acetonide*)	2	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG (*methylprednisolone*)	PV	
MEDROL ORAL TABLET THERAPY PACK 4 MG (*methylprednisolone*)	PV	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	PV	
methylprednisolone acetate suspension 40 mg/ml injection	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
methylprednisolone oral tablet therapy pack 4 mg	PV	
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	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (*prednisolone acetate*)	PV	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	2	
prednisolone acetate ophthalmic suspension 1 %	PV	
PREDNISOLONE ACETATE P-F OPHTHALMIC SUSPENSION 1 %	PV	
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	
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	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	1	
procto-med hc external cream 2.5 %	1	
pyquvi oral suspension 22.75 mg/ml	1	DSL = 30 days
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (*prednisone*)	PV	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (*budesonide*)	4	DSL = 30 days
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide injection suspension 10 mg/ml	1	
triamcinolone acetonide suspension 40 mg/ml injection	1	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	2	
triamcinolone in absorbase external ointment 0.05 %	1	
triderm external cream 0.5 %	1	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (*budesonide*)	4	DSL = 30 days
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
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		
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	
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*)	4	DSL = 30 days
METHITEST ORAL TABLET 10 MG	2	
methyltestosterone oral capsule 10 mg	1	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	
testosterone enanthate intramuscular solution 200 mg/ml	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
testosterone transdermal solution 30 mg/act	1	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (*testosterone*)	2	
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
colesevelam hcl oral packet 3.75 gm	1	
colesevelam hcl oral tablet 625 mg	1	
mifepristone oral tablet 300 mg	1	DSL = 30 days
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML (*teplizumab-mzwv*)	4	
ANTIESTROGENS - Drugs for Women		
anastrozole oral tablet 1 mg	PV	OC
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	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (*testosterone cypionate*)	2	
econtra one-step oral tablet 1.5 mg	PV	
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*)	4	DSL = 30 days
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (*levonorgestrel*)	PV	
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	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	4	DSL = 30 days
new day oral tablet 1.5 mg	PV	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (*etonogestrel*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
opcicon one-step oral tablet 1.5 mg	PV	
option 2 oral tablet 1.5 mg	PV	
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	4	DSL = 30 days
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	4	DSL = 30 days
ORILISSA ORAL TABLET 150 MG, 200 MG (*elagolix sodium*)	4	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	
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	
testosterone enanthate intramuscular solution 200 mg/ml	1	
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	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (*testosterone*)	2	
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
diazoxide oral suspension 50 mg/ml	4	
ft glucose oral tablet chewable 4 gm	1	
glucose gummies oral tablet chewable 2 gm	1	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (*diazoxide*)	4	
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	4	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (*cinacalcet hcl*)	4	
ANTITHYROID AGENTS - Drugs for the Thyroid		
iodine strong oral solution 5 %	1	
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
BIGUANIDES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (*pioglitazone hcl-metformin hcl*)	PV	

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	
JANUMET ORAL TABLET 50-500 MG (*sitagliptin phos-metformin hcl*)	PV	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
eluryng vaginal ring 0.12-0.015 mg/24hr	PV	
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	
junel fe 1/20 oral tablet 1-20 mg-mcg	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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		
JANUMET ORAL TABLET 50-500 MG (*sitagliptin phos-metformin hcl*)	PV	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin phosphate*)	PV	
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	
SITAGLIPTIN ORAL TABLET 100 MG, 25 MG, 50 MG	1	
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG (*sitagliptin*)	1	
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
clomiphene citrate oral tablet 50 mg	1	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	PV	
chateal eq oral tablet 0.15-30 mg-mcg	PV	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
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	

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	
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-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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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*)	4	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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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*)	4	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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zovia 1/35 (28) oral tablet 1-35 mg-mcg	PV	
zumandimine oral tablet 3-0.03 mg	PV	
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
glucagon emergency kit injection solution reconstituted 1 mg	PV	
GONADOTROPINS - Hormones		
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)*)	4	
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML (*follitropin alfa*)	2	
leuprolide acetate injection kit 1 mg/0.2ml	1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (*leuprolide acetate*)	2	
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 15 MG, 7.5 MG (*leuprolide acetate*)	2	
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)*)	4	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (*menotropins*)	2	
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML (*choriogonadotropin alfa*)	2	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (*histrelin acetate*)	4	
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (*triptorelin pamoate*)	4	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (*triptorelin pamoate*)	4	
VABRINTY SUBCUTANEOUS KIT 22.5 MG (*leuprolide acetate (3 month)*)	2	
VABRINTY SUBCUTANEOUS KIT 45 MG (*leuprolide acetate (6 month)*)	2	
INCRETIN MIMETICS - Drugs for Diabetes		
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*)	4	DSL = 30 days
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 8 MG/3ML (*semaglutide*)	2	
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (*dulaglutide*)	4	DSL = 30 days
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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*)	4	DSL = 30 days
LONG-ACTING INSULINS - Drugs for Diabetes		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	PV	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
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	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine-yfgn*)	2	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine-yfgn*)	2	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin degludec*)	2	
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		
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	1	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	4	DSL = 30 days
PITUITARY - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	4	
CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*)	4	
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	4	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate pf injection solution 4 mcg/ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
desmopressin acetate spray nasal solution 0.01 %	1	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (*somatrogon-ghla*)	4	DSL = 30 days
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	4	
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)*)	4	
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*)	4	DSL = 30 days
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somapacitan-beco*)	4	DSL = 30 days
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	4	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	
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	
option 2 oral tablet 1.5 mg	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	4	DSL = 30 days
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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 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 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	
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	PV	
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 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		
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	2	
SOMATOSTATIN AGONISTS - Hormones		
lanreotide acetate subcutaneous solution 120 mg/0.5ml	1	DSL = 30 days
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (*octreotide acetate*)	4	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	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (*pasireotide pamoate*)	4	DSL = 30 days
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (*pasireotide diaspartate*)	4	DSL = 30 days
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML (*lanreotide acetate*)	4	DSL = 30 days
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (*tesamorelin acetate*)	4	DSL = 30 days
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	4	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	4	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (*somatropin*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	2	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (*somatropin (non-refrigerated)*)	4	
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*pegvisomant*)	4	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	
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		
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 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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (*resmetirom*)	4	DSL = 30 days
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	1	DSL = 30 days
glatopa subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	1	DSL = 30 days
ANTIMETABOLITES		
cladribine intravenous solution 10 mg/10ml	1	
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	4	
teriflunomide oral tablet 14 mg, 7 mg	1	
