2027 Large Group Premium Drug Formulary - Illinois

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QuartzBenefits.com

This document includes a list of drugs covered by your prescription drug benefit with Quartz (the formulary). This listing is updated monthly and is subject to change. All previous versions are no longer in effect. This formulary applies to large group (50 employees or more) commercial plans sold in the state of Illinois by Quartz Health Benefit Plans Corporation or Quartz Health Insurance Corporation including Quartz HMO, Quartz POS, and Quartz PPO plan offerings. The formulary can be viewed on the Quartz public website at https://quartzbenefits.com/formulary. To view your benefit plan documents please visit Quartz MyChart at https://QuartzBenefits.com/mychart or search for them at https://apps.QuartzBenefits.com/sbc.

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Large Group Premium Formulary - Illinois

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2027 Quartz Large Group Premium Drug Formulary – Illinois Information

This Formulary serves members with a Quartz Large Group Commercial (51 employees or more) employer-sponsored health plan based in the state of Illinois.

This document should be used as a tool to help you understand how specific drugs are covered under the Quartz Prescription Drug benefit and is not a guarantee of coverage. The inclusion of a drug on the Quartz formulary (covered drug list) does not guarantee that your provider will prescribe it for your health condition.

The formulary is subject to change at any time during the benefit period. Changes may include updates to covered drugs or covered dose forms of a drug, tier placement of a drug on the formulary, and changes in drug restrictions (requirement for prior authorization, quantity limits, etc.). The health plan posts an updated formulary document monthly. The most recent version is available at www.QuartzBenefits.com/formulary, or can be requested in hard copy format by calling (800) 362-3310. For a listing of what has changed visit the Formulary Updates page at **QuartzBenefits.com**. Members with claims for a drug that is negatively affected (removed from the formulary, moved to a higher cost sharing tier, etc.) will receive written notification at least 60 days before the change affects them. If your provider notifies the health plan that use of the drug that is changing is medically necessary for you, coverage will be continued at the existing level before the change occurred through the remainder of the benefit year.

For a detailed explanation of the pharmacy benefit, refer to the Pharmacy Frequently Asked Questions page available on the website, your Schedule of Benefits, or call Member Services at (800) 496-7509.

The formulary is the list of medications covered by Quartz through the prescription drug benefit when filled at a network pharmacy. To find a network pharmacy including retail and mail order pharmacies, please use the **Find a Pharmacy** tool at **QuartzBenefits.com** then take, or have your prescribing provider submit, your prescription to them.

Some state and federal laws require Quartz to cover specific drugs for some benefits that are excluded for others. This formulary includes drugs covered for ALL fully insured Illinois large group commercial policies. Certain drugs on the formulary may not be covered by your specific plan. Quartz prescription drug polices provide coverage for drugs, devices, and FDA-approved products pursuant to the following:

- 215 ILCS 5/356w – coverage for diabetes self-management equipment including glucometers, lancets, syringes and needles, test strips, and insulin and oral drugs used to control blood sugar
- 215 ILCS 5/356z.4(a) – coverage of contraceptives to prevent unintended pregnancy
- 215 ILCS 5/356z.41 – coverage of insulin at a maximum cost share of $35 per 30-day supply

- 215 ILCS 5/356z.60 – coverage of abortifacients, hormone therapy to treat gender identity diagnoses, and human immunodeficiency virus (HIV) pre- and post-exposure preventive drugs
- 215 ILCS 5/356z.62 – coverage of preventive health services

Differences are based on what type of plan you have and / or:

- if your benefit plan meets the requirements of the Affordable Care Act

This means that even though a drug is listed on this formulary, it may not be covered by your specific benefit plan. Please see your Quartz Certificate of Coverage or contact Member Services at (800) 496-7509 to verify your coverage.

Your Quartz plan also covers drugs administered by a health care provider in a clinic, infusion center, by home health services, or other medical sites of care, referred to as "medical benefit" coverage. Medical benefit drugs are not covered under your Quartz prescription drug benefits and generally cannot be filled at the pharmacy. For information about drug coverage on the medical benefit including a list of restricted medical benefit drugs and the prior authorization criteria for coverage, please go to the Medication Prior Authorization – clinically administered prior authorization list page on **QuartzBenefits.com**.

General Drug Plan Definitions

Allowed Amount: the maximum amount on which the plan bases payment for a covered drug product. This may also be called the "eligible expense", "payment allowance", or "negotiated rate". If the health care provider charges more than the allowed amount and is not a part of the plan's provider network, you may have to pay the difference. Allowed amount will not exceed the retail price of the drug without use of plan drug coverage (cash price).

Brand Name Drug: a drug marketed under a proprietary, trademark protected name. The brand name drug must be listed in all capital letters.

Coinsurance: a percentage of the cost of a covered drug which you are responsible to pay. The cost of the covered drug is generally determined by the allowed amount which may differ from the retail price that you would pay for the same drug without using insurance. Typically, coinsurance does not apply until you have met any applicable plan deductibles, unless the health insurance issuer has waived or lowered the deductible for the drug in question.

Copayment: a fixed dollar amount that you pay for a covered drug. Typically, copayment does not apply until you have met any applicable plan deductibles, unless the health insurance issuer has waived or lowered the deductible for the drug in question.

Covered Individual: an individual enrolled in, subscribed to, or insured under a health plan, whether directly or as a dependent or beneficiary.

Deductible: the amount you pay for a covered drug before your health plan begins payment for all or part of the cost of that drug under the terms of coverage. If your health plan has a deductible, it may have either one deductible or separate deductibles for medical benefits and drug benefits. For some drugs, such as preventive drugs, the health insurance issuer might waive or lower the deductible to pay for costs for the drug from the first dollar of coverage, but this tends not to happen for most other covered services.

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

Exception Request: a request for coverage of i) a non-formulary drug, ii) a drug being removed from the formulary, iii) or a quantity of a drug above a listed quantity limit. If you, your designee, or your provider submits an exception request for coverage of a drug, the health insurance issuer must cover the drug when the drug is determined to be medically necessary to treat your condition.

Exigent Circumstances: when you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

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

Generic Drug: a drug that is the same as its brand name equivalent in dosage, safety, strength, how it's taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

Non-formulary Drug: a drug that is not listed on the health plan's formulary as a covered drug but may be eligible for coverage under an exception request.

Out-of-Pocket Cost: copayments, coinsurance, and the applicable deductible, plus all costs for a drug that the health plan does not cover.

Prescribing Provider: a health care provider authorized to write a prescription to treat your health condition.

Prescription: an oral, written, or electronic order by a prescribing provider for you that contains the name of the drug, the quantity of the 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 you, the health condition or purpose for which the drug is being used.

Prescription Drug: a drug that is prescribed by your prescribing provider and requires a prescription under applicable law.

Prior Authorization: a health plan's requirement that you, or your prescribing provider, obtain the health plan's authorization for a drug before the health plan will cover the drug. The health plan must grant a prior authorization when it is medically necessary for you to obtain the drug.

Using the Formulary Document

To search the formulary document press "CRTL-F" on your keyboard to open the "Find" box at the top of the document and enter the brand or generic drug name. The name may be listed multiple times in the document. Press "Enter" to tab through each entry. You may also search for a drug by its therapeutic category (e.g. Diabetes or Cardiovascular).

Each page of the formulary has three columns: **Drug Name, Drug Tier**, and **Coverage Requirements and Limits**. Drugs are grouped by therapeutic category and class and listed alphabetically within the class. Brand names are listed in all capital letters. Generic drug names are included in bold and italicized lowercase font. The generic name of a brand name drug is included after the brand name in parentheses. The generic form of a brand name drug will also be listed separately in the alphabetized list if it is included in the formulary. Drugs that do not have Food and Drug Administration (FDA)-approved generic formulations are only listed by brand name. Biosimilars, alternative formulations of biologic drugs (e.g. Fulphila, Hadlima, etc.), are also listed in capitalized text. If the plan only covers the generic equivalent of a drug, the brand name may not be listed so you should also try searching by the drug's generic name to see if it is included in the formulary.

The **Drug Tier** column identifies which plan cost share applies to the drug. The table below includes a description of each formulary tier and how the tiers align with drug plan benefit cost shares.

Large Group Premium Drug Formulary Tier Key: how formulary tiers match up to plan cost shares.*

Tier Abbreviation	Tier Description
$0	Zero-dollar cost share – covered at $0
LCG	Low Cost Generic drugs – covered at the low cost generic cost share
T1	Generic drugs – covered at the tier 1 cost share
T2	Preferred Brand drugs – covered at the tier 2 cost share
T3	Non-Preferred drugs – includes brand formulations and high-cost generics – covered at the tier 3 cost share
T4	Specialty drugs – covered at the tier 4 cost share

***Persons with deductible plans and plans with coinsurance cost shares pay based on the full cost of the drug regardless of formulary tier until plan deductible and/or maximum out-of-pocket values are met (except for drugs covered at $0).**

General Drug Coverage Concepts

90-Day Supplies: Drugs **MAY** qualify for a 3-month supply fill at the pharmacy. Three copays will be charged for the 3-month supply. All additional restrictions apply. Drugs included in the Specialty Pharmaceuticals Program are not eligible for 90-day supplies.

Exclusions: Some drug classes are not covered by your Quartz prescription benefit plan. Examples of these include hair loss drugs, sexual enhancement drugs, infertility drugs, most over-the-counter drugs, cosmetic treatments, and nutritional supplements / medical foods. Refer to your Prescription Drug Rider or the Certificate of Coverage to view your specific exclusions. Excluded drugs are generally not listed on the formulary.

Generic Substitution Policy: Quartz encourages the use of generic medications and biosimilars when they are available to help lower health care costs. When a generic or biosimilar is available for a drug, the brand product or reference biologic may be non-formulary and not covered. Requests for coverage of a non-formulary brand-name product (including Reference Biologics) follow the Exceptions Process and coverage determinations are based on Medical Necessity. If your healthcare practitioner feels it is medically necessary to receive the brand-name product, a formulary exception request must be submitted for review.

Non-formulary Drug Exception Requests

Exception requests can be submitted using the Medication Coverage Request form on the Quartz website, via fax to (844) 403-1029, by phone, or can be mailed to the address on the form. Your doctor may also be able to submit an electronic request (ePA) directly from the electronic health record (EHR) they use. The information will be reviewed, and both the requesting prescriber and the member or member's designee will be notified within 24 hours of an exigent request or within 72 hours of all other exception requests of the coverage decision. Approved requests will be authorized for the lesser of 12 months or until the benefit year renewal. If a request is denied, the notifications will include documentation on how to appeal the denial with the health plan. You may also file a grievance or complaint with the Illinois Department of Insurance regarding denied exception requests. If you would like to discuss the specifics of an exception request decision with a pharmacist, or have general questions about the coverage decision, please call Member Services at (800) 496-7509.

Oral Oncology Drug cost share: For drugs taken at home to treat cancer, the state of Illinois has statute 215 ILCS 5/356z.20 that affect cost share. The maximum cost share that will be applied to these medications is $0 per 30-day fill after any benefit deductible has been met. This maximum cost share amount applies regardless of what tier the drug is listed on the formulary document.

Preventive Medication Coverage: Some laws, such as the Affordable Care Act (ACA), require that certain drugs need to be covered at a $0 cost share for members. Quartz covers these drugs within the guidelines recommended by the United States Preventative Services Task Force (USPSTF). Restrictions, including age limits, quantity limits, prior authorization, and days' supply may apply to some drugs. In some cases, the pharmacy must indicate that the drug is being used for a specific diagnosis when filling the prescription for the $0 cost share to apply. A list of covered preventive drugs and the qualification for coverage is included in this formulary. Some drugs may have coverage indicators in the **Coverage Requirements and Limits** column that will describe what uses are included.

Formulary Coverage Requirements and Limits

The **Coverage Requirements and Limits** column contains indicators that may limit coverage of specific drugs or provide other coverage information. An explanation of each type of requirement or parameter is listed below, including its corresponding indicator in parentheses.

Quantity Limits (QL): Drugs with a QL are limited to a specific quantity (number of pills, grams, etc.) when filled at the pharmacy. For medications with a quantity limit, if a member requires a higher quantity prior authorization is required.

Restricted Medications (PA): Drugs with a PA are restricted and require an approved prior authorization for coverage. Quartz requires the submission and approval of a Medication Coverage Request form before coverage is granted for restricted drugs. The Medication *Prior Authorization* request form can be obtained through Member Services or via the Quartz website at www.QuartzBenefits.com. Please note: *The Medication Prior Authorization* request form can also be used to submit an exceptions request for nonformulary (or not covered) drugs.

Requests can be submitted via fax to (844) 403-1029, by phone, or can be mailed to the address on the form. Your doctor may also be able to submit an electronic request (ePA) directly from the electronic health record (EHR) they use. The information will be reviewed, and both the requesting prescriber and the member or member's designee will be notified regarding the coverage decision. If you would like to discuss the specifics of a medication request decision with a pharmacist, or have general questions about the prior authorization criteria, please call Member Services at (800) 496-7509. Requests for coverage that are not reviewed in a timely manner, within 24 hours of an exigent request or within 72 hours of all other requests, will be approved. Approved prior authorization requests will be valid for the lesser of 6-12 months or the length of treatment determined by the prescribing provider when subject to the Illinois Prior Authorization Reform Act.

Value Drug (Value): Some drugs have been shown to improve the overall health of people with conditions like high blood pressure, high blood sugar (diabetes mellitus), and breathing difficulties (asthma) when taken

daily. For members whose plan includes the Value Drug benefit, the preferred brand drugs noted as Value in the **Coverage Requirements and Limits** section will process with the low cost generic copay. This only applies to plans with the value drug benefit. Please refer to the plan Summary of Benefits and Coverage (SBC) document or contact Member Services at (800) 496-7509 to check to see if your plan has this benefit.

Zero Dollar Cost Share Before Deductible ($0 HDHP): Drugs with a $0 HDHP listing are covered at a $0 cost share before a plan deductible has been met for some Internal Revenue Service (IRS) qualified high-deductible health plans (HDHP) with a health savings account (HSA). Please refer to the plan Summary of Benefits and Coverage (SBC) document or contact Member Services at (800) 496-7509 to check to see if your plan has this benefit.

Each page of the categorical list of drugs will include the following annotated key explaining each of the abbreviations, symbols, and notations used in the formulary.

IL Large Group Premium Drug Formulary Key:

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Where to find additional information when you have questions:

Topic	Where Available
To check how a drug is covered by Quartz or print a copy of the drug formulary	**QuartzBenefits.com/formulary**
To find a Quartz network retail or mail order pharmacy near you	Use the **Find a Pharmacy** tool at **QuartzBenefits.com**
For criteria for coverage of a drug	Optum Member Services: **(800) 496-7509** or **QuartzBenefits.com**
To speak with a pharmacist regarding a prior authorization denial	Optum Member Services: **(800) 496-7509**
To appeal a prior authorization denial	Quartz Customer Success: **(800) 362-3310**
To enroll in the Quartz Specialty Pharmaceuticals program	UW Health Pharmacy: **(866) 894-3784** Emplify Health Pharmacy: **(877) 208-1096** Advocate Health Specialty Pharmacy: **(844) 820-5600**

Preventive care medications for Large Group Premium Formularies

To help keep you healthy, Quartz covers certain preventive care drugs at $0 cost-share – without charging a copay, coinsurance, or deductible. We will even cover the preventive care drugs on this list at $0 cost-share even if they are not listed on the drug formulary (covered drug list) or are listed on a cost-sharing tier on the formulary. For these medications to be covered, they must be:

- Prescribed by a health care professional (unless not required by your specific state)
- Age or condition-specific as recommended by the U.S. Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices (ACIP), etc.
- Filled at a network pharmacy

To find a network pharmacy, use our **Find A Pharmacy** tool at **QuartzBenefits.com/FindAPharmacy**.

Please keep in mind:

- Based on your health plan and state, utilization management (i.e., prior authorization, step therapy, and quantity limits) may apply to the drugs listed
- If you get these drugs at an out-of-network pharmacy, they will not be covered, and you may have to pay the full cost for them
- Certain dosage forms or strengths of a drug may not be $0 cost-share even though the drug name appears on this list
- If you do not meet the recommendations for preventive use of the drug, you may have to pay the benefit cost-share or may not be covered at all
- This list, including generic or brand status of drugs, is subject to change without prior notice

USPSTF A & B recommended drugs and supplements

Drug/Supplement name	Reason and covered population
Aspirin 81 mg (OTC)	• To prevent preeclampsia (very high blood pressure) during pregnancy • Covered at $0 cost-share for persons aged 54 years and younger
• Folic acid 400 and 800 mcg (OTC) • Prenatal vitamins with 400-800 mcg of folic acid (Various – OTC)	To prevent birth defects during pregnancy
• Bisacodyl 5 mg (OTC) • Magnesium citrate solution (OTC) • Polyethylene glycol (PEG) 3350 (generic Miralax products – OTC) • PEG 3350/electrolytes (Gavilyte-C) • PEG 3350/electrolytes (generic Golytely, Gavilyte-G) • PEG 3350/NaCL/NaBicarbonate/KCL (generic Gavilyte-N) • Sodium/potassium/mag oral soln	• Bowel preparation for colonoscopy for preventive colon cancer screening • Covered at $0 cost-share for two fills per year for persons aged 45-75 years

OTC = available over-the-counter

Drug/Supplement name	Reason and covered population
Fluoride 0.25 mg, 0.5 mg, 1 mg, and 0.125 mg drops (does NOT include dental pastes or rinses)	To prevent dental cavities when water sources do not contain fluoride
Metformin 500 mg, 850 mg, 1000 mg, 500 mg ER, 750 mg ER, Soln	• To prevent the conversion of prediabetes to diabetes • Covered at $0 cost-share for persons aged 35-70 years when the pharmacy submits a code indicating a diagnosis of prediabetes

Tobacco cessation drugs

For help quitting smoking or using other tobacco products, these preventive drugs are available at $0 cost-share for up to 180 days per calendar year. After 180 days of treatment, your plan's cost-share will apply to the covered drugs listed on the formulary. Utilization management may apply based on product and state.

Drug name
• Nicotine gum (OTC) • Nicotine lozenges (OTC) • Nicotine patches (OTC) • Bupropion 150 mg sustained release tab • Nicotine nasal spray • Varenicline

Human Immunodeficiency Virus (HIV) preventive drugs

For members who are at high risk for becoming infected with HIV but are not yet infected, these drugs are available at a $0 cost-share. When used for the treatment of HIV infection, we will process claims for these drugs with the normal plan cost-share.

Drug name	Covered population
• Apretude • Descovy • Emtricitabine-tenofovir 200/300 mg (generic Truvada) • Tenofovir (generic Viread)	Claims will process at $0 cost share if there are no other antivirals used to treat HIV in the drug claim history

OTC = available over-the-counter

Breast cancer prevention drugs

For members at a higher risk for a first diagnosis of breast cancer, these medications are available at a $0 cost-share. If members use these drugs for other reasons, they will process with a normal plan cost-share unless a copay waiver request is submitted and approved.

Drug name	Covered population
• Anastrozole • Exemestane • Letrozole • Raloxifene • Tamoxifen	• Covered for persons aged 35 or older at increased risk for the first occurrence of breast cancer • A copay waiver must be submitted for a $0 cost-share to apply

Statin preventive drugs

The USPSTF recommends the use of a statin drug to prevent cardiovascular events such as a heart attack or stroke in persons who have one or more risk factors for cardiovascular disease (high cholesterol, diabetes, high blood pressure, smoking, etc.) and have an elevated risk for a cardiovascular event. Outside the covered population, we will process claims for these drugs for members with a normal plan cost-share.

Drug name	Covered population
• Atorvastatin 10 mg and 20 mg • Fluvastatin – all strengths • Lovastatin – all strengths • Pitavastatin – all strengths • Pravastatin – all strengths • Rosuvastatin – all strengths • Simvastatin – all strengths	Covered at $0 cost-share for persons aged 40-75 years

Birth control products

These drugs and other products are available at $0 cost-share for members who would like to consider family planning options. Utilization management may apply based on product and state. OTC contraceptives (except for male condoms) are covered without a prescritption for plans sold in Illinois.

Contraception type	Covered generic drug name	Equivalent brand drug name*
Birth control caps and diaphragms		Caya Femcap Omniflex Wide-Seal
Combination birth control pills		Natazia
	Afirmelle, Aubra, Aviane, Delyla, Falmina, Lessina,	Alesse

*Only the generic formulation is covered by the plan if available

Contraception type	Covered generic drug name	Equivalent brand drug name*
	Levorgestrel/ethinyl estradiol, Lutera, Sronyx, Vienva	
		Tyblume
	Levonorgestrel/ethinyl estradiol, Joyeaux, Minzoya	Balcoltra
	Drospirenone/ethinyl estradiol	Beyaz
Combination birth control pills (continued)	Necon 0.5/35, Nortrel 0.5/35, Wera 0.5/35	Brevicon 0.5/35
	Velivet Pak	Cyclessa Pak
	Ethinyl estraadiol/ethynodiol 1/35, Kelnor 1/35, Valtya 1/35, Zovia 1/35	Demulen 1/35
	Ethinyl estradiol/ethynodiol 1/50, Kelnor 1/50, Valtya 1/50	Demulen 1/50
	Apri, Cyred, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen	Desogen-28, Ortho-Cept
	Norethindrone/ethinyl estradiol FE, Tilia FE, Tri-Legest FE, Xarah FE	Estrostep FE
	Norethindrone/ethinyl estradiol FE chew, Wymzya FE chew, Xelria FE	Femcon FE
	Galbriela, Kaitlib FE chew, Layolis FE chew, Norethindrone/ethinyl estradiol FE chew	Generess FE
	Aurovela 24 FE, Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Tarina 24 FE	Loestrin 24 FE
		Femlyv
	Aurovela 1/20, Junel 1/20, Larin 1/20, , Luizza 1/20, Microgestin 1/20, Norethindrone/ethinyl estradiol 1/20	Loestrin 1/20
	Aurovela 1.5/30, Hailey 1.5/30, Junel 1.5/30, Larin 1.5/30, Luizza 1.5/30, Microgestin 1.5/30, Norethindrone/ethinyl estradiol 1.5/30	Loestrin 1.5/30
	Aurovela FE 1/20, Blisovi FE 1/20, Feirza 1/20, Hailey FE 1/20, Junel FE 1/20, Larin FE 1/20, Microgestin FE 1/20, Norethindrone/ ethinyl estradiol FE 1/20, Tarina FE 1/20	Loestrin FE 1/20
	Aurovela FE 1.5/30, Blisovi FE 1.5/30, Feirza 1.5/30, Hailey FE 1.5/30, Junel FE 1.5/30, Larin FE 1.5/30, Microgestin FE 1.5/30, Norethindrone/ethinyl estradiol FE 1.5./30	Loestrin FE 1.5/30
	Cryselle-28, Elinest, Low-Ogestrel, Turqoz	Lo/Ovral-28
	Camrese Lo, Levonorgestrel/ethinyl estradiol, Lojaimiess	LoSeasonique

*Only the generic formulation is covered by the plan if available

Contraception type	Covered generic drug name	Equivalent brand drug name*
	Amethyst, Dolishale, Levonorgestrel/ethinyl estradiol 90-20 mcg	Lybrel
	Charlotte 24 FE, Finzala FE, Mibelas 24 FE, Norethindrone/ethinyl estradiol FE	Minastrin 24 FE
	Azurette, Desogestrel/ethinyl estradiol, Kariva, Pimtrea, Simliya, Viorele, Volnea	Mircette 28 day
Combination birth control pills (continued)		Averi
	Altavera, Ayuna, Chateal, Kurvelo, Levonorgestrel/ ethinyl estradiol, Levora-28, Marlissa, Portia-28	Nordette-28
	Estarylla, Mili, Mono-Linyah, Norgestimate/ethinyl estradiol, Sprintec-28, Vylibra	Ortho-Cyclen
	Alyacen 1/35, Dasetta 1/35, Nortrel 1/35, Nylia 1/35	Ortho-Novum 1/35
	Alyacen 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7	Ortho-Novum 7/7/7
	Norgestimate/ethinyl estradiol, Tri-Estarylla, Tri-Linyah, Tri-Mili, Tri-Sprintec, Tri-Vylibra	Ortho Tri-Cyclen
	Norgestimate/ethinyl estradiol, Tri Lo-Estarylla, Tri Lo-Marzia, Tri Lo-Mili, Tri-Vylibra Lo	Ortho Tri-Cyclen Lo
	Balziva, Briellyn, Philith, Vyfemla	Ovcon-35
	Levonorgestrel/ethinyl estradiol, Rivelsa, Riosyrah	Quartette
	Drospirenone/ethinyl estradiol, Tydemy	Safyral
	Iclevia, Introvale, Jolessa, levonorgestrel/ethinyl estradiol, Setlakin	Seasonale
	Ashlyna, Camrese, Daysee, Jaimiess, levonorgestrel/ ethinyl estradiol, Simpresse	Seasonique
	Gemmily, Merzee, norethindrone/ethinyl estradiol, Taysofy	Taytulla
	Aranelle, Leena	Tri-Norinyl
	Enpresse-28, Levonest, levonorgestrel/ethinyl estradiol, Trivora-28	Triphasil
	Drospirenon/ethinyl estradiol, Ocella, Syeda, Zumandimine	Yasmin 28
	Drospirenone/ethinyl estradiol, Jasmiel, Lo-Zumandimine, Loryna, Nikki, Vestura	Yaz
		Nextstellis

*Only the generic formulation is covered by the plan if available

Contraception type	Covered generic drug name	Equivalent brand drug name*
Progestin only birth control pills	Camila, Debiltane, Errin, Emzahh, Heather, Incassia, Jencycla, Lyleq, Lyza, Meleya, Nora-BE, norethindrone, Norlyroc, Orquidea, Sharobel	Micronor, Nor-QD
		Opill (OTC)
Birth control rings		Annovera
	EluRyng, EnilloRing, etonogestrel/ethinyl estradiol, Haloette	NuvaRing
Birth control patches	Norelgestromin/ethinyl estradiol, Xulane, Zafemy	Ortho Evra
Birth control shots	Medroxyprogesterone 150	Depo-Provera
Emergency birth control		Ella
	Aftera, Curae, EContra OS, Her Style, levonorgestrel, My Choice, My Way, New Day, Opcicon, Option 2, React, SheWise, Take Action (OTC)	Plan B
Contraceptive films		VCF vaginal (OTC)
Contraceptive gels		Gynol II, VCF vaginal (OTC)
Contraceptive suppository		Encare (OTC)
Condoms		Aimsco, Color Condoms, Durex, Fantasy, Kameleon, Kimono, MAXX, Reality, Trojan, Trustex, FC2 Female (OTC)
Sponges		Today (OTC)
Intrauterine devices (IUDs) and implants		Kyleena
		Liletta
		Mirena
		Nexplannon
		Paragard
		Skyla

*Only the generic formulation is covered by the plan if available
OTC = available over-the-counter

Vaccinations

Quartz covers the immunizations and vaccines that the Center for Disease Control and Prevention's ACIP committee recommends for routine use at $0 cost-share. Some immunizations may be covered by your medical benefit and not at the pharmacy. We cover these listed vaccines at the pharmacy with the noted coverage limits.

Disease (vaccine name)	Coverage limits (if applicable)
COVID-19 (Comirnaty, mNEXSPIKE, Nuvaxovid, Spikevax)	
Dengue Fever (Dengvaxia)	For persons aged 9-16 years
Flu/Influenza (Afluria, Fluad, Fluarix, Flublok, Flucelvax, Flulaval, FluMist, Fluzone High-Dose, Fluzone)	• FluMist is covered for persons aged 2-49 years • Fluad and Fluzone HD are covered for persons aged 65 years and older
Haemophilus influenzae B (ActHIB, HIberix, Pedvax HIB)	Covered for persons age 6 years and younger
Hepatitis A (Havrix, Vaqta)	
Hepatitis B (Engerix-B, Heplisav-B, PreHevbrio, Recombivax-HB)	Heplisav-B and Prehevbrio are covered for persons aged 18 years and older
Hepatitis A/B (Twinrix)	
Human Papiloma Virus/HPV (Gardasil-9)	Covered for persons aged 9-45 years
Measles, Mumps, Rubella (M-M-R II, PRIORIX)	
Measles, Mumps, Rubella, Varicella (ProQuad)	
Meingococcal (Bexsero, Menquadfi, Menveo, Penbraya, Penmenvy,Trumenba)	
Pneumococcal (Capvaxive, Pneumovax 23, Prevnar 20, Vaxneuvance)	
Polioviris (Ipol)	Covered for persons age 17 years and younger
Respiratory Syncytial Virus/RSV (Abrysvo, Arexvy, Beyfortus, mRESVIA)	• Abrysvo is covered for persons aged 50 years and older or when the pharmacy enters a submission clarification code confirming pregnancy • Arexvy and mRESVIA are covered for persons aged 50 years and older • Beyfortus 100 mg/ml is covered for persons aged 24 months and younger • Enflonsia
Rotavirus (Rotarix, Rotateq)	Covered for persons aged 8 months and younger

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Disease (vaccine name)	Coverage limits (if applicable)
Smallpox Mpox (Jynneos)	Covered for persons aged 18 years and older
Tetanus, diptheria/Td (TDVAX, Tenivac)	
Tetanus, diptheria, pertussis/Tdap (Adacel, Boostrix, Daptacel)	
Tetanus, diptheria, pertussis, polio (Kinrix, Quadracel)	
Tetanus, diptheria, pertussis, hepatitis B, polio (Pediarix)	
Tetanus, diptheria, pertussis, polio, haemophilus infuenzae B (Pentacel)	
Tetanus, diptheria, pertussis, hepatitis B, polio, haemophilus infuenzae B (Infanrix, Vaxelis)	
Varicella/Chickenpox (Varivax)	
Zoster/Shingles (Shingrix)	Covered for persons aged 19 years and older

*Only the generic formulation is covered by the plan if available
OTC = available over-the-counter

Frequently asked questions – Preventive care drug coverage

What happens if a generic drug becomes available?

Newly launched FDA-approved generic equivalents may replace prescription brand drugs.

What if my provider says I need a birth control product that is not on this list?

This list includes at least one form of birth control from each FDA-approved category. If your provider prescribes birth control that is not on this list and is medically necessary, submit a Health Care Reform copay waiver or Medication prior authorization form, and it may be covered at $0 cost-share. Some forms of birth control, such as intrauterine devices (IUDs) or implants, may be available through your medical benefits.

Is my plan required to cover contraceptives?

If your employer elects a religious or moral exemption, contraceptives may not be covered at $0 cost-share for your plan. Please check with your Human Resources department to determine if your employer has elected not to cover contraceptives at $0 cost-share.

What if my provider prescribes a bowel preparation for my preventive colonoscopy that is not on this list?

You can ask your provider for a prescription for one of the drugs on this list. If it is medically necessary to use a different bowel preparation, you may work with your provider to submit a Health Care Reform copay waiver or Medication prior authorization form for review, and it may be covered at $0 cost-share. Note, bowel preparations that are NOT preventive are not required to be covered at $0 cost-share.

What if my provider says I need a HIV PrEP drug that is not on this list?

If your provider prescribes a HIV preventive drug that is not on our list, it may be covered at a $0 cost-share if determined to be medically necessary. Work with your provider to submit a Health Care Reform copay waiver or Medication prior authorization form for review. We may cover some forms of HIV PrEP under your medical benefits.

Will this drug list change?

Drug lists can and do change, so checking is always a good idea. Products may be removed from the market, the laws governing coverage may change, or recommendations from groups such as ACIP or USPSTF may change. Please call Member Services at **(800) 496-7509 (TTY: 711)** if you have questions about coverage.

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Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIDOTE THERAPEUTICS		
ACETAMINOPHEN ANTIDOTE		
acetylcysteine inhalation	T1	
ALCOHOL DETERRENTS (91:02)		
acamprosate calcium	LCG	
disulfiram oral	LCG	
naltrexone hcl oral	T1	
VIVITROL (***naltrexone***)	T2	
ANTIDOTE THERAPEUTICS		
ANTICHOLIUM (***physostigmine salicylate***)	T3	
atropine sulfate ophthalmic solution 1 %	LCG	
ATROPINE SULFATE SOLUTION 0.025 % OPHTHALMIC	T3	
ATROPINE SULFATE SOLUTION 0.05 % OPHTHALMIC	T3	
BAQSIMI ONE PACK (***glucagon***)	T2	
BAQSIMI TWO PACK (***glucagon***)	T2	
CHEMET (***succimer***)	T3	
deferoxamine mesylate	T1	
DEPEN TITRATABS (***penicillamine***)	T4	PA
DESFERAL (***deferoxamine mesylate***)	T3	
DIGIFAB (***digoxin immune fab***)	T3	
EDETATE CALCIUM DISODIUM INJECTION	T3	
ft naloxone hcl	$0	
glucagon emergency kit injection solution reconstituted 1 mg	T1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	T2	
gnp naloxone hcl	$0	
GVOKE HYPOPEN 1-PACK (***glucagon***)	T2	

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Effective 01/01/2027

Drug Name	Drug Tier	Coverage Requirements & Limits
GVOKE HYPOPEN 2-PACK (***glucagon***)	T2	
GVOKE KIT (***glucagon***)	T2	
GVOKE PFS (***glucagon***)	T2	
hyoscyamine sulfate er	T1	
hyoscyamine sulfate oral elixir	T1	
hyoscyamine sulfate oral tablet	T1	
hyoscyamine sulfate oral tablet dispersible	T1	
hyoscyamine sulfate sl	T1	
hyoscyamine sulfate sublingual	T1	
iodine strong	T1	
KLOXXADO (***naloxone hcl***)	$0	
naloxone hcl injection	$0	
naloxone hcl nasal	$0	
NARCAN (***naloxone hcl***)	$0	
OSCIMIN	T3	
penicillamine oral tablet	T4	PA
phytonadione injection	T1	
phytonadione oral	T1	
REXTOVY (***naloxone hcl***)	$0	
REZENOPY (***naloxone hcl***)	$0	
RIVIVE (***naloxone hcl***)	$0	
vitamin k1 injection	T1	
ANTIDOTES (91:04)		
ACETADOTE (***acetylcysteine***)	T3	
acetylcysteine intravenous	T1	
atropine sulfate injection	T1	
atropine sulfate intravenous solution	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1.2 MG/3ML	T3	
ATROPINE SULFATE SOLUTION PREFILLED SYRINGE 1 MG/2.5ML INTRAVENOUS	T3	
CYANOKIT (***hydroxocobalamin***)	T3	
EDETATE DISODIUM INTRAVENOUS	T3	
flumazenil intravenous	T1	
KIONEX (***sodium polystyrene sulfonate***)	T3	
magnesium sulfate in d5w	T1	
MAGNESIUM SULFATE-NACL	T3	
methylene blue (antidote)	T1	
methylene blue intravenous solution	T1	
naloxone hcl injection	$0	
naltrexone hcl oral	T1	
protamine sulfate intravenous	T1	
PROVAYBLUE (***methylene blue (antidote)***)	T3	
RADIOGARDASE (***prussian blue insoluble***)	T3	
RENVELA (***sevelamer carbonate***)	T3	PA
sevelamer carbonate	T1	
sevelamer hcl	T1	PA
sodium polystyrene sulfonate	T1	
SPS (SODIUM POLYSTYRENE SULF) (***sodium polystyrene sulfonate***)	T3	
VIVITROL (***naltrexone***)	T2	
VORAXAZE (***glucarpidase***)	T3	
CHEMOTHERAPY ANTIDOTES/PROTECTANTS		
dexrazoxane hcl	T4	
ETHYOL (***amifostine***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
KHAPZORY (***levoleucovorin***)	T4	
lederle leucovorin	T1	
leucovorin calcium injection	T1	
leucovorin calcium oral	T1	
levoleucovorin calcium	T4	
levoleucovorin calcium pf	T4	
PEDMARK (***sodium thiosulfate***)	T3	PA
CYANIDE ANTIDOTES		
EXODERM EXTERNAL LOTION (***sod thiosulfate-salicylic acd***)	T3	
sodium nitrite intravenous	T1	
sodium thiosulfate intravenous	T1	
FLUOROPYRIMIDINE ANTIDOTE		
VISTOGARD (***uridine triacetate***)	T3	
XURIDEN (***uridine triacetate***)	T4	PA; QL (4 EA per 1 day)
GABA-MEDIATED BENZODIAZEPINE ANTIDOTES		
flumazenil intravenous	T1	
METHANOL OR ETHYLENE GLYCOL POISONING		
fomepizole	T1	
ORGANOPHOSPHATE ANTIDOTE		
PROTOPAM CHLORIDE (***pralidoxime chloride***)	T3	
ANTIHISTAMINE DRUGS		
ANTIHISTAMINE DRUGS		
promethazine hcl oral tablet 25 mg	LCG	
ETHANOLAMINE DERIVATIVES		
carbinoxamine maleate oral tablet 4 mg	T1	
dimenhydrinate injection	T1	
diphenhydramine hcl injection	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
FIRST GEN. ANTIHIST. DERIVATIVES, MISC.		
cyproheptadine hcl oral syrup 2 mg/5ml	T1	
cyproheptadine hcl oral tablet	T1	
FIRST GENERATION ANTIHISTAMINES		
carbinoxamine maleate oral tablet 4 mg	T1	
cyproheptadine hcl oral syrup 2 mg/5ml	T1	
cyproheptadine hcl oral tablet	T1	
dimenhydrinate injection	T1	
diphenhydramine hcl injection	T1	
hydrocod poli-chlorphe poli er	T1	QL (240 ML per 1 fill)
HYDROXYZINE HCL INTRAMUSCULAR	T3	
hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml	LCG	
hydroxyzine hcl oral tablet	LCG	
hydroxyzine pamoate oral capsule 100 mg	LCG	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	LCG	
meclizine hcl oral tablet 50 mg	T1	
meclizine hcl oral tablet chewable	T1	
meclizine hcl tablet 12.5 mg oral (rx)	LCG	
meclizine hcl tablet 25 mg oral (rx)	LCG	
NEOTUSS PLUS (***phenylephrine-chlorphen-dm***)	T3	PA
PHENERGAN (***promethazine hcl***)	T3	
promethazine hcl injection	T1	
promethazine hcl oral solution	LCG	
promethazine hcl oral tablet 12.5 mg, 50 mg	T1	
promethazine hcl oral tablet 25 mg	LCG	
promethazine hcl rectal	T1	
promethazine-codeine	T1	QL (240 ML per 1 fill)
promethazine-dm	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG (***promethazine hcl***)	T3	PA
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T3	
pseudoephedrine-bromphen-dm	T1	
TUXARIN ER (***chlorpheniramine-codeine***)	T3	PA; QL (2 EA per 1 day)
OTHER ANTIHISTAMINES		
famotidine (pf)	T1	
famotidine intravenous	T1	
famotidine oral suspension reconstituted	T1	
famotidine premixed	T1	
HYDROXYZINE HCL INTRAMUSCULAR	T3	
hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml	LCG	
hydroxyzine hcl oral tablet	LCG	
hydroxyzine pamoate oral capsule 100 mg	LCG	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	LCG	
PHENOTHIAZINE DERIVATIVES		
PHENERGAN (***promethazine hcl***)	T3	
promethazine hcl injection	T1	
promethazine hcl oral solution	LCG	
promethazine hcl oral tablet 12.5 mg, 50 mg	T1	
promethazine hcl oral tablet 25 mg	LCG	
promethazine hcl rectal	T1	
promethazine-codeine	T1	QL (240 ML per 1 fill)
promethazine-dm	LCG	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG (***promethazine hcl***)	T3	PA
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
PIPERAZINE DERIVATIVES		
HYDROXYZINE HCL INTRAMUSCULAR	T3	
hydroxyzine hcl oral syrup 10 mg/5ml	LCG	
hydroxyzine hcl oral tablet	LCG	
hydroxyzine pamoate oral capsule 100 mg	LCG	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	LCG	
meclizine hcl oral tablet chewable	T1	
meclizine hcl tablet 12.5 mg oral (rx)	LCG	
meclizine hcl tablet 25 mg oral (rx)	LCG	
PROPYLAMINE DERIVATIVES		
hydrocod poli-chlorphe poli er	T1	QL (240 ML per 1 fill)
NEOTUSS PLUS (***phenylephrine-chlorphen-dm***)	T3	PA
pseudoephedrine-bromphen-dm	T1	
TUXARIN ER (***chlorpheniramine-codeine***)	T3	PA; QL (2 EA per 1 day)
ANTI-INFECTIVE AGENTS		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS		
cefadroxil	T1	
CEFAZOLIN IN SODIUM CHLORIDE SOLUTION 2-0.9 GM/100ML-% INTRAVENOUS	T3	
cefazolin sodium injection	T1	
cefazolin sodium intravenous solution reconstituted	T1	
CEFAZOLIN SODIUM SOLUTION PREFILLED SYRINGE 1 GM/10ML INTRAVENOUS	T3	
CEFAZOLIN SODIUM SOLUTION PREFILLED SYRINGE 2 GM/20ML INTRAVENOUS	T3	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%	T1	
cefazolin sodium-dextrose intravenous solution reconstituted	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
cephalexin oral capsule 250 mg, 500 mg	LCG	
cephalexin oral capsule 750 mg	T1	PA
cephalexin oral suspension reconstituted	T1	
cephalexin oral tablet	T1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS		
cefaclor	T1	
cefaclor er	T1	
cefotetan disodium	T1	
cefoxitin sodium	T1	
CEFOXITIN SODIUM-DEXTROSE	T3	
cefprozil	T1	
cefuroxime axetil	T1	
cefuroxime sodium	T1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS		
AVYCAZ (***ceftazidime-avibactam***)	T3	
cefdinir	T1	
cefixime oral capsule	T1	
cefixime oral suspension reconstituted	T1	
CEFIXIME ORAL TABLET	T3	PA
CEFOTAXIME SODIUM	T3	
cefpodoxime proxetil	T1	
ceftazidime injection	T1	
ceftazidime intravenous	T1	
ceftriaxone sodium in dextrose	T1	
ceftriaxone sodium injection	T1	
ceftriaxone sodium intravenous	T1	
ceftriaxone sodium-dextrose	T1	
tazicef injection	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
TAZICEF INTRAVENOUS SOLUTION (***ceftazidime sodium in dextrose***)	T3	
tazicef intravenous solution reconstituted	T1	
4TH GENERATION CEPHALOSPORIN ANTIBIOTICS		
cefepime hcl injection	T1	
cefepime hcl intravenous solution	T1	
cefepime hcl intravenous solution reconstituted 2 gm	T1	
cefepime-dextrose	T1	
5TH GENERATION CEPHALOSPORIN ANTIBIOTICS		
ceftaroline fosamil	T1	
TEFLARO (***ceftaroline fosamil***)	T3	
ZEVTERA (***ceftobiprole medocaril***)	T3	
ADAMANTANE ANTIVIRALS		
amantadine hcl oral	T1	
rimantadine hcl	T1	
ALLYLAMINE ANTIFUNGALS		
terbinafine hcl oral	LCG	QL (84 day supply per 180 days)
AMEBICIDES		
chlorhexidine gluconate mouth/throat	LCG	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	T3	
HUMATIN (***paromomycin sulfate***)	T2	
metronidazole external	T1	
metronidazole intravenous	T1	
metronidazole oral capsule	T1	PA
metronidazole oral tablet 125 mg	T1	PA
metronidazole oral tablet 250 mg, 500 mg	LCG	
metronidazole vaginal	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
PERIDEX (***chlorhexidine gluconate***)	T3	
periogard	LCG	
PYLERA (***bis subcit-metronid-tetracyc***)	T2	
VANDAZOLE (***metronidazole***)	T3	
AMINOGLYCOSIDE ANTIBIOTICS		
amikacin sulfate injection	T1	
ARIKAYCE (***amikacin sulfate liposome***)	T4	PA
gentamicin in saline	T1	
gentamicin sulfate external	T1	
gentamicin sulfate injection	T1	
gentamicin sulfate ophthalmic	T1	
HUMATIN (***paromomycin sulfate***)	T2	
neomycin sulfate oral	LCG	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION	T3	
streptomycin sulfate intramuscular	T1	
TOBI PODHALER (***tobramycin***)	T4	QL (224 EA per 40 days)
TOBRADEX (***tobramycin-dexamethasone***)	T3	
TOBRADEX ST (***tobramycin-dexamethasone***)	T3	
tobramycin inhalation nebulization solution 300 mg/4ml	T4	QL (8 ML per 1 day)
tobramycin nebulization solution 300 mg/5ml inhalation	T4	QL (10 ML per 1 day)
tobramycin ophthalmic	LCG	
tobramycin sulfate injection	T1	
tobramycin-dexamethasone	T1	
TOBREX (***tobramycin***)	T3	
ZEMDRI (***plazomicin sulfate***)	T3	
AMINOMETHYLCYCLINES		
NUZYRA INTRAVENOUS (***omadacycline tosylate***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
NUZYRA ORAL (***omadacycline tosylate***)	T3	QL (30 EA per 14 days)
SEYSARA (***sarecycline hcl***)	T3	
AMINOPENICILLIN ANTIBIOTICS		
amoxicill-clarithro-lansopraz	T1	PA
amoxicillin	LCG	
amoxicillin trihydrate oral	LCG	
amoxicillin-potassium clavulanate	T1	
amoxicillin-potassium clavulanate er	T1	
ampicillin	T1	
ampicillin sodium	T1	
ampicillin-sulbactam sodium	T1	
AUGMENTIN (***amoxicillin-pot clavulanate***)	T3	
AUGMENTIN ES-600 (***amoxicillin-pot clavulanate***)	T3	
PIVYA (***pivmecillinam hcl***)	T3	QL (21 EA per 28 days)
TALICIA (***amoxicill-rifabutin-omeprazole***)	T2	
UNASYN (***ampicillin-sulbactam sodium***)	T3	
VOQUEZNA DUAL PAK (***amoxicillin-vonoprazan***)	T2	
VOQUEZNA TRIPLE PAK (***amoxicill-clarithro-vonoprazan***)	T2	
ANTHELMINTICS		
albendazole oral	T1	PA; QL (120 EA per 180 days)
BILTRICIDE (***praziquantel***)	T2	QL (105 EA per 180 days)
EGATEN (***triclabendazole***)	T3	
EMVERM (***mebendazole***)	T2	QL (6 EA per 180 days)
ivermectin oral tablet 3 mg	T1	QL (18 EA per 180 days)
ivermectin oral tablet 6 mg	T1	PA; QL (9 EA per 180 days)
praziquantel oral	T1	QL (105 EA per 180 days)
STROMECTOL (***ivermectin***)	T3	QL (18 EA per 180 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIBACTERIALS, MISCELLANEOUS		
DEFENCATH (***heparin (porcine)-taurolidine***)	T3	
ANTIFUNGALS, MISCELLANEOUS		
griseofulvin microsize oral	T1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	T1	
griseofulvin ultramicrosize oral tablet 165 mg	T1	PA
iodine strong	T1	
ANTI-INFECTIVES (SYSTEMIC), MISC.		
bis subcit-metronid-tetracyc	T1	
bismuth/metronidaz/tetracyclin	T1	
DEFENCATH (***heparin (porcine)-taurolidine***)	T3	
PYLERA (***bis subcit-metronid-tetracyc***)	T2	
ANTILEPROSY AGENTS		
dapsone external	T1	PA
dapsone oral	T1	
ANTIMALARIALS		
AMZEEQ (***minocycline hcl micronized***)	T3	
ARAKODA (***tafenoquine succinate***)	T3	
ARTESUNATE	T3	
atovaquone-proguanil hcl	T1	
AVIDOXY	T3	
chloroquine phosphate oral	T1	
COARTEM (***artemether-lumefantrine***)	T3	
DARAPRIM (***pyrimethamine***)	T4	PA
doxy 100	T1	
doxycycline hyclate intravenous	T1	
doxycycline hyclate oral capsule 100 mg, 50 mg	T1	
doxycycline hyclate oral capsule 75 mg	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
doxycycline hyclate oral tablet 100 mg, 20 mg	T1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	T1	PA
doxycycline hyclate oral tablet delayed release	T1	PA
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	T1	PA
doxycycline monohydrate oral suspension reconstituted	T1	
doxycycline monohydrate oral tablet	T1	
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	T1	
hydroxychloroquine sulfate oral tablet 200 mg	LCG	
KRINTAFEL (***tafenoquine succinate***)	T3	
MALARONE (***atovaquone-proguanil hcl***)	T3	
mefloquine hcl	T1	
MINOCIN (***minocycline hcl***)	T3	
minocycline hcl er	T1	PA
minocycline hcl oral capsule	T1	
minocycline hcl oral tablet	T1	PA
MONDOXYNE NL (***doxycycline monohydrate***)	T3	
primaquine phosphate	T1	
PYLERA (***bis subcit-metronid-tetracyc***)	T2	
pyrimethamine oral	T4	PA
quinidine gluconate er	T1	
quinidine sulfate	T1	
quinine sulfate	T1	PA
tetracycline hcl oral capsule	T1	
TETRACYCLINE HCL ORAL TABLET	T3	PA
ZILXI (***minocycline hcl micronized***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIMYCOBACTERIALS, MISCELLANEOUS		
dapsone oral	T1	
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS		
nitazoxanide oral	T1	
ANTIPROTOZOALS, MISCELLANEOUS		
atovaquone	T1	
BACTRIM (***sulfamethoxazole-trimethoprim***)	T3	
BACTRIM DS (***sulfamethoxazole-trimethoprim***)	T3	
BENZNIDAZOLE	T3	
bis subcit-metronid-tetracyc	T1	
bismuth/metronidaz/tetracyclin	T1	
dapsone external	T1	PA
dapsone oral	T1	
IMPAVIDO (***miltefosine***)	T3	
LAMPIT (***nifurtimox***)	T3	
MEPRON (***atovaquone***)	T3	
metronidazole intravenous	T1	
metronidazole oral capsule	T1	PA
metronidazole oral tablet 250 mg, 500 mg	LCG	
NEBUPENT (***pentamidine isethionate***)	T3	
nitazoxanide oral	T1	
PENTAM (***pentamidine isethionate***)	T3	
pentamidine isethionate	T1	
PYLERA (***bis subcit-metronid-tetracyc***)	T2	
SOLOSEC (***secnidazole***)	T3	
sulfamethoxazole-trimethoprim intravenous	T1	
sulfamethoxazole-trimethoprim oral	LCG	
sulfatrim pediatric	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
tinidazole oral	T1	
ANTIPROTOZOALS,NITROIMIDAZOLE-DERIVATIVE		
tinidazole oral	T1	
ANTIRETROVIRALS, MISCELLANEOUS		
SUNLENCA ORAL TABLET THERAPY PACK (***lenacapavir sodium***)	T3	PA; QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS (***lenacapavir sodium***)	T3	PA; QL (9 ML per 365 days)
YEZTUGO SUBCUTANEOUS (***lenacapavir sodium***)	$0	
ANTITUBERCULOSIS AGENTS		
amikacin sulfate injection	T1	
CIPRO ORAL SUSPENSION RECONSTITUTED (***ciprofloxacin***)	T3	
CIPRO ORAL TABLET (***ciprofloxacin hcl***)	T3	PA
ciprofloxacin hcl oral tablet 250 mg, 500 mg	LCG	
ciprofloxacin hcl oral tablet 750 mg	T1	
ciprofloxacin in d5w	T1	
clarithromycin er	T1	
clarithromycin oral	T1	
cycloserine oral	T1	
ethambutol hcl oral	T1	
isoniazid injection	T1	
isoniazid oral syrup	T1	
isoniazid oral tablet 100 mg	T1	
isoniazid oral tablet 300 mg	LCG	
levofloxacin in d5w	T1	
levofloxacin intravenous	T1	
levofloxacin oral	T1	
moxifloxacin hcl in nacl	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
MOXIFLOXACIN HCL INTRAVENOUS	T3	
moxifloxacin hcl oral	T1	
PRETOMANID	T3	
PRIFTIN (***rifapentine***)	T3	
pyrazinamide oral	T1	
rifabutin	T1	
RIFADIN (***rifampin***)	T3	
rifampin intravenous	T1	
rifampin oral	T1	
rifapentine	T1	
SIRTURO (***bedaquiline fumarate***)	T3	
streptomycin sulfate intramuscular	T1	
ANTIVIRALS, MISCELLANEOUS		
foscarnet sodium	T1	
FOSCAVIR (***foscarnet sodium***)	T3	
LIVTENCITY (***maribavir***)	T4	PA
PAXLOVID (150/100) (***nirmatrelvir-ritonavir***)	T2	QL (4 EA per 1 day); AL
PAXLOVID (300/100 & 150/100) (***nirmatrelvir-ritonavir***)	T2	QL (11 EA per 56 days); AL
PAXLOVID (300/100) (***nirmatrelvir-ritonavir***)	T2	QL (6 EA per 1 day); AL
PREVYMIS (***letermovir***)	T4	
TPOXX (***tecovirimat***)	T3	
VEKLURY (***remdesivir***)	T3	QL (2 EA per 1 day); AL
XOFLUZA (40 MG DOSE) (***baloxavir marboxil***)	T3	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE) (***baloxavir marboxil***)	T3	QL (2 EA per 365 days)
AZOLE ANTIFUNGALS		
CRESEMBA INTRAVENOUS (***isavuconazonium sulfate***)	T3	
CRESEMBA ORAL (***isavuconazonium sulfate***)	T3	PA
DIFLUCAN (***fluconazole***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
fluconazole in sodium chloride	T1	
fluconazole oral	LCG	
itraconazole oral	T1	PA
ketoconazole external cream	T1	
ketoconazole external foam	T1	PA
ketoconazole external shampoo	T1	
ketoconazole oral	LCG	
ketodan	T1	PA
NOXAFIL (***posaconazole***)	T3	PA
posaconazole intravenous	T1	
posaconazole oral	T1	PA
SPORANOX (***itraconazole***)	T3	PA
VFEND (***voriconazole***)	T3	PA
VFEND IV (***voriconazole***)	T3	
voriconazole intravenous solution reconstituted	T1	
voriconazole oral	T1	PA
BACITRACIN ANTIBIOTICS		
bacitracin-polymyxin b	T1	
bacitra-neomycin-polymyxin-hc	T1	
CARBAPENEM ANTIBIOTICS		
ertapenem sodium	T1	
imipenem-cilastatin	T1	
meropenem	T1	
MEROPENEM-SODIUM CHLORIDE	T3	
PRIMAXIN IV (***imipenem-cilastatin***)	T3	
RECARBRIO (***imipenem-cilastatin-relebactam***)	T3	
VABOMERE (***meropenem-vaborbactam***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
CEPHAMYCIN ANTIBIOTICS		
cefotetan disodium	T1	
cefoxitin sodium	T1	
CEFOXITIN SODIUM-DEXTROSE	T3	
CHLORAMPHENICOL ANTIBIOTICS		
chloramphenicol sod succinate	T1	
CORONAVIRUS (COVID-19)		
PAXLOVID (150/100) (***nirmatrelvir-ritonavir***)	T2	QL (4 EA per 1 day); AL
PAXLOVID (300/100 & 150/100) (***nirmatrelvir-ritonavir***)	T2	QL (11 EA per 56 days); AL
PAXLOVID (300/100) (***nirmatrelvir-ritonavir***)	T2	QL (6 EA per 1 day); AL
XOCOVA (***ensitrelvir fumarate***)	T3	QL (7 EA per 30 days)
CYCLIC LIPOPEPTIDE ANTIBIOTICS		
daptomycin	T1	
DAPTOMYCIN-SODIUM CHLORIDE	T3	
ECHINOCANDIN ANTIFUNGALS		
ERAXIS (***anidulafungin***)	T3	
micafungin sodium	T1	
MICAFUNGIN SODIUM-NACL	T3	
REZZAYO (***rezafungin acetate***)	T4	PA
ENDONUCLEASE INHIBITORS		
XOFLUZA (40 MG DOSE) (***baloxavir marboxil***)	T3	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE) (***baloxavir marboxil***)	T3	QL (2 EA per 365 days)
ENTRY INHIBITORS		
HEPCLUDEX (***bulevirtide acetate-gmod***)	T4	PA; QL (1 EA per 1 day)
ERYTHROMYCIN ANTIBIOTICS		
E.E.S. 400 (***erythromycin ethylsuccinate***)	T3	
E.E.S. GRANULES (***erythromycin ethylsuccinate***)	T3	
ERY	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
ERYPED 400 (***erythromycin ethylsuccinate***)	T3	
ERYTHROCIN LACTOBIONATE (***erythromycin lactobionate***)	T3	
erythromycin base oral	T1	
erythromycin ethylsuccinate oral suspension reconstituted	T1	
erythromycin external	T1	
erythromycin lactobionate	T1	
erythromycin oral	T1	
EXTENDED-SPECTRUM PENICILLINS		
piperacillin sod-tazobactam so	T1	
PIPERACILLIN-TAZOBACTAM-NACL INTRAVENOUS SOLUTION RECONSTITUTED 4-0.5 GM/100ML	T3	
ZOSYN (***piperacillin-tazobactam in dex***)	T3	
FLUOROCYCLINES		
XERAVA (***eravacycline dihydrochloride***)	T3	
GLYCOPEPTIDE ANTIBIOTICS		
dalbavancin hcl	T1	
DALVANCE (***dalbavancin hcl***)	T3	PA
FIRVANQ (***vancomycin hcl***)	T3	
KIMYRSA (***oritavancin diphosphate***)	T3	
ORBACTIV (***oritavancin diphosphate***)	T3	
TYZAVAN (***vancomycin hcl***)	T3	
VANCOCIN (***vancomycin hcl***)	T3	PA
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	T3	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	T1	
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	T3	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	T1	
VANCOMYCIN HCL IN NACL SOLUTION 1.75-0.9 GM/250ML-% INTRAVENOUS	T3	
VANCOMYCIN HCL IN NACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	T3	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	T1	
vancomycin hcl intravenous	T1	
vancomycin hcl oral	T1	
VIBATIV (***telavancin hcl***)	T3	
GLYCYLCYCLINE ANTIBIOTICS		
tigecycline	T1	
TYGACIL (***tigecycline***)	T3	
HCV POLYMERASE INHIBITOR ANTIVIRALS		
VOSEVI (***sofosbuv-velpatasv-voxilaprev***)	T4	PA; QL (1 EA per 1 day)
HCV PROTEASE INHIBITOR ANTIVIRALS		
MAVYRET ORAL PACKET (***glecaprevir-pibrentasvir***)	T4	PA; QL (5 EA per 1 day)
MAVYRET ORAL TABLET (***glecaprevir-pibrentasvir***)	T4	PA; QL (3 EA per 1 day)
VOSEVI (***sofosbuv-velpatasv-voxilaprev***)	T4	PA; QL (1 EA per 1 day)
HCV REPLICATION COMPLEX INHIBITORS		
MAVYRET ORAL PACKET (***glecaprevir-pibrentasvir***)	T4	PA; QL (5 EA per 1 day)
MAVYRET ORAL TABLET (***glecaprevir-pibrentasvir***)	T4	PA; QL (3 EA per 1 day)
VOSEVI (***sofosbuv-velpatasv-voxilaprev***)	T4	PA; QL (1 EA per 1 day)
HIV CAPSID INHIBITORS		
BIXLENVO (***bictegravir-lenacapavir***)	T3	
SUNLENCA ORAL TABLET (***lenacapavir sodium***)	T3	PA; QL (8 EA per 365 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
SUNLENCA ORAL TABLET THERAPY PACK (***lenacapavir sodium***)	T3	PA; QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS (***lenacapavir sodium***)	T3	PA; QL (9 ML per 365 days)
YEZTUGO (***lenacapavir sodium***)	$0	
HIV ENTRY AND FUSION INHIBITORS		
maraviroc	T1	PA
RUKOBIA (***fostemsavir tromethamine***)	T2	
SELZENTRY (***maraviroc***)	T3	PA
TROGARZO (***ibalizumab-uiyk***)	T3	
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS		
APRETUDE (***cabotegravir***)	T2	$0 copay for HIV PX
BIKTARVY (***bictegravir-emtricitab-tenofov***)	T3	
BIXLENVO (***bictegravir-lenacapavir***)	T3	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML (***cabotegravir & rilpivirine***)	T2	QL (0.15 ML per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML (***cabotegravir & rilpivirine***)	T2	QL (0.22 ML per 1 day)
DOVATO (***dolutegravir-lamivudine***)	T2	
GENVOYA (***elviteg-cobic-emtricit-tenofaf***)	T3	
ISENTRESS (***raltegravir potassium***)	T2	$0 copay for HIV PX
ISENTRESS HD (***raltegravir potassium***)	T2	
JULUCA (***dolutegravir-rilpivirine***)	T2	
STRIBILD (***elviteg-cobic-emtricit-tenofdf***)	T3	
TIVICAY (***dolutegravir sodium***)	T3	
TIVICAY PD (***dolutegravir sodium***)	T3	$0 copay for HIV PX
TRIUMEQ (***abacavir-dolutegravir-lamivud***)	T2	
TRIUMEQ PD	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
HIV NONNUCLEOSIDE REV.TRANSCRIP. INHIB.		
BIKTARVY (***bictegravir-emtricitab-tenofov***)	T3	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML (***cabotegravir & rilpivirine***)	T2	QL (0.15 ML per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML (***cabotegravir & rilpivirine***)	T2	QL (0.22 ML per 1 day)
COMPLERA (***emtricitab-rilpivir-tenofovir***)	T3	PA
DELSTRIGO (***doravirin-lamivudin-tenofov df***)	T2	
EDURANT PED (***rilpivirine hcl***)	T2	
efavirenz	T1	
efavirenz-emtricitab-tenofo df	T1	
efavirenz-lamivudine-tenofovir	T1	
emtricitab-rilpivir-tenofov df	T1	
etravirine	T1	
IDVYNSO (***doravirine-islatravir***)	T2	PA; QL (1 EA per 1 day)
INTELENCE ORAL TABLET 100 MG, 200 MG (***etravirine***)	T3	PA
INTELENCE ORAL TABLET 25 MG (***etravirine***)	T2	
JULUCA (***dolutegravir-rilpivirine***)	T2	
methocarbamol oral tablet 500 mg	LCG	
nevirapine	T1	
nevirapine er	T1	
ODEFSEY (***emtricitab-rilpivir-tenofov af***)	T3	
PIFELTRO (***doravirine***)	T2	
rilpivirine hcl	T1	
SYMFI (***efavirenz-lamivudine-tenofovir***)	T2	
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS		
abacavir sulfate	T1	
abacavir sulfate-lamivudine	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
BIKTARVY (***bictegravir-emtricitab-tenofov***)	T3	
CIMDUO (***lamivudine-tenofovir***)	T2	
COMPLERA (***emtricitab-rilpivir-tenofovir***)	T3	PA
DELSTRIGO (***doravirin-lamivudin-tenofov df***)	T2	
DESCOVY ORAL TABLET 120-15 MG (***emtricitabine-tenofovir af***)	T3	
DESCOVY ORAL TABLET 200-25 MG (***emtricitabine-tenofovir af***)	T3	PA; $0 copay for HIV PX
DOVATO (***dolutegravir-lamivudine***)	T2	
efavirenz-emtricitab-tenofo df	T1	
efavirenz-lamivudine-tenofovir	T1	
emtricitabine	T1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg	T1	$0 copay for HIV PX
emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg	T1	
emtricitab-rilpivir-tenofov df	T1	
EMTRIVA ORAL CAPSULE (***emtricitabine***)	T3	
EMTRIVA ORAL SOLUTION (***emtricitabine***)	T2	
EPIVIR (***lamivudine***)	T3	
GENVOYA (***elviteg-cobic-emtricit-tenofaf***)	T3	
IDVYNSO (***doravirine-islatravir***)	T2	PA; QL (1 EA per 1 day)
lamivudine	T1	
lamivudine-zidovudine	T1	
ODEFSEY (***emtricitab-rilpivir-tenofov af***)	T3	
RETROVIR INTRAVENOUS (***zidovudine***)	T2	
RETROVIR ORAL (***zidovudine***)	T3	
STRIBILD (***elviteg-cobic-emtricit-tenofdf***)	T3	
SYMFI (***efavirenz-lamivudine-tenofovir***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
SYMTUZA (***darun-cobic-emtricit-tenofaf***)	T3	
tenofovir disoproxil fumarate	T1	$0 copay for HIV PX
TRIUMEQ (***abacavir-dolutegravir-lamivud***)	T2	
TRIUMEQ PD	T3	
VIREAD ORAL POWDER (***tenofovir disoproxil fumarate***)	T2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	T2	
VIREAD ORAL TABLET 300 MG (***tenofovir disoproxil fumarate***)	T3	PA
ZIAGEN (***abacavir sulfate***)	T3	
zidovudine	T1	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS		
APTIVUS (***tipranavir***)	T2	
atazanavir sulfate	T1	
darunavir oral tablet 600 mg	T1	
darunavir oral tablet 800 mg	T1	$0 copay for HIV PX
EVOTAZ (***atazanavir-cobicistat***)	T2	
fosamprenavir calcium	T1	
KALETRA ORAL SOLUTION (***lopinavir-ritonavir***)	T3	
KALETRA ORAL TABLET (***lopinavir-ritonavir***)	T3	PA
lopinavir-ritonavir	T1	
NORVIR ORAL PACKET (***ritonavir***)	T2	
NORVIR ORAL TABLET (***ritonavir***)	T3	$0 copay for HIV PX
PREZCOBIX (***darunavir-cobicistat***)	T2	
PREZISTA ORAL SUSPENSION (***darunavir***)	T2	
PREZISTA ORAL TABLET 150 MG, 75 MG (***darunavir***)	T2	
PREZISTA ORAL TABLET 600 MG (***darunavir***)	T3	PA
PREZISTA ORAL TABLET 800 MG (***darunavir***)	T3	PA; $0 copay for HIV PX

