Pharmacy Formulary

Applicable to:

Alliance Care IHSS Health Plan

July 1, 2025

The electronic version of the formulary is available on:
https://thealliance.health/pharmacyformulary

Other plan-specific coverage documents are accessible online on Alliance Care IHSS members' homepage:
https://thealliance.health/for-members

Notice: This formulary is subject to change and all previous versions of the formulary are no longer in effect.

Nondiscrimination Notice

Discrimination is against the law. Central California Alliance for Health (the Alliance) follows State and Federal civil rights laws. The Alliance does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

The Alliance provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - ✓ Qualified sign language interpreters
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

If you need these services, contact the Alliance between 8 AM – 5:30 PM, Monday through Friday, by calling **800-700-3874**. If you cannot hear or speak well, please call **800-735-2929** (**TTY**: Dial 711). Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Central California Alliance for Health
1600 Green Hills Rd, Suite 101
Scotts Valley, CA 95066
800-700-3874
800-735-2929 (**TTY**: Dial 711)

HOW TO FILE A GRIEVANCE

If you believe that the Alliance has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with the Alliance's Civil Rights Coordinator, also known as the Senior Grievance Specialist. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact the Alliance's Senior Grievance Specialist between 8 AM and 5:30 PM, Monday through Friday, by calling **800-700-3874**. Or, if you cannot hear or speak well, please call **800-735-2929** (**TTY**: Dial 711).

- In writing: Fill out a complaint form or write a letter and send it to:

  Central California Alliance for Health
  Attn: Senior Grievance Specialist
  1600 Green Hills Rd, Suite 101
  Scotts Valley, CA 95066

- In person: Visit your doctor's office or the Alliance and say you want to file a grievance.

- Electronically: Visit the Alliance's website at www.thealliance.health.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.

- In writing: Fill out a complaint form or send a letter to:

  Deputy Director, Office of Civil Rights
  Department of Health Care Services
  Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  Complaint forms are available at
  http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.

<u>OFFICE OF CIVIL RIGHTS</u> – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- <u>By phone</u>: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.

- <u>In writing</u>: Fill out a complaint form or send a letter to:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

- <u>Electronically</u>: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

Taglines

English Tagline

ATTENTION: If you need help in your language call 1-800-700-3874 (TTY: 1-800-735-2929). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-700-3874 (TTY: 1-800-735-2929). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-700-3874 (TTY: 1-800-735-2929). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-800-700-3874 (TTY: 1-800-735-2929). هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-700-3874 (TTY: 1-800-735-2929): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-700-3874 (TTY: 1-800-735-2929): Այդ ծառայություններն անվճար են:

ឃ្លាសម្គាល់ជាភាសាខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-700-3874 (TTY: 1-800-735-2929)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-700-3874 (TTY: 1-800-735-2929)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Simplified Chinese)

请注意：**如果您需要以您的母**语提供帮助，请致电 1-800-700-3874 (TTY: 1-800-735-2929)。**我**们另外还提供针对残疾人士的帮助和服务，**例如盲文和大字体**阅读，**提供您方便取用**。请致电 1-800-700-3874 (TTY: 1-800-735-2929)。这些服务都**是免**费的。

مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-700-3874 (TTY: 1-800-735-2929) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-700-3874 (TTY: 1-800-735-2929) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-700-3874 (TTY: 1-800-735-2929) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-700-3874 (TTY: 1-800-735-2929) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-700-3874 (TTY: 1-800-735-2929). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-700-3874 (TTY: 1-800-735-2929). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での**対応**が**必要**な**場合**は 1-800-700-3874 (TTY: 1-800-735-2929)へお**電話**ください。**点字**の**資料**や**文字**の**拡大表示**など、**障**がいをお**持**ちの**方**のためのサービスも**用意**しています。 1-800-700-3874 (TTY: 1-800-735-2929)へお**電話**ください。これらのサービスは**無料**で**提供**しています。

한국어 태그라인 **(Korean)**

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-700-3874 (TTY: 1-800-735-2929) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-700-3874 (TTY: 1-800-735-2929) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-700-3874 (TTY: 1-800-735-2929). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-700-3874 (TTY: 1-800-735-2929). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-700-3874 (TTY: 1-800-735-2929). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-700-3874 (TTY: 1-800-735-2929). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

Taglines

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-700-3874 (TTY: 1-800-735-2929). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ 1-800-700-3874 (TTY: 1-800-735-2929). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

Русский слоган (Russian)
ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-700-3874 (линия TTY: 1-800-735-2929). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-700-3874 (линия TTY: 1-800-735-2929). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)
ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-700-3874 (TTY: 1-800-855-3000). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-700-3874 (TTY: 1-800-855-3000). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)
ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-700-3874 (TTY: 1-800-735-2929). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-700-3874 (TTY: 1-800-735-2929). Libre ang mga serbisyong ito.

แท็กไลน์ภาษาไทย (Thai)
โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-700-3874 (TTY: 1-800-735-2929) **นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข** 1-800-700-3874 (TTY: 1-800-735-2929) **ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้**

Примітка українською (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-700-3874 (TTY: 1-800-735-2929). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-700-3874 (TTY: 1-800-735-2929). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)
CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-700-3874 (TTY: 1-800-735-2929). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-700-3874 (TTY: 1-800-735-2929). Các dịch vụ này đều miễn phí.

Table of Contents

Introduction

Alliance Member Services Contact Information

If you have any questions about this handbook, your benefits or how to get care, please call us at **1-800-700-3874** (TTY for the hearing-impaired at 1-800-735-2929). It is our job to help you understand your health plan and how to use it. Our Representatives speak English and Spanish. We use a telephone language line for members who speak other languages.

You can reach one of our Member Services Representatives Monday-Friday between 8:00 a.m. and 5:30 p.m. You can also visit our Web site, **www.thealliance.health.**

Message from Alliance pharmacy department

Central California Alliance for Health (The Alliance), contracts with a company called MedImpact for pharmacy services. The Alliance, with direction from MedImpact's Pharmacy & Therapeutics (P&T) Committee, has developed this formulary to be used by Alliance providers and Alliance Care IHSS members.

The P&T committee will continue to update and revise this formulary based on quality of care considerations and sound financial principles. **The Alliance requires mandatory generic substitution whenever an equivalent product is available.** However, clinicians may prescribe a Brand Name drug with a "do not substitute" order when there is clinical justification for doing so. In the latter case, a Prior Authorization must be submitted to MedImpact for consideration prior to dispensing the drug to an Alliance member.

Over-the-counter (OTC) drugs are not a covered benefit for Alliance Care IHSS health plan, except for loratadine, cetirizine, fexofenadine, ketotifen, prenatal vitamins, nicotine patches and gum, OTC contraceptives and diabetic supplies. OTC contraceptives include emergency contraceptives (levonorgestrel), contraceptive sponges, spermicide, male/female condoms, and oral birth control pills. There is more information about symbols used in the formulary in the Informational section.

The formulary can be changed every month. After quarterly P&T committee meetings, formulary changes are effective at the start of next quarter (January, April, July, October). Changes to the formulary may include: adding or removing coverage requirements or limits, addition of/ or removal of prior authorization requirements. If you are negatively affected by the formulary change, the Alliance will notify you 60 days before the change becomes effective. See the Informational section for more details on the formulary symbols and what they mean.

The Alliance will not make changes to the drug tiers as a result of P&T committee, that would result in a higher copayment amount. Please see drug tier section for more information.

Definitions

Brand Name Drug
A drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.

Coinsurance
A percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

Copayment
A fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as a prescription drug benefit.

Coordination of Benefits
Means that if you have more than one insurance carrier, there is a specific order as to which insurance will pay first and which will pay last. The one that is billed first is your primary insurance. The insurance that is billed next is your secondary insurance. Even if you have more than one insurance carrier, the provider cannot collect more than the rate set by the insurance carriers. If you have questions about which insurance is your primary, please call Member Services.

Deductible
Is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

Drug Tier
Is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.

Enrollee
Is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

Exception request
Is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

Exigent circumstances
When an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a nonformulary drug.

Formulary
The complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

Generic drug
Is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold and italicized lowercase*** letters.

Medical Supplies
MedImpact will review authorization requests for blood glucose meters, test strips, lancets, insulin syringes and needles. All other requests for medical supplies will need to be sent to the Alliance Utilization Management department. The fax number for the Utilization Management department is (831) 430-5850.

Medically Necessary
Those health care, mental health care and substance use disorder services or products that are (a) furnished in accordance with professionally recognized standards of practice; (b) determined by the treating provider to be consistent with the medical condition, mental illness or substance use disorder; and (c) furnished at the most appropriate type, supply and level of service that consider the potential risks, benefits and alternatives.

Member
A person who becomes enrolled (enrollee) in Central California Alliance for Health to receive health care. In this formulary, a Member is also referred to as “you.”

Nonformulary drug
A prescription drug that is not listed on the health plan's formulary.

Out-of-pocket cost
Are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

Over the counter (OTC)
A medicine or product available for retail sale, but which can be considered for payment by the plan with a valid prescription.

Prescribing provider
A health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

Prescription
Is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

Prescription drug
A drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

Prior Authorization
A health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug. The Alliance contracts with a company called MedImpact to review prior authorization requests.

Step Therapy
A process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

Subscriber
Means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Using Your Health Plan Formulary

There are a few ways to look up a drug in the formulary:

1. You can find a drug by looking for the therapeutic category of the drug in the categorical list of prescription drugs. This is list is in the Table of contents. If you choose a therapeutic class in the Table of contents, you can double click on the name and it will take you to the drugs in the class listing.

    a. If you are using an electronic version of the drug list, you can also use the PDF Search Function by pressing Ctrl + F on your computer keyboard. Type the name of the therapeutic class you are looking for in the search box.

    b. If you are using a print version of the drug list, you can search for the name of the therapeutic class in the Table of Contents or the Index at the end of this guide.

2. If you have the generic or brand name of the drugs, you can also use the Index of prescription drugs. You can find the Index in the Table of contents.

    a. If you are using an electronic version of the drug list, you can use the PDF Search Function by pressing Ctrl + F on your computer keyboard. Type the generic or brand name of the drug you are looking for in the search box.

    b. If you are using a print version of the drug list, you can search for the generic or brand name of the drug in the Index at the end of this guide.

    c. If a generic equivalent of a brand name drug is not available or is not covered, the drug will not be listed separately by its generic name in the formulary.

3. You can call member services and ask them to help you find out if your drug is covered on the formulary. You can request a paper copy of the formulary by contacting Member Services.

4. You can ask your doctor to call MedImpact to ask if a drug is covered or ask your doctor to look up the formulary document online. The Alliance formulary is located on the Member Services webpage but it is also available for providers on the Provider webpage.

How drugs are listed in the categorical list of prescriptions drugs:

1. Drugs are listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs.

2. If a drug is on the formulary as branded drug, the brand name will be listed in all CAPITAL letters. The generic name of a brand name drug is included after the brand name in parenthesis and all ***bold and italicized lowercase*** letters.

3. If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all ***bold and italicized lowercase*** letters.

4. In the event a generic drug is marketed under a proprietary, trademark protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface with first letter of each word capitalized.

    a. example: Claravis

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	

Drug Tiers

Tier copayment amounts apply:

- Per prescription for a 30-day supply of generic drugs, per prescription for a 30-day supply of brand name drugs.
- Per prescription for a 90-day supply of maintenance drugs of generic drugs, per prescription for a 90-day supply of brand name drugs.
- If the cost of drug is lower than the copayment, member will pay for the lower cost.
- No copayment for prescription drugs provided in an inpatient setting.

  No copayment for drugs administered in the doctor's office or in an outpatient facility.

  No copayment for emtricitabine/tenofovir disoproxil fumarate 200-300 mg tablet (generic Truvada), Descovy 200-25 mg tablet, tenofovir disoproxil fumarate 300 mg tablet, emtricitabine 200 mg capsule, and Apretude intramuscular suspension when used to prevent getting HIV.
- Copayment may be less for a "partial fill", please see "What your doctor can prescribe" section of more information on what "partial fill" means

Tier	Copayment	Description
Tier 1	$5.00 *	Generic and Specialty generic drugs
Tier 2	$15.00 *	Brand and Specialty brand drugs

**coinsurance amounts in accordance with Health and safety code 1367.656*.

Formulary Symbols Key

Symbol	Description and/or Coverage Requirements and Limits
Age	Age limits apply. We only pay for this drug or dosage form for certain age groups based on information about the drug's safety, efficacy, and cost.
CT	Contraceptives for birth control. Zero copay.
DD	Diabetes Drugs/Devices
OCH	Orally administered cancer drugs. Drugs taken by mouth to treat cancer.
EHB	Essential health benefit. Preventive service drugs with zero copay.
PA	Prior Authorization is required. We require advanced approval of coverage on some drugs before they will be paid for. If Prior Authorization is required for a drug or dosage form, providers must show you have a medically accepted use for the drug and other treatments have not worked or are not appropriate. Other requirements may apply depending on the drug.
QL	Quantity Limits apply. We will pay for a maximum daily amount based on information about the drug's medically accepted use and cost.
SP	Drug is a specialty drug and can only be dispensed by a specialty pharmacy in MedImpact Direct Specialty network.
ST	Step Therapy is required. If we have paid for you to have the required step therapy drug(s) in the past, this drug will be paid for at the pharmacy without need for a Prior Authorization or step therapy exception request. The drug list will show you which drugs are required first.

Drugs given in a doctor's office or drugs covered under the medical benefit

Your doctor will know what drugs these are. If your doctor prescribes these, your doctor can contact us for more information about obtaining these drugs for you. These drugs can be given to you in different ways, sometimes through an injection in your vein, skin or other body part. There are no coinsurance amounts for these drugs.

Your doctor can ask about coverage restrictions or submit a prior authorization by calling Alliance Provider Services at 831-430-5504 or by calling Alliance Pharmacy at 831-430-5507. Your doctor can also fax a prior authorization to us, or use our online prior authorization portal.

If you have questions about coverage for drugs given to you in a doctor's office, you can call Member Services at (800) 700-3874. These drugs are not listed on the Formulary.

What your doctor can prescribe

Your PCP has a list of drugs that are approved by the Plan. This list is called a formulary. A group of doctors and pharmacists reviews and updates the formulary list every year to make sure that the drugs on it are safe and useful. If your doctor thinks that you need to take a drug that isn't on this list, or if your doctor feels you need a drug that isn't usually prescribed for the specific medical condition you have, your doctor can send a request for prior authorization to MedImpact. The presence of a prescription drug on the formulary does not guarantee that it will be prescribed by your doctor for a particular medical condition.

You or your doctor can request that the pharmacy fill only part of the prescription at one time. You would get the rest of the prescribed amount later. This is called a "partial fill" and applies only to what are called Schedule 2 drugs. These are drugs like opioids and stimulants. Your copayment on a partial fill will be prorated and will be less than the copayment stated in the drug tier section.

Your pharmacy can call MedImpact to ask for a 5-day emergency supply override for you at any time.

How to get prior authorization for a drug

The Alliance contracts with a company called MedImpact to review prior authorization requests. Drugs that require a prior authorization are noted with the symbol "PA" on the formulary guide.

The request for prior authorization lets MedImpact know why you need that drug. Prior authorization means that both your doctor and the Plan's Contractor, MedImpact agree that the services you will receive are medically necessary. MedImpact will need to approve the request before covering that drug for you. When there is more than one

drug that is appropriate for the treatment of a medical condition, MedImpact may require your doctor to try the preferred drug first, before requesting authorization to prescribe any of the others. This is known as “step therapy.” Your provider may request an exception to the step therapy process for a prescription drug. This is called a “step therapy exception” request.

When MedImpact gets a request for prior authorization or step therapy exception for a drug, MedImpact will reply to your doctor within 24 hours from the receipt of an urgent request and 72 hours from the receipt of a routine request. If MedImpact does not respond within this time frame, the request is considered to be approved. Authorization requests for exigent circumstances will be given priority and a 72-hour supply of the covered outpatient drug will be dispensed until a determination has been made or the 24-hour period has expired. Please see the “Definitions” section of this document for an explanation of the term “exigent circumstances.”

If MedImpact approves the request, then you can get the drug. If MedImpact denies the request, you have the right to file a complaint. As part of the grievance process, you, your personal representative or your provider may ask for an external exception review. This means MedImpact would send the authorization request and the information MedImpact received from your provider to an outside physician who would review MedImpact’s decision. For more information on how to file a complaint or asking for an external exception review, please call Member Services at **1-800-700-3874.** The Alliance Care IHSS health plan Member Handbook contain all of your appeal rights and procedures too.

The Plan will not limit or exclude coverage for a drug you are taking if the drug had been previously approved for coverage by the Plan and your doctor continues to prescribe the drug, as long as the drug is appropriately prescribed and is considered safe and effective for treating your medical condition. This does not mean that your doctor cannot choose to prescribe a different drug or that a generic equivalent of the drug cannot be substituted.

How to find a pharmacy

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with the Alliance. We contract with a company called MedImpact for pharmacy services and we use their network of pharmacies. You must go to one of these pharmacies for your prescription drugs. Some of the pharmacies have locations throughout California.

You can find a list of pharmacies that work with the Alliance in the Alliance Provider Directory at https://thealliance.health/MedimpactLocator.

You can also find a pharmacy near you by calling Member Services at **800-700-3874** (TTY 800-735-2929 or 711).

Once you choose a pharmacy, take your prescription to the pharmacy. Give the pharmacy your prescription with your Alliance ID card. Make sure the pharmacy knows

about all drugs you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist.

If you need to get a prescription filled at an out-of-area pharmacy because of an emergency or for treatment of an urgent medical condition, please ask the pharmacy to call MedImpact at 1-800-788-2949. MedImpact will explain to the pharmacy how they can bill for the drug.

Your pharmacy can also call MedImpact to get a 5-day emergency supply of drugs for you. If there is a State of emergency issued in your local area, your pharmacy can also call MedImpact to get an emergency override for your drugs.

Some drugs are known as specialty drugs. These drugs may have special handling or storage requirements or you will need extra guidance from a care team at the pharmacy for that drug.

The Alliance has a specialty pharmacy network called MedImpact Direct Specialty. The specialty drugs are required to be filled at a pharmacy in MedImpact Direct Specialty network. These specialty drugs are shown on the formulary with an “SP” symbol. If you have any questions, you can call MedImpact Direct Specialty at 1-877-391-1103.

The Alliance also offers a mail order pharmacy program. Did you know you can get a 90-day supply of most prescription drugs mailed to you through Birdi. Talk to your doctor about getting a 90-day supply with free standard delivery. To set-up mail order for your drugs, visit https://www.medimpact.com/homedeliverymembers or call 855-873-8739.

Phone Directory	
MedImpact	(800) 788-2949
Member Services	(800) 700-3874
Pharmacy Authorizations (Medical Benefit)	(831) 430-5507
Provider Services	(831) 430-5504
Fax Numbers	
MedImpact	(858) 790-7100
Pharmacy Authorizations (Medical Benefit)	(831) 430-5851