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	1	
mycophenolate mofetil oral capsule 250 mg	1	
BONE-MODIFYING AGENTS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*)	4	DSL = 30 days
CALCINEURIN INHIBITORS, MISC (90:28)		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	4	
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	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (*tacrolimus*)	2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	2	
tacrolimus external ointment 0.03 %, 0.1 %	1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
COMPLEMENT INHIBITOR AGENTS (90:20)		
BKEMV INTRAVENOUS SOLUTION 300 MG/30ML (*eculizumab-aeeb*)	4	DSL = 30 days
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30ML (*eculizumab-aagh*)	4	DSL = 30 days
FABHALTA ORAL CAPSULE 200 MG (*iptacopan hcl*)	4	DSL = 30 days
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (*avacincaptad pegol*)	4	DSL = 30 days
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (*eculizumab*)	4	DSL = 30 days
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (*pegcetacoplan (ophthalmic)*)	4	
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	4	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*)	4	DSL = 30 days
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*vedolizumab*)	4	
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (*vedolizumab*)	4	DSL = 30 days
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	4	DSL = 30 days
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*abatacept*)	4	DSL = 30 days
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	4	DSL = 30 days
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	4	DSL = 30 days
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	4	DSL = 30 days
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	PV	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
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	
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*)	4	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	4	
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 ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	4	
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*guselkumab*)	4	
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	4	DSL = 30 days
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	4	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (*guselkumab*)	4	DSL = 30 days
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	4	DSL = 30 days
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	4	DSL = 30 days; OC
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	4	DSL = 30 days
FUMARATES		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (*monomethyl fumarate*)	4	DSL = 30 days
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	4	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*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (*diroximel fumarate*)	4	DSL = 30 days
IGG1 MONOCLONAL ANTIBODIES		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (*belimumab*)	4	DSL = 30 days
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	4	DSL = 30 days
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	4	DSL = 30 days
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML (*anifrolumab-fnia*)	4	DSL = 30 days
IMMUNOMODULATORY AGENTS (90:00)		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (*everolimus*)	4	DSL = 30 days; OC
AFINITOR ORAL TABLET 10 MG (*everolimus*)	4	DSL = 30 days; OC
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (*everolimus*)	4	OC
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	1	DSL = 30 days
CYCLOPHOSPHAMIDE SOLUTION 2 GM/10ML INTRAVENOUS	4	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
mercaptopurine oral suspension 2000 mg/100ml	1	DSL = 30 days; OC
mercaptopurine oral tablet 50 mg	4	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*)	4	
INTERFERON GAMMA INHIBITOR AGENTS, MISC		
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML (*emapalumab-lzsg*)	4	DSL = 30 days
INTERFERONS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	4	DSL = 30 days
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	4	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*)	4	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	4	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	4	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	4	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	4	
INTERLEUKIN INHIBITOR AGENTS, MISC		
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (*basiliximab*)	4	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (*omalizumab*)	4	DSL = 30 days
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (*omalizumab*)	4	DSL = 30 days
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*omalizumab*)	4	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*)	4	DSL = 30 days
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	4	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab*)	4	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	4	DSL = 30 days
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (*secukinumab*)	4	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*secukinumab*)	4	DSL = 30 days
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	4	DSL = 30 days
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	4	DSL = 30 days
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	4	DSL = 30 days
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	4	DSL = 30 days
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	4	DSL = 30 days
OTULFI INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab-aauz (iv)*)	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab-ttwe (iv)*)	4	
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (*ustekinumab-ttwe*)	4	
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab-aekn*)	4	
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (*ustekinumab*)	4	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*)	4	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab*)	4	
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab-stba*)	4	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (*ixekizumab*)	4	DSL = 30 days
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (*ixekizumab*)	4	DSL = 30 days
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab-bavi*)	4	DSL = 30 days
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab-aazg*)	4	DSL = 30 days
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab-aazg*)	4	
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab-aazg*)	4	
USTEKINUMAB INTRAVENOUS SOLUTION 130 MG/26ML	4	
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	4	
USTEKINUMAB-AEKN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	4	
USTEKINUMAB-TTWE INTRAVENOUS SOLUTION 130 MG/26ML	4	
USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	4	
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		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (*baricitinib*)	4	DSL = 30 days
RINVOQ LQ ORAL SOLUTION 1 MG/ML (*upadacitinib*)	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (*upadacitinib*)	4	DSL = 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (*upadacitinib*)	4	
XELJANZ ORAL SOLUTION 1 MG/ML (*tofacitinib citrate*)	4	DSL = 30 days
XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*)	4	DSL = 30 days
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (*tofacitinib citrate*)	4	DSL = 30 days
MONOCARBOXYLIC ACID AMIDE AGENTS		
ARAVA ORAL TABLET 10 MG, 20 MG (*leflunomide*)	4	
leflunomide oral tablet 10 mg, 20 mg	4	
MONOCLONAL ANTIBODIES (90:04)		
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML (*ublituximab-xiiy*)	4	
MONOCLONAL ANTIBODIES (90:10)		
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (*alemtuzumab*)	4	DSL = 30 days
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML (*lecanemab-irmb*)	4	DSL = 30 days
MONOCLONAL ANTIBODIES (90:12)		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	4	DSL = 30 days
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (*inebilizumab-cdon*)	4	DSL = 30 days
MTOR INHIBITORS, MISCELLANEOUS		
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	4	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		
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML, 420 MG/3ML, 560 MG/4ML, 840 MG/6ML (*rozanolixizumab-noli*)	4	DSL = 30 days
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML (*efgartigimod alfa-hyalur-qvfc*)	4	DSL = 30 days
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML (*efgartigimod alfa-fcab*)	4	DSL = 30 days
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
OTEZLA ORAL TABLET 30 MG (*apremilast*)	4	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POLYCLONAL ANTIBODIES, MISCELLANEOUS		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (*lymphocyte,anti-thymo imm glob*)	2	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (*anti-thymocyte glob (rabbit)*)	4	
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
fingolimod hcl oral capsule 0.5 mg	1	
GILENYA ORAL CAPSULE 0.25 MG (*fingolimod hcl*)	4	DSL = 30 days
MAYZENT ORAL TABLET 0.25 MG, 2 MG (*siponimod fumarate*)	4	
MAYZENT ORAL TABLET 1 MG (*siponimod fumarate*)	4	DSL = 30 days
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (*siponimod fumarate*)	4	
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (*fingolimod lauryl sulfate*)	4	DSL = 30 days
T-CELL BLOCKERS (90:24)		
LUPKYNIS ORAL CAPSULE 7.9 MG (*voclosporin*)	4	DSL = 30 days
T-CELL COSTIMULATORY BLOCKERS, MISC		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*belatacept*)	4	
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	4	DSL = 30 days
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	4	DSL = 30 days
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-afzb*)	4	DSL = 30 days
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	
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	4	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	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	4	DSL = 30 days
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	4	DSL = 30 days
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	4	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	4	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	4	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-adbm*)	4	
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	4	
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	4	
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	4	DSL = 30 days
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	4	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	4	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	4	DSL = 30 days
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	4	DSL = 30 days
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	4	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	4	DSL = 30 days
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	4	DSL = 30 days