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Drug Name	Drug Tier	Coverage Requirements & Limits
REYATAZ ORAL CAPSULE (***atazanavir sulfate***)	T3	PA
REYATAZ ORAL PACKET (***atazanavir sulfate***)	T2	
ritonavir	T1	$0 copay for HIV PX
SYMTUZA (***darun-cobic-emtricit-tenofaf***)	T3	
VIRACEPT (***nelfinavir mesylate***)	T2	
INTERFERON ANTIVIRALS		
BESREMI (***ropeginterferon alfa-2b-njft***)	T4	PA
BESREMI PEN (***ropeginterferon alfa-2b-njft***)	T4	PA
PEGASYS (***peginterferon alfa-2a***)	T4	PA
LINCOMYCIN ANTIBIOTICS		
CLEOCIN ORAL (***clindamycin hcl***)	T3	
CLEOCIN PHOSPHATE (***clindamycin phosphate***)	T3	
CLEOCIN-T (***clindamycin phosphate***)	T3	
clindacin	T1	PA
clindacin etz	T1	
clindacin-p	T1	
clindamycin hcl oral	T1	
clindamycin palmitate hcl	T1	
clindamycin phos (once-daily)	T1	PA
clindamycin phos (twice-daily)	T1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	T1	
clindamycin phosphate external foam	T1	PA
clindamycin phosphate external lotion	T1	
clindamycin phosphate external solution	T1	
clindamycin phosphate external swab	T1	
clindamycin phosphate in d5w	T1	
CLINDAMYCIN PHOSPHATE IN NACL	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
clindamycin phosphate injection	T1	
clindamycin phosphate vaginal	T1	
clindamycin-tretinoin	T1	PA
CLINDESSE (***clindamycin phosphate (1 dose)***)	T3	
LINCOCIN (***lincomycin hcl***)	T3	
lincomycin hcl injection	T1	
neuac	T1	
ONEXTON (***clindamycin phos-benzoyl perox***)	T1	
XACIATO (***clindamycin phosphate***)	T3	
MACROLIDE ANTIBIOTICS		
E.E.S. 400 (***erythromycin ethylsuccinate***)	T3	
E.E.S. GRANULES (***erythromycin ethylsuccinate***)	T3	
ERYPED 400 (***erythromycin ethylsuccinate***)	T3	
ERYTHROCIN LACTOBIONATE (***erythromycin lactobionate***)	T3	
erythromycin base oral	T1	
erythromycin ethylsuccinate oral suspension reconstituted	T1	
erythromycin oral	T1	
MONOBACTAM ANTIBIOTICS		
aztreonam	T1	
EMBLAVEO (***aztreonam-avibactam sodium***)	T3	
MONOCLONAL ANTIBODIES (08:18)		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML (***nirsevimab-alip***)	T2	QL (2 ML per 300 days); AL
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (***nirsevimab-alip***)	T2	QL (0.5 ML per 300 days); AL
ENFLONSIA (***clesrovimab-cfor***)	T2	QL (0.7 ML per 300 days)
GOHIBIC	T3	
PEMGARDA (***pemivibart***)	T3	QL (36 ML per 70 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
NATURAL PENICILLIN ANTIBIOTICS		
BICILLIN C-R (***penicillin g benzathine & proc***)	T3	
BICILLIN C-R 900/300 (***penicillin g benzathine & proc***)	T3	
BICILLIN L-A (***penicillin g benzathine***)	T3	
LENTOCILIN (***penicillin g benzathine***)	T3	
PENICILLIN G POT IN DEXTROSE	T3	
penicillin g potassium	T1	
penicillin g sodium	T1	
penicillin v potassium	LCG	
PFIZERPEN (***penicillin g potassium***)	T3	
NEURAMINIDASE INHIBITOR ANTIVIRALS		
RAPIVAB (***peramivir***)	T3	
RELENZA DISKHALER (***zanamivir***)	T3	QL (40 EA per 365 days)
NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL		
IMPAVIDO (***miltefosine***)	T3	
NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL		
BENZNIDAZOLE	T3	
NITROIMIDAZOLE DERIVATIVES, MISC		
metronidazole external	T1	
metronidazole intravenous	T1	
metronidazole oral capsule	T1	PA
metronidazole oral tablet 125 mg	T1	PA
metronidazole oral tablet 250 mg, 500 mg	LCG	
metronidazole vaginal	T1	
VANDAZOLE (***metronidazole***)	T3	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS		
acyclovir external cream	T1	PA; QL (0.17 GM per 1 day)
acyclovir external ointment	T1	QL (1 GM per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
acyclovir oral capsule	LCG	
acyclovir oral tablet	LCG	
acyclovir sodium	T1	
acyclovir suspension 200 mg/5ml oral	T1	PA
acyclovir suspension 200 mg/5ml oral	T1	
adefovir dipivoxil	T1	
BARACLUDE ORAL SOLUTION (***entecavir***)	T3	QL (630 ML per 30 days)
cidofovir intravenous	T1	
COMPLERA (***emtricitab-rilpivir-tenofovir***)	T3	PA
DESCOVY ORAL TABLET 120-15 MG (***emtricitabine-tenofovir af***)	T3	
DESCOVY ORAL TABLET 200-25 MG (***emtricitabine-tenofovir af***)	T3	PA; $0 copay for HIV PX
emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg	T1	$0 copay for HIV PX
emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg	T1	
emtricitab-rilpivir-tenofov df	T1	
entecavir	T1	QL (1 EA per 1 day)
famciclovir oral	T1	
ganciclovir sodium	T1	
LAGEVRIO (***molnupiravir***)	T3	QL (8 EA per 1 day); AL
ODEFSEY (***emtricitab-rilpivir-tenofov af***)	T3	
PREVYMIS INTRAVENOUS (***letermovir***)	T4	
PREVYMIS ORAL TABLET (***letermovir***)	T4	
ribavirin oral	T4	
SYMTUZA (***darun-cobic-emtricit-tenofaf***)	T3	
TEMBEXA (***brincidofovir***)	T3	
valacyclovir hcl oral	T1	QL (4 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
VALCYTE (***valganciclovir hcl***)	T3	PA
valganciclovir hcl	T1	
VEKLURY (***remdesivir***)	T3	QL (2 EA per 1 day); AL
XERESE (***acyclovir-hydrocortisone***)	T3	PA
ZIRGAN (***ganciclovir***)	T3	
OTHER MACROLIDE ANTIBIOTICS		
amoxicill-clarithro-lansopraz	T1	PA
azithromycin intravenous	T1	
azithromycin oral	LCG	
clarithromycin er	T1	
clarithromycin oral	T1	
DIFICID ORAL SUSPENSION RECONSTITUTED (***fidaxomicin***)	T3	
fidaxomicin	T1	
VOQUEZNA TRIPLE PAK (***amoxicill-clarithro-vonoprazan***)	T2	
ZITHROMAX (***azithromycin***)	T3	
ZITHROMAX TRI-PAK (***azithromycin***)	T3	
ZITHROMAX Z-PAK (***azithromycin***)	T3	
OTHER MACROLIDES (8:12.12.92)		
amoxicill-clarithro-lansopraz	T1	PA
azithromycin intravenous	T1	
azithromycin oral	LCG	
clarithromycin er	T1	
clarithromycin oral	T1	
DIFICID ORAL SUSPENSION RECONSTITUTED (***fidaxomicin***)	T3	
fidaxomicin	T1	
VOQUEZNA TRIPLE PAK (***amoxicill-clarithro-vonoprazan***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
ZITHROMAX (***azithromycin***)	T3	
ZITHROMAX TRI-PAK (***azithromycin***)	T3	
ZITHROMAX Z-PAK (***azithromycin***)	T3	
OTHER MISC. ANTIBACTERIAL AGENTS		
PYLERA (***bis subcit-metronid-tetracyc***)	T2	
XACDURO (***sulbactam sod-durlobactam sod***)	T3	PA
OXAZOLIDINONE ANTIBIOTICS		
linezolid in sodium chloride	T1	
linezolid intravenous	T1	
linezolid oral suspension reconstituted	T1	QL (65 ML per 1 day)
linezolid oral tablet	T1	QL (2 EA per 1 day)
SIVEXTRO INTRAVENOUS (***tedizolid phosphate***)	T3	QL (6 EA per 30 days)
SIVEXTRO ORAL (***tedizolid phosphate***)	T3	PA; QL (0.2 EA per 1 day)
ZYVOX (***linezolid***)	T3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium	LCG	
nafcillin sodium	T1	
NAFCILLIN SODIUM IN DEXTROSE	T3	
oxacillin sodium	T1	
OXACILLIN SODIUM IN DEXTROSE	T3	
POLYENE ANTIFUNGALS		
AMBISOME (***amphotericin b liposome***)	T3	
amphotericin b intravenous	T1	
amphotericin b liposome	T1	
klayesta	T1	
nystatin external cream	LCG	
nystatin external ointment	T1	
nystatin external powder	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
nystatin mouth/throat	T1	
nystatin oral	T1	
nystatin-triamcinolone	T1	
nystop	T1	
POLYMYXIN ANTIBIOTICS		
colistimethate sodium (cba)	T1	
COLY-MYCIN M (***colistimethate sodium***)	T3	
polymyxin b sulfate injection	T1	
polymyxin b-trimethoprim	LCG	
PYRIMIDINE ANTIFUNGALS		
ANCOBON (***flucytosine***)	T3	
flucytosine oral	T1	
QUINOLONE ANTIBIOTICS		
BAXDELA (***delafloxacin meglumine***)	T3	PA
CIPRO ORAL SUSPENSION RECONSTITUTED (***ciprofloxacin***)	T3	
CIPRO ORAL TABLET (***ciprofloxacin hcl***)	T3	PA
ciprofloxacin hcl oral tablet 250 mg, 500 mg	LCG	
ciprofloxacin hcl oral tablet 750 mg	T1	
ciprofloxacin in d5w	T1	
levofloxacin in d5w	T1	
levofloxacin intravenous	T1	
levofloxacin ophthalmic	T1	
levofloxacin oral	T1	
moxifloxacin hcl (2x day)	T1	PA
moxifloxacin hcl in nacl	T1	
MOXIFLOXACIN HCL INTRAVENOUS	T3	
moxifloxacin hcl ophthalmic	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
moxifloxacin hcl oral	T1	
OCUFLOX (***ofloxacin***)	T3	PA
ofloxacin	T1	
RIFAMYCIN ANTIBIOTICS		
PRIFTIN (***rifapentine***)	T3	
rifabutin	T1	
RIFADIN (***rifampin***)	T3	
rifampin intravenous	T1	
rifampin oral	T1	
rifapentine	T1	
TALICIA (***amoxicill-rifabutin-omeprazole***)	T2	
XIFAXAN ORAL TABLET 550 MG (***rifaximin***)	T3	PA
SIDEROPHORE CEPHALOSPORINS		
FETROJA (***cefiderocol sulfate tosylate***)	T3	
SULFONAMIDES		
AZULFIDINE (***sulfasalazine***)	T3	PA
AZULFIDINE EN-TABS (***sulfasalazine***)	T3	
BACTRIM (***sulfamethoxazole-trimethoprim***)	T3	
BACTRIM DS (***sulfamethoxazole-trimethoprim***)	T3	
sulfadiazine oral	T1	
sulfamethoxazole-trimethoprim intravenous	T1	
sulfamethoxazole-trimethoprim oral	LCG	
sulfasalazine oral	T1	
sulfatrim pediatric	LCG	
TETRACYCLINE ANTIBIOTICS		
AMZEEQ (***minocycline hcl micronized***)	T3	
AVIDOXY	T3	
bis subcit-metronid-tetracyc	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
bismuth/metronidaz/tetracyclin	T1	
demeclocycline hcl	T1	
doxy 100	T1	
doxycycline hyclate intravenous	T1	
doxycycline hyclate oral capsule 100 mg, 50 mg	T1	
doxycycline hyclate oral capsule 75 mg	T1	PA
doxycycline hyclate oral tablet 100 mg, 20 mg	T1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	T1	PA
doxycycline hyclate oral tablet delayed release	T1	PA
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	T1	PA
doxycycline monohydrate oral suspension reconstituted	T1	
doxycycline monohydrate oral tablet	T1	
MINOCIN (***minocycline hcl***)	T3	
minocycline hcl er	T1	PA
minocycline hcl oral capsule	T1	
minocycline hcl oral tablet	T1	PA
MONDOXYNE NL (***doxycycline monohydrate***)	T3	
PYLERA (***bis subcit-metronid-tetracyc***)	T2	
SEYSARA (***sarecycline hcl***)	T3	
tetracycline hcl oral capsule	T1	
TETRACYCLINE HCL ORAL TABLET	T3	PA
ZILXI (***minocycline hcl micronized***)	T3	
TRIAZAACENAPHTHYLENES		
BLUJEPA (***gepotidacin mesylate***)	T3	QL (20 EA per 28 days)
URINARY ANTI-INFECTIVES		
BACTRIM (***sulfamethoxazole-trimethoprim***)	T3	
BACTRIM DS (***sulfamethoxazole-trimethoprim***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
CONTEPO (***fosfomycin sodium***)	T3	
fosfomycin tromethamine	T1	
MACROBID (***nitrofurantoin monohyd macro***)	T3	PA
methenamine hippurate	T1	
nitrofurantoin macrocrystal	T1	
nitrofurantoin monohydrate macrocrystals	T1	
nitrofurantoin oral suspension 25 mg/5ml	T1	PA
sulfamethoxazole-trimethoprim intravenous	T1	
sulfamethoxazole-trimethoprim oral	LCG	
sulfatrim pediatric	LCG	
trimethoprim oral	LCG	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
abiraterone acetate	T4	PA
abirtega	T4	PA
ABRAXANE (***paclitaxel protein-bound part***)	T4	
ADCETRIS (***brentuximab vedotin***)	T4	PA
adriamycin	T4	
ALECENSA (***alectinib hcl***)	T4	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG (***brigatinib***)	T4	PA; QL (1 EA per 1 day)
ALUNBRIG ORAL TABLET 30 MG (***brigatinib***)	T4	PA; QL (4 EA per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK (***brigatinib***)	T4	PA; QL (30 EA per 365 days)
anastrozole oral	T1	$0 for breast cancer PX
AROMASIN (***exemestane***)	T3	PA
ARRANON (***nelarabine***)	T4	
arsenic trioxide intravenous	T4	
ASPARLAS (***calaspargase pegol-mknl***)	T4	
AUGTYRO (***repotrectinib***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
AVMAPKI FAKZYNJA CO-PACK (***avutometinib-defactinib***)	T4	PA
AVOPEF (***etoposide***)	T4	PA
AXTLE (***pemetrexed dipotassium***)	T4	
AYVAKIT (***avapritinib***)	T4	PA; QL (1 EA per 1 day)
azacitidine	T4	
BALVERSA (***erdafitinib***)	T4	PA
BAVENCIO (***avelumab***)	T4	PA
BELEODAQ (***belinostat***)	T4	PA
bendamustine hcl intravenous solution reconstituted	T4	PA
BENDEKA (***bendamustine hcl***)	T4	PA
BESPONSA (***inotuzumab ozogamicin***)	T4	PA
BESREMI (***ropeginterferon alfa-2b-njft***)	T4	PA
BESREMI PEN (***ropeginterferon alfa-2b-njft***)	T4	PA
bexarotene	T4	PA
bicalutamide	T1	
bleomycin sulfate	T4	
BLINCYTO (***blinatumomab***)	T4	PA
bortezomib	T4	PA
BORUZU (***bortezomib***)	T4	PA
BOSULIF (***bosutinib***)	T4	PA
bosutinib	T4	PA
BRAFTOVI (***encorafenib***)	T4	PA
BRUKINSA (***zanubrutinib***)	T4	PA
busulfan	T4	
BUSULFEX (***busulfan***)	T4	
CABOMETYX ORAL TABLET 20 MG (***cabozantinib s-malate***)	T4	PA; QL (1 EA per 1 day)
CABOMETYX ORAL TABLET 40 MG, 60 MG (***cabozantinib s-malate***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
CALQUENCE (***acalabrutinib maleate***)	T4	PA
CAMCEVI (***leuprolide mesylate (6 month)***)	T4	PA; QL (0.006 EA per 1 day)
CAMPTOSAR (***irinotecan hcl***)	T4	
capecitabine	T4	
CAPRELSA ORAL TABLET 100 MG (***vandetanib***)	T4	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (***vandetanib***)	T4	PA
carboplatin	T4	
carmustine	T4	
CASODEX (***bicalutamide***)	T3	
cisplatin intravenous solution	T4	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	T4	
cladribine	T4	
cladribine (10 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (4 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (5 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (6 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (7 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (8 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (9 tabs)	T4	PA; QL (40 EA per 1 lifetime)
clofarabine	T4	
COLUMVI (***glofitamab-gxbm***)	T4	PA
COMETRIQ (***cabozantinib s-malate***)	T4	PA
COPIKTRA (***duvelisib***)	T4	PA; QL (2 EA per 1 day)
COTELLIC (***cobimetinib fumarate***)	T4	PA
cyclophosphamide injection	T4	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/2ML, 1000 MG/10ML, 2 GM/10ML, 2 GM/4ML, 2000 MG/20ML, 500 MG/5ML, 500 MG/ML	T4	

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Drug Name	Drug Tier	Coverage Requirements & Limits
cyclophosphamide intravenous solution 1 gm/5ml, 500 mg/2.5ml	T4	
cyclophosphamide oral capsule	T1	
CYCLOPHOSPHAMIDE ORAL TABLET	T2	
CYRAMZA (***ramucirumab***)	T4	PA
cytarabine	T4	
cytarabine (pf)	T4	
dacarbazine	T4	
dactinomycin	T4	
DANYELZA (***naxitamab-gqgk***)	T4	PA
DANZITEN (***nilotinib tartrate***)	T4	PA
dasatinib	T4	PA
daunorubicin hcl	T4	
DAURISMO (***glasdegib maleate***)	T4	PA
decitabine	T4	
diclofenac sodium external gel 3 %	T1	QL (10 GM per 1 day)
docetaxel	T4	
DOCIVYX (***docetaxel***)	T4	
DOXIL (***doxorubicin hcl liposomal***)	T4	
doxorubicin hcl	T4	
doxorubicin hcl liposomal	T4	
DROXIA (***hydroxyurea***)	T3	
ELIGARD SUBCUTANEOUS KIT 22.5 MG (***leuprolide acetate (3 month)***)	T4	PA; QL (0.012 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 30 MG (***leuprolide acetate (4 month)***)	T4	PA; QL (0.009 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 45 MG (***leuprolide acetate (6 month)***)	T4	PA; QL (0.006 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 7.5 MG (***leuprolide acetate***)	T4	PA; QL (0.036 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
ELLENCE (***epirubicin hcl***)	T4	
EMPLICITI (***elotuzumab***)	T4	PA
ENSACOVE (***ensartinib hcl***)	T4	PA
ERBITUX (***cetuximab***)	T4	PA
eribulin mesylate	T4	PA
ERIVEDGE (***vismodegib***)	T4	PA
ERLEADA (***apalutamide***)	T4	PA
erlotinib hcl oral tablet 100 mg, 150 mg	T4	PA
erlotinib hcl oral tablet 25 mg	T4	PA; QL (3 EA per 1 day)
ETOPOPHOS (***etoposide phosphate***)	T4	
etoposide intravenous	T4	
etoposide oral	T4	
EULEXIN (***flutamide***)	T3	
EVDI (***trabectedin***)	T4	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	T1	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	T4	PA; QL (1 EA per 1 day)
everolimus oral tablet soluble	T4	PA
EVOMELA (***melphalan hcl***)	T4	
exemestane	T1	$0 for breast cancer PX
FARESTON (***toremifene citrate***)	T3	PA
FASLODEX (***fulvestrant***)	T4	PA
FAVLYXA (***fluorouracil***)	T4	PA
FEMARA (***letrozole***)	T3	PA
FENSOLVI (6 MONTH) (***leuprolide acetate (6 month)***)	T4	PA; QL (0.006 EA per 1 day)
FIRMAGON (***degarelix acetate***)	T4	PA; QL (0.036 EA per 1 day)
FIRMAGON (240 MG DOSE) (***degarelix acetate***)	T4	PA; QL (2 EA per 365 days)
floxuridine	T4	
fludarabine phosphate	T4	

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Drug Name	Drug Tier	Coverage Requirements & Limits
fluorouracil external cream 5 %	T1	
fluorouracil external solution	T1	
fluorouracil intravenous	T4	
FOLOTYN (***pralatrexate***)	T4	PA
FRINDOVYX (***cyclophosphamide***)	T4	
FRUZAQLA (***fruquintinib***)	T4	PA
fulvestrant	T4	
FYARRO (***sirolimus protein-bound part***)	T4	PA
GAVRETO (***pralsetinib***)	T4	PA
GAZYVA (***obinutuzumab***)	T4	PA
gefitinib	T4	PA
gemcitabine hcl	T4	
GILOTRIF (***afatinib dimaleate***)	T4	PA; QL (1 EA per 1 day)
GLEOSTINE (***lomustine***)	T4	PA
GOMEKLI (***mirdametinib***)	T4	PA
HALAVEN (***eribulin mesylate***)	T4	PA
HERNEXEOS (***zongertinib***)	T4	PA
HYCAMTIN (***topotecan hcl***)	T4	
HYDREA (***hydroxyurea***)	T3	PA
hydroxyurea oral	T1	
HYRNUO (***sevabertinib***)	T4	PA
IBRANCE (***palbociclib***)	T4	PA
IBTROZI (***taletrectinib adipate***)	T4	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG (***ponatinib hcl***)	T4	PA; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG (***ponatinib hcl***)	T4	PA
IDAMYCIN PFS (***idarubicin hcl***)	T4	
idarubicin hcl	T4	
IDHIFA (***enasidenib mesylate***)	T4	PA; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
IFEX (***ifosfamide***)	T4	
ifosfamide	T4	
imatinib mesylate oral	T4	PA
IMBRUVICA ORAL CAPSULE 140 MG (***ibrutinib***)	T4	PA; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (***ibrutinib***)	T4	PA; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION (***ibrutinib***)	T4	PA
IMBRUVICA ORAL TABLET 420 MG (***ibrutinib***)	T4	PA; QL (1 EA per 1 day)
IMDELLTRA (***tarlatamab-dlle***)	T4	PA
IMJUDO (***tremelimumab-actl***)	T4	PA
IMKELDI	T4	PA
INLURIYO (***imlunestrant tosylate***)	T4	PA
INLYTA (***axitinib***)	T4	PA
INREBIC (***fedratinib hcl***)	T4	PA
IRESSA (***gefitinib***)	T4	PA
irinotecan hcl	T4	
ISTODAX (***romidepsin***)	T4	PA
ITOVEBI ORAL TABLET 3 MG (***inavolisib***)	T4	PA; QL (2 EA per 1 day)
ITOVEBI ORAL TABLET 9 MG (***inavolisib***)	T4	PA; QL (1 EA per 1 day)
IWILFIN (***eflornithine hcl***)	T4	PA
IXEMPRA KIT (***ixabepilone***)	T4	
JAKAFI ORAL TABLET 10 MG, 5 MG (***ruxolitinib phosphate***)	T4	PA; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG (***ruxolitinib phosphate***)	T4	PA
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (***ruxolitinib phosphate***)	T4	PA; QL (1 EA per 1 day)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 33 MG, 44 MG, 55 MG (***ruxolitinib phosphate***)	T4	PA
JAYPIRCA ORAL TABLET 100 MG (***pirtobrutinib***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
JAYPIRCA ORAL TABLET 50 MG (***pirtobrutinib***)	T4	PA; QL (1 EA per 1 day)
JEMPERLI (***dostarlimab-gxly***)	T4	PA
JEVTANA (***cabazitaxel***)	T4	PA
JYLAMVO (***methotrexate***)	T3	PA; AL
KADCYLA (***ado-trastuzumab emtansine***)	T4	PA
KIMMTRAK (***tebentafusp-tebn***)	T4	PA
KISQALI (200 MG DOSE) (***ribociclib succinate***)	T4	PA
KISQALI (400 MG DOSE) (***ribociclib succinate***)	T4	PA
KISQALI (600 MG DOSE) (***ribociclib succinate***)	T4	PA
KOMZIFTI (***ziftomenib***)	T4	PA
KOSELUGO (***selumetinib sulfate***)	T4	PA
KRAZATI (***adagrasib***)	T4	PA
KYPROLIS (***carfilzomib***)	T4	PA
lapatinib ditosylate	T4	PA
LAZCLUZE ORAL TABLET 240 MG (***lazertinib mesylate***)	T4	PA
LAZCLUZE ORAL TABLET 80 MG (***lazertinib mesylate***)	T4	PA; QL (2 EA per 1 day)
lenalidomide	T4	PA
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG (***lenvatinib mesylate***)	T4	PA
letrozole oral	T1	$0 for breast cancer PX
LEUKERAN (***chlorambucil***)	T4	
leuprolide acetate injection	T4	PA
LIBTAYO (***cemiplimab-rwlc***)	T4	PA
LIFYORLI (125 MG DOSE) (***relacorilant***)	T4	PA
LIFYORLI (150 MG DOSE) (***relacorilant***)	T4	PA
lomustine	T4	
LONSURF (***trifluridine-tipiracil***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
LOQTORZI (***toripalimab-tpzi***)	T4	PA
LORBRENA (***lorlatinib***)	T4	PA
LUMAKRAS (***sotorasib***)	T4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (***leuprolide acetate***)	T4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (***leuprolide acetate***)	T4	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (***leuprolide acetate (3 month)***)	T4	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (***leuprolide acetate (3 month)***)	T4	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG (***leuprolide acetate (4 month)***)	T4	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG (***leuprolide acetate (6 month)***)	T4	PA
LUPRON DEPOT-PED (1-MONTH) (***leuprolide acetate***)	T4	PA; QL (0.04 EA per 1 day)
LUPRON DEPOT-PED (3-MONTH) (***leuprolide acetate (3 month)***)	T4	PA; QL (0.02 EA per 1 day)
LYNPARZA (***olaparib***)	T4	PA
LYSODREN (***mitotane***)	T2	
LYTGOBI (12 MG DAILY DOSE) (***futibatinib***)	T4	PA
LYTGOBI (16 MG DAILY DOSE) (***futibatinib***)	T4	PA
LYTGOBI (20 MG DAILY DOSE) (***futibatinib***)	T4	PA
MARGENZA (***margetuximab-cmkb***)	T4	PA
MATULANE (***procarbazine hcl***)	T4	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	T1	
megestrol acetate oral suspension 625 mg/5ml	T1	PA
megestrol acetate oral tablet 20 mg	LCG	
megestrol acetate oral tablet 40 mg	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
MEKINIST (***trametinib dimethyl sulfoxide***)	T4	PA
MEKTOVI (***binimetinib***)	T4	PA
melphalan hcl	T4	
mercaptopurine oral suspension	T4	
mercaptopurine oral tablet	T1	
methotrexate sodium	T1	
methotrexate sodium (pf)	T1	
mitomycin intravenous	T4	
mitoxantrone hcl	T4	PA
MODEYSO (***dordaviprone hcl***)	T4	PA
MONJUVI (***tafasitamab-cxix***)	T4	PA
MUTAMYCIN (***mitomycin***)	T4	
MYLERAN (***busulfan***)	T2	
MYLOTARG (***gemtuzumab ozogamicin***)	T4	PA
nelarabine	T4	
NERLYNX (***neratinib maleate***)	T4	PA; QL (6 EA per 1 day)
NEXAVAR (***sorafenib tosylate***)	T4	PA
nilotinib hcl	T4	PA
nilutamide	T4	
NINLARO (***ixazomib citrate***)	T4	PA
NIPENT (***pentostatin***)	T4	
NUBEQA (***darolutamide***)	T4	PA
ODOMZO (***sonidegib phosphate***)	T4	PA
OGSIVEO (***nirogacestat hydrobromide***)	T4	PA
OJEMDA (***tovorafenib***)	T4	PA
ONCASPAR (***pegaspargase***)	T4	
ONIVYDE (***irinotecan hcl liposome***)	T4	
ONUREG (***azacitidine***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
OPDUALAG (***nivolumab-relatlimab-rmbw***)	T4	PA
OPZELURA (***ruxolitinib phosphate***)	T2	QL (3.34 GM per 1 day)
ORGOVYX (***relugolix***)	T4	PA
ORSERDU (***elacestrant hydrochloride***)	T4	PA
oxaliplatin	T4	
paclitaxel	T4	
paclitaxel protein-bound part	T4	
PADCEV (***enfortumab vedotin-ejfv***)	T4	PA
PANRETIN (***alitretinoin***)	T3	
pazopanib hcl oral tablet 200 mg	T4	PA; QL (3 EA per 1 day)
pazopanib hcl oral tablet 400 mg	T4	PA
PEGASYS (***peginterferon alfa-2a***)	T4	PA
PEMETREXED	T4	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	T4	
pemetrexed disodium intravenous solution reconstituted	T4	
PEMFEXY (***pemetrexed***)	T4	
PEMRYDI RTU (***pemetrexed disodium***)	T4	
PERJETA (***pertuzumab***)	T4	PA
PHESGO (***pertuz-trastuz-hyaluron-zzxf***)	T4	PA
PHOTOFRIN (***porfimer sodium***)	T4	
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG (***alpelisib***)	T4	PA; QL (2 EA per 1 day)
PIQRAY ORAL TABLET THERAPY PACK 200 MG (***alpelisib***)	T4	PA; QL (1 EA per 1 day)
POLIVY (***polatuzumab vedotin-piiq***)	T4	PA
pomalidomide oral capsule 1 mg, 2 mg	T4	PA; QL (1 EA per 1 day)
pomalidomide oral capsule 3 mg, 4 mg	T4	PA
POTELIGEO (***mogamulizumab-kpkc***)	T4	PA
pralatrexate	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
PROLEUKIN (***aldesleukin***)	T4	
PURIXAN (***mercaptopurine***)	T4	PA
QINLOCK (***ripretinib***)	T4	PA
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.03 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.04 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.05 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.06 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.07 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.08 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.09 ML per 1 day)
RETEVMO ORAL TABLET 120 MG, 160 MG (***selpercatinib***)	T4	PA
RETEVMO ORAL TABLET 40 MG (***selpercatinib***)	T4	PA; QL (3 EA per 1 day)
RETEVMO ORAL TABLET 80 MG (***selpercatinib***)	T4	PA; QL (2 EA per 1 day)
REVUFORJ (***revumenib citrate***)	T4	PA
ROMIDEPSIN INTRAVENOUS SOLUTION	T4	PA
romidepsin intravenous solution reconstituted	T4	PA
ROMVIMZA (***vimseltinib***)	T4	PA
ROZLYTREK (***entrectinib***)	T4	PA
RYDAPT (***midostaurin***)	T4	PA
RYTELO (***imetelstat sodium***)	T4	PA
SARCLISA (***isatuximab-irfc***)	T4	PA
SCEMBLIX ORAL TABLET 100 MG (***asciminib hcl***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
SCEMBLIX ORAL TABLET 20 MG (***asciminib hcl***)	T4	PA; QL (2 EA per 1 day)
SCEMBLIX ORAL TABLET 40 MG (***asciminib hcl***)	T4	PA; QL (8 EA per 1 day)
SIKLOS (***hydroxyurea***)	T3	PA
SOLTAMOX (***tamoxifen citrate***)	T3	$0 for breast cancer PX
sorafenib tosylate	T4	PA
STIVARGA (***regorafenib***)	T4	PA
sunitinib malate	T4	PA
SUPPRELIN LA (***histrelin acetate***)	T4	PA; QL (1 EA per 250 days)
SYLVANT (***siltuximab***)	T4	PA
TABLOID (***thioguanine***)	T4	
TABRECTA (***capmatinib hcl***)	T4	PA
TAFINLAR (***dabrafenib mesylate***)	T4	PA
TAGRISSO ORAL TABLET 40 MG (***osimertinib mesylate***)	T4	PA; QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 80 MG (***osimertinib mesylate***)	T4	PA
tamoxifen citrate oral	T1	$0 for breast cancer PX
TARGRETIN EXTERNAL (***bexarotene***)	T4	PA
TEMODAR (***temozolomide***)	T4	
temozolomide	T4	PA
temsirolimus	T4	
TEPMETKO (***tepotinib hcl***)	T4	PA
TEVIMBRA INTRAVENOUS SOLUTION 150 MG/15ML (***tislelizumab-jsgr***)	T4	PA
THALOMID (***thalidomide***)	T4	PA
TIBSOVO (***ivosidenib***)	T4	PA
TIVDAK (***tisotumab vedotin-tftv***)	T4	PA
TOLAK (***fluorouracil***)	T3	
topotecan hcl	T4	
toremifene citrate	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
TORISEL (***temsirolimus***)	T4	
torpenz	T4	PA; QL (1 EA per 1 day)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (***triptorelin pamoate***)	T4	PA; QL (0.012 EA per 1 day)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG (***triptorelin pamoate***)	T4	PA; QL (0.006 EA per 1 day)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (***triptorelin pamoate***)	T4	PA; QL (0.036 EA per 1 day)
tretinoin oral	T4	
TREXALL (***methotrexate sodium***)	T3	
TRIPTODUR (***triptorelin pamoate***)	T4	PA; QL (0.006 EA per 1 day)
TRISENOX (***arsenic trioxide***)	T4	
TRUQAP (***capivasertib***)	T4	PA
TUKYSA (***tucatinib***)	T4	PA
TURALIO (***pexidartinib hcl***)	T4	PA
TYKERB (***lapatinib ditosylate***)	T4	PA
UNITUXIN (***dinutuximab***)	T4	PA
VALCHLOR (***mechlorethamine hcl (topical)***)	T4	PA
VANFLYTA (***quizartinib dihydrochloride***)	T4	PA
VECTIBIX (***panitumumab***)	T4	
VELCADE (***bortezomib***)	T4	PA
VENCLEXTA (***venetoclax***)	T4	PA
VENCLEXTA STARTING PACK (***venetoclax***)	T4	PA
VEPPANU ORAL TABLET 100 MG (***vepdegestrant***)	T4	PA; QL (1 EA per 1 day)
VEPPANU ORAL TABLET 200 MG (***vepdegestrant***)	T4	PA
VERZENIO (***abemaciclib***)	T4	PA
VIDAZA (***azacitidine***)	T4	
vinblastine sulfate	T4	

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Drug Name	Drug Tier	Coverage Requirements & Limits
vincristine sulfate	T4	
vinorelbine tartrate	T4	
VITRAKVI (***larotrectinib sulfate***)	T4	PA
VONJO (***pacritinib citrate***)	T4	PA
VORANIGO ORAL TABLET 10 MG (***vorasidenib***)	T4	PA; QL (2 EA per 1 day)
VORANIGO ORAL TABLET 40 MG (***vorasidenib***)	T4	PA
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***zolbetuximab-clzb***)	T4	PA
VYXEOS (***daunorubicin-cytarabine lipo***)	T4	PA
WELIREG (***belzutifan***)	T4	PA
XATMEP (***methotrexate***)	T3	PA; AL
XOSPATA (***gilteritinib fumarate***)	T4	PA
XPOVIO (100 MG ONCE WEEKLY) (***selinexor***)	T4	PA
XPOVIO (40 MG ONCE WEEKLY) (***selinexor***)	T4	PA
XPOVIO (40 MG TWICE WEEKLY) (***selinexor***)	T4	PA
XPOVIO (60 MG ONCE WEEKLY) (***selinexor***)	T4	PA
XPOVIO (60 MG TWICE WEEKLY) (***selinexor***)	T4	PA
XPOVIO (80 MG ONCE WEEKLY) (***selinexor***)	T4	PA
XPOVIO (80 MG TWICE WEEKLY) (***selinexor***)	T4	PA
XROMI (***hydroxyurea***)	T3	PA
XTANDI (***enzalutamide***)	T4	PA
YERVOY (***ipilimumab***)	T4	PA
YONDELIS (***trabectedin***)	T4	
yulithira	T4	PA; QL (1 EA per 1 day)
ZALTRAP (***ziv-aflibercept***)	T4	PA
ZEJULA ORAL TABLET 100 MG (***niraparib tosylate***)	T4	PA; QL (1 EA per 1 day)
ZEJULA ORAL TABLET 200 MG, 300 MG (***niraparib tosylate***)	T4	PA
ZELBORAF (***vemurafenib***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
ZEPZELCA (***lurbinectedin***)	T4	PA
ZEVALIN Y-90 (***ibritumomab tiuxetan for y-90***)	T4	
ZIIHERA (***zanidatamab-hrii***)	T4	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (***goserelin acetate***)	T4	QL (0.012 EA per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (***goserelin acetate***)	T4	QL (0.036 EA per 1 day)
ZOLINZA (***vorinostat***)	T4	PA
ZORTRESS (***everolimus***)	T3	
ZYDELIG (***idelalisib***)	T4	PA; QL (2 EA per 1 day)
ZYKADIA (***ceritinib***)	T4	PA
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES		
ALLERGENIC EXTRACTS (THERAPEUTIC)		
GRASTEK (***timothy grass pollen allergen***)	T3	PA; QL (1 EA per 1 day)
ODACTRA (***dust mite mixed allergen ext***)	T3	PA; QL (1 EA per 1 day)
ORALAIR (***grass mix pollens allergen ext***)	T3	PA; QL (1 EA per 1 day)
ORALAIR ADULT STARTER PACK (***grass mix pollens allergen ext***)	T3	PA; QL (1 EA per 1 day)
ORALAIR CHILDRENS STARTER PACK (***grass mix pollens allergen ext***)	T3	PA; QL (6 EA per 365 days)
RAGWITEK (***short ragweed pollen ext***)	T3	PA; QL (1 EA per 1 day)
ANTITOXINS AND IMMUNE GLOBULINS		
DIGIFAB (***digoxin immune fab***)	T3	
ZINPLAVA (***bezlotoxumab***)	T3	PA
AUTONOMIC DRUGS		
ALPHA- AND BETA-ADRENERGIC AGONISTS		
AKOVAZ (***ephedrine sulfate (pressors)***)	T3	
ARTICADENT DENTAL (***articaine-epinephrine***)	T3	
AUVI-Q (***epinephrine***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
bupivacaine-epinephrine	T1	
bupivacaine-epinephrine (pf)	T1	
droxidopa	T4	PA
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (***ephedrine sulfate (pressors)***)	T3	
ephedrine sulf (pressors)+rfid intravenous solution prefilled syringe 25 mg/5ml	T1	
ephedrine sulfate (pressors) intravenous solution 50 mg/ml	T1	
ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous	T1	
EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS	T3	
EPHEDRINE SULFATE-NACL	T3	
EPINEPHRINE HCL-DEXTROSE	T3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	T3	
epinephrine injection solution auto-injector	T1	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	T3	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	T1	
epinephrine pf	T1	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	T3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
EPIPEN 2-PAK (***epinephrine***)	T3	
LEVOPHED (***norepinephrine bitartrate***)	T3	
lidocaine-epinephrine (pf)	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000	T1	
lidocaine-epinephrine solution 1 %-1:100000 injection	T1	
MARCAINE/EPINEPHRINE (***bupivacaine-epinephrine***)	T3	
MARCAINE/EPINEPHRINE PF (***bupivacaine-epinephrine***)	T3	
NEFFY (***epinephrine***)	T3	
norepinephrine bitartrate intravenous	T1	
NOREPINEPHRINE-DEXTROSE	T3	
NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 16-0.9 MG/250ML-% INTRAVENOUS	T3	
NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 4-0.9 MG/250ML-% INTRAVENOUS	T3	
NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 8-0.9 MG/250ML-% INTRAVENOUS	T3	
NORTHERA (***droxidopa***)	T4	PA
ORABLOC (***articaine-epinephrine***)	T3	
pseudoephedrine-bromphen-dm	T1	
SENSORCAINE/EPINEPHRINE (***bupivacaine-epinephrine***)	T3	
SENSORCAINE-MPF/EPINEPHRINE (***bupivacaine-epinephrine***)	T3	
XYLOCAINE/EPINEPHRINE (***lidocaine-epinephrine***)	T3	
XYLOCAINE-MPF/EPINEPHRINE (***lidocaine-epinephrine***)	T3	
ALPHA-ADRENERGIC AGONISTS (12:12)		
BIORPHEN (***phenylephrine hcl (pressors)***)	T3	
clonidine	T1	PA
CLONIDINE ER	T3	PA
clonidine hcl er	T1	
clonidine hcl oral tablet 0.05 mg	T1	PA
clonidine hcl oral tablet 0.1 mg, 0.2 mg	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
clonidine hcl oral tablet 0.3 mg	T1	
IGALMI (***dexmedetomidine hcl***)	T3	PA
IMMPHENTIV (***phenylephrine hcl (pressors)***)	T3	
lofexidine hcl	LCG	
LUCEMYRA (***lofexidine hcl***)	T2	
methyldopa	LCG	
midodrine hcl	T1	
NEOTUSS PLUS (***phenylephrine-chlorphen-dm***)	T3	PA
NEXICLON XR (***clonidine***)	T3	PA
ONYDA XR (***clonidine hcl***)	T3	QL (4 ML per 1 day)
phenylephrine hcl intravenous solution 100 mg/10ml, 50 mg/5ml	T1	
phenylephrine hcl solution 10 mg/ml intravenous	T1	
PHENYLEPHRINE HCL SOLUTION PREFILLED SYRINGE 0.4 MG/10ML INTRAVENOUS	T3	
PHENYLEPHRINE HCL SOLUTION PREFILLED SYRINGE 0.5 MG/5ML INTRAVENOUS	T3	
PHENYLEPHRINE HCL SOLUTION PREFILLED SYRINGE 0.8 MG/10ML INTRAVENOUS	T3	
PHENYLEPHRINE HCL SOLUTION PREFILLED SYRINGE 1 MG/10ML INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MG/50ML-%	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 10-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 20-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 40-0.9 MG/250ML-% INTRAVENOUS	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
PHENYLEPHRINE HCL-NACL SOLUTION 50-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 80-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 0.8-0.9 MG/10ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-% INTRAVENOUS	T3	
ANTIMUSCARINICS/ANTISPASMODICS		
ANORO ELLIPTA (***umeclidinium-vilanterol***)	T2	QL (2 EA per 1 day)
atropine sulfate injection	T1	
atropine sulfate intravenous solution	T1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1.2 MG/3ML	T3	
atropine sulfate ophthalmic solution 1 %	LCG	
ATROPINE SULFATE SOLUTION 0.025 % OPHTHALMIC	T3	
ATROPINE SULFATE SOLUTION 0.05 % OPHTHALMIC	T3	
ATROPINE SULFATE SOLUTION PREFILLED SYRINGE 1 MG/2.5ML INTRAVENOUS	T3	
BREZTRI AEROSPHERE (***budeson-glycopyrrol-formoterol***)	T2	QL (0.36 GM per 1 day)
chlordiazepoxide-clidinium	T1	PA
COMBIVENT RESPIMAT (***ipratropium-albuterol***)	T2	QL (0.27 GM per 1 day)
CUVPOSA (***glycopyrrolate***)	T3	PA
dicyclomine hcl intramuscular	T1	
dicyclomine hcl oral capsule	LCG	
dicyclomine hcl oral solution 10 mg/5ml	T1	
dicyclomine hcl oral tablet 20 mg	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
dicyclomine hcl oral tablet 40 mg	T1	PA
diphenoxylate-atropine	T1	
GLYCATE (***glycopyrrolate***)	T3	PA; QL (6 EA per 1 day)
glycopyrrolate injection solution 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml	T1	
glycopyrrolate oral solution 1 mg/5ml	T1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	T1	QL (4 EA per 1 day)
GLYCOPYRROLATE ORAL TABLET 1.5 MG	T3	PA; QL (6 EA per 1 day)
glycopyrrolate pf +rfid injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	T1	
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	T1	
GLYCOPYRROLATE SOLUTION PREFILLED SYRINGE 0.6 MG/3ML INJECTION	T3	
GLYRX-PF (***glycopyrrolate***)	T3	
hydrocodone bit-homatrop mbr oral solution	T1	QL (240 ML per 1 fill)
hydrocodone bit-homatrop mbr oral tablet	T1	QL (6 EA per 1 day)
hyoscyamine sulfate er	T1	
hyoscyamine sulfate oral elixir	T1	
hyoscyamine sulfate oral tablet	T1	
hyoscyamine sulfate oral tablet dispersible	T1	
hyoscyamine sulfate sl	T1	
hyoscyamine sulfate sublingual	T1	
ipratropium bromide hfa	T1	QL (0.86 GM per 1 day)
ipratropium bromide inhalation	LCG	QL (10.42 ML per 1 day)
ipratropium bromide nasal	LCG	
ipratropium-albuterol	T1	QL (18 ML per 1 day)
LIBRAX (***chlordiazepoxide-clidinium***)	T3	PA
LOMOTIL (***diphenoxylate-atropine***)	T3	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
methscopolamine bromide oral	T1	
OSCIMIN	T3	
QBREXZA (***glycopyrronium tosylate***)	T3	QL (1 EA per 1 day)
scopolamine	T1	
SPIRIVA RESPIMAT (***tiotropium bromide***)	T2	QL (0.14 GM per 1 day)
STIOLTO RESPIMAT (***tiotropium bromide-olodaterol***)	T2	QL (0.14 GM per 1 day)
tiotropium bromide	T1	QL (1 EA per 1 day)
TRANSDERM SCOP (***scopolamine base***)	T3	
TRELEGY ELLIPTA (***fluticasone-umeclidin-vilant***)	T2	QL (2 EA per 1 day)
UMECLIDINIUM ELLIPTA	T3	QL (1 EA per 1 day)
YUPELRI (***revefenacin***)	T3	QL (3 ML per 1 day)
ANTIPARKINSONIAN AGENTS		
benztropine mesylate injection	T1	
benztropine mesylate oral	LCG	
diphenhydramine hcl injection	T1	
trihexyphenidyl hcl oral solution	T1	
trihexyphenidyl hcl oral tablet 2 mg	LCG	
trihexyphenidyl hcl oral tablet 5 mg	T1	
AUTONOMIC DRUGS, MISCELLANEOUS		
NICOTROL NS (***nicotine***)	T2	$0 for 180 days/year
varenicline tartrate	T1	$0 for 180 days/year
varenicline tartrate (starter)	T1	$0 for 180 days/year
varenicline tartrate(continue)	T1	$0 for 180 days/year
BOTULINUM TOXINS		
DAXXIFY (***daxibotulinumtoxina-lanm***)	T3	PA
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT		
ATMEKSI (***methocarbamol***)	T3	PA
carisoprodol oral	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	T1	PA
chlorzoxazone oral tablet 500 mg	T1	
cyclobenzaprine hcl er	T1	PA
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	LCG	
cyclobenzaprine hcl oral tablet 7.5 mg	T1	PA
FEXMID (***cyclobenzaprine hcl***)	T3	PA
metaxalone	T1	PA
methocarbamol injection	T1	
methocarbamol oral tablet 1000 mg	T1	PA
methocarbamol oral tablet 500 mg, 750 mg	LCG	
ROBAXIN (***methocarbamol***)	T3	
tanlor	T1	PA
tizanidine hcl oral capsule 2 mg, 4 mg, 8 mg	T1	PA
tizanidine hcl oral capsule 6 mg	T1	
tizanidine hcl oral tablet	T1	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS		
DANTRIUM INTRAVENOUS (***dantrolene sodium***)	T3	
DANTRIUM ORAL (***dantrolene sodium***)	T3	PA
dantrolene sodium intravenous	T1	
dantrolene sodium oral	T1	
revonto	T1	
RYANODEX (***dantrolene sodium***)	T3	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT		
baclofen oral solution 10 mg/5ml, 5 mg/5ml	T1	PA
baclofen oral suspension	T1	PA
baclofen oral tablet 10 mg	LCG	
baclofen oral tablet 15 mg, 20 mg, 5 mg	T1	