List of Covered Drugs

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever		
Analgesic Opioid Agonists - Arthritis and Pain Drugs		
codeine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)	Tier 1	
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg	Tier 1	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml, 2 mg/ml	Tier 1	
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydromorphone oral liquid 1 mg/ml	Tier 1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	Tier 1	PA; ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
hydromorphone rectal suppository 3 mg	Tier 1	
levorphanol tartrate oral tablet 2 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml	Tier 1	
meperidine (pf) injection solution 25 mg/ml	Tier 1	
meperidine oral solution 50 mg/5 ml	Tier 1	QL (30 ML per 1 day)
meperidine oral tablet 50 mg	Tier 1	QL (6 EA per 1 day)
methadone injection solution 10 mg/ml	Tier 1	QL (4 ML per 1 day)
methadone hcl (Methadone Intensol Oral Concentrate 10 Mg/Ml)	Tier 1	QL (4 ML per 1 day)
methadone oral concentrate 10 mg/ml	Tier 1	QL (4 ML per 1 day)
methadone oral solution 10 mg/5 ml	Tier 1	QL (20 ML per 1 day)
methadone oral solution 5 mg/5 ml	Tier 1	QL (40 ML per 1 day)
methadone oral tablet 10 mg	Tier 1	QL (4 EA per 1 day)
methadone oral tablet 5 mg	Tier 1	QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	Tier 1	QL (1 EA per 1 day)
methadone hcl (Methadose Oral Tablet,Soluble 40 Mg)	Tier 1	QL (1 EA per 1 day)
morphine (pf) intravenous syringe 1 mg/2 ml	Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 1	PA
morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring 275 mg/55 ml (5 mg/ml)	Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml	Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml	Tier 1	
morphine intramuscular pen injector 10 mg/0.7 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine oral capsule, er multiphase 24 hr 120 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	Tier 1	
morphine oral tablet 15 mg	Tier 1	
morphine oral tablet 30 mg	Tier 2	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	
oxycodone oral capsule 5 mg	Tier 1	
oxycodone oral concentrate 20 mg/ml	Tier 1	PA
oxycodone oral solution 5 mg/5 ml	Tier 1	
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1	
oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg	Tier 1	
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (***oxycodone hcl***)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (***oxycodone hcl***)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg	Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 1 day)
tramadol oral solution 5 mg/ml	Tier 1	PA
tramadol oral tablet 50 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (3 EA per 1 day); Age (Min 12 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (1 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	Tier 1	Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine oral tablet 300-60 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine phosphate/butalbital/aspirin/caffeine (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Hydrocodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (***benzhydrocodone hcl/acetaminophen***)	Tier 2	ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day)
benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg	Tier 1	ST: Requires prior prescription for generic Norco (Hydrocodone/Acetaminophen) tablets within the past 120 days; QL (12 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Hydrocodone and NSAID Combinations - Arthritis and Pain Drugs		
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs		
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	Tier 1	QL (184 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	Tier 1	QL (13 EA per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	Tier 1	
Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	Tier 1	QL (61 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
oxycodone hcl/acetaminophen (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs		
oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral solution 5-325 mg/5 ml	Tier 1	QL (61 ML per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
oxycodone hcl/acetaminophen (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (***buprenorphine hcl***)	Tier 2	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (2 EA per 1 day)
buprenorphine hcl injection solution 0.3 mg/ml	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine hcl injection syringe 0.3 mg/ml	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 1	ST: Requires 7 consecutive days therapy of current short-acting opioid prescription; QL (4 EA per 28 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	Tier 1	
butorphanol nasal spray,non-aerosol 10 mg/ml	Tier 1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	Tier 1	
pentazocine-naloxone oral tablet 50-0.5 mg	Tier 1	
Analgesic Opioid Tramadol and Non-Salicylate Combinations - Arthritis and Pain Drugs		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic or Antipyretic Non-Opioid/Sedative Combinations - Arthritis and Pain Drugs		
butalbital-acetaminophen oral tablet 50-300 mg	Tier 1	ST: Requires prior prescription for generic Butalbital/acetaminophen 50mg-325mg combination product within the past 120 days; QL (6 EA per 1 day)
butalbital-acetaminophen oral tablet 50-325 mg	Tier 1	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	Tier 1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	Tier 1	
butalbital/acetaminophen/caffeine (Fioricet Oral Capsule 50-300-40 Mg)	Tier 1	
butalbital/acetaminophen (Tencon Oral Tablet 50-325 Mg)	Tier 1	
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective - Arthritis and Pain Drugs		
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	Tier 2	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	Tier 2	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (***etanercept***)	Tier 2	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	Tier 2	PA
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel - Arthritis and Pain Drugs		
adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml	Tier 1	PA
adalimumab-aacf subcutaneous syringe 40 mg/0.8 ml	Tier 1	PA
adalimumab-aacf subcutaneous syringe kit 40 mg/0.8 ml	Tier 1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-aacf***)	Tier 1	PA
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-aacf***)	Tier 1	PA
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 1	PA
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 1	PA
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (***adalimumab-aaty***)	Tier 1	PA
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 2	PA
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 2	PA
adalimumab-adbm subcutaneous pen injector kit 40 mg/0.4 ml, 40 mg/0.8 ml	Tier 1	PA
adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.4 ml, 40 mg/0.8 ml	Tier 1	PA
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 1	PA
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 1	PA
adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml	Tier 1	PA
adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml	Tier 1	PA
adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml	Tier 1	PA
adalimumab-ryvk subcutaneous syringe kit 40 mg/0.4 ml	Tier 1	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 2	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 2	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	Tier 2	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	Tier 2	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	Tier 2	PA
infliximab intravenous recon soln 100 mg	Tier 1	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***)	Tier 2	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***)	Tier 2	PA
DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs		
adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml	Tier 1	PA
adalimumab-aacf subcutaneous syringe 40 mg/0.8 ml	Tier 1	PA
adalimumab-aacf subcutaneous syringe kit 40 mg/0.8 ml	Tier 1	PA
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-aacf***)	Tier 1	PA
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-aacf***)	Tier 1	PA
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 1	PA
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 1	PA
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (***adalimumab-aaty***)	Tier 1	PA
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 2	PA
adalimumab-adbm subcutaneous pen injector kit 40 mg/0.4 ml, 40 mg/0.8 ml	Tier 1	PA
adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.4 ml, 40 mg/0.8 ml	Tier 1	PA
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 1	PA
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 1	PA
adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml	Tier 1	PA
adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml	Tier 1	PA
adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml	Tier 1	PA
adalimumab-ryvk subcutaneous syringe kit 40 mg/0.4 ml	Tier 1	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	Tier 2	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	Tier 2	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (***etanercept***)	Tier 2	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	Tier 2	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 2	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	Tier 2	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 2	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	Tier 2	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	Tier 2	PA
infliximab intravenous recon soln 100 mg	Tier 1	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***)	Tier 2	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***)	Tier 2	PA
DMARD - Antimalarials - Arthritis and Pain Drugs		
hydroxychloroquine oral tablet 100 mg	Tier 1	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	Tier 1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	Tier 1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg	Tier 1	QL (60 EA per 30 days)
SOVUNA ORAL TABLET 200 MG (***hydroxychloroquine sulfate***)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (***hydroxychloroquine sulfate***)	Tier 2	QL (60 EA per 30 days)
DMARD - Antimetabolites - Arthritis and Pain Drugs		
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	OCH
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (***methotrexate/pf***)	Tier 2	QL (1.6 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	Tier 2	OCH
DMARD - Gold Compounds - Arthritis and Pain Drugs		
auranofin oral capsule 3 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DMARD - Immunosuppressives - Arthritis and Pain Drugs		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	Tier 1	
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	Tier 1	
cyclophosphamide intravenous solution 500 mg/ml	Tier 1	
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 1	OCH
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 1	OCH
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML (***cyclophosphamide***)	Tier 2	
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/Ml)	Tier 1	
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 1	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	Tier 2	
DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs		
RINVOQ LQ ORAL SOLUTION 1 MG/ML (***upadacitinib***)	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (***upadacitinib***)	Tier 2	PA
XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELJANZ ORAL TABLET 5 MG (***tofacitinib citrate***)	Tier 2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (***tofacitinib citrate***)	Tier 2	PA
DMARD - Other - Arthritis and Pain Drugs		
D-PENAMINE ORAL TABLET 125 MG (***penicillamine***)	Tier 1	PA
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
penicillamine oral capsule 250 mg	Tier 1	PA
penicillamine oral tablet 250 mg	Tier 1	PA
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1	
DMARD - Phosphodiesterase-4 (PDE4) Inhibitors - Arthritis and Pain Drugs		
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	Tier 2	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (***apremilast***)	Tier 2	PA
DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs		
leflunomide oral tablet 10 mg, 20 mg	Tier 1	
Immunomodulator - Rho Kinase Inhibitor - Arthritis and Pain Drugs		
REZUROCK ORAL TABLET 200 MG (***belumosudil mesylate***)	Tier 2	PA
NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs		
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	Tier 1	
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives - Arthritis and Pain Drugs		
meclofenamate oral capsule 100 mg, 50 mg	Tier 1	
mefenamic acid oral capsule 250 mg	Tier 1	
NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs		
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	Tier 1	
ketorolac injection solution 30 mg/ml	Tier 1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	Tier 1	
ketorolac intramuscular solution 60 mg/2 ml	Tier 1	
ketorolac intramuscular syringe 60 mg/2 ml	Tier 1	
ketorolac oral tablet 10 mg	Tier 1	QL (20 EA per 5 days)
nabumetone oral tablet 500 mg, 750 mg	Tier 1	
sulindac oral tablet 150 mg, 200 mg	Tier 1	
tolmetin oral capsule 400 mg	Tier 1	
tolmetin oral tablet 600 mg	Tier 1	
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs		
meloxicam oral suspension 7.5 mg/5 ml	Tier 1	
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	
piroxicam oral capsule 10 mg, 20 mg	Tier 1	
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs		
diclofenac potassium oral tablet 50 mg	Tier 1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	Tier 1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Salicylate Analgesic Combinations - Arthritis and Pain Drugs		
choline,magnesium salicylate oral liquid 500 mg/5 ml	Tier 1	
Salicylate Analgesics - Arthritis and Pain Drugs		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
aspirin oral tablet 325 mg	$0	EHB
aspirin oral tablet,chewable 81 mg	$0	EHB
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	$0	EHB
BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***)	$0	EHB
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
diflunisal oral tablet 500 mg	Tier 1	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
salsalate oral tablet 500 mg, 750 mg	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
Anesthetics - Drugs for Pain and Fever		
Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs for Sedation		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (***midazolam/ketamine hcl/ondansetron hcl***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
General Anesthetic - Inhalant Volatile - Drugs for Sedation		
desflurane inhalation liquid 100 %	Tier 1	
isoflurane inhalation liquid 99.9 %	Tier 1	
sevoflurane inhalation liquid 99.97 %	Tier 1	
SUPRANE INHALATION LIQUID 100 % (***desflurane***)	Tier 2	
isoflurane (Terrell Inhalation Liquid 99.9 %)	Tier 1	
General Anesthetic - Parenteral, Benzodiazepines - Drugs for Sedation		
midazolam (pf) injection solution 5 mg/ml	Tier 1	
midazolam injection solution 5 mg/ml	Tier 1	
General Anesthetic Adjuncts - Opioid - Drugs for Sedation		
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
Local Anesthetic - Amides - Drugs for Sedation		
lidocaine hcl laryngotracheal solution 4 %	Tier 1	
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
nitroglycerin rectal ointment 0.4 % (w/w)	Tier 1	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (***hydrocortisone acetate***)	Tier 1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	Tier 1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	Tier 1	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)	Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)	Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)	Tier 1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	Tier 1	
PROCTOFOAM HC RECTAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning		
Antidote - Acetaminophen Poisoning - Drugs for Overdose or Poisoning		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
Antidote - Cyanide Poisoning - Drugs for Overdose or Poisoning		
amyl nitrite inhalation solution 0.3 ml	Tier 1	
Chelating Agents - Copper - Drugs for Overdose or Poisoning		
D-PENAMINE ORAL TABLET 125 MG (***penicillamine***)	Tier 1	PA
penicillamine oral capsule 250 mg	Tier 1	PA
penicillamine oral tablet 250 mg	Tier 1	PA
trientine oral capsule 250 mg	Tier 1	PA
trientine oral capsule 500 mg	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Chelating Agents - Iron - Drugs for Overdose or Poisoning		
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	Tier 1	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 1	PA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	Tier 1	PA
deferiprone oral tablet 1,000 mg, 500 mg	Tier 1	PA
deferoxamine injection recon soln 2 gram, 500 mg	Tier 1	PA
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning		
alvimopan oral capsule 12 mg	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (***naloxegol oxalate***)	Tier 2	QL (1 EA per 1 day)
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	Tier 2	QL (1 EA per 1 day)
Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION (***naloxone hcl***)	Tier 2	QL (4 EA per 30 days)
naloxone injection auto-injector 10 mg/0.4 ml	Tier 1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	Tier 1	
naloxone nasal spray,non-aerosol 4 mg/actuation	Tier 1	QL (4 EA per 30 days)
Anti-Infective Agents		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG (***lenacapavir sodium***)	Tier 2	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***)	Tier 2	PA
Anti-Infective Agents - Drugs for Infections		
Aminoglycoside Antibiotic - Antibiotics		
neomycin oral tablet 500 mg	Tier 1	
Aminopenicillin Antibiotic - Antibiotics		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	Tier 1	
ampicillin oral capsule 500 mg	Tier 1	
Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics		
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	Tier 1	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites		
albendazole oral tablet 200 mg	Tier 1	
EMVERM ORAL TABLET,CHEWABLE 100 MG (***mebendazole***)	Tier 2	PA
Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites		
ivermectin oral tablet 3 mg, 6 mg	Tier 1	
Anthelmintic Agents Other - Drugs for Parasites		
praziquantel oral tablet 600 mg	Tier 1	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (***sulfamethoxazole/trimethoprim***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antibacterial Folate Antagonist Others - Antibiotics		
PRIMSOL ORAL SOLUTION 50 MG/5 ML (***trimethoprim***)	Tier 2	
trimethoprim oral tablet 100 mg	Tier 1	
Antibacterial Nitrofuran Derivatives - Antibiotics		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg	Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Tier 1	PA
Antibacterial Other - Antibiotics		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
Antifungal - Allylamines - Drugs for Fungus		
terbinafine hcl oral tablet 250 mg	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus		
nystatin oral tablet 500,000 unit	Tier 1	
Antifungal - Fluorinated Pyrimidine-type Agents - Drugs for Fungus		
flucytosine oral capsule 250 mg, 500 mg	Tier 1	
Antifungal - Imidazoles - Drugs for Fungus		
ketoconazole oral tablet 200 mg	Tier 1	
Antifungal - Triazoles - Drugs for Fungus		
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	Tier 1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
itraconazole oral capsule 100 mg	Tier 1	
itraconazole oral solution 10 mg/ml	Tier 1	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	Tier 1	PA
posaconazole oral tablet,delayed release (dr/ec) 100 mg	Tier 1	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	Tier 1	
voriconazole oral tablet 200 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antifungal other - Drugs for Fungus		
griseofulvin microsize oral suspension 125 mg/5 ml	Tier 1	
griseofulvin microsize oral tablet 500 mg	Tier 1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 1	
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***)	Tier 2	PA
Antileprotic - Sulfone Agents - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	Tier 1	
Antimalarial Combinations - Drugs for Parasites		
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	Tier 1	
Antimalarials - Drugs for Parasites		
chloroquine phosphate oral tablet 250 mg	Tier 1	QL (36 EA per 16 days)
chloroquine phosphate oral tablet 500 mg	Tier 1	QL (18 EA per 16 days)
hydroxychloroquine oral tablet 100 mg	Tier 1	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	Tier 1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	Tier 1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG (***tafenoquine succinate***)	Tier 2	QL (2 EA per 1 FILL)
mefloquine oral tablet 250 mg	Tier 1	
primaquine oral tablet 26.3 mg (15 mg base)	Tier 2	
pyrimethamine oral tablet 25 mg	Tier 1	PA
quinine sulfate oral capsule 324 mg	Tier 1	
SOVUNA ORAL TABLET 200 MG (***hydroxychloroquine sulfate***)	Tier 2	QL (100 EA per 30 days)
SOVUNA ORAL TABLET 300 MG (***hydroxychloroquine sulfate***)	Tier 2	QL (60 EA per 30 days)
Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs for Parasites		
benznidazole oral tablet 100 mg, 12.5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiprotozoal Agents - Other - Drugs for Parasites		
atovaquone oral suspension 750 mg/5 ml	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (***miltefosine***)	Tier 2	PA
Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs for Parasites		
nitazoxanide oral tablet 500 mg	Tier 1	QL (2 EA per 1 day)
Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
metronidazole oral capsule 375 mg	Tier 1	
metronidazole oral tablet 250 mg, 500 mg	Tier 1	
Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
tinidazole oral tablet 250 mg, 500 mg	Tier 1	
Antiretroviral - Anti-CD4 Domain 2 Monoclonal Antibody - Drugs for Viral Infections		
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) (***ibalizumab-uiyk***)	Tier 2	PA
Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections		
maraviroc oral tablet 150 mg	Tier 1	QL (2 EA per 1 day)
maraviroc oral tablet 300 mg	Tier 1	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***)	Tier 2	QL (31 ML per 1 day)
Antiretroviral - CD4 Attachment Inhibitors - Drugs for Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (***fostemsavir tromethamine***)	Tier 2	PA
Antiretroviral - HIV-1 Fusion Inhibitors - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (***enfuvirtide***)	Tier 2	QL (2 EA per 1 day)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML (***cabotegravir/rilpivirine***)	Tier 2	QL (6 ML per 30 days); Age (Min 12 Years)
JULUCA ORAL TABLET 50-25 MG (***dolutegravir sodium/rilpivirine hcl***)	Tier 2	QL (1 EA per 1 day)
Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections		
DOVATO ORAL TABLET 50-300 MG (***dolutegravir sodium/lamivudine***)	Tier 2	QL (1 EA per 1 day)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI) - Drugs for Viral Infections		
EDURANT ORAL TABLET 25 MG (***rilpivirine hcl***)	Tier 2	QL (1 EA per 1 day)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG (***rilpivirine hcl***)	Tier 2	QL (180 EA per 30 days)
efavirenz oral tablet 600 mg	Tier 1	
etravirine oral tablet 100 mg	Tier 1	QL (4 EA per 1 day)
etravirine oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (***etravirine***)	Tier 2	QL (4 EA per 1 day)
nevirapine oral suspension 50 mg/5 ml	Tier 1	QL (1200 ML per 30 days)
nevirapine oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
nevirapine oral tablet extended release 24 hr 100 mg	Tier 1	QL (3 EA per 1 day)
nevirapine oral tablet extended release 24 hr 400 mg	Tier 1	QL (1 EA per 1 day)
rilpivirine intramuscular suspension,extended release 600 mg/2 ml (300 mg/ml), 900 mg/3 ml (300 mg/ml)	Tier 1	
Antiretroviral - Nucleoside and Nucleotide Analog RTIs Combinations - Drugs for Viral Infections		
CIMDUO ORAL TABLET 300-300 MG (***lamivudine/tenofovir disoproxil fumarate***)	Tier 2	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG (***emtricitabine/tenofovir alafenamide fumarate***)	Tier 2	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DESCOVY ORAL TABLET 200-25 MG (***emtricitabine/tenofovir alafenamide fumarate***)	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 1	QL (1 EA per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
Antiretroviral - Nucleoside Reverse Transcriptase Inhibitors (NRTI) - Drugs for Viral Infections		
abacavir oral solution 20 mg/ml	Tier 1	QL (960 ML per 30 days)
abacavir oral tablet 300 mg	Tier 1	QL (2 EA per 1 day)
emtricitabine oral capsule 200 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***)	Tier 2	QL (850 ML per 30 days)
lamivudine oral solution 10 mg/ml	Tier 1	QL (960 ML per 30 days)
lamivudine oral tablet 150 mg	Tier 1	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	Tier 1	QL (1 EA per 1 day)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (***zidovudine***)	Tier 2	
stavudine oral capsule 15 mg, 20 mg	Tier 1	QL (2 EA per 1 day)
zidovudine oral capsule 100 mg	Tier 1	QL (6 EA per 1 day)
zidovudine oral syrup 10 mg/ml	Tier 1	QL (1920 ML per 30 days)
zidovudine oral tablet 300 mg	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections		
tenofovir disoproxil fumarate oral tablet 300 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***)	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	Tier 2	QL (1 EA per 1 day)
Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	Tier 2	QL (1 EA per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 1	QL (10 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 1	QL (4 EA per 1 day)
Antiretroviral- Nucleoside and Nucleotide Analogs,Protease Inhibitors - Drugs for Viral Infections		
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***)	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor,Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir sodium/emtricitabine/tenofovir alafenamide fumar***)	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***)	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil***)	Tier 2	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiretroviral-Nucleoside Analogs and Integrase Inhibitor combinations - Drugs for Viral Infections		
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	Tier 2	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	Tier 2	QL (6 EA per 1 day)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections		
abacavir-lamivudine oral tablet 600-300 mg	Tier 1	QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	QL (2 EA per 1 day)
Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections		
COMPLERA ORAL TABLET 200-25-300 MG (***emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate***)	Tier 2	QL (1 EA per 1 day)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	Tier 1	QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1	QL (1 EA per 1 day)
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	Tier 1	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***)	Tier 2	QL (1 EA per 1 day)
Antitubercular - D-alanine Analogs - Antibiotics		
cycloserine oral capsule 250 mg	Tier 1	
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		
isoniazid oral solution 50 mg/5 ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
Antitubercular - Niacinamide Derivatives - Antibiotics		
pyrazinamide oral tablet 500 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antitubercular - Rifamycin and Derivatives - Antibiotics		
rifabutin oral capsule 150 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
Antitubercular Agents Other - Antibiotics		
ethambutol oral tablet 100 mg, 400 mg	Tier 1	
Cephalosporin Antibiotics - 1st Generation - Antibiotics		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	Tier 1	
cefadroxil oral tablet 1 gram	Tier 1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	Tier 1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cephalexin oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporin Antibiotics - 2nd Generation - Antibiotics		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	Tier 1	
cefaclor oral tablet extended release 12 hr 500 mg	Tier 1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporin Antibiotics - 3rd Generation - Antibiotics		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML (***cefixime***)	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (***cefixime***)	Tier 2	
CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections		
valganciclovir oral recon soln 50 mg/ml	Tier 1	
valganciclovir oral tablet 450 mg	Tier 1	
CMV Antiviral Agent - Protein Kinase Inhibitors - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (***maribavir***)	Tier 2	PA
Fluoroquinolone Antibiotics - Antibiotics		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (***ciprofloxacin***)	Tier 2	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	Tier 1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	Tier 1	
levofloxacin oral solution 250 mg/10 ml	Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin oral tablet 400 mg	Tier 1	
ofloxacin oral tablet 300 mg, 400 mg	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
vancomycin oral capsule 125 mg	Tier 1	QL (56 EA per 1 FILL)
vancomycin oral capsule 250 mg	Tier 1	QL (112 EA per 1 FILL)
vancomycin oral recon soln 25 mg/ml	Tier 1	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml	Tier 1	QL (600 ML per 1 FILL)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***)	Tier 2	QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	Tier 1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamivudine oral tablet 100 mg	Tier 1	QL (1 EA per 1 day)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections		
adefovir oral tablet 10 mg	Tier 1	QL (1 EA per 1 day)
tenofovir disoproxil fumarate oral tablet 300 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide***)	Tier 2	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***)	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	Tier 2	QL (1 EA per 1 day)
Hepatitis C - Interferons - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	Tier 2	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (***peginterferon alfa-2a***)	Tier 2	PA
Hepatitis C - NS5A, NS3/4A Protease, Nucleo.NS5B Polymerase Inhib Comb - Drugs for Viral Infections		
VOSEVI ORAL TABLET 400-100-100 MG (***sofosbuvir/velpatasvir/voxilaprevir***)	Tier 2	PA
Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (***sofosbuvir/velpatasvir***)	Tier 2	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (***sofosbuvir/velpatasvir***)	Tier 2	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (***ledipasvir/sofosbuvir***)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (***ledipasvir/sofosbuvir***)	Tier 2	PA
Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections		
ribavirin oral capsule 200 mg	Tier 1	
ribavirin oral tablet 200 mg	Tier 1	
Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections		
acyclovir oral capsule 200 mg	Tier 1	
acyclovir oral suspension 200 mg/5 ml	Tier 1	
acyclovir oral tablet 400 mg, 800 mg	Tier 1	
valacyclovir oral tablet 1 gram, 500 mg	Tier 1	
Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	
Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections		
oseltamivir oral capsule 30 mg	Tier 1	QL (40 EA per 180 days)
oseltamivir oral capsule 45 mg, 75 mg	Tier 1	QL (20 EA per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	Tier 1	QL (360 ML per 180 days)
Influenza Antiviral Agents - PA Endonuclease Inhibitor - Drugs for Viral Infections		
XOFLUZA ORAL TABLET 20 MG, 40 MG (***baloxavir marboxil***)	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG (***baloxavir marboxil***)	Tier 2	QL (2 EA per 180 days)
Influenza-A Antiviral Agents - Drugs for Viral Infections		
rimantadine oral tablet 100 mg	Tier 1	
Lincosamide Antibiotics - Antibiotics		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	Tier 1	
clindamycin palmitate hcl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Macrolide Antibiotics - Antibiotics		
azithromycin oral packet 1 gram	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (***fidaxomicin***)	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG (***fidaxomicin***)	Tier 2	QL (20 EA per 10 days)
erythromycin ethylsuccinate (E.E.S. 400 Oral Tablet 400 Mg)	Tier 1	
erythromycin base (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 250 Mg, 500 Mg)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (***erythromycin stearate***)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	Tier 1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	Tier 1	
erythromycin oral tablet 250 mg, 500 mg	Tier 1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	Tier 1	
Misc Anti-Infective - Drugs for Infections		
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	Tier 1	
pentamidine inhalation recon soln 300 mg	Tier 1	
Misc Anti-Infective Combinations - Drugs for Infections		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URELLE ORAL TABLET 81-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 2	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (***methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin***)	Tier 2	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 2	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (***methenamine/sod phosph,monobasic/methylene blue/hyoscyamine***)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 1	
Oxazolidinone Antibiotics - Antibiotics		
linezolid oral suspension for reconstitution 100 mg/5 ml	Tier 1	
linezolid oral tablet 600 mg	Tier 1	
SIVEXTRO ORAL TABLET 200 MG (***tedizolid phosphate***)	Tier 2	PA
Penicillin Antibiotic - Natural - Antibiotics		
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
Penicillin Antibiotic - Penicillinase-resistant - Antibiotics		
dicloxacillin oral capsule 250 mg, 500 mg	Tier 1	
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (***tipranavir***)	Tier 2	QL (4 EA per 1 day)
darunavir oral tablet 600 mg	Tier 1	QL (2 EA per 1 day)
darunavir oral tablet 800 mg	Tier 1	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir***)	Tier 2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG (***darunavir***)	Tier 2	QL (8 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREZISTA ORAL TABLET 75 MG (***darunavir***)	Tier 2	QL (16 EA per 1 day)
Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections		
atazanavir oral capsule 150 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	Tier 1	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	Tier 2	QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg	Tier 1	QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG (***ritonavir***)	Tier 2	QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG (***ritonavir***)	Tier 2	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG (***atazanavir sulfate***)	Tier 2	QL (5 EA per 1 day)
ritonavir oral tablet 100 mg	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG (***nelfinavir mesylate***)	Tier 2	
Respiratory Syncytial Virus (RSV) Antiviral Agents - Drugs for Viral Infections		
ribavirin inhalation recon soln 6 gram	Tier 1	
Rifamycins and Related Derivative Antibiotics - Antibiotics		
rifabutin oral capsule 150 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
XIFAXAN ORAL TABLET 550 MG (***rifaximin***)	Tier 2	PA
SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs for Infections		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)-100 MG (10), 150 MG (6)- 100 MG (5) (***nirmatrelvir/ritonavir***)	Tier 2	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (***nirmatrelvir/ritonavir***)	Tier 2	QL (30 EA per 28 days); Age (Min 12 Years)
SARS-CoV-2 Antiviral Agent - RNA Polymerase Inhibitors - Drugs for Viral Infections		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG (***molnupiravir***)	Tier 1	QL (40 EA per 29 days); Age (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Sulfonamide Antibiotic - Antibiotics		
sulfadiazine oral tablet 500 mg	Tier 1	
Tetracycline Antibiotics - Antibiotics		
demeclocycline oral tablet 150 mg, 300 mg	Tier 1	
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 1	QL (2 EA per 1 day)
doxycycline hyclate oral tablet 100 mg	Tier 1	
doxycycline hyclate oral tablet 150 mg	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 150mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline hyclate oral tablet 50 mg	Tier 1	ST: Requires prior prescription for Doxycycline Hyclate 50mg capsules or Doxycycline Monohydrate 50mg capsules or tablets within the past 120 days; QL (4 EA per 1 day)
doxycycline hyclate oral tablet 75 mg	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 1	
doxycycline monohydrate oral capsule 150 mg	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral capsule 75 mg	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	Tier 1	PA
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	Tier 1	
doxycycline monohydrate oral tablet 100 mg, 150 mg	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate oral tablet 50 mg, 75 mg	Tier 1	
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	Tier 1	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 75 Mg)	Tier 1	ST: Requires prior prescription for generic Doxycycline Monohydrate 75mg tablets within the past 120 days; QL (2 EA per 1 day)
tetracycline oral capsule 250 mg, 500 mg	Tier 1	
Variola (Smallpox) Virus Antiviral Agents - Drugs for Viral Infections		
TEMBEXA ORAL SUSPENSION 10 MG/ML (***brincidofovir***)	Tier 2	
TEMBEXA ORAL TABLET 100 MG (***brincidofovir***)	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (***tecovirimat***)	Tier 2	
Antineoplastics		
Antineoplastic - AKT (Protein Kinase B (PKB)) Inhibitor		
TRUQAP ORAL TABLET 160 MG, 200 MG (***capivasertib***)	Tier 2	PA; OCH
Antineoplastic - Janus Kinase (JAK), ACVR1/ALK2 Inhibitors		
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (***momelotinib dihydrochloride***)	Tier 2	PA; OCH
Antineoplastic - Ornithine Decarboxylase (ODC) Inhibitors		
IWILFIN ORAL TABLET 192 MG (***eflornithine hcl***)	Tier 2	PA; OCH
Antineoplastic - PARP Inhibitor and Antiandrogen Combinations		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (***niraparib tosylate/abiraterone acetate***)	Tier 2	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-Isocitrate Dehydrogenase-1 and -2 (IDH1 and IDH2) Inhib		
VORANIGO ORAL TABLET 10 MG, 40 MG (***vorasidenib citrate***)	Tier 2	PA; OCH
Antineoplastics - Drugs for Cancer		
ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody - Drugs for Cancer		
MVASI INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-awwb***)	Tier 2	PA
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-adcd***)	Tier 2	PA
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-bvzr***)	Tier 2	PA
Antineoplasic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer		
lapatinib oral tablet 250 mg	Tier 1	PA; OCH
Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer		
abiraterone oral tablet 250 mg, 500 mg	Tier 1	PA; OCH
abiraterone acetate (Abirtega Oral Tablet 250 Mg)	Tier 1	PA; OCH
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
erlotinib oral tablet 100 mg, 150 mg, 25 mg	Tier 1	PA; OCH
gefitinib oral tablet 250 mg	Tier 1	PA; OCH
Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (***afatinib dimaleate***)	Tier 2	PA; OCH
NERLYNX ORAL TABLET 40 MG (***neratinib maleate***)	Tier 2	PA; OCH
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (***dacomitinib***)	Tier 2	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib mesylate***)	Tier 2	PA; OCH
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer		
busulfan intravenous solution 60 mg/10 ml	Tier 1	
MYLERAN ORAL TABLET 2 MG (***busulfan***)	Tier 2	OCH
Antineoplastic - Alkylating Agent - Ethylenimines and Methylmelamines - Drugs for Cancer		
thiotepa injection recon soln 100 mg, 15 mg	Tier 1	
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer		
MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***)	Tier 2	OCH
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer		
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	Tier 1	
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	Tier 1	
cyclophosphamide intravenous solution 500 mg/ml	Tier 1	
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 1	OCH
cyclophosphamide oral tablet 25 mg, 50 mg	Tier 1	OCH
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML (***cyclophosphamide***)	Tier 2	
ifosfamide intravenous recon soln 1 gram, 3 gram	Tier 1	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	Tier 1	
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	Tier 2	OCH
melphalan hcl intravenous recon soln 50 mg	Tier 1	
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer		
carmustine intravenous recon soln 100 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carmustine intravenous recon soln 300 mg	Tier 1	
Antineoplastic - Alkylating Agent - Other - Drugs for Cancer		
bendamustine intravenous recon soln 100 mg, 25 mg	Tier 1	
Antineoplastic - Alkylating Agent - Triazenes - Drugs for Cancer		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 1	PA; OCH
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer		
ALECENSA ORAL CAPSULE 150 MG (***alectinib hcl***)	Tier 2	PA; OCH
LORBRENA ORAL TABLET 100 MG, 25 MG (***lorlatinib***)	Tier 2	PA; OCH
XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***)	Tier 2	PA; OCH
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG (***crizotinib***)	Tier 2	PA; OCH
ZYKADIA ORAL TABLET 150 MG (***ceritinib***)	Tier 2	PA; OCH
Antineoplastic - Antiadrenals - Drugs for Cancer		
LYSODREN ORAL TABLET 500 MG (***mitotane***)	Tier 2	OCH
Antineoplastic - Antiandrogens - Drugs for Cancer		
abiraterone oral tablet 250 mg, 500 mg	Tier 1	PA; OCH
abiraterone acetate (Abirtega Oral Tablet 250 Mg)	Tier 1	PA; OCH
bicalutamide oral tablet 50 mg	Tier 1	OCH
ERLEADA ORAL TABLET 240 MG, 60 MG (***apalutamide***)	Tier 2	PA; OCH
nilutamide oral tablet 150 mg	Tier 1	OCH; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG (***darolutamide***)	Tier 2	PA; OCH
XTANDI ORAL CAPSULE 40 MG (***enzalutamide***)	Tier 2	PA; OCH
XTANDI ORAL TABLET 40 MG, 80 MG (***enzalutamide***)	Tier 2	PA; OCH
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer		
methotrexate sodium (pf) injection recon soln 1 gram	Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methotrexate sodium injection solution 25 mg/ml	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	OCH
pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg	Tier 1	PA
pemetrexed disodium intravenous recon soln 100 mg, 500 mg	Tier 1	PA
pemetrexed disodium intravenous solution 25 mg/ml	Tier 1	PA
pemetrexed intravenous recon soln 100 mg, 500 mg	Tier 1	PA
pemetrexed intravenous solution 25 mg/ml	Tier 1	PA
pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)	Tier 1	PA
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	Tier 2	OCH
Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer		
cladribine intravenous solution 10 mg/10 ml	Tier 1	
clofarabine intravenous solution 1 mg/ml	Tier 1	
fludarabine intravenous recon soln 50 mg	Tier 1	
fludarabine intravenous solution 50 mg/2 ml	Tier 1	
mercaptopurine oral suspension 20 mg/ml	Tier 1	OCH; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
mercaptopurine oral tablet 50 mg	Tier 1	OCH
nelarabine intravenous solution 250 mg/50 ml	Tier 1	
PURIXAN ORAL SUSPENSION 20 MG/ML (***mercaptopurine***)	Tier 2	OCH; ST: Requires prior prescription for Mercaptopurine tablets within the past 120 days
TABLOID ORAL TABLET 40 MG (***thioguanine***)	Tier 2	OCH
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer		
azacitidine injection recon soln 100 mg	Tier 1	
capecitabine oral tablet 150 mg, 500 mg	Tier 1	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	Tier 1	
cytarabine injection solution 20 mg/ml	Tier 1	
decitabine intravenous recon soln 50 mg	Tier 1	
floxuridine injection recon soln 0.5 gram	Tier 1	
gemcitabine intravenous recon soln 1 gram, 200 mg	Tier 1	
gemcitabine intravenous recon soln 2 gram	Tier 1	
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	Tier 1	
ONUREG ORAL TABLET 200 MG, 300 MG (***azacitidine***)	Tier 2	PA; OCH
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer		
hydroxyurea oral capsule 500 mg	Tier 1	OCH
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer		
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (***trifluridine/tipiracil hcl***)	Tier 2	PA; OCH
Antineoplastic - Aromatase Inhibitors - Drugs for Cancer		
anastrozole oral tablet 1 mg	$0	OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
exemestane oral tablet 25 mg	$0	OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
letrozole oral tablet 2.5 mg	Tier 1	OCH
Antineoplastic - Arsenic Compounds - Drugs for Cancer		
arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors - Drugs for Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (***venetoclax***)	Tier 2	PA; OCH
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (***venetoclax***)	Tier 2	PA; OCH
Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer		
BRAFTOVI ORAL CAPSULE 75 MG (***encorafenib***)	Tier 2	PA; OCH
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (***dabrafenib mesylate***)	Tier 2	PA; OCH
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (***dabrafenib mesylate***)	Tier 2	PA; OCH
ZELBORAF ORAL TABLET 240 MG (***vemurafenib***)	Tier 2	PA; OCH
Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer		
BRUKINSA ORAL CAPSULE 80 MG (***zanubrutinib***)	Tier 2	PA; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (***acalabrutinib maleate***)	Tier 2	PA; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***)	Tier 2	PA; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***)	Tier 2	PA; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***)	Tier 2	PA; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (***pirtobrutinib***)	Tier 2	PA; OCH
Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer		
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (***ribociclib succinate***)	Tier 2	PA; OCH
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***abemaciclib***)	Tier 2	PA; OCH
Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer		
TUKYSA ORAL TABLET 150 MG, 50 MG (***tucatinib***)	Tier 2	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Epipodophyllotoxins - Drugs for Cancer		
etoposide oral capsule 50 mg	Tier 1	OCH
Antineoplastic - Exportin-1 (XPO1) Inhibitors - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (***selinexor***)	Tier 2	PA; OCH
Antineoplastic - EZH2 Histone Methyltransferase (HMT) Inhibitor - Drugs for Cancer		
TAZVERIK ORAL TABLET 200 MG (***tazemetostat hydrobromide***)	Tier 2	PA; OCH
Antineoplastic - Fibroblast Growth Factor Receptor (FGFR) Kinase Inhib - Drugs for Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (***erdafitinib***)	Tier 2	PA; OCH
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) (***futibatinib***)	Tier 2	PA; OCH
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (***pemigatinib***)	Tier 2	PA; OCH
Antineoplastic - FMS-Like Tyrosine Kinase 3 (FLT3) Inhibitors - Drugs for Cancer		
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (***quizartinib dihydrochloride***)	Tier 2	PA; OCH
XOSPATA ORAL TABLET 40 MG (***gilteritinib fumarate***)	Tier 2	PA; OCH
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (***glasdegib maleate***)	Tier 2	PA; OCH
ERIVEDGE ORAL CAPSULE 150 MG (***vismodegib***)	Tier 2	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODOMZO ORAL CAPSULE 200 MG (***sonidegib phosphate***)	Tier 2	PA; OCH
Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer		
romidepsin intravenous recon soln 10 mg/2 ml	Tier 1	PA
romidepsin intravenous solution 5 mg/ml	Tier 1	PA
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	Tier 2	OCH
Antineoplastic - Hypoxia Inducible Factor (HIF) Inhibitors - Drugs for Cancer		
WELIREG ORAL TABLET 40 MG (***belzutifan***)	Tier 2	PA; OCH
Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (***ruxolitinib phosphate***)	Tier 2	PA; OCH
Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer		
INREBIC ORAL CAPSULE 100 MG (***fedratinib dihydrochloride***)	Tier 2	PA; OCH
VONJO ORAL CAPSULE 100 MG (***pacritinib citrate***)	Tier 2	PA; OCH
Antineoplastic - Kirsten Rat Sarcoma (KRAS) Protein Inhibitor - Drugs for Cancer		
KRAZATI ORAL TABLET 200 MG (***adagrasib***)	Tier 2	PA; OCH
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (***sotorasib***)	Tier 2	PA; OCH
Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Cancer		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (***leuprolide acetate***)	Tier 2	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (***leuprolide acetate***)	Tier 2	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***)	Tier 2	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (***leuprolide acetate***)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg	Tier 1	PA
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 1	PA
leuprolide subcutaneous solution 1 mg/0.2 ml	Tier 1	PA
LUTRATE DEPOT (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (***leuprolide acetate***)	Tier 2	PA
Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG (***degarelix acetate***)	Tier 2	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (***degarelix acetate***)	Tier 2	QL (1 EA per 30 days)
FIRMAGON SUBCUTANEOUS RECON SOLN 120 MG (***degarelix acetate***)	Tier 2	QL (2 EA per 365 days)
ORGOVYX ORAL TABLET 120 MG (***relugolix***)	Tier 2	PA; OCH
Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer		
cromolyn oral concentrate 100 mg/5 ml	Tier 1	
Antineoplastic - MEK Kinase Inhibitors - Drugs for Cancer		
COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***)	Tier 2	PA; OCH
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (***selumetinib sulfate***)	Tier 2	PA; OCH
MEKINIST ORAL RECON SOLN 0.05 MG/ML (***trametinib dimethyl sulfoxide***)	Tier 2	PA; OCH
MEKINIST ORAL TABLET 0.5 MG, 2 MG (***trametinib dimethyl sulfoxide***)	Tier 2	PA; OCH
MEKTOVI ORAL TABLET 15 MG (***binimetinib***)	Tier 2	PA; OCH
Antineoplastic - Microtubule Inhibitors - Drugs for Cancer		
eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer		
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 1	PA; OCH
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	Tier 1	PA; OCH
temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)	Tier 1	PA
everolimus (Torpenz Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg)	Tier 1	PA; OCH
Antineoplastic - Multikinase Inhibitors - Drugs for Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (***cabozantinib s-malate***)	Tier 2	PA; OCH
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (***cabozantinib s-malate***)	Tier 2	PA; OCH
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (***ponatinib hcl***)	Tier 2	PA; OCH
sorafenib oral tablet 200 mg	Tier 1	PA; OCH
STIVARGA ORAL TABLET 40 MG (***regorafenib***)	Tier 2	PA; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer		
REZLIDHIA ORAL CAPSULE 150 MG (***olutasidenib***)	Tier 2	PA; OCH
TIBSOVO ORAL TABLET 250 MG (***ivosidenib***)	Tier 2	PA; OCH
Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	Tier 2	PA; OCH
Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer		
ITOVEBI ORAL TABLET 3 MG, 9 MG (***inavolisib***)	Tier 2	PA; OCH
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (***alpelisib***)	Tier 2	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	Tier 2	PA; OCH
Antineoplastic - Platinum Complexes - Drugs for Cancer		
carboplatin intravenous recon soln 150 mg	Tier 1	
carboplatin intravenous solution 10 mg/ml	Tier 1	
cisplatin intravenous recon soln 50 mg	Tier 1	
cisplatin intravenous solution 1 mg/ml	Tier 1	
KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML (***cisplatin***)	Tier 1	
oxaliplatin intravenous recon soln 100 mg, 50 mg	Tier 1	
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	Tier 1	
Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (***olaparib***)	Tier 2	PA; OCH
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (***talazoparib tosylate***)	Tier 2	PA; OCH
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (***niraparib tosylate***)	Tier 2	PA; OCH
Antineoplastic - Progestins - Drugs for Cancer		
megestrol oral tablet 20 mg, 40 mg	Tier 1	OCH
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer		
bortezomib injection recon soln 1 mg, 2.5 mg	Tier 1	PA
bortezomib injection recon soln 3.5 mg	Tier 1	PA
bortezomib intravenous recon soln 3.5 mg	Tier 1	PA
bortezomib intravenous solution 1 mg/ml, 2.5 mg/ml	Tier 1	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (***ixazomib citrate***)	Tier 2	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer		
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (***repotrectinib***)	Tier 2	PA; OCH
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (***avapritinib***)	Tier 2	PA; OCH
BOSULIF ORAL CAPSULE 100 MG, 50 MG (***bosutinib***)	Tier 2	PA; OCH
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (***bosutinib***)	Tier 2	PA; OCH
BRUKINSA ORAL CAPSULE 80 MG (***zanubrutinib***)	Tier 2	PA; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (***acalabrutinib maleate***)	Tier 2	PA; OCH
DANZITEN ORAL TABLET 71 MG, 95 MG (***nilotinib tartrate***)	Tier 2	PA; OCH
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	Tier 1	PA; OCH
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (***tivozanib hcl***)	Tier 2	PA; OCH
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (***fruquintinib***)	Tier 2	PA; OCH
imatinib oral tablet 100 mg, 400 mg	Tier 1	PA; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***)	Tier 2	PA; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (***ibrutinib***)	Tier 2	PA; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (***ibrutinib***)	Tier 2	PA; OCH
INLYTA ORAL TABLET 1 MG, 5 MG (***axitinib***)	Tier 2	PA; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (***pirtobrutinib***)	Tier 2	PA; OCH
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (***lenvatinib mesylate***)	Tier 2	PA; OCH
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	Tier 1	PA; OCH
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***)	Tier 2	PA
pazopanib oral tablet 200 mg	Tier 1	PA; OCH
QINLOCK ORAL TABLET 50 MG (***ripretinib***)	Tier 2	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (***entrectinib***)	Tier 2	PA; OCH
ROZLYTREK ORAL PELLETS IN PACKET 50 MG (***entrectinib***)	Tier 2	PA; OCH
RYDAPT ORAL CAPSULE 25 MG (***midostaurin***)	Tier 2	PA; OCH
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (***asciminib hydrochloride***)	Tier 2	PA; OCH
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	PA; OCH
TABRECTA ORAL TABLET 150 MG, 200 MG (***capmatinib hydrochloride***)	Tier 2	PA; OCH
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (***nilotinib hcl***)	Tier 2	PA; OCH
TEPMETKO ORAL TABLET 225 MG (***tepotinib hcl***)	Tier 2	PA; OCH
TURALIO ORAL CAPSULE 125 MG (***pexidartinib hydrochloride***)	Tier 2	PA; OCH
Antineoplastic - Retinoids - Drugs for Cancer		
tretinoin (antineoplastic) oral capsule 10 mg	Tier 1	OCH
Antineoplastic - Selective Estrogen Receptor Degraders (SERDs) - Drugs for Cancer		
fulvestrant intramuscular syringe 250 mg/5 ml	Tier 1	PA
Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (***tamoxifen citrate***)	Tier 2	OCH
tamoxifen oral tablet 10 mg, 20 mg	$0	OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
toremifene oral tablet 60 mg	Tier 1	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Selective Inhibitiors of Nuclear Export (SINE) - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (***selinexor***)	Tier 2	PA; OCH
Antineoplastic - Selective RET Kinase Inhibitor - Drugs for Cancer		
GAVRETO ORAL CAPSULE 100 MG (***pralsetinib***)	Tier 2	PA; OCH
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (***selpercatinib***)	Tier 2	PA; OCH
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer		
bexarotene oral capsule 75 mg	Tier 1	PA; OCH
Antineoplastic - Taxanes - Drugs for Cancer		
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	Tier 1	
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml)	Tier 1	
paclitaxel intravenous concentrate 6 mg/ml	Tier 1	
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	Tier 1	PA
Antineoplastic - Thalidomide Analogs - Drugs for Cancer		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 1	PA; OCH
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	Tier 2	PA; OCH
THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***)	Tier 2	PA
Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (***topotecan hcl***)	Tier 2	OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml	Tier 1	
irinotecan intravenous solution 500 mg/25 ml	Tier 1	
topotecan intravenous recon soln 4 mg	Tier 1	
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	Tier 1	
Antineoplastic - Tropomyosin Receptor Kinase (TRK) Inhibitor - Drugs for Cancer		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (***larotrectinib sulfate***)	Tier 2	PA; OCH
VITRAKVI ORAL SOLUTION 20 MG/ML (***larotrectinib sulfate***)	Tier 2	PA; OCH
Antineoplastic - Vinca Alkaloids and Analogs - Drugs for Cancer		
vinblastine intravenous solution 1 mg/ml	Tier 1	
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	Tier 1	
Antineoplastic Antibiotic - Actinomycins - Drugs for Cancer		
dactinomycin intravenous recon soln 0.5 mg	Tier 1	
Antineoplastic Antibiotic - Anthracyclines - Drugs for Cancer		
daunorubicin intravenous solution 5 mg/ml	Tier 1	
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	Tier 1	
epirubicin intravenous recon soln 50 mg	Tier 1	
epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml	Tier 1	
idarubicin intravenous solution 1 mg/ml	Tier 1	
mitoxantrone intravenous concentrate 2 mg/ml	Tier 1	PA
Antineoplastic Antibiotic - Others - Drugs for Cancer		
bleomycin injection recon soln 15 unit, 30 unit	Tier 1	
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	Tier 1	
mitomycin (Mutamycin Intravenous Recon Soln 20 Mg, 40 Mg, 5 Mg)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-Pyrimidine Analog and Cytidine Deaminase Inhibitor Comb - Drugs for Cancer		
INQOVI ORAL TABLET 35-100 MG (***decitabine/cedazuridine***)	Tier 2	PA; OCH
Epidermal Growth Factor Recept Blocker (HER-2 Type), Rec-MC Antibody - Drugs for Cancer		
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-anns***)	Tier 2	PA
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-dkst***)	Tier 2	PA
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-qyyp***)	Tier 2	PA
Fluorouracil and Related Rescue Agents - Drugs for Cancer		
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (***uridine triacetate***)	Tier 2	OCH; QL (24 EA per 14 days)
Methotrexate Rescue Agents - Drugs for Cancer		
leucovorin calcium oral tablet 10 mg, 15 mg	Tier 1	OCH
leucovorin calcium oral tablet 25 mg, 5 mg	Tier 1	OCH
levoleucovorin calcium intravenous recon soln 50 mg	Tier 1	
levoleucovorin calcium intravenous solution 10 mg/ml	Tier 1	
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer		
leucovorin calcium oral tablet 10 mg, 15 mg	Tier 1	OCH
leucovorin calcium oral tablet 25 mg, 5 mg	Tier 1	OCH
levoleucovorin calcium intravenous recon soln 50 mg	Tier 1	
levoleucovorin calcium intravenous solution 10 mg/ml	Tier 1	
Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
mesna oral tablet 400 mg	Tier 1	OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiseptics and Disinfectants - Antiseptics and Disinfectants		
Antiseptic - Alcohols - Antiseptics and Disinfectants		
ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
alcohol swabs topical pads, medicated	Tier 2	DD
ALCOHOL WIPES TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
IV PREP WIPES TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
WEBCOL TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 2	DD
Antiseptic - Iodine/Iodophores - Antiseptics and Disinfectants		
LUGOLS TOPICAL SOLUTION 5-10 % (***iodine/potassium iodide***)	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (***iodine/potassium iodide***)	Tier 1	
Biologicals		
Vaccine Viral - Respiratory Syncytial Virus (RSV)		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref a and b/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (***respiratory syncytial virus vacc. antigen/as01e adjuvant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref protein, mrna/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Biologicals - Biological Agents		
Allergenic Extracts - Grass Pollen - Biological Agents		
GRASTEK SUBLINGUAL TABLET 2,800 BAU (***allergenic extract,grass pollen-timothy,standard***)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 100 INDX REACTIVITY, 300 INDX REACTIVITY (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Allergenic Extracts - Mite Extracts - Biological Agents		
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (***allergenic extract, mite-d.farinae-d.pteronyssinus,standard***)	Tier 2	PA
Allergenic Extracts - Weed Pollen - Biological Agents		
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (***allergenic extract-weed pollen-short ragweed***)	Tier 2	PA
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML (***nirsevimab-alip***)	$0	PA; EHB; $0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML (***nirsevimab-alip***)	$0	PA; EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
Gene Therapy Agents - SMN Protein Deficiency - Biological Agents		
ZOLGENSMA INTRAVENOUS KIT 2 X 10EXP13 VG/ML (***onasemnogene abeparvovec-xioi***)	Tier 2	
Hepatitis A and Hepatitis B Vaccine Combinations - Vaccines		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (***hepatitis a virus and hepatitis b virus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis B Vaccine Combinations - Vaccines		
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (***hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immune Globulin - gamma globulin (IgG), human - Biological Agents		
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	Tier 2	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM (***immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml***)	Tier 2	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % (***immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml***)	Tier 2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml***)	Tier 2	PA
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % (***immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml***)	Tier 2	PA
PANZYGA INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma(igg)-ifas human/glycine***)	Tier 2	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***)	Tier 2	PA
Immune Serums - Biological Agents		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (***lymphocyte immune globulin,antithymocyte (equine)***)	Tier 2	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG (***anti-thymocyte globulin,rabbit***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Live Vaccine and Live Virus Formulations - Vaccines		
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Peanut Desensitization Agents - Biological Agents		
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG (***peanut allergen powder-dnfp***)	Tier 2	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (***peanut allergen powder-dnfp***)	Tier 2	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (***peanut allergen powder-dnfp***)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (***peanut allergen powder-dnfp***)	Tier 2	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (***peanut allergen powder-dnfp***)	Tier 2	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (***peanut allergen powder-dnfp***)	Tier 2	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (***peanut allergen powder-dnfp***)	Tier 2	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (***peanut allergen powder-dnfp***)	Tier 2	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) (***peanut allergen powder-dnfp***)	Tier 2	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (***peanut allergen powder-dnfp***)	Tier 2	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (***peanut allergen powder-dnfp***)	Tier 2	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***)	Tier 2	PA
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG (***peanut allergen powder-dnfp***)	Tier 2	PA
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (***peanut allergen powder-dnfp***)	Tier 2	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***)	Tier 2	PA
Toxoid Vaccine Combinations - Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis(acellular),tetanus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis(acellular),tetanus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | | Age = Age Edit | SP = Specialty Drug | EHB = Essential Health Benefit | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML (***diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adult***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (***haemophilus b conjugate vaccine (meningococcal prot.conj)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Gram Negative Cocci - Vaccines		
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (***meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML (***meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Gram Positive Cocci - Vaccines		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (***meningococcal group b vaccine, 4-component***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (***neisseria meningitidis group b, lipidated fhbp recombinant***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Mixed Combinations (Bacterial and Viral) - Vaccines		
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - COVID-19 (SARS-CoV-2) - Vaccines		
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (***covid vaccine 2024-2025 (12 yrs up) (pfizer)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML (***covid vaccine 2024-2025 (6 months-11 years)(moderna)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (***covid vaccine 2024-2025 (12 yrs up)/adjuvant-matrix/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (***covid vacc 2024-2025 (5-11 years) (pfizer)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML (***covid vacc 2024-2025 (6 months-4 years old) (pfizer)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***covid vaccine 2024-2025 (12 yrs up) (moderna)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Viral - Human Papillomavirus (HPV) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Influenza A and B - Vaccines		
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trival split 2024-25 (36 mos up)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trivalent 2024-25 (6 mos and older)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza vaccine tvs 2024-25 (65 yr up)/adjuvant mf59c.1/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2024-2025(6 months and older)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML (***influenza virus vaccine tv 2024-25(18 yrs and older)rcmb/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***flu vaccine tri 2024-2025(6 month and older)cell derived/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***flu vaccine triv 2024-2025(6 month and older)cell derived***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2024-2025(6 months and older)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2024-2025 (2 yrs-49 yrs)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (***influenza virus vaccine trival split 2024-2025(65 yr up)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTH HEM2024(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vacc quad 2024 south hem (6 mos and up)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE QUAD SOUTHERN HEM 2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vacc quad 2024 south hem (6 months and up)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2024-2025(6 months and older)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trivalent 2024-25 (6 mos and older)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Measles - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Mumps and Related - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Poliomyelitis - Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (***poliomyelitis vaccine, killed***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Rotavirus - Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Rubella - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Varicella - Vaccines		
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX GE ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG (***varicella-zoster virus glycoprotein e,rec,component 2 of 2***)	Tier 2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral Combinations - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | | Age = Age Edit | SP = Specialty Drug | EHB = Essential Health Benefit | DD = Diabetes Drug or Device| CT = Contraceptive | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cardiovascular Therapy Agents		
PAH-Endothelin Receptor Antagonist-Selective cGMP PDE5 Inhibitor Comb		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (***macitentan/tadalafil***)	Tier 2	PA
Pulmonary Antihypertensive Agent - Activin Receptor IIA-Fc (ActRIIA)		
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG (***sotatercept-csrk***)	Tier 2	PA
Cardiovascular Therapy Agents - Drugs for the Heart		
ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 1	
ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
ACE Inhibitors - Drugs for High Blood Pressure		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
enalapril maleate oral solution 1 mg/ml	Tier 1	ST: Requires prior prescription for Enalapril tablets within the past 120 days if 12 years of age and older; QL (1200 ML per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
moexipril oral tablet 15 mg, 7.5 mg	Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
Aldosterone Receptor Antagonists - Drugs for High Blood Pressure		
eplerenone oral tablet 25 mg, 50 mg	Tier 1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Alpha-Beta Blockers - Drugs for High Blood Pressure		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	QL (1 EA per 1 day)
labetalol oral tablet 100 mg, 200 mg, 300 mg	Tier 1	
labetalol oral tablet 400 mg	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure		
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure		
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure		
ENTRESTO ORAL TABLET 24-26 MG (***sacubitril/valsartan***)	Tier 2	QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (***sacubitril/valsartan***)	Tier 2	QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG (***sacubitril/valsartan***)	Tier 2	QL (8 EA per 1 day)
Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure		
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
eprosartan oral tablet 600 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1	
losartan oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	Tier 1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina		
amyl nitrite inhalation solution 0.3 ml	Tier 1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	Tier 1	
nitroglycerin (Nitro-Bid Transdermal Ointment 2 %)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (***nitroglycerin***)	Tier 2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	Tier 1	
nitroglycerin transdermal ointment 2 %	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	Tier 1	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY (***nitroglycerin***)	Tier 2	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (***nitroglycerin***)	Tier 1	
Antianginal and Anti-ischemic Agents, Non-hemodynamic - Drugs for Angina		
ranolazine oral tablet extended release 12 hr 1,000 mg	Tier 1	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 500 mg	Tier 1	QL (120 EA per 30 days)
Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (***disopyramide phosphate***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quinidine gluconate oral tablet extended release 324 mg	Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	
Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms		
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Tier 1	
Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms		
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	Tier 1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	Tier 1	
Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms		
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 1	
MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***)	Tier 2	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	
Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms		
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
Antihyperlipidemic - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***)	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol		
cholestyramine (with sugar) oral powder 4 gram	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cholestyramine (with sugar) oral powder in packet 4 gram	Tier 1	
cholestyramine (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
cholestyramine (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
colesevelam oral powder in packet 3.75 gram	Tier 1	
colesevelam oral tablet 625 mg	Tier 1	
colestipol oral granules 5 gram	Tier 1	
colestipol oral packet 5 gram	Tier 1	
colestipol oral tablet 1 gram	Tier 1	
cholestyramine (Prevalite Oral Powder 4 Gram)	Tier 1	
cholestyramine (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Tier 1	
fenofibrate oral capsule 150 mg, 50 mg	Tier 1	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	Tier 1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	Tier 1	
gemfibrozil oral tablet 600 mg	Tier 1	
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol		
atorvastatin oral tablet 10 mg, 20 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, 40-75 YEARS OF AGE, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin oral tablet 40 mg, 80 mg	Tier 1	QL (1 EA per 1 day)