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	4	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*)	4	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	4	DSL = 30 days
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	4	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (*adalimumab-adaz*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	4	DSL = 30 days
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	4	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	4	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	4	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	4	DSL = 30 days
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*)	4	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*)	4	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	4	DSL = 30 days
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	4	DSL = 30 days
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-aaty*)	4	DSL = 30 days
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-aaty*)	4	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-aaty*)	4	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-aaty*)	4	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-aqvh*)	4	DSL = 30 days
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	4	DSL = 30 days
LOCAL ANESTHETICS - Drugs for Numbing		
LOCAL ANESTHETICS - Drugs for Numbing		
ALTACAINE OPHTHALMIC SOLUTION 0.5 % (*tetracaine hcl*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bupivacaine fisiopharma injection solution 0.5 %, 2.5 mg/ml	1	
bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %, 0.75 %	1	
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	
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %	1	
lidocaine hcl injection solution 0.5 %	1	
lidocaine hcl solution 1 % injection	1	
LIDOCAINE HCL SOLUTION 1 % INJECTION	1	
lidocaine hcl solution 2 % injection	1	
LIDOCAINE HCL SOLUTION 2 % INJECTION	1	
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	1	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 % (*bupivacaine hcl*)	2	
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	
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	
finasteride oral tablet 1 mg, 5 mg	1	
5-ALPHA-REDUCTASE INHIBITORS (92:04) - Drugs for Alcohol Dependence		
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	
finasteride oral tablet 1 mg, 5 mg	1	
naltrexone hcl oral tablet 50 mg	1	
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	
atropine sulfate injection solution 8 mg/20ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
CHEMET ORAL CAPSULE 100 MG (*succimer*)	4	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (*crotalidae polyval immune fab*)	2	
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	1	
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	
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	

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	
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	
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	4	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
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
probenecid oral tablet 500 mg	1	
ULORIC ORAL TABLET 40 MG, 80 MG (*febuxostat*)	PV	
ANTISENSE OLIGONUCLEOTIDES		
AMONDYS 45 INTRAVENOUS SOLUTION 100 MG/2ML	4	DSL = 30 days
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML (*eteplirsen*)	4	DSL = 30 days
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (*sodium oxybate*)	4	DSL = 30 days
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (*tofersen*)	4	DSL = 30 days
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML (*nusinersen*)	4	DSL = 30 days
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML (*viltolarsen*)	4	DSL = 30 days
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML (*golodirsen*)	4	DSL = 30 days
BONE ANABOLIC AGENTS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (*romosozumab-aqqg*)	4	DSL = 30 days
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	1	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	4	DSL = 30 days
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
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	
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	

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	
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
raloxifene hcl oral tablet 60 mg	PV	
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	
risedronate sodium oral tablet delayed release 35 mg	1	
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	
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		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	DSL = 30 days
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
dichlorphenamide oral tablet 50 mg	1	DSL = 30 days
CARIOSTATIC AGENTS - Vitamins and Fluoride		
CLINPRO 5000 DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
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	
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	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	PV	
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	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 KIDS DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (*sodium fluoride*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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-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)*)	4	DSL = 30 days
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*)	4	DSL = 30 days
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	4	DSL = 30 days
FABHALTA ORAL CAPSULE 200 MG (*iptacopan hcl*)	4	DSL = 30 days
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	4	DSL = 30 days
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	4	DSL = 30 days
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (*eculizumab*)	4	DSL = 30 days
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	4	DSL = 30 days
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (*ravulizumab-cwvz*)	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VEOPOZ INJECTION SOLUTION 400 MG/2ML (*pozelimab-bbfg*)	4	DSL = 30 days
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (*zilucoplan sodium*)	4	DSL = 30 days
COMPLEMENT INHIBITORS (92:32)		
BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*)	4	DSL = 30 days
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (*c1 esterase inhibitor (human)*)	4	DSL = 30 days
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	4	DSL = 30 days
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	4	DSL = 30 days
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	DSL = 30 days
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	4	DSL = 30 days
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	4	DSL = 30 days
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (*eculizumab*)	4	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	4	DSL = 30 days
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	4	DSL = 30 days
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (*ravulizumab-cwvz*)	4	
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	4	DSL = 30 days
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	4	DSL = 30 days
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-afzb*)	4	DSL = 30 days
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	4	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab*)	4	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	4	DSL = 30 days
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	
ADALIMUMAB-RYVK (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	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*)	4	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	4	DSL = 30 days
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	4	DSL = 30 days
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (*secukinumab*)	4	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*secukinumab*)	4	DSL = 30 days
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	4	DSL = 30 days
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	4	DSL = 30 days
CUPRIMINE ORAL CAPSULE 250 MG (*penicillamine*)	4	
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 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	4	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	4	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	4	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-adbm*)	4	
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	4	
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	4	DSL = 30 days
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-adbm*)	4	
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	4	DSL = 30 days
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	4	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	4	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	4	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	4	DSL = 30 days
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	4	DSL = 30 days
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	4	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	4	DSL = 30 days
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	4	DSL = 30 days
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	4	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*)	4	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	4	DSL = 30 days
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	4	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*)	4	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	4	DSL = 30 days
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	4	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	4	DSL = 30 days
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	4	DSL = 30 days
leflunomide oral tablet 10 mg, 20 mg	4	
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	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	2	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (*baricitinib*)	4	DSL = 30 days
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	4	DSL = 30 days
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*abatacept*)	4	DSL = 30 days
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	4	DSL = 30 days
OTEZLA ORAL TABLET 30 MG (*apremilast*)	4	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	4	DSL = 30 days
penicillamine oral capsule 250 mg	4	
penicillamine oral tablet 250 mg	4	
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*)	4	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	4	
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (*rituximab-arrx*)	4	DSL = 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (*upadacitinib*)	4	DSL = 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (*upadacitinib*)	4	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	4	DSL = 30 days
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	4	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*)	4	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	4	DSL = 30 days
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	4	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*)	4	DSL = 30 days