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT		
orphenadrine citrate er	T1	QL (2 EA per 1 day)
orphenadrine citrate injection	T1	
orphenadrine-aspirin-caffeine	T1	PA; QL (4 EA per 1 day)
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS		
BETAPACE (***sotalol hcl***)	T3	PA
BETAPACE AF (***sotalol hcl af***)	T3	PA
BETIMOL (***timolol hemihydrate***)	T3	PA
carvedilol	LCG	$0 HDHP
carvedilol phosphate er	T1	PA
HEMANGEOL (***propranolol hcl***)	T3	PA
ISTALOL (***timolol maleate***)	T3	PA
labetalol hcl intravenous solution	T1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
labetalol hcl oral	T1	$0 HDHP
nadolol oral	T1	$0 HDHP
nebivolol hcl	T1	$0 HDHP
pindolol	T1	
propranolol hcl er	T1	$0 HDHP
propranolol hcl intravenous	T1	
propranolol hcl oral solution	T1	$0 HDHP
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	LCG	$0 HDHP
propranolol hcl oral tablet 60 mg	T1	$0 HDHP
sotalol hcl (af)	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	T1	
sotalol hcl oral tablet 80 mg	LCG	
SOTYLIZE (***sotalol hcl***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
timolol hemihydrate	T1	PA
timolol maleate (once-daily)	T1	
timolol maleate ocudose	T1	PA
timolol maleate ophthalmic gel forming solution	T1	PA
timolol maleate ophthalmic solution	LCG	
timolol maleate oral	T1	
timolol maleate pf	T1	PA
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS		
CARDURA (***doxazosin mesylate***)	T3	PA
CARDURA XL (***doxazosin mesylate***)	T3	PA
doxazosin mesylate oral	LCG	
prazosin hcl oral	LCG	
terazosin hcl	LCG	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS		
CAFERGOT (***ergotamine-caffeine***)	T3	PA; QL (1.43 EA per 1 day)
dihydroergotamine mesylate injection	T1	PA; QL (0.86 ML per 1 day)
dihydroergotamine mesylate nasal	T1	PA; QL (0.27 ML per 1 day)
ERGOMAR (***ergotamine tartrate***)	T3	PA; QL (0.72 EA per 1 day)
ergotamine-caffeine	T1	PA; QL (1.43 EA per 1 day)
MIGERGOT (***ergotamine-caffeine***)	T3	PA; QL (0.72 EA per 1 day)
phenoxybenzamine hcl oral	T1	PA
phentolamine mesylate injection	T1	
NON-SELECTIVE BETA-ADRENERGIC AGONISTS		
isoproterenol hcl injection	T1	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS)		
ANTICHOLIUM (***physostigmine salicylate***)	T3	
ARICEPT (***donepezil hcl***)	T3	PA
bethanechol chloride oral	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
cevimeline hcl	T1	
donepezil hcl	T1	
EVOXAC (***cevimeline hcl***)	T3	PA
EXELON (***rivastigmine***)	T3	PA
galantamine hydrobromide	T1	
galantamine hydrobromide er	T1	
memantine hcl-donepezil hcl er	T1	QL (1 EA per 1 day)
MESTINON (***pyridostigmine bromide***)	T3	PA
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1	
pilocarpine hcl ophthalmic solution 1.25 %	T1	PA; QL (0.3 ML per 1 day)
pilocarpine hcl oral	T1	
pyridostigmine bromide er oral tablet extended release	T1	
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	
pyridostigmine bromide oral	T1	
REGONOL (***pyridostigmine bromide***)	T3	
rivastigmine	T1	PA
rivastigmine tartrate	T1	
SALAGEN (***pilocarpine hcl***)	T3	PA
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT		
alfuzosin hcl er	T1	
carvedilol	LCG	$0 HDHP
carvedilol phosphate er	T1	PA
dutasteride-tamsulosin hcl	T1	PA
labetalol hcl intravenous solution	T1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
labetalol hcl oral	T1	$0 HDHP

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Drug Name	Drug Tier	Coverage Requirements & Limits
silodosin	T1	
tamsulosin hcl	LCG	
UROXATRAL (***alfuzosin hcl***)	T3	PA
SELECTIVE BETA-1-ADRENERGIC AGONISTS		
dobutamine hcl	T1	
dobutamine-dextrose	T1	
dopamine hcl intravenous	T1	
dopamine-dextrose	T1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS		
ADVAIR HFA (***fluticasone-salmeterol***)	T1	QL (0.4 GM per 1 day)
AIRSUPRA (***albuterol-budesonide***)	T2	QL (1.1 GM per 1 day)
albuterol sulfate hfa	T1	QL (1.2 GM per 1 day)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	LCG	QL (18 ML per 1 day)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	T1	QL (12.5 ML per 1 day)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	LCG	QL (5 EA per 1 day)
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	LCG	QL (5 EA per 1 day)
albuterol sulfate oral	T1	
ANORO ELLIPTA (***umeclidinium-vilanterol***)	T2	QL (2 EA per 1 day)
arformoterol tartrate	T1	QL (4 ML per 1 day)
BREO ELLIPTA (***fluticasone furoate-vilanterol***)	T1	QL (2 EA per 1 day)
BREZTRI AEROSPHERE (***budeson-glycopyrrol-formoterol***)	T2	QL (0.36 GM per 1 day)
COMBIVENT RESPIMAT (***ipratropium-albuterol***)	T2	QL (0.27 GM per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T1	$0 HDHP; QL (2 EA per 1 day)
formoterol fumarate inhalation	T1	QL (4 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
ipratropium-albuterol	T1	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	T1	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	T1	QL (3 EA per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	T1	QL (9 ML per 1 day)
PERFOROMIST (***formoterol fumarate***)	T3	QL (4 ML per 1 day)
SEREVENT DISKUS (***salmeterol xinafoate***)	T2	QL (2 EA per 1 day)
STIOLTO RESPIMAT (***tiotropium bromide-olodaterol***)	T2	QL (0.14 GM per 1 day)
STRIVERDI RESPIMAT (***olodaterol hcl***)	T2	QL (4.2 GM per 30 days)
SYMBICORT (***budesonide-formoterol fumarate***)	T1	QL (0.35 GM per 1 day)
terbutaline sulfate injection	T1	
terbutaline sulfate oral	T1	
TRELEGY ELLIPTA (***fluticasone-umeclidin-vilant***)	T2	QL (2 EA per 1 day)
wixela inhub	T1	$0 HDHP; QL (2 EA per 1 day)
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT		
acebutolol hcl oral	T1	
atenolol oral	LCG	$0 HDHP
atenolol-chlorthalidone	LCG	$0 HDHP
betaxolol hcl ophthalmic	T1	
betaxolol hcl oral	T1	$0 HDHP
bisoprolol fumarate oral tablet 10 mg, 5 mg	LCG	$0 HDHP
bisoprolol fumarate oral tablet 2.5 mg	T1	PA
bisoprolol-hydrochlorothiazide	LCG	$0 HDHP
BREVIBLOC (***esmolol hcl***)	T3	
BREVIBLOC IN NACL (***esmolol hcl-sodium chloride***)	T3	
BREVIBLOC PREMIXED (***esmolol hcl-sodium chloride***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
BREVIBLOC PREMIXED DS (***esmolol hcl-sodium chloride***)	T3	
esmolol hcl intravenous solution 100 mg/10ml	T1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	T3	
esmolol hcl-sodium chloride	T1	
LOPRESSOR ORAL SOLUTION (***metoprolol tartrate***)	T3	PA
LOPRESSOR ORAL TABLET (***metoprolol tartrate***)	T3	
metoprolol succinate er	T1	$0 HDHP
metoprolol tartrate intravenous	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	LCG	$0 HDHP
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	T3	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	T1	$0 HDHP
metoprolol-hydrochlorothiazide	T1	
nadolol oral	T1	$0 HDHP
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS		
DAXXIFY (***daxibotulinumtoxina-lanm***)	T3	PA
orphenadrine citrate er	T1	QL (2 EA per 1 day)
orphenadrine citrate injection	T1	
orphenadrine-aspirin-caffeine	T1	PA; QL (4 EA per 1 day)
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det)	LCG	$0 for 180 days/year
naltrexone hcl oral	T1	
NICOTROL NS (***nicotine***)	T2	$0 for 180 days/year
TYRVAYA (***varenicline tartrate***)	T3	PA; QL (0.3 ML per 1 day)
varenicline tartrate	T1	$0 for 180 days/year
varenicline tartrate (starter)	T1	$0 for 180 days/year
varenicline tartrate(continue)	T1	$0 for 180 days/year
VIVITROL (***naltrexone***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
ARALAST NP (***alpha1-proteinase inhibitor***)	T4	PA
GLASSIA (***alpha1-proteinase inhibitor***)	T4	PA
PROLASTIN-C (***alpha1-proteinase inhibitor***)	T4	PA
ZEMAIRA (***alpha1-proteinase inhibitor***)	T4	PA
BLOOD FORMATION, COAGULATION, THROMBOSIS		
ANTIANEMIA DRUGS		
ARANESP (ALBUMIN FREE) (***darbepoetin alfa***)	T4	PA
PROCRIT (***epoetin alfa***)	T4	PA
RETACRIT (***epoetin alfa-epbx***)	T4	PA
ANTICOAGULANTS, MISCELLANEOUS		
ACD FORMULA A	T3	
ACD-A NOCLOT-50 (***anticoagulant cit dext soln a***)	T3	
ANTICOAGULANT SODIUM CITRATE	T3	
ARIXTRA (***fondaparinux sodium***)	T3	PA
fondaparinux sodium	T1	
SODIUM CITRATE IN VITRO	T3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION	T3	
TRICITRASOL (***anticoagulant sodium citrate***)	T3	
ANTIHEPARIN AGENTS		
protamine sulfate intravenous	T1	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS		
CABLIVI (***caplacizumab-yhdp***)	T4	PA; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC.		
AQVESME (***mitapivat sulfate***)	T4	PA; QL (2 EA per 1 day)
ENJAYMO (***sutimlimab-jome***)	T4	PA
PYRUKYND (***mitapivat sulfate***)	T4	PA; QL (2 EA per 1 day)
PYRUKYND TAPER PACK (***mitapivat sulfate***)	T4	PA; QL (1 EA per 1 day)
TAVALISSE (***fostamatinib disodium***)	T4	PA
COUMARIN DERIVATIVES		
warfarin sodium oral	LCG	
DIRECT FACTOR XA INHIBITORS		
ARIXTRA (***fondaparinux sodium***)	T3	PA
ELIQUIS (1.5 MG PACK) (***apixaban***)	T2	QL (12 EA per 1 day)
ELIQUIS (2 MG PACK) (***apixaban***)	T2	QL (16 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK (***apixaban***)	T2	QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE (***apixaban***)	T2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET (***apixaban***)	T2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET SOLUBLE (***apixaban***)	T2	QL (4 EA per 1 day)
fondaparinux sodium	T1	
rivaroxaban oral suspension reconstituted	T1	QL (20 ML per 1 day)
rivaroxaban oral tablet	T1	QL (2 EA per 1 day)
SAVAYSA (***edoxaban tosylate***)	T3	QL (1 EA per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED (***rivaroxaban***)	T2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***)	T2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (***rivaroxaban***)	T2	QL (2 EA per 1 day)
XARELTO STARTER PACK (***rivaroxaban***)	T2	QL (102 EA per 365 days)
DIRECT THROMBIN INHIBITORS		
bivalirudin trifluoroacetate intravenous solution reconstituted	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
dabigatran etexilate mesylate	T1	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE (***dabigatran etexilate mesylate***)	T2	PA; QL (2 EA per 1 day)
PRADAXA ORAL PACKET 110 MG, 30 MG, 40 MG, 50 MG (***dabigatran etexilate mesylate***)	T3	QL (4 EA per 1 day)
PRADAXA ORAL PACKET 150 MG, 20 MG (***dabigatran etexilate mesylate***)	T3	QL (2 EA per 1 day)
HEMATOPOIETIC AGENTS		
ALVAIZ (***eltrombopag choline***)	T4	PA
APHEXDA (***motixafortide acetate***)	T4	
ARANESP (ALBUMIN FREE) (***darbepoetin alfa***)	T4	PA
ARMLUPEG (***pegfilgrastim-unne***)	T4	PA
DOPTELET (***avatrombopag maleate***)	T4	PA
DOPTELET SPRINKLE (***avatrombopag maleate***)	T4	PA; QL (2 EA per 1 day)
eltrombopag olamine oral tablet	T4	PA
FILKRI (***filgrastim-laha***)	T4	PA
LEUKINE (***sargramostim***)	T4	PA
MIRCERA (***methoxy peg-epoetin beta***)	T4	PA
MOZOBIL (***plerixafor***)	T4	PA
MULPLETA (***lusutrombopag***)	T4	PA
NEULASTA (***pegfilgrastim***)	T4	PA
NEULASTA ONPRO (***pegfilgrastim***)	T4	PA
NIVESTYM (***filgrastim-aafi***)	T4	PA
NPLATE (***romiplostim***)	T4	PA
plerixafor	T4	
PROCRIT (***epoetin alfa***)	T4	PA
RETACRIT (***epoetin alfa-epbx***)	T4	PA
UDENYCA (***pegfilgrastim-cbqv***)	T4	PA
UDENYCA ONBODY (***pegfilgrastim-cbqv***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
XOLREMDI (***mavorixafor***)	T4	PA; QL (4 EA per 1 day)
ZARXIO (***filgrastim-sndz***)	T4	PA
HEMORRHEOLOGIC AGENTS		
LMD IN D5W (***dextran 40 in d5w***)	T3	
LMD IN NACL (***dextran 40 in saline***)	T3	
pentoxifylline er	T1	
HEMOSTATICS		
ALHEMO (***concizumab-mtci***)	T4	PA
aminocaproic acid intravenous	T1	
aminocaproic acid oral	T1	
ASTRINGYN (***ferric subsulfate***)	T3	
CRENESSITY ORAL CAPSULE 100 MG (***crinecerfont***)	T4	PA; QL (4 EA per 1 day)
CRENESSITY ORAL CAPSULE 50 MG (***crinecerfont***)	T4	PA; QL (3 EA per 1 day)
CRENESSITY ORAL SOLUTION (***crinecerfont***)	T4	PA; QL (8 ML per 1 day)
CYKLOKAPRON (***tranexamic acid***)	T3	
DDAVP (***desmopressin acetate***)	T3	PA
DDAVP PF (***desmopressin acetate***)	T3	PA
desmopressin ace spray refrig	T1	
desmopressin acetate injection	T1	
desmopressin acetate oral	T1	
desmopressin acetate pf	T1	
desmopressin acetate spray	T1	
HEMLIBRA (***emicizumab-kxwh***)	T4	PA
QFITLIA (***fitusiran sodium***)	T4	PA
tranexamic acid intravenous	T1	
tranexamic acid oral	T1	
tranexamic acid-nacl	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
HEPARINS		
DEFENCATH (***heparin (porcine)-taurolidine***)	T3	
enoxaparin sodium	T1	
FRAGMIN (***dalteparin sodium***)	T3	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	T1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%	T3	
HEPARIN (PORCINE) IN NACL SOLUTION 2500-0.9 UT/500ML-% INTRAVENOUS	T3	
HEPARIN (PORCINE) IN NACL SOLUTION 5000-0.9 UT/500ML-% INTRAVENOUS	T3	
heparin sod (porcine) in d5w	T1	
heparin sodium (porcine)	T1	
heparin sodium (porcine) +rfid	T1	
heparin sodium (porcine) pf	T1	
LOVENOX INJECTION SOLUTION (***enoxaparin sodium***)	T3	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE (***enoxaparin sodium***)	T3	PA
INDIRECT FACTOR XA INHIBITORS		
ARIXTRA (***fondaparinux sodium***)	T3	PA
fondaparinux sodium	T1	
IRON PREPARATIONS		
FERAHEME (***ferumoxytol***)	T3	PA
ferric carboxymaltose	T1	
FERRLECIT (***na ferric gluc cplx in sucrose***)	T3	
ferumoxytol	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
HEMATINIC/FOLIC ACID	T3	
INFED (***iron dextran***)	T3	
INJECTAFER (***ferric carboxymaltose***)	T3	
iron sucrose	T1	
MONOFERRIC (***ferric derisomaltose***)	T3	
na ferric gluc cplx in sucrose	T1	
VENOFER (***iron sucrose***)	T3	
LIVER AND STOMACH PREPARATIONS		
cyanocobalamin injection solution 1000 mcg/ml	T1	
cyanocobalamin nasal	T1	
hydroxocobalamin acetate	T1	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	T3	
NASCOBAL (***cyanocobalamin***)	T3	PA
PLATELET-AGGREGATION INHIBITORS		
AGGRASTAT (***tirofiban hcl in nacl***)	T3	
aspirin-dipyridamole er	T1	
butalbital-aspirin-caffeine	T1	
cilostazol	T1	
clopidogrel bisulfate oral	T1	
dipyridamole oral	T1	
EFFIENT (***prasugrel hcl***)	T3	PA
eptifibatide	T1	
KENGREAL (***cangrelor tetrasodium***)	T3	
prasugrel hcl	T1	
ticagrelor	T1	
tirofiban hcl in nacl	T1	
ZONTIVITY (***vorapaxar sulfate***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
PLATELET-REDUCING AGENTS		
AGRYLIN (***anagrelide hcl***)	T3	PA
anagrelide hcl	T1	
THROMBOLYTIC AGENTS		
butalbital-aspirin-caffeine	T1	
VON WILLEBRAND FACTOR-RELATED ANTITHROMB		
CABLIVI (***caplacizumab-yhdp***)	T4	PA; QL (1 EA per 1 day)
CARDIOVASCULAR DRUGS		
ACL INHIBITORS		
NEXLETOL (***bempedoic acid***)	T2	PA; QL (1 EA per 1 day)
NEXLIZET (***bempedoic acid-ezetimibe***)	T2	PA; QL (1 EA per 1 day)
ALDOSTERONE SYNTHASE INHIBITORS		
BAXFENDY (***baxdrostat***)	T3	PA; QL (1 EA per 1 day)
ALPHA-ADRENERGIC BLOCKING AGENTS (24:16)		
ASCLERA (***polidocanol***)	T3	
CARDURA (***doxazosin mesylate***)	T3	PA
doxazosin mesylate oral	LCG	
ETHAMOLIN (***ethanolamine oleate***)	T3	
nadolol oral	T1	$0 HDHP
prazosin hcl oral	LCG	
terazosin hcl	LCG	
VARITHENA (***polidocanol***)	T3	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN)		
CARDURA (***doxazosin mesylate***)	T3	PA
CARDURA XL (***doxazosin mesylate***)	T3	PA
carvedilol	LCG	$0 HDHP
carvedilol phosphate er	T1	PA
doxazosin mesylate oral	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
labetalol hcl intravenous solution	T1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	$0 HDHP
prazosin hcl oral	LCG	
terazosin hcl	LCG	
ANGIOTENSIN II RECEP ANTAGONIST/NEPROLYS		
ENTRESTO ORAL CAPSULE SPRINKLE (***sacubitril-valsartan***)	T2	QL (8 EA per 1 day)
sacubitril-valsartan oral tablet 24-26 mg	T1	QL (6 EA per 1 day)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	T1	QL (2 EA per 1 day)
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN)		
amlodipine besylate-valsartan	T1	
amlodipine-olmesartan	T1	PA
amlodipine-valsartan-hctz	T1	
ATACAND HCT (***candesartan cilexetil-hctz***)	T3	PA
AVALIDE (***irbesartan-hydrochlorothiazide***)	T3	PA
azilsartan medoxomil tablet 40 mg oral	T1	
azilsartan medoxomil tablet 40 mg oral	T1	PA
azilsartan medoxomil tablet 80 mg oral	T1	
azilsartan medoxomil tablet 80 mg oral	T1	PA
candesartan cilexetil	T1	PA
candesartan cilexetil-hctz	T1	PA
EDARBYCLOR (***azilsartan-chlorthalidone***)	T3	
irbesartan	T1	
irbesartan-hydrochlorothiazide	T1	
losartan potassium oral	LCG	
losartan potassium-hctz	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
olmesartan medoxomil oral	T1	
olmesartan medoxomil-hctz	T1	
olmesartan-amlodipine-hctz	T1	
telmisartan	T1	
telmisartan-amlodipine	T1	
telmisartan-hctz	T1	PA
valsartan oral solution	T1	PA
valsartan oral tablet	T1	
valsartan-hydrochlorothiazide	T1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
amlodipine besylate-valsartan	T1	
amlodipine-olmesartan	T1	PA
amlodipine-valsartan-hctz	T1	
ARBLI (***losartan potassium***)	T3	PA; AL
ATACAND HCT (***candesartan cilexetil-hctz***)	T3	PA
AVALIDE (***irbesartan-hydrochlorothiazide***)	T3	PA
azilsartan medoxomil tablet 40 mg oral	T1	
azilsartan medoxomil tablet 40 mg oral	T1	PA
azilsartan medoxomil tablet 80 mg oral	T1	
azilsartan medoxomil tablet 80 mg oral	T1	PA
candesartan cilexetil	T1	PA
candesartan cilexetil-hctz	T1	PA
EDARBYCLOR (***azilsartan-chlorthalidone***)	T3	
ENTRESTO ORAL CAPSULE SPRINKLE (***sacubitril-valsartan***)	T2	QL (8 EA per 1 day)
irbesartan	T1	
irbesartan-hydrochlorothiazide	T1	
losartan potassium oral	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
losartan potassium-hctz	LCG	
olmesartan medoxomil oral	T1	
olmesartan medoxomil-hctz	T1	
olmesartan-amlodipine-hctz	T1	
sacubitril-valsartan oral tablet 24-26 mg	T1	QL (6 EA per 1 day)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	T1	QL (2 EA per 1 day)
telmisartan	T1	
telmisartan-amlodipine	T1	
telmisartan-hctz	T1	PA
valsartan oral solution	T1	PA
valsartan oral tablet	T1	
valsartan-hydrochlorothiazide	T1	
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN)		
amlodipine besylate-benazepril hcl	T1	
benazepril hcl oral	LCG	$0 HDHP
benazepril-hydrochlorothiazide	T1	$0 HDHP
captopril oral	T1	PA
captopril-hydrochlorothiazide	T1	
enalapril maleate oral solution	T1	PA; $0 HDHP
enalapril maleate oral tablet	LCG	$0 HDHP
enalaprilat	T1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	T1	$0 HDHP
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	LCG	$0 HDHP
EPANED (***enalapril maleate***)	T3	PA
fosinopril sodium	LCG	$0 HDHP
fosinopril sodium-hctz	T1	
lisinopril oral	LCG	$0 HDHP
lisinopril-hydrochlorothiazide	LCG	$0 HDHP

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Drug Name	Drug Tier	Coverage Requirements & Limits
LOTENSIN (***benazepril hcl***)	T3	
LOTENSIN HCT (***benazepril-hydrochlorothiazide***)	T3	
moexipril hcl	T1	
perindopril erbumine	T1	$0 HDHP
PRESTALIA (***perindopril arg-amlodipine***)	T3	
QBRELIS (***lisinopril***)	T3	PA
quinapril hcl	LCG	
quinapril-hydrochlorothiazide	T1	
ramipril	LCG	$0 HDHP
trandolapril	LCG	$0 HDHP
trandolapril-verapamil hcl er	T1	PA
VASERETIC (***enalapril-hydrochlorothiazide***)	T3	PA
VASOTEC (***enalapril maleate***)	T3	PA
ZESTORETIC (***lisinopril-hydrochlorothiazide***)	T3	PA
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
amlodipine besylate-benazepril hcl	T1	
benazepril hcl oral	LCG	$0 HDHP
benazepril-hydrochlorothiazide	T1	$0 HDHP
captopril oral	T1	PA
captopril-hydrochlorothiazide	T1	
enalapril maleate oral solution	T1	PA; $0 HDHP
enalapril maleate oral tablet	LCG	$0 HDHP
enalaprilat	T1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	T1	$0 HDHP
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	LCG	$0 HDHP
EPANED (***enalapril maleate***)	T3	PA
fosinopril sodium	LCG	$0 HDHP
fosinopril sodium-hctz	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
lisinopril oral	LCG	$0 HDHP
lisinopril-hydrochlorothiazide	LCG	$0 HDHP
LOTENSIN (***benazepril hcl***)	T3	
LOTENSIN HCT (***benazepril-hydrochlorothiazide***)	T3	
moexipril hcl	T1	
perindopril erbumine	T1	$0 HDHP
PRESTALIA (***perindopril arg-amlodipine***)	T3	
QBRELIS (***lisinopril***)	T3	PA
quinapril hcl	LCG	
quinapril-hydrochlorothiazide	T1	
ramipril	LCG	$0 HDHP
trandolapril	LCG	$0 HDHP
trandolapril-verapamil hcl er	T1	PA
VASERETIC (***enalapril-hydrochlorothiazide***)	T3	PA
VASOTEC (***enalapril maleate***)	T3	PA
ZESTORETIC (***lisinopril-hydrochlorothiazide***)	T3	PA
ANTIARRHYTHMIC AGENTS		
adenosine intravenous	T1	
ANTIARRHYTHMICS, MISCELLANEOUS		
digoxin injection	T1	
digoxin oral solution	T1	
digoxin oral tablet 125 mcg, 250 mcg	LCG	
digoxin oral tablet 62.5 mcg	T1	
LANOXIN INJECTION (***digoxin***)	T3	
LANOXIN ORAL (***digoxin***)	T2	PA
LANOXIN PEDIATRIC (***digoxin***)	T3	
magnesium sulfate in d5w	T1	
MAGNESIUM SULFATE-NACL	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
ANTILIPEMIC AGENTS, MISCELLANEOUS		
icosapent ethyl	T1	PA
JUXTAPID ORAL CAPSULE 10 MG, 5 MG (***lomitapide mesylate***)	T4	PA; QL (56 EA per 365 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG (***lomitapide mesylate***)	T4	PA; QL (2 EA per 1 day)
NEXLETOL (***bempedoic acid***)	T2	PA; QL (1 EA per 1 day)
NEXLIZET (***bempedoic acid-ezetimibe***)	T2	PA; QL (1 EA per 1 day)
niacin (antihyperlipidemic)	T1	PA
niacin er (antihyperlipidemic)	T1	
niacor	T1	PA
omega-3-acid ethyl esters	T1	
REPATHA SURECLICK (***evolocumab***)	T2	QL (0.11 ML per 1 day)
TRYNGOLZA (***olezarsen sodium***)	T4	PA; QL (0.03 ML per 1 day)
VASCEPA (***icosapent ethyl***)	T2	PA
BETA-ADRENERGIC BLOCKING AGENTS (24:20)		
acebutolol hcl oral	T1	
atenolol oral	LCG	$0 HDHP
atenolol-chlorthalidone	LCG	$0 HDHP
BETAPACE (***sotalol hcl***)	T3	PA
BETAPACE AF (***sotalol hcl af***)	T3	PA
betaxolol hcl oral	T1	$0 HDHP
BETIMOL (***timolol hemihydrate***)	T3	PA
bisoprolol fumarate oral tablet 10 mg, 5 mg	LCG	$0 HDHP
bisoprolol fumarate oral tablet 2.5 mg	T1	PA
bisoprolol-hydrochlorothiazide	LCG	$0 HDHP
BREVIBLOC (***esmolol hcl***)	T3	
BREVIBLOC IN NACL (***esmolol hcl-sodium chloride***)	T3	

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
BREVIBLOC PREMIXED (***esmolol hcl-sodium chloride***)	T3	
BREVIBLOC PREMIXED DS (***esmolol hcl-sodium chloride***)	T3	
CARDURA (***doxazosin mesylate***)	T3	PA
CARDURA XL (***doxazosin mesylate***)	T3	PA
carvedilol	LCG	$0 HDHP
carvedilol phosphate er	T1	PA
doxazosin mesylate oral	LCG	
esmolol hcl intravenous solution 100 mg/10ml	T1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	T3	
esmolol hcl-sodium chloride	T1	
HEMANGEOL (***propranolol hcl***)	T3	PA
ISTALOL (***timolol maleate***)	T3	PA
labetalol hcl intravenous solution	T1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
labetalol hcl oral	T1	$0 HDHP
LOPRESSOR ORAL SOLUTION (***metoprolol tartrate***)	T3	PA
LOPRESSOR ORAL TABLET (***metoprolol tartrate***)	T3	
metoprolol succinate er	T1	$0 HDHP
metoprolol tartrate intravenous	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	LCG	$0 HDHP
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	T3	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	T1	$0 HDHP
metoprolol-hydrochlorothiazide	T1	
nadolol oral	T1	$0 HDHP
nebivolol hcl	T1	$0 HDHP
pindolol	T1	

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
prazosin hcl oral	LCG	
propranolol hcl er	T1	$0 HDHP
propranolol hcl intravenous	T1	
propranolol hcl oral solution	T1	$0 HDHP
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	LCG	$0 HDHP
propranolol hcl oral tablet 60 mg	T1	$0 HDHP
sotalol hcl (af)	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	T1	
sotalol hcl oral tablet 80 mg	LCG	
SOTYLIZE (***sotalol hcl***)	T3	
terazosin hcl	LCG	
timolol hemihydrate	T1	PA
timolol maleate (once-daily)	T1	
timolol maleate ocudose	T1	PA
timolol maleate ophthalmic gel forming solution	T1	PA
timolol maleate ophthalmic solution	LCG	
timolol maleate oral	T1	
timolol maleate pf	T1	PA
BILE ACID SEQUESTRANTS		
cholestyramine light	T1	
cholestyramine oral	T1	
colesevelam hcl oral packet	T1	PA
colesevelam hcl oral tablet	T1	
colestipol hcl	T1	
prevalite	T1	
BRADYKININ RECEPTORS ANTAGONISTS		
icatibant acetate	T4	PA; QL (0.6 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN)		
CARDIZEM (***diltiazem hcl***)	T3	PA
CARDIZEM CD (***diltiazem hcl coated beads***)	T3	PA
cartia xt	T1	
diltiazem hcl er beads	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 120 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	T1	
diltiazem hcl er oral capsule extended release 24 hour	T1	
diltiazem hcl er oral tablet extended release 24 hour	T1	PA
diltiazem hcl intravenous	T1	
diltiazem hcl oral	T1	
DILTIAZEM HCL-DEXTROSE SOLUTION 125-5 MG/125ML-% INTRAVENOUS	T3	
dilt-xr	T1	
matzim la	T1	PA
tiadylt er	T1	
TIAZAC (***diltiazem hcl er beads***)	T3	PA
trandolapril-verapamil hcl er	T1	PA
verapamil hcl er oral capsule extended release 24 hour	T1	PA
verapamil hcl er oral tablet extended release	T1	
verapamil hcl intravenous	T1	
verapamil hcl oral tablet 120 mg, 80 mg	LCG	
verapamil hcl oral tablet 40 mg	T1	

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
CALCIUM-CHANNEL BLOCKING AGENTS		
amlodipine besylate oral	LCG	
amlodipine besylate-benazepril hcl	T1	
amlodipine besylate-valsartan	T1	
amlodipine-atorvastatin	T1	
amlodipine-olmesartan	T1	PA
amlodipine-valsartan-hctz	T1	
CADUET (***amlodipine-atorvastatin***)	T3	PA
CARDENE IV (***nicardipine hcl***)	T3	
CARDIZEM (***diltiazem hcl***)	T3	PA
CARDIZEM CD (***diltiazem hcl coated beads***)	T3	PA
cartia xt	T1	
CLEVIPREX (***clevidipine***)	T3	
diltiazem hcl er beads	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 120 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	T1	
diltiazem hcl er oral capsule extended release 24 hour	T1	
diltiazem hcl er oral tablet extended release 24 hour	T1	PA
diltiazem hcl intravenous	T1	
diltiazem hcl oral	T1	
DILTIAZEM HCL-DEXTROSE SOLUTION 125-5 MG/125ML-% INTRAVENOUS	T3	

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%	T3	
dilt-xr	T1	
felodipine er	T1	
isradipine	T1	
matzim la	T1	PA
nicardipine hcl in nacl intravenous solution 20-0.9 mg/200ml-%, 40-0.9 mg/200ml-%	T1	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
nicardipine hcl intravenous	T1	
nicardipine hcl oral	T1	PA
nifedipine er	T1	
nifedipine er osmotic release	T1	
nifedipine oral	T1	
nimodipine oral capsule	T1	
nisoldipine er	T1	PA
NYMALIZE (***nimodipine***)	T3	
olmesartan-amlodipine-hctz	T1	
PRESTALIA (***perindopril arg-amlodipine***)	T3	
PROCARDIA XL (***nifedipine***)	T3	PA
SULAR (***nisoldipine***)	T3	PA
telmisartan-amlodipine	T1	
tiadylt er	T1	
TIAZAC (***diltiazem hcl er beads***)	T3	PA
trandolapril-verapamil hcl er	T1	PA
verapamil hcl er oral capsule extended release 24 hour	T1	PA
verapamil hcl er oral tablet extended release	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
verapamil hcl intravenous	T1	
verapamil hcl oral tablet 120 mg, 80 mg	LCG	
verapamil hcl oral tablet 40 mg	T1	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC.		
CARDIZEM (***diltiazem hcl***)	T3	PA
CARDIZEM CD (***diltiazem hcl coated beads***)	T3	PA
cartia xt	T1	
diltiazem hcl er beads	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 120 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	T1	
diltiazem hcl er oral capsule extended release 24 hour	T1	
diltiazem hcl er oral tablet extended release 24 hour	T1	PA
diltiazem hcl intravenous	T1	
diltiazem hcl oral	T1	
DILTIAZEM HCL-DEXTROSE SOLUTION 125-5 MG/125ML-% INTRAVENOUS	T3	
dilt-xr	T1	
matzim la	T1	PA
tiadylt er	T1	
TIAZAC (***diltiazem hcl er beads***)	T3	PA
trandolapril-verapamil hcl er	T1	PA
verapamil hcl er oral capsule extended release 24 hour	T1	PA
verapamil hcl er oral tablet extended release	T1	

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
verapamil hcl intravenous	T1	
verapamil hcl oral tablet 120 mg, 80 mg	LCG	
verapamil hcl oral tablet 40 mg	T1	
CARBONIC ANHYDRASE INHIBITORS (24:36)		
acetazolamide er	T1	
acetazolamide oral	T1	
acetazolamide sodium	T1	
dichlorphenamide	T4	PA; QL (4 EA per 1 day)
KEVEYIS (***dichlorphenamide***)	T4	PA; QL (4 EA per 1 day)
methazolamide oral	T1	
ORMALVI (***dichlorphenamide***)	T4	PA; QL (4 EA per 1 day)
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN)		
acetazolamide er	T1	
acetazolamide oral	T1	
acetazolamide sodium	T1	
methazolamide oral	T1	
CARDIAC DRUGS, MISCELLANEOUS		
CAMZYOS (***mavacamten***)	T4	PA; QL (1 EA per 1 day)
ivabradine hcl	T1	QL (2 EA per 1 day)
MYQORZO (***aficamten***)	T4	PA; QL (1 EA per 1 day)
ranolazine er	T1	
VYNDAMAX (***tafamidis***)	T4	PA; QL (1 EA per 1 day)
CARDIOTONIC AGENTS		
digoxin injection	T1	
digoxin oral solution	T1	
digoxin oral tablet 125 mcg, 250 mcg	LCG	
digoxin oral tablet 62.5 mcg	T1	
dobutamine hcl	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
dobutamine-dextrose	T1	
dopamine hcl intravenous	T1	
dopamine-dextrose	T1	
ivabradine hcl	T1	QL (2 EA per 1 day)
LANOXIN INJECTION (***digoxin***)	T3	
LANOXIN ORAL (***digoxin***)	T2	PA
LANOXIN PEDIATRIC (***digoxin***)	T3	
milrinone lactate	T1	
milrinone lactate in dextrose	T1	
CENTRAL ALPHA-AGONISTS		
acebutolol hcl oral	T1	
atenolol oral	LCG	$0 HDHP
atenolol-chlorthalidone	LCG	$0 HDHP
BETAPACE (***sotalol hcl***)	T3	PA
BETAPACE AF (***sotalol hcl af***)	T3	PA
betaxolol hcl oral	T1	$0 HDHP
bisoprolol fumarate oral tablet 10 mg, 5 mg	LCG	$0 HDHP
bisoprolol-hydrochlorothiazide	LCG	$0 HDHP
BREVIBLOC (***esmolol hcl***)	T3	
BREVIBLOC IN NACL (***esmolol hcl-sodium chloride***)	T3	
BREVIBLOC PREMIXED (***esmolol hcl-sodium chloride***)	T3	
BREVIBLOC PREMIXED DS (***esmolol hcl-sodium chloride***)	T3	
carvedilol	LCG	$0 HDHP
carvedilol phosphate er	T1	PA
clonidine	T1	PA
CLONIDINE ER	T3	PA
clonidine hcl oral tablet 0.05 mg	T1	PA
clonidine hcl oral tablet 0.1 mg, 0.2 mg	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
clonidine hcl oral tablet 0.3 mg	T1	
esmolol hcl intravenous solution 100 mg/10ml	T1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	T3	
esmolol hcl-sodium chloride	T1	
guanfacine hcl	LCG	
HEMANGEOL (***propranolol hcl***)	T3	PA
labetalol hcl intravenous solution	T1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	$0 HDHP
LOPRESSOR ORAL TABLET (***metoprolol tartrate***)	T3	
methyldopa	LCG	
metoprolol succinate er	T1	$0 HDHP
metoprolol tartrate intravenous	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	LCG	$0 HDHP
metoprolol tartrate oral tablet 37.5 mg, 75 mg	T1	$0 HDHP
metoprolol-hydrochlorothiazide	T1	
nadolol oral	T1	$0 HDHP
nebivolol hcl	T1	$0 HDHP
NEXICLON XR (***clonidine***)	T3	PA
pindolol	T1	
propranolol hcl er	T1	$0 HDHP
propranolol hcl intravenous	T1	
propranolol hcl oral solution	T1	$0 HDHP
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	LCG	$0 HDHP
propranolol hcl oral tablet 60 mg	T1	$0 HDHP
sotalol hcl (af)	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	T1	
sotalol hcl oral tablet 80 mg	LCG	
SOTYLIZE (***sotalol hcl***)	T3	
timolol maleate oral	T1	
CGMP SYNTHESIS AGENT		
VERQUVO (***vericiguat***)	T3	PA; QL (1 EA per 1 day)
CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe oral	T1	
ezetimibe-simvastatin	T1	
NEXLIZET (***bempedoic acid-ezetimibe***)	T2	PA; QL (1 EA per 1 day)
CLASS IA ANTIARRHYTHMICS		
disopyramide phosphate	T1	
NORPACE (***disopyramide phosphate***)	T3	
procainamide hcl injection	T1	
quinidine gluconate er	T1	
quinidine sulfate	T1	
CLASS IB ANTIARRHYTHMICS		
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	T3	
lidocaine hcl (cardiac) pf	T1	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 10 MG/ML INJECTION	T3	
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	T1	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION	T3	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	T1	
mexiletine hcl oral	T1	
phenytek	T1	

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
phenytoin infatabs	T1	
phenytoin oral suspension 125 mg/5ml	T1	
phenytoin oral tablet chewable	T1	
phenytoin sodium extended	T1	
phenytoin sodium injection	T1	
CLASS IC ANTIARRHYTHMICS		
flecainide acetate	T1	
propafenone hcl	T1	
propafenone hcl er	T1	
CLASS II ANTIARRHYTHMICS		
acebutolol hcl oral	T1	
atenolol oral	LCG	$0 HDHP
atenolol-chlorthalidone	LCG	$0 HDHP
BETAPACE (***sotalol hcl***)	T3	PA
BETAPACE AF (***sotalol hcl af***)	T3	PA
betaxolol hcl ophthalmic	T1	
betaxolol hcl oral	T1	$0 HDHP
BETIMOL (***timolol hemihydrate***)	T3	PA
bisoprolol fumarate oral tablet 10 mg, 5 mg	LCG	$0 HDHP
bisoprolol fumarate oral tablet 2.5 mg	T1	PA
bisoprolol-hydrochlorothiazide	LCG	$0 HDHP
BREVIBLOC (***esmolol hcl***)	T3	
BREVIBLOC IN NACL (***esmolol hcl-sodium chloride***)	T3	
BREVIBLOC PREMIXED (***esmolol hcl-sodium chloride***)	T3	
BREVIBLOC PREMIXED DS (***esmolol hcl-sodium chloride***)	T3	
carvedilol	LCG	$0 HDHP
carvedilol phosphate er	T1	PA
esmolol hcl intravenous solution 100 mg/10ml	T1	

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	T3	
esmolol hcl-sodium chloride	T1	
HEMANGEOL (***propranolol hcl***)	T3	PA
ISTALOL (***timolol maleate***)	T3	PA
labetalol hcl intravenous solution	T1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
labetalol hcl oral	T1	$0 HDHP
LOPRESSOR ORAL SOLUTION (***metoprolol tartrate***)	T3	PA
LOPRESSOR ORAL TABLET (***metoprolol tartrate***)	T3	
metoprolol succinate er	T1	$0 HDHP
metoprolol tartrate intravenous	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	LCG	$0 HDHP
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	T3	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	T1	$0 HDHP
metoprolol-hydrochlorothiazide	T1	
nadolol oral	T1	$0 HDHP
nebivolol hcl	T1	$0 HDHP
pindolol	T1	
propranolol hcl er	T1	$0 HDHP
propranolol hcl intravenous	T1	
propranolol hcl oral solution	T1	$0 HDHP
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	LCG	$0 HDHP
propranolol hcl oral tablet 60 mg	T1	$0 HDHP
sotalol hcl (af)	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	T1	
sotalol hcl oral tablet 80 mg	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
SOTYLIZE (***sotalol hcl***)	T3	
timolol hemihydrate	T1	PA
timolol maleate (once-daily)	T1	
timolol maleate ocudose	T1	PA
timolol maleate ophthalmic gel forming solution	T1	PA
timolol maleate ophthalmic solution	LCG	
timolol maleate oral	T1	
timolol maleate pf	T1	PA
CLASS III ANTIARRHYTHMICS		
amiodarone hcl	T1	
BETAPACE (***sotalol hcl***)	T3	PA
BETAPACE AF (***sotalol hcl af***)	T3	PA
CORVERT (***ibutilide fumarate***)	T3	
dofetilide	T1	
ibutilide fumarate	T1	
MULTAQ (***dronedarone hcl***)	T3	
NEXTERONE (***amiodarone hcl in dextrose***)	T3	
PACERONE (***amiodarone hcl***)	T3	
sotalol hcl (af)	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	T1	
sotalol hcl oral tablet 80 mg	LCG	
SOTYLIZE (***sotalol hcl***)	T3	
CLASS IV ANTIARRHYTHMICS		
adenosine intravenous	T1	
CARDIZEM (***diltiazem hcl***)	T3	PA
CARDIZEM CD (***diltiazem hcl coated beads***)	T3	PA
cartia xt	T1	
diltiazem hcl er beads	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 120 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	T1	
diltiazem hcl er oral capsule extended release 24 hour	T1	
diltiazem hcl er oral tablet extended release 24 hour	T1	PA
diltiazem hcl intravenous	T1	
diltiazem hcl oral	T1	
DILTIAZEM HCL-DEXTROSE SOLUTION 125-5 MG/125ML-% INTRAVENOUS	T3	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%	T3	
dilt-xr	T1	
matzim la	T1	PA
tiadylt er	T1	
TIAZAC (***diltiazem hcl er beads***)	T3	PA
verapamil hcl er oral capsule extended release 24 hour	T1	PA
verapamil hcl er oral tablet extended release	T1	
verapamil hcl intravenous	T1	
verapamil hcl oral tablet 120 mg, 80 mg	LCG	
verapamil hcl oral tablet 40 mg	T1	
DIHYDROPYRIDINES		
amlodipine besylate oral	LCG	
amlodipine besylate-benazepril hcl	T1	
amlodipine besylate-valsartan	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
amlodipine-atorvastatin	T1	
amlodipine-olmesartan	T1	PA
amlodipine-valsartan-hctz	T1	
CADUET (***amlodipine-atorvastatin***)	T3	PA
CARDENE IV (***nicardipine hcl***)	T3	
CLEVIPREX (***clevidipine***)	T3	
felodipine er	T1	
isradipine	T1	
nicardipine hcl in nacl intravenous solution	T1	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
nicardipine hcl intravenous	T1	
nicardipine hcl oral	T1	PA
nifedipine er	T1	
nifedipine er osmotic release	T1	
nifedipine oral	T1	
nimodipine oral capsule	T1	
NIMODIPINE ORAL SOLUTION	T3	
nisoldipine er	T1	PA
NORLIQVA (***amlodipine besylate***)	T3	PA; AL
NYMALIZE (***nimodipine***)	T3	
olmesartan-amlodipine-hctz	T1	
PRESTALIA (***perindopril arg-amlodipine***)	T3	
PROCARDIA XL (***nifedipine***)	T3	PA
SULAR (***nisoldipine***)	T3	PA
telmisartan-amlodipine	T1	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE)		
amlodipine besylate oral	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
amlodipine besylate-benazepril hcl	T1	
amlodipine besylate-valsartan	T1	
amlodipine-atorvastatin	T1	
amlodipine-olmesartan	T1	PA
amlodipine-valsartan-hctz	T1	
CADUET (***amlodipine-atorvastatin***)	T3	PA
CARDENE IV (***nicardipine hcl***)	T3	
CLEVIPREX (***clevidipine***)	T3	
felodipine er	T1	
isradipine	T1	
nicardipine hcl in nacl intravenous solution	T1	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
nicardipine hcl intravenous	T1	
nicardipine hcl oral	T1	PA
nifedipine er	T1	
nifedipine er osmotic release	T1	
nifedipine oral	T1	
nimodipine oral capsule	T1	
NIMODIPINE ORAL SOLUTION	T3	
nisoldipine er	T1	PA
NORLIQVA (***amlodipine besylate***)	T3	PA; AL
NYMALIZE (***nimodipine***)	T3	
olmesartan-amlodipine-hctz	T1	
PRESTALIA (***perindopril arg-amlodipine***)	T3	
PROCARDIA XL (***nifedipine***)	T3	PA
SULAR (***nisoldipine***)	T3	PA
telmisartan-amlodipine	T1	

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
DIRECT VASODILATORS		
BIDIL (***isosorb dinitrate-hydralazine***)	T3	
clonidine	T1	PA
CLONIDINE ER	T3	PA
clonidine hcl er	T1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg	LCG	
clonidine hcl oral tablet 0.3 mg	T1	
guanfacine hcl	LCG	
guanfacine hcl er	T1	
hydralazine hcl injection	T1	
hydralazine hcl oral	LCG	
isosorb dinitrate-hydralazine	T1	
methyldopa	LCG	
minoxidil oral	T1	
NEXICLON XR (***clonidine***)	T3	PA
nitroprusside sodium	T1	
PROGLYCEM (***diazoxide***)	T3	PA
sodium nitroprusside intravenous solution 25 mg/ml	T1	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE)		
elixophyllin	T1	
THEO-24 (***theophylline***)	T3	
theophylline er	T1	
theophylline oral	T1	
FACTOR XIIA INHIBITORS		
ANDEMBRY (***garadacimab-gxii***)	T4	PA; QL (0.05 ML per 1 day)
FIBRIC ACID DERIVATIVES		
fenofibrate micronized oral capsule 130 mg	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	T1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	T1	
fenofibrate oral capsule 150 mg, 50 mg	T1	PA
fenofibrate oral tablet 120 mg, 40 mg	T1	PA
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	T1	
fenofibric acid oral capsule delayed release	T1	
fenofibric acid oral tablet	T1	PA
gemfibrozil oral	LCG	
LIPOFEN (***fenofibrate***)	T3	PA
LOPID (***gemfibrozil***)	T3	
HMG-COA REDUCTASE INHIBITORS		
amlodipine-atorvastatin	T1	
atorvastatin calcium oral tablet 10 mg, 20 mg	LCG	$0 HDHP; $0 if age 40-75
atorvastatin calcium oral tablet 40 mg, 80 mg	LCG	$0 HDHP
CADUET (***amlodipine-atorvastatin***)	T3	PA
ezetimibe-simvastatin	T1	
FLOLIPID	T3	PA; $0 if age 40-75
fluvastatin sodium	T1	PA; $0 if age 40-75
fluvastatin sodium er	T1	PA; $0 if age 40-75
lovastatin oral	T1	$0 HDHP; $0 if age 40-75
pitavastatin calcium	T1	PA; $0 if age 40-75
pravastatin sodium	T1	$0 HDHP; $0 if age 40-75
rosuvastatin calcium oral	T1	$0 HDHP; $0 if age 40-75
simvastatin oral	LCG	$0 HDHP; $0 if age 40-75
KALLIKREIN INHIBITORS (24:48:08)		
DAWNZERA (***donidalorsen sodium***)	T4	PA; QL (0.03 ML per 1 day)
KALBITOR (***ecallantide***)	T4	PA; QL (0.4 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
ORLADEYO (***berotralstat hcl***)	T4	PA; QL (1 EA per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***lanadelumab-flyo***)	T4	PA; QL (0.08 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (***lanadelumab-flyo***)	T4	PA; QL (0.15 ML per 1 day)
LOOP DIURETICS (24:36)		
bumetanide	T1	
BUMEX (***bumetanide***)	T3	
EDECRIN (***ethacrynic acid***)	T3	PA
ethacrynate sodium	T1	
ethacrynic acid	T1	
FUROSEMIDE IN SODIUM CHLORIDE	T3	
furosemide injection	T1	
furosemide oral solution 10 mg/ml	LCG	
furosemide oral solution 8 mg/ml	T1	
furosemide oral tablet	LCG	
torsemide	LCG	
LOOP DIURETICS (HYPOTENSIVE AGENTS)		
bumetanide	T1	
BUMEX (***bumetanide***)	T3	
EDECRIN (***ethacrynic acid***)	T3	PA
ethacrynate sodium	T1	
ethacrynic acid	T1	
FUROSEMIDE IN SODIUM CHLORIDE	T3	
furosemide injection	T1	
furosemide oral solution 10 mg/ml	LCG	
furosemide oral solution 8 mg/ml	T1	
furosemide oral tablet	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
torsemide	LCG	
UDSX MEDICATED SYSTEM	T3	
UDSXMP MEDICATED SYSTEM	T3	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS		
ALDACTONE (***spironolactone***)	T3	PA
CAROSPIR (***spironolactone***)	T3	PA
eplerenone	T1	
KERENDIA (***finerenone***)	T3	PA; QL (1 EA per 1 day)
spironolactone oral suspension 25 mg/5ml	T1	PA
spironolactone oral tablet	LCG	
spironolactone-hctz	LCG	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT)		
ALDACTONE (***spironolactone***)	T3	PA
CAROSPIR (***spironolactone***)	T3	PA
eplerenone	T1	
spironolactone oral suspension 25 mg/5ml	T1	PA
spironolactone oral tablet	LCG	
spironolactone-hctz	LCG	
MTP PROTEIN INHIBITORS		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG (***lomitapide mesylate***)	T4	PA; QL (56 EA per 365 days)
JUXTAPID ORAL CAPSULE 2 MG (***lomitapide mesylate***)	T4	PA; QL (112 EA per 365 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG (***lomitapide mesylate***)	T4	PA; QL (2 EA per 1 day)
NITRATES AND NITRITES		
acebutolol hcl oral	T1	
atenolol oral	LCG	$0 HDHP