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
simvastatin oral tablet 80 mg	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol		
niacin oral tablet 500 mg	Tier 1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	Tier 1	
niacin (Niacor Oral Tablet 500 Mg)	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol		
omega-3 acid ethyl esters oral capsule 1 gram	Tier 1	ST: Requires prior prescription for generic Fenofibrate within the past 120 days; QL (4 EA per 1 day)
VASCEPA ORAL CAPSULE 0.5 GRAM (***icosapent ethyl***)	Tier 1	QL (8 EA per 1 day)
VASCEPA ORAL CAPSULE 1 GRAM (***icosapent ethyl***)	Tier 1	QL (4 EA per 1 day)
Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb) - Drugs for Cholesterol		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***)	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***)	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***)	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***)	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***)	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***)	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic- ATP-Citrate Lyase and Cholesterol Absorption Inhib - Drugs for Cholesterol		
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid/ezetimibe***)	Tier 2	ST: Requires prior prescription for a generic statin within the past 120 days
Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit - Drugs for Cholesterol		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-80 mg	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (MTP)Inhib - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (***lomitapide mesylate***)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Beta Blockers Cardiac Selective - Drugs for High Blood Pressure		
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
betaxolol oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	
bisoprolol fumarate oral tablet 2.5 mg	Tier 1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	Tier 1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
acebutolol oral capsule 200 mg, 400 mg	Tier 1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
pindolol oral tablet 10 mg, 5 mg	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure		
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	Tier 1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs for the Heart		
icatibant subcutaneous syringe 30 mg/3 ml	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
icatibant acetate (Sajazir Subcutaneous Syringe 30 Mg/3 Ml)	Tier 1	PA
Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure		
diltiazem hcl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	Tier 1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Tier 1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (***diltiazem hcl***)	Tier 1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
diltiazem hcl (Tiadylt Er Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs for High Blood Pressure		
nimodipine oral capsule 30 mg	Tier 1	
nimodipine oral solution 60 mg/20 ml	Tier 1	PA
Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	Tier 1	
isradipine oral capsule 2.5 mg, 5 mg	Tier 1	
levamlodipine oral tablet 2.5 mg, 5 mg	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nicardipine oral capsule 20 mg, 30 mg	Tier 1	
nifedipine oral capsule 10 mg, 20 mg	Tier 1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	Tier 1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	Tier 1	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Tier 1	
Calcium Channel Blockers - Phenylakylamines - Drugs for High Blood Pressure		
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 1	
Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction		
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 1	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 1	PA
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Central Alpha-2 Agonists-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	Tier 1	
Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	Tier 1	
guanfacine oral tablet 1 mg, 2 mg	Tier 1	
methyldopa oral tablet 250 mg, 500 mg	Tier 1	
Digitalis Glycosides - Drugs for the Heart		
digoxin (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	Tier 2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Tier 1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (***digoxin***)	Tier 2	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (***digoxin***)	Tier 2	PA
Direct Acting Vasodilators - Drugs for High Blood Pressure		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Non-selective - Drugs for High Blood Pressure		
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs for High Blood Pressure		
eplerenone oral tablet 25 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure		
acetazolamide oral capsule, extended release 500 mg	Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
dichlorphenamide oral tablet 50 mg	Tier 1	PA
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
Diuretic - Loop - Drugs for High Blood Pressure		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
ethacrynic acid oral tablet 25 mg	Tier 1	PA
furosemide oral solution 10 mg/ml	Tier 1	
furosemide oral solution 40 mg/5 ml (8 mg/ml)	Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	
Diuretic - Potassium Sparing - Drugs for High Blood Pressure		
amiloride oral tablet 5 mg	Tier 1	
triamterene oral capsule 100 mg, 50 mg	Tier 1	
Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	Tier 1	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs for High Blood Pressure		
tolvaptan oral tablet 15 mg	Tier 1	QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	Tier 1	QL (60 EA per 365 days)
Diuretic - Thiazides and Related - Drugs for High Blood Pressure		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 25 mg, 50 mg	Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5 ML (***ivabradine hcl***)	Tier 2	QL (20 ML per 1 day)
ivabradine oral tablet 5 mg, 7.5 mg	Tier 1	ST: Requires prior prescription for Bisoprolol, Carvedilol, or Metoprolol Succinate within the past 120 days; QL (2 EA per 1 day)
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	Tier 1	
PAH Agents - Selective Prostacyclin Receptor (IP) Agonists - Drugs for High Blood Pressure		
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG (***selexipag***)	Tier 2	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	Tier 2	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (***selexipag***)	Tier 2	PA
Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure		
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
phenoxybenzamine oral capsule 10 mg	Tier 1	PA
prazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Peripheral Vasodilators, Single Agents - Drugs for High Blood Pressure		
papaverine injection solution 30 mg/ml	Tier 1	
Pheochromocytoma, Agents to Treat - Drugs for High Blood Pressure		
metyrosine oral capsule 250 mg	Tier 1	PA
Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure		
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	Tier 1	PA
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (***treprostinil diolamine***)	Tier 2	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (***treprostinil diolamine***)	Tier 2	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (***treprostinil diolamine***)	Tier 2	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	Tier 2	PA
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	Tier 1	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG (***treprostinil***)	Tier 2	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil***)	Tier 2	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	Tier 2	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil/nebulizer accessories***)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	Tier 2	PA
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs for High Blood Pressure		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	Tier 2	PA
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure		
ambrisentan oral tablet 10 mg, 5 mg	Tier 1	PA
bosentan oral tablet 125 mg, 62.5 mg	Tier 1	PA
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	Tier 2	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (***bosentan***)	Tier 2	PA
Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure		
tadalafil (Alyq Oral Tablet 20 Mg)	Tier 1	PA
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	Tier 1	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	Tier 1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	Tier 1	PA
Renin Inhibitor, Direct - Drugs for High Blood Pressure		
aliskiren oral tablet 150 mg, 300 mg	Tier 1	
Vasodilator Combinations - Drugs for High Blood Pressure		
isosorbide-hydralazine oral tablet 20-37.5 mg	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety		
meprobamate oral tablet 200 mg, 400 mg	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists - Drugs for Seizures /Personality Disorder/Nerve Pain		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (***perampanel***)	Tier 2	QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG (***perampanel***)	Tier 2	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG (***perampanel***)	Tier 2	QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG (***perampanel***)	Tier 2	QL (60 EA per 30 days)
Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	Tier 1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	Tier 1	
primidone oral tablet 125 mg	Tier 1	
primidone oral tablet 250 mg, 50 mg	Tier 1	
Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
clobazam oral suspension 2.5 mg/ml	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Cannabinoid Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
EPIDIOLEX ORAL SOLUTION 100 MG/ML (***cannabidiol (cbd)***)	Tier 2	ST: Requires trial of or contraindication to 2 of the following generic anticonsulvants: Clobazam, Lamotrigine, Levetiracetam, Topiramate, or Valproic Acid witihn the past 365 days
Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain		
felbamate oral suspension 600 mg/5 ml	Tier 1	QL (30 ML per 1 day)
felbamate oral tablet 400 mg	Tier 1	QL (9 EA per 1 day)
felbamate oral tablet 600 mg	Tier 1	QL (6 EA per 1 day)
Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***)	Tier 2	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (***divalproex sodium***)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***)	Tier 2	
divalproex oral capsule, delayed rel sprinkle 125 mg	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain		
lacosamide oral solution 10 mg/ml	Tier 1	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIMPAT ORAL TABLETS,DOSE PACK 50 MG (14)- 100 MG (14) (***lacosamide***)	Tier 2	
Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	
gabapentin oral solution 250 mg/5 ml	Tier 1	
gabapentin oral solution 300 mg/6 ml (6 ml)	Tier 1	
gabapentin oral tablet 600 mg, 800 mg	Tier 1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	
pregabalin oral solution 20 mg/ml	Tier 1	
Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
tiagabine oral tablet 12 mg, 2 mg, 4 mg	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
tiagabine oral tablet 16 mg	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (3 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain		
vigabatrin oral powder in packet 500 mg	Tier 1	PA
vigabatrin oral tablet 500 mg	Tier 1	PA
vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)	Tier 1	PA
vigabatrin (Vigadrone Oral Tablet 500 Mg)	Tier 1	PA
vigabatrin (Vigpoder Oral Powder In Packet 500 Mg)	Tier 1	PA
Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain		
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	Tier 2	
phenytoin (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	Tier 2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (***phenytoin***)	Tier 2	
phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 2	
phenytoin oral suspension 125 mg/5 ml	Tier 1	
phenytoin oral tablet,chewable 50 mg	Tier 1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 1	
Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral tablet,chewable 100 mg	Tier 1	
carbamazepine oral tablet,chewable 200 mg	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	Tier 2	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eslicarbazepine oral tablet 200 mg, 400 mg	Tier 1	QL (1 EA per 1 day)
eslicarbazepine oral tablet 600 mg, 800 mg	Tier 1	QL (2 EA per 1 day)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (1 EA per 1 day)
oxcarbazepine oral tablet extended release 24 hr 600 mg	Tier 1	ST: At least 2 prior prescriptions for Carbamazepine, Divalproex, Gabapentin, Lamotrigine, Levetiracetam IR/ER, Oxcarbazepine, Topiramate, Valproic Acid, or Zonisamide within the past 365 days; QL (4 EA per 1 day)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***)	Tier 2	
Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
topiramate oral capsule, sprinkle 15 mg, 25 mg	Tier 1	
topiramate oral capsule, sprinkle 50 mg	Tier 1	
topiramate oral capsule,extended release 24hr 100 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
topiramate oral capsule,extended release 24hr 25 mg	Tier 1	QL (8 EA per 1 day)
topiramate oral capsule,extended release 24hr 50 mg	Tier 1	QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	Tier 1	ST: Requires prior prescription for Topiramate immediate release tablets/sprinkle capsules within the past 120 days; QL (2 EA per 1 day)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
Anticonvulsant - Phenyltriazine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days
lamotrigine oral tablet extended release 24hr 100 mg	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
lamotrigine oral tablet extended release 24hr 25 mg, 50 mg	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine oral tablet,disintegrating 100 mg	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (3 EA per 1 day)
lamotrigine oral tablet,disintegrating 200 mg	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (2 EA per 1 day)
lamotrigine oral tablet,disintegrating 25 mg, 50 mg	Tier 1	ST: Requires prior prescription for immediate-release Lamotrigine within the past 120 days; QL (6 EA per 1 day)
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	Tier 1	
Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
BRIVIACT ORAL SOLUTION 10 MG/ML (***brivaracetam***)	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (***brivaracetam***)	Tier 2	QL (2 EA per 1 day)
levetiracetam oral solution 100 mg/ml	Tier 1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	
Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain		
ethosuximide oral capsule 250 mg	Tier 1	
ethosuximide oral solution 250 mg/5 ml	Tier 1	
methsuximide oral capsule 300 mg	Tier 1	
Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
rufinamide oral suspension 40 mg/ml	Tier 1	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	Tier 1	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	Tier 1	ST: At least 2 prior prescriptions for Clobazam, Clonazepam, Epidiolex, Felbamate, Lamotrigine, or Topiramate within the past 365 days; QL (8 EA per 1 day)
Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain		
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (***cenobamate***)	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (***cenobamate***)	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG (***cenobamate***)	Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (***cenobamate***)	Tier 2	QL (1 EA per 1 day)
Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	Tier 1	
mirtazapine oral tablet 7.5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	Tier 1	
Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B - Drugs for Depression		
phenelzine oral tablet 15 mg	Tier 1	
tranylcypromine oral tablet 10 mg	Tier 1	
Antidepressant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Depression		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (***zuranolone***)	Tier 2	PA
Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression		
citalopram oral solution 10 mg/5 ml	Tier 1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
escitalopram oxalate oral solution 5 mg/5 ml	Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	Tier 1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	Tier 1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	Tier 1	
fluoxetine oral tablet 10 mg, 20 mg	Tier 1	
fluoxetine oral tablet 60 mg	Tier 1	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	Tier 1	ST: Requires prior prescription for Citalopram, Escitalopram, Fluoxetine, Fluvoxamine IR, Paroxetine, or Sertraline within the past 120 days; QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
paroxetine hcl oral suspension 10 mg/5 ml	Tier 1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	Tier 1	
sertraline oral concentrate 20 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sertraline oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression		
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg	Tier 1	ST: At least 2 prior prescriptions for generic Paroxetine HCL, Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, or Venlafaxine ER/IR within the past 365 days; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	Tier 1	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26), 20 MG (2)- 40 MG (5) (***levomilnacipran hcl***)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (***levomilnacipran hcl***)	Tier 2	QL (1 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	Tier 1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - SSRI and 5HT1A Partial Agonist - Drugs for Depression		
vilazodone oral tablet 10 mg, 20 mg, 40 mg	Tier 1	ST: Requires prior prescription for Bupropion, Citalopram, Escitalopram, Fluoxetine, Mirtazapine, Paroxetine, Sertraline, or Venlafaxine IR/ER within the past 120 days
Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (***vortioxetine hydrobromide***)	Tier 2	QL (1 EA per 1 day)
Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
Antidepressant- SSRI and Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs for Depression		
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression		
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	Tier 1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors - Drugs for Parkinson		
tolcapone oral tablet 100 mg	Tier 1	ST: Requires prior prescription for Comtan (Entacapone) within the past 120 days; QL (3 EA per 1 day)
Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson		
entacapone oral tablet 200 mg	Tier 1	
Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson		
carbidopa oral tablet 25 mg	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml	Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 1	
Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson		
bromocriptine oral capsule 5 mg	Tier 1	
bromocriptine oral tablet 2.5 mg	Tier 1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson		
rasagiline oral tablet 0.5 mg, 1 mg	Tier 1	QL (1 EA per 1 day)
selegiline hcl oral capsule 5 mg	Tier 1	
selegiline hcl oral tablet 5 mg	Tier 1	
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson		
amantadine hcl oral capsule 100 mg	Tier 1	
amantadine hcl oral solution 50 mg/5 ml	Tier 1	
amantadine hcl oral tablet 100 mg	Tier 1	
apomorphine subcutaneous cartridge 10 mg/ml	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (***rotigotine***)	Tier 2	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Tier 1	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 1	ST: Requires prior prescription for Pramipexole IR or Ropinirole IR within the past 120 days; QL (1 EA per 1 day)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs for Severe Mental Disorders		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders		
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	Tier 1	QL (30 EA per 30 days)
lurasidone oral tablet 80 mg	Tier 1	QL (60 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders		
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML (***paliperidone palmitate***)	Tier 2	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML (***paliperidone palmitate***)	Tier 2	QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML (***paliperidone palmitate***)	Tier 2	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML (***paliperidone palmitate***)	Tier 2	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (***paliperidone palmitate***)	Tier 2	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML (***paliperidone palmitate***)	Tier 2	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML (***paliperidone palmitate***)	Tier 2	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML (***paliperidone palmitate***)	Tier 2	QL (88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML (***paliperidone palmitate***)	Tier 2	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML (***paliperidone palmitate***)	Tier 2	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML (***paliperidone palmitate***)	Tier 2	QL (2.63 ML per 70 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG (***risperidone***)	Tier 2	QL (1 EA per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	Tier 1	QL (1 EA per 14 days)
risperidone oral solution 1 mg/ml	Tier 1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (***risperidone microspheres***)	Tier 2	QL (1 EA per 14 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML (***risperidone***)	Tier 2	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML (***risperidone***)	Tier 2	QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML (***risperidone***)	Tier 2	QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML (***risperidone***)	Tier 2	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML (***risperidone***)	Tier 2	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML (***risperidone***)	Tier 2	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML (***risperidone***)	Tier 2	QL (0.21 ML per 28 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	QL (3 EA per 1 day)
Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (***loxapine***)	Tier 2	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Dihydroindolones - Drugs for Severe Mental Disorders		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders		
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders		
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs for Severe Mental Disorders		
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine oral tablet 150 mg	Tier 1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs for Severe Mental Disorders		
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML (***aripiprazole***)	Tier 2	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML (***aripiprazole***)	Tier 2	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (***aripiprazole***)	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (***aripiprazole***)	Tier 2	QL (1 EA per 26 days)
aripiprazole oral solution 1 mg/ml	Tier 1	ST: At least 2 prior prescriptions for generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	ST: At least 2 prior prescriptions for generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days; QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	ST: At least 2 prior prescriptions for generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days; QL (2 EA per 1 day)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML (***aripiprazole lauroxil***)	Tier 2	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML (***aripiprazole lauroxil***)	Tier 2	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML (***aripiprazole lauroxil***)	Tier 2	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML (***aripiprazole lauroxil***)	Tier 2	QL (3.2 ML per 14 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***brexpiprazole***)	Tier 2	QL (1 EA per 1 day)
REXULTI ORAL TABLETS,DOSE PACK 0.5 MG (7)- 1 MG (7), 1 MG (4)- 2 MG (3) (***brexpiprazole***)	Tier 2	QL (1 EA per 1 day)
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs for Severe Mental Disorders		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***)	Tier 2	QL (1 EA per 1 day)
Attention Deficit-Hyperact. Disorder (ADHD)-alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	Tier 1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	PA
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG (***serdexmethylphenidate chloride/dexmethylphenidate hcl***)	Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (***methylphenidate hcl***)	Tier 2	ST: Requires prior prescription for generic Lisdexamfetamine, Methylphenidate ER/LA/CD, or Dextroamphetamine/Amphetamine XR/ER within the past 120 days; QL (1 EA per 1 day)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Tier 1	QL (1 EA per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (90 EA per 30 days)
methamphetamine oral tablet 5 mg	Tier 1	QL (150 EA per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg	Tier 1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg	Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	Tier 1	ST: Requires prior prescription for oral Methylphenidate CD/ER/LA formulation or Methylphenidate suspension/solution within the past 120 days; QL (1 EA per 1 day)
Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 1	
Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (***alprazolam***)	Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	
clobazam oral suspension 2.5 mg/ml	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
midazolam (pf) injection solution 5 mg/ml	Tier 1	
midazolam injection solution 5 mg/ml	Tier 1	
midazolam oral syrup 2 mg/ml	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
quazepam oral tablet 15 mg	Tier 1	ST: Requires prior prescription for one of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	ST: At least 2 prior prescriptions for generic SSRIs, SNRIs, or atypical antipsychotics within the past 365 days; QL (2 EA per 1 day)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine oral tablet 150 mg	Tier 1	QL (1 EA per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	
risperidone oral solution 1 mg/ml	Tier 1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg	Tier 1	
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***)	Tier 2	QL (1 EA per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders		
lithium carbonate oral capsule 150 mg, 600 mg	Tier 1	
lithium carbonate oral capsule 300 mg	Tier 1	
lithium carbonate oral tablet 300 mg	Tier 1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	Tier 1	
lithium citrate oral solution 8 meq/5 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cannabis and Cannabinoids - Drugs for Seizures /Personality Disorder/Nerve Pain		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for a 5HT3 antagoist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder		
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)
CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	PA
dextroamphetamine sulfate oral capsule, extended release 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg	Tier 1	QL (180 EA per 30 days)
dextroamphetamine sulfate oral tablet 15 mg	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (3 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (90 EA per 30 days)
dextroamphetamine sulfate oral tablet 20 mg, 30 mg	Tier 1	ST: Requires prior prescription for Dextroamphetamine Sulfate IR 5/10mg tablets or Dextroamphetamine solution within the past 120 days; QL (2 EA per 1 day)
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
methamphetamine oral tablet 5 mg	Tier 1	QL (150 EA per 30 days)
CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System		
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	Tier 1	
Diabetic Peripheral Neuropathy Agents - Drugs for Seizures /Personality Disorder/Nerve Pain		
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	Tier 1	ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, Pregabalin Ir, a tricyclic antidepressant, Valproic Acid, or Venlafaxine within the past 365 days; QL (3 EA per 1 day)
pregabalin oral tablet extended release 24 hr 330 mg	Tier 1	ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, Pregabalin Ir, a tricyclic antidepressant, Valproic Acid, or Venlafaxine within the past 365 days; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Fibromyalgia Agents - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	
pregabalin oral solution 20 mg/ml	Tier 1	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain		
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia		
ramelteon oral tablet 8 mg	Tier 1	ST: Requires prior prescription for Eszopiclone (Lunesta), Zaleplon (Sonata), or Zolpidem IR (Ambien) within the past 120 days
tasimelteon oral capsule 20 mg	Tier 1	PA
Migraine Therapy - Carboxylic Acid Derivatives - Drugs for Migraine Headaches		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***)	Tier 2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody - Drugs for Migraine Headaches		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (***fremanezumab-vfrm***)	Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (***fremanezumab-vfrm***)	Tier 2	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (***galcanezumab-gnlm***)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - CGRP Receptor Blockers (gepants and mAb) - Drugs for Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (***erenumab-aooe***)	Tier 2	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (***rimegepant sulfate***)	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (***atogepant***)	Tier 2	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***)	Tier 2	PA
Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches		
dihydroergotamine injection solution 1 mg/ml	Tier 1	QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (8 ML per 28 days)
Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches		
ergotamine-caffeine oral tablet 1-100 mg	Tier 1	QL (10 EA per 7 days)
Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)
eletriptan oral tablet 20 mg, 40 mg	Tier 1	ST: Requires prior prescription for oral Sumatriptan or Rizatriptan within the past 180 days; QL (18 EA per 30 days)