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab-aazg*)	4	DSL = 30 days
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	4	DSL = 30 days; OC
XELJANZ ORAL SOLUTION 1 MG/ML (*tofacitinib citrate*)	4	DSL = 30 days
XELJANZ ORAL TABLET 10 MG, 5 MG (*tofacitinib citrate*)	4	DSL = 30 days
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (*tofacitinib citrate*)	4	DSL = 30 days
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-aaty*)	4	DSL = 30 days
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-aaty*)	4	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-aaty*)	4	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-aaty*)	4	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-aqvh*)	4	DSL = 30 days
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	4	DSL = 30 days
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	4	DSL = 30 days
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-afzb*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-afzb*)	4	DSL = 30 days
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	4	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab*)	4	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	4	DSL = 30 days
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (*interferon gamma-1b*)	4	DSL = 30 days
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	4	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	4	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	4	
ADALIMUMAB-RYVK (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	4	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*)	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	4	DSL = 30 days
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	4	DSL = 30 days
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	4	DSL = 30 days
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	1	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (*monomethyl fumarate*)	4	DSL = 30 days
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	4	DSL = 30 days
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	2	DSL = 30 days
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML (*ublituximab-xiiy*)	4	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (*certolizumab pegol*)	4	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*)	4	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-adbm*)	4	
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	4	DSL = 30 days
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	1	DSL = 30 days
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	4	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	4	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	4	DSL = 30 days
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	4	DSL = 30 days
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	4	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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GILENYA ORAL CAPSULE 0.25 MG (*fingolimod hcl*)	4	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
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	4	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (*adalimumab-bwwd*)	4	DSL = 30 days
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	4	DSL = 30 days
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (*adalimumab*)	4	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*)	4	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	4	DSL = 30 days
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	4	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*)	4	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	4	DSL = 30 days
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (*adalimumab-adaz*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	4	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
JOENJA ORAL TABLET 70 MG (*leniolisib phosphate*)	4	DSL = 30 days
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (*ofatumumab*)	4	DSL = 30 days
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	4	DSL = 30 days
leflunomide oral tablet 10 mg, 20 mg	4	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (*alemtuzumab*)	4	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*)	4	
MAYZENT ORAL TABLET 0.25 MG, 2 MG (*siponimod fumarate*)	4	
MAYZENT ORAL TABLET 1 MG (*siponimod fumarate*)	4	DSL = 30 days
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (*siponimod fumarate*)	4	
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	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	2	
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML (*ocrelizumab*)	4	DSL = 30 days
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	4	DSL = 30 days
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*abatacept*)	4	DSL = 30 days
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (*abatacept*)	4	DSL = 30 days
OTEZLA ORAL TABLET 30 MG (*apremilast*)	4	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	4	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	4	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLAQUENIL ORAL TABLET 200 MG (*hydroxychloroquine sulfate*)	PV	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	4	DSL = 30 days
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	4	DSL = 30 days
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	4	DSL = 30 days
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML (*peginterferon beta-1a*)	4	DSL = 30 days
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	4	DSL = 30 days
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	4	DSL = 30 days; OC
PONVORY ORAL TABLET 20 MG (*ponesimod*)	4	DSL = 30 days
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (*ponesimod*)	4	DSL = 30 days
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (*aldesleukin*)	4	DSL = 30 days
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	4	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (*interferon beta-1a*)	4	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (*interferon beta-1a*)	4	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (*interferon beta-1a*)	4	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	4	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	4	
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML (*rozanolixizumab-noli*)	4	DSL = 30 days
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	2	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	4	DSL = 30 days
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-ryvk*)	4	DSL = 30 days
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-ryvk*)	2	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (*golimumab*)	4	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (*golimumab*)	4	DSL = 30 days
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*golimumab*)	4	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*)	4	DSL = 30 days
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (*dimethyl fumarate*)	4	DSL = 30 days
teriflunomide oral tablet 14 mg, 7 mg	1	
THALOMID ORAL CAPSULE 100 MG, 50 MG (*thalidomide*)	4	OC
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab-bavi*)	4	DSL = 30 days
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (*tocilizumab-aazg*)	4	DSL = 30 days
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (*natalizumab*)	4	DSL = 30 days
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (*inebilizumab-cdon*)	4	DSL = 30 days
VELSIPITY ORAL TABLET 2 MG (*etrasimod arginine*)	4	DSL = 30 days
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (*diroximel fumarate*)	4	DSL = 30 days
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML (*efgartigimod alfa-hyalur-qvfc*)	4	DSL = 30 days
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML (*efgartigimod alfa-fcab*)	4	DSL = 30 days
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	4	DSL = 30 days; OC
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-aaty*)	4	DSL = 30 days
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (*adalimumab-aaty*)	4	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (*adalimumab-aaty*)	4	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (*adalimumab-aaty*)	4	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-aqvh*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (*ozanimod hcl*)	4	DSL = 30 days
ZEPOSIA ORAL CAPSULE 0.92 MG (*ozanimod hcl*)	4	DSL = 30 days
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) (*ozanimod hcl*)	4	DSL = 30 days
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	4	DSL = 30 days
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
ARAVA ORAL TABLET 10 MG, 20 MG (*leflunomide*)	4	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	4	
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (*lymphocyte,anti-thymo imm glob*)	2	
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*)	4	DSL = 30 days
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	4	DSL = 30 days
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	4	DSL = 30 days
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	1	DSL = 30 days
CYCLOPHOSPHAMIDE SOLUTION 2 GM/10ML INTRAVENOUS	4	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	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML (*emapalumab-lzsg*)	4	DSL = 30 days
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	4	DSL = 30 days
leflunomide oral tablet 10 mg, 20 mg	4	
LUPKYNIS ORAL CAPSULE 7.9 MG (*voclosporin*)	4	DSL = 30 days
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	4	
mercaptopurine oral suspension 2000 mg/100ml	1	DSL = 30 days; OC
mercaptopurine oral tablet 50 mg	4	OC

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (*mycophenolate mofetil*)	4	
NEORAL ORAL SOLUTION 100 MG/ML (*cyclosporine modified*)	2	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (*belatacept*)	4	
pimecrolimus external cream 1 %	1	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (*tacrolimus*)	2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (*cyclosporine*)	2	
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML (*anifrolumab-fnia*)	4	DSL = 30 days
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (*basiliximab*)	4	
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)*)	4	
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	4	DSL = 30 days; OC
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (*everolimus*)	4	
KALLIKREIN INHIBITORS		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (*berotralstat hcl*)	4	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*lanadelumab-flyo*)	4	DSL = 30 days
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ACUNOL ORAL TABLET (*homeopathic products*)	PV	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (*dalfampridine*)	4	DSL = 30 days
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (*vutrisiran sodium*)	4	DSL = 30 days
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*)	4	
betaine oral powder	1	DSL = 30 days
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (*onabotulinumtoxina (cosmetic)*)	2	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (*onabotulinumtoxina*)	2	