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
atenolol-chlorthalidone	LCG	$0 HDHP
BETAPACE (***sotalol hcl***)	T3	PA
BETAPACE AF (***sotalol hcl af***)	T3	PA
betaxolol hcl oral	T1	$0 HDHP
BIDIL (***isosorb dinitrate-hydralazine***)	T3	
bisoprolol fumarate oral tablet 10 mg, 5 mg	LCG	$0 HDHP
bisoprolol-hydrochlorothiazide	LCG	$0 HDHP
BREVIBLOC (***esmolol hcl***)	T3	
BREVIBLOC IN NACL (***esmolol hcl-sodium chloride***)	T3	
BREVIBLOC PREMIXED (***esmolol hcl-sodium chloride***)	T3	
BREVIBLOC PREMIXED DS (***esmolol hcl-sodium chloride***)	T3	
carvedilol	LCG	$0 HDHP
carvedilol phosphate er	T1	PA
esmolol hcl intravenous solution 100 mg/10ml	T1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	T3	
esmolol hcl-sodium chloride	T1	
HEMANGEOL (***propranolol hcl***)	T3	PA
isosorb dinitrate-hydralazine	T1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	T1	
isosorbide dinitrate oral tablet 40 mg	T1	PA
isosorbide mononitrate	T1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg	T1	
isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg	LCG	
labetalol hcl intravenous solution	T1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	$0 HDHP
LOPRESSOR ORAL TABLET 100 MG, 50 MG (***metoprolol tartrate***)	T3	
metoprolol succinate er	T1	$0 HDHP
metoprolol tartrate intravenous	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	LCG	$0 HDHP
metoprolol tartrate oral tablet 37.5 mg, 75 mg	T1	$0 HDHP
metoprolol-hydrochlorothiazide	T1	
nadolol oral	T1	$0 HDHP
nitro-bid	T1	
NITRO-DUR (***nitroglycerin***)	T3	PA
nitroglycerin	T1	
nitroglycerin in d5w	T1	
NITROLINGUAL (***nitroglycerin***)	T3	
pindolol	T1	
propranolol hcl er	T1	$0 HDHP
propranolol hcl intravenous	T1	
propranolol hcl oral solution	T1	$0 HDHP
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	LCG	$0 HDHP
propranolol hcl oral tablet 60 mg	T1	$0 HDHP
RECTIV (***nitroglycerin***)	T3	PA
sotalol hcl (af)	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	T1	
sotalol hcl oral tablet 80 mg	LCG	
SOTYLIZE (***sotalol hcl***)	T3	
timolol maleate oral	T1	
OMEGA-3-MEDIATED ANTILIPEMICS		
icosapent ethyl	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
omega-3-acid ethyl esters	T1	
VASCEPA (***icosapent ethyl***)	T2	PA
OSMOTIC DIURETICS (24:36)		
mannitol intravenous	T1	
OSMITROL (***mannitol***)	T3	
urea external cream 20 %	T1	
OSMOTIC DIURETICS (HYPOTENSIVE AGENTS)		
mannitol intravenous	T1	
OSMITROL (***mannitol***)	T3	
PCSK9 INHIBITORS		
REPATHA SURECLICK (***evolocumab***)	T2	QL (0.11 ML per 1 day)
PHOSPHODIESTERASE TYPE 5 INHIBITORS		
alyq	T4	PA; QL (2 EA per 1 day)
aspirin-dipyridamole er	T1	
CARDIZEM (***diltiazem hcl***)	T3	PA
CARDIZEM CD (***diltiazem hcl coated beads***)	T3	PA
cartia xt	T1	
cilostazol	T1	
diltiazem hcl er beads	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 120 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	T1	
diltiazem hcl er oral capsule extended release 24 hour	T1	
diltiazem hcl intravenous	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl oral	T1	
DILTIAZEM HCL-DEXTROSE SOLUTION 125-5 MG/125ML-% INTRAVENOUS	T3	
dilt-xr	T1	
dipyridamole oral	T1	
ENTADFI (***finasteride-tadalafil***)	T3	PA; QL (1 EA per 1 day)
matzim la	T1	PA
PRESTALIA (***perindopril arg-amlodipine***)	T3	
sildenafil citrate intravenous	T4	PA
sildenafil citrate oral suspension reconstituted	T4	PA; QL (7.5 ML per 1 day)
sildenafil citrate oral tablet 20 mg	T4	PA; QL (3 EA per 1 day)
tadalafil (pah)	T4	PA; QL (2 EA per 1 day)
tadalafil oral tablet 2.5 mg, 5 mg	T1	QL (1 EA per 1 day)
tiadylt er	T1	
TIAZAC (***diltiazem hcl er beads***)	T3	PA
verapamil hcl er oral capsule extended release 24 hour	T1	PA
verapamil hcl er oral tablet extended release	T1	
verapamil hcl intravenous	T1	
verapamil hcl oral tablet 120 mg, 80 mg	LCG	
verapamil hcl oral tablet 40 mg	T1	
POTASSIUM-SPARING DIURETICS (24:36)		
ALDACTONE (***spironolactone***)	T3	PA
amiloride hcl oral	T1	
CAROSPIR (***spironolactone***)	T3	PA
DYRENIUM (***triamterene***)	T3	PA
eplerenone	T1	
spironolactone oral suspension 25 mg/5ml	T1	PA
spironolactone oral tablet	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
spironolactone-hctz	LCG	
triamterene oral	T1	PA
POTASSIUM-SPARING DIURETICS (HYPOTEN)		
ALDACTONE (***spironolactone***)	T3	PA
amiloride hcl oral	T1	
amiloride-hydrochlorothiazide	LCG	
CAROSPIR (***spironolactone***)	T3	PA
DYRENIUM (***triamterene***)	T3	PA
eplerenone	T1	
spironolactone oral suspension 25 mg/5ml	T1	PA
spironolactone oral tablet	LCG	
spironolactone-hctz	LCG	
triamterene oral	T1	PA
triamterene-hctz	LCG	
RENIN INHIBITORS		
aliskiren fumarate	T1	
TEKTURNA (***aliskiren fumarate***)	T2	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC		
ENTRESTO ORAL CAPSULE SPRINKLE (***sacubitril-valsartan***)	T2	QL (8 EA per 1 day)
FILSPARI ORAL TABLET 200 MG (***sparsentan***)	T4	PA; QL (1 EA per 1 day)
FILSPARI ORAL TABLET 400 MG (***sparsentan***)	T4	PA; QL (2 EA per 1 day)
sacubitril-valsartan oral tablet 24-26 mg	T1	QL (6 EA per 1 day)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	T1	QL (2 EA per 1 day)
SCLEROSING AGENTS		
ASCLERA (***polidocanol***)	T3	
ETHAMOLIN (***ethanolamine oleate***)	T3	
VARITHENA (***polidocanol***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
STEROIDAL MINERALOCORTICOID RECEPTOR ANT		
ALDACTONE (***spironolactone***)	T3	PA
CAROSPIR (***spironolactone***)	T3	PA
eplerenone	T1	
spironolactone oral suspension 25 mg/5ml	T1	PA
spironolactone oral tablet	LCG	
spironolactone-hctz	LCG	
THIAZIDE DIURETICS (24:36)		
chlorothiazide sodium	T1	
hydrochlorothiazide oral	LCG	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS)		
amiloride-hydrochlorothiazide	LCG	
amlodipine-valsartan-hctz	T1	
ATACAND HCT (***candesartan cilexetil-hctz***)	T3	PA
AVALIDE (***irbesartan-hydrochlorothiazide***)	T3	PA
benazepril-hydrochlorothiazide	T1	$0 HDHP
bisoprolol-hydrochlorothiazide	LCG	$0 HDHP
candesartan cilexetil-hctz	T1	PA
captopril-hydrochlorothiazide	T1	
chlorothiazide sodium	T1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	T1	$0 HDHP
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	LCG	$0 HDHP
fosinopril sodium-hctz	T1	
hydrochlorothiazide oral	LCG	
irbesartan-hydrochlorothiazide	T1	
lisinopril-hydrochlorothiazide	LCG	$0 HDHP
losartan potassium-hctz	LCG	
LOTENSIN HCT (***benazepril-hydrochlorothiazide***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
metoprolol-hydrochlorothiazide	T1	
olmesartan medoxomil-hctz	T1	
olmesartan-amlodipine-hctz	T1	
quinapril-hydrochlorothiazide	T1	
spironolactone-hctz	LCG	
telmisartan-hctz	T1	PA
triamterene-hctz	LCG	
valsartan-hydrochlorothiazide	T1	
VASERETIC (***enalapril-hydrochlorothiazide***)	T3	PA
ZESTORETIC (***lisinopril-hydrochlorothiazide***)	T3	PA
THIAZIDE-LIKE DIURETICS (24:36)		
chlorthalidone	LCG	
indapamide	LCG	
metolazone	T1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT)		
atenolol-chlorthalidone	LCG	$0 HDHP
chlorthalidone	LCG	
EDARBYCLOR (***azilsartan-chlorthalidone***)	T3	
indapamide	LCG	
metolazone	T1	
VASODILATING AGENTS, MISC (24:08)		
acebutolol hcl oral	T1	
amlodipine besylate oral	LCG	
amlodipine besylate-benazepril hcl	T1	
amlodipine besylate-valsartan	T1	
amlodipine-olmesartan	T1	PA
BETAPACE (***sotalol hcl***)	T3	PA
BETAPACE AF (***sotalol hcl af***)	T3	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
betaxolol hcl oral	T1	$0 HDHP
CARDENE IV (***nicardipine hcl***)	T3	
CARDURA (***doxazosin mesylate***)	T3	PA
CARDURA XL (***doxazosin mesylate***)	T3	PA
carvedilol	LCG	$0 HDHP
carvedilol phosphate er	T1	PA
CLEVIPREX (***clevidipine***)	T3	
doxazosin mesylate oral	LCG	
felodipine er	T1	
HEMANGEOL (***propranolol hcl***)	T3	PA
isradipine	T1	
nicardipine hcl in nacl intravenous solution 20-0.9 mg/200ml-%, 40-0.9 mg/200ml-%	T1	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
nicardipine hcl intravenous	T1	
nicardipine hcl oral	T1	PA
nifedipine er	T1	
nifedipine er osmotic release	T1	
nifedipine oral	T1	
nimodipine oral capsule	T1	
nisoldipine er	T1	PA
NYMALIZE (***nimodipine***)	T3	
phenoxybenzamine hcl oral	T1	PA
phentolamine mesylate injection	T1	
pindolol	T1	
PROCARDIA XL (***nifedipine***)	T3	PA
propranolol hcl er	T1	$0 HDHP

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Drug Name	Drug Tier	Coverage Requirements & Limits
propranolol hcl intravenous	T1	
propranolol hcl oral solution	T1	$0 HDHP
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	LCG	$0 HDHP
propranolol hcl oral tablet 60 mg	T1	$0 HDHP
sotalol hcl (af)	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg	T1	
sotalol hcl oral tablet 80 mg	LCG	
SOTYLIZE (***sotalol hcl***)	T3	
SULAR (***nisoldipine***)	T3	PA
terazosin hcl	LCG	
timolol maleate oral	T1	
VECAMYL (***mecamylamine hcl***)	T3	
VASODILATING AGENTS, MISCELLANEOUS		
ADEMPAS (***riociguat***)	T4	PA; QL (3 EA per 1 day)
ambrisentan	T4	PA; QL (1 EA per 1 day)
amlodipine besylate oral	LCG	
amlodipine besylate-benazepril hcl	T1	
amlodipine besylate-valsartan	T1	
amlodipine-atorvastatin	T1	
amlodipine-olmesartan	T1	PA
aspirin-dipyridamole er	T1	
bosentan oral tablet	T4	PA; QL (2 EA per 1 day)
bosentan oral tablet soluble	T4	PA; QL (4 EA per 1 day)
CADUET (***amlodipine-atorvastatin***)	T3	PA
CARDENE IV (***nicardipine hcl***)	T3	
CARDIZEM (***diltiazem hcl***)	T3	PA
CARDIZEM CD (***diltiazem hcl coated beads***)	T3	PA
cartia xt	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
CLEVIPREX (***clevidipine***)	T3	
diltiazem hcl er beads	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 120 mg	T1	PA
diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg	T1	
diltiazem hcl er oral capsule extended release 24 hour	T1	
diltiazem hcl er oral tablet extended release 24 hour	T1	PA
diltiazem hcl intravenous	T1	
diltiazem hcl oral	T1	
DILTIAZEM HCL-DEXTROSE SOLUTION 125-5 MG/125ML-% INTRAVENOUS	T3	
dilt-xr	T1	
dipyridamole oral	T1	
epoprostenol sodium	T4	PA
felodipine er	T1	
isradipine	T1	
ivabradine hcl	T1	QL (2 EA per 1 day)
macitentan	T4	PA; QL (1 EA per 1 day)
matzim la	T1	PA
nicardipine hcl in nacl intravenous solution	T1	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
nicardipine hcl intravenous	T1	
nicardipine hcl oral	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
nifedipine er	T1	
nifedipine er osmotic release	T1	
nifedipine oral	T1	
nimodipine oral capsule	T1	
NIMODIPINE ORAL SOLUTION	T3	
nisoldipine er	T1	PA
NORLIQVA (***amlodipine besylate***)	T3	PA; AL
NYMALIZE (***nimodipine***)	T3	
olmesartan-amlodipine-hctz	T1	
ORENITRAM (***treprostinil diolamine***)	T4	PA
ORENITRAM MONTH 1 (***treprostinil diolamine***)	T4	PA; QL (336 EA per 365 days)
ORENITRAM MONTH 2 (***treprostinil diolamine***)	T4	PA; QL (672 EA per 365 days)
ORENITRAM MONTH 3 (***treprostinil diolamine***)	T4	PA; QL (504 EA per 365 days)
PRESTALIA (***perindopril arg-amlodipine***)	T3	
PROCARDIA XL (***nifedipine***)	T3	PA
SULAR (***nisoldipine***)	T3	PA
telmisartan-amlodipine	T1	
tiadylt er	T1	
TIAZAC (***diltiazem hcl er beads***)	T3	PA
trandolapril-verapamil hcl er	T1	PA
treprostinil	T4	PA
TYVASO (***treprostinil***)	T4	PA; QL (2.9 ML per 1 day)
TYVASO DPI INSTITUTIONAL KIT (***treprostinil***)	T4	PA; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG (***treprostinil***)	T4	PA; QL (8 EA per 1 day)

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG (***treprostinil***)	T4	PA; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT (***treprostinil***)	T4	PA; QL (2 EA per 365 days)
TYVASO REFILL KIT (***treprostinil***)	T4	PA; QL (2.9 ML per 1 day)
TYVASO STARTER KIT (***treprostinil***)	T4	PA; QL (2.9 ML per 1 day)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	T4	PA; QL (2 EA per 1 day)
UPTRAVI TITRATION (***selexipag***)	T4	PA; QL (400 EA per 365 days)
VELETRI (***epoprostenol sodium***)	T4	PA
verapamil hcl er oral capsule extended release 24 hour	T1	PA
verapamil hcl er oral tablet extended release	T1	
verapamil hcl intravenous	T1	
verapamil hcl oral tablet 120 mg, 80 mg	LCG	
verapamil hcl oral tablet 40 mg	T1	
VERQUVO (***vericiguat***)	T3	PA; QL (1 EA per 1 day)
YUTREPIA INHALATION CAPSULE 106 MCG (***treprostinil sodium***)	T4	PA; QL (8 EA per 1 day)
YUTREPIA INHALATION CAPSULE 26.5 MCG, 53 MCG (***treprostinil sodium***)	T4	PA; QL (5 EA per 1 day)
YUTREPIA INHALATION CAPSULE 79.5 MCG (***treprostinil sodium***)	T4	PA; QL (10 EA per 1 day)
CENTRAL NERVOUS SYSTEM AGENTS		
ADAMANTANES (CNS)		
amantadine hcl oral	T1	
ADENOSINE A2A RECEPTOR ANTAGONISTS		
NOURIANZ (***istradefylline***)	T3	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
AMPHETAMINES		
amphetamine er	T1	QL (1 EA per 1 day)
amphetamine sulfate	T1	QL (6 EA per 1 day)
amphetamine-dextroamphetamine er	T1	QL (2 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	T1	QL (3 EA per 1 day)
amphetamine-dextroamphetamine oral tablet 30 mg	T1	QL (2 EA per 1 day)
amphet-dextroamphet 3-bead er	T1	QL (1 EA per 1 day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (***dextroamphetamine sulfate***)	T3	PA; QL (6 EA per 1 day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG (***dextroamphetamine sulfate***)	T3	PA; QL (4 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	T1	QL (6 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	T1	QL (4 EA per 1 day)
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	T1	QL (3 EA per 1 day)
dextroamphetamine sulfate oral solution	T1	QL (60 ML per 1 day)
dextroamphetamine sulfate oral tablet 10 mg	T1	QL (6 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	T1	QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 30 mg	T1	QL (2 EA per 1 day)
lisdexamfetamine dimesylate	T1	QL (1 EA per 1 day)
methamphetamine hcl	T1	PA; QL (5 EA per 1 day)
PROCENTRA (***dextroamphetamine sulfate***)	T3	PA; QL (60 ML per 1 day)
VYVANSE (***lisdexamfetamine dimesylate***)	T3	QL (1 EA per 1 day)
XELSTRYM (***dextroamphetamine***)	T3	QL (1 EA per 1 day)

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
edaravone	T4	PA
RADICAVA ORS (***edaravone***)	T4	PA
RADICAVA ORS STARTER KIT (***edaravone***)	T4	PA
riluzole	T1	
TEGLUTIK (***riluzole***)	T2	QL (20 ML per 1 day)
TIGLUTIK (***riluzole***)	T2	QL (20 ML per 1 day)
ANALGESICS AND ANTIPYRETICS, MISC.		
acetaminophen intravenous solution	T1	
acetaminophen-codeine oral solution	T1	QL (136 ML per 1 day)
acetaminophen-codeine oral tablet 300-15 mg	T1	QL (13 EA per 1 day)
acetaminophen-codeine oral tablet 300-30 mg	T1	QL (10 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	T1	QL (5 EA per 1 day)
ALLZITAL (***butalbital-acetaminophen***)	T3	PA
apap-caff-dihydrocodeine	T1	QL (12 EA per 1 day)
bac (butalbital-acetamin-caff)	T1	
butalbital-acetaminophen oral capsule	T1	PA
butalbital-acetaminophen oral tablet 50-300 mg	T1	PA
butalbital-acetaminophen oral tablet 50-325 mg	T1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	T1	PA
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	T1	
butalbital-apap-caffeine oral capsule 50-325-40 mg	T1	PA
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION	T3	PA
butalbital-apap-caffeine oral tablet	T1	
COMBOGESIC INTRAVENOUS (***ibuprofen-acetaminophen***)	T3	
endocet oral tablet 10-325 mg	T1	QL (3 EA per 1 day)
endocet oral tablet 2.5-325 mg	T1	QL (12 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
endocet oral tablet 5-325 mg	T1	QL (6 EA per 1 day)
endocet oral tablet 7.5-325 mg	T1	QL (4 EA per 1 day)
gabapentin (once-daily) oral tablet 300 mg	T1	QL (6 EA per 1 day)
gabapentin (once-daily) oral tablet 450 mg, 600 mg	T1	QL (3 EA per 1 day)
gabapentin (once-daily) oral tablet 750 mg, 900 mg	T1	QL (2 EA per 1 day)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T1	
gabapentin oral capsule 200 mg	T1	PA
gabapentin oral solution	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	
GRALISE ORAL TABLET 300 MG (***gabapentin (once-daily)***)	T3	QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG (***gabapentin (once-daily)***)	T3	QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG (***gabapentin (once-daily)***)	T3	QL (2 EA per 1 day)
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	T1	QL (73.5 ML per 1 day)
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	T1	QL (98 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	T1	QL (4 EA per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	T1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	T1	QL (9 EA per 1 day)
hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg	T1	QL (6 EA per 1 day)
JOURNAVX (***suzetrigine***)	T3	QL (2.5 EA per 1 day)
NALOCET	T3	PA; QL (13 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	T3	PA; QL (16.3 ML per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	T3	QL (32.6 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG	T3	PA; QL (3 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	T1	QL (3 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	T3	PA; QL (13 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg	T1	QL (12 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG	T3	PA; QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	T1	QL (6 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 7.5-300 MG	T3	PA; QL (4 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	T1	QL (4 EA per 1 day)
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	T1	PA; QL (3 EA per 1 day)
pregabalin er oral tablet extended release 24 hour 330 mg	T1	PA; QL (2 EA per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	T1	QL (3 EA per 1 day)
pregabalin oral capsule 300 mg	T1	QL (2 EA per 1 day)
pregabalin oral solution	T1	QL (30 ML per 1 day)
PROLATE ORAL SOLUTION (***oxycodone-acetaminophen***)	T3	PA; QL (16.3 ML per 1 day)
PROLATE ORAL TABLET 10-300 MG (***oxycodone-acetaminophen***)	T3	PA; QL (3 EA per 1 day)
PROLATE ORAL TABLET 5-300 MG (***oxycodone-acetaminophen***)	T3	PA; QL (6 EA per 1 day)
PROLATE ORAL TABLET 7.5-300 MG (***oxycodone-acetaminophen***)	T3	PA; QL (4 EA per 1 day)
RELGAABI (***gabapentin***)	T3	PA
TENCON (***butalbital-acetaminophen***)	T3	
tramadol-acetaminophen	T1	QL (6 EA per 1 day)
TREZIX (***apap-caff-dihydrocodeine***)	T3	QL (12 EA per 1 day)
ANOREXIGENIC AGENTS AND STIMULANTS, MISC		
ascomp-codeine	T1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
butalbital-apap-caffeine oral capsule 50-325-40 mg	T1	PA
butalbital-apap-caffeine oral tablet	T1	
butalbital-asa-caff-codeine	T1	
caffeine citrate	T1	
CAFFEINE-SODIUM BENZOATE	T3	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG (***methylphenidate hcl***)	T3	QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (***methylphenidate hcl***)	T3	QL (2 EA per 1 day)
dexmethylphenidate hcl	T1	QL (2 EA per 1 day)
DOPRAM (***doxapram hcl***)	T3	
METHYLIN ORAL SOLUTION 10 MG/5ML (***methylphenidate hcl***)	T3	QL (30 ML per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5ML (***methylphenidate hcl***)	T3	QL (60 ML per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg	T1	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	T1	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	T1	QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg	T1	QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 20 mg	T1	QL (3 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5ml	T1	QL (30 ML per 1 day)
methylphenidate hcl oral solution 5 mg/5ml	T1	QL (60 ML per 1 day)
methylphenidate hcl oral tablet	T1	QL (3 EA per 1 day)
modafinil oral	T1	PA; QL (1 EA per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG (***diazoxide choline***)	T4	PA; QL (3 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (***diazoxide choline***)	T4	PA; QL (4 EA per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (***diazoxide choline***)	T4	PA; QL (7 EA per 1 day)
ANOREXIGENIC AGENTS, MISCELLANEOUS		
liraglutide	T1	PA; QL (0.3 ML per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG (***diazoxide choline***)	T4	PA; QL (3 EA per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (***diazoxide choline***)	T4	PA; QL (4 EA per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (***diazoxide choline***)	T4	PA; QL (7 EA per 1 day)
ANTICHOLINERGIC AGENTS (CNS)		
benztropine mesylate injection	T1	
benztropine mesylate oral	LCG	
diphenhydramine hcl injection	T1	
orphenadrine citrate er	T1	QL (2 EA per 1 day)
orphenadrine citrate injection	T1	
trihexyphenidyl hcl oral solution	T1	
trihexyphenidyl hcl oral tablet 2 mg	LCG	
trihexyphenidyl hcl oral tablet 5 mg	T1	
ANTICONVULSANTS, MISCELLANEOUS		
acetazolamide er	T1	
acetazolamide oral	T1	
acetazolamide sodium	T1	
BANZEL (***rufinamide***)	T3	PA
brivaracetam	T1	
carbamazepine er	T1	
carbamazepine oral suspension	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
carbamazepine oral tablet	LCG	
carbamazepine oral tablet chewable 100 mg	T1	
carbamazepine oral tablet chewable 200 mg	T1	PA
DIACOMIT (***stiripentol***)	T4	PA
divalproex sodium er	T1	
divalproex sodium oral	T1	
EPIDIOLEX (***cannabidiol***)	T4	PA
EQUETRO (***carbamazepine (antipsychotic)***)	T3	
eslicarbazepine acetate	T1	
felbamate	T1	
FELBATOL (***felbamate***)	T3	PA
FINTEPLA (***fenfluramine hcl***)	T4	PA
FYCOMPA (***perampanel***)	T3	
gabapentin (once-daily) oral tablet 300 mg	T1	QL (6 EA per 1 day)
gabapentin (once-daily) oral tablet 450 mg, 600 mg	T1	QL (3 EA per 1 day)
gabapentin (once-daily) oral tablet 750 mg, 900 mg	T1	QL (2 EA per 1 day)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T1	
gabapentin oral solution	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	
GRALISE ORAL TABLET 300 MG (***gabapentin (once-daily)***)	T3	QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG (***gabapentin (once-daily)***)	T3	QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG (***gabapentin (once-daily)***)	T3	QL (2 EA per 1 day)
KEPPRA INTRAVENOUS (***levetiracetam***)	T3	
lacosamide intravenous	T1	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	T1	
lacosamide oral tablet	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
LAMICTAL XR ORAL KIT (***lamotrigine***)	T3	
lamotrigine er	T1	
lamotrigine odt	T1	
lamotrigine oral	T1	
lamotrigine starter kit-blue	T1	
lamotrigine starter kit-green	T1	
lamotrigine starter kit-orange	T1	
levetiracetam er	T1	
levetiracetam in nacl	T1	
levetiracetam intravenous	T1	
levetiracetam oral solution	T1	
levetiracetam oral tablet	T1	
magnesium chloride injection	T1	
magnesium sulfate in d5w	T1	
MAGNESIUM SULFATE-NACL	T3	
MOTPOLY XR (***lacosamide***)	T3	
oxcarbazepine	T1	
oxcarbazepine er	T1	
perampanel	T1	
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	T1	PA; QL (3 EA per 1 day)
pregabalin er oral tablet extended release 24 hour 330 mg	T1	PA; QL (2 EA per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	T1	QL (3 EA per 1 day)
pregabalin oral capsule 300 mg	T1	QL (2 EA per 1 day)
pregabalin oral solution	T1	QL (30 ML per 1 day)
RELGAABI ORAL CAPSULE 300 MG, 400 MG (***gabapentin***)	T3	PA
roweepra	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
rufinamide	T1	PA
subvenite oral tablet	T1	
subvenite starter kit-blue	T1	
subvenite starter kit-green	T1	
subvenite starter kit-orange	T1	
tiagabine hcl	T1	
topiramate er	T1	
topiramate oral capsule sprinkle	T1	
topiramate oral solution 25 mg/ml	T1	
topiramate oral tablet	T1	
valproate sodium intravenous	T1	
valproic acid oral capsule	LCG	
valproic acid oral solution 500 mg/10ml	LCG	
valproic acid solution 250 mg/5ml oral	LCG	
valproic acid solution 250 mg/5ml oral	LCG	PA
vigabatrin	T4	PA
XCOPRI (***cenobamate***)	T3	
zonisamide oral	T1	
ZTALMY (***ganaxolone***)	T4	PA
ANTIDEPRESSANTS, MISCELLANEOUS		
AUVELITY (***dextromethorphan-bupropion***)	T3	QL (2 EA per 1 day)
AUVELITY TITRATION PACK (***dextromethorphan-bupropion***)	T3	QL (2 EA per 250 days)
bupropion hcl er (smoking det)	LCG	$0 for 180 days/year
bupropion hcl er (sr)	T1	QL (2 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	T1	QL (3 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	T1	QL (1 EA per 1 day)
bupropion hcl oral	T1	
mirtazapine oral tablet	LCG	
mirtazapine oral tablet dispersible 15 mg	LCG	
mirtazapine oral tablet dispersible 30 mg, 45 mg	T1	
REMERON (***mirtazapine***)	T3	PA
REMERON SOLTAB (***mirtazapine***)	T3	
SPRAVATO (56 MG DOSE) (***esketamine hcl***)	T4	PA
SPRAVATO (84 MG DOSE) (***esketamine hcl***)	T4	PA
ZURZUVAE (***zuranolone***)	T3	PA; QL (14 day supply per 1 fill)
ANTIMANIC AGENTS		
ABILIFY ASIMTUFII (***aripiprazole***)	T3	
ABILIFY MAINTENA (***aripiprazole***)	T3	
aripiprazole oral solution	T1	QL (25 ML per 1 day)
aripiprazole oral tablet	T1	QL (1 EA per 1 day)
aripiprazole oral tablet dispersible	T1	QL (2 EA per 1 day)
ARISTADA (***aripiprazole lauroxil***)	T3	
ARISTADA INITIO (***aripiprazole lauroxil***)	T3	
asenapine maleate	T1	QL (2 EA per 1 day)
carbamazepine er	T1	
carbamazepine oral suspension	T1	
carbamazepine oral tablet	LCG	
carbamazepine oral tablet chewable 100 mg	T1	
carbamazepine oral tablet chewable 200 mg	T1	PA
divalproex sodium er	T1	
divalproex sodium oral	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
EQUETRO (***carbamazepine (antipsychotic)***)	T3	
GEODON INTRAMUSCULAR (***ziprasidone mesylate***)	T3	
GEODON ORAL (***ziprasidone hcl***)	T3	PA; QL (2 EA per 1 day)
LAMICTAL XR ORAL KIT (***lamotrigine***)	T3	
lamotrigine er	T1	
lamotrigine odt	T1	
lamotrigine oral	T1	
lamotrigine starter kit-blue	T1	
lamotrigine starter kit-green	T1	
lamotrigine starter kit-orange	T1	
lithium	T1	
lithium carbonate er	LCG	
lithium carbonate oral	LCG	
LITHOBID (***lithium carbonate***)	T3	PA
LYBALVI (***olanzapine-samidorphan***)	T3	QL (1 EA per 1 day)
olanzapine intramuscular	T1	
olanzapine oral	T1	QL (1 EA per 1 day)
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	T1	QL (1 EA per 1 day)
olanzapine-fluoxetine hcl oral capsule 3-25 mg	T1	QL (3 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 5 MG (***aripiprazole***)	T3	QL (3 EA per 1 day)
OPIPZA ORAL FILM 2 MG (***aripiprazole***)	T3	QL (1 EA per 1 day)
PERSERIS (***risperidone***)	T3	
quetiapine fumarate er	T1	QL (2 EA per 1 day)
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	T1	QL (3 EA per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	T1	QL (2 EA per 1 day)
RISPERDAL CONSTA (***risperidone microspheres***)	T3	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
risperidone microspheres er	T1	
risperidone oral solution 1 mg/ml	T1	QL (8 ML per 1 day)
risperidone oral tablet	T1	QL (2 EA per 1 day)
risperidone oral tablet dispersible	T1	QL (2 EA per 1 day)
RYKINDO (***risperidone***)	T3	
subvenite oral tablet	T1	
subvenite starter kit-blue	T1	
subvenite starter kit-green	T1	
subvenite starter kit-orange	T1	
valproate sodium intravenous	T1	
valproic acid oral capsule	LCG	
valproic acid oral solution 500 mg/10ml	LCG	
valproic acid solution 250 mg/5ml oral	LCG	
valproic acid solution 250 mg/5ml oral	LCG	PA
ziprasidone hcl	T1	QL (2 EA per 1 day)
ziprasidone mesylate	T1	
ZYPREXA RELPREVV (***olanzapine pamoate***)	T3	
ZYPREXA ZYDIS (***olanzapine***)	T3	PA; QL (1 EA per 1 day)
ANTIMIGRAINE AGENTS, MISCELLANEOUS		
acetaminophen intravenous solution	T1	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (***erenumab-aooe***)	T2	PA; QL (0.04 ML per 1 day)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (***erenumab-aooe***)	T2	PA; QL (0.07 ML per 1 day)
ascomp-codeine	T1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	T1	PA
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
butalbital-apap-caffeine oral capsule 50-325-40 mg	T1	PA
butalbital-apap-caffeine oral tablet	T1	
butalbital-asa-caff-codeine	T1	
butalbital-aspirin-caffeine	T1	
butorphanol tartrate injection	T1	
butorphanol tartrate nasal	T1	QL (2.5 ML per 1 fill)
CAFERGOT (***ergotamine-caffeine***)	T3	PA; QL (1.43 EA per 1 day)
caffeine citrate	T1	
CAFFEINE-SODIUM BENZOATE	T3	
COMBOGESIC INTRAVENOUS (***ibuprofen-acetaminophen***)	T3	
diclofenac potassium(migraine)	T1	PA
dihydroergotamine mesylate injection	T1	PA; QL (0.86 ML per 1 day)
dihydroergotamine mesylate nasal	T1	PA; QL (0.27 ML per 1 day)
divalproex sodium er	T1	
divalproex sodium oral	T1	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	T2	PA; QL (0.04 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (***galcanezumab-gnlm***)	T2	PA; QL (0.04 ML per 1 day)
ERGOMAR (***ergotamine tartrate***)	T3	PA; QL (0.72 EA per 1 day)
ergotamine-caffeine	T1	PA; QL (1.43 EA per 1 day)
HEMANGEOL (***propranolol hcl***)	T3	PA
ibuprofen lysine	T1	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	T1	
ibuprofen oral tablet 300 mg	T1	PA
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	LCG	
ketoprofen er	T1	PA
ketoprofen oral	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
MIGERGOT (***ergotamine-caffeine***)	T3	PA; QL (0.72 EA per 1 day)
naproxen dr	T1	PA
naproxen oral suspension	T1	PA
naproxen oral tablet 250 mg	T1	
naproxen oral tablet 375 mg, 500 mg	LCG	
naproxen oral tablet delayed release	T1	PA
naproxen sodium er	T1	PA
naproxen sodium oral tablet 275 mg, 550 mg	T1	
NEOPROFEN (***ibuprofen lysine***)	T3	
propranolol hcl er	T1	$0 HDHP
propranolol hcl intravenous	T1	
propranolol hcl oral solution	T1	$0 HDHP
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg	LCG	$0 HDHP
propranolol hcl oral tablet 60 mg	T1	$0 HDHP
timolol maleate oral	T1	
topiramate er oral capsule extended release 24 hour	T1	
topiramate oral capsule sprinkle	T1	
topiramate oral solution 25 mg/ml	T1	
topiramate oral tablet	T1	
tramadol-acetaminophen	T1	QL (6 EA per 1 day)
valproate sodium intravenous	T1	
valproic acid oral capsule	LCG	
valproic acid oral solution 500 mg/10ml	LCG	
valproic acid solution 250 mg/5ml oral	LCG	
valproic acid solution 250 mg/5ml oral	LCG	PA
ANTIPSYCHOTICS, MISCELLANEOUS		
COBENFY (***xanomeline-trospium chloride***)	T3	QL (2 EA per 1 day)
COBENFY STARTER PACK (***xanomeline-trospium chloride***)	T3	QL (102 EA per 365 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
loxapine succinate	T1	
molindone hcl	T1	
pimozide	T1	
ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC		
BELSOMRA (***suvorexant***)	T3	QL (1 EA per 1 day)
buspirone hcl oral tablet 10 mg, 5 mg	LCG	
buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg	T1	
diphenhydramine hcl injection	T1	
droperidol injection	T1	
EDLUAR (***zolpidem tartrate***)	T3	PA; QL (1 EA per 1 day)
eszopiclone	T1	QL (1 EA per 1 day)
HYDROXYZINE HCL INTRAMUSCULAR	T3	
hydroxyzine hcl oral syrup 10 mg/5ml, 50 mg/25ml	LCG	
hydroxyzine hcl oral tablet	LCG	
hydroxyzine pamoate oral capsule 100 mg	LCG	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	LCG	
IGALMI (***dexmedetomidine hcl***)	T3	PA
meprobamate	T1	
PHENERGAN (***promethazine hcl***)	T3	
promethazine hcl injection	T1	
promethazine hcl oral solution	LCG	
promethazine hcl oral tablet 12.5 mg, 50 mg	T1	
promethazine hcl oral tablet 25 mg	LCG	
promethazine hcl rectal	T1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG (***promethazine hcl***)	T3	PA
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
ramelteon	T1	QL (1 EA per 1 day)
ROZEREM (***ramelteon***)	T3	PA; QL (1 EA per 1 day)
tasimelteon	T4	PA; QL (1 EA per 1 day)
zaleplon oral capsule 10 mg	T1	QL (2 EA per 1 day)
zaleplon oral capsule 5 mg	T1	QL (1 EA per 1 day)
zolpidem tartrate er	T1	QL (1 EA per 1 day)
zolpidem tartrate oral tablet	T1	QL (1 EA per 1 day)
zolpidem tartrate sublingual	T1	PA; QL (1 EA per 1 day)
ATYPICAL ANTIPSYCHOTICS		
ABILIFY ASIMTUFII (***aripiprazole***)	T3	
ABILIFY MAINTENA (***aripiprazole***)	T3	
aripiprazole oral solution	T1	QL (25 ML per 1 day)
aripiprazole oral tablet	T1	QL (1 EA per 1 day)
aripiprazole oral tablet dispersible	T1	QL (2 EA per 1 day)
ARISTADA (***aripiprazole lauroxil***)	T3	
ARISTADA INITIO (***aripiprazole lauroxil***)	T3	
asenapine maleate	T1	QL (2 EA per 1 day)
BYSANTI (***milsaperidone***)	T3	QL (2 EA per 1 day)
BYSANTI TITRATION PACK A (***milsaperidone***)	T3	QL (16 EA per 365 days)
BYSANTI TITRATION PACK B (***milsaperidone***)	T3	QL (24 EA per 365 days)
BYSANTI TITRATION PACK C (***milsaperidone***)	T3	QL (16 EA per 365 days)
CAPLYTA (***lumateperone tosylate***)	T3	QL (1 EA per 1 day)
clozapine oral tablet 100 mg, 25 mg	T1	QL (9 EA per 1 day)
clozapine oral tablet 200 mg	T1	QL (4 EA per 1 day)
clozapine oral tablet 50 mg	T1	QL (6 EA per 1 day)
clozapine oral tablet dispersible 100 mg, 25 mg	T1	QL (9 EA per 1 day)
clozapine oral tablet dispersible 12.5 mg	T1	QL (3 EA per 1 day)
clozapine oral tablet dispersible 150 mg	T1	QL (6 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
clozapine oral tablet dispersible 200 mg	T1	QL (4 EA per 1 day)
CLOZARIL (***clozapine***)	T3	PA; QL (9 EA per 1 day)
ERZOFRI (***paliperidone palmitate***)	T3	
FANAPT (***iloperidone***)	T3	QL (2 EA per 1 day)
FANAPT TITRATION PACK A (***iloperidone***)	T3	QL (16 EA per 365 days)
FANAPT TITRATION PACK B (***iloperidone***)	T3	QL (24 EA per 365 days)
FANAPT TITRATION PACK C (***iloperidone***)	T3	QL (16 EA per 365 days)
GEODON INTRAMUSCULAR (***ziprasidone mesylate***)	T3	
GEODON ORAL (***ziprasidone hcl***)	T3	PA; QL (2 EA per 1 day)
INVEGA HAFYERA (***paliperidone palmitate***)	T3	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG (***paliperidone***)	T3	PA; QL (1 EA per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (***paliperidone***)	T3	PA; QL (2 EA per 1 day)
INVEGA SUSTENNA (***paliperidone palmitate***)	T3	
INVEGA TRINZA (***paliperidone palmitate***)	T3	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	T1	QL (1 EA per 1 day)
lurasidone hcl oral tablet 80 mg	T1	QL (2 EA per 1 day)
LYBALVI (***olanzapine-samidorphan***)	T3	QL (1 EA per 1 day)
NUPLAZID (***pimavanserin tartrate***)	T3	PA
olanzapine intramuscular	T1	
olanzapine oral	T1	QL (1 EA per 1 day)
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	T1	QL (1 EA per 1 day)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	T1	QL (3 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 5 MG (***aripiprazole***)	T3	QL (3 EA per 1 day)
OPIPZA ORAL FILM 2 MG (***aripiprazole***)	T3	QL (1 EA per 1 day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	T1	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
paliperidone er oral tablet extended release 24 hour 6 mg	T1	QL (2 EA per 1 day)
PERSERIS (***risperidone***)	T3	
quetiapine fumarate er	T1	QL (2 EA per 1 day)
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	T1	QL (3 EA per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	T1	QL (2 EA per 1 day)
REXULTI (***brexpiprazole***)	T3	QL (1 EA per 1 day)
RISPERDAL CONSTA (***risperidone microspheres***)	T3	PA
risperidone microspheres er	T1	
risperidone oral solution 1 mg/ml	T1	QL (8 ML per 1 day)
risperidone oral tablet	T1	QL (2 EA per 1 day)
risperidone oral tablet dispersible	T1	QL (2 EA per 1 day)
RYKINDO (***risperidone***)	T3	
UZEDY (***risperidone***)	T3	
VERSACLOZ (***clozapine***)	T3	QL (18 ML per 1 day)
VRAYLAR (***cariprazine hcl***)	T3	QL (1 EA per 1 day)
ziprasidone hcl	T1	QL (2 EA per 1 day)
ziprasidone mesylate	T1	
ZYPREXA RELPREVV (***olanzapine pamoate***)	T3	
ZYPREXA ZYDIS (***olanzapine***)	T3	PA; QL (1 EA per 1 day)
BARBITURATES (ANTICONVULSANTS)		
MYSOLINE (***primidone***)	T3	PA
phenobarbital oral elixir	T1	
phenobarbital oral tablet	T1	
phenobarbital sodium injection	T1	
primidone oral tablet 125 mg	T1	PA
primidone oral tablet 250 mg, 50 mg	LCG	
SEZABY (***phenobarbital sodium***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP)		
ALLZITAL (***butalbital-acetaminophen***)	T3	PA
ascomp-codeine	T1	
bac (butalbital-acetamin-caff)	T1	
butalbital-acetaminophen oral capsule	T1	PA
butalbital-acetaminophen oral tablet 50-300 mg	T1	PA
butalbital-acetaminophen oral tablet 50-325 mg	T1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	T1	PA
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	T1	
butalbital-apap-caffeine oral capsule 50-325-40 mg	T1	PA
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION	T3	PA
butalbital-apap-caffeine oral tablet	T1	
butalbital-asa-caff-codeine	T1	
butalbital-aspirin-caffeine	T1	
pentobarbital sodium injection	T1	
phenobarbital oral elixir	T1	
phenobarbital oral tablet	T1	
phenobarbital sodium injection	T1	
SEZABY (***phenobarbital sodium***)	T3	
TENCON (***butalbital-acetaminophen***)	T3	
BENZODIAZEPINES (ANTICONVULSANTS)		
ATIVAN INJECTION (***lorazepam***)	T3	
clobazam oral suspension 2.5 mg/ml	T1	PA
clobazam oral tablet	T1	PA
clonazepam oral tablet 0.5 mg, 1 mg	T1	QL (3 EA per 1 day)
clonazepam oral tablet 2 mg	T1	QL (10 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	T1	QL (3 EA per 1 day)
clonazepam oral tablet dispersible 2 mg	T1	QL (10 EA per 1 day)
clorazepate dipotassium oral tablet 15 mg	T1	QL (6 EA per 1 day)
clorazepate dipotassium oral tablet 3.75 mg	T1	QL (24 EA per 1 day)
clorazepate dipotassium oral tablet 7.5 mg	T1	QL (12 EA per 1 day)
diazepam injection solution 10 mg/2ml	T1	
diazepam intensol	T1	
diazepam oral	T1	
diazepam rectal	T1	QL (2 EA per 1 fill)
diazepam solution 5 mg/ml injection	T1	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	T3	
lorazepam injection solution	T1	
lorazepam intensol	T1	QL (5 ML per 1 day)
lorazepam oral concentrate 2 mg/ml	T1	QL (5 ML per 1 day)
lorazepam oral tablet 0.5 mg, 1 mg	T1	QL (3 EA per 1 day)
lorazepam oral tablet 2 mg	T1	QL (5 EA per 1 day)
NAYZILAM (***midazolam (anticonvulsant)***)	T3	QL (0.34 EA per 1 day)
SYMPAZAN (***clobazam***)	T3	PA
VALTOCO 10 MG DOSE (***diazepam***)	T3	QL (0.34 EA per 1 day)
VALTOCO 15 MG DOSE (***diazepam***)	T3	QL (0.67 EA per 1 day)
VALTOCO 20 MG DOSE (***diazepam***)	T3	QL (0.67 EA per 1 day)
VALTOCO 5 MG DOSE (***diazepam***)	T3	QL (0.34 EA per 1 day)
BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP)		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	T1	QL (1 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 2 mg	T1	QL (5 EA per 1 day)
alprazolam er oral tablet extended release 24 hour 3 mg	T1	QL (3 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
alprazolam intensol	T1	QL (10 ML per 1 day)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	T1	QL (4 EA per 1 day)
alprazolam oral tablet 2 mg	T1	QL (5 EA per 1 day)
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg	T1	PA; QL (4 EA per 1 day)
alprazolam oral tablet dispersible 2 mg	T1	PA; QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg	T1	QL (1 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 2 mg	T1	QL (5 EA per 1 day)
alprazolam xr oral tablet extended release 24 hour 3 mg	T1	QL (3 EA per 1 day)
ATIVAN INJECTION (***lorazepam***)	T3	
chlordiazepoxide hcl oral capsule 10 mg	T1	QL (30 EA per 1 day)
chlordiazepoxide hcl oral capsule 25 mg	T1	QL (12 EA per 1 day)
chlordiazepoxide hcl oral capsule 5 mg	T1	QL (4 EA per 1 day)
chlordiazepoxide-amitriptyline	T1	
chlordiazepoxide-clidinium	T1	PA
clobazam oral suspension 2.5 mg/ml	T1	PA
clobazam oral tablet	T1	PA
clonazepam oral tablet 0.5 mg, 1 mg	T1	QL (3 EA per 1 day)
clonazepam oral tablet 2 mg	T1	QL (10 EA per 1 day)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	T1	QL (3 EA per 1 day)
clonazepam oral tablet dispersible 2 mg	T1	QL (10 EA per 1 day)
clorazepate dipotassium oral tablet 15 mg	T1	QL (6 EA per 1 day)
clorazepate dipotassium oral tablet 3.75 mg	T1	QL (24 EA per 1 day)
clorazepate dipotassium oral tablet 7.5 mg	T1	QL (12 EA per 1 day)
diazepam injection solution 10 mg/2ml	T1	
diazepam intensol	T1	
diazepam oral	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
diazepam rectal	T1	QL (2 EA per 1 fill)
diazepam solution 5 mg/ml injection	T1	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	T3	
estazolam	T1	QL (1 EA per 1 day)
flurazepam hcl	T1	PA; QL (1 EA per 1 day)
LIBRAX (***chlordiazepoxide-clidinium***)	T3	PA
lorazepam injection solution	T1	
lorazepam intensol	T1	QL (5 ML per 1 day)
lorazepam oral concentrate 2 mg/ml	T1	QL (5 ML per 1 day)
lorazepam oral tablet 0.5 mg, 1 mg	T1	QL (3 EA per 1 day)
lorazepam oral tablet 2 mg	T1	QL (5 EA per 1 day)
NAYZILAM (***midazolam (anticonvulsant)***)	T3	QL (0.34 EA per 1 day)
oxazepam	T1	QL (4 EA per 1 day)
quazepam	T1	QL (1 EA per 1 day)
SYMPAZAN (***clobazam***)	T3	PA
temazepam	T1	QL (1 EA per 1 day)
triazolam	T1	QL (2 EA per 1 day)
VALTOCO 10 MG DOSE (***diazepam***)	T3	QL (0.34 EA per 1 day)
VALTOCO 5 MG DOSE (***diazepam***)	T3	QL (0.34 EA per 1 day)
BUTYROPHENONES		
haloperidol decanoate intramuscular	T1	
haloperidol lactate injection	T1	
haloperidol lactate oral concentrate 2 mg/ml	T1	
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg	LCG	
haloperidol oral tablet 10 mg, 20 mg	T1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG.		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (***erenumab-aooe***)	T2	PA; QL (0.04 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (***erenumab-aooe***)	T2	PA; QL (0.07 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	T2	PA; QL (0.04 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***galcanezumab-gnlm***)	T2	PA; QL (0.11 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (***galcanezumab-gnlm***)	T2	PA; QL (0.04 ML per 1 day)
NURTEC (***rimegepant sulfate***)	T2	PA; QL (0.54 EA per 1 day)
QULIPTA (***atogepant***)	T2	PA; QL (1 EA per 1 day)
UBRELVY (***ubrogepant***)	T2	PA; QL (0.54 EA per 1 day)
VYEPTI (***eptinezumab-jjmr***)	T3	PA; QL (3 ML per 81 days)
ZAVZPRET (***zavegepant hcl***)	T3	PA; QL (0.2 EA per 1 day)
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB.		
carbidopa-levodopa-entacapone	T1	
entacapone	T1	
ONGENTYS (***opicapone***)	T3	
TASMAR (***tolcapone***)	T3	
tolcapone	T1	
CENTRAL NERVOUS SYSTEM AGENTS, MISC.		
acamprosate calcium	LCG	
atomoxetine hcl oral capsule	T1	QL (1 EA per 1 day)
AUSTEDO (***deutetrabenazine***)	T4	PA; QL (4 EA per 1 day)
carbidopa oral	T1	
dextromethorphan-quinidine	T1	PA
edaravone	T4	PA
flumazenil intravenous	T1	
guanfacine hcl	LCG	
guanfacine hcl er	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
INGREZZA ORAL CAPSULE 40 MG, 80 MG (***valbenazine tosylate***)	T4	PA; QL (1 EA per 1 day)
LODOSYN (***carbidopa***)	T3	PA
memantine hcl	T1	
memantine hcl er	T1	QL (1 EA per 1 day)
memantine hcl-donepezil hcl er	T1	QL (1 EA per 1 day)
NOURIANZ (***istradefylline***)	T3	PA
NUEDEXTA (***dextromethorphan-quinidine***)	T3	PA
RADICAVA ORS (***edaravone***)	T4	PA
RADICAVA ORS STARTER KIT (***edaravone***)	T4	PA
riluzole	T1	
sodium oxybate	T4	PA; QL (18 ML per 1 day)
TEGLUTIK (***riluzole***)	T2	QL (20 ML per 1 day)
tetrabenazine	T4	PA
TIGLUTIK (***riluzole***)	T2	QL (20 ML per 1 day)
VYNDAMAX (***tafamidis***)	T4	PA; QL (1 EA per 1 day)
XENAZINE (***tetrabenazine***)	T4	PA
XYWAV (***ca, mg, k, and na oxybates***)	T4	PA; QL (18 ML per 1 day)
CYCLOOXYGENASE-2 (COX-2) INHIBITORS		
celecoxib oral	T1	QL (2 EA per 1 day)
DIBENZOXAPINES		
loxapine succinate	T1	
DIHYDROINDOLONES		
molindone hcl	T1	
DIPHENYLBUTYLPERIDINES		
pimozide	T1	
DOPAMINE PRECURSORS		
carbidopa oral	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
carbidopa-levodopa	T1	
carbidopa-levodopa er oral tablet extended release	T1	
carbidopa-levodopa-entacapone	T1	
CREXONT (***carbidopa-levodopa***)	T3	
INBRIJA (***levodopa***)	T4	PA
LODOSYN (***carbidopa***)	T3	PA
SINEMET (***carbidopa-levodopa***)	T3	PA
VYALEV (***foscarbidopa-foslevodopa***)	T4	PA
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS		
bromocriptine mesylate oral	T1	
cabergoline	T1	
CYCLOSET (***bromocriptine mesylate***)	T3	
FIBROMYALGIA AGENTS		
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 40 MG, 60 MG (***duloxetine hcl***)	T3	PA; QL (2 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG (***duloxetine hcl***)	T3	PA; QL (3 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg	T1	QL (1 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg	T1	QL (2 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 30 mg	T1	QL (3 EA per 1 day)
milnacipran hcl oral	T1	QL (110 EA per 365 days)
milnacipran hcl oral tablet	T1	QL (2 EA per 1 day)
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	T1	PA; QL (3 EA per 1 day)
pregabalin er oral tablet extended release 24 hour 330 mg	T1	PA; QL (2 EA per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	T1	QL (3 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
pregabalin oral capsule 300 mg	T1	QL (2 EA per 1 day)
pregabalin oral solution	T1	QL (30 ML per 1 day)
GABA-MEDIATED ANTICONVULSANTS		
DIACOMIT (***stiripentol***)	T4	PA
divalproex sodium er	T1	
divalproex sodium oral tablet delayed release	T1	
gabapentin (once-daily) oral tablet 300 mg	T1	QL (6 EA per 1 day)
gabapentin (once-daily) oral tablet 450 mg, 600 mg	T1	QL (3 EA per 1 day)
gabapentin (once-daily) oral tablet 750 mg, 900 mg	T1	QL (2 EA per 1 day)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T1	
gabapentin oral capsule 200 mg	T1	PA
gabapentin oral solution	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	
GRALISE ORAL TABLET 300 MG (***gabapentin (once-daily)***)	T3	QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG (***gabapentin (once-daily)***)	T3	QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG (***gabapentin (once-daily)***)	T3	QL (2 EA per 1 day)
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	T1	PA; QL (3 EA per 1 day)
pregabalin er oral tablet extended release 24 hour 330 mg	T1	PA; QL (2 EA per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	T1	QL (3 EA per 1 day)
pregabalin oral capsule 300 mg	T1	QL (2 EA per 1 day)
pregabalin oral solution	T1	QL (30 ML per 1 day)
RELGAABI (***gabapentin***)	T3	PA
tiagabine hcl	T1	
valproate sodium intravenous	T1	
valproic acid oral solution 500 mg/10ml	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
valproic acid solution 250 mg/5ml oral	LCG	
valproic acid solution 250 mg/5ml oral	LCG	PA
vigabatrin	T4	PA
VIGAFYDE (***vigabatrin***)	T4	PA
ZTALMY (***ganaxolone***)	T4	PA
GABAPENTINOIDS		
gabapentin (once-daily) oral tablet 300 mg	T1	QL (6 EA per 1 day)
gabapentin (once-daily) oral tablet 450 mg, 600 mg	T1	QL (3 EA per 1 day)
gabapentin (once-daily) oral tablet 750 mg, 900 mg	T1	QL (2 EA per 1 day)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T1	
gabapentin oral capsule 200 mg	T1	PA
gabapentin oral solution	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	
GRALISE ORAL TABLET 300 MG (***gabapentin (once-daily)***)	T3	QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG (***gabapentin (once-daily)***)	T3	QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG (***gabapentin (once-daily)***)	T3	QL (2 EA per 1 day)
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	T1	PA; QL (3 EA per 1 day)
pregabalin er oral tablet extended release 24 hour 330 mg	T1	PA; QL (2 EA per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	T1	QL (3 EA per 1 day)
pregabalin oral capsule 300 mg	T1	QL (2 EA per 1 day)
pregabalin oral solution	T1	QL (30 ML per 1 day)
RELGAABI (***gabapentin***)	T3	PA
HYDANTOINS		
CEREBYX (***fosphenytoin sodium***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	T3	
fosphenytoin sodium	T1	
phenytek	T1	
phenytoin infatabs	T1	
phenytoin oral suspension 125 mg/5ml	T1	
phenytoin oral tablet chewable	T1	
phenytoin sodium extended	T1	
phenytoin sodium injection	T1	
ION CHANNEL INHIBITION AGENTS		
BANZEL (***rufinamide***)	T3	PA
eslicarbazepine acetate	T1	
lacosamide intravenous	T1	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	T1	
lacosamide oral tablet	T1	
MOTPOLY XR (***lacosamide***)	T3	
oxcarbazepine	T1	
oxcarbazepine er	T1	
rufinamide	T1	PA
XCOPRI (***cenobamate***)	T3	
zonisamide oral	T1	
MELATONIN RECEPTOR AGONISTS		
ramelteon	T1	QL (1 EA per 1 day)
ROZEREM (***ramelteon***)	T3	PA; QL (1 EA per 1 day)
tasimelteon	T4	PA; QL (1 EA per 1 day)
MONOAMINE OXIDASE B INHIBITORS		
AZILECT (***rasagiline mesylate***)	T3	PA
EMSAM (***selegiline***)	T3	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
rasagiline mesylate oral	T1	
selegiline hcl oral	T1	
XADAGO (***safinamide mesylate***)	T3	PA; QL (1 EA per 1 day)
ZELAPAR (***selegiline hcl***)	T3	PA
MONOAMINE OXIDASE INHIBITORS		
AZILECT (***rasagiline mesylate***)	T3	PA
EMSAM (***selegiline***)	T3	QL (1 EA per 1 day)
MARPLAN (***isocarboxazid***)	T3	
NARDIL (***phenelzine sulfate***)	T3	PA
PARNATE (***tranylcypromine sulfate***)	T3	PA
phenelzine sulfate oral	T1	
rasagiline mesylate oral	T1	
selegiline hcl oral	T1	
tranylcypromine sulfate	T1	
XADAGO (***safinamide mesylate***)	T3	PA; QL (1 EA per 1 day)
ZELAPAR (***selegiline hcl***)	T3	PA
NMDA ANTAGONISTS		
SPRAVATO (56 MG DOSE) (***esketamine hcl***)	T4	PA
SPRAVATO (84 MG DOSE) (***esketamine hcl***)	T4	PA
NON-BENZODIAZEPINE ANXIOLYTICS		
buspirone hcl oral tablet 10 mg, 5 mg	LCG	
buspirone hcl oral tablet 12.5 mg, 2.5 mg	T1	PA
buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg	T1	
meprobamate	T1	
NON-BENZODIAZEPINE HYPNOTICS		
EDLUAR (***zolpidem tartrate***)	T3	PA; QL (1 EA per 1 day)
eszopiclone	T1	QL (1 EA per 1 day)
zaleplon oral capsule 10 mg	T1	QL (2 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
zaleplon oral capsule 5 mg	T1	QL (1 EA per 1 day)
zolpidem tartrate er	T1	QL (1 EA per 1 day)
zolpidem tartrate oral tablet	T1	QL (1 EA per 1 day)
zolpidem tartrate sublingual	T1	PA; QL (1 EA per 1 day)
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST		
APOKYN (***apomorphine hcl***)	T4	PA; QL (3 ML per 1 day)
apomorphine hcl subcutaneous	T4	PA; QL (3 ML per 1 day)
NEUPRO (***rotigotine***)	T3	
ONAPGO (***apomorphine hcl***)	T4	PA; QL (3 ML per 1 day)
pramipexole dihydrochloride	T1	
pramipexole dihydrochloride er	T1	PA
ropinirole hcl	T1	
ropinirole hcl er	T1	
NON-OPIOID ANALGESICS		
acetaminophen intravenous solution	T1	
acetaminophen-codeine oral solution	T1	QL (136 ML per 1 day)
acetaminophen-codeine oral tablet 300-15 mg	T1	QL (13 EA per 1 day)
acetaminophen-codeine oral tablet 300-30 mg	T1	QL (10 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	T1	QL (5 EA per 1 day)
ALLZITAL (***butalbital-acetaminophen***)	T3	PA
apap-caff-dihydrocodeine	T1	QL (12 EA per 1 day)
bac (butalbital-acetamin-caff)	T1	
butalbital-acetaminophen oral capsule	T1	PA
butalbital-acetaminophen oral tablet 50-300 mg	T1	PA
butalbital-acetaminophen oral tablet 50-325 mg	T1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	T1	PA
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
butalbital-apap-caffeine oral capsule 50-325-40 mg	T1	PA
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION	T3	PA
butalbital-apap-caffeine oral tablet	T1	
COMBOGESIC INTRAVENOUS (***ibuprofen-acetaminophen***)	T3	
endocet oral tablet 10-325 mg	T1	QL (3 EA per 1 day)
endocet oral tablet 2.5-325 mg	T1	QL (12 EA per 1 day)
endocet oral tablet 5-325 mg	T1	QL (6 EA per 1 day)
endocet oral tablet 7.5-325 mg	T1	QL (4 EA per 1 day)
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	T1	QL (73.5 ML per 1 day)
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	T1	QL (98 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	T1	QL (4 EA per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	T1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	T1	QL (9 EA per 1 day)
hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg	T1	QL (6 EA per 1 day)
NALOCET	T3	PA; QL (13 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	T3	PA; QL (16.3 ML per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	T3	QL (32.6 ML per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG	T3	PA; QL (3 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	T1	QL (3 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	T3	PA; QL (13 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg	T1	QL (12 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG	T3	PA; QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	T1	QL (6 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
OXYCODONE-ACETAMINOPHEN ORAL TABLET 7.5-300 MG	T3	PA; QL (4 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	T1	QL (4 EA per 1 day)
PROLATE ORAL SOLUTION (***oxycodone-acetaminophen***)	T3	PA; QL (16.3 ML per 1 day)
PROLATE ORAL TABLET 10-300 MG (***oxycodone-acetaminophen***)	T3	PA; QL (3 EA per 1 day)
PROLATE ORAL TABLET 5-300 MG (***oxycodone-acetaminophen***)	T3	PA; QL (6 EA per 1 day)
PROLATE ORAL TABLET 7.5-300 MG (***oxycodone-acetaminophen***)	T3	PA; QL (4 EA per 1 day)
TENCON (***butalbital-acetaminophen***)	T3	
tramadol-acetaminophen	T1	QL (6 EA per 1 day)
TREZIX (***apap-caff-dihydrocodeine***)	T3	QL (12 EA per 1 day)
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC		
CALDOLOR (***ibuprofen***)	T3	
diclofenac potassium oral capsule	T1	PA
diclofenac potassium oral tablet 25 mg	T1	PA
diclofenac potassium oral tablet 50 mg	T1	
diclofenac potassium(migraine)	T1	PA
diclofenac sodium er	T1	
diclofenac sodium oral	T1	
diclofenac-misoprostol	T1	PA
diflunisal oral	T1	
etodolac	T1	
etodolac er	T1	
fenoprofen calcium oral capsule 200 mg, 400 mg	T1	PA
flurbiprofen oral	T1	
hydrocodone-ibuprofen oral tablet 10-200 mg	T1	QL (4 EA per 1 day)
hydrocodone-ibuprofen oral tablet 5-200 mg	T1	QL (9 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocodone-ibuprofen oral tablet 7.5-200 mg	T1	QL (6 EA per 1 day)
ibuprofen lysine	T1	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	LCG	
INDOCIN (***indomethacin***)	T3	PA
indomethacin er	T1	
indomethacin oral capsule 25 mg	LCG	
indomethacin oral capsule 50 mg	T1	
indomethacin oral suspension	T1	PA
indomethacin rectal suppository 50 mg	T1	PA
indomethacin sodium	T1	
ketoprofen er	T1	PA
ketoprofen oral	T1	PA
ketorolac tromethamine +rfid	T1	
ketorolac tromethamine injection	T1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	T1	
ketorolac tromethamine oral	T1	QL (20 EA per 1 fill)
LODINE (***etodolac***)	T3	
LOFENA (***diclofenac potassium***)	T3	PA
LURBIRO (***flurbiprofen***)	T3	PA
meclofenamate sodium oral	T1	PA
mefenamic acid oral	T1	PA
meloxicam oral capsule	T1	PA
MELOXICAM ORAL SUSPENSION	T3	PA; AL
meloxicam oral tablet	LCG	
nabumetone oral	T1	
naproxen dr	T1	PA
naproxen oral suspension	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
naproxen oral tablet 250 mg	T1	
naproxen oral tablet 375 mg, 500 mg	LCG	
naproxen oral tablet delayed release	T1	PA
naproxen sodium er	T1	PA
naproxen sodium oral tablet 275 mg, 550 mg	T1	
naproxen-esomeprazole mg	T1	PA; QL (2 EA per 1 day)
NEOPROFEN (***ibuprofen lysine***)	T3	
oxaprozin oral tablet	T1	
piroxicam oral	T1	
sulindac oral	T1	
sumatriptan-naproxen sodium	T1	PA; QL (0.3 EA per 1 day)
TOLECTIN DS (***tolmetin sodium***)	T3	PA
tolmetin sodium oral capsule	T1	PA
tolmetin sodium oral tablet 200 mg	T1	
tolmetin sodium oral tablet 600 mg	T1	PA
ZYNRELEF (***bupivacaine-meloxicam***)	T3	
OPIOID AGONISTS (28:08)		
acetaminophen-codeine oral solution	T1	QL (136 ML per 1 day)
acetaminophen-codeine oral tablet 300-15 mg	T1	QL (13 EA per 1 day)
acetaminophen-codeine oral tablet 300-30 mg	T1	QL (10 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	T1	QL (5 EA per 1 day)
apap-caff-dihydrocodeine	T1	QL (12 EA per 1 day)
ascomp-codeine	T1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	T1	PA
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	
butalbital-asa-caff-codeine	T1	
codeine sulfate oral tablet 15 mg	T1	QL (21 EA per 1 day)
codeine sulfate oral tablet 30 mg	T1	QL (10 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
codeine sulfate oral tablet 60 mg	T1	QL (5 EA per 1 day)
DEMEROL (***meperidine hcl***)	T3	
DILAUDID INJECTION (***hydromorphone hcl***)	T3	
DISKETS (***methadone hcl***)	T3	
DURAMORPH	T3	
endocet oral tablet 10-325 mg	T1	QL (3 EA per 1 day)
endocet oral tablet 2.5-325 mg	T1	QL (12 EA per 1 day)
endocet oral tablet 5-325 mg	T1	QL (6 EA per 1 day)
endocet oral tablet 7.5-325 mg	T1	QL (4 EA per 1 day)
fentanyl citrate solution prefilled syringe 100 mcg/2ml injection	T1	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1.25-0.9 MG/250ML-%	T3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 5-0.9 MCG/ML-%	T3	
FENTANYL CITRATE-NACL SOLUTION PREFILLED SYRINGE 10-0.9 MCG/ML-% INTRAVENOUS	T3	
FENTANYL CITRATE-NACL SOLUTION PREFILLED SYRINGE 550-0.9 MCG/55ML-% INTRAVENOUS	T3	
fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr	T1	PA; QL (1 EA per 1 day)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	T1	PA; QL (0.5 EA per 1 day)
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	T1	PA; QL (2 EA per 1 day)
hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg	T1	PA; QL (4 EA per 1 day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	T1	PA; QL (1 EA per 1 day)
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	T1	QL (73.5 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	T1	QL (98 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	T1	QL (4 EA per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	T1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	T1	QL (9 EA per 1 day)
hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg	T1	QL (6 EA per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg	T1	QL (4 EA per 1 day)
hydrocodone-ibuprofen oral tablet 5-200 mg	T1	QL (9 EA per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	T1	QL (6 EA per 1 day)
hydromorphone hcl er	T1	PA; QL (2 EA per 1 day)
hydromorphone hcl injection solution 0.25 mg/0.5ml, 4 mg/ml	T1	
hydromorphone hcl oral liquid 1 mg/ml	T1	QL (10 ML per 1 day)
hydromorphone hcl oral tablet 2 mg	T1	QL (5 EA per 1 day)
hydromorphone hcl oral tablet 4 mg	T1	QL (2 EA per 1 day)
hydromorphone hcl oral tablet 8 mg	T1	QL (1 EA per 1 day)
hydromorphone hcl pf	T1	
hydromorphone hcl solution 0.2 mg/ml injection	T1	
HYDROMORPHONE HCL SOLUTION 0.2 MG/ML INJECTION	T3	
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	T3	
hydromorphone hcl solution 1 mg/ml injection	T1	
hydromorphone hcl solution 2 mg/ml injection	T1	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 25-0.9 MG/50ML-%	T3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 2-0.9 MG/ML-%, 55-0.9 MG/55ML-%	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
HYDROMORPHONE HCL-NACL SOLUTION 20-0.9 MG/100ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION 30-0.9 MG/30ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION 50-0.9 MG/50ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION 6-0.9 MG/30ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION PREFILLED SYRINGE 10-0.9 MG/50ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION PREFILLED SYRINGE 50-0.9 MG/50ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION PREFILLED SYRINGE 6-0.9 MG/30ML-% INTRAVENOUS	T3	
INFUMORPH 200 (***morphine sulfate microinfusion***)	T3	
INFUMORPH 500 (***morphine sulfate microinfusion***)	T3	
levorphanol tartrate oral tablet 2 mg	T1	PA; QL (2 EA per 1 day)
levorphanol tartrate oral tablet 3 mg	T1	PA; QL (1 EA per 1 day)
meperidine hcl injection	T1	
meperidine hcl oral solution	T1	QL (49 ML per 1 day)
meperidine hcl tablet 50 mg oral	T1	QL (9 EA per 1 day)
meperidine hcl tablet 50 mg oral	T1	PA; QL (9 EA per 1 day)
methadone hcl injection	T1	
methadone hcl intensol	T1	
methadone hcl oral concentrate	T1	
methadone hcl oral solution	T1	PA
methadone hcl oral tablet	T1	PA
methadone hcl oral tablet soluble	T1	
METHADOSE ORAL CONCENTRATE 10 MG/ML (***methadone hcl***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
methadose oral tablet soluble	T1	
METHADOSE SUGAR-FREE (***methadone hcl***)	T3	
mitigo	T1	
morphine sulfate (concentrate) oral solution 100 mg/5ml	T1	QL (2.4 ML per 1 day)
morphine sulfate (pf)	T1	
morphine sulfate er	T1	PA; QL (3 EA per 1 day)
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	T1	PA; QL (2 EA per 1 day)
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	T1	PA; QL (1 EA per 1 day)
morphine sulfate injection solution 2 mg/ml, 4 mg/ml	T1	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML	T3	
morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml	T1	
morphine sulfate oral solution 10 mg/5ml	T1	QL (24.5 ML per 1 day)
morphine sulfate oral solution 20 mg/5ml	T1	QL (12.25 ML per 1 day)
morphine sulfate oral tablet 15 mg	T1	QL (3 EA per 1 day)
morphine sulfate oral tablet 30 mg	T1	QL (1 EA per 1 day)
MORPHINE SULFATE SOLUTION 1 MG/ML INJECTION	T3	
MORPHINE SULFATE SOLUTION 1 MG/ML INTRAVENOUS	T3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	T3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 4-0.9 MG/ML-%, 55-0.9 MG/55ML-%	T3	
NALOCET	T3	PA; QL (13 EA per 1 day)
oxycodone hcl oral capsule	T1	QL (6 EA per 1 day)
oxycodone hcl oral concentrate	T1	QL (1.6 ML per 1 day)
oxycodone hcl oral solution	T1	QL (32.6 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
oxycodone hcl oral tablet 10 mg	T1	QL (3 EA per 1 day)
oxycodone hcl oral tablet 15 mg	T1	QL (2 EA per 1 day)
oxycodone hcl oral tablet 20 mg, 30 mg	T1	QL (1 EA per 1 day)
oxycodone hcl oral tablet 5 mg	T1	QL (6 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	T3	PA; QL (16.3 ML per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	T3	QL (32.6 ML per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG	T3	PA; QL (3 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	T1	QL (3 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	T3	PA; QL (13 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg	T1	QL (12 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG	T3	PA; QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	T1	QL (6 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 7.5-300 MG	T3	PA; QL (4 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	T1	QL (4 EA per 1 day)
oxymorphone hcl er	T1	PA; QL (4 EA per 1 day)
oxymorphone hcl oral tablet 10 mg	T1	QL (1 EA per 1 day)
oxymorphone hcl oral tablet 5 mg	T1	QL (3 EA per 1 day)
PROLATE ORAL SOLUTION (***oxycodone-acetaminophen***)	T3	PA; QL (16.3 ML per 1 day)
PROLATE ORAL TABLET 10-300 MG (***oxycodone-acetaminophen***)	T3	PA; QL (3 EA per 1 day)
PROLATE ORAL TABLET 5-300 MG (***oxycodone-acetaminophen***)	T3	PA; QL (6 EA per 1 day)
PROLATE ORAL TABLET 7.5-300 MG (***oxycodone-acetaminophen***)	T3	PA; QL (4 EA per 1 day)
promethazine-codeine	T1	QL (240 ML per 1 fill)
remifentanil hcl	T1	
tapentadol hcl oral tablet 100 mg, 75 mg	T1	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
tapentadol hcl oral tablet 50 mg	T1	QL (2 EA per 1 day)
tramadol hcl (er biphasic) oral tablet extended release 24 hour	T1	PA; QL (1 EA per 1 day)
tramadol hcl er	T1	PA; QL (1 EA per 1 day)
tramadol hcl oral tablet 100 mg	T1	QL (2 EA per 1 day)
tramadol hcl oral tablet 25 mg	T1	PA; QL (8 EA per 1 day)
tramadol hcl oral tablet 50 mg	T1	QL (5 EA per 1 day)
tramadol hcl oral tablet 75 mg	T1	PA; QL (3 EA per 1 day)
tramadol-acetaminophen	T1	QL (6 EA per 1 day)
TREZIX (***apap-caff-dihydrocodeine***)	T3	QL (12 EA per 1 day)
TUXARIN ER (***chlorpheniramine-codeine***)	T3	PA; QL (2 EA per 1 day)
ULTIVA (***remifentanil hcl***)	T3	
XTAMPZA ER (***oxycodone***)	T2	PA; QL (4 EA per 1 day)
xyvona oral tablet 2 mg	T1	PA; QL (2 EA per 1 day)
xyvona oral tablet 3 mg	T1	PA; QL (1 EA per 1 day)
OPIOID ANTAGONISTS (28:10)		
buprenorphine hcl-naloxone hcl	LCG	
ft naloxone hcl	$0	
gnp naloxone hcl	$0	
KLOXXADO (***naloxone hcl***)	$0	
NALMEFENE HCL	T3	
naloxone hcl injection	$0	
naloxone hcl nasal	$0	
naltrexone hcl oral	T1	
NARCAN (***naloxone hcl***)	$0	
OPVEE (***nalmefene hcl***)	T2	
pentazocine-naloxone hcl	T1	QL (5 EA per 1 day)
REXTOVY (***naloxone hcl***)	$0	