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (***deutetrabenazine***)	Tier 2	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 2	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 2	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 1	PA
Movement Disorder Therapy - Tardive Dyskinesia - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	Tier 2	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (***deutetrabenazine***)	Tier 2	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (***deutetrabenazine***)	Tier 2	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine tosylate***)	Tier 2	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 2	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 2	PA
Narcolepsy and Cataplexy Therapy Agents - Sedative-Type - Drugs for Sleep Disorder		
sodium oxybate oral solution 500 mg/ml	Tier 2	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML (***sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate***)	Tier 2	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	Tier 1	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	Tier 1	QL (2 EA per 1 day)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate oral tablet 5 mg	Tier 1	QL (90 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)
Neuropathic Pain Therapy - Drugs for Seizures /Personality Disorder/Nerve Pain		
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	Tier 1	ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, Pregabalin Ir, a tricyclic antidepressant, Valproic Acid, or Venlafaxine within the past 365 days; QL (3 EA per 1 day)
pregabalin oral tablet extended release 24 hr 330 mg	Tier 1	ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, Pregabalin Ir, a tricyclic antidepressant, Valproic Acid, or Venlafaxine within the past 365 days; QL (2 EA per 1 day)
Postherpetic Neuralgia Agents - Drugs for Seizures /Personality Disorder/Nerve Pain		
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	Tier 1	ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, Pregabalin Ir, a tricyclic antidepressant, Valproic Acid, or Venlafaxine within the past 365 days; QL (3 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pregabalin oral tablet extended release 24 hr 330 mg	Tier 1	ST: At least 2 prior prescriptions for Divalproex, Duloxetine, Gabapentin, Pregabalin Ir, a tricyclic antidepressant, Valproic Acid, or Venlafaxine within the past 365 days; QL (2 EA per 1 day)
Sedative-Hypnotic - Barbiturates - Drugs for Insomnia		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	Tier 1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	Tier 1	
Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia		
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
midazolam oral syrup 2 mg/ml	Tier 1	
quazepam oral tablet 15 mg	Tier 1	ST: Requires prior prescription for one of the following oral generics: Eszopiclone, Flurazepam, Temazepam, Zaleplon, or Zolpidem tablets within the past 120 days
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	
Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 1	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	Tier 1	QL (1 EA per 1 day)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	Tier 1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs for Insomnia		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***)	Tier 2	QL (1 EA per 1 day)
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs for Insomnia		
doxepin oral tablet 3 mg, 6 mg	Tier 1	ST: Requires prior prescription for Doxepin solution or 10mg capsules, Eszopiclone, Zaleplon, or Zolpidem Tartrate within the past 120 days; QL (1 EA per 1 day)
Chemical Dependency, Agents to Treat - Drugs for Addiction		
Agents for Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs for Opioid Addiction		
lofexidine oral tablet 0.18 mg	Tier 1	PA
Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction		
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Tier 1	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG (***buprenorphine hcl/naloxone hcl***)	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG (***buprenorphine hcl/naloxone hcl***)	Tier 2	QL (2 EA per 1 day)
Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs for Alcohol Addiction		
naltrexone oral tablet 50 mg	Tier 1	
Alcohol Deterrents - Drugs for Alcohol Addiction		
disulfiram oral tablet 250 mg, 500 mg	Tier 1	
Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	$0	EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction		
nicotine (polacrilex) buccal gum 2 mg, 4 mg	$0	EHB; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	$0	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	$0	EHB; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction		
varenicline tartrate oral tablet 0.5 mg, 1 mg	$0	EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	$0	EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 IN 365 DAYS, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Chemicals-Pharmaceutical Adjuvants		
Bulk Chemicals		
citric acid anhydrous (bulk) granules 100 %	Tier 2	
guaiacol liquid	Tier 2	
Chemicals - Cryopreservative Agents		
CRYOSERV SOLUTION 99 % (***dimethyl sulfoxide***)	Tier 2	
Chemicals - Solvents		
isopropyl alcohol solution 70 %, 91 %, 99 %	Tier 2	DD
MURI-LUBE OIL (***mineral oil, light sterile***)	Tier 2	
Pharmaceutical Adjuvant - External Vehicles		
GEL VEHICLE FOR NEXOBRID TOPICAL GEL (***vehicle gel for anacaulase-bcdb***)	Tier 2	
Pharmaceutical Adjuvant - Inhalation Vehicles		
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (***sodium chloride for inhalation***)	Tier 1	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	Tier 1	
Pharmaceutical Adjuvant - Preservatives		
citric acid anhydrous (bulk) granules 100 %	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pharmaceutical Adjuvant - Surfactants		
IV SOLN STABILIZER-IMDELLTRA INTRAVENOUS SOLUTION (***stabilizer for tarlatamab-dlle***)	Tier 2	
Pharmaceutical Adjuvant - Suspending Agents		
hydroxypropyl cellulose powder	Tier 2	
Cognitive Disorder Therapy - Drugs for the Nervous System		
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease		
donepezil oral tablet 10 mg, 23 mg, 5 mg	Tier 1	
donepezil oral tablet,disintegrating 10 mg, 5 mg	Tier 1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	Tier 1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	Tier 1	QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 1	QL (60 EA per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	Tier 1	QL (30 EA per 30 days)
Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml	Tier 1	QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG (***memantine hcl***)	Tier 2	ST: Requires prior prescription for Memantine immediate release tablets within the past 120 days; QL (28 EA per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alzheimer's Thx - NMDA Receptor Antag. and Cholinesterase Inhib. Comb - Drugs for Alzheimer's Disease		
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	Tier 1	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG (***memantine hcl/donepezil hcl***)	Tier 2	ST: Requires prior prescriptions for Donepezil and Memantine within the past 365 days; QL (1 EA per 1 day)
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease		
ergoloid oral tablet 1 mg	Tier 1	
Contraceptives - Drugs for Women		
Contraceptive - Vaginal pH Modulator - Medical Supplies and Durable Medical Equipment		
PHEXXI VAGINAL GEL 1.8-1-0.4 % (***lactic acid/citric acid/potassium bitartrate***)	$0	CT; EHB
Contraceptive Implant - Progestin - Birth Control Pills		
NEXPLANON SUBDERMAL IMPLANT 68 MG (***etonogestrel***)	$0	CT; EHB
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (***medroxyprogesterone acetate***)	$0	CT; EHB
medroxyprogesterone intramuscular suspension 150 mg/ml	$0	CT; EHB
medroxyprogesterone intramuscular syringe 150 mg/ml	$0	CT; EHB
Contraceptive Intrauterine - Copper IUD - Birth Control Pills		
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM (***copper***)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (***copper***)	$0	CT; EHB
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (***copper***)	$0	CT; EHB
Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG (***levonorgestrel***)	$0	CT; EHB
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG (***levonorgestrel***)	$0	CT; EHB
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG (***levonorgestrel***)	$0	CT; EHB
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG (***levonorgestrel***)	$0	CT; EHB
Contraceptive Oral - Biphasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	$0	CT; EHB
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	$0	CT; EHB
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
Contraceptive Oral - Monophasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Amethyst (28) Oral Tablet 90-20 Mcg (28))	$0	CT; EHB
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aubra Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone-ethinyl estradiol (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Charlotte 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Dolishale Oral Tablet 90-20 Mcg (28))	$0	CT; EHB
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	$0	CT; EHB
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	$0	CT; EHB
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-0.035 Mg)	$0	CT; EHB
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Feirza Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7), 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG (***norethindrone acetate/ethinyl estradiol***)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Galbriela Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Gemmily Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Hailey Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Iclevia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	$0	CT; EHB
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Jasmiel (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (***levonorgestrel/ethinyl estradiol***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol/iron (Joyeaux Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	$0	CT; EHB
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Kaitlib Fe Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	$0	CT; EHB
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/50 (28) Oral Tablet 1-50 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (***norethindrone-ethinyl estradiol/ferrous fumarate***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	$0	CT; EHB
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	$0	CT; EHB
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Levora-28 Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Merzee Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-0.035 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol/iron (Minzoya Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	$0	CT; EHB
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-0.035 Mg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	$0	CT; EHB
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) (***drospirenone/estetrol***)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethinyl estradiol/drospirenone (Nikki (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	$0	CT; EHB
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0	CT; EHB
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	$0	CT; EHB
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	$0	CT; EHB
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	$0	CT; EHB
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	$0	CT; EHB
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (***norethindrone-ethinyl estradiol***)	$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Nylia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
OCELLA ORAL TABLET 3-0.03 MG (***ethinyl estradiol/drospirenone***)	$0	CT; EHB
norethindrone-ethinyl estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Portia 28 Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	$0	CT; EHB
norgestimate-ethinyl estradiol (Sprintec (28) Oral Tablet 0.25-0.035 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethinyl estradiol/drospirenone (Syeda Oral Tablet 3-0.03 Mg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norgestrel-ethinyl estradiol (Turqoz (28) Oral Tablet 0.3-30 Mg-Mcg)	$0	CT; EHB
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG (***levonorgestrel/ethinyl estradiol***)	$0	CT; EHB
drospirenone/ethinyl estradiol/levomefolate calcium (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7))	$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Valtya Oral Tablet 1-50 Mg-Mcg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Vestura (28) Oral Tablet 3-0.02 Mg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Vienva Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-0.035 Mg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Wymzya Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Xelria Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	$0	CT; EHB
ethinyl estradiol/drospirenone (Zarah Oral Tablet 3-0.03 Mg)	$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethinyl estradiol/drospirenone (Zumandimine (28) Oral Tablet 3-0.03 Mg)	$0	CT; EHB
Contraceptive Oral - Progestin - Birth Control Pills		
norethindrone (Camila Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Deblitane Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Emzahh Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Errin Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Heather Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Incassia Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Jencycla Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Lyleq Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Lyza Oral Tablet 0.35 Mg)	$0	CT; EHB
NORA-BE ORAL TABLET 0.35 MG (***norethindrone***)	$0	CT; EHB
norethindrone (contraceptive) oral tablet 0.35 mg	$0	CT; EHB
OPILL ORAL TABLET 0.075 MG (***norgestrel***)	$0	CT; EHB
norethindrone (Sharobel Oral Tablet 0.35 Mg)	$0	CT; EHB
SLYND ORAL TABLET 4 MG (28) (***drospirenone***)	$0	CT; EHB
norethindrone (Tulana Oral Tablet 0.35 Mg)	$0	CT; EHB
Contraceptive Oral - Quadraphasic - Birth Control Pills		
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	$0	CT; EHB
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (***estradiol valerate/dienogest***)	$0	CT; EHB
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Rosyrah Oral Tablets,Dose Pack,3 Month 0.15 Mg-20 Mcg/ 0.15 Mg-25 Mcg)	$0	CT; EHB
Contraceptive Oral - Triphasic - Birth Control Pills		
norethindrone-ethinyl estradiol (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-ethinyl estradiol (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	$0	CT; EHB
desogestrel-ethinyl estradiol (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	$0	CT; EHB
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (***norethindrone-ethinyl estradiol***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	$0	CT; EHB
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0	CT; EHB
norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0	CT; EHB
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28)	$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Nylia 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	$0	CT; EHB
desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Xarah Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	$0	CT; EHB
Contraceptive Transdermal Combinations - Estrogen and Progestin Comb. - Birth Control Pills		
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	$0	CT; EHB
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (***levonorgestrel/ethinyl estradiol***)	$0	CT; EHB
norelgestromin/ethinyl estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)	$0	CT; EHB
norelgestromin/ethinyl estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	$0	CT; EHB
Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb. - Birth Control Pills		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (***segesterone acetate/ethinyl estradiol***)	$0	CT; EHB
etonogestrel/ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	$0	CT; EHB
etonogestrel/ethinyl estradiol (Enilloring Vaginal Ring 0.12-0.015 Mg/24 Hr)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	$0	CT; EHB
etonogestrel/ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr)	$0	CT; EHB
Emergency Contraceptives - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	$0	CT; EHB
HER STYLE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
JULIE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
levonorgestrel oral tablet 1.5 mg	$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills		
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	$0	CT; EHB
Emergency Contraceptives - Progestin Type - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
HER STYLE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
JULIE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
levonorgestrel oral tablet 1.5 mg	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
Spermicides - Birth Control Pills		
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	$0	CT; EHB
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	$0	CT; EHB
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (***nonoxynol 9***)	$0	CT; EHB
Dermatological		
Dermatological - Gene Therapy Agents		
VYJUVEK TOPICAL GEL 5 X 10EXP9 PFU/2.5 ML (***beremagene geperpavec-svdt***)	Tier 2	
Dermatological - Drugs for the Skin		
Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin		
isotretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
Acne Therapy Topical - Anti-infective - Drugs for the Skin		
ABENOR TOPICAL CREAM 10-4 % (***sulfacetamide sodium/niacinamide***)	Tier 2	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical - Anti-infective Combinations Other - Drugs for the Skin		
APORIX TOPICAL LOTION 1-4 % (***clindamycin/niacinamide***)	Tier 2	
DEOXIA TOPICAL LOTION 1-4 % (***clindamycin/niacinamide***)	Tier 2	
DIADIMAXIA TOPICAL GEL 6-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 2	
DIAOXIA TOPICAL GEL 6-4 % (***dapsone/niacinamide***)	Tier 2	
DIASDIMAXIA TOPICAL GEL 8.5-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 2	
DIASOXIA TOPICAL GEL 8.5-4 % (***dapsone/niacinamide***)	Tier 2	
Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin		
APEXOL HP TOPICAL SUSPENSION 5-10 % (***salicylic acid/sulfacetamide sodium***)	Tier 2	
APEXOL TOPICAL SUSPENSION 2-8 % (***salicylic acid/sulfacetamide sodium***)	Tier 2	
ARTILIS HP TOPICAL GEL 5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 2	
ARTILIS TOPICAL GEL 2.5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (***sulfacetamide sodium/sulfur/urea***)	Tier 1	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	Tier 1	ST: Requires prior prescription for generic Clindamycin/Benzoyl Peroxide gel within the past 120 days
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %	Tier 1	
DRAXACE TOPICAL SUSPENSION 2-8 % (***salicylic acid/sulfacetamide sodium***)	Tier 2	
DRAXACEY TOPICAL SUSPENSION 2-8 % (***salicylic acid/sulfacetamide sodium***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DRIXECE TOPICAL SUSPENSION 5-10 % (***salicylic acid/sulfacetamide sodium***)	Tier 2	
erythromycin-benzoyl peroxide topical gel 3-5 %	Tier 1	
INZDEOXIA TOPICAL GEL 2.5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 2	
clindamycin phosphate/benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
ONEXTON TOPICAL GEL 1.2 %(1 % BASE) -3.75 % (***clindamycin phosphate/benzoyl peroxide***)	Tier 2	
ONZDEOXIA TOPICAL GEL 5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 2	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 8-4 %	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (***sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal***)	Tier 2	
Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin		
ADERMICA TOPICAL GEL 0.025-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 2	
ALOMIRA LP TOPICAL GEL 0.025-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 2	
ALOMIRA TOPICAL GEL 0.05-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 2	
ALUXOF HP TOPICAL GEL 0.1-10-2-4-4 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 2	
ALUXOF TOPICAL GEL 0.05-10-2-4-4 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUGUSTIL TOPICAL GEL 0.025-1-2-4 % (***tretinoin/clindamycin phosphate/spironolactone/niacinamide***)	Tier 2	
AVIDORA TOPICAL CREAM 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 2	
DEOXIADEMTAR TOPICAL GEL 0.025-1-2-4 % (***tretinoin/clindamycin phosphate/spironolactone/niacinamide***)	Tier 2	
INZDEAXIATAR TOPICAL GEL 0.025-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 2	
LOUNZDOMDIOXIATAR TOPICAL GEL 0.05-10-2-4-4 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 2	
ONZDEAXIATAR TOPICAL GEL 0.025-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 2	
ONZDEAXIAVAR TOPICAL GEL 0.05-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 2	
TARDEOXIA TOPICAL CREAM 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 2	
UNZDOMDIOXIAZAR TOPICAL GEL 0.1-10-2-4-4 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 2	
Acne Therapy Topical - Keratolytic - Drugs for the Skin		
benzoyl peroxide topical foam 9.8 %	Tier 1	
BPO TOPICAL GEL 8 % (***benzoyl peroxide***)	Tier 1	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (***benzoyl peroxide microspheres***)	Tier 1	
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs for the Skin		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (***benzoyl peroxide/hydrocortisone***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical - Retinoid Combinations Other - Drugs for the Skin		
ADAINZOXIA TOPICAL GEL 0.3-2.5-4 % (***adapalene/benzoyl peroxide/niacinamide***)	Tier 2	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	Tier 1	
ALURIS HP PLUS TOPICAL CREAM 0.1-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 2	
ALURIS LP PLUS TOPICAL CREAM 0.025-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 2	
ALURIS LP TOPICAL CREAM 0.025-4 % (***tretinoin/niacinamide***)	Tier 2	
ALURIS PLUS TOPICAL CREAM 0.05-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 2	
ALURIS TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***)	Tier 2	
ALURIS TOPICAL GEL 0.05-4 % (***tretinoin/niacinamide***)	Tier 2	
APHORIA TOPICAL GEL 0.3-2.5-4 % (***adapalene/benzoyl peroxide/niacinamide***)	Tier 2	
AZALTA HP TOPICAL GEL 0.05-5-2 % (***tretinoin/spironolactone/niacinamide***)	Tier 2	
AZALTA TOPICAL GEL 0.025-5-2 % (***tretinoin/spironolactone/niacinamide***)	Tier 2	
OXIATAR TOPICAL CREAM 0.025-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 2	
OXIAVARRY TOPICAL CREAM 0.05-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 2	
OXIAZAR TOPICAL CREAM 0.1-0.5-4 % (***tretinoin/hyaluronate sodium/niacinamide***)	Tier 2	
SAROXIA TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***)	Tier 2	
SORIXIA TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***)	Tier 2	
TARDIMAXIA TOPICAL GEL 0.025-5-2 % (***tretinoin/spironolactone/niacinamide***)	Tier 2	
TAROXIA TOPICAL CREAM 0.025-4 % (***tretinoin/niacinamide***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAROXIA TOPICAL GEL 0.025-4 % (***tretinoin/niacinamide***)	Tier 2	
VARDIMAXIA TOPICAL GEL 0.05-5-2 % (***tretinoin/spironolactone/niacinamide***)	Tier 2	
VAROXIA TOPICAL CREAM 0.05-4 % (***tretinoin/niacinamide***)	Tier 2	
VAROXIA TOPICAL GEL 0.05-4 % (***tretinoin/niacinamide***)	Tier 2	
Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin		
adapalene topical cream 0.1 %	Tier 1	
adapalene topical gel 0.3 %	Tier 1	
adapalene topical gel with pump 0.3 %	Tier 1	
adapalene topical lotion 0.1 %	Tier 1	Age (Max 39 Years)
ALVOX HP TOPICAL CREAM 0.1-4 % (***tazarotene/niacinamide***)	Tier 2	
ALVOX TOPICAL CREAM 0.05-4 % (***tazarotene/niacinamide***)	Tier 2	
AVITA TOPICAL CREAM 0.025 % (***tretinoin***)	Tier 1	
AVITA TOPICAL GEL 0.025 % (***tretinoin***)	Tier 1	
ETHOXIA TOPICAL CREAM 0.05-4 % (***tazarotene/niacinamide***)	Tier 2	
ITHOXIA TOPICAL CREAM 0.1-4 % (***tazarotene/niacinamide***)	Tier 2	
tretinoin microspheres topical gel 0.04 %, 0.1 %	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.08 %	Tier 1	ST: Requires prior prescriptions for generic Tretinoin Microspheres 0.04% and 0.10% within the past 365 days; Age (Max 39 Years)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	Tier 1	
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical Combinations Other - Drugs for the Skin		
ADALINA TOPICAL GEL 5-4 % (***spironolactone/niacinamide***)	Tier 2	
DIMOXIA TOPICAL GEL 5-4 % (***spironolactone/niacinamide***)	Tier 2	
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin		
calcipotriene-betamethasone topical ointment 0.005-0.064 %	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
calcipotriene-betamethasone topical suspension 0.005-0.064 %	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors,MC Antibody - Drugs for the Skin		
PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-ttwe***)	Tier 1	PA
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-aekn***)	Tier 2	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***)	Tier 2	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab***)	Tier 2	PA
ustekinumab subcutaneous solution 45 mg/0.5 ml	Tier 1	PA
ustekinumab subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml	Tier 1	PA
ustekinumab-aekn subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml	Tier 1	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-kfce***)	Tier 2	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-kfce***)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin		
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***risankizumab-rzaa***)	Tier 2	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (***risankizumab-rzaa***)	Tier 2	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML (***guselkumab***)	Tier 2	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***)	Tier 2	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (***guselkumab***)	Tier 2	PA
Antipsoriatic Agents - Tyrosine Kinase 2 (TYK2) Inhibitor - Drugs for the Skin		
SOTYKTU ORAL TABLET 6 MG (***deucravacitinib***)	Tier 2	PA
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin		
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 2	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 2	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 2	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML (***ixekizumab***)	Tier 2	PA
Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin		
OPZELURA TOPICAL CREAM 1.5 % (***ruxolitinib phosphate***)	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (***upadacitinib***)	Tier 2	PA
Dermatitis Agents, Systemic - Interleukin-13 Inhibitors MAb - Drugs for the Skin		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML (***tralokinumab-ldrm***)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (***tralokinumab-ldrm***)	Tier 2	PA
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML (***lebrikizumab-lbkz***)	Tier 2	PA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML (***lebrikizumab-lbkz***)	Tier 2	PA
Dermatitis Agents,Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb - Drugs for the Skin		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 2	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 2	PA
Dermatitis or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs for the Skin		
EUCRISA TOPICAL OINTMENT 2 % (***crisaborole***)	Tier 2	ST: Requires prior prescription for a topical corticosteroid or Calcineurin Inhibitor within the past 120 days
Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin		
gentamicin topical cream 0.1 %	Tier 1	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %	Tier 1	QL (90 GM per 1 FILL)
Dermatological - Antibacterial Other - Drugs for the Skin		
BATIZIA TOPICAL OINTMENT 2-2 % (***mupirocin/lidocaine***)	Tier 2	
mupirocin calcium topical cream 2 %	Tier 1	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	Tier 1	QL (90 GM per 1 FILL)
NANRAN TOPICAL OINTMENT 2-2 % (***mupirocin/lidocaine***)	Tier 2	
silver nitrate topical solution 0.5 %	Tier 1	
silver nitrate topical solution 10 %, 25 %, 50 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antibacterial,Antifungal Agent with Glucocorticoid - Drugs for the Skin		
DAZINIA TOPICAL CREAM 2-1-2.5 % (***ketoconazole/iodoquinol/hydrocortisone***)	Tier 2	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	Tier 1	
PHEODOYO TOPICAL CREAM 2-1-2.5 % (***ketoconazole/iodoquinol/hydrocortisone***)	Tier 2	
Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs for the Skin		
QBREXZA TOPICAL TOWELETTE 2.4 % (***glycopyrronium tosylate***)	Tier 2	PA
Dermatological - Antifungal Allylamines - Drugs for the Skin		
naftifine topical cream 1 %	Tier 1	
naftifine topical cream 2 %	Tier 1	QL (180 GM per 1 FILL)
naftifine topical gel 2 %	Tier 1	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin		
nystatin (Klayesta Topical Powder 100,000 Unit/Gram)	Tier 1	
nystatin (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	
nystatin topical cream 100,000 unit/gram	Tier 1	
nystatin topical ointment 100,000 unit/gram	Tier 1	QL (90 GM per 1 FILL)
nystatin topical powder 100,000 unit/gram	Tier 1	
nystatin (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Combinations Other - Drugs for the Skin		
DENVITA TOPICAL CREAM 2-4 % (***ketoconazole/niacinamide***)	Tier 2	
DIFMETIOXRIME TOPICAL SOLUTION 4-2-1-4 % (***fluconazole/ibuprofen/itraconazole/terbinafine hcl***)	Tier 2	
EXODERM TOPICAL LOTION 25-1 % (***sodium thiosulfate/salicylic acid***)	Tier 1	
FENOVIA TOPICAL SOLUTION 4-2-1-4 % (***fluconazole/ibuprofen/itraconazole/terbinafine hcl***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FRIVO TOPICAL CREAM 1-4 % (***econazole nitrate/niacinamide***)	Tier 2	
IMIOXIA TOPICAL CREAM 1-4 % (***econazole nitrate/niacinamide***)	Tier 2	
PHEOXIA TOPICAL CREAM 2-4 % (***ketoconazole/niacinamide***)	Tier 2	
Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin		
ciclopirox topical cream 0.77 %	Tier 1	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %	Tier 1	
ciclopirox topical shampoo 1 %	Tier 1	
ciclopirox topical solution 8 %	Tier 1	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	Tier 1	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	Tier 1	QL (19.8 ML per 1 FILL)
Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin		
clotrimazole topical cream 1 %	Tier 1	
clotrimazole topical solution 1 %	Tier 1	
econazole nitrate topical cream 1 %	Tier 1	QL (170 GM per 1 FILL)
EXELDERM TOPICAL CREAM 1 % (***sulconazole nitrate***)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % (***sulconazole nitrate***)	Tier 2	
ketoconazole topical cream 2 %	Tier 1	QL (180 GM per 1 FILL)
ketoconazole topical shampoo 2 %	Tier 1	QL (360 ML per 1 FILL)
luliconazole topical cream 1 %	Tier 1	ST: Requires prior prescriptions for Ketoconazole and Clotrimazole cream within the past 365 days; QL (60 GM per 28 days)
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	Tier 1	
oxiconazole topical cream 1 %	Tier 1	QL (180 GM per 1 FILL)
sulconazole topical cream 1 %	Tier 1	
sulconazole topical solution 1 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antifungal Oxaborole - Drugs for the Skin		
tavaborole topical solution with applicator 5 %	Tier 1	PA
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin		
clotrimazole-betamethasone topical cream 1-0.05 %	Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %	Tier 1	
DELIBON TOPICAL CREAM 2-2.5 % (***ketoconazole/hydrocortisone***)	Tier 2	
DIONARIS TOPICAL SHAMPOO 0.77-0.05-3 % (***ciclopirox olamine/clobetasol propionate/salicylic acid***)	Tier 2	
DIVENDO TOPICAL SHAMPOO 0.77-0.05 % (***ciclopirox olamine/clobetasol propionate***)	Tier 2	
HAXCHLO TOPICAL SHAMPOO 0.77-0.05 % (***ciclopirox olamine/clobetasol propionate***)	Tier 2	
HAXCHLODREX TOPICAL SHAMPOO 0.77-0.05-3 % (***ciclopirox olamine/clobetasol propionate/salicylic acid***)	Tier 2	
hydrocortisone-iodoquinol topical cream 1-1 %	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	Tier 1	QL (180 GM per 1 FILL)
PHEYO TOPICAL CREAM 2-2.5 % (***ketoconazole/hydrocortisone***)	Tier 2	
Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin		
VALCHLOR TOPICAL GEL 0.016 % (***mechlorethamine hcl***)	Tier 2	PA
Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin		
fluorouracil topical cream 0.5 %	Tier 1	PA
fluorouracil topical cream 5 %	Tier 1	
fluorouracil topical solution 2 %, 5 %	Tier 1	
TOLAK TOPICAL CREAM 4 % (***fluorouracil***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antineoplastic or Premalig. Lesions - Antimicrotubule - Drugs for the Skin		
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % (***tirbanibulin***)	Tier 2	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 % (***tirbanibulin***)	Tier 2	QL (5 EA per 1 FILL)
Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin		
diclofenac sodium topical gel 3 %	Tier 1	QL (100 GM per 1 FILL)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin		
bexarotene topical gel 1 %	Tier 1	PA
Dermatological - Antiperspirants - Drugs for the Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (***aluminum chloride***)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (***aluminum chloride***)	Tier 2	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin		
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 1	
Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin		
calcipotriene scalp solution 0.005 %	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcipotriene topical cream 0.005 %	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
calcipotriene topical ointment 0.005 %	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
calcitriol topical ointment 3 mcg/gram	Tier 1	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
DRITHOCREME HP TOPICAL CREAM 1 % (***anthralin***)	Tier 2	ST: Requires prior prescription for a topical corticosteroid within the past 120 days
tazarotene topical cream 0.05 %	Tier 1	Age (Max 39 Years)
tazarotene topical cream 0.1 %	Tier 1	
tazarotene topical gel 0.05 %, 0.1 %	Tier 1	Age (Max 39 Years)
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin		
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	Tier 2	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (***apremilast***)	Tier 2	PA
Dermatological - Antiseborrheic - Drugs for the Skin		
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (***sulfacetamide sodium***)	Tier 2	
PLEXION NS TOPICAL SHAMPOO 9.8 % (***sulfacetamide sodium***)	Tier 2	
selenium sulfide topical lotion 2.5 %	Tier 1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	Tier 1	
sulfacetamide sodium topical cleanser 10 %	Tier 1	
sulfacetamide sodium topical cleanser, gel 10 %	Tier 1	
sulfacetamide sodium topical shampoo 10 %, 9.8 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antiviral, Herpes - Drugs for the Skin		
acyclovir topical ointment 5 %	Tier 1	
Dermatological - Burn Products Anti-infective - Drugs for the Skin		
mafenide acetate topical packet 50 gram	Tier 1	
silver sulfadiazine topical cream 1 %	Tier 1	
SSD TOPICAL CREAM 1 % (***silver sulfadiazine***)	Tier 1	
Dermatological - Calcineurin Inhibitors - Drugs for the Skin		
ELYZIA TOPICAL CREAM 0.1-1-4 % (***tacrolimus/hyaluronate sodium/niacinamide***)	Tier 2	
ELYZIA TOPICAL OINTMENT 0.1-4 % (***tacrolimus/niacinamide***)	Tier 2	
NUJU TOPICAL CREAM 0.1 % (***tacrolimus in vehicle base no.238***)	Tier 2	
OXIANUJO (WITH HYALURONATE) TOPICAL CREAM 0.1-1-4 % (***tacrolimus/hyaluronate sodium/niacinamide***)	Tier 2	
OXIANUJO TOPICAL OINTMENT 0.1-4 % (***tacrolimus/niacinamide***)	Tier 2	
pimecrolimus topical cream 1 %	Tier 1	ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tacrolimus topical ointment 0.03 %, 0.1 %	Tier 1	ST: Requires prior prescription for Clobetasol (cream or ointment), Hydrocortisone (1% or 2.5% cream or ointment), generic Mometasone (cream or ointment), or Triamcinolone (0.1% or 0.5% cream or ointment) within the past 120 days
VEVEN TOPICAL CREAM 0.1 % (***tacrolimus in vehicle base no.238***)	Tier 2	
Dermatological - Depigmenting Agents - Drugs for the Skin		
hydroquinone topical cream 4 %	Tier 1	
KAXM TOPICAL EMULSION 4 % (***hydroquinone***)	Tier 2	
KEXM TOPICAL EMULSION 6 % (***hydroquinone***)	Tier 2	
KUTEA TOPICAL EMULSION 8 % (***hydroquinone***)	Tier 2	
KUXM TOPICAL EMULSION 8 % (***hydroquinone***)	Tier 2	
MEDORFA HP PLUS TOPICAL EMULSION 8 % (***hydroquinone***)	Tier 2	
MEDORFA HP TOPICAL EMULSION 8 % (***hydroquinone***)	Tier 2	
MEDORFA LP TOPICAL EMULSION 4 % (***hydroquinone***)	Tier 2	
MEDORFA TOPICAL EMULSION 6 % (***hydroquinone***)	Tier 2	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (***hydroquinone***)	Tier 1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (***hydroquinone***)	Tier 1	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (***hydroquinone***)	Tier 1	
Dermatological - Depigmenting Combinations - Drugs for the Skin		
KATARYA TOPICAL EMULSION 4-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
KATARYAXN TOPICAL EMULSION 4-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEIDO TOPICAL EMULSION 6-1 % (***hydroquinone/hyaluronate sodium***)	Tier 2	
KETARYA TOPICAL EMULSION 6-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
KEVARYA TOPICAL EMULSION 6-0.05-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
KEYA TOPICAL EMULSION 6-0.5 % (***hydroquinone/hydrocortisone***)	Tier 2	
KUTARYAXM TOPICAL EMULSION 8-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
KUTARYAXMPA TOPICAL EMULSION 8-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
KUVARYA TOPICAL EMULSION 8-0.05-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
KUVARYE TOPICAL EMULSION 8-0.05-1 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
MECORIX HP TOPICAL EMULSION 8-0.05-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
MECORIX PLUS TOPICAL EMULSION 8-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
MECORIX TOPICAL EMULSION 8-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
MEDORFA PLUS TOPICAL EMULSION 6-1 % (***hydroquinone/hyaluronate sodium***)	Tier 2	
MEKAM HP TOPICAL EMULSION 6-0.05-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
MEKAM TOPICAL EMULSION 6-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
MELIDU TOPICAL EMULSION 4-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
MELONDIS PLUS TOPICAL EMULSION 4-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