bp vit 3 oral capsule 1 mg	1	
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	4	DSL = 30 days
coenzyme q-10 oral capsule 100 mg, 200 mg, 30 mg	1	
coenzyme q10 oral capsule 50 mg	1	
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	
coq10 oral capsule 100 mg, 200 mg	1	
coq-10 oral capsule 100 mg, 200 mg	1	
CYSTADANE ORAL POWDER (*betaine*)	4	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	4	DSL = 30 days
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (*givinostat hcl*)	4	DSL = 30 days
ECZEMOL ORAL TABLET (*homeopathic products*)	PV	
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	2	
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*)	4	DSL = 30 days
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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 delayed release 1000 mg	1	
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	4	DSL = 30 days
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	2	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML (*givosiran sodium*)	4	DSL = 30 days
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	4	DSL = 30 days
ISTURISA ORAL TABLET 1 MG, 5 MG (*osilodrostat phosphate*)	4	DSL = 30 days
JAVYGTOR ORAL PACKET 100 MG (*sapropterin dihydrochloride*)	4	DSL = 30 days
KUVAN ORAL PACKET 100 MG (*sapropterin dihydrochloride*)	4	DSL = 30 days
levocarnitine intravenous solution 200 mg/ml	1	
l-glutamine oral packet 5 gm	1	DSL = 30 days
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	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg	1	
metyrosine oral capsule 250 mg	1	
miglustat oral capsule 100 mg	4	DSL = 30 days
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	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (*rimabotulinumtoxinb*)	2	
nitisinone oral capsule 10 mg, 2 mg, 5 mg	4	DSL = 30 days
nitisinone oral capsule 20 mg	1	DSL = 30 days
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (*nitisinone*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG (*fosdenopterin hydrobromide*)	4	DSL = 30 days
odorless coated fish oil oral capsule delayed release 1000 mg	1	
omega 3 fish oil oral capsule 1000 mg	1	
omega-3 fish oil oral capsule 1000 mg	1	
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML (*patisiran sodium*)	4	DSL = 30 days
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*)	4	DSL = 30 days
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	4	DSL = 30 days
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
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*)	4	DSL = 30 days
PROCYSBI ORAL PACKET 300 MG, 75 MG (*cysteamine bitartrate*)	4	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*)	4	
REZUROCK ORAL TABLET 200 MG (*belumosudil mesylate*)	4	DSL = 30 days
RIMSO-50 INTRAVESICAL SOLUTION 50 % (*dimethyl sulfoxide*)	2	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (*nedosiran sodium*)	4	
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML (*nedosiran sodium*)	4	
sapropterin dihydrochloride oral packet 100 mg, 500 mg	4	DSL = 30 days
sapropterin dihydrochloride oral tablet 100 mg	1	DSL = 30 days
SKYCLARYS ORAL CAPSULE 50 MG (*omaveloxolone*)	4	DSL = 30 days
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (*palovarotene*)	4	DSL = 30 days
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	
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	2	
UREAPRO ORAL POWDER 15 GM/SCOOP (*urea*)	2	
uretron d/s oral tablet 81.6 mg	1	
VIJOICE ORAL PACKET 50 MG (*alpelisib*)	4	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (*alpelisib*)	4	DSL = 30 days
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (*sodium hyaluronate (viscosup)*)	2	
VOWST ORAL CAPSULE (*fecal microb spores, live-brpk*)	4	DSL = 30 days
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (*vosoritide*)	4	DSL = 30 days
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	4	DSL = 30 days
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	4	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT (*incobotulinumtoxina*)	4	
ZAVESCA ORAL CAPSULE 100 MG (*miglustat*)	4	DSL = 30 days
ZEEL ARTHIRITIS PAIN RELIEF EXTERNAL OINTMENT (*homeopathic products*)	PV	
zelvysia oral packet 100 mg, 500 mg	4	DSL = 30 days
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (*lonafarnib*)	4	DSL = 30 days
PROTECTIVE AGENTS		
adapalene external cream 0.1 %	1	
adapalene external gel 0.1 %, 0.3 %	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	1	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (*dalfampridine*)	4	DSL = 30 days
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (*trilaciclib dihydrochloride*)	PV	DSL = 30 days
dalfampridine er oral tablet extended release 12 hour 10 mg	4	DSL = 30 days
dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg	PV	
dexrazoxane intravenous solution reconstituted 250 mg	PV	
DIFFERIN EXTERNAL CREAM 0.1 % (*adapalene*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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*)	4	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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
methylergonovine maleate oral tablet 0.2 mg	1	
MIFEPREX ORAL TABLET 200 MG (*mifepristone*)	PV	
mifepristone oral tablet 200 mg	PV	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (*dinoprostone*)	2	
RESPIRATORY TRACT AGENTS		
DUAL PHOSPHODIESTERASE INHIBITOR (48:34)		
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML (*ensifentrine*)	4	
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	
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	
epinephrine (anaphylaxis) injection solution 1 mg/ml	1	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
epinephrine injection solution auto-injector 0.15 mg/0.3ml	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	1	
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 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*)	4	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*tiotropium bromide*)	2	
tiotropium bromide inhalation capsule 18 mcg	1	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (*revefenacin*)	4	
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
ESBRIET ORAL TABLET 267 MG, 801 MG (*pirfenidone*)	4	DSL = 30 days
OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*)	4	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		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mepolizumab*)	4	DSL = 30 days
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML (*mepolizumab*)	4	DSL = 30 days
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (*mepolizumab*)	4	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	
benzonatate oral capsule 100 mg, 200 mg	1	
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	
daytime cold/flu relief oral capsule 10-5-325 mg	1	
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml, 20-200 mg/10ml	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
sleep-aid oral capsule 25 mg, 50 mg	1	
tussin dm cough + chest oral liquid 20-400 mg/20ml	1	
tussin dm max oral liquid 20-400 mg/20ml	1	
westussin dm nf oral liquid 2-15-7.5 mg/5ml	1	
CORTICOSTEROIDS (RESPIRATORY TRACT) - Drugs for Inflammation		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (*ciclesonide*)	2	
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	1	DSL = 30 days
flunisolide nasal solution 25 mcg/act (0.025%)	1	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
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	
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	
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (*vanzacaft-tezacaft-deutivacaft*)	4	DSL = 30 days
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (*lumacaftor-ivacaftor*)	4	DSL = 30 days
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*)	4	DSL = 30 days
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (*tezacaftor-ivacaftor*)	4	DSL = 30 days
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (*elexacaftor-tezacaftor-ivacaft*)	4	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*)	4	DSL = 30 days
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (*ivacaftor*)	4	DSL = 30 days
KALYDECO ORAL TABLET 150 MG (*ivacaftor*)	4	DSL = 30 days
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (*lumacaftor-ivacaftor*)	4	DSL = 30 days
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*)	4	DSL = 30 days
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (*tezacaftor-ivacaftor*)	4	DSL = 30 days
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*)	4	DSL = 30 days
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (*elexacaftor-tezacaftor-ivacaft*)	4	DSL = 30 days
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
ambrisentan oral tablet 10 mg, 5 mg	4	DSL = 30 days
bosentan oral tablet 125 mg, 62.5 mg	4	DSL = 30 days
bosentan oral tablet soluble 32 mg	1	DSL = 30 days
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	4	DSL = 30 days
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	4	DSL = 30 days
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (*macitentan-tadalafil*)	4	DSL = 30 days
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	4	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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg, 6 mg	1	
chlorpheniramine maleate er oral tablet extended release 12 mg	1	
clemastine fumarate oral syrup 0.67 mg/5ml	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
diphenhydramine hcl 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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
liquid allergy relief oral liquid 12.5 mg/5ml	1	
m-dryl oral liquid 12.5 mg/5ml	1	
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*)	4	
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (*reslizumab*)	4	DSL = 30 days
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (*benralizumab*)	4	DSL = 30 days
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (*benralizumab*)	4	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (*canakinumab*)	4	DSL = 30 days
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (*tezepelumab-ekko*)	4	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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	4	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (*cromolyn sodium*)	4	
MUCOLYTIC AGENTS - Drugs for the Lungs		
acetylcysteine inhalation solution 10 %, 20 %	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (*sodium chloride*)	1	
nasal moisturizing spray nasal solution 0.65 %	1	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % (*sodium chloride*)	1	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	4	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
ft 24 hour nasal allergy nasal aerosol 55 mcg/act	1	
mometasone furoate nasal suspension 50 mcg/act	1	
triamcinolone acetonide nasal aerosol 55 mcg/act	1	
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	1	DSL = 30 days
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
roflumilast oral tablet 250 mcg, 500 mcg	1	