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Drug Name	Drug Tier	Coverage Requirements & Limits
REZENOPY (***naloxone hcl***)	$0	
RIVIVE (***naloxone hcl***)	$0	
SUBOXONE (***buprenorphine hcl-naloxone hcl***)	T2	
VIVITROL (***naltrexone***)	T2	
ZUBSOLV (***buprenorphine hcl-naloxone hcl***)	T2	
ZURNAI (***nalmefene hcl***)	$0	
OPIOID PARTIAL AGONISTS		
BELBUCA (***buprenorphine hcl***)	T2	PA; QL (2 EA per 1 day)
BRIXADI (***buprenorphine***)	T4	
BRIXADI (WEEKLY) (***buprenorphine***)	T4	
buprenorphine	T1	PA; QL (0.15 EA per 1 day)
buprenorphine hcl injection	T1	
buprenorphine hcl sublingual	T1	
buprenorphine hcl-naloxone hcl	LCG	
butorphanol tartrate injection	T1	
butorphanol tartrate nasal	T1	QL (2.5 ML per 1 fill)
nalbuphine hcl injection	T1	
pentazocine-naloxone hcl	T1	QL (5 EA per 1 day)
SUBLOCADE (***buprenorphine***)	T4	
SUBOXONE (***buprenorphine hcl-naloxone hcl***)	T2	
ZUBSOLV (***buprenorphine hcl-naloxone hcl***)	T2	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA (***suvorexant***)	T3	QL (1 EA per 1 day)
PHENOTHIAZINES		
chlorpromazine hcl injection	T1	
chlorpromazine hcl oral	T1	
COMPRO (***prochlorperazine***)	T3	
fluphenazine decanoate injection	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
fluphenazine hcl	T1	
perphenazine oral	T1	
perphenazine-amitriptyline	T1	
prochlorperazine	T1	
prochlorperazine edisylate injection	T1	
prochlorperazine maleate oral tablet 10 mg	LCG	
prochlorperazine maleate oral tablet 5 mg	T1	
thioridazine hcl tablet 10 mg oral	T1	PA
thioridazine hcl tablet 10 mg oral	T1	
thioridazine hcl tablet 100 mg oral	T1	PA
thioridazine hcl tablet 100 mg oral	T1	
thioridazine hcl tablet 25 mg oral	T1	PA
thioridazine hcl tablet 25 mg oral	T1	
thioridazine hcl tablet 50 mg oral	T1	PA
thioridazine hcl tablet 50 mg oral	T1	
trifluoperazine hcl	T1	
RESPIRATORY AND CNS STIMULANTS		
apap-caff-dihydrocodeine	T1	QL (12 EA per 1 day)
ascomp-codeine	T1	
atomoxetine hcl oral capsule	T1	QL (1 EA per 1 day)
ATOMOXETINE HCL ORAL SOLUTION	T3	QL (25 ML per 1 day)
ATONCY (***atomoxetine hcl***)	T3	QL (25 ML per 1 day)
AZSTARYS (***serdexmethylphen-dexmethylphen***)	T2	QL (1 EA per 1 day)
bac (butalbital-acetamin-caff)	T1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	T1	PA
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	
butalbital-apap-caffeine oral capsule 50-300-40 mg	T1	
butalbital-apap-caffeine oral capsule 50-325-40 mg	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION	T3	PA
butalbital-apap-caffeine oral tablet	T1	
butalbital-asa-caff-codeine	T1	
butalbital-aspirin-caffeine	T1	
CAFERGOT (***ergotamine-caffeine***)	T3	PA; QL (1.43 EA per 1 day)
caffeine citrate	T1	
CAFFEINE-SODIUM BENZOATE	T3	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG (***methylphenidate hcl***)	T3	QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (***methylphenidate hcl***)	T3	QL (2 EA per 1 day)
dexmethylphenidate hcl	T1	QL (2 EA per 1 day)
dexmethylphenidate hcl er	T1	QL (1 EA per 1 day)
DOPRAM (***doxapram hcl***)	T3	
elixophyllin	T1	
ergotamine-caffeine	T1	PA; QL (1.43 EA per 1 day)
JORNAY PM (***methylphenidate hcl***)	T3	QL (1 EA per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5ML (***methylphenidate hcl***)	T3	QL (30 ML per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5ML (***methylphenidate hcl***)	T3	QL (60 ML per 1 day)
methylphenidate	T1	PA; QL (1 EA per 1 day)
METHYLPHENIDATE ER ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG	T3	QL (3 EA per 1 day)
METHYLPHENIDATE ER ORAL TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG	T3	QL (2 EA per 1 day)
METHYLPHENIDATE ER ORAL TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG	T3	QL (6 EA per 1 day)
methylphenidate hcl er (cd)	T1	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
methylphenidate hcl er (la)	T1	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	T1	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	T1	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	T3	PA; QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 72 mg	T1	PA; QL (1 EA per 1 day)
methylphenidate hcl er (xr)	T1	QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg	T1	QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 20 mg	T1	QL (3 EA per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	T1	QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	T1	QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5ml	T1	QL (30 ML per 1 day)
methylphenidate hcl oral solution 5 mg/5ml	T1	QL (60 ML per 1 day)
methylphenidate hcl oral tablet	T1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet chewable 10 mg	T1	QL (6 EA per 1 day)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	T1	QL (3 EA per 1 day)
MIGERGOT (***ergotamine-caffeine***)	T3	PA; QL (0.72 EA per 1 day)
orphenadrine-aspirin-caffeine	T1	PA; QL (4 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG (***methylphenidate hcl***)	T3	PA; QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG (***methylphenidate hcl***)	T3	PA; QL (2 EA per 1 day)
THEO-24 (***theophylline***)	T3	
theophylline er	T1	
theophylline oral	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
TREZIX (***apap-caff-dihydrocodeine***)	T3	QL (12 EA per 1 day)
REVERSIBLE COX-1/COX-2 INHIBITORS		
ACULAR (***ketorolac tromethamine***)	T3	PA
ACULAR LS (***ketorolac tromethamine***)	T3	
ACUVAIL (***ketorolac tromethamine***)	T3	PA
CALDOLOR (***ibuprofen***)	T3	
diclofenac sodium external gel 3 %	T1	QL (10 GM per 1 day)
diflunisal oral	T1	
DOLOBID (***diflunisal***)	T3	PA
etodolac	T1	
etodolac er	T1	
fenoprofen calcium oral	T1	PA
fenopron	T1	PA
flurbiprofen oral	T1	
flurbiprofen sodium	T1	
hydrocodone-ibuprofen oral tablet 10-200 mg	T1	QL (4 EA per 1 day)
hydrocodone-ibuprofen oral tablet 5-200 mg	T1	QL (9 EA per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	T1	QL (6 EA per 1 day)
ibuprofen lysine	T1	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	T1	
ibuprofen oral tablet 300 mg	T1	PA
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	LCG	
INDOCIN (***indomethacin***)	T3	PA
indomethacin er	T1	
indomethacin oral capsule 25 mg	LCG	
indomethacin oral capsule 50 mg	T1	
indomethacin oral suspension	T1	PA
indomethacin rectal suppository 50 mg	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
indomethacin sodium	T1	
ketorolac tromethamine +rfid	T1	
ketorolac tromethamine injection	T1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	T1	
ketorolac tromethamine ophthalmic	T1	
ketorolac tromethamine oral	T1	QL (20 EA per 1 fill)
LODINE (***etodolac***)	T3	
LURBIRO (***flurbiprofen***)	T3	PA
meclofenamate sodium oral	T1	PA
mefenamic acid oral	T1	PA
meloxicam oral capsule	T1	PA
MELOXICAM ORAL SUSPENSION	T3	PA; AL
meloxicam oral tablet	LCG	
nabumetone oral	T1	
naproxen dr	T1	PA
naproxen oral suspension	T1	PA
naproxen oral tablet 250 mg	T1	
naproxen oral tablet 375 mg, 500 mg	LCG	
naproxen oral tablet delayed release	T1	PA
naproxen sodium er	T1	PA
naproxen sodium oral tablet 275 mg, 550 mg	T1	
naproxen-esomeprazole mg	T1	PA; QL (2 EA per 1 day)
NEOPROFEN (***ibuprofen lysine***)	T3	
oxaprozin oral tablet	T1	
piroxicam oral	T1	
sulindac oral	T1	
sumatriptan-naproxen sodium	T1	PA; QL (0.3 EA per 1 day)
ZYNRELEF (***bupivacaine-meloxicam***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
SALICYLATES		
ascomp-codeine	T1	
aspirin-dipyridamole er	T1	
butalbital-asa-caff-codeine	T1	
butalbital-aspirin-caffeine	T1	
orphenadrine-aspirin-caffeine	T1	PA; QL (4 EA per 1 day)
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR		
DESVENLAFAXINE ER	T3	QL (1 EA per 1 day)
desvenlafaxine succinate er	T1	QL (1 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 40 MG, 60 MG (***duloxetine hcl***)	T3	PA; QL (2 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG (***duloxetine hcl***)	T3	PA; QL (3 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg	T1	QL (1 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg	T1	QL (2 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 30 mg	T1	QL (3 EA per 1 day)
FETZIMA (***levomilnacipran hcl***)	T3	QL (1 EA per 1 day)
FETZIMA TITRATION (***levomilnacipran hcl***)	T3	QL (56 EA per 365 days)
milnacipran hcl oral	T1	QL (110 EA per 365 days)
milnacipran hcl oral tablet	T1	QL (2 EA per 1 day)
venlafaxine hcl	T1	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg	T1	QL (2 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg	T1	QL (1 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	T1	QL (3 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg	T1	PA
venlafaxine hcl er oral tablet extended release 24 hour 225 mg	T1	
SELECTIVE SEROTONIN AGONISTS		
almotriptan malate	T1	PA; QL (0.4 EA per 1 day)
eletriptan hydrobromide	T1	QL (12 EA per 30 days)
frovatriptan succinate	T1	PA; QL (0.4 EA per 1 day)
naratriptan hcl	T1	QL (0.3 EA per 1 day)
rizatriptan benzoate oral tablet 10 mg	T1	QL (0.4 EA per 1 day)
rizatriptan benzoate oral tablet 5 mg	T1	QL (0.6 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 10 mg	T1	QL (0.4 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 5 mg	T1	QL (0.6 EA per 1 day)
sumatriptan nasal	T1	QL (0.4 EA per 1 day)
sumatriptan succinate oral	T1	QL (0.3 EA per 1 day)
sumatriptan succinate subcutaneous	T1	QL (0.17 ML per 1 day)
sumatriptan-naproxen sodium	T1	PA; QL (0.3 EA per 1 day)
zolmitriptan	T1	QL (0.4 EA per 1 day)
ZOMIG NASAL (***zolmitriptan***)	T3	PA; QL (0.4 EA per 1 day)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS		
citalopram hydrobromide oral capsule	T1	PA
citalopram hydrobromide oral solution	T1	
citalopram hydrobromide oral tablet	LCG	
escitalopram oxalate oral solution	T1	
escitalopram oxalate oral tablet	T1	
fluoxetine hcl (pmdd)	T1	PA
fluoxetine hcl oral capsule	LCG	
fluoxetine hcl oral capsule delayed release	T1	QL (0.15 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
fluoxetine hcl oral solution	T1	
fluoxetine hcl oral tablet 10 mg	LCG	
fluoxetine hcl oral tablet 20 mg	T1	PA
fluoxetine hcl oral tablet 60 mg	T1	
fluvoxamine maleate	T1	
fluvoxamine maleate er	T1	QL (2 EA per 1 day)
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	T1	QL (1 EA per 1 day)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	T1	QL (3 EA per 1 day)
paroxetine hcl er	T1	
paroxetine hcl oral suspension	T1	
paroxetine hcl oral tablet	LCG	
paroxetine mesylate	T1	PA; QL (1 EA per 1 day)
sertraline hcl oral capsule	T1	PA
sertraline hcl oral concentrate	T1	
sertraline hcl oral tablet	T1	
SEROTONIN MODULATORS		
mirtazapine oral tablet	LCG	
mirtazapine oral tablet dispersible 15 mg	LCG	
mirtazapine oral tablet dispersible 30 mg, 45 mg	T1	
nefazodone hcl	T1	
RALDESY (***trazodone hcl***)	T3	PA
REMERON (***mirtazapine***)	T3	PA
REMERON SOLTAB (***mirtazapine***)	T3	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	LCG	
trazodone hcl oral tablet 300 mg	T1	
TRINTELLIX (***vortioxetine hbr***)	T3	QL (1 EA per 1 day)
vilazodone hcl	T1	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
SUCCINIMIDES		
CELONTIN (***methsuximide***)	T3	PA
ethosuximide oral	T1	
methsuximide	T1	
ZARONTIN (***ethosuximide***)	T3	
THIOXANTHENES		
thiothixene	T1	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS		
amitriptyline hcl oral	LCG	
amoxapine	T1	
ANAFRANIL (***clomipramine hcl***)	T3	PA
chlordiazepoxide-amitriptyline	T1	
clomipramine hcl oral	T1	
desipramine hcl oral	T1	
doxepin hcl external	T1	PA
doxepin hcl oral capsule	LCG	
doxepin hcl oral concentrate	LCG	
doxepin hcl oral tablet	T1	QL (1 EA per 1 day)
imipramine hcl oral	T1	
imipramine pamoate	T1	
NORPRAMIN (***desipramine hcl***)	T3	
nortriptyline hcl oral capsule	LCG	
nortriptyline hcl oral solution	T1	
PAMELOR (***nortriptyline hcl***)	T3	PA
perphenazine-amitriptyline	T1	
protriptyline hcl	T1	
PRUDOXIN (***doxepin hcl (antipruritic)***)	T3	PA
SILENOR (***doxepin hcl***)	T3	PA; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
trimipramine maleate oral	T1	
ZONALON (***doxepin hcl (antipruritic)***)	T3	PA
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR		
AUSTEDO (***deutetrabenazine***)	T4	PA; QL (4 EA per 1 day)
AUSTEDO XR (***deutetrabenazine***)	T4	PA; QL (1 EA per 1 day)
AUSTEDO XR PATIENT TITRATION (***deutetrabenazine***)	T4	PA; QL (56 EA per 365 days)
INGREZZA ORAL CAPSULE (***valbenazine tosylate***)	T4	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE SPRINKLE (***valbenazine tosylate***)	T4	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK (***valbenazine tosylate***)	T4	PA; QL (56 EA per 365 days)
tetrabenazine	T4	PA
XENAZINE (***tetrabenazine***)	T4	PA
WAKEFULNESS-PROMOTING AGENTS		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	T1	PA; QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	T1	PA; QL (2 EA per 1 day)
diclofenac sodium oral tablet delayed release 75 mg	T1	
modafinil oral	T1	PA; QL (1 EA per 1 day)
sodium oxybate	T4	PA; QL (18 ML per 1 day)
SUNOSI (***solriamfetol hcl***)	T2	PA; QL (1 EA per 1 day)
WAKIX (***pitolisant hcl***)	T4	PA; QL (2 EA per 1 day)
DENTAL AGENTS		
DENTAL AGENTS		
MI PASTE (***dentifrices***)	T3	
MI PASTE PLUS (***dentifrices***)	T3	
REMESENSE (***dental desensitizing product***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
DEVICES		
DEVICES		
ACCU-CHEK AVIVA (***blood glucose calibration***)	T2	
ACCU-CHEK AVIVA PLUS (***blood glucose monitoring suppl***)	$0	
ACCU-CHEK FASTCLIX LANCET KIT (***lancets misc.***)	T2	
ACCU-CHEK GUIDE (***blood glucose monitoring suppl***)	$0	
ACCU-CHEK GUIDE CONTROL (***blood glucose calibration***)	T2	
ACCU-CHEK GUIDE ME (***blood glucose monitoring suppl***)	$0	
ACCU-CHEK SMARTVIEW CONTROL (***blood glucose calibration***)	T2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (***lancets misc.***)	T2	
ACCU-CLEAR PREGNANCY (***pregnancy test***)	T3	QL (2 EA per 22 days)
ADJUSTABLE LANCING DEVICE	T3	
ADVANTAGE SAFETY LANCETS 28G	T2	
ADVOCATE DUO (***blood glucose-bp monitor***)	T3	
ADVOCATE INSULIN PEN NEEDLE (***insulin pen needle***)	T2	
ADVOCATE LANCING DEVICE (***lancet devices***)	T3	
ADVOCATE RAPID-SAFE LANCING (***lancet devices***)	T3	
ADVOCATE SAFETY LANCETS 21G (***lancets***)	T2	
ADVOCATE SAFETY LANCETS 23G (***lancets***)	T2	
ADVOCATE SAFETY LANCETS 28G (***lancets***)	T2	
AEROCHAMBER HOLDING CHAMBER (***spacer/aero-holding chambers***)	T2	
AEROCHAMBER MINI CHAMBER (***spacer/aero-holding chambers***)	T2	
AEROCHAMBER MV (***spacer/aero-holding chambers***)	T2	
AEROCHAMBER PLS FLOVU MTHPIECE (***spacer/aero-holding chambers***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
AEROCHAMBER PLUS FLO-VU INTERM (***spacer/aero-holding chambers***)	T2	
AEROCHAMBER PLUS FLO-VU LARGE (***spacer/aero-holding chambers***)	T2	
AEROCHAMBER PLUS FLO-VU MEDIUM (***spacer/aero-holding chambers***)	T2	
AEROCHAMBER PLUS FLO-VU SMALL (***spacer/aero-holding chambers***)	T2	
AEROCHAMBER PLUS FLOW VU (***spacer/aero-holding chambers***)	T2	
AEROCHAMBER Z-STAT PLUS (***spacer/aero-holding chambers***)	T2	
AEROCHAMBER Z-STAT PLUS CHAMBR (***spacer/aero-holding chambers***)	T2	
AEROCHAMBER Z-STAT PLUS/LARGE (***spacer/aero-holding chambers***)	T2	
AEROCHAMBER Z-STAT PLUS/MEDIUM (***spacer/aero-holding chambers***)	T2	
AEROCHAMBER Z-STAT PLUS/SMALL (***spacer/aero-holding chambers***)	T2	
AEROCHAMBER2GO ANTI-STATIC (***spacer/aero-holding chambers***)	T2	
AEROVENT PLUS (***spacer/aero-holding chambers***)	T2	
ALCOHOL PREP PADS PAD , 70 %	T3	
ALCOHOL PREP PADS SHEET 70 %	T3	
ALCOH-WIPE	T3	
AMD FOAM DRESSING (***gauze pads & dressings***)	T3	
AMD FOAM DRESSING TOPSHEET (***gauze pads & dressings***)	T3	
AQ INSULIN SYRINGE	T2	
AQINJECT PEN NEEDLE	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
AQUACEL AG BURN (***silver-carboxymethylcellulose***)	T3	
AQUORAL (***artificial saliva***)	T3	
ASSURE ID DUO PRO PEN NEEDLES (***insulin pen needle***)	T2	
ASSURE ID PRO PEN NEEDLES (***insulin pen needle***)	T2	
ATRAPRO DERMAL SPRAY (***wound cleansers***)	T3	
AUM ALCOHOL PREP PADS	T3	
AUM INSULIN SAFETY PEN NEEDLE	T2	
AUM MINI INSULIN PEN NEEDLE	T2	
AUM PEN NEEDLE	T2	
AUM READYGARD DUO PEN NEEDLE (***insulin pen needle***)	T2	
AUM SAFETY PEN NEEDLE (***insulin pen needle***)	T2	
AUTOKEEPER SAFETY PEN NEEDLE (***insulin pen needle***)	T2	
AUTOLET II CLINISAFE (***lancets misc.***)	T3	
AUTOLET LANCING DEVICE (***lancet devices***)	T3	
AUTOLET LITE CLINISAFE (***lancets misc.***)	T3	
AUTOLET LITE LANCING DEVICE (***lancet devices***)	T3	
AUTOLET LITE STARTER PACK (***lancets misc.***)	T3	
AUTOLET MINI (***lancet devices***)	T3	
AUTOLET PLATFORMS (***lancets misc.***)	T2	
AUTOLET PLUS (***lancet devices***)	T3	
AUTOPEN	T3	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (***insulin pen needle***)	T2	
BD PEN (***injection device for insulin***)	T3	
BD PEN MINI (***injection device for insulin***)	T3	
BD PEN NEEDLE MICRO ULTRAFINE (***insulin pen needle***)	T2	
BD PEN NEEDLE MINI ULTRAFINE (***insulin pen needle***)	T2	
BD PEN NEEDLE NANO ULTRAFINE (***insulin pen needle***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
BD PEN NEEDLE ORIG ULTRAFINE (***insulin pen needle***)	T2	
BD PEN NEEDLE SHORT ULTRAFINE (***insulin pen needle***)	T2	
BD ULTRA-FINE INSULIN SYRINGES 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	T2	
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (***insulin syringe/needle u-500***)	T2	
BD ULTRA-FINE INSULIN SYRINGES U-100 1 ML (***insulin syringes (disposable)***)	T2	
BD ULTRA-FINE PEN NEEDLES 32G X 4 MM (***insulin pen needle***)	T2	
BD VEO INSULIN SYR ULTRAFINE (***insulin syringe-needle u-100***)	T2	
BREATHE COMFORT CHAMBER/ADULT	T2	
BREATHE COMFORT CHAMBER/CHILD	T2	
BREATHE EASE LARGE	T2	
BREATHE EASE MEDIUM	T2	
BREATHE EASE SMALL	T2	
BREATHERITE VALVED MDI CHAMBER (***spacer/aero-holding chambers***)	T2	
CARDIOCOM LANCING DEVICE (***lancet devices***)	T3	
CAREONE ADVANCED LANCING DEV	T3	
CARESENS LANCETS 30G (***lancets***)	T2	
CARETOUCH LANCING/EJECTOR (***lancet devices***)	T3	
CEQUR SIMPL EXT WEAR INSERTER (***injection device for insulin***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
CEQUR SIMPLICITY 1U EXTND WEAR (***injection device for insulin***)	T2	
CEQUR SIMPLICITY 2U (***injection device for insulin***)	T2	
CEQUR SIMPLICITY 2U EXTND WEAR (***injection device for insulin***)	T2	
CEQUR SIMPLICITY INSERTER (***injection device for insulin***)	T2	
CHEMSTRIP BG LOG BOOK (***blood glucose monitoring suppl***)	T3	
CHOSEN LANCETS 30G (***lancets***)	T2	
CHOSEN LANCING DEVICE (***lancet devices***)	T3	
CHOSEN SAFETY LANCETS 28G (***lancets***)	T2	
CLEARBLUE DIGITAL PLUS IN VITRO DIAGNOSTIC TEST (***pregnancy test***)	T3	QL (2 EA per 22 days)
CLEARBLUE DIGITAL PREGNANCY (***pregnancy test***)	T3	QL (2 EA per 22 days)
CLEARBLUE PLUS PREGNANCY (***pregnancy test***)	T3	QL (2 EA per 22 days)
CLEVER CHEK AUTO-CODE (***blood glucose-bp monitor***)	T3	
CLEVER CHOICE COMFORT EZ (***insulin pen needle***)	T2	
CLEVER CHOICE HOLDING CHAMBER (***spacer/aero-holding chambers***)	T2	
COMFORT EZ PRO PEN NEEDLES (***insulin pen needle***)	T2	
COMFORT TOUCH TWIST LANCET 30G (***lancets***)	T2	
COMPACT SPACE CHAMBER (***spacer/aero-holding chambers***)	T2	
COMPACT SPACE CHAMBER/LG MASK (***spacer/aero-holding chambers***)	T2	
COMPACT SPACE CHAMBER/MED MASK (***spacer/aero-holding chambers***)	T2	
COMPACT SPACE CHAMBER/SM MASK (***spacer/aero-holding chambers***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4" (***gauze pads & dressings***)	T3	
CURITY AMD ANTIMICROBIAL STRIP (***gauze pads & dressings***)	T3	
CURITY IODOFORM PACKING STRIP (***gauze pads & dressings***)	T3	
CURITY NACL DRESSING 6"X6-3/4" (***wound dressings***)	T3	
CURITY WOUND CLOSURE 1/2"X4" (***adhesive bandages***)	T3	
CURITY WOUND CLOSURE 1/4"X1.5" (***adhesive bandages***)	T3	
CURITY WOUND CLOSURE 1/4"X3" (***adhesive bandages***)	T3	
CURITY WOUND CLOSURE 1/4"X4" (***adhesive bandages***)	T3	
CURITY WOUND CLOSURE 1/8"X3" (***adhesive bandages***)	T3	
CVS DIGITAL PREGNANCY TEST	T3	QL (2 EA per 22 days)
CVS EARLY PREGNANCY	T3	QL (2 EA per 22 days)
CVS EARLY RESULT PREGNANCY	T3	QL (2 EA per 22 days)
CVS LANCING DEVICE	T3	
CVS ONE STEP PREGNANCY	T3	QL (2 EA per 22 days)
CVS PREGNANCY TEST KIT	T3	QL (2 EA per 22 days)
DEXCOM G6 RECEIVER (***continuous glucose receiver***)	T2	PA
DEXCOM G6 SENSOR (***continuous glucose sensor***)	T2	PA
DEXCOM G6 TRANSMITTER (***continuous glucose transmitter***)	T2	PA
DEXCOM G7 15 DAY SENSOR (***continuous glucose sensor***)	T2	PA
DEXCOM G7 RECEIVER (***continuous glucose receiver***)	T2	PA
DEXCOM G7 SENSOR (***continuous glucose sensor***)	T2	PA
DIASCREEN 10 (***urine glucose monitoring suppl***)	T3	
DIASCREEN 1B (***urine glucose monitoring suppl***)	T3	
DIASCREEN 1G (***urine glucose monitoring suppl***)	T3	
DIASCREEN 1K (***urine glucose monitoring suppl***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
DIASCREEN 2GK (***urine glucose monitoring suppl***)	T3	
DIASCREEN 2GP (***urine glucose monitoring suppl***)	T3	
DIASCREEN 3 (***urine glucose monitoring suppl***)	T3	
DIASCREEN 4NL (***urine glucose monitoring suppl***)	T3	
DIASCREEN 4OBL (***urine glucose monitoring suppl***)	T3	
DIASCREEN 4PH (***urine glucose monitoring suppl***)	T3	
DIASCREEN 5 (***urine glucose monitoring suppl***)	T3	
DIASCREEN 6 (***urine glucose monitoring suppl***)	T3	
DIASCREEN 7 (***urine glucose monitoring suppl***)	T3	
DIASCREEN 8 (***urine glucose monitoring suppl***)	T3	
DIASCREEN 9 (***urine glucose monitoring suppl***)	T3	
DIASCREEN LIQUID URINE CONTROL	T3	
DIATHRIVE LANCING DEVICE (***lancet devices***)	T3	
DIGITAL PREGNANCY	T3	QL (2 EA per 22 days)
DROPLET GENTEEL LANCING DEVICE (***lancet devices***)	T3	
DROPLET LANCING DEVICE (***lancet devices***)	T3	
DROPLET MICRON (***insulin pen needle***)	T2	
DROPSAFE ACTI-LANCE 23G (***lancets***)	T2	
DROPSAFE ALCOHOL PREP (***alcohol swabs***)	T3	
DROPSAFE AUTOPROTECT DUO (***insulin pen needle***)	T2	
DROPSAFE MEDLANCE LANCET 30G (***lancets***)	T2	
DROPSAFE SAFETY SYRINGE/NEEDLE (***insulin syringe-needle u-100***)	T2	
DUO-CARE (***blood glucose-bp monitor***)	T3	
EARLY PREGNANCY	T3	QL (2 EA per 22 days)
EARLY RESULT PREGNANCY	T3	QL (2 EA per 22 days)
EASIVENT (***spacer/aero-holding chambers***)	T2	
EASIVENT MASK LARGE (***spacer/aero-holding chambers***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
EASIVENT MASK MEDIUM (***spacer/aero-holding chambers***)	T2	
EASIVENT MASK SMALL (***spacer/aero-holding chambers***)	T2	
EASY MINI EJECT LANCING DEVICE	T3	
EASY MINI LANCING DEVICE	T3	
EASY TOUCH INSULIN BARRELS (***insulin syringes (disposable)***)	T2	
EASY TOUCH LANCING DEVICE (***lancet devices***)	T3	
EMBECTA AUTOSHIELD DUO (***insulin pen needle***)	T2	
EMBECTA INS SYR U/F 1/2 UNIT (***insulin syringe-needle u-100***)	T2	
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	T2	
EMBECTA INSULIN SYRINGE (***insulin syringe-needle u-100***)	T2	
EMBECTA INSULIN SYRINGE U-100 (***insulin syringe-needle u-100***)	T2	
EMBECTA INSULIN SYRINGE U-500 (***insulin syringe/needle u-500***)	T2	
EMBECTA PEN NEEDLE NANO (***insulin pen needle***)	T2	
EMBECTA PEN NEEDLE NANO 2 GEN (***insulin pen needle***)	T2	
EMBECTA PEN NEEDLE ULTRAFINE (***insulin pen needle***)	T2	
EMBRACE LANCING DEVICE/EJECTOR	T3	
EMBRACE PEN NEEDLES (***insulin pen needle***)	T2	
ENLITE GLUCOSE SENSOR (***continuous glucose sensor***)	T3	PA
EPT (***pregnancy test***)	T3	QL (2 EA per 22 days)
EPT DIGITAL (***pregnancy test***)	T3	QL (2 EA per 22 days)
EQ PREGNANCY TEST	T3	QL (2 EA per 22 days)
EQ PREGNANCY TEST EARLY RESULT	T3	QL (2 EA per 22 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
EQ SPACE CHAMBER ANTI-STATIC	T2	
EQ SPACE CHAMBER ANTI-STATIC L	T2	
EQ SPACE CHAMBER ANTI-STATIC M	T2	
EQ SPACE CHAMBER ANTI-STATIC S	T2	
EQL ONE-STEP PREGNANCY	T3	QL (2 EA per 22 days)
EQL PREGNANCY EARLY RESULT	T3	QL (2 EA per 22 days)
EQL PREGNANCY TEST DIGITAL	T3	QL (2 EA per 22 days)
EXCILON AMD DRAIN SPONGES (***gauze pads & dressings***)	T3	
FACT PLUS+ PREGNANCY (***pregnancy test***)	T3	QL (2 EA per 22 days)
FEMCAP (***cervical caps***)	T3	
FIRST RESPONSE PREGNANCY (***pregnancy test***)	T3	QL (2 EA per 22 days)
FLEXICHAMBER (***spacer/aero-holding chambers***)	T2	
FLEXICHAMBER ADULT MASK/SMALL (***spacer/aero-hold chamber mask***)	T2	
FLEXICHAMBER CHILD MASK/LARGE (***spacer/aero-hold chamber mask***)	T2	
FLEXICHAMBER CHILD MASK/SMALL (***spacer/aero-hold chamber mask***)	T2	
FONDCIRCLE LANCING DEVICE	T3	
FONDCIRCLE SINGLE USE LANCETS	T2	
FORA D40 GLUCOSE/PRESSURE (***blood glucose-bp monitor***)	T3	
FORA D40G GLUCOSE/PRESSURE (***blood glucose-bp monitor***)	T3	
FORA LANCING DEVICE (***lancet devices***)	T3	
FT EARLY RESULT PREGNANCY	T3	QL (2 EA per 22 days)
FT ONE STEP PREGNANCY	T3	QL (2 EA per 22 days)
GENTEEL CONTACT TIPS (BLUE) (***lancets misc.***)	T2	
GENTEEL CONTACT TIPS (CLEAR) (***lancets misc.***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
GENTEEL CONTACT TIPS (GREEN) (***lancets misc.***)	T2	
GENTEEL CONTACT TIPS (ORANGE) (***lancets misc.***)	T2	
GENTEEL CONTACT TIPS (RAINBOW) (***lancets misc.***)	T2	
GENTEEL CONTACT TIPS (VIOLET) (***lancets misc.***)	T2	
GENTEEL CONTACT TIPS (YELLOW) (***lancets misc.***)	T2	
GENTEEL LANCING KIT (BLUE) (***lancets misc.***)	T3	
GENTEEL NOZZLES (***lancets misc.***)	T2	
GENTEEL PLUS LANCING (BLACK) (***lancet devices***)	T3	
GENTEEL PLUS LANCING (PURPLE) (***lancet devices***)	T3	
GENTEEL PLUS LANCING (WHITE) (***lancet devices***)	T3	
GENTEEL PLUS LANCING DEV(BLUE) (***lancet devices***)	T3	
GENTEEL PLUS LANCING DEV(PINK) (***lancet devices***)	T3	
GLOBAL LANCING DEVICE	T3	
GLUCOCOM AUTOLINK TELEMONITOR (***blood glucose monitoring suppl***)	T3	
GNP ADVANCED PREGNANCY TEST	T3	QL (2 EA per 22 days)
GNP EARLY RESULT PREGNANCY TST	T3	QL (2 EA per 22 days)
GNP LANCING SYSTEM DEVICE (***lancet devices***)	T3	
GNP ONE STEP PREGNANCY	T3	QL (2 EA per 22 days)
GNP PEN NEEDLES	T2	
GNP PREGNANCY TEST	T3	QL (2 EA per 22 days)
GNP ULTIGUARD SAFEPACK NEEDLE (***insulin pen needle***)	T2	
GOJJI LANCING DEVICE/CLEAR CAP (***lancet devices***)	T3	
GOJJI STERILE LANCETS (***lancets***)	T2	
GOODSENSE ALCOHOL SWABS	T3	
GUARDIAN 4 GLUCOSE SENSOR (***continuous glucose sensor***)	T3	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
GUARDIAN 4 TRANSMITTER (***continuous glucose transmitter***)	T3	PA
GUARDIAN REAL-TIME CHARGER (***continuous glucose monitor sup***)	T3	
GUARDIAN REAL-TIME TEST PLUG (***continuous glucose monitor sup***)	T3	
GUARDIAN SENSOR 3	T3	PA
H-E-B INCONTROL ADV LANCING	T3	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%	T1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%	T3	
HEPARIN (PORCINE) IN NACL SOLUTION 2500-0.9 UT/500ML-% INTRAVENOUS	T3	
HEPARIN (PORCINE) IN NACL SOLUTION 5000-0.9 UT/500ML-% INTRAVENOUS	T3	
HYDROFERA BLUE 4"X4" (***wound dressings***)	T3	
HYDROFERA BLUE 6"X6" (***wound dressings***)	T3	
HYDROFERA BLUE FOAM DRESSING (***wound dressings***)	T3	
HYDROFERA BLUE FOAM/TUNNELING (***wound dressings***)	T3	
HYDROFERA BLUE MRF DRESSING (***wound dressings***)	T3	
HYDROFERA BLUE READY FOAM (***wound dressings***)	T3	
HYPERSAL (***sodium chloride***)	T3	
HYPOLANCE AST LANCING (***lancets misc.***)	T3	
IHEALTH LANCING DEVICE (***lancet devices***)	T3	
IN TOUCH LANCING DEVICE (***lancet devices***)	T3	
INCONTROL ULTICARE PEN NEEDLES (***insulin pen needle***)	T2	
INSPIREASE (***spacer/aero-holding chambers***)	T2	
INSPIREASE RESERVOIR BAGS (***spacer/aero-hold chamber bags***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 5MM , 29G X 8MM , 30G X 6 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM , 34G X 3.5 MM (***insulin pen needle***)	T2	
INSULIN PEN NEEDLES 29G X 12MM , 29G X 4MM , 30G X 5 MM , 30G X 8 MM , 31G X 8 MM , 32G X 4 MM	T2	
INSULIN SYRINGES 25G X 5/8" 1 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML (***insulin syringe-needle u-100***)	T2	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 29G X 5/16" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 32G X 5/16" 0.5 ML	T2	
INSULIN SYRINGES U-100 1 ML (***insulin syringes (disposable)***)	T2	
INSUL-TOTE BACK-OPENING (***blood glucose monitoring suppl***)	T3	
INSUL-TOTE JR (***blood glucose monitoring suppl***)	T3	
INSUL-TOTE PEN-TOTE (***blood glucose monitoring suppl***)	T3	
INSUL-TOTE ULTIMATE (***blood glucose monitoring suppl***)	T3	
INSUPEN32G EXTR3ME (***insulin pen needle***)	T2	
J-TIP KIT W/VIAL ADAPTERS (***injection device***)	T3	
KERLIX AMD ANTIMICROBIAL (***gauze pads & dressings***)	T3	
KERLIX AMD SUPER SPONGES (***gauze pads & dressings***)	T3	
KROGER AUTOLET LANCING DEVICE (***lancet devices***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
KT TAPE CGM PATCH (***continuous glucose monitor sup***)	T3	
LANCETS	T2	
LANCETS	T3	
LANCETS 28G THIN	T2	
LANCETS KIT	T3	
LANCETS SUPER THIN (***lancets***)	T2	
LANCING DEVICE	T3	
LANZO (***lancet devices***)	T3	
LEADER ADVANCED LANCING DEVICE	T3	
LITE TOUCH LANCING PEN (***lancet devices***)	T3	
LUXAMEND (***wound dressings***)	T3	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL (***wound dressings***)	T3	
MICROCHAMBER (***spacer/aero-holding chambers***)	T2	
MICROCYN EXTERNAL LIQUID (***wound cleansers***)	T3	
MICROLET NEXT LANCETS (***lancets***)	T2	
MICROLET NEXT LANCING DEVICE (***lancet devices***)	T3	
MICROSPACER (***spacer/aero-holding chambers***)	T2	
MINI LANCING DEVICE	T3	
MINIMED INSTINCT GLUC SENSOR (***continuous glucose sensor***)	T3	PA
MM LANCING DEVICE (***lancet devices***)	T3	
MOBI CONNECT LANCING DEVICE (***lancet devices***)	T3	
MOBI CONNECT TWIST LANCETS (***lancets***)	T2	
MOBILE LANCETS 30G	T2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % (***sodium chloride***)	T3	
NEUTEK 2TEK GLUCOSE/PRESSURE (***blood glucose-bp monitor***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
NOVA SUREFLEX LANCING DEVICE (***lancet devices***)	T3	
NOVOFINE PEN NEEDLE (***insulin pen needle***)	T2	
NOVOFINE PLUS PEN NEEDLE (***insulin pen needle***)	T2	
NOVOPEN ECHO (***injection device for insulin***)	T3	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 (***insulin disposable pump***)	T2	
OMNIPOD 5 DEXG7G6 PODS GEN 5 (***insulin disposable pump***)	T2	QL (0.34 EA per 1 day)
OMNIPOD 5 LIBRE INTRO (***insulin disposable pump***)	T2	
OMNIPOD 5 LIBRE PODS (***insulin disposable pump***)	T2	QL (0.34 EA per 1 day)
OMNIPOD DASH INTRO (GEN 4) (***insulin disposable pump***)	T2	
OMNIPOD DASH PDM (GEN 4) (***insulin disposable pump***)	T2	
OMNIPOD DASH PODS (GEN 4) (***insulin disposable pump***)	T2	QL (0.34 EA per 1 day)
ONE STEP PREGNANCY	T3	QL (2 EA per 22 days)
ONE-STEP PREGNANCY	T3	QL (2 EA per 22 days)
ONETOUCH DELICA PLUS LANCING (***lancet devices***)	T3	
ONETOUCH DELICA SAFETY LANCING (***lancets***)	T2	
OPTICHAMBER DIAMOND (***spacer/aero-holding chambers***)	T2	
OPTICHAMBER DIAMOND-LG MASK (***spacer/aero-holding chambers***)	T2	
OPTICHAMBER DIAMOND-MD MASK (***spacer/aero-holding chambers***)	T2	
OPTICHAMBER DIAMOND-SM MASK (***spacer/aero-holding chambers***)	T2	
PANDA MASK LARGE (***spacer/aero-hold chamber mask***)	T2	
PANDA MASK MEDIUM (***spacer/aero-hold chamber mask***)	T2	
PANDA MASK SMALL (***spacer/aero-hold chamber mask***)	T2	
PARI VORTEX ADULT MASK (***spacer/aero-hold chamber mask***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
PARI VORTEX PEDIATRIC MASK (***spacer/aero-hold chamber mask***)	T2	
PEDIATRIC PANDA MASK (***spacer/aero-hold chamber mask***)	T2	
PEN NEEDLE/5-BEVEL TIP	T2	
PENTIPS GENERIC PEN NEEDLES (***insulin pen needle***)	T2	
PERFECT POINT SAFETY LANCETS (***lancets***)	T2	
PIP PEN NEEDLES 31G X 5MM	T2	
PIP PEN NEEDLES 32G X 4MM	T2	
PIVOT INSULIN PUMP STARTER KIT	T2	
POCKET CHAMBER (***spacer/aero-holding chambers***)	T2	
POCKET SPACER (***spacer/aero-holding chambers***)	T2	
PREGNANCY TEST	T3	QL (2 EA per 22 days)
PRO COMFORT SPACER ADULT	T2	
PRO COMFORT SPACER CHILD	T2	
PRO COMFORT SPACER INFANT	T2	
PROCARE SPACER/ADULT MASK	T2	
PROCARE SPACER/CHILD MASK	T2	
PROCHAMBER VHC	T2	
PRODIGY LANCING DEVICE (***lancet devices***)	T3	
PULMOSAL (***sodium chloride***)	T3	
PURALIN ONE-STEP PREGNANCY (***pregnancy test***)	T3	QL (2 EA per 22 days)
PURE COMFORT SAFETY LANCET 30G	T2	
PURE COMFORT SAFETY PEN NEEDLE	T2	
PURE COMFORT SPACER CHAMBER	T2	
PX ADVANCED LANCING DEVICE	T3	
QC ADVANCED LANCING DEVICE	T3	
QUICK TOUCH INSULIN PEN NEEDLE (***insulin pen needle***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
RADIAPLEXRX (***wound dressings***)	T3	
RAYA SURE PEN NEEDLE	T2	
REGENECARE (***lidocaine-collagen-aloe vera***)	T3	
RELION LANCING DEVICE (***lancet devices***)	T3	
RIGHTEST ALTERNATE SITE ADAPT (***lancets misc.***)	T2	
RIGHTEST GD500 LANCING DEVICE (***lancet devices***)	T3	
RITEFLO (***spacer/aero-holding chambers***)	T2	
SAFETY PEN NEEDLES	T2	
SB PREGNANCY TEST KIT	T3	QL (2 EA per 22 days)
SELECT-LITE LANCING DEVICE	T3	
SENSILANCE SAFETY LANCETS 21G (***lancets***)	T2	
SENSILANCE SAFETY LANCETS 26G (***lancets***)	T2	
SENSILANCE SAFETY LANCETS 28G (***lancets***)	T2	
SIMPLE DIAGNOSTICS LANCING DEV (***lancet devices***)	T3	
SIMPLERA SENSOR (***continuous glucose sensor***)	T3	PA
SIMPLERA SYNC SENSOR (***continuous glucose sensor***)	T3	PA
SIMPLERA SYSTEM (***continuous glucose sensor***)	T3	PA
SMART DIABETES VANTAGE LANCING (***lancet devices***)	T3	
sodium chloride inhalation	T1	
SOLUS V2 LANCING DEVICE (***lancet devices***)	T3	
SUPREME II CONFIDENCE PADDLES	T3	
SURE COMFORT LANCING PEN	T3	
TECHLITE LANCETS 26G (***lancets***)	T2	
TECHLITE PLUS PEN NEEDLES (***insulin pen needle***)	T2	
TELFA AMD ISLAND DRESSING (***gauze pads & dressings***)	T3	
TELFA AMD NON-ADHERENT (***gauze pads & dressings***)	T3	
TODAYS HEALTH LANCING DEVICE	T3	
TOPFINE INSULIN PEN NEEDLE (***insulin pen needle***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
TRACER II 3 VOLT BATTERY (***blood glucose monitoring suppl***)	T3	
TRUE COMFORT SAFETY PEN NEEDLE	T2	
TRUEDRAW LANCING DEVICE (***lancet devices***)	T3	
ULTICARE INSULIN SYR 1/2 UNIT (***insulin syringe-needle u-100***)	T2	
ULTIGUARD SAFEPACK SYR/NEEDLE (***insulin syringe-needle u-100***)	T2	
ULTI-LANCE AUTOMATIC (***lancet devices***)	T3	
ULTRA-CARE SAFETY LANCETS 30G	T2	
UNIFINE OTC PEN NEEDLES (***insulin pen needle***)	T2	
UNIFINE PROTECT PEN NEEDLE (***insulin pen needle***)	T2	
UNISTIK NORMAL (***lancets***)	T2	
URESTA STARTER KIT (***incontinence supply disposable***)	T3	
VERIFINE INSULIN PEN NEEDLE (***insulin pen needle***)	T2	
VERIFINE INSULIN SYRINGE (***insulin syringe-needle u-100***)	T2	
VERIFINE PLUS PEN NEEDLE (***insulin pen needle***)	T2	
VERIFINE SAFE LANCET MINI 21G (***lancets***)	T2	
VERIFINE SAFE LANCET MINI 23G (***lancets***)	T2	
VERIFINE SAFE LANCET MINI 28G (***lancets***)	T2	
VERIFINE SAFE LANCET MINI 30G (***lancets***)	T2	
VERISAFE SAFETY INSULIN SYR (***insulin syringe-needle u-100***)	T2	
VIVAGUARD LANCETS 30G (***lancets***)	T2	
VIVAGUARD LANCING DEVICE (***lancet devices***)	T3	
VIVAGUARD SAFETY LANCETS 28G (***lancets***)	T2	
VORTEX VALVE CHAMBER-PEDI MASK (***spacer/aero-holding chambers***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
VORTEX VALVED HOLDING CHAMBER (***spacer/aero-holding chambers***)	T2	
YONI FIT BLADDER SUPPORT KIT 1	T3	
YONI FIT BLADDER SUPPORT KIT 2	T3	
YONI FIT BLADDER SUPPORT KIT 3	T3	
YONI FIT BLADDER SUPPORT KIT 4	T3	
YONI FIT BLADDER SUPPORT KIT 5	T3	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR (***corticotropin***)	T4	PA
ACTHAR GEL (***corticotropin***)	T4	PA
CORTROPHIN (***corticotropin***)	T4	PA
CORTROPHIN GEL (***corticotropin***)	T4	PA
CARDIAC FUNCTION		
aspirin-dipyridamole er	T1	
dipyridamole oral	T1	
DIABETES MELLITUS		
ACCU-CHEK AVIVA PLUS IN VITRO (***glucose blood***)	T2	QL (3.4 EA per 1 day)
ACCU-CHEK GUIDE TEST (***glucose blood***)	T2	QL (3.4 EA per 1 day)
ACCU-CHEK SMARTVIEW TEST STRIPS (***glucose blood***)	T2	QL (3.4 EA per 1 day)
CONTOUR NEXT (***glucose blood***)	T2	QL (3.4 EA per 1 day)
EMBRACE PEN NEEDLES 29G X 12MM (***insulin pen needle***)	T2	
DIAGNOSTIC AGENTS		
UDSX MEDICATED SYSTEM	T3	
UDSXMP MEDICATED SYSTEM	T3	
VENIPUNCTURE PX1 PHLEBOTOMY (***lidocaine hcl-blood collection***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
KETONES		
CHEMSTRIP K (***acetone (urine) test***)	T3	
DIASCREEN 1K (***urine glucose monitoring suppl***)	T3	
KETONE CARE (***urine glucose-ketones test***)	T3	
KETONE TEST	T3	
KETOSTIX (***acetone (urine) test***)	T3	
RELION KETONE TEST (***acetone (urine) test***)	T3	
KIDNEY FUNCTION		
mannitol intravenous	T1	
OSMITROL (***mannitol***)	T3	
PHEOCHROMOCYTOMA		
metyrosine	T1	PA; QL (16 EA per 1 day)
SUGAR		
DIASCREEN 1G (***urine glucose monitoring suppl***)	T3	
DIASTIX (***glucose urine test-glucose ox***)	T2	
DIASTIX REAGENT (***glucose urine test-glucose ox***)	T2	
URINE AND FECES CONTENTS		
CHEMSTRIP UGK (***urine glucose-ketones test***)	T3	
DIASCREEN 10 (***urine glucose monitoring suppl***)	T3	
DIASCREEN 1B (***urine glucose monitoring suppl***)	T3	
DIASCREEN 2GK (***urine glucose monitoring suppl***)	T3	
DIASCREEN 2GP (***urine glucose monitoring suppl***)	T3	
DIASCREEN 3 (***urine glucose monitoring suppl***)	T3	
DIASCREEN 4NL (***urine glucose monitoring suppl***)	T3	
DIASCREEN 4OBL (***urine glucose monitoring suppl***)	T3	
DIASCREEN 4PH (***urine glucose monitoring suppl***)	T3	
DIASCREEN 5 (***urine glucose monitoring suppl***)	T3	
DIASCREEN 6 (***urine glucose monitoring suppl***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
DIASCREEN 7 (***urine glucose monitoring suppl***)	T3	
DIASCREEN 8 (***urine glucose monitoring suppl***)	T3	
DIASCREEN 9 (***urine glucose monitoring suppl***)	T3	
KETO-DIASTIX (***urine glucose-ketones test***)	T3	
KETONE CARE (***urine glucose-ketones test***)	T3	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE)		
DISINFECTANTS (FOR NON-DERMATOLOGIC USE)		
formaldehyde	T1	
glutaraldehyde external	T1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS (***potassium phosphate monobasic***)	T3	
phosphorous	T1	
PHOSPHO-TRIN 250 NEUTRAL (***k phos mono-sod phos di & mono***)	T3	
ALKALINIZING AGENTS		
LIDOCAINE-SODIUM BICARBONATE	T3	
potassium citrate er	T1	
sod citrate-citric acid oral solution 1500-1002 mg/15ml, 3000-2004 mg/30ml	T1	
sod citrate-citric acid solution 500-334 mg/5ml oral (rx)	T1	
sodium acetate intravenous	T1	
sodium bicarbonate solution 4.2 % intravenous	T1	
sodium bicarbonate solution 8.4 % intravenous	T1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	T3	
SODIUM CITRATE IN VITRO	T3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
sodium citrate-citric acid	T1	
THAM (***tromethamine***)	T3	
tromethamine intravenous	T1	
UROCIT-K 10 (***potassium citrate***)	T3	PA
UROCIT-K 15 (***potassium citrate***)	T3	PA
AMMONIA DETOXICANTS		
CARBAGLU (***carglumic acid***)	T4	PA
carglumic acid	T4	PA
constulose	LCG	
enulose	T1	
generlac	T1	
glycerol phenylbutyrate	T4	PA
KRISTALOSE (***lactulose***)	T3	PA
lactulose encephalopathy	T1	
lactulose oral packet	T1	PA
lactulose oral solution	LCG	
LITHOSTAT (***acetohydroxamic acid***)	T3	
PHEBURANE (***sodium phenylbutyrate***)	T4	PA
sod benz-sod phenylacet	T1	
sodium phenylbutyrate oral	T4	PA
CALORIC AGENTS		
AMINO ACID	T3	
AMINO ACID-CALCIUM-HEP IN D10W SOLUTION 3 % INTRAVENOUS	T3	
AMINOPROTECT (***amino acid infusion***)	T3	
AMINOSYN II (***amino acid infusion***)	T3	
AMINOSYN-PF (***amino acid infusion***)	T3	
AMINOSYN-PF 7% (***amino acid infusion***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
ARGININE HCL INJECTION	T3	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%	T1	
cefazolin sodium-dextrose intravenous solution reconstituted	T1	
cefepime-dextrose	T1	
ceftriaxone sodium in dextrose	T1	
ceftriaxone sodium-dextrose	T1	
clindamycin phosphate in d5w	T1	
CLINIMIX E/DEXTROSE (2.75/5) (***amino ac elect-calc in d5w***)	T3	
CLINIMIX E/DEXTROSE (4.25/10) (***amino ac elect-calc in d10w***)	T3	
CLINIMIX E/DEXTROSE (4.25/5) (***amino ac elect-calc in d5w***)	T3	
CLINIMIX E/DEXTROSE (5/15) (***amino ac elect-calc in d15w***)	T3	
CLINIMIX E/DEXTROSE (5/20) (***amino ac elect-calc in d20w***)	T3	
CLINIMIX E/DEXTROSE (8/10)	T3	
CLINIMIX E/DEXTROSE (8/14)	T3	
CLINIMIX/DEXTROSE (4.25/10) (***amino acid infusion in d10w***)	T3	
CLINIMIX/DEXTROSE (4.25/5) (***amino acid infusion in d5w***)	T3	
CLINIMIX/DEXTROSE (5/15) (***amino acid infusion in d15w***)	T3	
CLINIMIX/DEXTROSE (5/20) (***amino acid infusion in d20w***)	T3	
CLINIMIX/DEXTROSE (6/5)	T3	
CLINIMIX/DEXTROSE (8/10)	T3	
CLINIMIX/DEXTROSE (8/14)	T3	
CLINISOL SF (***amino acid infusion***)	T3	
CLINOLIPID (***fat emuls plant base(soy/oliv)***)	T3	
CORN (SYRUP)	T3	
dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	T3	
dextrose solution 250 mg/ml intravenous	T1	
DEXTROSE SOLUTION 50 % INTRAVENOUS	T3	
dextrose solution 50 % intravenous	T1	
dextrose solution 70 % intravenous	T1	
DILTIAZEM HCL-DEXTROSE SOLUTION 125-5 MG/125ML-% INTRAVENOUS	T3	
EPINEPHRINE HCL-DEXTROSE	T3	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	T3	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	T3	
GLUTATHIONE INTRAVENOUS	T3	
GLYCINE INJECTION	T3	
heparin sod (porcine) in d5w	T1	
INTRALIPID (***fat emulsion plant based (soy)***)	T3	
KABIVEN (***amino ac-dext-lipid-electrolyt***)	T3	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	T1	
LMD IN D5W (***dextran 40 in d5w***)	T3	
LYSINE HCL INJECTION	T3	
magnesium sulfate in d5w	T1	
milrinone lactate in dextrose	T1	
NAFCILLIN SODIUM IN DEXTROSE	T3	
NEOKE ALCAR (***acetylcarnitine***)	T3	
NEOKE MCT70 (***medium chain triglycerides***)	T3	
NEXTERONE (***amiodarone hcl in dextrose***)	T3	
nitroglycerin in d5w	T1	
NOREPINEPHRINE-DEXTROSE	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
NUTRILIPID (***fat emulsion plant based (soy)***)	T3	
OXACILLIN SODIUM IN DEXTROSE	T3	
PCCA ACACIA SYRUP BASE (***acacia syrup***)	T3	
PENICILLIN G POT IN DEXTROSE	T3	
PERIKABIVEN (***amino ac-dext-lipid-electrolyt***)	T3	
PLENAMINE (***amino acid infusion***)	T3	
PREMASOL (***amino acid infusion***)	T3	
PROSOL (***amino acid infusion***)	T3	
SMOFLIPID (***fat emul fish oil/plant based***)	T3	
TAURINE INJECTION	T3	
TAZICEF INTRAVENOUS SOLUTION (***ceftazidime sodium in dextrose***)	T3	
TRAVASOL (***amino acid infusion***)	T3	
TRI-AMINO	T3	
TROPHAMINE (***amino acid infusion***)	T3	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	T3	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	T1	
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	T1	
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	T3	
ZOSYN (***piperacillin-tazobactam in dex***)	T3	
CARBONIC ANHYDRASE INHIBITORS (40:28)		
acetazolamide er	T1	
acetazolamide oral	T1	
acetazolamide sodium	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
DIURETICS, MISCELLANEOUS		
elixophyllin	T1	
THEO-24 (***theophylline***)	T3	
theophylline er	T1	
theophylline oral	T1	
ELECTROLYTIC,CALORIC,WATER BALANCE MISC,		
CRYSVITA (***burosumab-twza***)	T4	PA
LOOP DIURETICS (40:28)		
bumetanide	T1	
BUMEX (***bumetanide***)	T3	
EDECRIN (***ethacrynic acid***)	T3	PA
ethacrynate sodium	T1	
ethacrynic acid	T1	
FUROSEMIDE IN SODIUM CHLORIDE	T3	
furosemide injection	T1	
furosemide oral solution 10 mg/ml	LCG	
furosemide oral solution 8 mg/ml	T1	
furosemide oral tablet	LCG	
torsemide	LCG	
UDSX MEDICATED SYSTEM	T3	
UDSXMP MEDICATED SYSTEM	T3	
OSMOTIC DIURETICS (40:28)		
mannitol intravenous	T1	
OSMITROL (***mannitol***)	T3	
urea external cream 20 %	T1	
OTHER ION-REMOVING AGENTS		
RADIOGARDASE (***prussian blue insoluble***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
PHOSPHATE-REMOVING AGENTS		
calcium acetate (phos binder)	T1	
calcium acetate oral tablet 667 mg	T1	
ferric citrate	T1	PA
FOSRENOL ORAL PACKET (***lanthanum carbonate***)	T3	
FOSRENOL ORAL TABLET CHEWABLE (***lanthanum carbonate***)	T3	PA
lanthanum carbonate	T1	PA
RENVELA (***sevelamer carbonate***)	T3	PA
sevelamer carbonate	T1	
sevelamer hcl	T1	PA
POTASSIUM-REMOVING AGENTS		
KIONEX (***sodium polystyrene sulfonate***)	T3	
LOKELMA (***sodium zirconium cyclosilicate***)	T3	
sodium polystyrene sulfonate	T1	
SPS (SODIUM POLYSTYRENE SULF) (***sodium polystyrene sulfonate***)	T3	
VELTASSA (***patiromer sorbitex calcium***)	T3	
POTASSIUM-SPARING DIURETICS (40:28)		
ALDACTONE (***spironolactone***)	T3	PA
amiloride hcl oral	T1	
amiloride-hydrochlorothiazide	LCG	
CAROSPIR (***spironolactone***)	T3	PA
DYRENIUM (***triamterene***)	T3	PA
eplerenone	T1	
spironolactone oral suspension 25 mg/5ml	T1	PA
spironolactone oral tablet	LCG	
spironolactone-hctz	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
triamterene oral	T1	PA
triamterene-hctz	LCG	
REPLACEMENT PREPARATIONS		
AGGRASTAT INTRAVENOUS SOLUTION (***tirofiban hcl in nacl***)	T3	
BREVIBLOC IN NACL (***esmolol hcl-sodium chloride***)	T3	
BREVIBLOC PREMIXED (***esmolol hcl-sodium chloride***)	T3	
BREVIBLOC PREMIXED DS (***esmolol hcl-sodium chloride***)	T3	
CALCIFOL (***ca carb-fa-d-b6-b12-boron-mg***)	T3	
calcium acetate (phos binder)	T1	
calcium acetate oral tablet 667 mg	T1	
calcium chloride solution 10 % intravenous	T1	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	T3	
calcium gluconate intravenous solution	T1	
calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 1-0.8 gm/100ml-%	T1	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	T3	
calcium gluconate-nacl solution 2-0.675 gm/100ml-% intravenous	T1	
CEFAZOLIN IN SODIUM CHLORIDE SOLUTION 2-0.9 GM/100ML-% INTRAVENOUS	T3	
chromic chloride intravenous	T1	
CLINDAMYCIN PHOSPHATE IN NACL	T3	
cupric chloride	T1	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%	T3	
EFFER-K (***potassium bicarbonate***)	T3	
EPHEDRINE SULFATE-NACL	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	T3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
esmolol hcl-sodium chloride	T1	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1.25-0.9 MG/250ML-%	T3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 5-0.9 MCG/ML-%	T3	
FENTANYL CITRATE-NACL SOLUTION PREFILLED SYRINGE 10-0.9 MCG/ML-% INTRAVENOUS	T3	
FENTANYL CITRATE-NACL SOLUTION PREFILLED SYRINGE 550-0.9 MCG/55ML-% INTRAVENOUS	T3	
fluconazole in sodium chloride	T1	
FUROSEMIDE IN SODIUM CHLORIDE	T3	
GALZIN (***zinc acetate (oral)***)	T3	
gentamicin in saline	T1	
GLYCOPHOS (***sodium glycerophosphate***)	T3	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	T1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%	T3	
HEPARIN (PORCINE) IN NACL SOLUTION 2500-0.9 UT/500ML-% INTRAVENOUS	T3	
HEPARIN (PORCINE) IN NACL SOLUTION 5000-0.9 UT/500ML-% INTRAVENOUS	T3	
hetastarch-nacl	T1	
HEXTEND (***hetastarch-electrolytes***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 25-0.9 MG/50ML-%	T3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 2-0.9 MG/ML-%, 55-0.9 MG/55ML-%	T3	
HYDROMORPHONE HCL-NACL SOLUTION 20-0.9 MG/100ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION 30-0.9 MG/30ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION 50-0.9 MG/50ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION 6-0.9 MG/30ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION PREFILLED SYRINGE 10-0.9 MG/50ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION PREFILLED SYRINGE 50-0.9 MG/50ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION PREFILLED SYRINGE 6-0.9 MG/30ML-% INTRAVENOUS	T3	
HYPERSAL (***sodium chloride***)	T3	
klor-con	T1	
klor-con 10	T1	
klor-con m10	T1	
klor-con m15	T1	
klor-con m20	T1	
K-PHOS (***potassium phosphate monobasic***)	T3	
levetiracetam in nacl	T1	
linezolid in sodium chloride	T1	
LMD IN D5W (***dextran 40 in d5w***)	T3	
LMD IN NACL (***dextran 40 in saline***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
magnesium chloride injection	T1	
magnesium sulfate in d5w	T1	
MAGNESIUM SULFATE-NACL	T3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	T3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 4-0.9 MG/ML-%, 55-0.9 MG/55ML-%	T3	
MULTRYS (***trace minerals cu-mn-se-zn***)	T3	
MYXREDLIN (***insulin regular(human) in nacl***)	T3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % (***sodium chloride***)	T3	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 16-0.9 MG/250ML-% INTRAVENOUS	T3	
NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 4-0.9 MG/250ML-% INTRAVENOUS	T3	
NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 8-0.9 MG/250ML-% INTRAVENOUS	T3	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 15 UNIT/250ML	T3	
OXYTOCIN-LACTATED RINGERS SOLUTION 20 UNIT/L INTRAVENOUS	T3	
OXYTOCIN-LACTATED RINGERS SOLUTION 30 UNIT/500ML INTRAVENOUS	T3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%	T3	
OXYTOCIN-SODIUM CHLORIDE SOLUTION 30-0.9 UT/500ML-% INTRAVENOUS	T3	
PANTOPRAZOLE SODIUM-NACL	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MG/50ML-%	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 10-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 20-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 40-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 50-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 80-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 0.8-0.9 MG/10ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-% INTRAVENOUS	T3	
phosphorous	T1	
PHOSPHO-TRIN 250 NEUTRAL (***k phos mono-sod phos di & mono***)	T3	
PHOSPHO-TRIN K500 (***potassium phosphate monobasic***)	T3	
potassium acetate intravenous	T1	
potassium chloride crys er	T1	
potassium chloride er	T1	
potassium chloride intravenous solution	T1	
potassium chloride oral packet 20 meq	T1	
potassium chloride oral packet 40 meq	T1	PA
potassium chloride oral solution	T1	
potassium phosphates	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
potassium phosphates(66 meq k)	T1	
PRISMASOL B22GK 4/0 (***bicarb-dextrose-k (crrt)***)	T3	
PRISMASOL BGK 0/2.5 (***bicarb-dextrose-ca (crrt)***)	T3	
PRISMASOL BGK 2/0 (***bicarb-dextrose-k (crrt)***)	T3	
PRISMASOL BGK 2/3.5 (***bicarb-dextrose-k-ca (crrt)***)	T3	
PRISMASOL BGK 4/2.5 (***bicarb-dextrose-k-ca (crrt)***)	T3	
PRISMASOL BK 0/0/1.2 (***bicarb-mg (crrt)***)	T3	
PULMOSAL (***sodium chloride***)	T3	
ROPIVACAINE HCL-NACL SOLUTION 0.2-0.9 % INJECTION	T3	
saline bacteriostatic	T1	
SALINE-PHENOL	T3	
sodium acetate intravenous	T1	
sodium chloride (pf)	T1	
sodium chloride bacteriostatic	T1	
sodium chloride inhalation	T1	
sodium chloride injection solution 2.5 meq/ml	T1	
sodium chloride intravenous	T1	
sodium phosphates	T1	
tirofiban hcl in nacl	T1	
TRALEMENT (***trace minerals cu-mn-se-zn***)	T3	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	T1	
VANCOMYCIN HCL IN NACL SOLUTION 1.75-0.9 GM/250ML-% INTRAVENOUS	T3	
VANCOMYCIN HCL IN NACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	T3	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	T1	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
zinc chloride intravenous	T1	
zinc sulfate intravenous	T1	
ZYCUBO (***copper histidinate***)	T4	PA; QL (1 EA per 1 day)
SALT AND SUGAR SUBSTITUTES		
sodium saccharin	T1	
THIAZIDE DIURETICS (40:28)		
amiloride-hydrochlorothiazide	LCG	
amlodipine-valsartan-hctz	T1	
ATACAND HCT (***candesartan cilexetil-hctz***)	T3	PA
AVALIDE (***irbesartan-hydrochlorothiazide***)	T3	PA
benazepril-hydrochlorothiazide	T1	$0 HDHP
bisoprolol-hydrochlorothiazide	LCG	$0 HDHP
candesartan cilexetil-hctz	T1	PA
captopril-hydrochlorothiazide	T1	
chlorothiazide sodium	T1	
EDARBYCLOR (***azilsartan-chlorthalidone***)	T3	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	T1	$0 HDHP
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	LCG	$0 HDHP
fosinopril sodium-hctz	T1	
hydrochlorothiazide oral	LCG	
irbesartan-hydrochlorothiazide	T1	
lisinopril-hydrochlorothiazide	LCG	$0 HDHP
LOPRESSOR ORAL TABLET 12.5 MG (***metoprolol tartrate***)	T3	
losartan potassium-hctz	LCG	
LOTENSIN HCT (***benazepril-hydrochlorothiazide***)	T3	
metoprolol-hydrochlorothiazide	T1	
olmesartan medoxomil-hctz	T1	
olmesartan-amlodipine-hctz	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
quinapril-hydrochlorothiazide	T1	
spironolactone-hctz	LCG	
telmisartan-hctz	T1	PA
triamterene-hctz	LCG	
valsartan-hydrochlorothiazide	T1	
VASERETIC (***enalapril-hydrochlorothiazide***)	T3	PA
ZESTORETIC (***lisinopril-hydrochlorothiazide***)	T3	PA
THIAZIDE-LIKE DIURETICS (40:28)		
atenolol-chlorthalidone	LCG	$0 HDHP
chlorthalidone	LCG	
EDARBYCLOR (***azilsartan-chlorthalidone***)	T3	
indapamide	LCG	
metolazone	T1	
URICOSURIC AGENTS		
colchicine-probenecid	T1	
probenecid	T1	
VASOPRESSIN ANTAGONISTS		
SAMSCA (***tolvaptan (hyponatremia)***)	T4	PA; QL (2 EA per 1 day)
tolvaptan	T4	PA; QL (2 EA per 1 day)
tolvaptan (hyponatremia)	T4	PA; QL (2 EA per 1 day)
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
GALAFOLD (***migalastat hcl***)	T4	PA; QL (0.5 EA per 1 day)
MIPLYFFA (***arimoclomol citrate***)	T4	PA; QL (3 EA per 1 day)
sapropterin dihydrochloride	T4	PA
zelvysia	T4	PA
ENZYME INHIBITORS		
CERDELGA (***eliglustat tartrate***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
miglustat	T4	PA
nitisinone	T4	PA
NITYR (***nitisinone***)	T4	PA
OPFOLDA (***miglustat (gaa deficiency)***)	T4	PA; QL (0.3 EA per 1 day)
ORFADIN (***nitisinone***)	T4	PA
yargesa	T4	PA
ZAVESCA (***miglustat***)	T4	PA
ZOKINVY (***lonafarnib***)	T4	PA; QL (4 EA per 1 day)
ENZYMES		
ADZYNMA	T4	PA
ALDURAZYME (***laronidase***)	T4	PA
AMPHADASE (***hyaluronidase bovine***)	T3	
ASPARLAS (***calaspargase pegol-mknl***)	T4	
CREON (***pancrelipase (lip-prot-amyl)***)	T2	
ELAPRASE (***idursulfase***)	T4	PA
ELELYSO (***taliglucerase alfa***)	T4	PA
ELITEK (***rasburicase***)	T4	
FABRAZYME (***agalsidase beta***)	T4	PA
HYLENEX (***hyaluronidase human***)	T3	
KANUMA (***sebelipase alfa***)	T4	PA
LUMIZYME (***alglucosidase alfa***)	T4	PA
MEPSEVII (***vestronidase alfa-vjbk***)	T4	PA
NAGLAZYME (***galsulfase***)	T4	PA
NEXVIAZYME (***avalglucosidase alfa-ngpt***)	T4	PA
POMBILITI (***cipaglucosidase alfa-atga***)	T4	PA
PULMOZYME (***dornase alfa***)	T4	PA
REVCOVI (***elapegademase-lvlr***)	T4	PA
SANTYL (***collagenase***)	T3	QL (3 GM per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
STRENSIQ (***asfotase alfa***)	T4	PA
SUCRAID (***sacrosidase***)	T4	PA
VIMIZIM (***elosulfase alfa***)	T4	PA
VORAXAZE (***glucarpidase***)	T3	
VPRIV (***velaglucerase alfa***)	T4	PA
ZENPEP (***pancrelipase (lip-prot-amyl)***)	T2	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (52:40)		
apraclonidine hcl	T1	
brimonidine tartrate external	T1	
brimonidine tartrate ophthalmic	T1	
brimonidine tartrate-timolol	T1	
IOPIDINE (***apraclonidine hcl***)	T3	
MIRVASO EXTERNAL GEL 0.33 % (***brimonidine tartrate***)	T2	
SIMBRINZA (***brinzolamide-brimonidine***)	T2	
ANTIALLERGIC AGENTS		
azelastine hcl nasal	T1	QL (2 ML per 1 day)
cromolyn sodium inhalation	T1	
cromolyn sodium ophthalmic	T1	
cromolyn sodium oral	T1	
GASTROCROM (***cromolyn sodium***)	T3	PA
ANTIBACTERIALS (52:04)		
AMZEEQ (***minocycline hcl micronized***)	T3	
AZASITE (***azithromycin***)	T3	
bacitracin-polymyxin b	T1	
bacitra-neomycin-polymyxin-hc	T1	
BESIVANCE (***besifloxacin hcl***)	T3	
CETRAXAL (***ciprofloxacin hcl***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
CILOXAN (***ciprofloxacin hcl***)	T3	PA
CIPRO HC (***ciprofloxacin-hydrocortisone***)	T3	PA
ciprofloxacin hcl ophthalmic	T1	
ciprofloxacin hcl otic	T1	
ciprofloxacin-dexamethasone	T1	
CIPROFLOXACIN-FLUOCINOLONE PF	T3	PA
ciprofloxacin-hydrocortisone	T1	PA
CORTISPORIN-TC (***neomycin-colist-hc-thonzonium***)	T3	
doxycycline hyclate oral tablet 20 mg	T1	
ERY	T3	
erythromycin external	T1	
erythromycin ophthalmic	T1	
gatifloxacin ophthalmic	T1	
gentamicin sulfate external	T1	
gentamicin sulfate injection	T1	
gentamicin sulfate ophthalmic	T1	
levofloxacin ophthalmic	T1	
loteprednol-tobramycin	T1	
MAXITROL OPHTHALMIC OINTMENT (***neomycin-polymyxin-dexameth***)	T3	
MAXITROL OPHTHALMIC SUSPENSION (***neomycin-polymyxin-dexameth***)	T3	PA
MINOCIN (***minocycline hcl***)	T3	
minocycline hcl er	T1	PA
minocycline hcl oral capsule	T1	
minocycline hcl oral tablet	T1	PA
MITOSOL (***mitomycin***)	T3	
moxifloxacin hcl (2x day)	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
moxifloxacin hcl ophthalmic	T1	
neomycin sulfate oral	LCG	
neomycin-bacitracin zn-polymyx	T1	
neomycin-polymyxin-dexameth	LCG	
neomycin-polymyxin-gramicidin	T1	
neomycin-polymyxin-hc	T1	
OCUFLOX (***ofloxacin***)	T3	PA
ofloxacin ophthalmic	T1	
ofloxacin otic	T1	
OTOVEL (***ciprofloxacin-fluocinolone***)	T3	PA
polymyxin b sulfate injection	T1	
polymyxin b-trimethoprim	LCG	
sulfacetamide sodium ophthalmic	T1	
sulfacetamide-prednisolone	T1	
TOBI PODHALER (***tobramycin***)	T4	QL (224 EA per 40 days)
TOBRADEX (***tobramycin-dexamethasone***)	T3	
TOBRADEX ST (***tobramycin-dexamethasone***)	T3	
tobramycin inhalation nebulization solution 300 mg/4ml	T4	QL (8 ML per 1 day)
tobramycin nebulization solution 300 mg/5ml inhalation	T4	QL (10 ML per 1 day)
tobramycin ophthalmic	LCG	
tobramycin sulfate injection	T1	
tobramycin-dexamethasone	T1	
TOBREX (***tobramycin***)	T3	
XTORO (***finafloxacin***)	T3	PA
ZILXI (***minocycline hcl micronized***)	T3	
ZYLET (***loteprednol-tobramycin***)	T3	
ANTIFUNGALS (EENT)		
NATACYN (***natamycin***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIGLAUCOMA AGENTS, MISCELLANEOUS		
EPINEPHRINE HCL-DEXTROSE	T3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	T3	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	T3	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	T1	
epinephrine pf	T1	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	T3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
MITOSOL (***mitomycin***)	T3	
RHOPRESSA (***netarsudil dimesylate***)	T3	QL (0.1 ML per 1 day)
ROCKLATAN (***netarsudil-latanoprost***)	T3	QL (0.1 ML per 1 day)
ANTI-INFECTIVES, MISCELLANEOUS (52:04)		
acetic acid otic	T1	
BETADINE OPHTHALMIC PREP (***povidone-iodine***)	T3	
boric acid external	T1	
chlorhexidine gluconate mouth/throat	LCG	
hydrocortisone-acetic acid	T1	
PERIDEX (***chlorhexidine gluconate***)	T3	
periogard	LCG	
POVIDONE-IODINE OPHTHALMIC	T3	
PRAMOTIC (***pramoxine-chloroxylenol***)	T3	
ANTI-INFLAMMATORY AGENTS (EENT)		
CEQUA (***cyclosporine***)	T3	PA; QL (2 EA per 1 day)
cyclosporine modified	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
cyclosporine oral	T1	
gengraf	T1	
LUMVOA (***veligrotug-vvze***)	T4	PA
MIEBO (***perfluorohexyloctane***)	T2	PA; QL (0.1 ML per 1 day)
NEORAL (***cyclosporine modified***)	T3	
OXERVATE (***cenegermin-bkbj***)	T4	PA; QL (2 ML per 1 day)
RESTASIS (***cyclosporine***)	T1	PA; QL (2 EA per 1 day)
RESTASIS MULTIDOSE (***cyclosporine***)	T2	PA; QL (2 ML per 1 day)
SANDIMMUNE INTRAVENOUS (***cyclosporine***)	T2	
SANDIMMUNE ORAL (***cyclosporine***)	T3	
TEPEZZA (***teprotumumab-trbw***)	T4	PA
VEVYE (***cyclosporine***)	T3	PA; QL (0.07 ML per 1 day)
XIIDRA (***lifitegrast***)	T2	PA; QL (2 EA per 1 day)
ANTIVIRALS (EENT)		
ganciclovir sodium	T1	
trifluridine	T1	
ZIRGAN (***ganciclovir***)	T3	
ASTRINGENTS (52:04)		
chlorhexidine gluconate mouth/throat	LCG	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	T3	
PERIDEX (***chlorhexidine gluconate***)	T3	
periogard	LCG	
BETA-ADRENERGIC BLOCKING AGENTS (52:40)		
betaxolol hcl ophthalmic	T1	
BETIMOL (***timolol hemihydrate***)	T3	PA
brimonidine tartrate-timolol	T1	
carteolol hcl	T1	
dorzolamide hcl-timolol mal	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
dorzolamide hcl-timolol mal pf	T1	
ISTALOL (***timolol maleate***)	T3	PA
levobunolol hcl	T1	
timolol hemihydrate	T1	PA
timolol maleate (once-daily)	T1	
timolol maleate ocudose	T1	PA
timolol maleate ophthalmic gel forming solution	T1	PA
timolol maleate ophthalmic solution	LCG	
timolol maleate pf	T1	PA
CARBONIC ANHYDRASE INHIBITORS (52:40)		
acetazolamide er	T1	
acetazolamide oral	T1	
acetazolamide sodium	T1	
brinzolamide	T1	PA
dorzolamide hcl ophthalmic	T1	
dorzolamide hcl-timolol mal	T1	
dorzolamide hcl-timolol mal pf	T1	
KEVEYIS (***dichlorphenamide***)	T4	PA; QL (4 EA per 1 day)
methazolamide oral	T1	
SIMBRINZA (***brinzolamide-brimonidine***)	T2	
CORTICOSTEROIDS (EENT)		
ADVAIR HFA (***fluticasone-salmeterol***)	T1	QL (0.4 GM per 1 day)
AIRSUPRA (***albuterol-budesonide***)	T2	QL (1.1 GM per 1 day)
ala-cort	T1	
ALREX (***loteprednol etabonate***)	T3	PA
ANALPRAM HC EXTERNAL CREAM 1-1 % (***hydrocortisone ace-pramoxine***)	T3	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
ANALPRAM HC EXTERNAL LOTION (***hydrocortisone ace-pramoxine***)	T3	PA
ANUSOL-HC EXTERNAL (***hydrocortisone***)	T3	PA
ARNUITY ELLIPTA (***fluticasone furoate***)	T2	QL (1 EA per 1 day)
bacitra-neomycin-polymyxin-hc	T1	
BREO ELLIPTA (***fluticasone furoate-vilanterol***)	T1	QL (2 EA per 1 day)
BYQLOVI (***clobetasol propionate***)	T3	PA; QL (14 ML per 365 days)
CIPRO HC (***ciprofloxacin-hydrocortisone***)	T3	PA
ciprofloxacin-dexamethasone	T1	
CIPROFLOXACIN-FLUOCINOLONE PF	T3	PA
ciprofloxacin-hydrocortisone	T1	PA
CORTENEMA (***hydrocortisone***)	T3	
CORTIFOAM (***hydrocortisone acetate***)	T3	
CORTISPORIN-TC (***neomycin-colist-hc-thonzonium***)	T3	
DERMA-SMOOTHE/FS BODY (***fluocinolone acetonide***)	T3	
DERMA-SMOOTHE/FS SCALP (***fluocinolone acetonide***)	T3	
DERMOTIC (***fluocinolone acetonide***)	T3	
dexameth sod phos (pf) +rfid	T1	
DEXAMETHASONE (LA)	T3	
dexamethasone intensol	LCG	
dexamethasone oral elixir	LCG	
dexamethasone oral solution	LCG	
dexamethasone oral tablet	LCG	
dexamethasone oral tablet therapy pack	T1	
dexamethasone sod phos (pf)	T1	
dexamethasone sod phos +rfid	T1	
dexamethasone sod phosphate pf	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	T1	
dexamethasone sodium phosphate ophthalmic	T1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	T3	
dexamethasone sodium phosphate solution 10 mg/ml injection	T1	
dexamethasone sodium phosphate solution 4 mg/ml injection	T1	
DEXLYT (***dexamethasone***)	T3	PA
difluprednate	T1	
DUREZOL (***difluprednate***)	T3	PA
evesse	T1	PA
EYSUVIS (***loteprednol etabonate***)	T3	PA; QL (0.3 ML per 1 day)
FLAREX (***fluorometholone acetate***)	T3	
fluocinolone acetonide body	T1	
fluocinolone acetonide external	T1	
fluocinolone acetonide otic	T1	
fluocinolone acetonide scalp	T1	
fluorometholone	T1	
fluticasone propionate hfa aerosol 44 mcg/act inhalation	T1	QL (0.71 GM per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T1	$0 HDHP; QL (2 EA per 1 day)
FML FORTE (***fluorometholone***)	T3	
FML LIQUIFILM (***fluorometholone***)	T3	
HIDEX 6-DAY (***dexamethasone***)	T3	PA
hydrocortisone (perianal)	T1	
hydrocortisone ace-pramoxine external cream 1-1 %	T1	
hydrocortisone butyrate external cream	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone butyrate external lotion	T1	PA
hydrocortisone butyrate external ointment	T1	
hydrocortisone butyrate external solution	T1	
hydrocortisone cream 1 % external (rx)	T1	
hydrocortisone external cream 2.5 %	LCG	
hydrocortisone external lotion 2 %	T1	PA
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 1 %, 2.5 %	T1	
hydrocortisone oral	LCG	
hydrocortisone rectal	T1	
hydrocortisone sod suc (pf)	T1	
hydrocortisone valerate	T1	
hydrocortisone-acetic acid	T1	
INVELTYS (***loteprednol etabonate***)	T3	
LOTEMAX OPHTHALMIC GEL (***loteprednol etabonate***)	T3	PA; QL (20 GM per 365 days)
LOTEMAX OPHTHALMIC OINTMENT (***loteprednol etabonate***)	T3	PA; QL (14 GM per 365 days)
LOTEMAX SM (***loteprednol etabonate***)	T3	
loteprednol etabonate ophthalmic gel	T1	QL (20 GM per 365 days)
loteprednol etabonate ophthalmic suspension	T1	PA
loteprednol-tobramycin	T1	
MAXIDEX (***dexamethasone***)	T3	
MAXITROL OPHTHALMIC OINTMENT (***neomycin-polymyxin-dexameth***)	T3	
MAXITROL OPHTHALMIC SUSPENSION (***neomycin-polymyxin-dexameth***)	T3	PA
mometasone furoate external	T1	
neomycin-polymyxin-dexameth	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
neomycin-polymyxin-hc	T1	
ORAPRED ODT (***prednisolone sodium phosphate***)	T3	PA
OTOVEL (***ciprofloxacin-fluocinolone***)	T3	PA
PRED MILD (***prednisolone acetate***)	T3	
prednisolone acetate ophthalmic	T1	
prednisolone oral solution	LCG	
prednisolone oral tablet	T1	PA
prednisolone sodium phosphate ophthalmic	T1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	T1	PA
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	LCG	
prednisolone sodium phosphate oral tablet dispersible	T1	
PROCTOCORT EXTERNAL (***hydrocortisone***)	T3	PA
PROCTOFOAM HC (***hydrocortisone ace-pramoxine***)	T2	
procto-med hc	T1	
PROCTOSOL HC (***hydrocortisone***)	T3	PA
PROCTOZONE-HC (***hydrocortisone***)	T3	PA
SOLU-CORTEF (***hydrocortisone sod succinate***)	T3	
sulfacetamide-prednisolone	T1	
SYNALAR (***fluocinolone acetonide***)	T3	
TAPERDEX 12-DAY (***dexamethasone***)	T3	PA
TAPERDEX 6-DAY (***dexamethasone***)	T3	PA
TAPERDEX 7-DAY (***dexamethasone***)	T3	PA
TEXACORT (***hydrocortisone***)	T3	PA
TOBRADEX (***tobramycin-dexamethasone***)	T3	
TOBRADEX ST (***tobramycin-dexamethasone***)	T3	
tobramycin-dexamethasone	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
TRELEGY ELLIPTA (***fluticasone-umeclidin-vilant***)	T2	QL (2 EA per 1 day)
wixela inhub	T1	$0 HDHP; QL (2 EA per 1 day)
ZYLET (***loteprednol-tobramycin***)	T3	
EENT ANTI-INFLAMMATORY AGENTS, MISC.		
CEQUA (***cyclosporine***)	T3	PA; QL (2 EA per 1 day)
RESTASIS (***cyclosporine***)	T1	PA; QL (2 EA per 1 day)
RESTASIS MULTIDOSE (***cyclosporine***)	T2	PA; QL (2 ML per 1 day)
VEVYE (***cyclosporine***)	T3	PA; QL (0.07 ML per 1 day)
XIIDRA (***lifitegrast***)	T2	PA; QL (2 EA per 1 day)
EENT DRUGS, MISCELLANEOUS		
acetic acid otic	T1	
apraclonidine hcl	T1	
AQUORAL (***artificial saliva***)	T3	
carteolol hcl	T1	
cromolyn sodium inhalation	T1	
cromolyn sodium ophthalmic	T1	
cromolyn sodium oral	T1	
CYSTADROPS (***cysteamine hcl***)	T4	QL (0.72 ML per 1 day)
CYSTARAN (***cysteamine hcl***)	T4	QL (2.15 ML per 1 day)
GASTROCROM (***cromolyn sodium***)	T3	PA
hydrocortisone-acetic acid	T1	
IOPIDINE (***apraclonidine hcl***)	T3	
ipratropium bromide nasal	LCG	
MIEBO (***perfluorohexyloctane***)	T2	PA; QL (0.1 ML per 1 day)
OXERVATE (***cenegermin-bkbj***)	T4	PA; QL (2 ML per 1 day)
TEPEZZA (***teprotumumab-trbw***)	T4	PA
TRYPTYR (***acoltremon***)	T2	PA; QL (2 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
TYRVAYA (***varenicline tartrate***)	T3	PA; QL (0.3 ML per 1 day)
VISUDYNE (***verteporfin***)	T4	
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS		
ACULAR (***ketorolac tromethamine***)	T3	PA
ACULAR LS (***ketorolac tromethamine***)	T3	
ACUVAIL (***ketorolac tromethamine***)	T3	PA
bromfenac sodium (once-daily)	T1	PA; QL (6.8 ML per 365 days)
bromfenac sodium ophthalmic solution 0.07 %	T1	PA; QL (12 ML per 365 days)
bromfenac sodium ophthalmic solution 0.075 %	T1	PA; QL (20 ML per 365 days)
diclofenac sodium ophthalmic	T1	
flurbiprofen oral	T1	
flurbiprofen sodium	T1	
ketorolac tromethamine +rfid	T1	
ketorolac tromethamine injection	T1	
ketorolac tromethamine intramuscular solution 60 mg/2ml	T1	
ketorolac tromethamine ophthalmic	T1	
ketorolac tromethamine oral	T1	QL (20 EA per 1 fill)
LURBIRO (***flurbiprofen***)	T3	PA
LOCAL ANESTHETICS (EENT)		
AKTEN (***lidocaine hcl***)	T3	
ALCAINE (***proparacaine hcl***)	T3	
ALTACAINE (***tetracaine hcl***)	T3	
COCAINE HCL NASAL	T3	
glydo	T1	
lidocaine hcl external solution	T1	
lidocaine hcl urethral/mucosal	T1	
lidocaine viscous hcl	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
PRAMOTIC (***pramoxine-chloroxylenol***)	T3	
proparacaine hcl ophthalmic	T1	
tetracaine hcl ophthalmic	T1	
MACULAR DEGENERATION AGENTS		
CYSTADROPS (***cysteamine hcl***)	T4	QL (0.72 ML per 1 day)
CYSTARAN (***cysteamine hcl***)	T4	QL (2.15 ML per 1 day)
VISUDYNE (***verteporfin***)	T4	
MIOTICS		
PHOSPHOLINE IODIDE (***echothiophate iodide***)	T3	PA
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1	
pilocarpine hcl ophthalmic solution 1.25 %	T1	PA; QL (0.3 ML per 1 day)
pilocarpine hcl oral	T1	
SALAGEN (***pilocarpine hcl***)	T3	PA
MYDRIATICS		
atropine sulfate injection	T1	
atropine sulfate intravenous solution	T1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1.2 MG/3ML	T3	
atropine sulfate ophthalmic solution 1 %	LCG	
ATROPINE SULFATE SOLUTION 0.025 % OPHTHALMIC	T3	
ATROPINE SULFATE SOLUTION 0.05 % OPHTHALMIC	T3	
ATROPINE SULFATE SOLUTION PREFILLED SYRINGE 1 MG/2.5ML INTRAVENOUS	T3	
BIORPHEN (***phenylephrine hcl (pressors)***)	T3	
CYCLOGYL (***cyclopentolate hcl***)	T3	
CYCLOMYDRIL (***cyclopentolate-phenylephrine***)	T3	
cyclopentolate hcl ophthalmic	T1	
EPINEPHRINE HCL-DEXTROSE	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	T3	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	T3	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	T1	
epinephrine pf	T1	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	T3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
HOMATROPAIRE (***homatropine hbr***)	T3	
IMMPHENTIV (***phenylephrine hcl (pressors)***)	T3	
phenylephrine hcl intravenous solution 100 mg/10ml, 50 mg/5ml	T1	
phenylephrine hcl ophthalmic	T1	
phenylephrine hcl solution 10 mg/ml intravenous	T1	
PHENYLEPHRINE HCL SOLUTION PREFILLED SYRINGE 0.4 MG/10ML INTRAVENOUS	T3	
PHENYLEPHRINE HCL SOLUTION PREFILLED SYRINGE 0.5 MG/5ML INTRAVENOUS	T3	
PHENYLEPHRINE HCL SOLUTION PREFILLED SYRINGE 0.8 MG/10ML INTRAVENOUS	T3	
PHENYLEPHRINE HCL SOLUTION PREFILLED SYRINGE 1 MG/10ML INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MG/50ML-%	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 10-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 20-0.9 MG/250ML-% INTRAVENOUS	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
PHENYLEPHRINE HCL-NACL SOLUTION 40-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 50-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 80-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 0.8-0.9 MG/10ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-% INTRAVENOUS	T3	
OSMOTIC AGENTS		
mannitol intravenous	T1	
OSMITROL (***mannitol***)	T3	
urea external cream 20 %	T1	
PROSTAGLANDIN ANALOGS		
bimatoprost ophthalmic	T1	QL (0.1 ML per 1 day)
latanoprost ophthalmic	T1	
ROCKLATAN (***netarsudil-latanoprost***)	T3	QL (0.1 ML per 1 day)
tafluprost (pf)	T1	QL (1 EA per 1 day)
travoprost (bak free)	T1	QL (0.12 ML per 1 day)
XELPROS (***latanoprost***)	T3	QL (0.1 ML per 1 day)
ZOLYMBUS (***bimatoprost***)	T3	PA; QL (1 EA per 1 day)
RHO KINASE INHIBITORS		
RHOPRESSA (***netarsudil dimesylate***)	T3	QL (0.1 ML per 1 day)
ROCKLATAN (***netarsudil-latanoprost***)	T3	QL (0.1 ML per 1 day)
VASOCONSTRICTORS		
BIORPHEN (***phenylephrine hcl (pressors)***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
CYCLOMYDRIL (***cyclopentolate-phenylephrine***)	T3	
EPINEPHRINE HCL-DEXTROSE	T3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	T3	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	T3	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	T1	
epinephrine pf	T1	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	T3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
IMMPHENTIV (***phenylephrine hcl (pressors)***)	T3	
oxymetazoline hcl external	T1	
phenylephrine hcl intravenous solution 100 mg/10ml, 50 mg/5ml	T1	
phenylephrine hcl ophthalmic	T1	
phenylephrine hcl solution 10 mg/ml intravenous	T1	
PHENYLEPHRINE HCL SOLUTION PREFILLED SYRINGE 0.4 MG/10ML INTRAVENOUS	T3	
PHENYLEPHRINE HCL SOLUTION PREFILLED SYRINGE 0.5 MG/5ML INTRAVENOUS	T3	
PHENYLEPHRINE HCL SOLUTION PREFILLED SYRINGE 0.8 MG/10ML INTRAVENOUS	T3	
PHENYLEPHRINE HCL SOLUTION PREFILLED SYRINGE 1 MG/10ML INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MG/50ML-%	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 10-0.9 MG/250ML-% INTRAVENOUS	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
PHENYLEPHRINE HCL-NACL SOLUTION 20-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 40-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 50-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 80-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 0.8-0.9 MG/10ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-% INTRAVENOUS	T3	
UPNEEQ (***oxymetazoline hcl***)	T3	PA
GASTROINTESTINAL DRUGS		
5-HT3 RECEPTOR ANTAGONISTS		
AKYNZEO (***netupitant-palonosetron***)	T3	QL (0.07 EA per 1 day)
AKYNZEO (READY-TO-USE) (***fosnetupitant-palonosetron***)	T3	
AKYNZEO (TO-BE-DILUTED) (***fosnetupitant-palonosetron***)	T3	
granisetron hcl intravenous	T1	
granisetron hcl oral	T1	QL (0.14 EA per 1 day)
GRANISOL (***granisetron hcl***)	T3	PA
ondansetron hcl +rfid	T1	
ondansetron hcl injection	T1	
ondansetron hcl oral solution 4 mg/5ml	T1	QL (8 ML per 1 day)
ondansetron hcl oral tablet 24 mg	T1	PA; QL (0.07 EA per 1 day)
ondansetron hcl oral tablet 4 mg, 8 mg	T1	
ondansetron odt oral tablet dispersible 16 mg	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
ondansetron odt oral tablet dispersible 4 mg, 8 mg	T1	
palonosetron hcl	T1	
POSFREA (***palonosetron hcl***)	T3	PA
SUSTOL (***granisetron***)	T3	QL (0.03 ML per 1 day)
ANTIDIARRHEA AGENTS		
BIOVANTA	T3	
bis subcit-metronid-tetracyc	T1	
bismuth/metronidaz/tetracyclin	T1	
DERMACINRX PROBEX (***lactobacillus***)	T3	
diphenoxylate-atropine	T1	
LOMOTIL (***diphenoxylate-atropine***)	T3	PA
loperamide hcl oral capsule	T1	
MYTESI (***crofelemer***)	T3	QL (2 EA per 1 day)
PYLERA (***bis subcit-metronid-tetracyc***)	T2	
RESTORA RX (***lactobacillus casei-folic acid***)	T3	
TRUEFLORA (***lactobacillus-inulin***)	T3	
VIBERZI (***eluxadoline***)	T3	PA; QL (2 EA per 1 day)
XERMELO (***telotristat etiprate***)	T4	PA; QL (3 EA per 1 day)
ANTIEMETICS, MISCELLANEOUS		
AKYNZEO (***netupitant-palonosetron***)	T3	QL (0.07 EA per 1 day)
BARHEMSYS (***amisulpride (antiemetic)***)	T3	
BONJESTA (***doxylamine-pyridoxine***)	T3	PA; QL (2 EA per 1 day)
DICLEGIS (***doxylamine-pyridoxine***)	T3	PA; QL (4 EA per 1 day)
doxylamine-pyridoxine	T1	PA; QL (4 EA per 1 day)
dronabinol oral capsule	T1	PA; QL (2 EA per 1 day)
DRONABINOL ORAL SOLUTION	T3	PA; QL (4 ML per 1 day)
EMEND INTRAVENOUS (***fosaprepitant dimeglumine***)	T3	
LYBALVI (***olanzapine-samidorphan***)	T3	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
MARINOL (***dronabinol***)	T3	PA; QL (2 EA per 1 day)
olanzapine intramuscular	T1	
olanzapine oral	T1	QL (1 EA per 1 day)
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	T1	QL (1 EA per 1 day)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	T1	QL (3 EA per 1 day)
PHENERGAN (***promethazine hcl***)	T3	
promethazine hcl injection	T1	
promethazine hcl oral solution	LCG	
promethazine hcl oral tablet 12.5 mg, 50 mg	T1	
promethazine hcl oral tablet 25 mg	LCG	
promethazine hcl rectal	T1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG (***promethazine hcl***)	T3	PA
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T3	
scopolamine	T1	
SYNDROS (***dronabinol***)	T3	PA; QL (4 ML per 1 day)
TRANSDERM SCOP (***scopolamine base***)	T3	
ZYPREXA RELPREVV (***olanzapine pamoate***)	T3	
ZYPREXA ZYDIS (***olanzapine***)	T3	PA; QL (1 EA per 1 day)
ANTIHISTAMINES (GI DRUGS)		
BONJESTA (***doxylamine-pyridoxine***)	T3	PA; QL (2 EA per 1 day)
COMPRO (***prochlorperazine***)	T3	
DICLEGIS (***doxylamine-pyridoxine***)	T3	PA; QL (4 EA per 1 day)
dimenhydrinate injection	T1	
doxylamine-pyridoxine	T1	PA; QL (4 EA per 1 day)
meclizine hcl oral tablet 50 mg	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
meclizine hcl oral tablet chewable	T1	
meclizine hcl tablet 12.5 mg oral (rx)	LCG	
meclizine hcl tablet 25 mg oral (rx)	LCG	
prochlorperazine	T1	
prochlorperazine edisylate injection	T1	
prochlorperazine maleate oral tablet 10 mg	LCG	
prochlorperazine maleate oral tablet 5 mg	T1	
TIGAN (***trimethobenzamide hcl***)	T3	
trimethobenzamide hcl intramuscular	T1	
trimethobenzamide hcl oral	T1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS)		
alosetron hcl	T1	PA
APRISO (***mesalamine***)	T2	
AZULFIDINE (***sulfasalazine***)	T3	PA
AZULFIDINE EN-TABS (***sulfasalazine***)	T3	
balsalazide disodium	T1	
LOTRONEX (***alosetron hcl***)	T3	PA
mesalamine er	T1	
mesalamine oral capsule delayed release	T1	
mesalamine oral tablet delayed release 1.2 gm	T1	
mesalamine oral tablet delayed release 800 mg	T1	PA
mesalamine rectal	T1	
mesalamine-cleanser	T1	PA
ROWASA (***mesalamine-cleanser***)	T3	PA
sulfasalazine oral	T1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC		
bis subcit-metronid-tetracyc	T1	
bismuth/metronidaz/tetracyclin	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
PYLERA (***bis subcit-metronid-tetracyc***)	T2	
TALICIA (***amoxicill-rifabutin-omeprazole***)	T2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
amoxicillin	LCG	
amoxicillin trihydrate oral	LCG	
clarithromycin er	T1	
clarithromycin oral	T1	
metronidazole intravenous	T1	
metronidazole oral capsule	T1	PA
metronidazole oral tablet 250 mg, 500 mg	LCG	
tetracycline hcl oral capsule	T1	
TETRACYCLINE HCL ORAL TABLET	T3	PA
CATHARTICS AND LAXATIVES		
CLENPIQ (***sod picosulfate-mag ox-cit acd***)	T3	
gavilyte-c	T1	$0 for age 45-75 years for 2 fills per year
gavilyte-g	T1	$0 for age 45-75 years for 2 fills per year
gavilyte-n with flavor pack	T1	$0 for age 45-75 years for 2 fills per year
lubiprostone	T1	QL (2 EA per 1 day)
na sulfate-k sulfate-mg sulf	T1	$0 for age 45-75 years for 2 fills per year
peg 3350-kcl-na bicarb-nacl	T1	$0 for age 45-75 years for 2 fills per year
peg-3350/electrolytes	T1	$0 for age 45-75 years for 2 fills per year
peg-3350/electrolytes/ascorbat	T1	QL (2 EA per 365 days)
peg-kcl-nacl-nasulf-na asc-c	T1	QL (2 EA per 365 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
PEG-PREP (***bisacodyl-peg-kcl-nabicar-nacl***)	T3	
POLYETHYLENE GLYCOL 8000 EXTERNAL	T3	
SUFLAVE (***peg 3350-kcl-nacl-nasulf-mgsul***)	T3	
SUPREP BOWEL PREP KIT (***na sulfate-k sulfate-mg sulf***)	T3	
SUTAB (***sodium sulfate-mag sulfate-kcl***)	T3	
TRUEFLORA (***lactobacillus-inulin***)	T3	
CHLORIDE CHANNEL ACTIVATORS		
lubiprostone	T1	QL (2 EA per 1 day)
CHOLELITHOLYTIC AGENTS		
BYLVAY (***odevixibat***)	T4	PA
BYLVAY (PELLETS) (***odevixibat***)	T4	PA
CHOLBAM (***cholic acid***)	T4	PA
CTEXLI (***chenodiol (basds)***)	T4	PA
IQIRVO (***elafibranor***)	T4	PA; QL (1 EA per 1 day)
LIVDELZI (***seladelpar lysine***)	T4	PA; QL (1 EA per 1 day)
LYNAVOY (***linerixibat***)	T4	PA; QL (2 EA per 1 day)
URSO FORTE (***ursodiol***)	T3	PA
ursodiol oral capsule 300 mg	T1	
ursodiol oral tablet	T1	
DIGESTANTS		
CREON (***pancrelipase (lip-prot-amyl)***)	T2	
GATTEX (***teduglutide (rdna)***)	T4	PA
ZENPEP (***pancrelipase (lip-prot-amyl)***)	T2	
DOPAMINE RECEPTOR ANTAGONISTS		
BARHEMSYS (***amisulpride (antiemetic)***)	T3	
droperidol injection	T1	
promethazine hcl rectal	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG (***promethazine hcl***)	T3	PA
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T3	
GI DRUGS, MISCELLANEOUS		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; QL (0.06 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	T4	PA; QL (0.01 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	T4	PA; QL (0.03 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T4	PA; QL (0.06 ML per 1 day)
ADALIMUMAB-FKJP (2 PEN)	T4	PA; QL (0.15 EA per 1 day)
ADALIMUMAB-FKJP (2 SYRINGE)	T4	PA; QL (0.15 EA per 1 day)
alvimopan	T1	
BYLVAY (***odevixibat***)	T4	PA
BYLVAY (PELLETS) (***odevixibat***)	T4	PA
CHOLBAM (***cholic acid***)	T4	PA
CIMZIA (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
CIMZIA (1 SYRINGE) (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
CIMZIA-STARTER (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
dronabinol oral capsule	T1	PA; QL (2 EA per 1 day)
DRONABINOL ORAL SOLUTION	T3	PA; QL (4 ML per 1 day)
ENTYVIO (***vedolizumab***)	T4	PA
ENTYVIO PEN (***vedolizumab***)	T4	PA; QL (0.05 ML per 1 day)
GATTEX (***teduglutide (rdna)***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (***adalimumab-bwwd***)	T4	PA; QL (0.03 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (***adalimumab-bwwd***)	T4	PA; QL (0.06 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-bwwd***)	T4	PA; QL (0.03 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (***adalimumab-bwwd***)	T4	PA; QL (0.06 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (***adalimumab-adaz***)	T4	PA; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (***adalimumab-adaz***)	T4	PA; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***adalimumab-adaz***)	T4	PA; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML (***adalimumab-adaz***)	T4	PA; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER (***adalimumab-adaz***)	T4	PA; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER (***adalimumab-adaz***)	T4	PA; QL (1.2 ML per 365 days)
HYRIMOZ-PED>/=40KG CROHN START (***adalimumab-adaz***)	T4	PA; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQ PSOR/UVEIT START (***adalimumab-adaz***)	T4	PA; QL (1.6 ML per 365 days)
IQIRVO (***elafibranor***)	T4	PA; QL (1 EA per 1 day)
LINZESS (***linaclotide***)	T2	QL (1 EA per 1 day)
lubiprostone	T1	QL (2 EA per 1 day)
MARINOL (***dronabinol***)	T3	PA; QL (2 EA per 1 day)
octreotide acetate injection	T4	PA
octreotide acetate subcutaneous	T4	PA
OMVOH INTRAVENOUS (***mirikizumab-mrkz***)	T4	PA; QL (135 ML per 365 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
prucalopride succinate	T1	QL (1 EA per 1 day)
REBYOTA (***fecal microbiota, live-jslm***)	T4	PA
RESTORA RX (***lactobacillus casei-folic acid***)	T3	
SIMPONI ARIA (***golimumab***)	T4	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***golimumab***)	T4	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (***golimumab***)	T4	PA; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***golimumab***)	T4	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (***golimumab***)	T4	PA; QL (0.02 ML per 1 day)
SKYRIZI INTRAVENOUS (***risankizumab-rzaa***)	T4	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (***risankizumab-rzaa***)	T4	PA; QL (0.03 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (***risankizumab-rzaa***)	T4	PA; QL (0.05 ML per 1 day)
SYMPROIC (***naldemedine tosylate***)	T2	QL (1 EA per 1 day)
SYNDROS (***dronabinol***)	T3	PA; QL (4 ML per 1 day)
VIBERZI (***eluxadoline***)	T3	PA; QL (2 EA per 1 day)
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS (***linaclotide***)	T2	QL (1 EA per 1 day)
HISTAMINE H2-ANTAGONISTS		
famotidine (pf)	T1	
famotidine intravenous	T1	
famotidine oral suspension reconstituted	T1	
famotidine premixed	T1	
IMMUNOMODULATORY AGENTS (56:44)		
ENTYVIO (***vedolizumab***)	T4	PA