MELONDIS TOPICAL EMULSION 4-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
MIMORA TOPICAL EMULSION 6-0.5 % (***hydroquinone/hydrocortisone***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYTHIUS TOPICAL EMULSION 8-0.05-1 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
MYVORI TOPICAL CREAM 10-4 % (***lactic acid/niacinamide***)	Tier 2	
PROOXIA TOPICAL CREAM 10-4 % (***lactic acid/niacinamide***)	Tier 2	
YAXATARXYN TOPICAL EMULSION 4-0.025-0.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 2	
Dermatological - Emollient Combinations Other - Drugs for the Skin		
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 % (***emol53/e.water/namgfs/naphos/nacl/hypochlorous acid/nahypocl***)	Tier 1	
Dermatological - Emollients - Drugs for the Skin		
ammonium lactate topical cream 12 %	Tier 1	
ammonium lactate topical lotion 12 %	Tier 1	
RADIAGEL TOPICAL GEL (***emollient base***)	Tier 2	
urea topical cream 20 %	Tier 1	
Dermatological - Glucocorticoid - Drugs for the Skin		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 % (***hydrocortisone***)	Tier 1	
hydrocortisone (Ala-Cort Topical Cream 1 %)	Tier 1	
hydrocortisone (Ala-Scalp Topical Lotion 2 %)	Tier 1	ST: Requires prior prescription for geeric Hydrocortisone 2.5% lotion within the past 120 days
alclometasone topical cream 0.05 %	Tier 1	
alclometasone topical ointment 0.05 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amcinonide topical cream 0.1 %	Tier 1	ST: Requires prior prescription for Betamethasone 0.1% ointment, Fluticasone 0.005% ointment, Mometasone 0.1% ointment, or Triamcinolone 0.5% ointment or cream within the past 120 days
betamethasone dipropionate topical cream 0.05 %	Tier 1	
betamethasone dipropionate topical lotion 0.05 %	Tier 1	
betamethasone dipropionate topical ointment 0.05 %	Tier 1	
betamethasone valerate topical cream 0.1 %	Tier 1	
betamethasone valerate topical foam 0.12 %	Tier 1	
betamethasone valerate topical lotion 0.1 %	Tier 1	
betamethasone valerate topical ointment 0.1 %	Tier 1	
betamethasone, augmented topical cream 0.05 %	Tier 1	
betamethasone, augmented topical gel 0.05 %	Tier 1	
betamethasone, augmented topical lotion 0.05 %	Tier 1	
betamethasone, augmented topical ointment 0.05 %	Tier 1	
clobetasol scalp solution 0.05 %	Tier 1	
clobetasol topical cream 0.05 %	Tier 1	
clobetasol topical foam 0.05 %	Tier 1	
clobetasol topical gel 0.05 %	Tier 1	
clobetasol topical lotion 0.05 %	Tier 1	
clobetasol topical ointment 0.05 %	Tier 1	
clobetasol topical shampoo 0.05 %	Tier 1	
clobetasol topical spray,non-aerosol 0.05 %	Tier 1	
clobetasol-emollient topical cream 0.05 %	Tier 1	
clobetasol-emollient topical foam 0.05 %	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluocinolone topical oil 0.01 %	Tier 1	
fluocinolone topical ointment 0.025 %	Tier 1	
fluocinolone topical solution 0.01 %	Tier 1	
fluocinonide topical cream 0.05 %, 0.1 %	Tier 1	
fluocinonide topical gel 0.05 %	Tier 1	
fluocinonide topical ointment 0.05 %	Tier 1	
fluocinonide topical solution 0.05 %	Tier 1	
fluocinonide/emollient base (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	
fluocinonide-emollient topical cream 0.05 %	Tier 1	
flurandrenolide topical cream 0.05 %	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days
flurandrenolide topical lotion 0.05 %	Tier 1	
flurandrenolide topical ointment 0.05 %	Tier 1	ST: Requires prior prescription for Mometasone 0.1% cream/solution or Triamcinolone 0.1 % cream/ointment within the past 120 days; QL (180 GM per 30 days)
fluticasone propionate topical cream 0.05 %	Tier 1	
fluticasone propionate topical lotion 0.05 %	Tier 1	
fluticasone propionate topical ointment 0.005 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
halcinonide topical cream 0.1 %	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
halcinonide topical solution 0.1 %	Tier 1	ST: Requires prior prescription for Betamethasone 0.05% (ointment, augmented cream), Desoximetasone (cream, gel, ointment), Fluocinonide 0.05% (gel, ointment, solution, cream) within the past 120 days
halobetasol propionate topical cream 0.05 %	Tier 1	
halobetasol propionate topical ointment 0.05 %	Tier 1	
hydrocortisone butyrate topical cream 0.1 %	Tier 1	
hydrocortisone butyrate topical lotion 0.1 %	Tier 1	ST: Requires prior prescription for Betamethasone (0.05% lotion, 0.1% cream), Desonide 0.05% ointment, Fluticasone 0.05% cream, Hydrocortisone 0.2% cream, or Triamcinolone (0.1% lotion, 0.025% ointment) within the past 120 days; QL (236 ML per 30 days)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednicarbate topical ointment 0.1 %	Tier 1	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (***hydrocortisone/salicylic acid/sulfur/shampoo no.1***)	Tier 2	
triamcinolone acetonide topical aerosol 0.147 mg/gram	Tier 1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical cream 0.5 %	Tier 1	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Tier 1	
triamcinolone acetonide (Triderm Topical Cream 0.1 %)	Tier 1	
triamcinolone acetonide (Triderm Topical Cream 0.5 %)	Tier 1	QL (454 GM per 30 days)
Dermatological - Glucocorticoid Combinations Other - Drugs for the Skin		
CHLOHUX TOPICAL SHAMPOO 0.05-2 % (***clobetasol propionate/levocetirizine dihydrochloride***)	Tier 2	
CHLOOXIA TOPICAL CREAM 0.05-4 % (***clobetasol propionate/niacinamide***)	Tier 2	
CHLOOXIA TOPICAL OINTMENT 0.05-4 % (***clobetasol propionate/niacinamide***)	Tier 2	
CHLOOXIA TOPICAL SOLUTION 0.05-4 % (***clobetasol propionate/niacinamide***)	Tier 2	
DIOCHLOY TOPICAL SOLUTION 0.05-0.005 % (***clobetasol propionate/calcipotriene***)	Tier 2	
DIVINIX TOPICAL CREAM 0.05-4 % (***clobetasol propionate/niacinamide***)	Tier 2	
DIVINIX TOPICAL OINTMENT 0.05-4 % (***clobetasol propionate/niacinamide***)	Tier 2	
DIVINIX TOPICAL SOLUTION 0.05-4 % (***clobetasol propionate/niacinamide***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOMELA TOPICAL CREAM 0.01-4 % (***fluocinolone acetonide/niacinamide***)	Tier 2	
ILEXOR TOPICAL SHAMPOO 0.05-2 % (***clobetasol propionate/levocetirizine dihydrochloride***)	Tier 2	
PLENURA TOPICAL SOLUTION 0.05-0.005 % (***clobetasol propionate/calcipotriene***)	Tier 2	
TETOXIA TOPICAL CREAM 0.01-4 % (***fluocinolone acetonide/niacinamide***)	Tier 2	
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin		
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	Tier 1	
PRAMOSONE TOPICAL CREAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	ST: Requires prior prescription for Hydrocortisone/Pramoxine 2.5%-1% cream within the past 120 days
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	Tier 2	
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin		
imiquimod topical cream in packet 5 %	Tier 1	QL (2 EA per 1 day)
Dermatological - Immunomodulator Combinations - Drugs for the Skin		
KAZURI TOPICAL GEL 5-0.05-1 % (***imiquimod/tretinoin/levocetirizine dihydrochloride***)	Tier 2	
KYNARA TOPICAL GEL 5-1-2 % (***imiquimod/levocetirizine dihydrochloride/niacinamide***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUIHOXAXIA TOPICAL GEL 5-1-2 % (***imiquimod/levocetirizine dihydrochloride/niacinamide***)	Tier 2	
QUIHOXVAR TOPICAL GEL 5-0.05-1 % (***imiquimod/tretinoin/levocetirizine dihydrochloride***)	Tier 2	
Dermatological - Keratolytic Combinations Other - Drugs for the Skin		
METDRAY TOPICAL GEL 17-2 % (***salicylic acid/ibuprofen***)	Tier 2	
WELERIS TOPICAL GEL 17-2 % (***salicylic acid/ibuprofen***)	Tier 2	
Dermatological - Keratolytic-Antimitotic Combinations - Drugs for the Skin		
silver nitrate applicators topical stick 75-25 %	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin		
cantharidin in acetone topical solution 0.7 %	Tier 1	
CEM-UREA TOPICAL GEL 45 % (***urea***)	Tier 1	
PODOCON TOPICAL LIQUID 25 % (***podophyllum resin***)	Tier 1	
podofilox topical gel 0.5 %	Tier 1	ST: Requires prior prescription for Podofilox 0.5% solution within the past 120 days; QL (0.5 GM per 1 day)
podofilox topical solution 0.5 %	Tier 1	QL (0.5 ML per 1 day)
salicylic acid topical cream 6 %	Tier 1	
salicylic acid topical cream,extended release 6 %	Tier 1	
salicylic acid topical film forming liquid w/appl 27.5 %	Tier 1	
salicylic acid topical film-forming soln er w/ appl 28.5 %	Tier 1	
salicylic acid topical foam 6 %	Tier 1	
salicylic acid topical liquid 26 %	Tier 1	
salicylic acid topical lotion 6 %	Tier 1	
salicylic acid topical lotion,extended release 6 %	Tier 1	
salicylic acid topical ointment 3 %	Tier 1	
salicylic acid topical shampoo 6 %	Tier 1	
SALVAX TOPICAL FOAM 6 % (***salicylic acid***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URAMAXIN TOPICAL LOTION 45 % (***urea***)	Tier 2	
UREA NAIL STICK TOPICAL SOLUTION 50 % (***urea***)	Tier 1	
urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %	Tier 1	
urea topical foam 35 %	Tier 1	
urea topical gel 45 %	Tier 1	
urea topical lotion 40 %	Tier 1	
Dermatological - Local Anesthetic Combinations - Drugs for the Skin		
lidocaine-prilocaine topical cream 2.5-2.5 %	Tier 1	
Dermatological - Local Anesthetic Gas Single Agents - Drugs for the Skin		
ethyl chloride topical aerosol,spray 100 %	Tier 1	
Dermatological - Miscellaneous Single Agents - Drugs for the Skin		
sodium chloride topical solution 0.9 %	Tier 1	
Dermatological - NSAID Combinations - Drugs for the Skin		
KERAXA TOPICAL GEL 3-2-4 % (***diclofenac sodium/hyaluronate sodium/niacinamide***)	Tier 2	
ROAOXIA TOPICAL GEL 3-2-4 % (***diclofenac sodium/hyaluronate sodium/niacinamide***)	Tier 2	
Dermatological - NSAID Single Agents - Drugs for the Skin		
diclofenac epolamine transdermal patch 12 hour 1.3 %	Tier 1	
diclofenac sodium topical drops 1.5 %	Tier 1	
diclofenac sodium topical gel 1 %	Tier 1	
Dermatological - Protectant Combinations - Drugs for the Skin		
PR CREAM TOPICAL CREAM (***protectives combination no.2/ceramides 1,3,6-ii***)	Tier 1	
Dermatological - Protectants - Drugs for the Skin		
PHARMABASE BARRIER TOPICAL OINTMENT 9.38 % (***zinc oxide***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (***petrolatum,white***)	Tier 1	
zinc oxide topical ointment 20 %	Tier 1	
zinc oxide topical paste 25 %	Tier 1	
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs for the Skin		
tazarotene topical cream 0.1 %	Tier 1	
Dermatological - Rosacea Therapy, Systemic - Drugs for the Skin		
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	Tier 1	PA
Dermatological - Rosacea Therapy, Topical - Drugs for the Skin		
AVEIDAOXIA TOPICAL GEL 1-1-4 % (***ivermectin/metronidazole/niacinamide***)	Tier 2	
azelaic acid topical gel 15 %	Tier 1	
brimonidine topical gel with pump 0.33 %	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (***sulfacetamide sodium/sulfur/urea***)	Tier 1	
FINACEA TOPICAL FOAM 15 % (***azelaic acid***)	Tier 2	
ivermectin topical cream 1 %	Tier 1	ST: Requires prior prescription for Finacea gel or foam within the past 120 days
metronidazole topical cream 0.75 %	Tier 1	
metronidazole topical gel 0.75 %, 1 %	Tier 1	
metronidazole topical gel with pump 1 %	Tier 1	
metronidazole topical lotion 0.75 %	Tier 1	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
ROSITARA TOPICAL GEL 1-1-4 % (***ivermectin/metronidazole/niacinamide***)	Tier 2	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (***sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal***)	Tier 2	
Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin		
lidocaine (Dermacinrx Lidocan Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
lidocaine hcl (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (***lidocaine hcl/racepinephrine hcl/tetracaine hcl***)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (***lidocaine hcl/racepinephrine hcl/tetracaine hcl***)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 % (***lidocaine hcl/epinephrine bitartrate/tetracaine hcl***)	Tier 1	
lidocaine hcl mucous membrane jelly 2 %	Tier 1	
lidocaine hcl mucous membrane jelly in applicator 2 %	Tier 1	
lidocaine hcl topical cream 3 %	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	Tier 1	QL (90 EA per 30 days)
lidocaine topical ointment 5 %	Tier 1	QL (240 GM per 30 days)
lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %	Tier 1	
lidocaine (Lidocan Iii Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
lidocaine (Lidocan Iv Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
lidocaine (Lidocan V Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
Dermatological Irritants-Counter-Irritant Single Agents - Drugs for the Skin		
methyl salicylate oil	Tier 1	
methyl salicylate topical liquid	Tier 1	
WINTERGREEN OIL OIL (***methyl salicylate***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Scabicide and Pediculicide Single Agents - Drugs for the Skin		
malathion topical lotion 0.5 %	Tier 1	
permethrin topical cream 5 %	Tier 1	
spinosad topical suspension 0.9 %	Tier 1	
Skin Replacement, Live Tissue Dressings - Drugs for the Skin		
OASIS WOUND MATRIX FENESTRATED TOPICAL SHEET 3 X 3.5 CM, 3 X 7 CM (***porcine acellular small intestine submucosa, fenestrated***)	Tier 2	
OASIS WOUND MATRIX MESHED TOPICAL SHEET 5 X 7 CM, 7 X 10 CM, 7 X 20 CM (***porcine acell submucosa,meshed***)	Tier 2	
Wound Care - Dressings - Drugs for the Skin		
ACESO AG TOPICAL BANDAGE 4 X 4 " (***silver/silicone/foam bandage***)	Tier 2	
ACTICOAT DRESSING TOPICAL BANDAGE 16 X 16 ", 4 X 4 ", 4 X 48 ", 4 X 8 ", 8 X 16 " (***silver***)	Tier 2	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 " (***foam bandage***)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (***polyhexamethylene biguanide/gauze bandage***)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (***polyhexamethylene biguanide/gauze bandage***)	Tier 2	
DYNAFOAM AG TOPICAL BANDAGE 4 X 4 " (***silver/foam bandage***)	Tier 2	
DYNAGINATE AG TOPICAL BANDAGE 12 ", 2 X 2 ", 4 X 5 ", 4 X 8 " (***silver/calcium alginate***)	Tier 2	
KENDALL AMD ANTIMICRB FOAM DRS TOPICAL BANDAGE 0.5 %- 4" X 4" (***polyhexamethylene biguanide/foam bandage***)	Tier 2	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (***polyhexamethylene biguanide/gauze bandage***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (***polyhexamethylene biguanide/gauze bandage***)	Tier 2	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 " (***alginate dressing/carboxymethylcellulose***)	Tier 2	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " (***honey/hydrocolloid dressing***)	Tier 2	
PIVOT SILVER ALGINATE TOPICAL BANDAGE 1 X 12 ", 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " (***silver/calcium alginate***)	Tier 2	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 " (***dressing, collagen/silver***)	Tier 2	
RESTORE CALCIUM ALGINATE TOPICAL BANDAGE 4 X 4 3/4 " (***silver/calcium alginate***)	Tier 2	
RESTORE TOPICAL BANDAGE 1 X 12 ", 2 X 2 " (***silver/calcium alginate***)	Tier 2	
SILIGENTLE AG TOPICAL BANDAGE 2 X 2 ", 4 X 4 ", 4 X 5 ", 6 X 6 " (***silver/silicone/foam bandage***)	Tier 2	
SILVASORB TOPICAL GEL,EXTENDED RELEASE (***silver***)	Tier 1	
THERAHONEY TOPICAL BANDAGE 4 X 5 " (***honey***)	Tier 2	
Wound Care - Growth Factor Agents - Drugs for the Skin		
REGRANEX TOPICAL GEL 0.01 % (***becaplermin***)	Tier 2	DD
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System		
Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib - Drugs for Erectile Dysfunction		
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA
Electrolyte Balance-Nutritional Products - Drugs for Nutrition		
Amino Acid - Carnitine Derivatives - Drugs for Nutrition		
levocarnitine oral tablet 330 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Amino Acids, Single Ingredient, Oral (non-injectable) - Drugs for Nutrition		
glutamine (sickle cell) oral powder in packet 5 gram	Tier 1	PA
B-Complex Vitamins - Drugs for Nutrition		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML (***thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine***)	Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML (***thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine***)	Tier 1	
Diluents - Others - Drugs for Nutrition		
DILUENT FOR BICNU INTRAVENOUS SOLUTION (***diluent for carmustine (ethanol)***)	Tier 1	
diluent for decitabine intravenous solution	Tier 1	
diluent for melphalan intravenous solution 10 ml	Tier 1	
diluent, carmustine (ethanol) intravenous solution	Tier 1	
diluent, romidepsin (prop gly) intravenous solution 2.2 ml	Tier 1	
Diluents - Sodium Chloride - Drugs for Nutrition		
sodium chlor 0.9% bacteriostat injection solution 0.9 %	Tier 1	
sodium chloride 0.9 % injection solution	Tier 1	
sodium chloride injection syringe 0.9 %	Tier 1	
Diluents - Sterile Water for Injection - Drugs for Nutrition		
BACTERIOSTATIC WATER-OGIVRI INJECTION SOLUTION (***water for inj.,bacteriostatic***)	Tier 1	
water for injection, sterile injection solution	Tier 1	
Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition		
sodium polystyrene sulfonate/sorbitol solution (Kionex (With Sorbitol) Oral Suspension 15-20 Gram/60 Ml)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (***sodium zirconium cyclosilicate***)	Tier 2	
sodium polystyrene sulfonate oral powder	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium polystyrene sulfonate/sorbitol solution (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 Ml)	Tier 1	
Irrigation Solutions - Drugs for Nutrition		
ringer's irrigation solution	Tier 1	
sodium chloride irrigation solution 0.9 %	Tier 1	
water for irrigation, sterile irrigation solution	Tier 1	
Minerals and Electrolytes - Iodine - Drugs for Nutrition		
LUGOLS ORAL SOLUTION 5 % (***potassium iodide/iodine***)	Tier 2	
potassium iodide oral solution 1 gram/ml	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 % (***potassium iodide/iodine***)	Tier 1	
Minerals and Electrolytes - Iron - Drugs for Nutrition		
ferric citrate oral tablet 210 mg iron	Tier 1	ST: Requires prior prescriptions for Velphoro and one of the folllowing: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML (***ferric carboxymaltose***)	Tier 1	
Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (***potassium bicarbonate/citric acid***)	Tier 1	
potassium chloride (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	Tier 1	
potassium chloride (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	Tier 1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 1	
potassium chloride oral packet 20 meq	Tier 1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	Tier 1	
potassium chloride oral tablet extended release 15 meq	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	Tier 1	
Multivitamin and Mineral Combinations - Drugs for Nutrition		
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG (***multivitamin-minerals no.60/ferrous fumarate/folic acid***)	Tier 1	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (***multivitamin-min no.110/folic acid/omega-3/dha/epa/fish oil***)	$0	EHB
Multivitamins - Drugs for Nutrition		
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (***multivitamin no.53/ferrous fum/folic acid/docusate/dha***)	Tier 1	
Nutritional Product - Medical Condition Specific Formulation - Drugs for Nutrition		
glutamine (sickle cell) oral powder in packet 5 gram	Tier 1	PA
Pediatric Vitamins with Fluoride Combinations - Drugs for Nutrition		
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML (***sodium fluoride/cholecalciferol (vitamin d3)***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prenatal Vitamins and Minerals - Drugs for Nutrition		
ATABEX OB ORAL TABLET 29-1 MG (***prenatal vitamins 143/iron bis-glycin/methyltetrahydrofolate***)	$0	EHB
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG (***prenatal vit no.100/iron ps cplex,sod edta/folic acid/omega3***)	$0	EHB
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG (***prenatal vit no.81/iron ps,sod.feredetate/folic acid/omega-3***)	$0	EHB
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (***prenatal vitamins no.83/iron fumarate/folate combo no.6/dha***)	$0	EHB
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (***prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3***)	Tier 1	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (***prenatal vitamin no.52/iron/folic acid/omega-3/dha***)	$0	EHB
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.14/ferrous fumarate/folic acid***)	$0	EHB
DERMACINRX PRENATRIX ORAL TABLET 27 MG IRON-1 MG (***prenatal vitamins no.170/ferrous fumarate/folic acid***)	Tier 2	
DERMACINRX PRENATRYL ORAL TABLET 27 MG IRON-1 MG (***prenatal vitamins no.170/ferrous fumarate/folic acid***)	Tier 2	
DERMACINRX PRETRATE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.170/ferrous fumarate/folic acid***)	Tier 2	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG (***prenatal vitamins no.108/iron,carbonyl/folic acid***)	Tier 1	
KPN ORAL TABLET 9 MG IRON- 267 MCG (***prenatal vits with calcium no.98/ferrous fumarate/folic acid***)	$0	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG (***prenatal vits with calcium no.65/iron polysacchar/folic acid***)	Tier 1	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG (***prenatal vitamins no.49/ferrous fumarate/folic acid***)	$0	EHB
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	$0	EHB
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (***prenatal vit with calcium 15/iron/folic acid/docusate sodium***)	$0	EHB
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
MYNATAL ORAL TABLET 90-1-50 MG (***prenatal vitamins with calcium/iron,carb/docusate/folic acid***)	$0	EHB
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (***prenatal vitamins with calcium/ferrous fum/docusate/folic ac***)	$0	EHB
NATAVI PNV ORAL CAPSULE 13.5 MG IRON- 0.5 MG-150 MG (***prenatal no.158/iron fum/folic acid/omega-3/dha/epa/fish oil***)	$0	EHB
NEONATAL COMPLETE ORAL TABLET 29-1 MG (***prenatal vitamins no.175/ferrous fumarate/folic acid***)	Tier 2	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON-1 MG (***prenatal vitamins no.154/ferrous fumarate/folic acid***)	$0	EHB
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG (***prenatal vit no.175/iron fum/folic acid/dha/schiz. algal oil***)	Tier 2	
NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.154/ferrous fumarate/folic acid***)	$0	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG (***prenatal vitamin comb no.86/iron ps cmplx/folic acid/dha/epa***)	Tier 2	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG (***prenatal vits with calcium no.87/iron bisgly/folic acid/dha***)	Tier 2	
NEWGEN ORAL TABLET 32-1,000 MG-MCG (***prenatal vitamin no.86/iron bis-glycinate/folic acid***)	Tier 1	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG (***prenatal vit no.85/iron carb,asp.gly/folic acid/dha/fish oil***)	Tier 2	
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG (***prenatal no56/iron carbonyl,asparto glycinate/folic acid/dha***)	Tier 2	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (***prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid***)	Tier 2	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG (***prenatal vit no.30/iron carbonyl,asp glyc/folic acid/omega-3***)	Tier 2	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG (***prenatal vits no.12/iron,carb/folic acid/docusate/omega-3***)	$0	EHB
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK,TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE (***prenatal vitamins no.12/iron carbonyl/levomefolate calc/dha***)	$0	EHB
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE (***prenatal vitamins no.12/iron,carbonyl/levomefolate calcium***)	$0	EHB
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (***prenatal vitamins no.127/iron,carbonyl/folic acid/docusate***)	$0	EHB
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG (***prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa***)	$0	EHB
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON-800 MCG-235 MG (***prenatal vitamins no.168/iron/folic acid/omega-3/dha/epa***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg	$0	EHB
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (***prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha***)	$0	EHB
PNV-SELECT ORAL TABLET 27-1 MG (***prenatal vit with calcium no.40/iron fumarate/folate no.1***)	$0	EHB
PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-400 MG (***prenatal vit no.19/iron bg hcl,suc-prot/folic acid/omega-3***)	$0	EHB
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (***prenatal vit with calcium 53/iron bis,s-p/folic acid/omega-3***)	$0	EHB
PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-430 MG (***prenatal vit 55/iron bisgly hcl,suc-prot/folic acid/omega-3***)	$0	EHB
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG (***prenatal vit with calcium 54/iron bis,s-p/folic acid/omega-3***)	$0	EHB
PREGEN DHA ORAL CAPSULE 28 MG-1,000MCG- 35 MG-200 MG (***prenatal vit no.174/iron/folic acid/omega-3/dha/epa/fish oil***)	Tier 2	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (***prenatal vits with calcium no.80/iron fum/folic acid/dss/dha***)	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (***prenatal vit with calcium no.69/iron/folic acid/docusate/dha***)	Tier 1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.37/ferrous fumarate/folic acid***)	$0	EHB
PRENATABS FA ORAL TABLET 29-1 MG (***prenatal vits with calcium no.78/ferrous fumarate/folic acid***)	$0	EHB
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	$0	EHB
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-975 MCG-200 MG (***prenatal vits, calcium no.91/ferrous fumarate/folic acid/dha***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (***prenatal vit with calcium 95/ferrous fumarate/folic acid/dha***)	$0	EHB
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (***prenatal vits no.115/iron fumarate/folic acid/docusate sod.***)	$0	EHB
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins no.119/iron fumarate/folic acid***)	$0	EHB
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (***prenatal vits with calcium no.115/iron fumarate/folic acid***)	$0	EHB
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (***prenatal vits with calcium no.21/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON-272 MCG DFE (***prenatal vit no.173/iron bisglycinate/folate no.11***)	$0	EHB
PRENATAL FORMULA ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG (***prenatal vits with calcium no.93/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG (***prenatal vitamins no.116/iron fumarate/folic acid/dha***)	$0	EHB
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG (***prenatal vit with calcium no.122/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG (***prenatal vitamins no.40/ferrous fumarate/folic acid/dha***)	$0	EHB
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG (***prenatal vits no.151/iron fum/folic acid/omega3/dha/epa/fish***)	$0	EHB
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vit with calcium no.129/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL ORAL TABLET 28-800 MG-MCG (***prenatal vits with calcium 133/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (***pnv no.72/ferrous fumarate/folic acid/omega-3/dha***)	$0	EHB
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (***prenatal vits with calcium no.72/iron,carbonyl/folic acid***)	$0	EHB
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.180/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg	$0	EHB
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (***prenatal vit with calcium no.130/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vits with calcium no.124/ferrous fumarat/folic acid***)	$0	EHB
PRENATAL VITAMIN ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins no.159/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	$0	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg	$0	EHB
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG (***prenatal vitamin no.103/folic acid/omega-3s/dha/fish oil***)	$0	EHB
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG (***prenatal vitamins no.68/iron fumarate/folate no.6/dha***)	Tier 2	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG (***prenatal vitamins no.69/iron fumarate/folate comb no.6/dha***)	Tier 2	
PRIMACARE ORAL CAPSULE 30-1-300 MG (***prenatal vits no.118/iron asparto glycinate/folate no.6/dha***)	Tier 2	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (***prenatal vits no.65/ferrous fumarate,iron polysac/folic acid***)	$0	EHB
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vit no.128/iron polysaccharide complex/folic acid***)	Tier 1	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG (***prenatal vitamins no.33/iron polysach complex/folic acid/dha***)	Tier 2	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamin no.13/iron polysaccharides/folate comb no.1***)	Tier 1	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vits with calcium 118/ferrous fumarate/folic acid***)	$0	EHB
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins no.119/iron fumarate/folic acid***)	$0	EHB
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG (***prenatal vits, calcium no.102/ferrous fum/folic acid/dha/lut***)	$0	EHB
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG (***prenatal vitamins no.63/iron,carbonyl/folic acid/dha***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (***multivitamin no.53/ferrous fum/folic acid/docusate/dha***)	Tier 1	
TENDERA-OB ORAL CAPSULE 27 MG IRON-1 MG -205 MG (***prenatal vitamins no.148/iron, carbonyl/folate comb no.6/dha***)	$0	EHB
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG (***prenatal vitamins no.32/ferrous fumarate/folic acid/dha***)	$0	EHB
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG (***prenatal vitamins no.100/iron fumarate/folic acid/dha/epa***)	$0	EHB
THERANATAL ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.28/ferrous fumarate/folic acid***)	$0	EHB
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON-1 MG-300 MG (***prenatal vitamins no.74/ferrous fumarate/folic acid/dha***)	$0	EHB
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	$0	EHB
TRICARE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium 103/ferrous fumarate/folic acid***)	$0	EHB
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (***prenatal vitamin 27 with calcium/ferrous fumarate/folic acid***)	$0	EHB
TRINATE ORAL TABLET 28 MG IRON- 1 MG (***prenatal vits with calcium no.73/ferrous fumarate/folic acid***)	$0	EHB
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (***prenatal vitamins no.93/iron carbonyl/folate comb no.9/dha***)	Tier 2	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG (***prenatal vits no.102/iron polysacch/folate no.1/dha***)	Tier 2	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (***prenatal vit no.67/iron polysaccharides/folate comb.no.1/dha***)	Tier 2	
VITAFOL-OB ORAL TABLET 65-1 MG (***prenatal vits with calcium no.10/ferrous fumarate/folic acid***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG (***prenatal vits with calcium no.10/ferrous fum/folic acid/dha***)	Tier 1	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (***prenatal vits no.26/iron polysaccharide cplex/folic acid/dha***)	Tier 2	
VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG (***prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha***)	Tier 2	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG (***prenatal vits no.34/iron,carb/folic acid/docusate sodium/dha***)	Tier 1	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (***prenatal vitamin no.52/iron/folic acid/omega-3/dha***)	$0	EHB
WESNATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG (***prenatal vitamins no.11/ferrous fumarate/folic acid/omega-3***)	Tier 1	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	$0	EHB
WESTGEL DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (***prenatal vitamins no.93/iron carbonyl/folate comb no.9/dha***)	Tier 1	
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG (***prenatal vit with calcium no.61/iron fumarate/folic acid/dha***)	$0	EHB
Prenatal Vitamins with Low or No Iron (less than 27 mg) - Drugs for Nutrition		
AZESCO ORAL TABLET 13 MG IRON- 1 MG (***prenatal vitamins no.147/ferrous gluconate/folic acid***)	Tier 2	
NATAL PNV ORAL TABLET 6 MG IRON- 833.5 MCG DFE (***prenatal vitamins no.164/ferrous gluconate/folate combo no.6***)	Tier 1	
NATAVI PRIMA ORAL CAPSULE 4 MG IRON- 0.5 MG-150 MG (***prenatal no.157/iron fum/folic acid/omega-3/dha/epa/fish oil***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG (***prenatal vitamins no.167/folic acid/docosahexaenoic acid***)	$0	EHB
PNV TABS 20-1 ORAL TABLET 20 MG IRON- 1 MG (***prenatal vitamins no.163/iron bis-glycinate/folate no.10***)	Tier 2	
PREGENNA ORAL TABLET 20 MG IRON- 1 MG (***prenatal vitamins no.163/iron bis-glycinate/folate no.10***)	Tier 2	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG (***prenatal vitamins no.153/folic acid/omega3/dha/epa/fish oil***)	$0	EHB
PRENATAL ORAL TABLET,CHEWABLE 400 MCG (***prenatal vitamins no.144/folic acid***)	$0	EHB
PRENATE ELITE ORAL TABLET 26 MG IRON- 1 MG (***prenatal vitamins no.36/ferrous fumarate/folate comb. no.6***)	Tier 2	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG (***prenatal vitamins no.66/iron,carbonyl/folic acid/dha***)	Tier 1	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT (***prenatal vitamins no.74/ferrous fumarate/folic acid/coq10***)	Tier 2	
TRINAZ ORAL TABLET 12-1 MG (***prenatal vitamins no.162/ferrous gluconate/folic acid***)	Tier 2	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (***prenatal vit no.112/iron phosph/folic acid/omega-3s/dha/epa***)	Tier 1	
ZALVIT ORAL TABLET 13 MG IRON- 1 MG (***prenatal vitamins no.147/ferrous gluconate/folic acid***)	Tier 2	
ZIPHEX ORAL TABLET 13 MG IRON- 1 MG (***prenatal vitamins no.147/ferrous gluconate/folic acid***)	Tier 2	
Sodium Chloride Flushes - Drugs for Nutrition		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	Tier 1	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	Tier 1	
NORMAL SALINE FLUSH INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium chlor 0.9% bacteriostat injection solution 0.9 %	Tier 1	
sodium chloride 0.9 % (flush) injection syringe	Tier 1	
sodium chloride 0.9 % injection solution	Tier 1	
Sodium Chloride, Parenteral - Drugs for Nutrition		
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	Tier 1	
sodium chloride 0.9 % intravenous parenteral solution	Tier 1	
sodium chloride 0.9 % intravenous piggyback	Tier 1	
Vitamins - B-1, Thiamine and Derivatives - Drugs for Nutrition		
thiamine hcl (vitamin b1) injection solution 100 mg/ml	Tier 1	
Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition		
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	Tier 1	
cyanocobalamin (vitamin b-12) (Dodex Injection Solution 1,000 Mcg/Ml)	Tier 1	
hydroxocobalamin intramuscular solution 1,000 mcg/ml	Tier 1	
mecobalamin (vitamin b12) injection recon soln 10,000 mcg	Tier 1	
Vitamins - B-3, Niacin and Derivatives - Drugs for Nutrition		
niacin oral tablet 500 mg	Tier 1	
Vitamins - B-6, Pyridoxine and Derivatives - Drugs for Nutrition		
pyridoxine (vitamin b6) injection solution 100 mg/ml	Tier 1	
Vitamins - C, Ascorbic Acid and Derivatives - Drugs for Nutrition		
ascorbic acid (vitamin c) injection solution 500 mg/ml	Tier 1	
Vitamins - D Derivatives - Drugs for Nutrition		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	Tier 1	
ergocalciferol (vitamin d2) (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	Tier 1	
Vitamins - Folic Acid and Derivatives - Drugs for Nutrition		
folic acid injection solution 5 mg/ml	Tier 1	
folic acid oral tablet 1 mg	Tier 1	
folic acid oral tablet 400 mcg, 800 mcg	$0	EHB
Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition		
phytonadione (vitamin k1) injection solution 10 mg/ml	Tier 1	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml	Tier 1	
phytonadione (vitamin k1) oral tablet 5 mg	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (***phytonadione (vit k1)***)	Tier 1	
phytonadione (vit k1) (Vitamin K1 Injection Solution 10 Mg/Ml)	Tier 1	
Endocrine - Hormones		
Abortifacients- Progesterone Receptor Antagonist - Drugs for Women		
mifepristone oral tablet 200 mg	Tier 1	
Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (***glucagon***)	Tier 2	DD; QL (4 EA per 1 FILL)
diazoxide oral suspension 50 mg/ml	Tier 1	DD
glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	Tier 2	DD; QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (***glucagon***)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (***glucagon***)	Tier 2	DD; QL (0.4 ML per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML (***dasiglucagon hcl***)	Tier 2	DD; QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (***dasiglucagon hcl***)	Tier 2	DD; QL (2.4 ML per 1 FILL)
Androgen - Single Agents - Drugs for Men		
methyltestosterone oral capsule 10 mg	Tier 1	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	Tier 1	PA
testosterone enanthate intramuscular oil 200 mg/ml	Tier 1	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	Tier 1	PA
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	Tier 1	PA
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	Tier 1	PA
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	Tier 1	PA
Antidiuretic and Vasopressor Hormones - Hormones		
desmopressin injection solution 4 mcg/ml	Tier 1	
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml), 150 mcg/spray (0.1 ml)	Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 1	DD
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	DD
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes		
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (***sitagliptin phosphate***)	Tier 2	DD; QL (1 EA per 1 day)
Antihyperglycemic - Dual GIP and GLP-1 Receptor Agonists - Drugs for Diabetes		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***)	Tier 2	PA; DD; QL (0.5 ML per 7 days)
Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Diabetes		
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml	Tier 1	PA; DD; QL (2.4 ML per 30 days)
exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml	Tier 1	PA; DD; QL (1.2 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (***semaglutide***)	Tier 2	PA; DD; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 1.5 MG, 14 MG, 3 MG, 4 MG, 7 MG, 9 MG (***semaglutide***)	Tier 2	PA; DD; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (***dulaglutide***)	Tier 2	PA; DD; QL (2 ML per 28 days)
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes		
KORLYM ORAL TABLET 300 MG (***mifepristone***)	Tier 2	PA; DD
mifepristone oral tablet 300 mg	Tier 1	PA; DD
Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	Tier 1	DD
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	DD