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	4	DSL = 30 days
alyq oral tablet 20 mg	4	DSL = 30 days
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (*macitentan-tadalafil*)	4	DSL = 30 days
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	4	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	4	
sildenafil citrate intravenous solution 10 mg/12.5ml	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	DSL = 30 days
sildenafil citrate oral tablet 20 mg	4	
sildenafil citrate oral tablet 25 mg	1	
tadalafil (pah) oral tablet 20 mg	4	DSL = 30 days
tadalafil oral tablet 2.5 mg, 5 mg	1	
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	4	DSL = 30 days
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES - Drugs for the Lungs		
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	1	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	4	DSL = 30 days
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	4	
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	4	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	4	DSL = 30 days
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	4	DSL = 30 days
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (*treprostinil*)	4	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
PULMONARY SURFACTANTS - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML (*poractant alfa*)	2	
SURVANTA INTRATRACHEAL SUSPENSION 25-0.9 MG/ML-% (*beractant in nacl*)	2	
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)*)	4	DSL = 30 days
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	4	DSL = 30 days
ESBRIET ORAL TABLET 267 MG, 801 MG (*pirfenidone*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (*alpha1-proteinase inhibitor*)	4	DSL = 30 days
pirfenidone oral capsule 267 mg	1	
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	1	
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (*tezepelumab-ekko*)	4	DSL = 30 days
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG (*sotatercept-csrk*)	4	DSL = 30 days
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (*omalizumab*)	4	DSL = 30 days
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (*omalizumab*)	4	DSL = 30 days
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*omalizumab*)	4	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (*omalizumab*)	4	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*)	4	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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
desloratadine oral tablet 5 mg	1	
desloratadine oral tablet dispersible 5 mg	1	
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	
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	
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
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	
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	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (*albuterol sulfate*)	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADCIRCA ORAL TABLET 20 MG (*tadalafil (pah)*)	4	DSL = 30 days
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	4	DSL = 30 days
alyq oral tablet 20 mg	4	DSL = 30 days
ambrisentan oral tablet 10 mg, 5 mg	4	DSL = 30 days
bosentan oral tablet 125 mg, 62.5 mg	4	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	
LETAIRIS ORAL TABLET 10 MG, 5 MG (*ambrisentan*)	4	DSL = 30 days
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	4	DSL = 30 days
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (*treprostinil diolamine*)	4	DSL = 30 days
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (*treprostinil*)	4	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	4	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	4	
sildenafil citrate intravenous solution 10 mg/12.5ml	4	
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	DSL = 30 days
sildenafil citrate oral tablet 20 mg	4	
sildenafil citrate oral tablet 25 mg	1	
tadalafil (pah) oral tablet 20 mg	4	DSL = 30 days
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	4	DSL = 30 days
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	4	DSL = 30 days
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	4	
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	4	DSL = 30 days
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (*treprostinil*)	4	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*)	4	DSL = 30 days
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	4	DSL = 30 days
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	4	DSL = 30 days
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	4	DSL = 30 days
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (*selexipag*)	4	DSL = 30 days
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	4	DSL = 30 days
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	4	DSL = 30 days
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
elixophyllin oral elixir 80 mg/15ml	1	
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		
bexarotene external gel 1 %	1	
bexarotene oral capsule 75 mg	4	OC
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 5 %	1	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (*tirbanibulin*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (*tirbanibulin*)	4	DSL = 30 days
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (*aminolevulinic acid hcl*)	2	
PANRETIN EXTERNAL GEL 0.1 % (*alitretinoin*)	4	DSL = 30 days
TARGRETIN ORAL CAPSULE 75 MG (*bexarotene*)	4	OC
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	4	DSL = 30 days
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ADRENERGIC AGONISTS - Drugs for the Skin		
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	
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
athletes foot (terbinafine) external cream 1 %	1	
ft athletes foot (terbinafine) external cream 1 %	1	
naftifine hcl external cream 1 %, 2 %	1	
naftifine hcl external gel 2 %	1	
ANTIBACTERIALS (84:04) - Drugs for the Skin		
antibiotic external ointment 500 unit/gm	1	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (*sulfacetamide sodium-sulfur*)	1	
azelaic acid external gel 15 %	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	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
bp 10-1 external emulsion 10-1 %	1	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (*clindamycin palmitate hcl*)	2	
clindacin etz external swab 1 %	1	
clindacin external foam 1 %	1	
clindacin-p external swab 1 %	1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
clindamycin phos (once-daily) external gel 1 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
dapsone external gel 5 %	1	
dapsone oral tablet 100 mg, 25 mg	1	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (*doxycycline hyclate*)	4	
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 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	
ery external pad 2 %	1	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	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	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
metronidazole external cream 0.75 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	1	
moxifloxacin hcl oral tablet 400 mg	1	
mupirocin calcium external cream 2 %	1	
mupirocin external ointment 2 %	1	
neomycin sulfate oral tablet 500 mg	1	
neomycin-polymyxin b gu irrigation solution 40-200000	1	
neuac external gel 1.2-5 %	1	
poly bacitracin external ointment 500-10000 unit/gm	1	
polymyxin b sulfate injection solution reconstituted 500000 unit	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SULFAMYLON EXTERNAL CREAM 85 MG/GM (*mafenide acetate*)	2	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
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	
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
AGONEAZE EXTERNAL KIT 2.5-2.5 %	1	
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	
dibucaine (perianal) external ointment 1 %	1	
DICLONA EXTERNAL GEL 1-4.5 %	4	DSL = 30 days
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	
ethyl chloride external aerosol	1	
ft triple antibiotic + pain external ointment 1 %	1	
ft urinary pain relief oral tablet 95 mg	1	
glydo external prefilled syringe 2 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
instant oral pain relief max mouth/throat gel 20 %	1	
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML (*difelikefalin acetate*)	4	DSL = 30 days
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 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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lidocaine-hydrocort (perianal) external cream 3-0.5 %	1	
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	
LIVIXIL PAK EXTERNAL KIT 2.5-2.5 % (*lidocaine-prilocaine*)	1	
pain relieving + lidocaine external cream 4 %	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg, 95 mg	1	
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	
PRILOVIX EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIX PLUS EXTERNAL KIT 2.5-2.5 %	1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	1	
RELADOR PAK EXTERNAL KIT 2.5-2.5 % (*lidocaine-prilocaine*)	1	
RELADOR PAK PLUS EXTERNAL KIT 2.5-2.5 % (*lidocaine-prilocaine*)	1	
triple antibiotic pain relief external ointment 1 %	1	
urinary pain relief oral tablet 95 mg	1	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
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	
docosanol external cream 10 %	1	
ft docosanol external cream 10 %	1	
penciclovir external cream 1 %	1	
SITAVIG BUCCAL TABLET 50 MG (*acyclovir*)	PV	
YCANTH EXTERNAL SOLUTION 0.7 % (*cantharidin*)	4	
ASTRINGENTS (84:12) - Drugs for the Skin		
astringent external packet	1	
calamine external lotion 8-8 %	1	
diaper rash external ointment 40 %	1	
DRYSOL EXTERNAL SOLUTION 20 % (*aluminum chloride*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft calamine external lotion 8-8 %	1	
glycopyrrolate oral solution 1 mg/5ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
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	
XERAC AC EXTERNAL SOLUTION 6.25 % (*aluminum chloride in alcohol*)	2	
ASTRINGENTS, ANTI-INFECTIVE - Drugs for the Skin		
benzalkonium chloride external solution , 50 %	1	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
ft povidone-iodine external solution 10 %	1	
hydrocortisone-iodoquinol external cream 1-1 %	1	
iodine strong oral solution 5 %	1	
iodine tincture external tincture 2 %	1	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	
periogard mouth/throat solution 0.12 %	1	
povidone-iodine external solution 10 %	1	
selenium sulfide external lotion 2.5 %	1	
selenium sulfide external shampoo 2.25 %, 2.3 %	1	
silver sulfadiazine external cream 1 %	1	
ssd external cream 1 %	1	
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
antifungal external cream 2 %	1	
antifungal external powder 2 %	1	
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	
econazole nitrate external cream 1 %	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
goodsense anti-fungal external aerosol 2 %	1	
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	
ketoconazole external shampoo 2 %	1	