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
ENTYVIO PEN (***vedolizumab***)	T4	PA; QL (0.05 ML per 1 day)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***mirikizumab-mrkz***)	T4	PA; QL (0.11 ML per 1 day)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***mirikizumab-mrkz***)	T4	PA; QL (0.18 ML per 1 day)
OMVOH INTRAVENOUS (***mirikizumab-mrkz***)	T4	PA; QL (135 ML per 365 days)
OMVOH SUBCUTANEOUS (***mirikizumab-mrkz***)	T4	PA; QL (0.08 ML per 1 day)
VELSIPITY (***etrasimod arginine***)	T4	PA; QL (1 EA per 1 day)
LIPOTROPIC AGENTS		
LIPO	T3	
LIPO-C	T3	
scopolamine	T1	
TRANSDERM SCOP (***scopolamine base***)	T3	
VASCEPA ORAL CAPSULE 1 GM (***icosapent ethyl***)	T2	PA
NEUROKININ-1 RECEPTOR ANTAGONISTS		
AKYNZEO (***netupitant-palonosetron***)	T3	QL (0.07 EA per 1 day)
AKYNZEO (READY-TO-USE) (***fosnetupitant-palonosetron***)	T3	
AKYNZEO (TO-BE-DILUTED) (***fosnetupitant-palonosetron***)	T3	
APONVIE (***aprepitant***)	T3	
aprepitant oral capsule 125 mg	T1	QL (6 EA per 30 days)
aprepitant oral capsule 40 mg	T1	QL (1 EA per 30 days)
aprepitant oral capsule 80 mg	T1	QL (4 EA per 30 days)
aprepitant oral capsule therapy pack	T1	QL (6 EA per 30 days)
CINVANTI (***aprepitant***)	T3	
EMEND BIPACK (***aprepitant***)	T3	PA; QL (4 EA per 30 days)
EMEND INTRAVENOUS (***fosaprepitant dimeglumine***)	T3	
EMEND ORAL (***aprepitant***)	T3	QL (0.2 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
EMEND TRIPACK (***aprepitant***)	T3	PA; QL (6 EA per 30 days)
FOCINVEZ	T3	
fosaprepitant dimeglumine	T1	
NEREUS (***tradipitant***)	T3	PA; QL (2 EA per 1 day)
VARUBI (180 MG DOSE) (***rolapitant hcl***)	T3	QL (0.15 EA per 1 day)
OPIOID ANTAGONISTS (56:18)		
alvimopan	T1	
SYMPROIC (***naldemedine tosylate***)	T2	QL (1 EA per 1 day)
POTASSIUM-COMPETITIVE ACID BLOCKERS		
VOQUEZNA DUAL PAK (***amoxicillin-vonoprazan***)	T2	
VOQUEZNA TRIPLE PAK (***amoxicill-clarithro-vonoprazan***)	T2	
PROKINETIC AGENTS		
metoclopramide hcl +rfid	T1	
metoclopramide hcl injection	T1	
metoclopramide hcl oral	LCG	
REGLAN (***metoclopramide hcl***)	T3	PA
PROSTAGLANDINS		
CYTOTEC (***misoprostol***)	T3	
diclofenac-misoprostol	T1	PA
misoprostol oral	$0	
PROTECTANTS		
sucralfate oral suspension	T1	PA
sucralfate oral tablet	LCG	
PROTON-PUMP INHIBITORS		
amoxicill-clarithro-lansopraz	T1	PA
esomeprazole magnesium oral packet	T1	QL (1 EA per 1 day)
naproxen-esomeprazole mg	T1	PA; QL (2 EA per 1 day)
NEXIUM ORAL PACKET (***esomeprazole magnesium***)	T3	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
pantoprazole sodium intravenous	T1	
pantoprazole sodium oral tablet delayed release	LCG	QL (1 EA per 1 day)
PANTOPRAZOLE SODIUM-NACL	T3	
PROTONIX INTRAVENOUS (***pantoprazole sodium***)	T3	
TALICIA (***amoxicill-rifabutin-omeprazole***)	T2	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
AURANOFIN	T4	
RIDAURA (***auranofin***)	T4	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET (***succimer***)	T3	
deferasirox	T1	PA
deferasirox granules	T1	PA
deferiprone	T1	PA
deferoxamine mesylate	T1	
DEPEN TITRATABS (***penicillamine***)	T4	PA
DESFERAL (***deferoxamine mesylate***)	T3	
EDETATE CALCIUM DISODIUM INJECTION	T3	
EDETATE DISODIUM INTRAVENOUS	T3	
EXJADE (***deferasirox***)	T3	PA
FERRIPROX (***deferiprone***)	T3	PA
FERRIPROX TWICE-A-DAY (***deferiprone***)	T3	PA
GALZIN (***zinc acetate (oral)***)	T3	
JADENU (***deferasirox***)	T3	PA
JADENU SPRINKLE (***deferasirox***)	T3	PA
NITHIODOTE (***sodium nitrite-sod thiosulfate***)	T3	
penicillamine oral tablet	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
sodium nitrite intravenous	T1	
sodium thiosulfate intravenous	T1	
trientine hcl	T4	PA
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ADVAIR HFA (***fluticasone-salmeterol***)	T1	QL (0.4 GM per 1 day)
AGAMREE (***vamorolone***)	T4	PA
AIRSUPRA (***albuterol-budesonide***)	T2	QL (1.1 GM per 1 day)
ala-cort	T1	
ANALPRAM HC EXTERNAL CREAM 1-1 % (***hydrocortisone ace-pramoxine***)	T3	PA
ANALPRAM HC EXTERNAL LOTION (***hydrocortisone ace-pramoxine***)	T3	PA
ANUSOL-HC EXTERNAL (***hydrocortisone***)	T3	PA
ARNUITY ELLIPTA (***fluticasone furoate***)	T2	QL (1 EA per 1 day)
ASMANEX (120 METERED DOSES) (***mometasone furoate***)	T2	QL (0.04 EA per 1 day)
ASMANEX (14 METERED DOSES) (***mometasone furoate***)	T2	QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES) (***mometasone furoate***)	T2	QL (0.04 EA per 1 day)
ASMANEX (60 METERED DOSES) (***mometasone furoate***)	T2	QL (0.04 EA per 1 day)
ASMANEX HFA (***mometasone furoate***)	T2	QL (0.44 GM per 1 day)
betamethasone dipropionate aug	T1	
betamethasone dipropionate external	T1	
betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection	T1	
BETAMETHASONE SODIUM PHOSPHATE INJECTION	T3	
betamethasone valerate external	T1	
BLT-25 (***triamcinolone & bupiv & lido***)	T3	
BREO ELLIPTA (***fluticasone furoate-vilanterol***)	T1	QL (2 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
BREZTRI AEROSPHERE (***budeson-glycopyrrol-formoterol***)	T2	QL (0.36 GM per 1 day)
budesonide er	T1	PA
budesonide inhalation	T1	$0 HDHP; QL (4 ML per 1 day)
budesonide oral	T1	
CELESTONE SOLUSPAN (***betamethasone sod phos & acet***)	T3	
CORTENEMA (***hydrocortisone***)	T3	
CORTIFOAM (***hydrocortisone acetate***)	T3	
deflazacort	T4	PA
DEPO-MEDROL (***methylprednisolone acetate***)	T3	
dexameth sod phos (pf) +rfid	T1	
DEXAMETHASONE (LA)	T3	
dexamethasone intensol	LCG	
dexamethasone oral elixir	LCG	
dexamethasone oral solution	LCG	
dexamethasone oral tablet	LCG	
dexamethasone oral tablet therapy pack	T1	
dexamethasone sod phos (pf)	T1	
dexamethasone sod phos +rfid	T1	
dexamethasone sod phosphate pf	T1	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	T1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	T3	
dexamethasone sodium phosphate solution 10 mg/ml injection	T1	
dexamethasone sodium phosphate solution 4 mg/ml injection	T1	
DEXLYT (***dexamethasone***)	T3	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
DIPROLENE (***betamethasone dipropionate aug***)	T3	
EOHILIA (***budesonide***)	T3	PA; QL (20 ML per 1 day)
evesse	T1	PA
fludrocortisone acetate oral	T1	
fluticasone propionate external cream	T1	
fluticasone propionate external lotion	T1	PA
fluticasone propionate external ointment	T1	
fluticasone propionate hfa aerosol 44 mcg/act inhalation	T1	QL (0.71 GM per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T1	$0 HDHP; QL (2 EA per 1 day)
HIDEX 6-DAY (***dexamethasone***)	T3	PA
hydrocortisone (perianal)	T1	
hydrocortisone ace-pramoxine external cream 1-1 %	T1	
hydrocortisone butyrate external cream	T1	
hydrocortisone butyrate external lotion	T1	PA
hydrocortisone butyrate external ointment	T1	
hydrocortisone butyrate external solution	T1	
hydrocortisone cream 1 % external (rx)	T1	
hydrocortisone external cream 2.5 %	LCG	
hydrocortisone external lotion 2 %	T1	PA
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 1 %, 2.5 %	T1	
hydrocortisone oral	LCG	
hydrocortisone rectal	T1	
hydrocortisone sod suc (pf)	T1	
hydrocortisone valerate	T1	
hydrocortisone-acetic acid	T1	
jaythari	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
KENALOG-80 (***triamcinolone acetonide***)	T3	
kymbee	T4	PA
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (***methylprednisolone***)	T3	
MEDROL ORAL TABLET 2 MG (***methylprednisolone***)	T2	
MEDROL ORAL TABLET THERAPY PACK (***methylprednisolone***)	T3	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	T3	
methylprednisolone acetate suspension 40 mg/ml injection	T1	
methylprednisolone acetate suspension 80 mg/ml injection	T1	
methylprednisolone oral	LCG	
methylprednisolone sodium succ	T1	
METHYLPREDNISOLONE-BUPIVACAINE	T3	
mometasone furoate external	T1	
ORAPRED ODT (***prednisolone sodium phosphate***)	T3	PA
PRED MILD (***prednisolone acetate***)	T3	
prednisolone acetate ophthalmic	T1	
prednisolone oral solution	LCG	
prednisolone oral tablet	T1	PA
prednisolone sodium phosphate ophthalmic	T1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml	T1	PA
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	LCG	
prednisolone sodium phosphate oral tablet dispersible	T1	
prednisone intensol	T1	PA
prednisone oral solution	T1	
prednisone oral tablet	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
prednisone oral tablet therapy pack	LCG	
PROCTOCORT EXTERNAL (***hydrocortisone***)	T3	PA
PROCTOFOAM HC (***hydrocortisone ace-pramoxine***)	T2	
procto-med hc	T1	
PROCTOSOL HC (***hydrocortisone***)	T3	PA
PROCTOZONE-HC (***hydrocortisone***)	T3	PA
pyquvi	T4	PA
QVAR REDIHALER (***beclomethasone diprop hfa***)	T2	QL (0.71 GM per 1 day)
SERNIVO (***betamethasone dipropionate***)	T3	PA
SOLU-CORTEF (***hydrocortisone sod succinate***)	T3	
SOLU-MEDROL (***methylprednisolone sodium succ***)	T3	
SOLU-MEDROL (PF) (***methylprednisolone sodium succ***)	T3	
SYMBICORT (***budesonide-formoterol fumarate***)	T1	QL (0.35 GM per 1 day)
TAPERDEX 12-DAY (***dexamethasone***)	T3	PA
TAPERDEX 6-DAY (***dexamethasone***)	T3	PA
TAPERDEX 7-DAY (***dexamethasone***)	T3	PA
TEXACORT (***hydrocortisone***)	T3	PA
TRELEGY ELLIPTA (***fluticasone-umeclidin-vilant***)	T2	QL (2 EA per 1 day)
triamcinolone acetonide external aerosol solution	T1	PA
triamcinolone acetonide external cream	LCG	
triamcinolone acetonide external lotion	T1	
triamcinolone acetonide external ointment 0.025 %, 0.5 %	T1	
triamcinolone acetonide external ointment 0.05 %	T1	PA
triamcinolone acetonide external ointment 0.1 %	LCG	
triamcinolone acetonide suspension 40 mg/ml injection	T1	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	T3	
triamcinolone in absorbase	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
TRIAMCINOLONE-BUPIVACAINE	T3	
triderm	LCG	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (***olezarsen sodium***)	T4	PA; QL (0.03 ML per 1 day)
UCERIS RECTAL (***budesonide***)	T3	
wixela inhub	T1	$0 HDHP; QL (2 EA per 1 day)
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose oral	T1	$0 HDHP
miglitol	T1	
ANDROGENS		
danazol oral	T1	
KYZATREX (***testosterone undecanoate***)	T3	PA; $0 for gender identity-related dx; QL (4 EA per 1 day)
METHITEST	T3	PA; QL (20 EA per 1 day)
methyltestosterone oral	T1	PA; QL (20 EA per 1 day)
testosterone cypionate intramuscular	T1	PA; $0 for gender identity-related dx; QL (0.4 ML per 1 day)
testosterone enanthate intramuscular	T1	PA; $0 for gender identity-related dx; QL (0.2 ML per 1 day)
testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	T1	PA; $0 for gender identity-related dx; QL (5 GM per 1 day)
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	T1	PA; $0 for gender identity-related dx; QL (10 GM per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
testosterone transdermal solution	T1	PA; $0 for gender identity-related dx; QL (6 ML per 1 day)
ANTIDIABETIC AGENTS, MISCELLANEOUS		
colesevelam hcl oral packet	T1	PA
colesevelam hcl oral tablet	T1	
CYCLOSET (***bromocriptine mesylate***)	T3	
KORLYM (***mifepristone***)	T4	PA; QL (4 EA per 1 day)
mifepristone oral tablet 300 mg	T4	PA; QL (4 EA per 1 day)
ANTIESTROGENS		
anastrozole oral	T1	$0 for breast cancer PX
AROMASIN (***exemestane***)	T3	PA
exemestane	T1	$0 for breast cancer PX
FEMARA (***letrozole***)	T3	PA
letrozole oral	T1	$0 for breast cancer PX
ANTIGONADTROPINS		
cetrorelix acetate	T4	PA
FIRMAGON (***degarelix acetate***)	T4	PA; QL (0.036 EA per 1 day)
FIRMAGON (240 MG DOSE) (***degarelix acetate***)	T4	PA; QL (2 EA per 365 days)
FYREMADEL (***ganirelix acetate***)	T4	PA
ganirelix acetate	T4	PA
KYLEENA (***levonorgestrel***)	T3	
KYZATREX (***testosterone undecanoate***)	T3	PA; $0 for gender identity-related dx; QL (4 EA per 1 day)
LILETTA (52 MG) (***levonorgestrel***)	T3	
MIRENA (52 MG) (***levonorgestrel***)	T3	
MYFEMBREE (***relugolix-estradiol-norethind***)	T2	PA; QL (1 EA per 1 day)
NEXPLANON (***etonogestrel***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
ORGOVYX (***relugolix***)	T4	PA
ORIAHNN (***elagolix-estradiol-norethind***)	T2	PA; QL (2 EA per 1 day)
ORILISSA ORAL TABLET 150 MG (***elagolix sodium***)	T2	PA; QL (1 EA per 1 day)
ORILISSA ORAL TABLET 200 MG (***elagolix sodium***)	T2	PA; QL (2 EA per 1 day)
SKYLA (***levonorgestrel***)	T3	
SLYND (***drospirenone***)	$0	
testosterone cypionate intramuscular	T1	PA; $0 for gender identity-related dx; QL (0.4 ML per 1 day)
testosterone enanthate intramuscular	T1	PA; $0 for gender identity-related dx; QL (0.2 ML per 1 day)
testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	T1	PA; $0 for gender identity-related dx; QL (5 GM per 1 day)
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	T1	PA; $0 for gender identity-related dx; QL (10 GM per 1 day)
testosterone transdermal solution	T1	PA; $0 for gender identity-related dx; QL (6 ML per 1 day)
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS		
diazoxide oral	T1	
PROGLYCEM (***diazoxide***)	T3	PA
ANTIPARATHYROID AGENTS		
calcitonin (salmon) injection	T1	
calcitonin (salmon) nasal	T1	QL (0.13 ML per 1 day)
cinacalcet hcl	T1	PA
MIACALCIN (***calcitonin (salmon)***)	T3	
PARSABIV (***etelcalcetide hcl***)	T4	