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glipizide oral tablet 2.5 mg	Tier 1	DD; QL (2 EA per 1 day)
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	Tier 1	DD
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	DD
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	DD
Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes		
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	Tier 1	DD; ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes		
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	Tier 1	DD; ST: Requires prior prescription for Metformin, preferred Sulfonylurea, or preferred Metformin/Sulfonylurea combination within the past 120 days
Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes		
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (***sitagliptin phosphate/metformin hcl***)	Tier 2	DD; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic-Insulin, Long Acting and GLP-1 Receptor Agonist Comb - Drugs for Diabetes		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (***insulin glargine,human recombinant analog|lixisenatide***)	Tier 2	DD; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (***insulin degludec|liraglutide***)	Tier 2	DD; QL (15 ML per 28 days)
Antihyperglycemic-SGLT-2 inhibitor, DPP-4 inhibitor and Biguanide comb - Drugs for Diabetes		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG (***empagliflozin|linagliptin|metformin hcl***)	Tier 2	DD; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG (***empagliflozin|linagliptin|metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid		
propylthiouracil oral tablet 50 mg	Tier 1	
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs for Menopause and Bone Loss		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (***abaloparatide***)	Tier 2	PA
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss		
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) (***teriparatide***)	Tier 1	PA
teriparatide subcutaneous pen injector 20 mcg|dose (560mcg|2.24ml), 20 mcg|dose (620mcg|2.48ml)	Tier 1	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss		
cinacalcet oral tablet 30 mg, 60 mg	Tier 1	QL (2 EA per 1 day)
cinacalcet oral tablet 90 mg	Tier 1	QL (4 EA per 1 day)
Calcitonins - Drugs for Menopause and Bone Loss		
calcitonin (salmon) injection solution 200 unit/ml	Tier 1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 1	
Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (***estrogens, conjugated/bazedoxifene acetate***)	Tier 2	
Estrogen-Androgen - Drugs for Women		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	Tier 1	
Estrogen-Progestin - Drugs for Women		
BIJUVA ORAL CAPSULE 0.5-100 MG (***estradiol/progesterone***)	Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG (***estradiol/progesterone***)	Tier 2	QL (30 EA per 30 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (***estradiol/norethindrone acetate***)	Tier 2	QL (2 EA per 7 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1	
norethindrone acetate/ethinyl estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
norethindrone acetate/ethinyl estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	
estradiol/norethindrone acetate (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (***estrogens, conjugated/medroxyprogesterone acetate***)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***estrogens, conjugated/medroxyprogesterone acetate***)	Tier 2	
Estrogens - Drugs for Women		
estradiol (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (30 GM per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-Dot within the past 120 days; QL (37.5 GM per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	QL (1 EA per 7 days)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	Tier 1	
estradiol (Lyllana Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens, conjugated***)	Tier 2	
Fertility Enhancer - Luteal Phase Supporting, Progesterone-type - Drugs for Women		
CRINONE VAGINAL GEL 8 % (***progesterone, micronized***)	Tier 2	
ENDOMETRIN VAGINAL INSERT 100 MG (***progesterone, micronized***)	Tier 2	
Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-FSH) - Drugs for Women		
clomiphene citrate oral tablet 50 mg	Tier 1	
Follicle-Stimulating and Luteinizing Hormones - Drugs for Women		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (***menotropins***)	Tier 2	
Follicle-Stimulating Hormone (FSH) - Drugs for Women		
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML (***follitropin alfa, recombinant***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (***follitropin alfa, recombinant***)	Tier 2	
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (***follitropin alfa, recombinant***)	Tier 2	
Glucocorticoids - Drugs for Inflammation		
cortisone oral tablet 25 mg	Tier 1	
deflazacort oral suspension 22.75 mg/ml	Tier 1	PA
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Tier 1	PA
dexamethasone oral elixir 0.5 mg/5 ml	Tier 1	
dexamethasone oral solution 0.5 mg/5 ml	Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	Tier 1	
dexamethasone oral tablet 1 mg, 2 mg	Tier 1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
hydrocortisone sod succinate injection recon soln 100 mg	Tier 1	
MEDROL ORAL TABLET 2 MG (***methylprednisolone***)	Tier 2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	Tier 1	
prednisolone oral solution 15 mg/5 ml	Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	Tier 1	
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (***prednisone***)	Tier 2	
prednisone oral solution 5 mg/5 ml	Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women		
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	
Growth Hormone Receptor Antagonists - Drugs for Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (***pegvisomant***)	Tier 2	
Growth Hormones - Drugs for Growth		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (***somatropin***)	Tier 2	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (***somatropin***)	Tier 2	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***)	Tier 2	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (***lonapegsomatropin-tcgd***)	Tier 2	PA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somapacitan-beco***)	Tier 2	PA
Human Chorionic Gonadotropin (hCG) - Drugs for Women		
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT (***chorionic gonadotropin, human***)	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (***choriogonadotropin alfa***)	Tier 2	
Human Insulins - Fixed Combinations - Drugs for Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 2	DD; QL (40 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 2	DD; QL (30 ML per 28 days)
Human Insulins - Intermediate Acting - Drugs for Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	Tier 2	DD; QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	Tier 2	DD; QL (40 ML per 28 days)
Human Insulins - Short Acting - Drugs for Diabetes		
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (***insulin regular, human***)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (***insulin regular, human***)	Tier 2	DD; QL (24 ML per 28 days)
Insulin Analogs - Fixed Combinations - Drugs for Diabetes		
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	Tier 2	DD; QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	Tier 2	DD; QL (40 ML per 28 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	Tier 1	DD; QL (30 ML per 28 days)
Insulin Analogs - Long Acting - Drugs for Diabetes		
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine-yfgn***)	Tier 2	DD; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine-yfgn***)	Tier 2	DD; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***)	Tier 2	DD; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (***insulin glargine,human recombinant analog***)	Tier 2	DD; QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin degludec***)	Tier 2	DD; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin degludec***)	Tier 2	DD; QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin degludec***)	Tier 2	DD; QL (40 ML per 28 days)
Insulin Analogs - Rapid Acting - Drugs for Diabetes		
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro***)	Tier 2	DD; QL (12 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin lispro***)	Tier 2	DD; QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	Tier 1	DD; QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	Tier 1	DD; QL (30 ML per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	Tier 1	DD; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro-aabc***)	Tier 2	DD; QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro-aabc***)	Tier 2	DD; QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro-aabc***)	Tier 2	DD; QL (40 ML per 28 days)
Insulin Response Enhancers - Biguanides - Drugs for Diabetes		
metformin oral solution 500 mg/5 ml	Tier 1	DD
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	DD
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes		
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	Tier 1	DD
LHRH (GnRH) Antagonist, Estrogen and Progestin Combinations - Drugs for Woman		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (***relugolix/estradiol/norethindrone acetate***)	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (***elagolix sodium/estradiol/norethindrone acetate***)	Tier 2	PA
LHRH (GnRH) Antagonists - Drugs for Women		
cetrorelix subcutaneous kit 0.25 mg	Tier 1	
ganirelix acetate (Fyremadel Subcutaneous Syringe 250 Mcg/0.5 Ml)	Tier 1	
ganirelix subcutaneous syringe 250 mcg/0.5 ml	Tier 1	
ORILISSA ORAL TABLET 150 MG, 200 MG (***elagolix sodium***)	Tier 2	PA
Menopausal Symptoms Suppressant-SSRI Antidepressant Type - Drugs for Women		
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	Tier 1	ST: Requires prior prescription for Paroxetine HCL or Venlafaxine within the past 120 days; QL (1 EA per 1 day)
Mineralocorticoids - Drugs for Inflammation		
fludrocortisone oral tablet 0.1 mg	Tier 1	
Oxytocic - Ergot Alkaloids - Drugs for Women		
methylergonovine oral tablet 0.2 mg	Tier 1	QL (28 EA per 30 days)
Progestins - Drugs for Women		
norethindrone acetate (Gallifrey Oral Tablet 5 Mg)	Tier 1	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
norethindrone acetate oral tablet 5 mg	Tier 1	
progesterone intramuscular oil 50 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
progesterone micronized oral capsule 100 mg, 200 mg	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women		
cabergoline oral tablet 0.5 mg	Tier 1	
Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss		
raloxifene oral tablet 60 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
Somatostatic Agents - Drugs for Growth		
lanreotide subcutaneous syringe 120 mg/0.5 ml, 60 mg/0.2 ml, 90 mg/0.3 ml	Tier 1	PA
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 1	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 1	
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	Tier 1	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML (***lanreotide acetate***)	Tier 2	PA
Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (***thyroid,pork***)	Tier 2	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (***thyroid,pork***)	Tier 1	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid		
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid		
ERMEZA ORAL SOLUTION 30 MCG/ML (***levothyroxine sodium***)	Tier 1	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***)	Tier 1	QL (2 EA per 1 day)
levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	PA
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	QL (2 EA per 1 day)
Gastrointestinal Therapy Agents		
Fecal Microbiota Transplantation (FMT)		
VOWST ORAL CAPSULE (***fecal microbiota spores, live-brpk***)	Tier 2	PA
Gastrointestinal Therapy Agents - Drugs for the Stomach		
Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea		
loperamide oral capsule 2 mg	Tier 1	
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs for Diarrhea		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG (***crofelemer***)	Tier 2	ST: Requires prior prescription for Antiretrovirals therapy within the past 120 days; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs for Diarrhea		
XERMELO ORAL TABLET 250 MG (***telotristat etiprate***)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 1	
Antidiarrheal Opioid Agents - Drugs for Diarrhea		
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea		
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 1	
Antiemetic - Antihistamines - Drugs for Vomiting and Nausea		
meclizine oral tablet 12.5 mg, 25 mg	Tier 1	
Antiemetic - Antihistamine-Vitamin Combinations - Drugs for Vomiting and Nausea		
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	Tier 1	QL (120 EA per 30 days)
Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for a 5HT3 antagoist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea		
trimethobenzamide oral capsule 300 mg	Tier 1	
Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea		
prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
prochlorperazine rectal suppository 25 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea		
granisetron hcl oral tablet 1 mg	Tier 1	ST: Requires prior prescription for Ondansetron tablets or ODT within the past 120 days; QL (8 EA per 30 days)
ondansetron hcl oral solution 4 mg/5 ml	Tier 1	QL (50 ML per 15 days)
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	Tier 1	
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea		
aprepitant oral capsule 125 mg	Tier 1	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg	Tier 1	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	Tier 1	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	Tier 1	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (***aprepitant***)	Tier 2	QL (3 EA per 21 days)
Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (***netupitant/palonosetron hcl***)	Tier 2	QL (1 EA per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Constipation		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	Tier 2	QL (1 EA per 1 day)
Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach		
lactulose (Enulose Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose (Generlac Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose oral solution 10 gram/15 ml	Tier 1	
Digestive Enzyme Mixtures - Drugs for the Stomach		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (***lipase/protease/amylase***)	Tier 2	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT (***lipase/protease/amylase***)	Tier 2	
Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach		
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg, 500 mg	Tier 1	
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid		
cimetidine hcl oral solution 300 mg/5 ml	Tier 1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Tier 1	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	Tier 1	
famotidine oral tablet 20 mg, 40 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nizatidine oral capsule 150 mg, 300 mg	Tier 1	
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG (***rabeprazole sodium***)	Tier 2	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	Tier 1	QL (2 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	Tier 1	QL (2 EA per 1 day)
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	Tier 1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole Sodium within the past 120 days
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pantoprazole oral granules dr for susp in packet 40 mg	Tier 1	ST: Requires prior prescription for Omeprazole Magnesium, Omeprazole, Pantoprazole Sodium, Prilosec OTC, or Prilosec within the past 120 days
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	Tier 1	
rabeprazole oral capsule, delayed rel sprinkle 10 mg	Tier 1	ST: At least 2 prior prescriptions for Lansoprazole, Omeprazole, or Pantoprazole within the past 365 days; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	Tier 1	QL (1 EA per 1 day)
Gastric Acid Secretion Reducer-Proton Pump Inhibitor and Antacid Comb - Drugs for Ulcers and Stomach Acid		
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	Tier 1	ST: Requires prior prescription for Lansoprazole, Omeprazole, or Pantoprazole within the past 120 days; QL (1 EA per 1 day)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid		
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs for the Stomach		
prucalopride oral tablet 1 mg, 2 mg	Tier 1	QL (1 EA per 1 day)
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach		
metoclopramide hcl oral solution 5 mg/5 ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (***hyoscyamine sulfate***)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (***hyoscyamine sulfate***)	Tier 1	
methscopolamine oral tablet 2.5 mg, 5 mg	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps		
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	Tier 1	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps		
dicyclomine oral capsule 10 mg	Tier 1	
dicyclomine oral solution 10 mg/5 ml	Tier 1	
dicyclomine oral tablet 20 mg	Tier 1	
GI Antispasmodic and Benzodiazepine Combinations - Drugs for Stomach Cramps		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GI Antispasmodic and Opioid Combinations - Drugs for Stomach Cramps		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 1	
GI Antispasmodic Combinations Other - Drugs for Stomach Cramps		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	
H. Pylori Therapy - Bismuth and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	Tier 1	
H. Pylori Therapy - Proton Pump Inhibitor and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	Tier 1	QL (112 EA per 10 days)
IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome		
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 1	QL (2 EA per 1 day)
IBS Agent - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Irritable Bowel Syndrome		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	Tier 2	QL (1 EA per 1 day)
IBS Agent - Mixed Opioid Receptor Agonist and Antagonist - Drugs for Irritable Bowel Syndrome		
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IBS Agent - Selective 5-HT3 Receptor Antagonists - Drugs for Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease		
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-ttwe***)	Tier 1	PA
PYZCHIVA SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab-ttwe***)	Tier 1	PA
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-aekn***)	Tier 2	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***)	Tier 2	PA
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab***)	Tier 2	PA
ustekinumab intravenous solution 130 mg/26 ml	Tier 1	PA
ustekinumab subcutaneous solution 45 mg/0.5 ml	Tier 1	PA
ustekinumab subcutaneous syringe 90 mg/ml	Tier 1	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-kfce***)	Tier 2	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-kfce***)	Tier 2	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab-kfce***)	Tier 2	PA
Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab - Drugs for Inflammatory Bowel Disease		
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML) (***mirikizumab-mrkz***)	Tier 2	PA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML) (***mirikizumab-mrkz***)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML) (***mirikizumab-mrkz***)	Tier 2	PA
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (***risankizumab-rzaa***)	Tier 2	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (***risankizumab-rzaa***)	Tier 2	PA
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) (***guselkumab***)	Tier 2	PA
TREMFYA PEN INDUCTION PK-CROHN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML (***guselkumab***)	Tier 2	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (***guselkumab***)	Tier 2	PA
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***)	Tier 2	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (***guselkumab***)	Tier 2	PA
Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease		
balsalazide oral capsule 750 mg	Tier 1	
mesalamine oral capsule, extended release 500 mg	Tier 1	
mesalamine oral capsule,extended release 24hr 0.375 gram	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	Tier 1	
mesalamine rectal enema 4 gram/60 ml	Tier 1	
mesalamine rectal suppository 1,000 mg	Tier 1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG (***mesalamine***)	Tier 2	
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease		
budesonide oral capsule,delayed,extend.release 3 mg	Tier 1	
budesonide oral tablet,delayed and ext.release 9 mg	Tier 1	ST: Requires prior prescription for Balsalazide within the past 120 days
budesonide rectal foam 2 mg/actuation	Tier 1	
hydrocortisone rectal enema 100 mg/60 ml	Tier 1	
Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (***upadacitinib***)	Tier 2	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	Tier 2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (***tofacitinib citrate***)	Tier 2	PA
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease		
adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml	Tier 1	PA
adalimumab-aacf subcutaneous syringe 40 mg/0.8 ml	Tier 1	PA
adalimumab-aacf subcutaneous syringe kit 40 mg/0.8 ml	Tier 1	PA
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-aacf***)	Tier 1	PA
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab-aacf***)	Tier 1	PA
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 1	PA
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 1	PA
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (***adalimumab-aaty***)	Tier 1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 2	PA
adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 2	PA
adalimumab-adbm subcutaneous pen injector kit 40 mg/0.4 ml, 40 mg/0.8 ml	Tier 1	PA
adalimumab-adbm subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.4 ml, 40 mg/0.8 ml	Tier 1	PA
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 1	PA
ADALIMUMAB-ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab-adbm***)	Tier 1	PA
adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml	Tier 1	PA
adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml	Tier 1	PA
adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml	Tier 1	PA
adalimumab-ryvk subcutaneous syringe kit 40 mg/0.4 ml	Tier 1	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	Tier 2	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	Tier 2	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	Tier 2	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	Tier 2	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	Tier 2	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	Tier 2	PA
infliximab intravenous recon soln 100 mg	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***)	Tier 2	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab-ryvk***)	Tier 2	PA
Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 1	QL (2 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	Tier 2	
Laxative - Saline and Osmotic - Drugs to Prevent Constipation		
lactulose (Constulose Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose oral solution 10 gram/15 ml	Tier 1	
Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (***peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
sodium chloride/sodium bicarbonate/potassium chloride/peg (Gavilyte-N Oral Recon Soln 420 Gram)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
peg-electrolyte soln oral recon soln 420 gram	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (***peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c***)	$0	EHB; ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; $0 COPAY IF QUANTITY LIMITED TO 3, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (3 EA per 1 FILL)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM (***peg 3350/sodium sulfate,chloride/potassium chlor/magnesium***)	$0	EHB; ST: Requires prior prescription for Clenpiq, generic bowel prep, or Sutab within the past 120 days; $0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (2 EA per 1 FILL)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM (***sodium sulfate/potassium chloride/magnesium sulfate***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
Laxative - Stimulant and Saline/Osmotic Combinations - Drugs to Prevent Constipation		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (***sodium picosulfate/magnesium oxide/citric acid***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid		
sucralfate oral suspension 100 mg/ml	Tier 1	
sucralfate oral tablet 1 gram	Tier 1	
Short Bowel Syndrome (SBS) - glucagon-like peptide-2 (GLP-2) Analog - Drugs for the Stomach		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	Tier 2	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	Tier 2	PA
Short Bowel Syndrome (SBS) Agents - Drugs for the Stomach		
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 1	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 1	
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	Tier 1	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Genitourinary Therapy - Drugs for the Urinary System		
BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb - Drugs for the Prostate		
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	Tier 1	ST: Requires prior prescription for Alfuzosin, Doxazosin, Finasteride 5mg, Prazosin, Silodosin, Tamsulosin, or Terazosin within the past 120 days
BPH Agent- 5-alpha-Reductase and Phosphodiesterase-5 (PDE5) Inhibitors - Drugs for the Prostate		
finasteride-tadalafil oral capsule 5-5 mg	Tier 1	PA
Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System		
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (***cysteamine bitartrate***)	Tier 2	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (***cysteamine bitartrate***)	Tier 2	PA
G.U. Irrigants - Anti-infective - Drugs for the Urinary System		
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	Tier 1	
G.U. Irrigants - Drugs for the Urinary System		
acetic acid irrigation solution 0.25 %	Tier 1	
glycine urologic solution irrigation solution 1.5 %	Tier 1	
sorbitol irrigation solution 3 %	Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml	Tier 1	
Interstitial Cystitis Agents - Drugs for the Urinary System		
ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Kidney Stone Agents - Drugs for the Urinary System		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (***tiopronin***)	Tier 2	
tiopronin oral tablet 100 mg	Tier 1	
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	Tier 1	
tiopronin (Venxxiva Oral Tablet,Delayed Release (Dr/Ec) 100 Mg, 300 Mg)	Tier 1	
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs for the Bladder		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML (***mirabegron***)	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (***mirabegron***)	Tier 1	QL (1 EA per 1 day)
Phosphate Binders - Calcium-based - Drugs for the Urinary System		
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	
Phosphate Binders - Drugs for the Urinary System		
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	
ferric citrate oral tablet 210 mg iron	Tier 1	ST: Requires prior prescriptions for Velphoro and one of the folllowing: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	Tier 1	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sevelamer carbonate oral tablet 800 mg	Tier 1	
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	Tier 2	QL (6 EA per 1 day)
Phosphate Binders - Iron-based - Drugs for the Urinary System		
ferric citrate oral tablet 210 mg iron	Tier 1	ST: Requires prior prescriptions for Velphoro and one of the folllowing: generic Sevelamer HCL, Sevelamer Carbonate, Calcium Acetate, or Lanthanum Carbonate within the past 365 days; QL (12 EA per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	Tier 2	QL (6 EA per 1 day)
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs for the Urinary System		
JYNARQUE ORAL TABLET 15 MG, 30 MG (***tolvaptan***)	Tier 2	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (***tolvaptan***)	Tier 2	PA
tolvaptan (polycys kidney dis) oral tablet 15 mg	Tier 1	QL (30 EA per 365 days)
tolvaptan (polycys kidney dis) oral tablet 30 mg	Tier 1	QL (60 EA per 365 days)
Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate		
alfuzosin oral tablet extended release 24 hr 10 mg	Tier 1	
silodosin oral capsule 4 mg, 8 mg	Tier 1	
tamsulosin oral capsule 0.4 mg	Tier 1	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate		
finasteride oral tablet 5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Prostatic Hypertrophy Agent-Sel.cGMP Phosphodiesterase Type5 Inhibitor - Drugs for the Prostate		
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA
Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate		
dutasteride oral capsule 0.5 mg	Tier 1	
Urinary Alkalinizer - Citrates - Drugs for Infections		
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	Tier 1	
sodium citrate-citric acid oral solution 490-640 mg/5 ml	Tier 1	
Urinary Analgesics - Drugs for Infections		
phenazopyridine oral tablet 100 mg, 200 mg	Tier 1	
Urinary Antibacterial - Methenamine and Salts - Drugs for Infections		
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	Tier 1	
Urinary Antibacterial - Nitrofuran Derivatives - Drugs for Infections		
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Tier 1	
nitrofurantoin macrocrystal oral capsule 25 mg	Tier 1	QL (4 EA per 1 day)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Tier 1	PA
Urinary Antibacterials Other - Drugs for Infections		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
Urinary Anti-infective Methenamine-Antispas-Analg Combinations - Drugs for Infections		
URELLE ORAL TABLET 81-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 2	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG (***methenamine/methylene blue/benzoic acid/salicylat/hyoscyamin***)	Tier 2	
URIMAR-T ORAL TABLET 120-10.8-0.12 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 2	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 1	
Urinary Anti-infective Methenamine-Antispasmodic Combinations - Drugs for Infections		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (***methenamine/sod phosph,monobasic/methylene blue/hyoscyamine***)	Tier 1	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs for the Bladder		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	Tier 1	
solifenacin oral tablet 10 mg, 5 mg	Tier 1	
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hyoscyamine sulfate sublingual tablet 0.125 mg	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (***hyoscyamine sulfate***)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (***hyoscyamine sulfate***)	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	Tier 1	QL (1 EA per 1 day)
flavoxate oral tablet 100 mg	Tier 1	
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 1	
oxybutynin chloride oral tablet 2.5 mg	Tier 1	
oxybutynin chloride oral tablet 5 mg	Tier 1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 1	
tolterodine oral tablet 1 mg, 2 mg	Tier 1	
trospium oral capsule,extended release 24hr 60 mg	Tier 1	
trospium oral tablet 20 mg	Tier 1	
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
colchicine oral capsule 0.6 mg	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	Tier 1	QL (4 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs		
probenecid-colchicine oral tablet 500-0.5 mg	Tier 1	
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
probenecid oral tablet 500 mg	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	
febuxostat oral tablet 40 mg, 80 mg	Tier 1	ST: Requires prior prescription for Allopurinol within the past 120 days; QL (30 EA per 30 days)
Hematological Agents		
PNH - Complement Factor B Inhibitors		
FABHALTA ORAL CAPSULE 200 MG (***iptacopan hcl***)	Tier 2	PA
Hematological Agents - Drugs for the Blood		
Agents to Treat Paroxysmal Nocturnal Hemoglobinuria (PNH) - Drugs for the Blood		
FABHALTA ORAL CAPSULE 200 MG (***iptacopan hcl***)	Tier 2	PA
Anticoagulants - Citrate-based - Drugs to Prevent Blood Clots		
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML (***dextrose-water/sodium citrate/citric acid***)	Tier 2	
ACD-A SOLUTION (***citrate dextrose solution***)	Tier 2	
ACD-A SOLUTION 2.45-2.2 GRAM- 730 MG/100 ML (***dextrose-water/sodium citrate/citric acid***)	Tier 2	
anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml	Tier 1	
citric-sod citrat-sod phos-dex solution 0.327-2.63 gram/100 ml	Tier 1	
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	
sodium citrate intra-catheter solution 4 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
Anticoagulants - Coumarin - Drugs to Prevent Blood Clots		
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	
Blood Cell and Platelet Disorder Tx-Spleen Tyrosine Kinase Inhibitors - Drugs for the Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (***fostamatinib disodium***)	Tier 2	PA
CXCR4 Chemokine Receptor Antagonists - Drugs for the Blood		
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	Tier 1	PA
Direct Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (***apixaban***)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG (***apixaban***)	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG (***apixaban***)	Tier 2	QL (74 EA per 30 days)
rivaroxaban oral tablet 2.5 mg	Tier 1	QL (2 EA per 1 day)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (***rivaroxaban***)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (***rivaroxaban***)	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***)	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (***rivaroxaban***)	Tier 2	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Erythropoietins - Drugs for the Blood		
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (***epoetin alfa-epbx***)	Tier 2	PA
Factor VIII Preparations (AHF) - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***)	Tier 2	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (***antihemophilic factor (fviii) recombinant, full length, peg***)	Tier 2	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (***antihemophilic factor viii recomb,single-chn,b-dom truncated***)	Tier 2	
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl***)	Tier 2	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (***antihemophilic factor (fviii) recombinant, fc fusion protein***)	Tier 2	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) rec, b-dom truncated peg-exei***)	Tier 2	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) rec, b-domain deleted peg-aucl***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***)	Tier 2	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (fviii) recombinant,full length***)	Tier 2	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii recombinant, b-domain truncated***)	Tier 2	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (factor viii) recomb,b-domain deleted***)	Tier 2	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor (factor viii) recomb,b-domain deleted***)	Tier 2	
Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood		
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim-aafi***)	Tier 2	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-aafi***)	Tier 2	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-bmez***)	Tier 2	PA
Hematorheologic Agents - Drugs for the Blood		
pentoxifylline oral tablet extended release 400 mg	Tier 1	
Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding		
aminocaproic acid oral solution 250 mg/ml (25 %)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	Tier 1	
tranexamic acid oral tablet 650 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hemostatic Topical Agents - Drugs to Prevent Bleeding		
GELFILM IMPLANT FILM (***gelatin***)	Tier 2	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML (***ferric subsulfate***)	Tier 1	
THROMBI-GEL TOPICAL PADS, MEDICATED 10 CM2, 100 CM2, 40 CM2 (***thrombin(bov)/calcium chlor/cmc/gel,pork/dressing,hemostatic***)	Tier 1	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT (***thrombin (bovine)***)	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (***thrombin (bovine)***)	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT (***thrombin (bovine)***)	Tier 1	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT (***thrombin (bovine)***)	Tier 1	
THROMBI-PAD TOPICAL PADS, MEDICATED 3 X 3 " (***thrombin(bov)/calcium chlor/cme-cell sod/dressing,hemostatic***)	Tier 1	
ULTRAFOAM TOPICAL SPONGE 2 X 6.25 X 7 CM-CM-MM, 8 X 12.5 X 1 CM, 8 X 12.5 X 3 CM-CM-MM, 8 X 6.25 X 1 CM (***microfibrillar collagen***)	Tier 2	
Heparin Flush Formulations - Drugs to Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	Tier 1	
Heparins - Drugs to Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Tier 1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	Tier 1	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	Tier 1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	Tier 1	
heparin (porcine) injection syringe 5,000 unit/ml	Tier 1	
heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/ml	Tier 1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	Tier 1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	Tier 1	
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml	Tier 1	
Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
fondaparinux subcutaneous syringe 10 mg/0.8 ml	Tier 1	QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	Tier 1	QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	Tier 1	QL (12 ML per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	Tier 1	QL (18 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Low Molecular Weight Heparins - Drugs to Prevent Blood Clots		
enoxaparin subcutaneous solution 300 mg/3 ml	Tier 1	QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	Tier 1	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 2	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 2	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 2	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (***dalteparin sodium,porcine***)	Tier 2	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (***dalteparin sodium,porcine***)	Tier 2	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (***dalteparin sodium,porcine***)	Tier 2	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML (***dalteparin sodium,porcine***)	Tier 2	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (***dalteparin sodium,porcine***)	Tier 2	QL (18 ML per 30 days)
Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood		
BRILINTA ORAL TABLET 60 MG, 90 MG (***ticagrelor***)	Tier 2	QL (2 EA per 1 day)
ticagrelor oral tablet 60 mg, 90 mg	Tier 1	QL (2 EA per 1 day)
Platelet Aggregation Inhibitor Combinations - Drugs for the Blood		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	Tier 1	
Platelet Aggregation Inhibitors - Glycoprotein IIb/IIIa Receptor Inhib - Drugs for the Blood		
eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tirofiban-0.9% sodium chloride intravenous solution 12.5 mg/250 ml (50 mcg/ml), 5 mg/100 ml (50 mcg/ml)	Tier 1	
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood		
cilostazol oral tablet 100 mg, 50 mg	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood		
anagrelide oral capsule 0.5 mg, 1 mg	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
aspirin oral tablet 325 mg	$0	EHB
aspirin oral tablet,chewable 81 mg	$0	EHB
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	$0	EHB
BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***)	$0	EHB
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	$0	EHB
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood		
clopidogrel oral tablet 300 mg	Tier 1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	Tier 1	
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	
Sickle Cell Anemia Agents, Others - Drugs for the Blood		
glutamine (sickle cell) oral powder in packet 5 gram	Tier 1	PA
Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
Thrombin Inhibitor - Selective Direct and Reversible - Hirudin Type - Drugs to Prevent Blood Clots		
bivalirudin intravenous recon soln 250 mg	Tier 1	
bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)	Tier 1	
Thrombopoietin Receptor Agonists - Drugs for the Blood		
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 2	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 2	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 2	PA
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	Tier 1	PA
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	Tier 1	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (***eltrombopag olamine***)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (***eltrombopag olamine***)	Tier 2	PA
Hepatobiliary System Treatment Agents		
Peroxisome Proliferator-Activated Receptor (PPAR) Agonist		
IQIRVO ORAL TABLET 80 MG (***elafibranor***)	Tier 2	PA
LIVDELZI ORAL CAPSULE 10 MG (***seladelpar lysine***)	Tier 2	PA
Hepatobiliary System Treatment Agents - Drugs for the Liver		
Farnesoid X Receptor (FXR) Agonist, Bile Acid Analog - Drugs for the Liver		
OCALIVA ORAL TABLET 10 MG, 5 MG (***obeticholic acid***)	Tier 2	PA
Immunosuppressive Agents - Drugs for Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants		
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/Ml)	Tier 1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***)	Tier 2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	Tier 2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (***tacrolimus***)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	Tier 2	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg	Tier 1	ST: Requires prior prescription for generic Tacrolimus within the past 120 days
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants		
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 1	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	Tier 1	
Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants		
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 1	
sirolimus oral solution 1 mg/ml	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
Immunosuppressive - Monoclonal Antibody Inhib. T Lymphocyte Function - Drugs for Organ Transplants		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG (***basiliximab***)	Tier 2	
Immunosuppressive - Purine Analogs - Drugs for Organ Transplants		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
Immunosuppressive - Selective T-cell costimulation blocker - Drugs for Organ Transplants		
NULOJIX INTRAVENOUS RECON SOLN 250 MG (***belatacept***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Locomotor System		
Duchenne Muscular Dystrophy - Gene Therapy Agents		
ELEVIDYS INTRAVENOUS SUSPENSION 1.33 X 10EXP13 VG/ML (***delandistrogene moxeparvovec-rokl***)	Tier 2	
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones		
Agents to Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs for Muscles, Ligaments, Tendons, and Bones		
dichlorphenamide oral tablet 50 mg	Tier 1	PA
KEVEYIS ORAL TABLET 50 MG (***dichlorphenamide***)	Tier 2	PA
dichlorphenamide (Ormalvi Oral Tablet 50 Mg)	Tier 1	PA
ALS Agents - Antioxidants/Anti-inflammatories - Drugs for Nerves and Muscles		
edaravone intravenous solution 30 mg/100 ml	Tier 1	PA
edaravone intravenous solution 60 mg/100 ml	Tier 1	PA
Amyotrophic Lateral Sclerosis (ALS) Agents - Benzathiazoles - Drugs for Nerves and Muscles		
riluzole oral tablet 50 mg	Tier 1	
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles		
pyridostigmine bromide oral syrup 60 mg/5 ml	Tier 1	
pyridostigmine bromide oral tablet 30 mg	Tier 1	
pyridostigmine bromide oral tablet 60 mg	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg	Tier 1	
Musculoskeletal Therapy Agent - Viscosupplements - Drugs for Muscles, Ligaments, Tendons, and Bones		
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (***hyaluronate sodium***)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (***hylan g-f 20***)	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (***hylan g-f 20***)	Tier 2	PA
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin oral tablet 200-325 mg	Tier 1	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	Tier 1	QL (8 EA per 1 day)
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml	Tier 1	PA
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	Tier 1	PA
baclofen oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
baclofen oral tablet 20 mg	Tier 1	QL (4 EA per 1 day)
baclofen oral tablet 5 mg	Tier 1	QL (16 EA per 1 day)
carisoprodol oral tablet 250 mg, 350 mg	Tier 1	QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg	Tier 1	QL (4 EA per 1 day)
cyclobenzaprine oral tablet 10 mg, 5 mg	Tier 1	QL (3 EA per 1 day)
metaxalone oral tablet 400 mg	Tier 1	QL (8 EA per 1 day)
metaxalone oral tablet 800 mg	Tier 1	QL (4 EA per 1 day)
methocarbamol oral tablet 500 mg	Tier 1	QL (8 EA per 1 day)
methocarbamol oral tablet 750 mg	Tier 1	QL (6 EA per 1 day)
orphenadrine citrate oral tablet extended release 100 mg	Tier 1	QL (2 EA per 1 day)
tizanidine oral capsule 2 mg	Tier 1	QL (18 EA per 1 day)
tizanidine oral capsule 4 mg	Tier 1	QL (9 EA per 1 day)
tizanidine oral capsule 6 mg	Tier 1	QL (6 EA per 1 day)
tizanidine oral tablet 2 mg	Tier 1	QL (18 EA per 1 day)
tizanidine oral tablet 4 mg	Tier 1	QL (9 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
dantrolene oral capsule 100 mg	Tier 1	QL (4 EA per 1 day)
dantrolene oral capsule 25 mg, 50 mg	Tier 1	QL (3 EA per 1 day)
Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment		
Medical Supplies and DME - Blood Administration Sets - Medical Supplies and Durable Medical Equipment		
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET (***blood administration set***)	Tier 2	
Medical Supplies and DME - Blood Coagulation Testing Supplies - Medical Supplies and Durable Medical Equipment		
COAGUCHEK XS (***prothrombin time/inr test meter***)	Tier 2	
Medical Supplies and DME - Blood Collection Needles - Medical Supplies and Durable Medical Equipment		
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***)	Tier 2	
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment		
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
Medical Supplies and DME - Cervical Caps - Medical Supplies and Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	$0	CT; EHB
Medical Supplies and DME - Conception Assistance Supplies - Medical Supplies and Durable Medical Equipment		
CONCEPTION KIT (***conception assistance supplies combination no.1***)	Tier 2	
Medical Supplies and DME - COVID-19 Miscellaneous Testing Supplies - Medical Supplies and Durable Medical Equipment		
ADVIN COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days)
BINAXNOW COVD AG CARD HOME TST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CARESTART COVID-19 AG HOME TST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CLINITEST COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CORDX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
FASTEP COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
GENABIO COVID-19 RAPID AT-HOME KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
GOTOKNOW COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days)
IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
INDICAID COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
OHC COVID-19 ANTIGEN HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
ON-GO COVID-19 AG AT HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
PILOT COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RAPID SARS-COV-2 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
SPEEDYSWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
Medical Supplies and DME - Dental Supplies Other - Medical Supplies and Durable Medical Equipment		
Q-CARE RX Q2 KIT 0.12 % (***dental suction device/chlorhexidine/dental swab 1/mouthwash***)	Tier 2	
Q-CARE RX Q4 KIT 0.12 % (***dental suction device/chlorhexidine gl/dental swab comb no.1***)	Tier 2	
Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	$0	CT; EHB
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (***diaphragms, wide seal***)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Drug Application Supplies - Medical Supplies and Durable Medical Equipment		
PCCA ACCUPEN-15 DEVICE (***topical cream metered-dose device***)	Tier 2	
Medical Supplies and DME - Enteral Syringes - Medical Supplies and Durable Medical Equipment		
ENFIT THUMB CONTROL RING SYRIN SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 2	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, sterile***)	Tier 2	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml, sterile***)	Tier 2	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, sterile***)	Tier 2	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, sterile***)	Tier 2	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, sterile***)	Tier 2	
MONOJECT ENFIT SYRINGE CAP (***syringe cap, enfit,non-sterile***)	Tier 2	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, non-sterile***)	Tier 2	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, sterile***)	Tier 2	
MONOJECT ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***)	Tier 2	
MONOJECT ENFIT SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, non-sterile***)	Tier 2	
MONOJECT ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***)	Tier 2	
MONOJECT ENFIT SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 2	
NEOMED ENFIT SYRINGE SYRINGE 0.5 ML (***syringe, enfit 0.5 ml,non-sterile***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEOMED ENFIT SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, non-sterile***)	Tier 2	
NEOMED ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, non-sterile***)	Tier 2	
NEOMED ENFIT SYRINGE SYRINGE 20 ML (***syringe,enfit 20ml,non-sterile***)	Tier 2	
NEOMED ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***)	Tier 2	
NEOMED ENFIT SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, non-sterile***)	Tier 2	
NEOMED ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***)	Tier 2	
NEOMED ENFIT SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 2	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 2	
syringe, enfit, non-sterile syringe 0.5 ml, 1 ml, 20 ml, 3 ml, 35 ml, 60 ml	Tier 2	
syringe, enfit, non-sterile syringe 10 ml	Tier 2	
syringe, enfit, non-sterile syringe 5 ml	Tier 2	
syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml	Tier 2	
syringe, enfit, sterile syringe 10 ml	Tier 2	
syringe, enfit, sterile syringe 20 ml	Tier 2	
syringe, enfit, sterile syringe 5 ml	Tier 2	
Medical Supplies and DME - Feeding Tubes and Supplies - Medical Supplies and Durable Medical Equipment		
ENFIT IRRIGATION KIT KIT (***feeder irrigation kit***)	Tier 2	
enteral connector, enfit	Tier 2	
ENTERAL GRAVITY BAG SET-ENFIT (***feeder container with gravity set, enfit***)	Tier 2	
KANGAROO 924 SAFETY SCREW (***pump set***)	Tier 2	
KANGAROO EPUMP SET (***feeder container with pump set***)	Tier 2	
KANGAROO GRAVITY SET (***feeder container with gravity set***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELIZORB CARTRIDGE (***enteral pump accessory for fat hydrolysis***)	Tier 2	
Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment		
FC2 FEMALE CONDOM (***condoms, female***)	$0	CT; EHB
Medical Supplies and DME - Gauze Bandages - Medical Supplies and Durable Medical Equipment		
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " (***gauze bandage***)	Tier 2	
Medical Supplies and DME - Gauze Pads and Dressings - Medical Supplies and Durable Medical Equipment		
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 " (***bismuth tribromophenate/petrolatum,white***)	Tier 2	
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (***iodoform***)	Tier 2	
PETROLEUM GAUZE TOPICAL BANDAGE (***petrolatum,white***)	Tier 2	
RESTORE TOPICAL BANDAGE 2 X 2 " (***silver/calcium alginate***)	Tier 2	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 " (***bismuth tribromophenate/petrolatum,white***)	Tier 2	
Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment		
2-IN-1 LANCET DEVICE 30 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO 23 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ADVANCED TRAVEL LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (***lancets***)	Tier 2	DD
ALTERNATE SITE LANCET 26 GAUGE (***lancets***)	Tier 2	DD
ASSURE LANCE 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
BD MICROTAINER LANCET 1.5 X 2 MM (***blade lancet, safety***)	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
BIGFOOT UNITY KIT (***flash glucose sensor/blood glucose test strips/pen needles***)	Tier 2	DD
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (***lancets***)	Tier 2	DD
CAREONE ULTRA THIN LANCET (***lancets***)	Tier 2	DD
CARESENS LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
CHOSEN LANCET 30 GAUGE (***lancets***)	Tier 2	DD
CHOSEN SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD
CLEVER CHEK LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
COAGUCHEK LANCETS (***lancets***)	Tier 2	DD
COLOR LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G6 RECEIVER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DROPLET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EASY COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EMBRACE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
E-Z JECT THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EZ SMART LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
FINGERSTIX LANCETS (***lancets***)	Tier 2	DD
FORACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
FREESTYLE LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE UNISTIK 2 (***lancets***)	Tier 2	DD
GLUCOCOM AUTOLINK (***diabetic supplies,miscell***)	Tier 2	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
GOJJI LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (***lancets***)	Tier 2	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
INVACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge	Tier 2	DD
LANCETS, SUPER THIN (***lancets***)	Tier 2	DD
LANCETS,THIN , 28 GAUGE (***lancets***)	Tier 2	DD
LANCETS,ULTRA THIN (***lancets***)	Tier 2	DD
MEDISENSE THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
MICRO THIN LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
MICRODOT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
MICROLET LANCET (***lancets***)	Tier 2	DD
MOBILE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
MONOLET LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
NOVA SUREFLEX LANCETS (***lancets***)	Tier 2	DD
ON CALL LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ON-THE-GO LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
PURE COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
SINGLE-LET (***lancets***)	Tier 2	DD
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
SMARTEST LANCET (***lancets***)	Tier 2	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***)	Tier 2	DD
SURE-TOUCH LANCET (***lancets***)	Tier 2	DD
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
TEMPO WELCOME KIT KIT (***blood glucose meter/insulin data transf accessory, bluetooth***)	Tier 2	DD
THIN LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (***lancets***)	Tier 2	DD
TRUE COMFORT LANCET 30 GAUGE (***lancets***)	Tier 2	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
ULTILET BASIC LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
ULTRA FINE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
ULTRA TLC LANCETS (***lancets***)	Tier 2	DD
ULTRA-CARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***)	Tier 2	DD
UNILET GP LANCET (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
UNILET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
VIVAGUARD LANCET 30 GAUGE (***lancets***)	Tier 2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD
Medical Supplies and DME - Imaging Supplies - Medical Supplies and Durable Medical Equipment		
ECOVUE HV ULTRASOUND GEL TOPICAL GEL (***ultrasound coupling medium***)	Tier 2	
ECOVUE ULTRASOUND GEL TOPICAL GEL (***ultrasound coupling medium***)	Tier 2	
Medical Supplies and DME - Incontinence Supplies - Medical Supplies and Durable Medical Equipment		
CURITY DRAINAGE BAG 2,000 ML (***drainage bag***)	Tier 2	
FLEXI-SEAL SIGNAL FMS RECTAL (***fecal collector with charcoal filter/catheter/syringe***)	Tier 2	
MONO-FLO DRAINAGE BAG 2,000 ML (***drainage bag***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENSCARE ITOUCH SURE VAGINAL DEVICE (***incont device,muscle toner,elt***)	Tier 2	
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM (***ring pessary***)	Tier 2	
Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment		
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe, insulin u-500 with needle, disposable, 0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (***pen needle, diabetic***)	Tier 2	DD
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"	Tier 2	DD
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***)	Tier 2	DD
OMNIPOD DASH PDM KIT (GEN 4) (***insulin pump controller***)	Tier 2	DD; QL (1 EA per 365 days)
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
Medical Supplies and DME - Irrigation Supplies - Medical Supplies and Durable Medical Equipment		
TRANSFER SET 1 D IRRIGATION SET (***irrigation set***)	Tier 2	
TRANSFER SET 2 D-X IRRIGATION SET (***irrigation set***)	Tier 2	
TRANSFER SET 4 D-X IRRIGATION SET (***irrigation set***)	Tier 2	
TRANSFER SET 6 D IRRIGATION SET (***irrigation set***)	Tier 2	
TWIN TRANSFER SET 1 D IRRIGATION SET (***irrigation set***)	Tier 2	
TWIN TRANSFER SET 1 D-X IRRIGATION SET (***irrigation set***)	Tier 2	
TWIN TRANSFER SET 2 D IRRIGATION SET (***irrigation set***)	Tier 2	
TWIN TRANSFER SET 2 D-X IRRIGATION SET (***irrigation set***)	Tier 2	
TWIN TRANSFER SET 9 D IRRIGATION SET (***irrigation set***)	Tier 2	
Medical Supplies and DME - IV Sets-Tubing - Medical Supplies and Durable Medical Equipment		
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (***intravenous catheter***)	Tier 2	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (***intravenous catheter kit***)	Tier 2	
FILTERED EXTENSION SET INFUSION SET (***intravenous administration extension set with filter***)	Tier 2	
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (***intravenous catheter***)	Tier 2	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (***intravenous administration set***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (***intravenous administration set***)	Tier 2	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (***intravenous administration set***)	Tier 2	
MICROBORE EXTENSION SET INFUSION SET (***intravenous administration extension set***)	Tier 2	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (***intravenous catheter***)	Tier 2	
PHASEAL SECONDARY SET INFUSION SET (***intravenous piggyback administration set***)	Tier 2	
PHASEAL Y-SITE (***y-site line connector, closed system***)	Tier 2	
RATE FLOW REGULATOR IV SET INFUSION SET (***intravenous administration set***)	Tier 2	
TRANSFER SET (***transfer sets***)	Tier 2	
Medical Supplies and DME - Male Condoms - Medical Supplies and Durable Medical Equipment		
AIMSCO LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
DUREX AIR CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***)	$0	CT; EHB
DUREX EXTRA SENSITIVE CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
DUREX TROPICAL CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
FANTASY CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO THIN LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN BARESKIN DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN EXTENDED PLEASURE DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN PLEASURE PACK DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN ULTRA RIBBED CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN ULTRA THIN DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUE COVER CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
Medical Supplies and DME - Male Erectile Dysfunction Aids - Medical Supplies and Durable Medical Equipment		
RAPPORT VACUUM THERAPY KIT (***vacuum erection device system***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment		
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (***data transfer pen cap for insulin glulisine, reusable, bt***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-ASPART DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-FIASP DEVICE (***data transfer pen cap for insulin aspart (b3), reusable, bt***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (***data transfer pen cap for insulin lispro-aabc, reusable, bt***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (***data transfer pen cap for insulin degludec, reusable, bt***)	Tier 2	DD
ENFIT MEDICINE BOTTLE ADAPTER (***adapter cap for bottle***)	Tier 2	
eua patient assessment	Tier 2	
TEMPO SMART BUTTON DEVICE (***data transfer accessory (insulin pen), bluetooth***)	Tier 2	DD
VIBRANT ORAL CAPSULE (***vibrating transient device for constipation***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIBRANT STARTER KIT COMBO PACK (***vibrating transient device for constipation***)	Tier 2	
XENOVIEW EMPTY DELIVERY BAG (***inhalation bag with mouthpiece***)	Tier 2	
Medical Supplies and DME - Nebulizers - Medical Supplies and Durable Medical Equipment		
AEROECLIPSE II NEBULIZER (***nebulizer***)	Tier 2	
AEROECLIPSE XL NEBULIZER (***nebulizer***)	Tier 2	
AERONEB GO NEBULIZER (***nebulizer***)	Tier 2	