ketodan external foam 2 %	1	
micaderm external cream 2 %	1	
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	
miconazorb af external powder 2 %	1	
oxiconazole nitrate external cream 1 %	1	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
ammonium lactate external cream 12 %	1	
ammonium lactate external lotion 12 %	1	
methyl salicylate external liquid	1	
turpentine external spirit	1	
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	
BIOGAIA ALDERMIS BABY EXTERNAL OINTMENT (*emollient*)	2	
calamine external lotion 8-8 %	1	
calcipotriene external cream 0.005 %	1	
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	4	DSL = 30 days
calcipotriene-betameth diprop external suspension 0.005-0.064 %	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ft calamine external lotion 8-8 %	1	
hydrocortisone external cream 1 %	1	
hydrocortisone/aloe max str external cream 1 %	1	
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	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	2	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	4	
VANICREAM EXTERNAL OINTMENT (*emollient*)	2	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	4	DSL = 30 days
BASIC POWDERS AND DEMULCENTS - Drugs for the Skin		
benzoin compound external tincture	1	
benzoin external tincture	1	
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*)	2	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
finasteride oral tablet 1 mg, 5 mg	1	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG (*palifermin*)	4	DSL = 30 days
minoxidil oral tablet 10 mg, 2.5 mg	1	
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*)	4	DSL = 30 days
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	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ala-cort external cream 1 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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*)	4	DSL = 30 days
amcinonide external cream 0.1 %	1	
amcinonide external ointment 0.1 %	1	
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 RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	1	
BETAMETHASONE COMBO INJECTION SUSPENSION 6 (3-3) MG/ML	1	
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 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	
budesonide rectal foam 2 mg, 2 mg/act	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	4	DSL = 30 days
calcipotriene-betameth diprop external suspension 0.005-0.064 %	4	
clobetasol propionate e external cream 0.05 %	1	
clobetasol propionate emulsion external foam 0.05 %	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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 SPRAY EXTERNAL LIQUID 0.05 % (*clobetasol propionate*)	2	
clocortolone pivalate external cream 0.1 %	1	
clodan external shampoo 0.05 %	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*)	2	
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	
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	
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	
ft itch relief max strength external cream 1 %	1	
ft itch relief/aloe max str external cream 1 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
halcinonide external cream 0.1 %	1	
HALCINONIDE EXTERNAL SOLUTION 0.1 %	4	DSL = 30 days
halobetasol propionate external cream 0.05 %	1	
halobetasol propionate external foam 0.05 %	1	DSL = 30 days
halobetasol propionate external ointment 0.05 %	1	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	1	
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 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 external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
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	
hydrocortisone-iodoquinol external cream 1-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (*fluocinolone acetonide*)	4	
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	1	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	
lidocaine-hydrocort (perianal) external cream 3-0.5 %	1	
lidocaine-hydrocortisone ace rectal kit 1-3 %, 2-2 %, 3-0.5 %, 3-2.5 %	1	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (*pramoxine-hc*)	2	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	1	
procto-med hc external cream 2.5 %	1	
RETISERT INTRAVITREAL IMPLANT 0.59 MG (*fluocinolone acetonide*)	4	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	4	
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	
triderm external cream 0.5 %	1	
ULTRAVATE EXTERNAL LOTION 0.05 % (*halobetasol propionate*)	4	DSL = 30 days
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	4	DSL = 30 days
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (*fluocinolone acetonide*)	4	
DEPIGMENTING AGENTS - Drugs for the Skin		
hydroquinone external cream 4 %	1	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ciclodan external solution 8 %	1	
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	1	
ciclopirox external solution 8 %	1	
ciclopirox olamine external cream 0.77 %	1	
ciclopirox olamine external suspension 0.77 %	1	
ciclopirox treatment external kit 8 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMMUNOMODULATORY AGENTS (84:06) - Drugs for the Skin		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*tralokinumab-ldrm*)	4	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	4	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (*bimekizumab-bkzx*)	4	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (*bimekizumab-bkzx*)	4	
ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*)	2	
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	4	DSL = 30 days
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	4	
pimecrolimus external cream 1 %	1	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (*tacrolimus*)	2	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	4	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*)	4	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	4	
tacrolimus external ointment 0.03 %, 0.1 %	1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	4	
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*guselkumab*)	4	
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	4	DSL = 30 days
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	4	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (*guselkumab*)	4	DSL = 30 days
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (*guselkumab*)	4	DSL = 30 days
JANUS KINASE INHIBITORS (84:06) - Drugs for the Skin		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	4	DSL = 30 days; OC
roflumilast oral tablet 250 mcg, 500 mcg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOTYKTU ORAL TABLET 6 MG (*deucravacitinib*)	4	DSL = 30 days
KERATOLYTIC AGENTS - Drugs for the Skin		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*)	4	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	4	DSL = 30 days
adapalene external cream 0.1 %	1	
adapalene external gel 0.1 %, 0.3 %	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	1	
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (*sulfacetamide sodium-sulfur*)	1	
bp 10-1 external emulsion 10-1 %	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
corn & callus remover external liquid 17 %	1	
DIFFERIN EXTERNAL CREAM 0.1 % (*adapalene*)	2	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	2	
goodsense liquid wart remover external liquid 17 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
isotretinoin oral capsule 25 mg, 35 mg	1	DSL = 30 days
NEXOBRID EXTERNAL GEL 8.8 % (*anacaulase-bcdb*)	4	
podofilox external gel 0.5 %	1	
podofilox external solution 0.5 %	1	
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	
salzix wart remover external liquid 17 %	1	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
tazarotene external cream 0.05 %, 0.1 %	1	
tazarotene external gel 0.05 %, 0.1 %	1	
urea 20 intensive hydrating external cream 20 %	1	
urea external cream 20 %, 39 %, 40 %, 41 %, 45 %	1	
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	
xurea external cream 39 %	1	
YCANTH EXTERNAL SOLUTION 0.7 % (*cantharidin*)	4	
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		
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	1	
benzalkonium chloride external solution , 50 %	1	
benzepro external foam 5.3 %	1	
benzoyl peroxide external foam 9.8 %	1	
benzoyl peroxide external lotion 10 %, 5 %	1	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
bp wash external liquid 2.5 %	1	
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	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	2	
ft povidone-iodine external solution 10 %	1	
hydrocortisone-iodoquinol external cream 1-1 %	1	
iodine tincture external tincture 2 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	1	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	
neuac external gel 1.2-5 %	1	
periogard mouth/throat solution 0.12 %	1	
povidone-iodine external solution 10 %	1	
selenium sulfide external lotion 2.5 %	1	
selenium sulfide external shampoo 2.25 %, 2.3 %	1	
silver sulfadiazine external cream 1 %	1	
ssd external cream 1 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (*mafenide acetate*)	2	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
diclofenac sodium external gel 3 %	1	
diclofenac sodium external solution 1.5 %, 2 %	PV	
DICLONA EXTERNAL GEL 1-4.5 %	4	DSL = 30 days
ENOVARX-DICLOFENAC SODIUM EXTERNAL CREAM 2.5 %	PV	
ENOVARX-IBUPROFEN EXTERNAL CREAM 10 %	PV	
ENOVARX-NAPROXEN EXTERNAL CREAM 10 %	PV	
FROTEK EXTERNAL CREAM 10 % (*ketoprofen*)	PV	
KETORUB EXTERNAL CREAM 10 % (*ketoprofen*)	PV	
LIXOFEN EXTERNAL KIT 1.5 % (*diclofenac sodium*)	PV	
PENNSAID EXTERNAL SOLUTION 2 % (*diclofenac sodium*)	PV	
VENNGEL ONE EXTERNAL KIT 1 % (*diclofenac sodium*)	PV	
VENNGEL TWO EXTERNAL KIT 1 % (*diclofenac sodium*)	PV	
XICLO EXTERNAL PATCH 1.25 % (*diclofenac*)	PV	
OXABOROLES - Drugs for the Skin		
tavaborole external solution 5 %	1	
PHOSPHODIESTERASE-4 INHIBITORS (84:06) - Drugs for the Skin		
roflumilast oral tablet 250 mcg, 500 mcg	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nystatin external powder 100000 unit/gm	1	
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		
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	
permethrin external cream 5 %	1	
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		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (*isotretinoin micronized*)	4	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	4	DSL = 30 days
adapalene external cream 0.1 %	1	
adapalene external gel 0.1 %, 0.3 %	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %	1	
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-axxq*)	4	DSL = 30 days
azelaic acid external gel 15 %	1	
balsam peru-castor oil external ointment	1	
bexarotene external gel 1 %	1	
bimatoprost external solution 0.03 %	1	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (*bimekizumab-bkzx*)	4	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (*bimekizumab-bkzx*)	4	
brimonidine tartrate external gel 0.33 %	1	
calcipotriene external cream 0.005 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	4	DSL = 30 days