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Drug Name	Drug Tier	Coverage Requirements & Limits
ANTITHYROID AGENTS		
iodine strong	T1	
methimazole oral	T1	
propylthiouracil oral	T1	
SODIUM IODIDE I-131	T3	
BIGUANIDES		
ACTOPLUS MET (***pioglitazone hcl-metformin hcl***)	T3	PA
dapagliflozin base-metformin er	T1	
glipizide-metformin hcl	T1	$0 HDHP
glyburide-metformin	T1	$0 HDHP
JENTADUETO (***linagliptin-metformin hcl***)	T2	
JENTADUETO XR (***linagliptin-metformin hcl***)	T2	
metformin hcl er oral tablet extended release 24 hour 500 mg	LCG	$0 HDHP; $0 if age 35-70 and prediabetes DX
metformin hcl er oral tablet extended release 24 hour 750 mg	T1	$0 HDHP; $0 if age 35-70 and prediabetes DX
metformin hcl oral solution	T1	$0 HDHP; $0 if age 35-70 and prediabetes DX
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	LCG	$0 HDHP; $0 if age 35-70 and prediabetes DX
metformin hcl oral tablet 750 mg	T1	PA
pioglitazone hcl-metformin hcl	T1	$0 HDHP
RIOMET (***metformin hcl***)	T3	
saxagliptin-metformin er	T1	$0 HDHP
sitaglip phos-metformin hcl er	T1	
sitagliptin phos-metformin hcl	T1	
SYNJARDY (***empagliflozin-metformin hcl***)	T2	
SYNJARDY XR (***empagliflozin-metformin hcl***)	T2	
TRIJARDY XR (***empagliflozin-linaglip-metform***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
CONTRACEPTIVES		
afirmelle	T1	
altavera	LCG	
alyacen 1/35	LCG	
alyacen 7/7/7	LCG	
amethyst	T1	
ANNOVERA (***segesterone-ethinyl estradiol***)	T3	QL (1 EA per 350 days)
apri	LCG	
aranelle	T1	
ashlyna	T1	QL (1 EA per 1 day)
aubra eq	T1	
aurovela 1.5/30	T1	
aurovela 1/20	T1	
aurovela 24 fe	T1	
aurovela fe 1.5/30	T1	
aurovela fe 1/20	T1	
aviane	T1	
ayuna	LCG	
azurette	T1	
BALCOLTRA (***levonorgest-eth estrad-fe bisg***)	T3	
balziva	T1	
blisovi 24 fe	T1	
blisovi fe 1.5/30	T1	
blisovi fe 1/20	T1	
briellyn	T1	
camila	LCG	
camrese	T1	QL (1 EA per 1 day)
camrese lo	T1	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
charlotte 24 fe	T1	
chateal eq	LCG	
cryselle	T1	
cyred eq	LCG	
dasetta 1/35 (28)	LCG	
dasetta 7/7/7	LCG	
daysee	T1	QL (1 EA per 1 day)
deblitane	LCG	
delyla	T1	
DEPO-PROVERA (***medroxyprogesterone acetate***)	T3	QL (0.02 ML per 1 day)
DEPO-SUBQ PROVERA 104 (***medroxyprogesterone acetate***)	$0	QL (0.02 ML per 1 day)
dolishale	T1	
drospiren-eth estrad-levomefol	T1	
drospirenone-ethinyl estradiol	T1	
elinest	T1	
ELLA (***ulipristal acetate***)	T3	
eluryng	T1	
emzahh	LCG	
enilloring	T1	
enskyce	LCG	
errin	LCG	
estarylla	LCG	
etonogestrel-ethinyl estradiol	T1	
falmina	T1	
feirza 1.5/30	T1	
feirza 1/20	T1	
FEMLYV (***norethindrone acet-ethinyl est***)	$0	
finzala	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
galbriela	T1	
gemmily	T1	
hailey 1.5/30	T1	
hailey 24 fe	T1	
hailey fe 1.5/30	T1	
hailey fe 1/20	T1	
heather	LCG	
iclevia	T1	QL (1 EA per 1 day)
incassia	LCG	
introvale	T1	QL (1 EA per 1 day)
isibloom	LCG	
jaimiess	T1	QL (1 EA per 1 day)
jasmiel	T1	
jencycla	LCG	
jolessa	T1	QL (1 EA per 1 day)
joyeaux	T1	
juleber	LCG	
junel 1.5/30	T1	
junel 1/20	T1	
junel fe 1.5/30	T1	
junel fe 1/20	T1	
junel fe 24	T1	
kaitlib fe	T1	
kalliga	LCG	
kariva	T1	
kelnor 1/35	T1	
kurvelo	LCG	
KYLEENA (***levonorgestrel***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
larin 1.5/30	T1	
larin 1/20	T1	
larin 24 fe	T1	
larin fe 1.5/30	T1	
larin fe 1/20	T1	
lessina	T1	
levonest	T1	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	T1	QL (1 EA per 1 day)
levonorgest-eth estradiol-iron	T1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	T1	
levonorg-eth estrad triphasic	T1	
LILETTA (52 MG) (***levonorgestrel***)	T3	
LO LOESTRIN FE (***norethin-eth estrad-fe biphas***)	$0	
lojaimiess	T1	QL (1 EA per 1 day)
loryna	T1	
low-ogestrel	T1	
lo-zumandimine	T1	
luizza 1.5/30	T1	
luizza 1/20	T1	
lutera	T1	
lyleq	LCG	
lyza	LCG	
marlissa	LCG	
medroxyprogesterone acetate intramuscular	T1	QL (0.02 ML per 1 day)
meleya	LCG	
mibelas 24 fe	T1	
microgestin 1.5/30	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
microgestin 1/20	T1	
microgestin fe 1.5/30	T1	
microgestin fe 1/20	T1	
mili	LCG	
minzoya	T1	
MIRENA (52 MG) (***levonorgestrel***)	T3	
mono-linyah	LCG	
NATAZIA (***estradiol valerate-dienogest***)	T2	
necon 0.5/35 (28)	T1	
NEXPLANON (***etonogestrel***)	T3	
NEXTSTELLIS (***drospirenone-estetrol***)	$0	
nikki	T1	
nora-be	LCG	
norelgestromin-eth estradiol	T1	
norethin ace-eth estrad-fe	T1	
norethindrone acet-ethinyl est	T1	
norethindrone oral	LCG	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	LCG	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	T1	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	LCG	
norlyroc	LCG	
nortrel 0.5/35 (28)	T1	
nortrel 1/35 (21)	LCG	
nortrel 1/35 (28)	LCG	
nortrel 7/7/7	LCG	
nylia 1/35	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
nylia 7/7/7	LCG	
OPILL (***norgestrel***)	$0	
orquidea	LCG	
philith	T1	
pimtrea	T1	
portia-28	LCG	
reclipsen	LCG	
rivelsa	T1	QL (1 EA per 1 day)
rosyrah	T1	QL (1 EA per 1 day)
setlakin	T1	QL (1 EA per 1 day)
sharobel	LCG	
simliya	T1	
simpesse	T1	QL (1 EA per 1 day)
SKYLA (***levonorgestrel***)	T3	
SLYND (***drospirenone***)	$0	
sprintec 28	LCG	
syeda	T1	
tarina 24 fe	T1	
tarina fe 1/20 eq	T1	
taysofy	T1	
TAYTULLA (***norethin ace-eth estrad-fe***)	T3	
tilia fe	T1	
tri-estarylla	LCG	
tri-legest fe	T1	
tri-linyah	LCG	
tri-lo-estarylla	T1	
tri-lo-marzia	T1	
tri-lo-mili	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
tri-lo-sprintec	T1	
tri-mili	LCG	
tri-sprintec	LCG	
tri-vylibra	LCG	
tri-vylibra lo	T1	
turqoz	T1	
TWIRLA (***levonorgestrel-eth estradiol***)	$0	
TYBLUME (***levonorgestrel-ethinyl estrad***)	$0	
tydemy	T1	
valtya 1/35	T1	
valtya 1/50	T1	
velivet	T1	
vestura	T1	
vienva	T1	
viorele	T1	
volnea	T1	
vyfemla	T1	
vylibra	LCG	
wera	T1	
wymzya fe	T1	
xarah fe	T1	
xelria fe	T1	
xulane	T1	
zafemy	T1	
zovia 1/35 (28)	T1	
zumandimine	T1	
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS		
DAPAGLIFLOZIN-SAXAGLIPTIN	T3	

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
GLYXAMBI (***empagliflozin-linagliptin***)	T2	
JENTADUETO (***linagliptin-metformin hcl***)	T2	
JENTADUETO XR (***linagliptin-metformin hcl***)	T2	
saxagliptin hcl	T1	$0 HDHP
saxagliptin-metformin er	T1	$0 HDHP
sitaglip phos-metformin hcl er	T1	
sitagliptin phos-metformin hcl	T1	
sitagliptin phosphate	T1	
TRADJENTA (***linagliptin***)	T2	
TRIJARDY XR (***empagliflozin-linaglip-metform***)	T2	
ESTROGEN AGONIST-ANTAGONISTS		
clomid	LCG	
clomiphene citrate oral	LCG	
DUAVEE (***conj estrogens-bazedoxifene***)	T2	
EVISTA (***raloxifene hcl***)	T3	PA
FARESTON (***toremifene citrate***)	T3	PA
milophene	LCG	
OSPHENA (***ospemifene***)	T3	
raloxifene hcl	T1	$0 for breast cancer PX
SOLTAMOX (***tamoxifen citrate***)	T3	$0 for breast cancer PX
tamoxifen citrate oral	T1	$0 for breast cancer PX
toremifene citrate	T1	
ESTROGENS		
abigale	T1	
abigale lo	T1	
ACTIVELLA (***estradiol-norethindrone acet***)	T3	PA
afirmelle	T1	
ALORA (***estradiol***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
altavera	LCG	
alyacen 1/35	LCG	
alyacen 7/7/7	LCG	
amethyst	T1	
ANGELIQ (***drospirenone-estradiol***)	T3	
ANNOVERA (***segesterone-ethinyl estradiol***)	T3	QL (1 EA per 350 days)
apri	LCG	
aranelle	T1	
ashlyna	T1	QL (1 EA per 1 day)
aubra eq	T1	
aurovela 1.5/30	T1	
aurovela 1/20	T1	
aurovela 24 fe	T1	
aurovela fe 1.5/30	T1	
aurovela fe 1/20	T1	
aviane	T1	
ayuna	LCG	
azurette	T1	
BALCOLTRA (***levonorgest-eth estrad-fe bisg***)	T3	
balziva	T1	
BIJUVA (***estradiol-progesterone***)	T3	
blisovi 24 fe	T1	
blisovi fe 1.5/30	T1	
blisovi fe 1/20	T1	
briellyn	T1	
camrese	T1	QL (1 EA per 1 day)
camrese lo	T1	QL (1 EA per 1 day)
charlotte 24 fe	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
chateal eq	LCG	
CLIMARA PRO (***estradiol-levonorgestrel***)	T2	
COMBIPATCH (***estradiol-norethindrone acet***)	T3	
cryselle	T1	
cyred eq	LCG	
dasetta 1/35 (28)	LCG	
dasetta 7/7/7	LCG	
daysee	T1	QL (1 EA per 1 day)
delyla	T1	
DEPO-ESTRADIOL (***estradiol cypionate***)	T3	$0 for gender identity-related dx
DIVIGEL (***estradiol***)	T3	
dolishale	T1	
dotti	T1	
drospiren-eth estrad-levomefol	T1	
drospirenone-ethinyl estradiol	T1	
DUAVEE (***conj estrogens-bazedoxifene***)	T2	
ELESTRIN (***estradiol***)	T3	
elinest	T1	
eluryng	T1	
enilloring	T1	
enskyce	LCG	
estarylla	LCG	
estradiol oral	LCG	
estradiol transdermal	T1	
estradiol vaginal	T1	
estradiol valerate intramuscular	T1	$0 for gender identity-related dx

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Drug Name	Drug Tier	Coverage Requirements & Limits
estradiol-norethindrone acet	T1	
ESTRING (***estradiol***)	T3	QL (0.012 EA per 1 day)
estrogens conjugated	T1	
etonogestrel-ethinyl estradiol	T1	
EVAMIST (***estradiol***)	T3	
falmina	T1	
feirza 1.5/30	T1	
feirza 1/20	T1	
FEMLYV (***norethindrone acet-ethinyl est***)	$0	
FEMRING (***estradiol acetate***)	T3	QL (0.012 EA per 1 day)
finzala	T1	
fyavolv	T1	
galbriela	T1	
gemmily	T1	
hailey 1.5/30	T1	
hailey 24 fe	T1	
hailey fe 1.5/30	T1	
hailey fe 1/20	T1	
iclevia	T1	QL (1 EA per 1 day)
IMVEXXY MAINTENANCE PACK (***estradiol***)	T2	
IMVEXXY STARTER PACK (***estradiol***)	T2	
introvale	T1	QL (1 EA per 1 day)
isibloom	LCG	
jaimiess	T1	QL (1 EA per 1 day)
jasmiel	T1	
jinteli	T1	
jolessa	T1	QL (1 EA per 1 day)
joyeaux	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
juleber	LCG	
junel 1.5/30	T1	
junel 1/20	T1	
junel fe 1.5/30	T1	
junel fe 1/20	T1	
junel fe 24	T1	
kaitlib fe	T1	
kalliga	LCG	
kariva	T1	
kelnor 1/35	T1	
kurvelo	LCG	
larin 1.5/30	T1	
larin 1/20	T1	
larin 24 fe	T1	
larin fe 1.5/30	T1	
larin fe 1/20	T1	
lessina	T1	
levonest	T1	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	T1	QL (1 EA per 1 day)
levonorgest-eth estradiol-iron	T1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	T1	
levonorg-eth estrad triphasic	T1	
LO LOESTRIN FE (***norethin-eth estrad-fe biphas***)	$0	
lojaimiess	T1	QL (1 EA per 1 day)
loryna	T1	
low-ogestrel	T1	
lo-zumandimine	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
luizza 1.5/30	T1	
luizza 1/20	T1	
lutera	T1	
lyllana	T1	
marlissa	LCG	
MENOSTAR (***estradiol***)	T3	
mibelas 24 fe	T1	
microgestin 1.5/30	T1	
microgestin 1/20	T1	
microgestin fe 1.5/30	T1	
microgestin fe 1/20	T1	
mili	LCG	
mimvey	T1	
MINIVELLE (***estradiol***)	T3	PA
minzoya	T1	
mono-linyah	LCG	
MYFEMBREE (***relugolix-estradiol-norethind***)	T2	PA; QL (1 EA per 1 day)
NATAZIA (***estradiol valerate-dienogest***)	T2	
necon 0.5/35 (28)	T1	
NEXTSTELLIS (***drospirenone-estetrol***)	$0	
nikki	T1	
norelgestromin-eth estradiol	T1	
norethin ace-eth estrad-fe	T1	
norethindrone acet-ethinyl est	T1	
norethindrone-eth estradiol	T1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	LCG	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	LCG	
nortrel 0.5/35 (28)	T1	
nortrel 1/35 (21)	LCG	
nortrel 1/35 (28)	LCG	
nortrel 7/7/7	LCG	
nylia 1/35	LCG	
nylia 7/7/7	LCG	
ORIAHNN (***elagolix-estradiol-norethind***)	T2	PA; QL (2 EA per 1 day)
philith	T1	
pimtrea	T1	
portia-28	LCG	
PREMARIN INJECTION (***estrogens conjugated***)	T3	
PREMARIN VAGINAL (***estrogens, conjugated***)	T2	
PREMPHASE (***conj estrog-medroxyprogest ace***)	T2	
PREMPRO (***conj estrog-medroxyprogest ace***)	T2	
reclipsen	LCG	
rivelsa	T1	QL (1 EA per 1 day)
rosyrah	T1	QL (1 EA per 1 day)
setlakin	T1	QL (1 EA per 1 day)
simliya	T1	
simpesse	T1	QL (1 EA per 1 day)
sprintec 28	LCG	
syeda	T1	
tarina 24 fe	T1	
tarina fe 1/20 eq	T1	
taysofy	T1	
TAYTULLA (***norethin ace-eth estrad-fe***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
tilia fe	T1	
tri-estarylla	LCG	
tri-legest fe	T1	
tri-linyah	LCG	
tri-lo-estarylla	T1	
tri-lo-marzia	T1	
tri-lo-mili	T1	
tri-lo-sprintec	T1	
tri-mili	LCG	
tri-sprintec	LCG	
tri-vylibra	LCG	
tri-vylibra lo	T1	
turqoz	T1	
TWIRLA (***levonorgestrel-eth estradiol***)	$0	
TYBLUME (***levonorgestrel-ethinyl estrad***)	$0	
tydemy	T1	
valtya 1/35	T1	
valtya 1/50	T1	
velivet	T1	
vestura	T1	
vienva	T1	
viorele	T1	
volnea	T1	
vyfemla	T1	
vylibra	LCG	
wera	T1	
wymzya fe	T1	
xarah fe	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
xelria fe	T1	
xulane	T1	
yuvafem	T1	
zafemy	T1	
zovia 1/35 (28)	T1	
zumandimine	T1	
GLYCOGENOLYTIC AGENTS		
BAQSIMI ONE PACK (***glucagon***)	T2	
BAQSIMI TWO PACK (***glucagon***)	T2	
glucagon emergency kit injection solution reconstituted 1 mg	T1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	T2	
GVOKE HYPOPEN 1-PACK (***glucagon***)	T2	
GVOKE HYPOPEN 2-PACK (***glucagon***)	T2	
GVOKE KIT (***glucagon***)	T2	
GVOKE PFS (***glucagon***)	T2	
GONADOTROPINS		
CAMCEVI (***leuprolide mesylate (6 month)***)	T4	PA; QL (0.006 EA per 1 day)
CHORIONIC GONADOTROPIN INTRAMUSCULAR	T4	PA
ELIGARD SUBCUTANEOUS KIT 22.5 MG (***leuprolide acetate (3 month)***)	T4	PA; QL (0.012 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 30 MG (***leuprolide acetate (4 month)***)	T4	PA; QL (0.009 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 45 MG (***leuprolide acetate (6 month)***)	T4	PA; QL (0.006 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 7.5 MG (***leuprolide acetate***)	T4	PA; QL (0.036 EA per 1 day)
FENSOLVI (6 MONTH) (***leuprolide acetate (6 month)***)	T4	PA; QL (0.006 EA per 1 day)
FOLLISTIM AQ (***follitropin beta***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
GONAL-F (***follitropin alfa***)	T4	PA
GONAL-F RFF REDIJECT (***follitropin alfa***)	T4	PA
leuprolide acetate injection	T4	PA
LEUPROLIDE ACETATE-BUPIVACAINE	T3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (***leuprolide acetate***)	T4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (***leuprolide acetate***)	T4	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (***leuprolide acetate (3 month)***)	T4	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (***leuprolide acetate (3 month)***)	T4	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG (***leuprolide acetate (4 month)***)	T4	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG (***leuprolide acetate (6 month)***)	T4	PA
LUPRON DEPOT-PED (1-MONTH) (***leuprolide acetate***)	T4	PA; QL (0.04 EA per 1 day)
LUPRON DEPOT-PED (3-MONTH) (***leuprolide acetate (3 month)***)	T4	PA; QL (0.02 EA per 1 day)
LUPRON DEPOT-PED (6-MONTH) (***leuprolide acetate (6 month)***)	T4	PA; QL (0.01 EA per 1 day)
MENOPUR (***menotropins***)	T4	PA
NOVAREL (***chorionic gonadotropin***)	T4	PA
OVIDREL (***choriogonadotropin alfa***)	T4	PA
PREGNYL (***chorionic gonadotropin***)	T4	PA
SUPPRELIN LA (***histrelin acetate***)	T4	PA; QL (1 EA per 250 days)
SYNAREL (***nafarelin acetate***)	T2	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (***triptorelin pamoate***)	T4	PA; QL (0.012 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG (***triptorelin pamoate***)	T4	PA; QL (0.006 EA per 1 day)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (***triptorelin pamoate***)	T4	PA; QL (0.036 EA per 1 day)
TRIPTODUR (***triptorelin pamoate***)	T4	PA; QL (0.006 EA per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (***goserelin acetate***)	T4	QL (0.012 EA per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (***goserelin acetate***)	T4	QL (0.036 EA per 1 day)
GONADOTROPINS AND ANTIGONADOTROPINS		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	T4	PA
ELIGARD SUBCUTANEOUS KIT 22.5 MG (***leuprolide acetate (3 month)***)	T4	PA; QL (0.012 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 30 MG (***leuprolide acetate (4 month)***)	T4	PA; QL (0.009 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 45 MG (***leuprolide acetate (6 month)***)	T4	PA; QL (0.006 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 7.5 MG (***leuprolide acetate***)	T4	PA; QL (0.036 EA per 1 day)
FOLLISTIM AQ (***follitropin beta***)	T4	PA
GONAL-F (***follitropin alfa***)	T4	PA
leuprolide acetate injection	T4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (***leuprolide acetate***)	T4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (***leuprolide acetate***)	T4	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (***leuprolide acetate (3 month)***)	T4	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (***leuprolide acetate (3 month)***)	T4	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG (***leuprolide acetate (4 month)***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG (***leuprolide acetate (6 month)***)	T4	PA
LUPRON DEPOT-PED (1-MONTH) (***leuprolide acetate***)	T4	PA; QL (0.04 EA per 1 day)
LUPRON DEPOT-PED (3-MONTH) (***leuprolide acetate (3 month)***)	T4	PA; QL (0.02 EA per 1 day)
MENOPUR (***menotropins***)	T4	PA
NOVAREL (***chorionic gonadotropin***)	T4	PA
PREGNYL (***chorionic gonadotropin***)	T4	PA
SUPPRELIN LA (***histrelin acetate***)	T4	PA; QL (1 EA per 250 days)
SYNAREL (***nafarelin acetate***)	T2	
TRIPTODUR (***triptorelin pamoate***)	T4	PA; QL (0.006 EA per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (***goserelin acetate***)	T4	QL (0.012 EA per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (***goserelin acetate***)	T4	QL (0.036 EA per 1 day)
INCRETIN MIMETICS		
liraglutide	T1	PA; QL (0.3 ML per 1 day)
MOUNJARO (***tirzepatide***)	T2	PA; QL (0.08 ML per 1 day)
SOLIQUA (***insulin glargine-lixisenatide***)	T2	
TRULICITY (***dulaglutide***)	T2	PA; QL (0.08 ML per 1 day)
XULTOPHY (***insulin degludec-liraglutide***)	T3	
INSULINS		
ADMELOG SOLOSTAR (***insulin lispro***)	T1	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (***insulin regular human***)	T3	PA
APIDRA SOLOSTAR (***insulin glulisine***)	T1	
APIDRA VIAL (***insulin glulisine***)	T1	
FIASP FLEXTOUCH (***insulin aspart (w/niacinamide)***)	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
FIASP PENFILL (***insulin aspart (w/niacinamide)***)	T1	
HUMALOG KWIKPEN (***insulin lispro***)	T1	
HUMALOG MIX 50/50 KWIKPEN (***insulin lispro prot & lispro***)	T1	
HUMALOG MIX 75/25 KWIKPEN (***insulin lispro prot & lispro***)	T1	
HUMALOG MIX 75/25 VIAL (***insulin lispro prot & lispro***)	T1	
HUMALOG SUBCUTANEOUS (***insulin lispro***)	T1	
HUMALOG U-100 JUNIOR KWIKPEN (***insulin lispro***)	T1	
HUMULIN 70/30 KWIKPEN (***insulin nph isophane & regular***)	T1	$0 HDHP; Value
HUMULIN 70/30 VIAL (***insulin nph isophane & regular***)	T1	$0 HDHP; Value
HUMULIN N KWIKPEN (***insulin nph human (isophane)***)	T1	$0 HDHP; Value
HUMULIN N VIAL (***insulin nph human (isophane)***)	T1	$0 HDHP; Value
HUMULIN R U-500 KWIKPEN (***insulin regular human***)	T1	$0 HDHP; Value
HUMULIN R VIAL (***insulin regular human***)	T1	$0 HDHP; Value
INSULIN LISPRO (1 UNIT DIAL)	T1	
INSULIN LISPRO JUNIOR KWIKPEN	T1	
INSULIN LISPRO PROT & LISPRO	T1	
LYUMJEV KWIKPEN (***insulin lispro-aabc***)	T1	
LYUMJEV VIAL (***insulin lispro-aabc***)	T1	
MYXREDLIN (***insulin regular(human) in nacl***)	T3	
NOVOLIN 70/30 FLEXPEN (***insulin nph isophane & regular***)	T1	$0 HDHP; Value
NOVOLIN 70/30 FLEXPEN RELION (***insulin nph isophane & regular***)	T1	$0 HDHP; Value
NOVOLIN 70/30 RELION (***insulin nph isophane & regular***)	T1	$0 HDHP; Value
NOVOLIN 70/30 VIAL (***insulin nph isophane & regular***)	T1	$0 HDHP; Value
NOVOLIN N FLEXPEN (***insulin nph human (isophane)***)	T1	$0 HDHP; Value
NOVOLIN N FLEXPEN RELION (***insulin nph human (isophane)***)	T1	$0 HDHP; Value
NOVOLIN N RELION (***insulin nph human (isophane)***)	T1	$0 HDHP; Value