AIRS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 2	
ALTERA NEBULIZER HANDSET (***nebulizer***)	Tier 2	
ALTERA NEBULIZER SYSTEM (***nebulizer***)	Tier 2	
AURA PORTANEB (***nebulizer***)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 2	
INNOSPIRE GO NEBULIZER (***nebulizer***)	Tier 2	
LC PLUS (***nebulizer***)	Tier 2	
LC PLUS NEBULIZER-PED MASK (***nebulizer***)	Tier 2	
MC 300 NEBULIZER W-MOUTHPIECE (***nebulizer***)	Tier 2	
MC 300 NEBULIZER-UNVRSL TUBING (***nebulizer***)	Tier 2	
MICROAIR MESH NEBULIZER (***nebulizer***)	Tier 2	
MINI PLUS NEBULIZER (***nebulizer***)	Tier 2	
PARI LC SPRINT NEBULIZER SET (***nebulizer***)	Tier 2	
PARI LC SPRINT SINUS (***nebulizer***)	Tier 2	
PRODIGY MINI-MIST NEBULIZER (***nebulizer***)	Tier 2	
SIDESTREAM (***nebulizer***)	Tier 2	
SIDESTREAM NEBULIZER (***nebulizer***)	Tier 2	
SIDESTREAM PLUS (***nebulizer***)	Tier 2	
SINUSTAR NEBULIZER (***nebulizer***)	Tier 2	
SOOTHENEB MESH NEBULIZER (***nebulizer***)	Tier 2	
TRUNEB NEBULIZER (***nebulizer***)	Tier 2	
VIXONE NEBULIZER (***nebulizer***)	Tier 2	
VIXONE NEBULIZER-ADULT MASK (***nebulizer***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIXONE NEBULIZER-PEDIATRIC MSK (***nebulizer***)	Tier 2	
Medical Supplies and DME - Needles and Syringes - Medical Supplies and Durable Medical Equipment		
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 0.5 ml***)	Tier 2	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
AQINJECT 3.0 LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
AQINJECT LUER LOCK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
AQINJECT LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
AQINJECT SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (***needles, safety***)	Tier 2	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1" (***syringe,safety with needle,1 ml***)	Tier 2	
AQINJECT SAFETY SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 2	
AQINJECT STANDARD NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (***needles, disposable***)	Tier 2	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (***syring w-needl 0.5 ml,kit-tray***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (***syringe with cannula, disposable, 3 ml***)	Tier 2	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2" (***needles, disposable***)	Tier 2	
BD ECLIPSE LUER-LOK NEEDLE 25 GAUGE X 1 1/2", 30 X 1/2 " (***needles, safety***)	Tier 2	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***)	Tier 2	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 2	
BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1" (***needles, safety***)	Tier 2	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2" (***needles, filter***)	Tier 2	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (***needles, filter***)	Tier 2	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (***needles, disposable***)	Tier 2	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***)	Tier 2	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	Tier 2	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (***syringe with cannula, disposable, 5 ml***)	Tier 2	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (***syringe with cannula, disposable, 10 ml***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8" (***needles, disposable***)	Tier 2	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (***syringe with needle,disposable, 10 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (***syringe with needle,disposable, 5 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 2	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2" (***needles, disposable***)	Tier 2	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2", 27 GAUGE X 3/8" (***needles, disposable***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8" (***needles, disposable***)	Tier 2	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (***needles, disposable***)	Tier 2	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8" (***needles, safety***)	Tier 2	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***)	Tier 2	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 2	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 2	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 20 GAUGE X 1" (***needles, disposable***)	Tier 2	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2", 19 GAUGE X 1" (***needles, disposable***)	Tier 2	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD SLIP TIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
B-D SLIP TIP SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
BD SLIP TIP SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
BD SLIP TIP SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 2	
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2" (***needles, disposable***)	Tier 2	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 2	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 2	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 2	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 2	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 2	
BD SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (***syringe with needle and cannula, disposable, 10 ml***)	Tier 2	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (***syringe with needle,disposable, 0.5 ml***)	Tier 2	
blunt needle, disposable needle 18 x 1 1/2 ", 22 x 1 1/2 ", 23 x 1 "	Tier 2	
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 2	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1" (***needles, disposable***)	Tier 2	
CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1" (***syringe,safety with needle,1 ml***)	Tier 2	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (***syringe,safety with needle,1 ml***)	Tier 2	
CARETOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1" (***needles, disposable***)	Tier 2	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 2	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
DAVOL IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***)	Tier 2	
DAVOL PISTON IRRIGATION SYRINGE (***syringe disposable irrigation***)	Tier 2	
DOVER BULB SYRINGE SYRINGE 60 ML (***syringe disposable irrig,60 ml***)	Tier 2	
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***)	Tier 2	
EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
EASY GLIDE DENTAL IRRIG SYRING SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31 GAUGE X 5/16" (***needles, safety***)	Tier 2	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 2	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (***syringe,safety with needle,10 ml***)	Tier 2	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	Tier 2	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" (***syringe,safety with needle,5 ml***)	Tier 2	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***)	Tier 2	
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1" (***safety syringe with needle, disposable kit-tray, 1 ml***)	Tier 2	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 18 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16" (***needles, disposable***)	Tier 2	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (***syringe,safety with needle,10 ml***)	Tier 2	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	Tier 2	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" (***syringe,safety with needle,5 ml***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***safety syringe with needle, disposable kit-tray, 1 ml***)	Tier 2	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 2	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 2	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 2	
EASY TOUCH UNI-SLIP SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
EASY TOUCH UNI-SLIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
EASY TOUCH UNI-SLIP SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
EASYPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8" (***needles, safety***)	Tier 2	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8" (***needles, safety***)	Tier 2	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 2	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (***syringe with needle,disposable, 3 ml***)	Tier 2	
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (***needles, disposable***)	Tier 2	
EXEL SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (***syringe with needle,disposable, 3 ml***)	Tier 2	
EXEL SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 2	
EXEL SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 2	
filter needles needle 18 gauge x 1 1/2", 19 x 1 ", 19 x 1 1/2 "	Tier 2	
FLOW-EZE VENTED NEEDLE NEEDLE (***needles, disposable***)	Tier 2	
huber safety needles (disp.) needle 22 x 3/4 "	Tier 2	
HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 26 GAUGE X 5/8" (***needles, disposable***)	Tier 2	
INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8" (***needles, safety***)	Tier 2	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 2	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (***syringe with cannula, disposable, 10 ml***)	Tier 2	
IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (***needles, disposable***)	Tier 2	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1" (***syringe with cannula, disposable, 1 ml***)	Tier 2	
LIFESHIELD BLUNT CANNULA SYRINGE 3 ML 18 X 1" (***syringe with cannula, disposable, 3 ml***)	Tier 2	
LUER LOCK SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 2	
LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
LUER-LOK TIP SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 2	
MAD NASAL ATOMIZER-SYRG-ADAPTR NASAL COMBO PACK (***syringe with cannula, disposable, 1 ml and atomizer***)	Tier 2	
MAGELLAN SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 5/8", 25 GAUGE X 1" (***needles, safety***)	Tier 2	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (***syringe,safety with needle,1 ml***)	Tier 2	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 2	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 2	
MONOJECT 140CC PISTON SYRINGE SYRINGE (***syringe, disposable***)	Tier 2	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 2	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 2	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***)	Tier 2	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (***syring w-needl 0.5 ml,kit-tray***)	Tier 2	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 2	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 2	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 2	
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 " (***needles, filter***)	Tier 2	
MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2" (***needles, filter***)	Tier 2	
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 1", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2 ", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (***needles, disposable***)	Tier 2	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (***needles, disposable***)	Tier 2	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 2	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 2	
MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1 " (***needles, pharmacy compound***)	Tier 2	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 2	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 2	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 2	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 2	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 2	
MONOJECT REGULAR LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 2	
MONOJECT REGULAR LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
MONOJECT REGULAR LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 2	
MONOJECT REGULAR LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 2	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SAFETY SYRINGES SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 2	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (***syringe,safety with needle,12 ml***)	Tier 2	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	Tier 2	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (***syringe with needle,disposable, 6 ml***)	Tier 2	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (***syringe with cannula,disposable 12 ml***)	Tier 2	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (***syringe with cannula, disposable, 3 ml***)	Tier 2	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML (***syringe with cannula, disposable, 6 ml***)	Tier 2	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 2	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 2	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (***syringe with needle,disposable, 12 ml***)	Tier 2	
MONOJECT SYRINGE SYRINGE 140 ML (***syringe, disposable, 140 ml***)	Tier 2	
MONOJECT SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (***syringe with needle,disposable, 3 ml***)	Tier 2	
MONOJECT SYRINGE SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 2	
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (***syringe with needle,disposable, 6 ml***)	Tier 2	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
MONOJECT TB LUER LOK SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 2	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (***syringe with needle,disposable, 0.5 ml***)	Tier 2	
needle (disp) 16 g needle 16 gauge x 1"	Tier 2	
needle (disp) 18 g needle 18 gauge x 1"	Tier 2	
needle (disp) 19 g needle 19 gauge x 1 1/2"	Tier 2	
needle (disp) 23 gauge needle 23 gauge x 1"	Tier 2	
needles, huber disposable needle 22 x 1 "	Tier 2	
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (***needles, disposable***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORM-JECT SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
NORM-JECT SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
NORM-JECT TUBERKULIN SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
PERFECT POINT SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***)	Tier 2	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (***needles, disposable***)	Tier 2	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (***syringe,needle,safety 1 ml,self-contained disposal unit***)	Tier 2	
SAFESNAP SYRINGE SYRINGE 10 ML (***syringe, safety 10 ml, self-contained disposal unit***)	Tier 2	
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (***syringe,safety needle 10 ml and self-contained disposal unit***)	Tier 2	
SAFESNAP SYRINGE SYRINGE 3 ML (***syringe, safety 3 ml, self-contained disposal unit***)	Tier 2	
SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe 3 ml with safety needle,self-contained disposal unit***)	Tier 2	
SAFESNAP SYRINGE SYRINGE 5 ML (***syringe, safety 5 ml, self-contained disposal unit***)	Tier 2	
SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (***syringe, safety needle 5 ml and self-contained disposal unit***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
safety needles needle 18 gauge x 1 1/2"	Tier 2	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" (***needles, safety***)	Tier 2	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 2	
SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,10 ml***)	Tier 2	
SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	Tier 2	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,5 ml***)	Tier 2	
syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml, 60 ml	Tier 2	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 2	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 2	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***)	Tier 2	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 2	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (***syringe with needle,disposable, 3 ml***)	Tier 2	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 2	
syringe with needle syringe 1 ml 25 gauge x 1", 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2", 3 ml 21 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 gauge x 1 1/2", 3 ml 23 x 1"	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"	Tier 2	
SYRINGE WITHOUT NEEDLE SYRINGE (***syringe, disposable***)	Tier 2	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (***syringe with needle,disposable, 5 ml***)	Tier 2	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 2	
TERUMO SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 2	
TOOMEY SYRINGE SYRINGE 70 ML (***syringe, disposable irrigation, 70 ml***)	Tier 2	
TUBERCULIN SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"	Tier 2	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (***syringe with needle,disposable, 3 ml***)	Tier 2	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (***syringe, safety 3 ml***)	Tier 2	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	Tier 2	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 2	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (***syringe with needle,disposable, 1 ml***)	Tier 2	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,10 ml***)	Tier 2	
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 2	
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***)	Tier 2	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,5 ml***)	Tier 2	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (***syringe with needle,disposable, 5 ml***)	Tier 2	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (***needles, disposable***)	Tier 2	
Medical Supplies and DME - Parenteral Therapy Supplies - Medical Supplies and Durable Medical Equipment		
FREEFLEX PLUS TRANSFER ADAPTER DEVICE 20 MM (***transfer device, closed system***)	Tier 2	
HALO B-LOCK CLOSED LINE ADAPTR (***connector luer lock, closed system***)	Tier 2	
HALO CLOSED BAG ADAPTOR (***infusion adapter, closed system***)	Tier 2	
HALO CLOSED LINE ADAPTOR (***connector luer lock, closed system***)	Tier 2	
HALO CLOSED SYRINGE ADAPTOR (***needle injector, luer lock, closed system***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM (***transfer device, closed system***)	Tier 2	
HALO VIAL CONVERTER DEVICE 13 MM (***vial size converter, closed system***)	Tier 2	
INTERLINK LEVER LOCK CANNULA (***syringe accessory***)	Tier 2	
I-PORT (***injection ports***)	Tier 2	
I-PORT ADVANCE 6 MM INJEC PORT (***injection ports***)	Tier 2	
I-PORT ADVANCE 9 MM INJEC PORT (***injection ports***)	Tier 2	
KENDALL DISINFECTANT CAP (***alcohol swab cap***)	Tier 2	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (***intravenous equipment***)	Tier 2	
PHASEAL ASSEMBLY FIXTURE DEVICE (***assembly system, vial to transfer device, closed system***)	Tier 2	
PHASEAL CONNECTOR LUER LOCK (***connector luer lock, closed system***)	Tier 2	
PHASEAL INFUSION ADAPTER (***infusion adapter, closed system***)	Tier 2	
PHASEAL INFUSION CLAMP (***clamp, iv tubing***)	Tier 2	
PHASEAL INJECTOR LUER (***needle injector, luer, closed system***)	Tier 2	
PHASEAL INJECTOR LUER LOCK (***needle injector, luer lock, closed system***)	Tier 2	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (***transfer device, closed system***)	Tier 2	
VARITHENA ADMINISTRATION PACK (***transfer set/syringe, disposable/bandages,compression/tubing***)	Tier 2	
Medical Supplies and DME - Peak Flow Meters - Medical Supplies and Durable Medical Equipment		
AEROGEAR ACTION ASTHMA KIT KIT (***peak flow meter/inhaler, assist devices***)	Tier 2	
ASTHMAPACK CHILDREN'S KIT (***peak flow meter/inhaler, assist devices***)	Tier 2	
MINI WRIGHT PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 2	
STRIVE PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUZONE PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 2	
Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***)	Tier 2	
AEROBIKA OSCILLATING PEP SYSTM DEVICE (***mucus clearing device***)	Tier 2	
AEROCHAMBER MECHANICAL VENT SPACER (***inhaler, assist devices***)	Tier 2	
AEROCHAMBER MINI SPACER (***inhaler, assist devices***)	Tier 2	
AEROCHAMBER MV SPACER (***inhaler, assist devices***)	Tier 2	
AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (***inhaler,assist device with large mask***)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (***inhaler,assist device with small mask***)	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***)	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (***inhaler,assist device with small mask***)	Tier 2	
AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***)	Tier 2	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***)	Tier 2	
AEROTRACH PLUS SPACER (***inhaler, assist devices***)	Tier 2	
AEROVENT PLUS SPACER (***inhaler, assist devices***)	Tier 2	
BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREATHERITE SPACER-MASK, NEO. SPACER (***inhaler,assist device with small mask***)	Tier 2	
BREATHERITE SPACER-MASK,ADULT SPACER (***inhaler,assist device with large mask***)	Tier 2	
BREATHERITE SPACER-MASK,CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 2	
BREATHERITE SPACER-MASK,INFANT SPACER (***inhaler,assist device with small mask***)	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD SPACER (***inhaler,assist device with small mask***)	Tier 2	
BREATHERITE VALVED MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
BREATHERITE VALVED MDI SPACER SPACER (***inhaler, assist devices***)	Tier 2	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 2	
CLEVER CHOICE NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
CLEVER CHOICE WHISPER AIRE PED DEVICE (***nebulizer and compressor***)	Tier 2	
COMFORTSEAL LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
COMFORTSEAL MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
COMFORTSEAL SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 2	
COMPACT SPACE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPACT SPACE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 2	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 2	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (***compressor, for nebulizer***)	Tier 2	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (***compressor, for nebulizer***)	Tier 2	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (***nebulizer and compressor***)	Tier 2	
DEVILBISS TRAVELER COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 2	
EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
EASY NEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
EBASE CONTROLLER DEVICE (***compressor, for nebulizer***)	Tier 2	
FLEXICHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
FLEXICHAMBER-LG CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
FLEXICHAMBER-SM ADULT MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
FLEXICHAMBER-SM CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
HOME NEBULIZER PLUS SIDESTREAM DEVICE (***nebulizer and compressor***)	Tier 2	
INNOSPIRE DELUXE DEVICE (***nebulizer and compressor***)	Tier 2	
INNOSPIRE ELEGANCE DEVICE (***nebulizer and compressor***)	Tier 2	
INNOSPIRE ESSENCE DEVICE (***nebulizer and compressor***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INNOSPIRE MINI DEVICE (***nebulizer and compressor***)	Tier 2	
INSPIRACHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***)	Tier 2	
INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***)	Tier 2	
INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***)	Tier 2	
LAMIRA NEBULIZER(FOR ARIKAYCE) DEVICE (***nebulizer and compressor***)	Tier 2	
LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
MICROCHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
MICROSPACER SPACER (***inhaler, assist devices***)	Tier 2	
nebulizer and compressor device	Tier 2	
OMBRA COMPRESSOR SYSTEM DEVICE (***nebulizer and compressor***)	Tier 2	
OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
OPTICHAMBER DIAMOND LG MASK SPACER (***inhaler,assist device with large mask***)	Tier 2	
OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***)	Tier 2	
OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***)	Tier 2	
PARI SINUS AEROSOL SYSTEM DEVICE (***nebulizer and compressor***)	Tier 2	
PARI TREK S COMBO PACK DEVICE (***nebulizer and compressor***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARI TREK S COMPACT COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 2	
PEDIATRIC BEAR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (***nebulizer and compressor***)	Tier 2	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PEDIATRIC DOG NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PEDIATRIC FROG NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***)	Tier 2	
POCKET CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
PORTABLE NEBULIZER SYSTEM DEVICE (***nebulizer and compressor***)	Tier 2	
PRIMEAIRE SPACER (***inhaler, assist devices***)	Tier 2	
PROCARE COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PROCARE PEDIATRIC NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***)	Tier 2	
PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
PROCHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (***nebulizer and compressor***)	Tier 2	
PRONEB MAX COMPRESSR-LC SPRINT DEVICE (***nebulizer and compressor***)	Tier 2	
PROVENT NASAL DEVICE (***nasal exhalation resistance device***)	Tier 2	
PROVENT STARTER NASAL DEVICE (***nasal exhalation resistance device***)	Tier 2	
PULMO-AIDE COMPRESSOR DEVICE (***compressor, for nebulizer***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMONEB LT COMPRESSOR NEBUL DEVICE (***nebulizer and compressor***)	Tier 2	
PUREAIR MINI NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
QUAKE VIBRATORY PEP DEVICE (***mucus clearing device***)	Tier 2	
RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
SAMI THE SEAL DEVICE (***nebulizer and compressor***)	Tier 2	
SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
SMARTNEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
SPACE CHAMBER WITH LARGE MASK SPACER (***inhaler,assist device with large mask***)	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
SPACE CHAMBER WITH SMALL MASK SPACER (***inhaler,assist device with small mask***)	Tier 2	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (***compressor, for nebulizer***)	Tier 2	
THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***)	Tier 2	
THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***)	Tier 2	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (***nebulizer and compressor***)	Tier 2	
VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
VORTEX VHC FROG MASK-CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 2	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (***inhaler,assist device with small mask***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VORTEX VHC PEDIATRIC MASK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
WILLIS THE WHALE COMPRESSR NEB DEVICE (***nebulizer and compressor***)	Tier 2	
Medical Supplies and DME - Scar Treatments - Medical Supplies and Durable Medical Equipment		
SILINOIN TOPICAL SHEET 5 CM X 14 CM (***silicone adhesive***)	Tier 2	
Medical Supplies and DME - Subcutaneous Administration Supply - Medical Supplies and Durable Medical Equipment		
INSUFLON INFUSION SET 25 X 18 MM (***subcutaneous administration set***)	Tier 2	
Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment		
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/l2***)	Tier 2	DD
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/g7 with controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/g7***)	Tier 2	DD
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/l2 with controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,radio freq***)	Tier 2	DD
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous infusion,bt and controller***)	Tier 2	DD; QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,bluetooth***)	Tier 2	DD
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 10 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 15 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 20 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 25 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 30 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 40 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge, basal rate 35 units/day, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***)	Tier 2	DD
V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***)	Tier 2	DD
V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***)	Tier 2	DD
Medical Supplies and DME - Urinary Catheters and Related Devices - Medical Supplies and Durable Medical Equipment		
DOVER COATED LATEX FOLEY COMBO PACK (***urinary bag/catheterization tray***)	Tier 2	
DOVER UNIVERSAL TRAY (***catheterization tray***)	Tier 2	
KENGUARD FOLEY CATHETER TRAY (***catheterization tray***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16" (***urinary bag/catheter***)	Tier 2	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (***urinary bag/catheter***)	Tier 2	
Medical Supplies and DME - Urine Ketone Tests - Medical Supplies and Durable Medical Equipment		
KETONE CARE STRIP (***urine acetone test strips***)	Tier 2	DD
KETONE URINE TEST STRIP (***urine acetone test strips***)	Tier 2	DD
KETOSTIX STRIP (***urine acetone test strips***)	Tier 2	DD
TRUEPLUS KETONE STRIP (***urine acetone test strips***)	Tier 2	DD
Medical Supplies and DME-Eustachian Tube/Middle Ear Ventilator Devices - Medical Supplies and Durable Medical Equipment		
EAR POPPER INFLATION DEVICE NASAL DEVICE (***middle ear inflation device***)	Tier 2	
Medical Supply, FDB Superset		
Medical Supply, FDB Superset		
2-IN-1 LANCET DEVICE 30 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO 23 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	Tier 2	DD
ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***)	Tier 2	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ADVANCED TRAVEL LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
ADVIN COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days)
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
AEROBIKA OSCILLATING PEP SYSTM DEVICE (***mucus clearing device***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER MECHANICAL VENT SPACER (***inhaler, assist devices***)	Tier 2	
AEROCHAMBER MINI SPACER (***inhaler, assist devices***)	Tier 2	
AEROCHAMBER MV SPACER (***inhaler, assist devices***)	Tier 2	
AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (***inhaler,assist device with large mask***)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (***inhaler,assist device with small mask***)	Tier 2	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***)	Tier 2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (***inhaler,assist device with small mask***)	Tier 2	
AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***)	Tier 2	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***)	Tier 2	
AEROECLIPSE II NEBULIZER (***nebulizer***)	Tier 2	
AEROECLIPSE XL NEBULIZER (***nebulizer***)	Tier 2	
AEROGEAR ACTION ASTHMA KIT KIT (***peak flow meter/inhaler, assist devices***)	Tier 2	
AERONEB GO NEBULIZER (***nebulizer***)	Tier 2	
AEROTRACH PLUS SPACER (***inhaler, assist devices***)	Tier 2	
AEROVENT PLUS SPACER (***inhaler, assist devices***)	Tier 2	
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (***lancets***)	Tier 2	DD
AIMSCO LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
AIRS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 2	
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 0.5 ml***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
ALLEVYN LIFE DRESSING TOPICAL BANDAGE 4 X 4 ", 5 1/16 X 5 1/16 ", 6 1/16 X 6 1/16 ", 8 1/4 X 8 1/4 " (***foam bandage***)	Tier 2	
ALTERA NEBULIZER HANDSET (***nebulizer***)	Tier 2	
ALTERA NEBULIZER SYSTEM (***nebulizer***)	Tier 2	
ALTERNATE SITE LANCET 26 GAUGE (***lancets***)	Tier 2	DD
AQINJECT 3.0 LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
AQINJECT LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
AQINJECT LUER LOCK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
AQINJECT LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
AQINJECT SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (***needles, safety***)	Tier 2	
AQINJECT SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1" (***syringe,safety with needle,1 ml***)	Tier 2	
AQINJECT SAFETY SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 2	
AQINJECT STANDARD NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1" (***needles, disposable***)	Tier 2	
ASSURE LANCE 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
ASTHMAPACK CHILDREN'S KIT (***peak flow meter/inhaler, assist devices***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AURA PORTANEB (***nebulizer***)	Tier 2	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (***syring w-needl 0.5 ml,kit-tray***)	Tier 2	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (***syringe with cannula, disposable, 3 ml***)	Tier 2	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2" (***needles, disposable***)	Tier 2	
BD ECLIPSE LUER-LOK NEEDLE 25 GAUGE X 1 1/2", 30 X 1/2 " (***needles, safety***)	Tier 2	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***)	Tier 2	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 2	
BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1" (***needles, safety***)	Tier 2	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2" (***needles, filter***)	Tier 2	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (***needles, filter***)	Tier 2	
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe, insulin u-500 with needle, disposable, 0.5 ml***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD INSYTE AUTOGUARD INFUSION SET 22 GAUGE X 1", 24 GAUGE X 3/4" (***intravenous catheter***)	Tier 2	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (***needles, disposable***)	Tier 2	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***)	Tier 2	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	Tier 2	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (***syringe with cannula, disposable, 5 ml***)	Tier 2	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (***syringe with cannula, disposable, 10 ml***)	Tier 2	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8" (***needles, disposable***)	Tier 2	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (***syringe with needle,disposable, 10 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD LUER-LOK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (***syringe with needle,disposable, 5 ml***)	Tier 2	
BD LUER-LOK SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 2	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
BD MICROTAINER LANCET 1.5 X 2 MM (***blade lancet, safety***)	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2" (***needles, disposable***)	Tier 2	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2", 27 GAUGE X 3/8" (***needles, disposable***)	Tier 2	
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8" (***needles, disposable***)	Tier 2	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (***needles, disposable***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8" (***needles, safety***)	Tier 2	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***)	Tier 2	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 2	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 2	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD SAF-T-INTIMA INFUSION SET 22 GAUGE X 3/4" (***intravenous catheter kit***)	Tier 2	
BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 20 GAUGE X 1" (***needles, disposable***)	Tier 2	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2", 19 GAUGE X 1" (***needles, disposable***)	Tier 2	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD SLIP TIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
BD SLIP TIP SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
BD SLIP TIP SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2" (***needles, disposable***)	Tier 2	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 2	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 2	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 2	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 2	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 2	
BD SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (***syringe with needle and cannula, disposable, 10 ml***)	Tier 2	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (***syringe with needle,disposable, 0.5 ml***)	Tier 2	
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (***pen needle, diabetic***)	Tier 2	DD
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (***pen needle, diabetic***)	Tier 2	DD
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64" (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
BD VEO INSULIN SYRINGE UF SYRINGE 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
BIGFOOT UNITY KIT (***flash glucose sensor/blood glucose test strips/pen needles***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-ADMELOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-APIDRA DEVICE (***data transfer pen cap for insulin glulisine, reusable, bt***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-ASPART DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-BASAGLAR DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-FIASP DEVICE (***data transfer pen cap for insulin aspart (b3), reusable, bt***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-HUMALOG DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-LANTUS DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIGFOOT UNITY PEN CAP-LISPRO DEVICE (***data transfer pen cap for insulin lispro, reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-LYUMJEV DEVICE (***data transfer pen cap for insulin lispro-aabc, reusable, bt***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-NOVOLOG DEVICE (***data transfer pen cap for insulin aspart, reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-TOUJEO DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-TOUJEOMX DEVICE (***data transfr pen cap for insulin glargine,reusable,bluetooth***)	Tier 2	DD
BIGFOOT UNITY PEN CAP-TRESIBA DEVICE (***data transfer pen cap for insulin degludec, reusable, bt***)	Tier 2	DD
BINAXNOW COVD AG CARD HOME TST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
blunt needle, disposable needle 18 x 1 1/2 ", 22 x 1 1/2 ", 23 x 1 "	Tier 2	
BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***)	Tier 2	
BREATHERITE SPACER-MASK, NEO. SPACER (***inhaler,assist device with small mask***)	Tier 2	
BREATHERITE SPACER-MASK,ADULT SPACER (***inhaler,assist device with large mask***)	Tier 2	
BREATHERITE SPACER-MASK,CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 2	
BREATHERITE SPACER-MASK,INFANT SPACER (***inhaler,assist device with small mask***)	Tier 2	
BREATHERITE SPACER-MASK,S.CHLD SPACER (***inhaler,assist device with small mask***)	Tier 2	
BREATHERITE VALVED MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
BREATHERITE VALVED MDI SPACER SPACER (***inhaler, assist devices***)	Tier 2	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAREONE ULTRA THIN LANCET (***lancets***)	Tier 2	DD
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 2	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1" (***needles, disposable***)	Tier 2	
CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1" (***syringe,safety with needle,1 ml***)	Tier 2	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (***syringe,safety with needle,1 ml***)	Tier 2	
CARESENS LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
CARESTART COVID-19 AG HOME TST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CARETOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1" (***needles, disposable***)	Tier 2	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	$0	CT; EHB
CHOSEN LANCET 30 GAUGE (***lancets***)	Tier 2	DD
CHOSEN SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD
CLEVER CHEK LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
CLEVER CHOICE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 2	
CLEVER CHOICE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
CLEVER CHOICE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 2	
CLEVER CHOICE NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
CLEVER CHOICE WHISPER AIRE PED DEVICE (***nebulizer and compressor***)	Tier 2	
CLINITEST COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
COAGUCHEK LANCETS (***lancets***)	Tier 2	DD
COAGUCHEK XS (***prothrombin time/inr test meter***)	Tier 2	
COLOR LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
COMFORT EZ LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (***lancets***)	Tier 2	DD
COMFORTSEAL LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
COMFORTSEAL MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
COMFORTSEAL SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
COMPACT SPACE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 2	
COMPACT SPACE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
COMPACT SPACE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 2	
COMP-AIR NEBULIZER COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 2	
CONCEPTION KIT (***conception assistance supplies combination no.1***)	Tier 2	
CORDX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
CURAD XEROFORM PETROLATM DRESS TOPICAL BANDAGE 1 X 8 " (***bismuth tribromophenate/petrolatum,white***)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL SPONGE 0.2 %- 2" X 2" (***polyhexamethylene biguanide/gauze bandage***)	Tier 2	
CURITY AMD (WITH POLYHEXAMETH) TOPICAL STRIP 0.2 %- 1/2" X 3 FEET (***polyhexamethylene biguanide/gauze bandage***)	Tier 2	
CURITY AMD TOPICAL BANDAGE 1 X 5 "-YARD, 1/4 X 36 " (***gauze bandage***)	Tier 2	
CURITY DRAINAGE BAG 2,000 ML (***drainage bag***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CURITY IODOFORM PACKING STRIP TOPICAL BANDAGE 1 X 5 "-YARD, 1/2 X 5 "-YARD, 1/4 X 5 "-YARD, 2 X 5 "-YARD (***iodoform***)	Tier 2	
DAVOL IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***)	Tier 2	
DAVOL PISTON IRRIGATION SYRINGE (***syringe disposable irrigation***)	Tier 2	
DEVILBISS DISPOSABLE NEBULIZER (***nebulizer***)	Tier 2	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (***compressor, for nebulizer***)	Tier 2	
DEVILBISS PULMOMATE COMPRESSOR DEVICE (***compressor, for nebulizer***)	Tier 2	
DEVILBISS PULMONEB LT COMP-NEB DEVICE (***nebulizer and compressor***)	Tier 2	
DEVILBISS TRAVELER COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 2	
DEXCOM G6 RECEIVER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (3 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOVER BULB SYRINGE SYRINGE 60 ML (***syringe disposable irrig,60 ml***)	Tier 2	
DOVER COATED LATEX FOLEY COMBO PACK (***urinary bag|catheterization tray***)	Tier 2	
DOVER UNIVERSAL TRAY (***catheterization tray***)	Tier 2	
DROPLET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***)	Tier 2	
DUREX AIR CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***)	$0	CT; EHB
DUREX EXTRA SENSITIVE CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
DUREX TROPICAL CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
EAR POPPER INFLATION DEVICE NASAL DEVICE (***middle ear inflation device***)	Tier 2	
EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
EASY COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
EASY GLIDE DENTAL IRRIG SYRING SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
EASY NEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31 GAUGE X 5/16" (***needles, safety***)	Tier 2	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 2	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (***syringe,safety with needle,10 ml***)	Tier 2	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 3 ML 18 GAUGE X 1 1/2", 3 ML 18 GAUGE X 1", 3 ML 19 GAUGE X 1 1/2", 3 ML 19 GAUGE X 1", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	Tier 2	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 5 ML 18 GAUGE X 1", 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1", 5 ML 25 GAUGE X 5/8" (***syringe,safety with needle,5 ml***)	Tier 2	
EASY TOUCH FLURINGE FLIPLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH FLURINGE FLU TRAY TRAY 1 ML 25 GAUGE X 1" (***safety syringe with needle, disposable kit-tray, 1 ml***)	Tier 2	
EASY TOUCH FLURINGE SHEATHLOCK SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***)	Tier 2	
EASY TOUCH FLURINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 18 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16" (***needles, disposable***)	Tier 2	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (***syringe,safety with needle,10 ml***)	Tier 2	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	Tier 2	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" (***syringe,safety with needle,5 ml***)	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***safety syringe with needle, disposable kit-tray, 1 ml***)	Tier 2	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 2	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 2	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 2	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
EASY TOUCH UNI-SLIP SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
EASY TOUCH UNI-SLIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH UNI-SLIP SYRINGE 5 ML (***syringe, disposable, 5 ml***)	Tier 2	
EASY TWIST AND CAP LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EASYPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8" (***needles, safety***)	Tier 2	
EBASE CONTROLLER DEVICE (***compressor, for nebulizer***)	Tier 2	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 5/8" (***needles, safety***)	Tier 2	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 2	
ECOVUE HV ULTRASOUND GEL TOPICAL GEL (***ultrasound coupling medium***)	Tier 2	
ECOVUE ULTRASOUND GEL TOPICAL GEL (***ultrasound coupling medium***)	Tier 2	
ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
EMBRACE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ENFIT IRRIGATION KIT KIT (***feeder irrigation kit***)	Tier 2	
ENFIT MEDICINE BOTTLE ADAPTER (***adapter cap for bottle***)	Tier 2	
ENFIT THUMB CONTROL RING SYRIN SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 2	
enteral connector, enfit	Tier 2	
ENTERAL GRAVITY BAG SET-ENFIT (***feeder container with gravity set, enfit***)	Tier 2	
eua patient assessment	Tier 2	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (***syringe with needle,disposable, 3 ml***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (***needles, disposable***)	Tier 2	
EXEL SYRINGE SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (***syringe with needle,disposable, 3 ml***)	Tier 2	
EXEL SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 2	
EXEL SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 2	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
E-Z JECT THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
EZ SMART LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
FANTASY CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
FASTEP COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
FC2 FEMALE CONDOM (***condoms, female***)	$0	CT; EHB
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	$0	CT; EHB
filter needles needle 18 gauge x 1 1/2", 19 x 1 ", 19 x 1 1/2 "	Tier 2	
FILTERED EXTENSION SET INFUSION SET (***intravenous administration extension set with filter***)	Tier 2	
FINGERSTIX LANCETS (***lancets***)	Tier 2	DD
FLEXICHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
FLEXICHAMBER-LG CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEXICHAMBER-SM ADULT MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
FLEXICHAMBER-SM CHILD MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
FLEXI-SEAL SIGNAL FMS RECTAL (***fecal collector with charcoal filter/catheter/syringe***)	Tier 2	
FLOW-EZE VENTED NEEDLE NEEDLE (***needles, disposable***)	Tier 2	
FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
FORACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
FREEFLEX PLUS TRANSFER ADAPTER DEVICE 20 MM (***transfer device, closed system***)	Tier 2	
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (***blood-glucose meter, receiver, continuous***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	HISTORY OF INSULIN USE OR SUBMIT A PA EXCEPTION REQUEST; DD; QL (2 EA per 28 days)
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE UNISTIK 2 (***lancets***)	Tier 2	DD
GENABIO COVID-19 RAPID AT-HOME KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
GLUCOCOM AUTOLINK (***diabetic supplies,miscell***)	Tier 2	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
GOJJI LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
GOTOKNOW COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days)
HALO B-LOCK CLOSED LINE ADAPTR (***connector luer lock, closed system***)	Tier 2	
HALO CLOSED BAG ADAPTOR (***infusion adapter, closed system***)	Tier 2	
HALO CLOSED LINE ADAPTOR (***connector luer lock, closed system***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HALO CLOSED SYRINGE ADAPTOR (***needle injector, luer lock, closed system***)	Tier 2	
HALO CLOSED VIAL ADAPTOR DEVICE 13 MM, 20 MM, 28 MM (***transfer device, closed system***)	Tier 2	
HALO VIAL CONVERTER DEVICE 13 MM (***vial size converter, closed system***)	Tier 2	
HEALTHY ACCENTS UNILET LANCET 30 GAUGE (***lancets***)	Tier 2	DD
HOME NEBULIZER PLUS SIDESTREAM DEVICE (***nebulizer and compressor***)	Tier 2	
huber safety needles (disp.) needle 22 x 3/4 "	Tier 2	
HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 26 GAUGE X 5/8" (***needles, disposable***)	Tier 2	
IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
INDICAID COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
INNOSPIRE DELUXE DEVICE (***nebulizer and compressor***)	Tier 2	
INNOSPIRE ELEGANCE DEVICE (***nebulizer and compressor***)	Tier 2	
INNOSPIRE ESSENCE DEVICE (***nebulizer and compressor***)	Tier 2	
INNOSPIRE GO NEBULIZER (***nebulizer***)	Tier 2	
INNOSPIRE MINI DEVICE (***nebulizer and compressor***)	Tier 2	
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INSPIRACHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***)	Tier 2	
INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***)	Tier 2	
INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***)	Tier 2	
INSUFLON INFUSION SET 25 X 18 MM (***subcutaneous administration set***)	Tier 2	
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"	Tier 2	DD
INSYTE IV CATHETER INFUSION SET 14 X 1.75 ", 20 X 1.16 " (***intravenous catheter***)	Tier 2	
INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8" (***needles, safety***)	Tier 2	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 2	
INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
INTERLINK LEVER LOCK CANNULA (***syringe accessory***)	Tier 2	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (***syringe with cannula, disposable, 10 ml***)	Tier 2	
INVACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
I-PORT (***injection ports***)	Tier 2	
I-PORT ADVANCE 6 MM INJEC PORT (***injection ports***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
I-PORT ADVANCE 9 MM INJEC PORT (***injection ports***)	Tier 2	
IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***)	Tier 2	
IVENIX ADMIN SET 2INLET 2YSITE INFUSION SET (***intravenous administration set***)	Tier 2	
IVENIX ADMIN SET 2INLET Y-SITE INFUSION SET (***intravenous administration set***)	Tier 2	
IVENIX ADMIN SET SINGLE-INLET INFUSION SET (***intravenous administration set***)	Tier 2	
IVENIX BLOOD PRODUCT ADMIN SET BLOOD ADMINISTRATION SET (***blood administration set***)	Tier 2	
KANGAROO 924 SAFETY SCREW (***pump set***)	Tier 2	
KANGAROO EPUMP SET (***feeder container with pump set***)	Tier 2	
KANGAROO GRAVITY SET (***feeder container with gravity set***)	Tier 2	
KENDALL AMD ANTIMICRB FOAM DRS TOPICAL BANDAGE 0.5 %- 4" X 4" (***polyhexamethylene biguanide/foam bandage***)	Tier 2	
KENDALL DISINFECTANT CAP (***alcohol swab cap***)	Tier 2	
KENGUARD FOLEY CATHETER TRAY (***catheterization tray***)	Tier 2	
KERLIX AMD TOPICAL BANDAGE 0.2 %- 4.5" X 4.1 YARD (***polyhexamethylene biguanide/gauze bandage***)	Tier 2	
KERLIX AMD TOPICAL SPONGE 0.2 %- 6" X 6.75" (***polyhexamethylene biguanide/gauze bandage***)	Tier 2	
KETONE CARE STRIP (***urine acetone test strips***)	Tier 2	DD
KETONE URINE TEST STRIP (***urine acetone test strips***)	Tier 2	DD
KETOSTIX STRIP (***urine acetone test strips***)	Tier 2	DD
KIMONO LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO THIN LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
LAMIRA NEBULIZER(FOR ARIKAYCE) DEVICE (***nebulizer and compressor***)	Tier 2	
lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge	Tier 2	DD
LANCETS, SUPER THIN (***lancets***)	Tier 2	DD
LANCETS,THIN , 28 GAUGE (***lancets***)	Tier 2	DD
LANCETS,ULTRA THIN (***lancets***)	Tier 2	DD
LC PLUS (***nebulizer***)	Tier 2	
LC PLUS NEBULIZER-PED MASK (***nebulizer***)	Tier 2	
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (***needles, disposable***)	Tier 2	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1" (***syringe with cannula, disposable, 1 ml***)	Tier 2	
LIFESHIELD BLUNT CANNULA SYRINGE 3 ML 18 X 1" (***syringe with cannula, disposable, 3 ml***)	Tier 2	
LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
LOFRIC HYDRO-KIT COMBO PACK 14 FR- 16" (***urinary bag/catheter***)	Tier 2	
LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
LUER LOCK SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 2	
LUER LOCK SYRINGE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUER-LOK TIP SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 2	
MAD NASAL ATOMIZER-SYRG-ADAPTR NASAL COMBO PACK (***syringe with cannula, disposable, 1 ml and atomizer***)	Tier 2	
MAGELLAN SAFETY NEEDLE NEEDLE 18 GAUGE X 1 1/2", 23 GAUGE X 5/8", 25 GAUGE X 1" (***needles, safety***)	Tier 2	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (***syringe,safety with needle,1 ml***)	Tier 2	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 2	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 2	
MAXORB EXTRA TOPICAL BANDAGE 4 X 4 " (***alginate dressing/carboxymethylcellulose***)	Tier 2	
MC 300 NEBULIZER W-MOUTHPIECE (***nebulizer***)	Tier 2	
MC 300 NEBULIZER-UNVRSL TUBING (***nebulizer***)	Tier 2	
MEDIHONEY (HYDROCOLLOID-HONEY) TOPICAL BANDAGE 2 X 2 ", 4 X 5 " (***honey/hydrocolloid dressing***)	Tier 2	
MEDISENSE THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
MICRO THIN LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
MICROAIR MESH NEBULIZER (***nebulizer***)	Tier 2	
MICROBORE EXTENSION SET INFUSION SET (***intravenous administration extension set***)	Tier 2	
MICROCHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
MICRODOT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
MICROLET LANCET (***lancets***)	Tier 2	DD
MICROSPACER SPACER (***inhaler, assist devices***)	Tier 2	
MINI PLUS NEBULIZER (***nebulizer***)	Tier 2	
MINI WRIGHT PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 2	
MOBILE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
MONO-FLO DRAINAGE BAG 2,000 ML (***drainage bag***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT 140CC PISTON SYRINGE SYRINGE (***syringe, disposable***)	Tier 2	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 2	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 2	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***)	Tier 2	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (***syring w-needl 0.5 ml,kit-tray***)	Tier 2	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***)	Tier 2	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***)	Tier 2	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 2	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 2	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 2	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, sterile***)	Tier 2	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml, sterile***)	Tier 2	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, sterile***)	Tier 2	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, sterile***)	Tier 2	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, sterile***)	Tier 2	
MONOJECT ENFIT SYRINGE CAP (***syringe cap, enfit,non-sterile***)	Tier 2	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, non-sterile***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, sterile***)	Tier 2	
MONOJECT ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***)	Tier 2	
MONOJECT ENFIT SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, non-sterile***)	Tier 2	
MONOJECT ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***)	Tier 2	
MONOJECT ENFIT SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 2	
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 " (***needles, filter***)	Tier 2	
MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2" (***needles, filter***)	Tier 2	
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 1", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2 ", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (***needles, disposable***)	Tier 2	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (***needles, disposable***)	Tier 2	
MONOJECT LUER ADAPTER INTRAVENOUS ADMIX ACCESSORY (***intravenous equipment***)	Tier 2	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
MONOJECT MAGELLAN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***)	Tier 2	
MONOJECT MAGELLAN SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (***syringe,safety with needle,3 ml***)	Tier 2	
MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1 " (***needles, pharmacy compound***)	Tier 2	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 2	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 2	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 2	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 2	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 2	
MONOJECT REGULAR LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 2	
MONOJECT REGULAR LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
MONOJECT REGULAR LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT REGULAR LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 2	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 2	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (***syringe,safety with needle,12 ml***)	Tier 2	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	Tier 2	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (***syringe with needle,disposable, 6 ml***)	Tier 2	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (***syringe with cannula,disposable 12 ml***)	Tier 2	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (***syringe with cannula, disposable, 3 ml***)	Tier 2	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML (***syringe with cannula, disposable, 6 ml***)	Tier 2	
MONOJECT SYRINGE ECCENTRI LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 2	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 2	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (***syringe with needle,disposable, 12 ml***)	Tier 2	
MONOJECT SYRINGE SYRINGE 140 ML (***syringe, disposable, 140 ml***)	Tier 2	
MONOJECT SYRINGE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (***syringe with needle,disposable, 3 ml***)	Tier 2	
MONOJECT SYRINGE SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 2	
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (***syringe with needle,disposable, 6 ml***)	Tier 2	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 2	
MONOJECT TB LUER LOK SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 2	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (***syringe with needle,disposable, 0.5 ml***)	Tier 2	
MONOLET LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***)	Tier 2	
MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
nebulizer and compressor device	Tier 2	
needle (disp) 16 g needle 16 gauge x 1"	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
needle (disp) 18 g needle 18 gauge x 1"	Tier 2	
needle (disp) 19 g needle 19 gauge x 1 1/2"	Tier 2	
needle (disp) 23 gauge needle 23 gauge x 1"	Tier 2	
needles, huber disposable needle 22 x 1 "	Tier 2	
NEOMED ENFIT SYRINGE SYRINGE 0.5 ML (***syringe, enfit 0.5 ml,non-sterile***)	Tier 2	
NEOMED ENFIT SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, non-sterile***)	Tier 2	
NEOMED ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, non-sterile***)	Tier 2	
NEOMED ENFIT SYRINGE SYRINGE 20 ML (***syringe,enfit 20ml,non-sterile***)	Tier 2	
NEOMED ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***)	Tier 2	
NEOMED ENFIT SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, non-sterile***)	Tier 2	
NEOMED ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***)	Tier 2	
NEOMED ENFIT SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 2	
NEXIVA INFUSION SET 18 X 1 1/4 ", 18 X 1 3/4 ", 20 GAUGE X 1", 20 X 1 1/4 ", 20 X 1 3/4 ", 22 GAUGE X 1", 24 GAUGE X 3/4", 24 X 0.56 " (***intravenous catheter***)	Tier 2	
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (***needles, disposable***)	Tier 2	
NORM-JECT SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 2	
NORM-JECT SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 2	
NORM-JECT TUBERKULIN SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
NOVA SUREFLEX LANCETS (***lancets***)	Tier 2	DD
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (***insulin admin. supplies***)	Tier 2	DD