calcipotriene-betameth diprop external suspension 0.005-0.064 %	4	
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	
capzix external cream 0.1 %	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (*secukinumab*)	4	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (*secukinumab*)	4	DSL = 30 days
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	4	DSL = 30 days
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	4	DSL = 30 days
dapsone external gel 5 %	1	
dapsone oral tablet 100 mg, 25 mg	1	
DERMACINRX PENETRAL EXTERNAL CREAM 0.025 % (*capsaicin*)	2	
diclofenac sodium external solution 1.5 %, 2 %	PV	
DICLONA EXTERNAL GEL 1-4.5 %	4	DSL = 30 days
DIFFERIN EXTERNAL CREAM 0.1 % (*adapalene*)	2	
doxycycline oral capsule delayed release 40 mg	1	
ELIDEL EXTERNAL CREAM 1 % (*pimecrolimus*)	2	
ENOVARX-DICLOFENAC SODIUM EXTERNAL CREAM 2.5 %	PV	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (*adapalene-benzoyl peroxide*)	2	
FILSUVEZ EXTERNAL GEL 10 % (*birch triterpenes*)	4	
finasteride oral tablet 1 mg	1	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	4	DSL = 30 days
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	4	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
imiquimod external cream 5 %	1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-dyyb*)	4	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
isotretinoin oral capsule 25 mg, 35 mg	1	DSL = 30 days
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (*tirbanibulin*)	4	DSL = 30 days
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (*tirbanibulin*)	4	DSL = 30 days
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML (*difelikefalin acetate*)	4	DSL = 30 days
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (*aminolevulinic acid hcl*)	2	
l-glutamine oral packet 5 gm	1	DSL = 30 days
LIXOFEN EXTERNAL KIT 1.5 % (*diclofenac sodium*)	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	
NEXOBRID EXTERNAL GEL 8.8 % (*anacaulase-bcdb*)	4	
nitroglycerin rectal ointment 0.4 %	1	
OTEZLA ORAL TABLET 30 MG (*apremilast*)	4	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	4	DSL = 30 days
PANRETIN EXTERNAL GEL 0.1 % (*alitretinoin*)	4	DSL = 30 days
PENNSAID EXTERNAL SOLUTION 2 % (*diclofenac sodium*)	PV	
pimecrolimus external cream 1 %	1	
podofilox external gel 0.5 %	1	
podofilox external solution 0.5 %	1	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab*)	4	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (*infliximab-abda*)	4	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	2	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (*afamelanotide acetate*)	4	DSL = 30 days
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (*brodalumab*)	4	DSL = 30 days
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	4	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	4	
SOTYKTU ORAL TABLET 6 MG (*deucravacitinib*)	4	DSL = 30 days

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*)	4	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (*ustekinumab*)	4	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	4	
tacrolimus external ointment 0.03 %, 0.1 %	1	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (*ixekizumab*)	4	DSL = 30 days
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (*ixekizumab*)	4	DSL = 30 days
tazarotene external cream 0.05 %, 0.1 %	1	
tazarotene external gel 0.05 %, 0.1 %	1	
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	4	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	4	
USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5ML	4	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	4	
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	4	DSL = 30 days
VENNGEL ONE EXTERNAL KIT 1 % (*diclofenac sodium*)	PV	
VENNGEL TWO EXTERNAL KIT 1 % (*diclofenac sodium*)	PV	
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (*beremagene geperpavec-svdt*)	4	DSL = 30 days
WYNZORA EXTERNAL CREAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	4	DSL = 30 days
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML (*infliximab-dyyb*)	4	DSL = 30 days
SUNSCREEN AGENTS - Drugs for the Skin		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (*afamelanotide acetate*)	4	DSL = 30 days
THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
antifungal maximum strength external solution 1 %	1	
ft antifungal external cream 1 %	1	
tolnaftate antifungal external cream 1 %	1	
tolnaftate external cream 1 %	1	
tolnaftate external powder 1 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	1	
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	
oxybutynin chloride oral tablet 2.5 mg, 5 mg	1	
solifenacin succinate oral tablet 10 mg, 5 mg	1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	1	
tolterodine tartrate oral tablet 1 mg, 2 mg	1	
trospium chloride er oral capsule extended release 24 hour 60 mg	1	
trospium chloride oral tablet 20 mg	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
elixophyllin oral elixir 80 mg/15ml	1	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (*sildenafil citrate*)	4	
REVATIO ORAL TABLET 20 MG (*sildenafil citrate*)	4	
sildenafil citrate intravenous solution 10 mg/12.5ml	4	
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	DSL = 30 days
sildenafil citrate oral tablet 20 mg	4	
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		
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (*mirabegron*)	2	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAMINS		
MULTIVITAMIN PREPARATIONS		
b-100 b-complex oral tablet	1	
b-plex oral tablet	1	
b-plex plus oral tablet	1	
cod liver oil oral oil	1	
daflonex-xl oral capsule	1	
eye health gummies oral tablet chewable	1	
flavovit ear health oral tablet	1	
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	
grape seed extract oral capsule	1	
growing bones & muscles kids oral tablet chewable	1	
INFUVITE ADULT INTRAVENOUS SOLUTION (*multiple vitamin*)	2	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (*pediatric multiple vitamins*)	2	
mens multivitamin gummies oral tablet chewable	1	
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	
MYNEPHRON ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
niacin flush free oral capsule 400-100 mg	1	
nicotinamide oral tablet 750-27-2-0.5 mg	1	
norwegian cod liver oil oral capsule	1	
pnv 27-ca/fe/fa oral tablet 60-1 mg	1	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RENAL ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
rena-vite oral tablet	1	
stress formula/zinc/energy oral tablet	1	
triphrocaps oral capsule 1 mg	1	
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	
v-c forte oral capsule	1	
vic-forte oral capsule	1	
vitachew adult multi vitamin oral tablet chewable	1	
VITLIPID N ADULT INTRAVENOUS EMULSION (*multiple vitamin*)	2	
wescaps oral capsule 1 mg	1	
womens multivitamin + collagen oral tablet chewable	1	
womens multivitamin gummies oral tablet chewable	1	
VITAMIN A		
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-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	
VITAMIN B COMPLEX		
b complex-b12 oral tablet	1	
b-100 b-complex oral tablet	1	
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-complex/b-12 oral tablet	1	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
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	
corvita 150 oral tablet 150-1.25 mg	1	
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal solution 500 mcg/0.1ml	1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	PV	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ferotrinsic oral capsule	PV	
folic acid injection solution 5 mg/ml	1	
folic acid oral capsule 5 mg	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	PV	
folplex 2.2 oral tablet 2.2-25-0.5 mg	1	
foltrin oral capsule	PV	
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	
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 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	
hematinic plus vit/minerals oral tablet 106-1 mg	1	
hematinic/folic acid oral tablet 324-1 mg	1	
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	
methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg	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	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MYNEPHRON ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
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	
nicotinamide oral tablet 750-27-2-0.5 mg	1	
pnv 27-ca/fe/fa oral tablet 60-1 mg	1	
pnv prenatal plus multivit+dha oral 27-1 & 312 mg	1	
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	
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	
purevit dualfe plus oral capsule 162-115.2-1 mg	1	
pyridoxine hcl injection solution 100 mg/ml	1	
RENAL ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
rena-vite oral tablet	1	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (*drospiren-eth estrad-levomefol*)	PV	
se-tan plus oral capsule 162-115.2-1 mg	1	
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG (*niacin*)	2	
thiamine hcl injection solution 100 mg/ml, 200 mg/2ml	1	
TRICON ORAL CAPSULE (*fe fumarate-b12-vit c-fa-ifc*)	PV	
triphrocaps oral capsule 1 mg	1	
TRUE FOLIC ACID ORAL TABLET 400 MCG	PV	
tydemy oral tablet 3-0.03-0.451 mg	PV	
vitamin b-complex 100 injection solution	1	
wescaps oral capsule 1 mg	1	
VITAMIN C		
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	
corvita 150 oral tablet 150-1.25 mg	1	
ferotrinsic oral capsule	PV	
foltrin oral capsule	PV	
ft b-complex plus vitamin c oral tablet	1	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
growing bones & muscles kids oral tablet chewable	1	
hematinic plus vit/minerals oral tablet 106-1 mg	1	
k-tan plus oral capsule 162-115.2-1 mg	1	
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	
MYNEPHRON ORAL CAPSULE 1 MG (*b complex-c-folic acid*)	1	
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	
rena-vite oral tablet	1	
se-tan plus oral capsule 162-115.2-1 mg	1	
TRICON ORAL CAPSULE (*fe fumarate-b12-vit c-fa-ifc*)	PV	
triphrocaps oral capsule 1 mg	1	
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	
wescaps oral capsule 1 mg	1	
VITAMIN D		
calcidol oral solution 200 mcg/ml	PV	
calcitriol intravenous solution 1 mcg/ml	PV	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	PV	
calcitriol oral solution 1 mcg/ml	PV	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (*ergocalciferol*)	PV	
ergocalciferol oral capsule 1.25 mg (50000 ut)	PV	
ergocalciferol oral solution 200 mcg/ml	PV	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
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	
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	
sv vitamin d3 oral capsule 50 mcg (2000 ut)	1	
sv vitamin d3 oral tablet chewable 25 mcg	1	
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	
ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg	1	
vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	PV	
VITAMIN E		
ft vitamin e oral capsule 180 mg	1	
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	

Index of Drugs