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***)	Tier 2	
PARI LC SPRINT NEBULIZER SET (***nebulizer***)	Tier 2	
PARI LC SPRINT SINUS (***nebulizer***)	Tier 2	
PARI SINUS AEROSOL SYSTEM DEVICE (***nebulizer and compressor***)	Tier 2	
PARI TREK S COMBO PACK DEVICE (***nebulizer and compressor***)	Tier 2	
PARI TREK S COMPACT COMPRESSOR DEVICE (***nebulizer and compressor***)	Tier 2	
PCCA ACCUPEN-15 DEVICE (***topical cream metered-dose device***)	Tier 2	
PEDIATRIC BEAR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PEDIATRIC COMP-AIR COMPRES NEB DEVICE (***nebulizer and compressor***)	Tier 2	
PEDIATRIC DINOSAUR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PEDIATRIC DOG NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PEDIATRIC FROG NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
PERFECT POINT SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***)	Tier 2	
PETROLEUM GAUZE TOPICAL BANDAGE (***petrolatum,white***)	Tier 2	
PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***)	Tier 2	
PHASEAL ASSEMBLY FIXTURE DEVICE (***assembly system, vial to transfer device, closed system***)	Tier 2	
PHASEAL CONNECTOR LUER LOCK (***connector luer lock, closed system***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHASEAL INFUSION ADAPTER (***infusion adapter, closed system***)	Tier 2	
PHASEAL INFUSION CLAMP (***clamp, iv tubing***)	Tier 2	
PHASEAL INJECTOR LUER (***needle injector, luer, closed system***)	Tier 2	
PHASEAL INJECTOR LUER LOCK (***needle injector, luer lock, closed system***)	Tier 2	
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (***transfer device, closed system***)	Tier 2	
PHASEAL SECONDARY SET INFUSION SET (***intravenous piggyback administration set***)	Tier 2	
PHASEAL Y-SITE (***y-site line connector, closed system***)	Tier 2	
PILOT COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 2	
POCKET CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (***needles, disposable***)	Tier 2	
PORTABLE NEBULIZER SYSTEM DEVICE (***nebulizer and compressor***)	Tier 2	
PRECISION XTRA TEST STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRIMEAIRE SPACER (***inhaler, assist devices***)	Tier 2	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
PROCARE COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCARE PEDIATRIC NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***)	Tier 2	
PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
PROCHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRODIGY MINI-MIST NEBULIZER (***nebulizer***)	Tier 2	
PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
PRONEB MAX COMPRESSOR-LC PLUS DEVICE (***nebulizer and compressor***)	Tier 2	
PRONEB MAX COMPRESSR-LC SPRINT DEVICE (***nebulizer and compressor***)	Tier 2	
PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM (***ring pessary***)	Tier 2	
PROVENT NASAL DEVICE (***nasal exhalation resistance device***)	Tier 2	
PROVENT STARTER NASAL DEVICE (***nasal exhalation resistance device***)	Tier 2	
PULMO-AIDE COMPRESSOR DEVICE (***compressor, for nebulizer***)	Tier 2	
PULMONEB LT COMPRESSOR NEBUL DEVICE (***nebulizer and compressor***)	Tier 2	
PURACOL PLUS AG TOPICAL BANDAGE 2 X 2.2 " (***dressing, collagen/silver***)	Tier 2	
PURE COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PUREAIR MINI NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
PUSH BUTTON SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
QUAKE VIBRATORY PEP DEVICE (***mucus clearing device***)	Tier 2	
QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RAPID SARS-COV-2 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
RAPPORT VACUUM THERAPY KIT (***vacuum erection device system***)	Tier 2	
RATE FLOW REGULATOR IV SET INFUSION SET (***intravenous administration set***)	Tier 2	
RELIAMED LANCET 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED TWIST AND CAP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
RELIZORB CARTRIDGE (***enteral pump accessory for fat hydrolysis***)	Tier 2	
RESTORE TOPICAL BANDAGE 2 X 2 " (***silver/calcium alginate***)	Tier 2	
RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (***syringe,needle,safety 1 ml,self-contained disposal unit***)	Tier 2	
SAFESNAP SYRINGE SYRINGE 10 ML (***syringe, safety 10 ml, self-contained disposal unit***)	Tier 2	
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (***syringe,safety needle 10 ml and self-contained disposal unit***)	Tier 2	
SAFESNAP SYRINGE SYRINGE 3 ML (***syringe, safety 3 ml, self-contained disposal unit***)	Tier 2	
SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe 3 ml with safety needle,self-contained disposal unit***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFESNAP SYRINGE SYRINGE 5 ML (***syringe, safety 5 ml, self-contained disposal unit***)	Tier 2	
SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (***syringe, safety needle 5 ml and self-contained disposal unit***)	Tier 2	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
safety needles needle 18 gauge x 1 1/2"	Tier 2	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
SAMI THE SEAL DEVICE (***nebulizer and compressor***)	Tier 2	
SIDESTREAM (***nebulizer***)	Tier 2	
SIDESTREAM NEBULIZER (***nebulizer***)	Tier 2	
SIDESTREAM PLUS (***nebulizer***)	Tier 2	
SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***)	Tier 2	
SILINOIN TOPICAL SHEET 5 CM X 14 CM (***silicone adhesive***)	Tier 2	
SINGLE-LET (***lancets***)	Tier 2	DD
SINUSTAR NEBULIZER (***nebulizer***)	Tier 2	
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
SMARTEST LANCET (***lancets***)	Tier 2	DD
SMARTNEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SOOTHENEB COMPRESSOR NEBULIZER DEVICE (***nebulizer and compressor***)	Tier 2	
SOOTHENEB MESH NEBULIZER (***nebulizer***)	Tier 2	
SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
SPACE CHAMBER WITH LARGE MASK SPACER (***inhaler,assist device with large mask***)	Tier 2	
SPACE CHAMBER WITH MEDIUM MASK SPACER (***inhaler,assist device with medium mask***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPACE CHAMBER WITH SMALL MASK SPACER (***inhaler,assist device with small mask***)	Tier 2	
SPEEDYSWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	Tier 2	QL (8 EA per 30 days); Age (Min 2 Years)
STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
STRIVE PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 2	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (***compressor, for nebulizer***)	Tier 2	
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***)	Tier 2	DD
SURE-TOUCH LANCET (***lancets***)	Tier 2	DD
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" (***needles, safety***)	Tier 2	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 2	
SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,10 ml***)	Tier 2	
SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	Tier 2	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,5 ml***)	Tier 2	
syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml, 60 ml	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 2	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 2	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***)	Tier 2	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 2	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (***syringe with needle,disposable, 3 ml***)	Tier 2	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 2	
syringe with needle syringe 1 ml 25 gauge x 1", 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2", 3 ml 21 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 gauge x 1 1/2", 3 ml 23 x 1"	Tier 2	
syringe with needle, safety syringe 0.5 ml 30 gauge x 1/2"	Tier 2	
SYRINGE WITHOUT NEEDLE SYRINGE (***syringe, disposable***)	Tier 2	
syringe, enfit, non-sterile syringe 0.5 ml, 1 ml, 20 ml, 3 ml, 35 ml, 60 ml	Tier 2	
syringe, enfit, non-sterile syringe 10 ml	Tier 2	
syringe, enfit, non-sterile syringe 5 ml	Tier 2	
syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml	Tier 2	
syringe, enfit, sterile syringe 10 ml	Tier 2	
syringe, enfit, sterile syringe 20 ml	Tier 2	
syringe, enfit, sterile syringe 5 ml	Tier 2	
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
TEMPO SMART BUTTON DEVICE (***data transfer accessory (insulin pen), bluetooth***)	Tier 2	DD
TEMPO WELCOME KIT KIT (***blood glucose meter/insulin data transf accessory, bluetooth***)	Tier 2	DD
TENSCARE ITOUCH SURE VAGINAL DEVICE (***incont device,muscle toner,elt***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (***syringe with needle,disposable, 5 ml***)	Tier 2	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 2	
TERUMO SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 2	
THERAHONEY TOPICAL BANDAGE 4 X 5 " (***honey***)	Tier 2	
THIN LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***)	Tier 2	
THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***)	Tier 2	
TOOMEY SYRINGE SYRINGE 70 ML (***syringe, disposable irrigation, 70 ml***)	Tier 2	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (***lancets***)	Tier 2	DD
TRANSFER SET (***transfer sets***)	Tier 2	
TRANSFER SET 1 D IRRIGATION SET (***irrigation set***)	Tier 2	
TRANSFER SET 2 D-X IRRIGATION SET (***irrigation set***)	Tier 2	
TRANSFER SET 4 D-X IRRIGATION SET (***irrigation set***)	Tier 2	
TRANSFER SET 6 D IRRIGATION SET (***irrigation set***)	Tier 2	
TROJAN BARESKIN DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN EXTENDED PLEASURE DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN PLEASURE PACK DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN ULTRA RIBBED CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN ULTRA THIN DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUE COMFORT LANCET 30 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUE COVER CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUEPLUS KETONE STRIP (***urine acetone test strips***)	Tier 2	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
TRUNEB NEBULIZER (***nebulizer***)	Tier 2	
TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
TRUZONE PEAK FLOW METER DEVICE (***peak flow meter***)	Tier 2	
TUBERCULIN SYRINGE SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 2	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"	Tier 2	
TWIN TRANSFER SET 1 D IRRIGATION SET (***irrigation set***)	Tier 2	
TWIN TRANSFER SET 1 D-X IRRIGATION SET (***irrigation set***)	Tier 2	
TWIN TRANSFER SET 2 D IRRIGATION SET (***irrigation set***)	Tier 2	
TWIN TRANSFER SET 2 D-X IRRIGATION SET (***irrigation set***)	Tier 2	
TWIN TRANSFER SET 9 D IRRIGATION SET (***irrigation set***)	Tier 2	
TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (***syringe with needle,disposable, 3 ml***)	Tier 2	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (***syringe, safety 3 ml***)	Tier 2	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (***syringe,safety with needle,3 ml***)	Tier 2	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (***syringe with needle,disposable, 1 ml***)	Tier 2	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 2	
ULTILET BASIC LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
ULTRA FINE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
ULTRA TLC LANCETS (***lancets***)	Tier 2	DD
ULTRA-CARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***)	Tier 2	DD
UNILET GP LANCET (***lancets***)	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
UNILET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (***syringe with needle,disposable, 1 ml***)	Tier 2	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,10 ml***)	Tier 2	
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (***syringe with needle,disposable, 3 ml***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (***syringe,safety with needle,3 ml***)	Tier 2	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (***syringe,safety with needle,5 ml***)	Tier 2	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (***syringe with needle,disposable, 5 ml***)	Tier 2	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 2	
VAPRO PLUS INTERMITT CATHETER COMBO PACK 12 FR- 8", 14 FR- 16", 14 FR- 8" (***urinary bag/catheter***)	Tier 2	
VARITHENA ADMINISTRATION PACK (***transfer set/syringe, disposable/bandages,compression/tubing***)	Tier 2	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***)	Tier 2	DD
V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***)	Tier 2	DD
V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***)	Tier 2	DD
VIBRANT ORAL CAPSULE (***vibrating transient device for constipation***)	Tier 2	
VIBRANT STARTER KIT COMBO PACK (***vibrating transient device for constipation***)	Tier 2	
VIOS AEROSOL DELIVERY SYSTEM DEVICE (***nebulizer and compressor***)	Tier 2	
VIVAGUARD LANCET 30 GAUGE (***lancets***)	Tier 2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD
VIXONE NEBULIZER (***nebulizer***)	Tier 2	
VIXONE NEBULIZER-ADULT MASK (***nebulizer***)	Tier 2	
VIXONE NEBULIZER-PEDIATRIC MSK (***nebulizer***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 2	
VORTEX VHC FROG MASK-CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 2	
VORTEX VHC LADYBUG MASK-TODDLR SPACER (***inhaler,assist device with small mask***)	Tier 2	
VORTEX VHC PEDIATRIC MASK SPACER (***inhaler,assist device with medium mask***)	Tier 2	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (***diaphragms, wide seal***)	$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (***diaphragms, wide seal***)	$0	CT; EHB
WILLIS THE WHALE COMPRESSR NEB DEVICE (***nebulizer and compressor***)	Tier 2	
XENOVIEW EMPTY DELIVERY BAG (***inhalation bag with mouthpiece***)	Tier 2	
XEROFORM PETROLATUM DRESSING TOPICAL BANDAGE 4 X 4 ", 5 X 9 " (***bismuth tribromophenate/petrolatum,white***)	Tier 2	
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (***needles, disposable***)	Tier 2	
YONI FIT BLADDER SUPPORT VAGINAL 34-38 MM, 34-38-42 MM, 42-45 MM, 45-48-52 MM, 48-52 MM (***ring pessary***)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease		
Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs for Metabolic Disease		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (***asfotase alfa***)	Tier 2	PA
Metabolic Modifiers		
Metabolic Modifier - Neimann Pick Disease Type C (NPC)		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM (***levacetylleucine***)	Tier 2	PA
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (***arimoclomol citrate***)	Tier 2	PA
Metabolic Modifiers - Drugs that Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG (***calcifediol***)	Tier 2	QL (2 EA per 1 day)
Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism		
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (***levocarnitine***)	Tier 2	
levocarnitine (with sugar) oral solution 100 mg/ml	Tier 1	
levocarnitine oral solution 100 mg/ml	Tier 1	
levocarnitine oral tablet 330 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs that Alter Metabolism		
CERDELGA ORAL CAPSULE 84 MG (***eliglustat tartrate***)	Tier 2	
miglustat oral capsule 100 mg	Tier 1	PA
miglustat (Yargesa Oral Capsule 100 Mg)	Tier 1	PA
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs that Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (***uridine triacetate***)	Tier 2	PA
Metabolic Modifier - Hereditary Tyrosinemia Treatment Agents - Drugs that Alter Metabolism		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (***nitisinone***)	Tier 2	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (***nitisinone***)	Tier 2	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (***nitisinone***)	Tier 2	PA
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs that Alter Metabolism		
betaine oral powder 1 gram/scoop	Tier 1	PA
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism		
sodium phenylbutyrate oral powder 0.94 gram/gram	Tier 1	PA
sodium phenylbutyrate oral tablet 500 mg	Tier 1	PA
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (CPS 1) activator - Drugs that Alter Metabolism		
carglumic acid oral tablet, dispersible 200 mg	Tier 1	PA
Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs that Alter Metabolism		
TYBOST ORAL TABLET 150 MG (***cobicistat***)	Tier 2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Phenylketonuria(PKU) Tx Agents - Cofactor of Phenylalanine Hydroxylase - Drugs that Alter Metabolism		
sapropterin dihydrochloride (Javygtor Oral Powder In Packet 100 Mg, 500 Mg)	Tier 1	
sapropterin dihydrochloride (Javygtor Oral Tablet,Soluble 100 Mg)	Tier 1	
sapropterin oral powder in packet 100 mg, 500 mg	Tier 1	
sapropterin oral tablet,soluble 100 mg	Tier 1	
Phenylketonuria(PKU) Tx Agents - Phenylalanine Ammonia Lyase - Drugs that Alter Metabolism		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (***pegvaliase-pqpz***)	Tier 2	PA
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat		
Dental Product - Fluoride Preparations - Drugs for the Mouth and Throat		
DENTA 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (***fluoride (sodium)***)	Tier 1	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML (***sodium fluoride/cholecalciferol (vitamin d3)***)	Tier 2	
fluoride (sodium) dental cream 1.1 %	Tier 1	
fluoride (sodium) dental gel 1.1 %	Tier 1	
fluoride (sodium) dental paste 1.1 %	Tier 1	
fluoride (sodium) dental solution 0.2 %	Tier 1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	$0	EHB; $0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	$0	EHB; $0 COPAY IF 6 MONTHS TO 6 YEARS OF AGE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GEL-KAM DENTAL GEL 0.4 % (***stannous fluoride***)	Tier 1	
PERIO MED DENTAL SOLUTION 0.63 % (***stannous fluoride***)	Tier 2	
SF 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	
SF DENTAL GEL 1.1 % (***fluoride (sodium)***)	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	Tier 1	
Mouth and Throat - Antifungals - Drugs for the Mouth and Throat		
clotrimazole mucous membrane troche 10 mg	Tier 1	
nystatin oral suspension 100,000 unit/ml	Tier 1	
Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	Tier 1	
chlorhexidine gluconate (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth and Throat - Glucocorticoids - Drugs for the Mouth and Throat		
triamcinolone acetonide (Oralone Dental Paste 0.1 %)	Tier 1	
triamcinolone acetonide dental paste 0.1 %	Tier 1	
Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat		
lidocaine hcl mucous membrane jelly 2 %	Tier 1	
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)	Tier 1	
lidocaine hcl (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	
Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat		
cevimeline oral capsule 30 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat		
doxycycline hyclate oral tablet 20 mg	Tier 1	
Therapy for Drooling- primary or secondary sialorrhea-Anticholinergic - Drugs for the Mouth and Throat		
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	Tier 1	
Multiple Sclerosis Agents - Drugs for the Nervous System		
Multiple Sclerosis Agent - CD20 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (***ofatumumab***)	Tier 2	PA
Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 2	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 2	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 2	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 2	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	Tier 2	PA
BETASERON SUBCUTANEOUS RECON SOLN 0.3 MG (***interferon beta-1b***)	Tier 2	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 2	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 2	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (***interferon beta-1a/albumin human***)	Tier 2	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***)	Tier 2	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***)	Tier 2	PA
Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis		
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	Tier 1	PA
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	Tier 1	PA
glatiramer acetate (Glatopa Subcutaneous Syringe 20 Mg/Ml, 40 Mg/Ml)	Tier 1	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (***diroximel fumarate***)	Tier 2	PA
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis		
dalfampridine oral tablet extended release 12 hr 10 mg	Tier 1	PA
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 2	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 2	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 2	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 2	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 2	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 2	PA
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis		
teriflunomide oral tablet 14 mg, 7 mg	Tier 1	PA
Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis		
fingolimod oral capsule 0.5 mg	Tier 1	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (***siponimod***)	Tier 2	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (***siponimod***)	Tier 2	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (***siponimod***)	Tier 2	PA
Ophthalmic Agents - Drugs for the Eye		
Artificial Tears and Lubricant Single Agents - Drugs for the Eye		
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (***perfluorohexyloctane/pf***)	Tier 2	
Miotics - Direct Acting - Drugs for Glaucoma		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	
Mydriatic and Cycloplegic Combinations - Drugs for the Eye		
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 1	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %	Tier 1	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %	Tier 1	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophth - Beta blocker-Adrenerg-Carbonic Anhyd Inhib-Prostagladin Analog - Drugs for Glaucoma		
timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %	Tier 1	
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %	Tier 1	
brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %	Tier 1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (***brinzolamide/brimonidine tartrate***)	Tier 2	
Ophthalmic - Agents for Presbyopia - Drugs for the Eye		
pilocarpine hcl ophthalmic (eye) drops 1.25 %	Tier 1	PA
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % (***sulfacetamide sodium/prednisolone acetate***)	Tier 2	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	Tier 1	
neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)	Tier 1	
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %	Tier 1	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Antifibrotic Agents - Drugs for the Eye		
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml	Tier 1	
Ophthalmic - Antihistamines - Drugs for Itchy Eye		
ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (***ketotifen fumarate***)	Tier 1	
ALLERGY EYE (KETOTIFEN) OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (***ketotifen fumarate***)	Tier 1	
azelastine ophthalmic (eye) drops 0.05 %	Tier 1	QL (12 ML per 30 days)
CHILDREN'S ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (***ketotifen fumarate***)	Tier 1	
epinastine ophthalmic (eye) drops 0.05 %	Tier 1	QL (10 ML per 30 days)
EYE ITCH RELIEF OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (***ketotifen fumarate***)	Tier 1	
ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)	Tier 1	
olopatadine ophthalmic (eye) drops 0.1 %	Tier 1	
olopatadine ophthalmic (eye) drops 0.2 %	Tier 1	QL (3 ML per 30 days)
WAL-ZYR (KETOTIFEN) OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (***ketotifen fumarate***)	Tier 1	
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
clobetasol ophthalmic (eye) drops,suspension 0.05 %	Tier 1	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (3.5 ML per 14 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 1	QL (15 ML per 14 days)
difluprednate ophthalmic (eye) drops 0.05 %	Tier 1	QL (10 ML per 14 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	Tier 1	QL (10 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (***loteprednol etabonate***)	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (***loteprednol etabonate***)	Tier 2	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	Tier 1	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	Tier 1	ST: Requires prior prescription for generic ophthalmic Fluorometholone 0.1%, Dexamethasone 0.1%, or Prednisolone 1% within the past 120 days; QL (10 ML per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	Tier 1	QL (20 ML per 14 days)
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %	Tier 1	QL (20 ML per 14 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	Tier 1	QL (20 ML per 14 days)
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 1	QL (20 ML per 14 days)
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % (***cyclosporine/chondroitin sulfate a sodium***)	Tier 1	
cyclosporine ophthalmic (eye) dropperette 0.05 %	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (***cyclosporine***)	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (***cyclosporine***)	Tier 1	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Anti-inflammatory, LFA-1 antagonists - Anti-Infective/Anti-Inflammatories		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (***lifitegrast***)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories		
bromfenac ophthalmic (eye) drops 0.07 %	Tier 1	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.075 %	Tier 1	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (5 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.09 %	Tier 1	ST: Requires prior prescription for generic Ketorolac or Diclofenac ophthalmic drops within the past 120 days; QL (3.4 ML per 16 days)
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 1	QL (10 ML per 14 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (***nepafenac***)	Tier 2	QL (3.4 ML per 16 days)
ketorolac ophthalmic (eye) drops 0.4 %	Tier 1	
ketorolac ophthalmic (eye) drops 0.5 %	Tier 1	QL (20 ML per 30 days)
Ophthalmic - Beta blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs for Glaucoma		
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Beta blocker-Carbonic Anhydrase Inhib-Prostagladin Analog - Drugs for Glaucoma		
timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %	Tier 1	
Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	Tier 1	
Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	Tier 1	ST: Requires prior prescription for Dorzolamide/Timolol (non-Cosopt PF formulation) within the past 120 days; QL (2 EA per 1 day)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Tier 1	
Ophthalmic - Beta blockers-Prostaglandin Analog Combinations - Drugs for Glaucoma		
timolol-bimatoprost (pf) ophthalmic (eye) drops 0.5-0.01 %	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma		
brinzolamide ophthalmic (eye) drops,suspension 1 %	Tier 1	
dorzolamide (pf) ophthalmic (eye) drops 2 %	Tier 1	
dorzolamide ophthalmic (eye) drops 2 %	Tier 1	
Ophthalmic - Cystine Depleting Agents - Drugs for the Eye		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (***cysteamine hcl***)	Tier 2	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (***cysteamine hcl***)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Decongestants - Drugs for Itchy Eye		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	
Ophthalmic - Diagnostic Agents - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (***benoxinate hcl/fluorescein sodium***)	Tier 1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %	Tier 1	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	Tier 1	
Ophthalmic - Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %	Tier 1	
prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %	Tier 1	
prednisolone sod ph-bromf (pf) ophthalmic (eye) drops 1-0.09 %	Tier 1	
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	Tier 1	
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers - Drugs for Glaucoma		
betaxolol ophthalmic (eye) drops 0.5 %	Tier 1	
carteolol ophthalmic (eye) drops 1 %	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	Tier 1	QL (2 EA per 1 day)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	Tier 1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	Tier 1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	Tier 1	
timolol ophthalmic (eye) drops 0.5 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Local Anesthetic Combinations - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (***benoxinate hcl/fluorescein sodium***)	Tier 1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %	Tier 1	
Ophthalmic - Local Anesthetic Esters - Drugs for the Eye		
proparacaine hcl (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (***tetracaine hcl***)	Tier 1	
proparacaine ophthalmic (eye) drops 0.5 %	Tier 1	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	Tier 1	
tetracaine hcl ophthalmic (eye) drops 0.5 %	Tier 1	
Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % (***lodoxamide tromethamine***)	Tier 2	ST: Requires prior prescription for Cromolyn 4% ophthalmic drops within the past 120 days; QL (40 ML per 30 days)
cromolyn ophthalmic (eye) drops 4 %	Tier 1	QL (50 ML per 30 days)
Ophthalmic - Mydriatic-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (***tropicamide/proparacaine/phenylephrine/ketorolac in water***)	Tier 1	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin sulfate/bacitracin/polymyxin b (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)	Tier 1	
bacitracin/polymyxin b sulfate (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 1	
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (***tobramycin***)	Tier 2	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 1	
Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories		
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (***besifloxacin hcl***)	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (***ciprofloxacin hcl***)	Tier 2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	Tier 1	
ofloxacin ophthalmic (eye) drops 0.3 %	Tier 1	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
sulfacetamide sodium ophthalmic (eye) drops 10 %	Tier 1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	Tier 1	
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (***povidone-iodine***)	Tier 2	
povidone-iodine ophthalmic (eye) solution 5 %	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
trifluridine ophthalmic (eye) drops 1 %	Tier 1	
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma		
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	Tier 1	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma		
bimatoprost (pf) ophthalmic (eye) drops 0.01 %	Tier 1	
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 1	QL (1 ML per 12 days)
latanoprost ophthalmic (eye) drops 0.005 %	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (***bimatoprost***)	Tier 2	QL (2.5 ML per 25 days)
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	Tier 1	QL (1 EA per 1 day)
travoprost ophthalmic (eye) drops 0.004 %	Tier 1	QL (2.5 ML per 25 days)
Organ Preservation Solutions		
Microplegic Solutions		
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
microplegic solution no.1-cp2d perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Organ Preservation Solutions - Drugs for the Heart		
Cardioplegic Solutions - Drugs for the Heart		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (***cardioplegic solution no.16***)	Tier 1	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.10***)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM) (***cardioplegic no.23 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA IND 4:1 RINGER PERFUSION SOLUTION 48 MEQ/522.8 ML (POTASSIUM) (***cardioplegic solution no.27 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM) (***cardioplegic solution no.18 (induction 8:1)***)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM) (***cardioplegic solution no.22 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.30 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 60 MEQ/830 ML (POTASSIUM) (***cardioplegic solution no.34 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA INDUCTION 8:1 PERFUSION SOLUTION 100 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.15 (induction 8:1)***)	Tier 1	
CARDIOPLEGIA MAIN 8:1 NO-ENRCH PERFUSION SOLUTION 24 MEQ/300 ML (POTASSIUM) (***cardioplegic solution no.32 (maintenance 8:1)***)	Tier 1	
CARDIOPLEGIA MAINT 4:1 RINGER PERFUSION SOLUTION 12 MEQ/504.8 ML (POTASSIUM) (***cardioplegic solution no.29 (maintenance 4:1)***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM) (***cardioplegic solution no.20 (maintenance 4:1)***)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 36 MEQ/L (POTASSIUM) (***cardioplegic solution no.26 (maintenance 4:1)***)	Tier 1	
CARDIOPLEGIA MAINTENANCE 8:1 PERFUSION SOLUTION 36 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.14 (maintenance 8:1)***)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM) (***cardioplegic no.21 (reperfusate 4:1)***)	Tier 1	
cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)	Tier 1	
cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)	Tier 1	
cardioplegic soln perfusion solution 16 meq/l (= k+)	Tier 1	
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 1	
Otic (Ear) - Drugs for the Ear		
Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	Tier 1	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	Tier 1	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
Otic (Ear) - Anti-infectives other - Antibiotics		
acetic acid otic (ear) solution 2 %	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
ciprofloxacin hcl otic (ear) dropperette 0.2 %	Tier 1	
ofloxacin otic (ear) drops 0.3 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
fluocinolone acetonide oil otic (ear) drops 0.01 %	Tier 1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	Tier 1	
Respiratory Therapy Agents - Drugs for the Lungs		
1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	Tier 1	
1st Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs for Cough and Cold		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (***pseudoephedrine hcl/chlorpheniramine maleate/bellad alk***)	Tier 1	
Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml	Tier 1	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
clemastine fumarate (Clemasz Oral Tablet 2.68 Mg)	Tier 1	
diphenhydramine hcl (Diphen Oral Elixir 12.5 Mg/5 Ml)	Tier 1	
Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies		
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1st Generation - Piperidines - Drugs for Allergies		
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
Antihistamines - 1st Generation - Drugs for Allergies		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml	Tier 1	ST: Requires prior prescription for immediate release Carbinoxamine Maleate oral solution within the past 120 days; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
clemastine fumarate (Clemasz Oral Tablet 2.68 Mg)	Tier 1	
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
diphenhydramine hcl (Diphen Oral Elixir 12.5 Mg/5 Ml)	Tier 1	
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamines - 2nd Generation - Drugs for Allergies		
24HOUR ALLERGY ORAL TABLET 10 MG (***cetirizine hcl***)	Tier 1	
ALAVERT ORAL TABLET,DISINTEGRATING 10 MG (***loratadine***)	Tier 1	
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG (***cetirizine hcl***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLERCLEAR ORAL TABLET 10 MG (***loratadine***)	Tier 1	
ALLER-EASE ORAL TABLET 180 MG (***fexofenadine hcl***)	Tier 1	
ALLER-FEX ORAL TABLET 180 MG (***fexofenadine hcl***)	Tier 1	
ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	Tier 1	
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG, 5 MG (***cetirizine hcl***)	Tier 1	
ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 180 MG, 60 MG (***fexofenadine hcl***)	Tier 1	
ALLERGY RELIEF (LORATADINE) ORAL SOLUTION 5 MG/5 ML (***loratadine***)	Tier 1	
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG (***loratadine***)	Tier 1	
ALLERGY RELIEF (LORATADINE) ORAL TABLET,DISINTEGRATING 10 MG, 5 MG (***loratadine***)	Tier 1	
ALLERGY-HIVES RELIEF ORAL TABLET 180 MG (***fexofenadine hcl***)	Tier 1	
ALLER-TEC ORAL TABLET 10 MG (***cetirizine hcl***)	Tier 1	
cetirizine oral solution 1 mg/ml, 5 mg/5 ml	Tier 1	
cetirizine oral tablet 10 mg, 5 mg	Tier 1	
cetirizine oral tablet,chewable 10 mg, 5 mg	Tier 1	
CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	Tier 1	
CHILDREN'S ALLEGRA ALLERGY ORAL SUSPENSION 30 MG/5 ML (***fexofenadine hcl***)	Tier 1	QL (10 ML per 1 day)
CHILDREN'S ALLEGRA ALLERGY ORAL TABLET,DISINTEGRATING 30 MG (***fexofenadine hcl***)	Tier 1	
CHILDREN'S ALLERGY RELIEF(FEX) ORAL SUSPENSION 30 MG/5 ML (***fexofenadine hcl***)	Tier 1	QL (10 ML per 1 day)
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION 5 MG/5 ML (***loratadine***)	Tier 1	
CHILDREN'S ALLERGY RELIEF(LOR) ORAL TABLET,CHEWABLE 5 MG (***loratadine***)	Tier 1	
CHILDREN'S ALLERGY(CETIRIZINE) ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHILDREN'S ALLER-TEC ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	Tier 1	
CHILDREN'S CETIRIZINE ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	Tier 1	
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE 10 MG, 5 MG (***cetirizine hcl***)	Tier 1	
CHILDREN'S LORATADINE ORAL TABLET,CHEWABLE 5 MG (***loratadine***)	Tier 1	
CHILDREN'S WAL-FEX ORAL SUSPENSION 30 MG/5 ML (***fexofenadine hcl***)	Tier 1	QL (10 ML per 1 day)
CHILDREN'S WAL-ZYR ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	Tier 1	
CHILDREN'S WAL-ZYR ORAL TABLET,CHEWABLE 10 MG (***cetirizine hcl***)	Tier 1	
CHILDREN'S WAL-ZYR ORAL TABLET,DISINTEGRATING 10 MG (***cetirizine hcl***)	Tier 1	
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,CHEWABLE 10 MG (***cetirizine hcl***)	Tier 1	
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,DISINTEGRATING 10 MG (***cetirizine hcl***)	Tier 2	
CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	Tier 1	
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 5 MG (***loratadine***)	Tier 2	
desloratadine oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
fexofenadine oral tablet 180 mg, 60 mg	Tier 1	
levocetirizine oral solution 2.5 mg/5 ml	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levocetirizine oral tablet 5 mg	Tier 1	
LORADAMED ORAL TABLET 10 MG (***loratadine***)	Tier 1	
loratadine oral solution 5 mg/5 ml	Tier 1	
loratadine oral tablet 10 mg	Tier 1	
loratadine oral tablet,disintegrating 10 mg	Tier 1	
WAL-FEX ALLERGY ORAL TABLET 180 MG, 60 MG (***fexofenadine hcl***)	Tier 1	
WAL-ITIN ORAL SOLUTION 5 MG/5 ML (***loratadine***)	Tier 1	
WAL-ITIN ORAL TABLET 10 MG (***loratadine***)	Tier 1	
WAL-ZYR (CETIRIZINE) ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	Tier 1	
WAL-ZYR (CETIRIZINE) ORAL TABLET 10 MG (***cetirizine hcl***)	Tier 1	
Antihistamines - 2nd Generation - Piperazines - Drugs for Allergies		
24HOUR ALLERGY ORAL TABLET 10 MG (***cetirizine hcl***)	Tier 1	
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG (***cetirizine hcl***)	Tier 1	
ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	Tier 1	
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG, 5 MG (***cetirizine hcl***)	Tier 1	
ALLER-TEC ORAL TABLET 10 MG (***cetirizine hcl***)	Tier 1	
cetirizine oral solution 1 mg/ml, 5 mg/5 ml	Tier 1	
cetirizine oral tablet 10 mg, 5 mg	Tier 1	
cetirizine oral tablet,chewable 10 mg, 5 mg	Tier 1	
CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	Tier 1	
CHILDREN'S ALLERGY(CETIRIZINE) ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	Tier 1	
CHILDREN'S ALLER-TEC ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	Tier 1	
CHILDREN'S CETIRIZINE ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE 10 MG, 5 MG (***cetirizine hcl***)	Tier 1	
CHILDREN'S WAL-ZYR ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	Tier 1	
CHILDREN'S WAL-ZYR ORAL TABLET,CHEWABLE 10 MG (***cetirizine hcl***)	Tier 1	
CHILDREN'S WAL-ZYR ORAL TABLET,DISINTEGRATING 10 MG (***cetirizine hcl***)	Tier 1	
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,CHEWABLE 10 MG (***cetirizine hcl***)	Tier 1	
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,DISINTEGRATING 10 MG (***cetirizine hcl***)	Tier 2	
CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	Tier 1	
levocetirizine oral solution 2.5 mg/5 ml	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (10 ML per 1 day)
levocetirizine oral tablet 5 mg	Tier 1	
WAL-ZYR (CETIRIZINE) ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	Tier 1	
WAL-ZYR (CETIRIZINE) ORAL TABLET 10 MG (***cetirizine hcl***)	Tier 1	
Antihistamines - 2nd Generation - Piperidines - Drugs for Allergies		
ALAVERT ORAL TABLET,DISINTEGRATING 10 MG (***loratadine***)	Tier 1	
ALLERCLEAR ORAL TABLET 10 MG (***loratadine***)	Tier 1	
ALLER-EASE ORAL TABLET 180 MG (***fexofenadine hcl***)	Tier 1	
ALLER-FEX ORAL TABLET 180 MG (***fexofenadine hcl***)	Tier 1	
ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 180 MG, 60 MG (***fexofenadine hcl***)	Tier 1	
ALLERGY RELIEF (LORATADINE) ORAL SOLUTION 5 MG/5 ML (***loratadine***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG (***loratadine***)	Tier 1	
ALLERGY RELIEF (LORATADINE) ORAL TABLET,DISINTEGRATING 10 MG, 5 MG (***loratadine***)	Tier 1	
ALLERGY-HIVES RELIEF ORAL TABLET 180 MG (***fexofenadine hcl***)	Tier 1	
CHILDREN'S ALLEGRA ALLERGY ORAL SUSPENSION 30 MG/5 ML (***fexofenadine hcl***)	Tier 1	QL (10 ML per 1 day)
CHILDREN'S ALLEGRA ALLERGY ORAL TABLET,DISINTEGRATING 30 MG (***fexofenadine hcl***)	Tier 1	
CHILDREN'S ALLERGY RELIEF(FEX) ORAL SUSPENSION 30 MG/5 ML (***fexofenadine hcl***)	Tier 1	QL (10 ML per 1 day)
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION 5 MG/5 ML (***loratadine***)	Tier 1	
CHILDREN'S ALLERGY RELIEF(LOR) ORAL TABLET,CHEWABLE 5 MG (***loratadine***)	Tier 1	
CHILDREN'S LORATADINE ORAL TABLET,CHEWABLE 5 MG (***loratadine***)	Tier 1	
CHILDREN'S WAL-FEX ORAL SUSPENSION 30 MG/5 ML (***fexofenadine hcl***)	Tier 1	QL (10 ML per 1 day)
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 5 MG (***loratadine***)	Tier 2	
desloratadine oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for Desloratadine or Levocetirizine tablets within the past 120 days; QL (1 EA per 1 day)
fexofenadine oral tablet 180 mg, 60 mg	Tier 1	
LORADAMED ORAL TABLET 10 MG (***loratadine***)	Tier 1	
loratadine oral solution 5 mg/5 ml	Tier 1	
loratadine oral tablet 10 mg	Tier 1	
loratadine oral tablet,disintegrating 10 mg	Tier 1	
WAL-FEX ALLERGY ORAL TABLET 180 MG, 60 MG (***fexofenadine hcl***)	Tier 1	
WAL-ITIN ORAL SOLUTION 5 MG/5 ML (***loratadine***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-ITIN ORAL TABLET 10 MG (***loratadine***)	Tier 1	
Antitussives - Non-Opioid - Drugs for Allergies		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	Tier 1	
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs for Asthma/COPD		
epinephrine injection syringe 0.1 mg/ml	Tier 1	
Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb - Drugs for Asthma/COPD		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***)	Tier 2	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (***omalizumab***)	Tier 2	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***)	Tier 2	PA
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone furoate***)	Tier 2	QL (30 EA per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	Tier 1	QL (120 ML per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation	Tier 1	QL (60 EA per 30 days)
fluticasone propionate inhalation blister with device 250 mcg/actuation	Tier 1	QL (120 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation	Tier 1	QL (12 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation	Tier 1	QL (24 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	Tier 1	QL (21.2 GM per 30 days)
Asthma Therapy - Interleukin-4 (IL-4) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 2	PA
Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAb - Drugs for Asthma/COPD		
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	Tier 2	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (***mepolizumab***)	Tier 2	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (***mepolizumab***)	Tier 2	PA
Asthma Therapy - Interleukin-5 (IL-5) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (***benralizumab***)	Tier 2	PA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML (***benralizumab***)	Tier 2	PA
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD		
montelukast oral granules in packet 4 mg	Tier 1	
montelukast oral tablet 10 mg	Tier 1	
montelukast oral tablet,chewable 4 mg, 5 mg	Tier 1	
zafirlukast oral tablet 10 mg, 20 mg	Tier 1	
Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 1	
Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, MAb - Drugs for Asthma/COPD		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (***tezepelumab-ekko***)	Tier 2	PA
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) (***tezepelumab-ekko***)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Xanthines - Drugs for Asthma/COPD		
theophylline anhydrous (Elixophyllin Oral Elixir 80 Mg/15 Ml)	Tier 1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline anhydrous***)	Tier 2	
theophylline oral elixir 80 mg/15 ml	Tier 1	
theophylline oral solution 80 mg/15 ml	Tier 1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 1	
Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors - Drugs for Asthma/COPD		
roflumilast oral tablet 250 mcg, 500 mcg	Tier 1	QL (1 EA per 1 day)
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD		
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (***tiotropium bromide***)	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (***tiotropium bromide***)	Tier 1	QL (30 EA per 30 days)
Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (***ipratropium bromide***)	Tier 2	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %	Tier 1	
Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (***olodaterol hcl***)	Tier 2	QL (4 GM per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD		
arformoterol inhalation solution for nebulization 15 mcg/2 ml	Tier 1	ST: Requires prior prescription for Perforomist, Serevent, or Striverdi within the past 120 days; QL (120 ML per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (***salmeterol xinafoate***)	Tier 2	QL (60 EA per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	Tier 1	
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	Tier 1	
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	Tier 1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	Tier 1	
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD		
albuterol sulfate oral syrup 2 mg/5 ml	Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (***umeclidinium bromide/vilanterol trifenatate***)	Tier 2	QL (60 EA per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***)	Tier 2	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***)	Tier 2	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***)	Tier 2	QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (***albuterol sulfate/budesonide***)	Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE (***fluticasone furoate/vilanterol trifenatate***)	Tier 2	QL (60 EA per 30 days)
budesonide/formoterol fumarate (Breyna Inhalation Hfa Aerosol Inhaler 160-4.5 Mcg/Actuation, 80-4.5 Mcg/Actuation)	Tier 1	QL (30.9 GM per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	Tier 1	QL (30.9 GM per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	Tier 1	QL (60 EA per 30 days)
fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb, - Drugs for Cystic Fibrosis		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (***budesonide/glycopyrrolate/formoterol fumarate***)	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	Tier 2	QL (2 EA per 1 day)
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis		
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (***tobramycin***)	Tier 2	PA
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tier 1	PA
tobramycin inhalation solution for nebulization 300 mg/4 ml	Tier 1	PA
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	Tier 1	PA
Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (***aztreonam lysine***)	Tier 2	PA
Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator - Drugs for Cystic Fibrosis		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (***ivacaftor***)	Tier 2	PA
KALYDECO ORAL TABLET 150 MG (***ivacaftor***)	Tier 2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (***vanzacaftor calcium/tezacaftor/deutivacaftor***)	Tier 2	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (***lumacaftor/ivacaftor***)	Tier 2	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor/ivacaftor***)	Tier 2	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (***tezacaftor/ivacaftor***)	Tier 2	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) (***elexacaftor/tezacaftor/ivacaftor***)	Tier 2	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (***elexacaftor/tezacaftor/ivacaftor***)	Tier 2	PA
Mucolytics - Drugs for the Lungs		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***)	Tier 2	PA
Nasal Anesthetics - Allergy		
cocaine nasal solution 4 %	Tier 1	
NUMBRINO NASAL SOLUTION 4 % (***cocaine hcl***)	Tier 1	
Nasal Anticholinergics - Allergy		
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs for the Nose		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (***varenicline tartrate***)	Tier 2	PA
Nasal Sympathomimetic Decongestants (Intranasal) - Allergy		
epinephrine hcl nasal solution 1 mg/ml	Tier 1	
Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
brompheniramine maleate/pseudoephedrine hcl/dextromethorphan (Bromfed Dm Oral Syrup 2-30-10 Mg/5 Ml)	Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	Tier 1	
Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold		
promethazine-dm oral syrup 6.25-15 mg/5 ml	Tier 1	
Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold		
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine oral tablet 5-1.5 mg	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
hydrocodone bitartrate/homatropine methylbromide (Hydromet Oral Solution 5-1.5 Mg/5 Ml)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pleural Sclerosing Agents - Drugs for the Lungs		
sterile talc intrapleural suspension for reconstitution 5 gram	Tier 1	
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs		
pirfenidone oral capsule 267 mg	Tier 1	PA
pirfenidone oral tablet 267 mg, 801 mg	Tier 1	PA
pirfenidone oral tablet 534 mg	Tier 1	PA
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***)	Tier 2	PA
Vaginal Products - Drugs for Women		
Vaginal Antibacterial - Lincosamides - Drugs for Infections		
clindamycin phosphate vaginal cream 2 %	Tier 1	
Vaginal Antifungal - Imidazoles - Drugs for Infections		
GYNAZOLE-1 VAGINAL CREAM 2 % (***butoconazole nitrate***)	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (***miconazole nitrate***)	Tier 1	
Vaginal Antifungal - Triazoles - Drugs for Infections		
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections		
metronidazole vaginal gel 0.75 % (37.5mg/5 gram), 1.3 % (65 mg/5 gram)	Tier 1	
Vaginal Estrogens - Drugs for Women		
estradiol vaginal cream 0.01 % (0.1 mg/gram)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol vaginal tablet 10 mcg	Tier 1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (***estrogens, conjugated***)	Tier 2	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	Tier 1	
Vaginal Progestins - Drugs for Women		
CRINONE VAGINAL GEL 4 % (***progesterone, micronized***)	Tier 2	
Vaginal-Cervical Care and Treatment Agents - Drugs for Women		
PROVATE PELVIC ORGAN SUPPORT VAGINAL 61 MM, 67 MM, 73 MM, 79 MM, 85 MM, 91 MM (***ring pessary***)	Tier 2	
Weight Loss/Gain Agents		
Anti-Obesity - Dual GIP and GLP-1 Receptor Agonists		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***)	Tier 2	PA
Weight Loss/Gain Agents - Drugs for Eating Disorders		
Anorexiant Combinations - Drugs for Eating Disorders		
phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	Tier 1	PA
Anorexiants - Drugs for Eating Disorders		
benzphetamine oral tablet 50 mg	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
diethylpropion oral tablet 25 mg	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
diethylpropion oral tablet extended release 75 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phentermine hcl (Lomaira Oral Tablet 8 Mg)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
phendimetrazine tartrate oral capsule, extended release 105 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phendimetrazine tartrate oral tablet 35 mg	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
phentermine oral capsule 15 mg, 30 mg, 37.5 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phentermine oral tablet 37.5 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
Anti-Obesity - Fat Absorption Decreasing Agents - Drugs for Eating Disorders		
ALLI ORAL CAPSULE 60 MG (***orlistat***)	Tier 2	
orlistat oral capsule 120 mg	Tier 1	PA
Anti-Obesity - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Eating Disorders		
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML) (***liraglutide***)	Tier 2	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (***semaglutide***)	Tier 2	PA
Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	ST: Requires prior prescription for a 5HT3 antagoist, corticosteroid, Emend, or Megestrol suspension within the past 120 days; QL (2 EA per 1 day)
Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders		
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Tier 1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 1	ST: Requires prior prescription for Megestrol Acetate within the past 120 days

Index of Drugs

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