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Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOLIN N VIAL (***insulin nph human (isophane)***)	T1	$0 HDHP; Value
NOVOLIN R FLEXPEN (***insulin regular human***)	T1	$0 HDHP; Value
NOVOLIN R FLEXPEN RELION (***insulin regular human***)	T1	$0 HDHP; Value
NOVOLIN R RELION (***insulin regular human***)	T1	$0 HDHP; Value
NOVOLIN R VIAL (***insulin regular human***)	T1	$0 HDHP; Value
NOVOLOG 70/30 FLEXPEN RELION (***insulin aspart prot & aspart***)	T1	
NOVOLOG FLEXPEN (***insulin aspart***)	T1	
NOVOLOG FLEXPEN RELION (***insulin aspart***)	T1	
NOVOLOG MIX 70/30 FLEXPEN (***insulin aspart prot & aspart***)	T1	
NOVOLOG MIX 70/30 RELION (***insulin aspart prot & aspart***)	T1	
NOVOLOG MIX 70/30 VIAL (***insulin aspart prot & aspart***)	T1	
NOVOLOG PENFILL (***insulin aspart***)	T1	
SOLIQUA (***insulin glargine-lixisenatide***)	T2	
XULTOPHY (***insulin degludec-liraglutide***)	T3	
INTERMEDIATE-ACTING INSULINS		
HUMALOG MIX 50/50 KWIKPEN (***insulin lispro prot & lispro***)	T1	
HUMALOG MIX 75/25 KWIKPEN (***insulin lispro prot & lispro***)	T1	
HUMALOG MIX 75/25 VIAL (***insulin lispro prot & lispro***)	T1	
HUMULIN 70/30 KWIKPEN (***insulin nph isophane & regular***)	T1	$0 HDHP; Value
HUMULIN 70/30 VIAL (***insulin nph isophane & regular***)	T1	$0 HDHP; Value
HUMULIN N KWIKPEN (***insulin nph human (isophane)***)	T1	$0 HDHP; Value
HUMULIN N VIAL (***insulin nph human (isophane)***)	T1	$0 HDHP; Value
INSULIN LISPRO PROT & LISPRO	T1	
NOVOLIN 70/30 FLEXPEN (***insulin nph isophane & regular***)	T1	$0 HDHP; Value
NOVOLIN 70/30 FLEXPEN RELION (***insulin nph isophane & regular***)	T1	$0 HDHP; Value

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Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOLIN 70/30 RELION (***insulin nph isophane & regular***)	T1	$0 HDHP; Value
NOVOLIN 70/30 VIAL (***insulin nph isophane & regular***)	T1	$0 HDHP; Value
NOVOLIN N FLEXPEN (***insulin nph human (isophane)***)	T1	$0 HDHP; Value
NOVOLIN N FLEXPEN RELION (***insulin nph human (isophane)***)	T1	$0 HDHP; Value
NOVOLIN N RELION (***insulin nph human (isophane)***)	T1	$0 HDHP; Value
NOVOLIN N VIAL (***insulin nph human (isophane)***)	T1	$0 HDHP; Value
NOVOLOG 70/30 FLEXPEN RELION (***insulin aspart prot & aspart***)	T1	
NOVOLOG MIX 70/30 FLEXPEN (***insulin aspart prot & aspart***)	T1	
NOVOLOG MIX 70/30 RELION (***insulin aspart prot & aspart***)	T1	
NOVOLOG MIX 70/30 VIAL (***insulin aspart prot & aspart***)	T1	
LEPTINS		
MYALEPT (***metreleptin***)	T4	PA
LONG-ACTING INSULINS		
INSULIN GLARGINE-YFGN	T2	$0 HDHP; Value
LANGLARA (***insulin glargine-aldy***)	T3	
REZVOGLAR KWIKPEN (***insulin glargine-aglr***)	T2	Value
SOLIQUA (***insulin glargine-lixisenatide***)	T2	
XULTOPHY (***insulin degludec-liraglutide***)	T3	
MEGLITINIDES		
nateglinide	T1	
repaglinide	T1	$0 HDHP
MELANOCORTIN RECEPTOR AGONISTS		
SCENESSE (***afamelanotide acetate***)	T4	PA
PARATHYROID AGENTS		
BONSITY (***teriparatide***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	T4	PA
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	T4	PA
TYMLOS (***abaloparatide***)	T4	PA
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML (***palopegteriparatide***)	T4	PA; QL (0.04 ML per 1 day)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML (***palopegteriparatide***)	T4	PA; QL (0.07 ML per 1 day)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML (***palopegteriparatide***)	T4	PA; QL (0.1 ML per 1 day)
PARATHYROID AND ANTIPARATHYROID AGENTS		
calcitonin (salmon) injection	T1	
calcitonin (salmon) nasal	T1	QL (0.13 ML per 1 day)
MIACALCIN (***calcitonin (salmon)***)	T3	
TYMLOS (***abaloparatide***)	T4	PA
PITUITARY		
ACTHAR (***corticotropin***)	T4	PA
ACTHAR GEL (***corticotropin***)	T4	PA
CORTROPHIN (***corticotropin***)	T4	PA
CORTROPHIN GEL (***corticotropin***)	T4	PA
CRENESSITY ORAL CAPSULE 100 MG (***crinecerfont***)	T4	PA; QL (4 EA per 1 day)
CRENESSITY ORAL CAPSULE 25 MG, 50 MG (***crinecerfont***)	T4	PA; QL (3 EA per 1 day)
CRENESSITY ORAL SOLUTION (***crinecerfont***)	T4	PA; QL (8 ML per 1 day)
DDAVP (***desmopressin acetate***)	T3	PA
DDAVP PF (***desmopressin acetate***)	T3	PA
desmopressin ace spray refrig	T1	
desmopressin acetate injection	T1	
desmopressin acetate oral	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
desmopressin acetate pf	T1	
desmopressin acetate spray	T1	
NGENLA (***somatrogon-ghla***)	T4	PA
NORDITROPIN FLEXPRO (***somatropin***)	T4	PA
OMNITROPE (***somatropin***)	T4	PA
SEROSTIM (***somatropin (non-refrigerated)***)	T4	PA
SKYTROFA (***lonapegsomatropin-tcgd***)	T4	PA
SOGROYA (***somapacitan-beco***)	T4	PA
vasopressin	T1	
vasopressin +rfid	T1	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS	T3	
VASOSTRICT SOLUTION 20 UNIT/ML INTRAVENOUS (***vasopressin***)	T3	
PROGESTINS		
abigale	T1	
abigale lo	T1	
ACTIVELLA (***estradiol-norethindrone acet***)	T3	PA
afirmelle	T1	
altavera	LCG	
alyacen 1/35	LCG	
alyacen 7/7/7	LCG	
amethyst	T1	
ANGELIQ (***drospirenone-estradiol***)	T3	
ANNOVERA (***segesterone-ethinyl estradiol***)	T3	QL (1 EA per 350 days)
apri	LCG	
aranelle	T1	
ashlyna	T1	QL (1 EA per 1 day)
aubra eq	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
aurovela 1.5/30	T1	
aurovela 1/20	T1	
aurovela 24 fe	T1	
aurovela fe 1.5/30	T1	
aurovela fe 1/20	T1	
aviane	T1	
ayuna	LCG	
azurette	T1	
BALCOLTRA (***levonorgest-eth estrad-fe bisg***)	T3	
balziva	T1	
BIJUVA (***estradiol-progesterone***)	T3	
blisovi 24 fe	T1	
blisovi fe 1.5/30	T1	
blisovi fe 1/20	T1	
briellyn	T1	
camila	LCG	
camrese	T1	QL (1 EA per 1 day)
camrese lo	T1	QL (1 EA per 1 day)
charlotte 24 fe	T1	
chateal eq	LCG	
CLIMARA PRO (***estradiol-levonorgestrel***)	T2	
COMBIPATCH (***estradiol-norethindrone acet***)	T3	
CRINONE (***progesterone***)	T3	QL (0.6 GM per 1 day)
cryselle	T1	
cyred eq	LCG	
dasetta 1/35 (28)	LCG	
dasetta 7/7/7	LCG	
daysee	T1	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
deblitane	LCG	
delyla	T1	
DEPO-PROVERA (***medroxyprogesterone acetate***)	T3	QL (0.02 ML per 1 day)
DEPO-SUBQ PROVERA 104 (***medroxyprogesterone acetate***)	$0	QL (0.02 ML per 1 day)
dolishale	T1	
drospiren-eth estrad-levomefol	T1	
drospirenone-ethinyl estradiol	T1	
elinest	T1	
ELLA (***ulipristal acetate***)	T3	
eluryng	T1	
emzahh	LCG	
ENDOMETRIN (***progesterone***)	T2	
enilloring	T1	
enskyce	LCG	
errin	LCG	
estarylla	LCG	
estradiol-norethindrone acet	T1	
etonogestrel-ethinyl estradiol	T1	
falmina	T1	
feirza 1.5/30	T1	
feirza 1/20	T1	
FEMLYV (***norethindrone acet-ethinyl est***)	$0	
finzala	T1	
fyavolv	T1	
galbriela	T1	
gallifrey	T1	
gemmily	T1	
hailey 1.5/30	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
hailey 24 fe	T1	
hailey fe 1.5/30	T1	
hailey fe 1/20	T1	
heather	LCG	
iclevia	T1	QL (1 EA per 1 day)
incassia	LCG	
introvale	T1	QL (1 EA per 1 day)
isibloom	LCG	
jaimiess	T1	QL (1 EA per 1 day)
jasmiel	T1	
jencycla	LCG	
jinteli	T1	
jolessa	T1	QL (1 EA per 1 day)
joyeaux	T1	
juleber	LCG	
junel 1.5/30	T1	
junel 1/20	T1	
junel fe 1.5/30	T1	
junel fe 1/20	T1	
junel fe 24	T1	
kaitlib fe	T1	
kalliga	LCG	
kariva	T1	
kelnor 1/35	T1	
kurvelo	LCG	
KYLEENA (***levonorgestrel***)	T3	
larin 1.5/30	T1	
larin 1/20	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
larin 24 fe	T1	
larin fe 1.5/30	T1	
larin fe 1/20	T1	
lessina	T1	
levonest	T1	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	T1	QL (1 EA per 1 day)
levonorgest-eth estradiol-iron	T1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	T1	
levonorg-eth estrad triphasic	T1	
LILETTA (52 MG) (***levonorgestrel***)	T3	
LO LOESTRIN FE (***norethin-eth estrad-fe biphas***)	$0	
lojaimiess	T1	QL (1 EA per 1 day)
loryna	T1	
low-ogestrel	T1	
lo-zumandimine	T1	
luizza 1.5/30	T1	
luizza 1/20	T1	
lutera	T1	
lyleq	LCG	
lyza	LCG	
marlissa	LCG	
medroxyprogesterone acetate intramuscular	T1	QL (0.02 ML per 1 day)
medroxyprogesterone acetate oral	LCG	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	T1	
megestrol acetate oral suspension 625 mg/5ml	T1	PA
megestrol acetate oral tablet 20 mg	LCG	

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Drug Name	Drug Tier	Coverage Requirements & Limits
megestrol acetate oral tablet 40 mg	T1	
meleya	LCG	
mibelas 24 fe	T1	
microgestin 1.5/30	T1	
microgestin 1/20	T1	
microgestin fe 1.5/30	T1	
microgestin fe 1/20	T1	
mili	LCG	
mimvey	T1	
minzoya	T1	
MIRENA (52 MG) (***levonorgestrel***)	T3	
mono-linyah	LCG	
MYFEMBREE (***relugolix-estradiol-norethind***)	T2	PA; QL (1 EA per 1 day)
NATAZIA (***estradiol valerate-dienogest***)	T2	
necon 0.5/35 (28)	T1	
NEXPLANON (***etonogestrel***)	T3	
NEXTSTELLIS (***drospirenone-estetrol***)	$0	
nikki	T1	
nora-be	LCG	
norelgestromin-eth estradiol	T1	
norethin ace-eth estrad-fe	T1	
norethindrone acetate oral	T1	
norethindrone acet-ethinyl est	T1	
norethindrone oral	LCG	
norethindrone-eth estradiol	T1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	LCG	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	LCG	
norlyroc	LCG	
nortrel 0.5/35 (28)	T1	
nortrel 1/35 (21)	LCG	
nortrel 1/35 (28)	LCG	
nortrel 7/7/7	LCG	
nylia 1/35	LCG	
nylia 7/7/7	LCG	
OPILL (***norgestrel***)	$0	
ORIAHNN (***elagolix-estradiol-norethind***)	T2	PA; QL (2 EA per 1 day)
orquidea	LCG	
philith	T1	
pimtrea	T1	
portia-28	LCG	
PREMPHASE (***conj estrog-medroxyprogest ace***)	T2	
PREMPRO (***conj estrog-medroxyprogest ace***)	T2	
progesterone intramuscular	T1	
progesterone oral	T1	
progesterone vaginal	T1	
PROVERA (***medroxyprogesterone acetate***)	T3	
reclipsen	LCG	
rivelsa	T1	QL (1 EA per 1 day)
rosyrah	T1	QL (1 EA per 1 day)
setlakin	T1	QL (1 EA per 1 day)
sharobel	LCG	
simliya	T1	
simpesse	T1	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
SKYLA (***levonorgestrel***)	T3	
SLYND (***drospirenone***)	$0	
sprintec 28	LCG	
syeda	T1	
tarina 24 fe	T1	
tarina fe 1/20 eq	T1	
taysofy	T1	
TAYTULLA (***norethin ace-eth estrad-fe***)	T3	
tilia fe	T1	
tri-estarylla	LCG	
tri-legest fe	T1	
tri-linyah	LCG	
tri-lo-estarylla	T1	
tri-lo-marzia	T1	
tri-lo-mili	T1	
tri-lo-sprintec	T1	
tri-mili	LCG	
tri-sprintec	LCG	
tri-vylibra	LCG	
tri-vylibra lo	T1	
turqoz	T1	
TWIRLA (***levonorgestrel-eth estradiol***)	$0	
TYBLUME (***levonorgestrel-ethinyl estrad***)	$0	
tydemy	T1	
valtya 1/35	T1	
valtya 1/50	T1	
velivet	T1	
vestura	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
vienva	T1	
viorele	T1	
volnea	T1	
vyfemla	T1	
vylibra	LCG	
wera	T1	
wymzya fe	T1	
xarah fe	T1	
xelria fe	T1	
xulane	T1	
zafemy	T1	
zovia 1/35 (28)	T1	
zumandimine	T1	
RAPID-ACTING INSULINS		
ADMELOG (***insulin lispro***)	T1	
ADMELOG SOLOSTAR (***insulin lispro***)	T1	
AFREZZA (***insulin regular human***)	T3	PA
APIDRA SOLOSTAR (***insulin glulisine***)	T1	
APIDRA VIAL (***insulin glulisine***)	T1	
FIASP (***insulin aspart (w/niacinamide)***)	T1	
FIASP FLEXTOUCH (***insulin aspart (w/niacinamide)***)	T1	
FIASP PENFILL (***insulin aspart (w/niacinamide)***)	T1	
FIASP PUMPCART (***insulin aspart (w/niacinamide)***)	T1	
HUMALOG (***insulin lispro***)	T1	
HUMALOG KWIKPEN (***insulin lispro***)	T1	
HUMALOG MIX 50/50 KWIKPEN (***insulin lispro prot & lispro***)	T1	
HUMALOG MIX 75/25 KWIKPEN (***insulin lispro prot & lispro***)	T1	
HUMALOG MIX 75/25 VIAL (***insulin lispro prot & lispro***)	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
HUMALOG U-100 JUNIOR KWIKPEN (***insulin lispro***)	T1	
INSULIN LISPRO	T1	$0 HDHP
INSULIN LISPRO (1 UNIT DIAL)	T1	
INSULIN LISPRO JUNIOR KWIKPEN	T1	
INSULIN LISPRO PROT & LISPRO	T1	
KIRSTY (***insulin aspart-xjhz***)	T3	PA
LYUMJEV KWIKPEN (***insulin lispro-aabc***)	T1	
LYUMJEV VIAL (***insulin lispro-aabc***)	T1	
NOVOLOG 70/30 FLEXPEN RELION (***insulin aspart prot & aspart***)	T1	
NOVOLOG FLEXPEN (***insulin aspart***)	T1	
NOVOLOG FLEXPEN RELION (***insulin aspart***)	T1	
NOVOLOG MIX 70/30 FLEXPEN (***insulin aspart prot & aspart***)	T1	
NOVOLOG MIX 70/30 RELION (***insulin aspart prot & aspart***)	T1	
NOVOLOG MIX 70/30 VIAL (***insulin aspart prot & aspart***)	T1	
NOVOLOG PENFILL (***insulin aspart***)	T1	
NOVOLOG RELION (***insulin aspart***)	T1	
NOVOLOG U-100 VIAL (***insulin aspart***)	T1	
SHORT-ACTING INSULINS		
HUMULIN 70/30 KWIKPEN (***insulin nph isophane & regular***)	T1	$0 HDHP; Value
HUMULIN 70/30 VIAL (***insulin nph isophane & regular***)	T1	$0 HDHP; Value
HUMULIN R U-500 KWIKPEN (***insulin regular human***)	T1	$0 HDHP; Value
HUMULIN R VIAL (***insulin regular human***)	T1	$0 HDHP; Value
MYXREDLIN (***insulin regular(human) in nacl***)	T3	
NOVOLIN 70/30 FLEXPEN (***insulin nph isophane & regular***)	T1	$0 HDHP; Value
NOVOLIN 70/30 FLEXPEN RELION (***insulin nph isophane & regular***)	T1	$0 HDHP; Value

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Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOLIN 70/30 RELION (***insulin nph isophane & regular***)	T1	$0 HDHP; Value
NOVOLIN 70/30 VIAL (***insulin nph isophane & regular***)	T1	$0 HDHP; Value
NOVOLIN R FLEXPEN (***insulin regular human***)	T1	$0 HDHP; Value
NOVOLIN R FLEXPEN RELION (***insulin regular human***)	T1	$0 HDHP; Value
NOVOLIN R RELION (***insulin regular human***)	T1	$0 HDHP; Value
NOVOLIN R VIAL (***insulin regular human***)	T1	$0 HDHP; Value
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB		
dapagliflozin base-metformin er	T1	
dapagliflozin	T1	
DAPAGLIFLOZIN-SAXAGLIPTIN	T3	
GLYXAMBI (***empagliflozin-linagliptin***)	T2	
JARDIANCE (***empagliflozin***)	T2	
SYNJARDY (***empagliflozin-metformin hcl***)	T2	
SYNJARDY XR (***empagliflozin-metformin hcl***)	T2	
TRIJARDY XR (***empagliflozin-linaglip-metform***)	T2	
SOMATOSTATIN AGONISTS		
octreotide acetate injection	T4	PA
octreotide acetate subcutaneous	T4	PA
SOMATOTROPIN AGONISTS		
EGRIFTA SV (***tesamorelin acetate***)	T4	PA; QL (1 EA per 1 day)
EGRIFTA WR (***tesamorelin acetate***)	T4	PA; QL (0.04 EA per 1 day)
INCRELEX (***mecasermin***)	T4	PA
NORDITROPIN FLEXPRO (***somatropin***)	T4	PA
OMNITROPE (***somatropin***)	T4	PA
SEROSTIM (***somatropin (non-refrigerated)***)	T4	PA
SOMATOTROPIN ANTAGONISTS		
SOMAVERT (***pegvisomant***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
SULFONYLUREAS		
DUETACT (***pioglitazone hcl-glimepiride***)	T3	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	LCG	$0 HDHP
glimepiride oral tablet 3 mg	T1	PA
glipizide er	LCG	$0 HDHP
glipizide oral tablet 10 mg, 5 mg	LCG	$0 HDHP
glipizide oral tablet 15 mg, 2.5 mg	T1	PA; $0 HDHP
glipizide-metformin hcl	T1	$0 HDHP
GLUCOTROL XL (***glipizide***)	T3	
glyburide	LCG	$0 HDHP
glyburide-metformin	T1	$0 HDHP
pioglitazone hcl-glimepiride	T1	
THIAZOLIDINEDIONES		
ACTOPLUS MET (***pioglitazone hcl-metformin hcl***)	T3	PA
ACTOS (***pioglitazone hcl***)	T3	PA
DUETACT (***pioglitazone hcl-glimepiride***)	T3	
pioglitazone hcl	T1	$0 HDHP
pioglitazone hcl-glimepiride	T1	
pioglitazone hcl-metformin hcl	T1	$0 HDHP
THYROID AGENTS		
levothyroxine sodium intravenous	T1	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	LCG	
levothyroxine sodium oral tablet 300 mcg	T1	
levoxyl	LCG	
liomny	T1	
liothyronine sodium intravenous	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
liothyronine sodium oral	T1	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	LCG	
unithroid oral tablet 300 mcg	T1	
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	T4	PA; QL (1 ML per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	T4	PA; QL (0.43 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	T4	PA; QL (1 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	T4	PA; QL (0.43 ML per 1 day)
ANTIMETABOLITES		
cladribine	T4	
cladribine (10 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (4 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (5 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (6 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (7 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (8 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (9 tabs)	T4	PA; QL (40 EA per 1 lifetime)
teriflunomide	T4	PA; QL (1 EA per 1 day)
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
AZASAN (***azathioprine***)	T3	
azathioprine oral	T1	
azathioprine sodium	T1	
CELLCEPT ORAL CAPSULE (***mycophenolate mofetil***)	T3	
IMURAN (***azathioprine***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
mycophenolate mofetil oral capsule	T1	
APRIL OR BAFF INHIBITOR AGENTS		
VOYXACT (***sibeprenlimab-szsi***)	T4	PA; QL (0.8 ML per 1 day)
BONE-MODIFYING AGENTS		
JUBEREQ (***denosumab-desu***)	T4	PA
OSENVELT (***denosumab-bmwo***)	T4	PA
OSVYRTI (***denosumab-desu***)	T4	PA; QL (2 ML per 250 days)
CALCINEURIN INHIBITORS, MISC (90:28)		
ASTAGRAF XL (***tacrolimus***)	T3	
CEQUA (***cyclosporine***)	T3	PA; QL (2 EA per 1 day)
cyclosporine modified	T1	
cyclosporine oral	T1	
ENVARSUS XR (***tacrolimus***)	T3	
gengraf	T1	
NEORAL (***cyclosporine modified***)	T3	
PROGRAF (***tacrolimus***)	T3	
RESTASIS (***cyclosporine***)	T1	PA; QL (2 EA per 1 day)
RESTASIS MULTIDOSE (***cyclosporine***)	T2	PA; QL (2 ML per 1 day)
SANDIMMUNE INTRAVENOUS (***cyclosporine***)	T2	
SANDIMMUNE ORAL (***cyclosporine***)	T3	
tacrolimus er	T1	
tacrolimus external	T1	QL (2 GM per 1 day)
tacrolimus intravenous	T1	
tacrolimus oral	T1	
VEVYE (***cyclosporine***)	T3	PA; QL (0.07 ML per 1 day)
COMPLEMENT INHIBITOR AGENTS (90:20)		
BKEMV (***eculizumab-aeeb***)	T4	PA
ENJAYMO (***sutimlimab-jome***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
EPYSQLI (***eculizumab-aagh***)	T4	PA
FABHALTA (***iptacopan hcl***)	T4	PA; QL (2 EA per 1 day)
COMPLEMENT INHIBITORS (90:08)		
ZILBRYSQ (***zilucoplan sodium***)	T4	PA
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
ENTYVIO (***vedolizumab***)	T4	PA
ENTYVIO PEN (***vedolizumab***)	T4	PA; QL (0.05 ML per 1 day)
ORENCIA CLICKJECT (***abatacept***)	T4	PA; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS (***abatacept***)	T4	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (***abatacept***)	T4	PA; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (***abatacept***)	T4	PA; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (***abatacept***)	T4	PA; QL (0.1 ML per 1 day)
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
AURANOFIN	T4	
AZULFIDINE (***sulfasalazine***)	T3	PA
AZULFIDINE EN-TABS (***sulfasalazine***)	T3	
CIMZIA (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
CIMZIA (1 SYRINGE) (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
CIMZIA-STARTER (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	T1	
hydroxychloroquine sulfate oral tablet 200 mg	LCG	
JYLAMVO (***methotrexate***)	T3	PA; AL
methotrexate sodium	T1	
methotrexate sodium (pf)	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.03 ML per 1 day)
RIDAURA (***auranofin***)	T4	
sulfasalazine oral	T1	
TREMFYA INTRAVENOUS (***guselkumab***)	T4	PA
TREMFYA ONE-PRESS (***guselkumab***)	T4	PA; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***guselkumab***)	T4	PA; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (***guselkumab***)	T4	PA; QL (0.08 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***guselkumab***)	T4	PA; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (***guselkumab***)	T4	PA; QL (0.08 ML per 1 day)
TREMFYA-CD/UC INDUCTION (***guselkumab***)	T4	PA; QL (0.08 ML per 1 day)
TREXALL (***methotrexate sodium***)	T3	
XATMEP (***methotrexate***)	T3	PA; AL
FUMARATES		
dimethyl fumarate oral	T4	PA; QL (2 EA per 1 day)
dimethyl fumarate starter pack	T4	PA; QL (120 EA per 365 days)
VUMERITY (***diroximel fumarate***)	T4	PA; QL (4 EA per 1 day)
IGG1 MONOCLONAL ANTIBODIES		
BENLYSTA (***belimumab***)	T4	PA
SAPHNELO INTRAVENOUS (***anifrolumab-fnia***)	T4	PA
SAPHNELO PEN (***anifrolumab-fnia***)	T4	PA; QL (0.12 ML per 1 day)
SAPHNELO SUBCUTANEOUS (***anifrolumab-fnia***)	T4	PA; QL (0.12 ML per 1 day)
IMMUNOMODULATORY AGENTS (90:00)		
cyclophosphamide injection	T4	

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Drug Name	Drug Tier	Coverage Requirements & Limits
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/2ML, 1000 MG/10ML, 2 GM/10ML, 2 GM/4ML, 2000 MG/20ML, 500 MG/5ML, 500 MG/ML	T4	
cyclophosphamide intravenous solution 1 gm/5ml, 500 mg/2.5ml	T4	
cyclophosphamide oral capsule	T1	
CYCLOPHOSPHAMIDE ORAL TABLET	T2	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	T1	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	T4	PA; QL (1 EA per 1 day)
everolimus oral tablet soluble	T4	PA
FRINDOVYX (***cyclophosphamide***)	T4	
mercaptopurine oral suspension	T4	
mercaptopurine oral tablet	T1	
PURIXAN (***mercaptopurine***)	T4	PA
torpenz	T4	PA; QL (1 EA per 1 day)
yulithira	T4	PA; QL (1 EA per 1 day)
ZORTRESS (***everolimus***)	T3	
INTERFERON GAMMA INHIBITOR AGENTS, MISC		
GAMIFANT (***emapalumab-lzsg***)	T4	PA
INTERFERONS		
AVONEX PEN (***interferon beta-1a***)	T4	PA; QL (0.04 EA per 1 day)
AVONEX PREFILLED (***interferon beta-1a***)	T4	PA; QL (0.04 EA per 1 day)
BETASERON (***interferon beta-1b***)	T4	PA; QL (0.5 EA per 1 day)
PEGASYS (***peginterferon alfa-2a***)	T4	PA
INTERLEUKIN INHIBITOR AGENTS, MISC		
SIMULECT (***basiliximab***)	T3	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (***omalizumab***)	T4	PA; QL (0.08 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (***omalizumab***)	T4	PA; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (***omalizumab***)	T4	PA; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***omalizumab***)	T4	PA; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (***omalizumab***)	T4	PA; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (***omalizumab***)	T4	PA; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED (***omalizumab***)	T4	PA
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA ACTPEN (***tocilizumab***)	T4	PA; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS (***tocilizumab***)	T4	PA
ACTEMRA SUBCUTANEOUS (***tocilizumab***)	T4	PA; QL (0.13 ML per 1 day)
AVTOZMA SUBCUTANEOUS (***tocilizumab-anoh***)	T4	PA; QL (0.13 ML per 1 day)
COSENTYX (300 MG DOSE) (***secukinumab***)	T4	PA; QL (0.08 ML per 1 day)
COSENTYX 150 MG/ML SUBCUTANEOUS (***secukinumab***)	T4	PA; QL (0.04 ML per 1 day)
COSENTYX SENSOREADY (300 MG) (***secukinumab***)	T4	PA; QL (0.08 ML per 1 day)
COSENTYX SENSOREADY PEN (***secukinumab***)	T4	PA; QL (0.04 ML per 1 day)
COSENTYX UNOREADY (***secukinumab***)	T4	PA; QL (0.08 ML per 1 day)
KEVZARA (***sarilumab***)	T4	PA; QL (0.09 ML per 1 day)
KINERET (***anakinra***)	T4	PA
OTULFI INTRAVENOUS (***ustekinumab-aauz (iv)***)	T4	PA
OTULFI SUBCUTANEOUS SOLUTION (***ustekinumab-aauz***)	T4	PA; QL (0.009 ML per 1 day)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (***ustekinumab-aauz***)	T4	PA; QL (0.009 ML per 1 day)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (***ustekinumab-aauz***)	T4	PA; QL (0.02 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
STEQEYMA INTRAVENOUS (***ustekinumab-stba (iv)***)	T4	PA
STEQEYMA SUBCUTANEOUS SOLUTION (***ustekinumab-stba***)	T4	PA; QL (0.009 ML per 1 day)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (***ustekinumab-stba***)	T4	PA; QL (0.009 ML per 1 day)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (***ustekinumab-stba***)	T4	PA; QL (0.02 ML per 1 day)
YESINTEK INTRAVENOUS (***ustekinumab-kfce (iv)***)	T4	PA
YESINTEK SUBCUTANEOUS SOLUTION (***ustekinumab-kfce***)	T4	PA; QL (0.009 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (***ustekinumab-kfce***)	T4	PA; QL (0.009 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (***ustekinumab-kfce***)	T4	PA; QL (0.02 ML per 1 day)
JANUS KINASE INHIBITORS, MISCELLANEOUS		
CIBINQO (***abrocitinib***)	T4	PA; QL (1 EA per 1 day)
OLUMIANT (***baricitinib***)	T4	PA; QL (1 EA per 1 day)
RINVOQ (***upadacitinib***)	T4	PA; QL (1 EA per 1 day)
RINVOQ LQ (***upadacitinib***)	T4	PA; QL (12 ML per 1 day)
tofacitinib citrate er	T4	PA; QL (1 EA per 1 day)
tofacitinib citrate oral solution	T4	PA; QL (10 ML per 1 day)
tofacitinib citrate oral tablet	T4	PA; QL (2 EA per 1 day)
MONOCARBOXYLIC ACID AMIDE AGENTS		
ARAVA (***leflunomide***)	T3	PA
leflunomide oral	T1	
MONOCLONAL ANTIBODIES (90:04)		
KESIMPTA (***ofatumumab***)	T4	PA; QL (0.02 ML per 1 day)
MONOCLONAL ANTIBODIES (90:12)		
ENSPRYNG (***satralizumab-mwge***)	T4	PA
UPLIZNA (***inebilizumab-cdon***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
MTOR INHIBITORS, MISCELLANEOUS		
sirolimus oral	T1	
NEONATAL FC RECEPTOR BLOCKERS		
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML, 420 MG/3ML (***rozanolixizumab-noli***)	T4	PA; QL (0.5 ML per 1 day)
RYSTIGGO SUBCUTANEOUS SOLUTION 560 MG/4ML (***rozanolixizumab-noli***)	T4	PA; QL (0.6 ML per 1 day)
RYSTIGGO SUBCUTANEOUS SOLUTION 840 MG/6ML (***rozanolixizumab-noli***)	T4	PA; QL (0.9 ML per 1 day)
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
OTEZLA ORAL TABLET (***apremilast***)	T4	PA; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK (***apremilast***)	T4	PA; QL (55 EA per 365 days)
OTEZLA XR (***apremilast***)	T4	PA; QL (1 EA per 1 day)
OTEZLA/OTEZLA XR INITIATION PK (***apremilast***)	T4	PA; QL (55 EA per 365 days)
POLYCLONAL ANTIBODIES, MISCELLANEOUS		
THYMOGLOBULIN (***anti-thymocyte glob (rabbit)***)	T3	
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
fingolimod hcl	T4	PA; QL (1 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG (***fingolimod hcl***)	T4	PA; QL (1 EA per 1 day)
MAYZENT ORAL TABLET 0.25 MG (***siponimod fumarate***)	T4	PA; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG (***siponimod fumarate***)	T4	PA; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (***siponimod fumarate***)	T4	PA; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (***siponimod fumarate***)	T4	PA; QL (14 EA per 365 days)
T-CELL COSTIMULATORY BLOCKERS, MISC		
NULOJIX (***belatacept***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; QL (0.06 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	T4	PA; QL (0.01 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	T4	PA; QL (0.03 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T4	PA; QL (0.06 ML per 1 day)
ADALIMUMAB-FKJP (2 PEN)	T4	PA; QL (0.15 EA per 1 day)
ADALIMUMAB-FKJP (2 SYRINGE)	T4	PA; QL (0.15 EA per 1 day)
CIMZIA (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
CIMZIA (1 SYRINGE) (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
CIMZIA-STARTER (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
ENBREL (***etanercept***)	T4	PA; QL (0.15 ML per 1 day)
ENBREL MINI (***etanercept***)	T4	PA; QL (0.15 ML per 1 day)
ENBREL SURECLICK (***etanercept***)	T4	PA; QL (0.15 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (***adalimumab-bwwd***)	T4	PA; QL (0.03 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (***adalimumab-bwwd***)	T4	PA; QL (0.06 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-bwwd***)	T4	PA; QL (0.03 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (***adalimumab-bwwd***)	T4	PA; QL (0.06 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (***adalimumab-adaz***)	T4	PA; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (***adalimumab-adaz***)	T4	PA; QL (0.06 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***adalimumab-adaz***)	T4	PA; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML (***adalimumab-adaz***)	T4	PA; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER (***adalimumab-adaz***)	T4	PA; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER (***adalimumab-adaz***)	T4	PA; QL (1.2 ML per 365 days)
HYRIMOZ-PED>/=40KG CROHN START (***adalimumab-adaz***)	T4	PA; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQ PSOR/UVEIT START (***adalimumab-adaz***)	T4	PA; QL (1.6 ML per 365 days)
SIMPONI ARIA (***golimumab***)	T4	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***golimumab***)	T4	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (***golimumab***)	T4	PA; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***golimumab***)	T4	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (***golimumab***)	T4	PA; QL (0.02 ML per 1 day)
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
ALTACAINE (***tetracaine hcl***)	T3	
ARTICADENT DENTAL (***articaine-epinephrine***)	T3	
BLT-25 (***triamcinolone & bupiv & lido***)	T3	
bupivacaine fisiopharma	T1	
bupivacaine hcl (pf)	T1	
bupivacaine hcl solution 0.25 % injection	T1	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	T3	
bupivacaine hcl solution 0.5 % injection	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	T3	
bupivacaine-epinephrine	T1	
bupivacaine-epinephrine (pf)	T1	
chloroprocaine hcl (pf)	T1	
EXPAREL (***bupivacaine liposome***)	T3	
LEUPROLIDE ACETATE-BUPIVACAINE	T3	
lidocaine hcl (pf)	T1	
lidocaine hcl injection solution 0.5 %	T1	
lidocaine hcl solution 1 % injection	T1	
LIDOCAINE HCL SOLUTION 1 % INJECTION	T3	
lidocaine hcl solution 2 % injection	T1	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 10 MG/ML INJECTION	T3	
lidocaine hcl solution prefilled syringe 100 mg/5ml injection	T1	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION	T3	
lidocaine-epinephrine (pf)	T1	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000	T1	
lidocaine-epinephrine solution 1 %-1:100000 injection	T1	
LIDOCAINE-SODIUM BICARBONATE	T3	
MARCAINE (***bupivacaine hcl***)	T3	
MARCAINE PRESERVATIVE FREE (***bupivacaine hcl***)	T3	
MARCAINE/EPINEPHRINE (***bupivacaine-epinephrine***)	T3	
MARCAINE/EPINEPHRINE PF (***bupivacaine-epinephrine***)	T3	
METHYLPREDNISOLONE-BUPIVACAINE	T3	
MONOJECT BONE MARROW BIOPSY (***lidocaine hcl***)	T3	
NAROPIN SOLUTION 10 MG/ML INJECTION (***ropivacaine hcl***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
NAROPIN SOLUTION 5 MG/ML INJECTION (***ropivacaine hcl***)	T3	
NAROPIN SOLUTION 7.5 MG/ML INJECTION (***ropivacaine hcl***)	T3	
NESACAINE (***chloroprocaine hcl***)	T3	
NESACAINE-MPF (***chloroprocaine hcl***)	T3	
ORABLOC (***articaine-epinephrine***)	T3	
POLOCAINE (***mepivacaine hcl***)	T3	
POLOCAINE-MPF (***mepivacaine hcl***)	T3	
ropivacaine hcl injection	T1	
ROPIVACAINE HCL-NACL SOLUTION 0.2-0.9 % INJECTION	T3	
SENSORCAINE (***bupivacaine hcl***)	T3	
SENSORCAINE/EPINEPHRINE (***bupivacaine-epinephrine***)	T3	
SENSORCAINE-MPF (***bupivacaine hcl***)	T3	
SENSORCAINE-MPF/EPINEPHRINE (***bupivacaine-epinephrine***)	T3	
tetracaine hcl ophthalmic	T1	
TRIAMCINOLONE-BUPIVACAINE	T3	
XYLOCAINE (***lidocaine hcl***)	T3	
XYLOCAINE MPF +RFID (***lidocaine hcl***)	T3	
XYLOCAINE/EPINEPHRINE (***lidocaine-epinephrine***)	T3	
XYLOCAINE-MPF (***lidocaine hcl***)	T3	
XYLOCAINE-MPF +RFID (***lidocaine hcl***)	T3	
XYLOCAINE-MPF/EPINEPHRINE (***lidocaine-epinephrine***)	T3	
ZYNRELEF (***bupivacaine-meloxicam***)	T3	
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
dutasteride oral	T1	
dutasteride-tamsulosin hcl	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
ENTADFI (***finasteride-tadalafil***)	T3	PA; QL (1 EA per 1 day)
finasteride oral tablet 5 mg	LCG	
PROSCAR (***finasteride***)	T3	PA
5-ALPHA-REDUCTASE INHIBITORS (92:04)		
disulfiram oral	LCG	
dutasteride oral	T1	
dutasteride-tamsulosin hcl	T1	PA
ENTADFI (***finasteride-tadalafil***)	T3	PA; QL (1 EA per 1 day)
finasteride oral tablet 5 mg	LCG	
naltrexone hcl oral	T1	
PROSCAR (***finasteride***)	T3	PA
VIVITROL (***naltrexone***)	T2	
ANTIDOTES (92:12)		
ACETADOTE (***acetylcysteine***)	T3	
acetylcysteine inhalation	T1	
acetylcysteine intravenous	T1	
atropine sulfate injection	T1	
atropine sulfate intravenous solution	T1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1.2 MG/3ML	T3	
ATROPINE SULFATE SOLUTION PREFILLED SYRINGE 1 MG/2.5ML INTRAVENOUS	T3	
BAQSIMI ONE PACK (***glucagon***)	T2	
BAQSIMI TWO PACK (***glucagon***)	T2	
CHEMET (***succimer***)	T3	
CYANOKIT (***hydroxocobalamin***)	T3	
deferoxamine mesylate	T1	
DESFERAL (***deferoxamine mesylate***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
DIGIFAB (***digoxin immune fab***)	T3	
EDETATE CALCIUM DISODIUM INJECTION	T3	
EDETATE DISODIUM INTRAVENOUS	T3	
flumazenil intravenous	T1	
fomepizole	T1	
FOSRENOL ORAL PACKET (***lanthanum carbonate***)	T3	
FOSRENOL ORAL TABLET CHEWABLE (***lanthanum carbonate***)	T3	PA
glucagon emergency kit injection solution reconstituted 1 mg	T1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	T2	
GVOKE HYPOPEN 1-PACK (***glucagon***)	T2	
GVOKE HYPOPEN 2-PACK (***glucagon***)	T2	
GVOKE KIT (***glucagon***)	T2	
GVOKE PFS (***glucagon***)	T2	
iodine strong	T1	
KHAPZORY (***levoleucovorin***)	T4	
KIONEX (***sodium polystyrene sulfonate***)	T3	
lanthanum carbonate	T1	PA
lederle leucovorin	T1	
leucovorin calcium injection	T1	
leucovorin calcium oral	T1	
levoleucovorin calcium	T4	
levoleucovorin calcium pf	T4	
magnesium sulfate in d5w	T1	
MAGNESIUM SULFATE-NACL	T3	
methylene blue (antidote)	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
methylene blue intravenous solution	T1	
naloxone hcl injection	$0	
naltrexone hcl oral	T1	
NARCAN (***naloxone hcl***)	$0	
NITHIODOTE (***sodium nitrite-sod thiosulfate***)	T3	
PEDMARK (***sodium thiosulfate***)	T3	PA
phytonadione injection	T1	
phytonadione oral	T1	
protamine sulfate intravenous	T1	
PROTOPAM CHLORIDE (***pralidoxime chloride***)	T3	
PROVAYBLUE (***methylene blue (antidote)***)	T3	
RADIOGARDASE (***prussian blue insoluble***)	T3	
RENVELA (***sevelamer carbonate***)	T3	PA
sevelamer carbonate	T1	
sevelamer hcl	T1	PA
sodium nitrite intravenous	T1	
sodium polystyrene sulfonate	T1	
sodium thiosulfate intravenous	T1	
SPS (SODIUM POLYSTYRENE SULF) (***sodium polystyrene sulfonate***)	T3	
VISTOGARD (***uridine triacetate***)	T3	
vitamin k1 injection	T1	
VIVITROL (***naltrexone***)	T2	
VORAXAZE (***glucarpidase***)	T3	
ANTIGOUT AGENTS		
allopurinol oral tablet 100 mg, 300 mg	LCG	
allopurinol oral tablet 200 mg	T1	PA
allopurinol sodium	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
ALOPRIM (***allopurinol sodium***)	T3	
colchicine oral	T1	
colchicine-probenecid	T1	
febuxostat	T1	
INDOCIN (***indomethacin***)	T3	PA
indomethacin er	T1	
indomethacin oral capsule 25 mg	LCG	
indomethacin oral capsule 50 mg	T1	
indomethacin oral suspension	T1	PA
indomethacin rectal suppository 50 mg	T1	PA
indomethacin sodium	T1	
naproxen dr	T1	PA
naproxen oral suspension	T1	PA
naproxen oral tablet 250 mg	T1	
naproxen oral tablet 375 mg, 500 mg	LCG	
naproxen oral tablet delayed release	T1	PA
naproxen sodium er	T1	PA
naproxen sodium oral tablet 275 mg, 550 mg	T1	
probenecid	T1	
ULORIC (***febuxostat***)	T3	PA
ANTISENSE OLIGONUCLEOTIDES		
DAWNZERA (***donidalorsen sodium***)	T4	PA; QL (0.03 ML per 1 day)
EVRYSDI ORAL SOLUTION RECONSTITUTED (***risdiplam***)	T4	PA; QL (8 ML per 1 day)
sodium oxybate	T4	PA; QL (18 ML per 1 day)
TRYNGOLZA (***olezarsen sodium***)	T4	PA; QL (0.03 ML per 1 day)
WAINUA (***eplontersen sodium***)	T4	PA; QL (0.03 ML per 1 day)
BONE ANABOLIC AGENTS		
BONSITY (***teriparatide***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	T4	PA
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	T4	PA
TYMLOS (***abaloparatide***)	T4	PA
BONE RESORPTION INHIBITORS		
ACTONEL ORAL TABLET 150 MG (***risedronate sodium***)	T3	PA; QL (0.04 EA per 1 day)
ACTONEL ORAL TABLET 35 MG (***risedronate sodium***)	T3	PA; QL (0.15 EA per 1 day)
alendronate sodium oral solution	T1	$0 HDHP
alendronate sodium oral tablet 10 mg	T1	$0 HDHP
alendronate sodium oral tablet 35 mg, 70 mg	LCG	$0 HDHP; QL (0.15 EA per 1 day)
ALORA (***estradiol***)	T3	
ATELVIA (***risedronate sodium***)	T3	QL (0.15 EA per 1 day)
BINOSTO (***alendronate sodium***)	T3	PA; QL (0.15 EA per 1 day)
calcitonin (salmon) injection	T1	
calcitonin (salmon) nasal	T1	QL (0.13 ML per 1 day)
DEPO-ESTRADIOL (***estradiol cypionate***)	T3	$0 for gender identity-related dx
DIVIGEL (***estradiol***)	T3	
dotti	T1	
ELESTRIN (***estradiol***)	T3	
estradiol oral	LCG	
estradiol transdermal	T1	
estradiol vaginal	T1	
estradiol valerate intramuscular	T1	$0 for gender identity-related dx
ESTRING (***estradiol***)	T3	QL (0.012 EA per 1 day)
estrogens conjugated	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
EVAMIST (***estradiol***)	T3	
EVISTA (***raloxifene hcl***)	T3	PA
FEMRING (***estradiol acetate***)	T3	QL (0.012 EA per 1 day)
FOSAMAX (***alendronate sodium***)	T3	PA; QL (0.15 EA per 1 day)
FOSAMAX PLUS D (***alendronate-cholecalciferol***)	T3	PA; QL (0.15 EA per 1 day)
ibandronate sodium intravenous	T1	QL (0.04 ML per 1 day)
ibandronate sodium oral	T1	$0 HDHP; QL (0.04 EA per 1 day)
lyllana	T1	
MENOSTAR (***estradiol***)	T3	
MIACALCIN (***calcitonin (salmon)***)	T3	
MINIVELLE (***estradiol***)	T3	PA
pamidronate disodium	T4	
PREMARIN INJECTION (***estrogens conjugated***)	T3	
PREMARIN VAGINAL (***estrogens, conjugated***)	T2	
raloxifene hcl	T1	$0 for breast cancer PX
risedronate sodium oral tablet 150 mg	T1	QL (0.04 EA per 1 day)
risedronate sodium oral tablet 30 mg, 5 mg	T1	
risedronate sodium oral tablet 35 mg	T1	QL (0.15 EA per 1 day)
risedronate sodium oral tablet delayed release	T1	QL (0.15 EA per 1 day)
yuvafem	T1	
BRADYKININ RECEPTOR ANTAGONISTS		
icatibant acetate	T4	PA; QL (0.6 ML per 1 day)
CARBONIC ANHYDRASE INHIBITORS (92:26)		
dichlorphenamide	T4	PA; QL (4 EA per 1 day)
KEVEYIS (***dichlorphenamide***)	T4	PA; QL (4 EA per 1 day)
ORMALVI (***dichlorphenamide***)	T4	PA; QL (4 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
COMPLEMENT INHIBITORS		
BERINERT (***c1 esterase inhibitor (human)***)	T4	PA; QL (0.34 EA per 1 day)
EMPAVELI (***pegcetacoplan***)	T4	PA
FABHALTA (***iptacopan hcl***)	T4	PA; QL (2 EA per 1 day)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (***c1 esterase inhibitor (human)***)	T4	PA; QL (0.9 EA per 1 day)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (***c1 esterase inhibitor (human)***)	T4	PA; QL (0.6 EA per 1 day)
RUCONEST (***c1 esterase inhibitor (recomb)***)	T4	PA; QL (0.27 EA per 1 day)
VOYDEYA (***danicopan***)	T4	PA; QL (6 EA per 1 day)
ZILBRYSQ (***zilucoplan sodium***)	T4	PA
COMPLEMENT INHIBITORS (92:32)		
BERINERT (***c1 esterase inhibitor (human)***)	T4	PA; QL (0.34 EA per 1 day)
EMPAVELI (***pegcetacoplan***)	T4	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (***c1 esterase inhibitor (human)***)	T4	PA; QL (0.9 EA per 1 day)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (***c1 esterase inhibitor (human)***)	T4	PA; QL (0.6 EA per 1 day)
icatibant acetate	T4	PA; QL (0.6 ML per 1 day)
KALBITOR (***ecallantide***)	T4	PA; QL (0.4 ML per 1 day)
ORLADEYO ORAL CAPSULE (***berotralstat hcl***)	T4	PA; QL (1 EA per 1 day)
RUCONEST (***c1 esterase inhibitor (recomb)***)	T4	PA; QL (0.27 EA per 1 day)
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		
ACTEMRA ACTPEN (***tocilizumab***)	T4	PA; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS (***tocilizumab***)	T4	PA
ACTEMRA SUBCUTANEOUS (***tocilizumab***)	T4	PA; QL (0.13 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; QL (0.06 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	T4	PA; QL (0.01 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	T4	PA; QL (0.03 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T4	PA; QL (0.06 ML per 1 day)
ADALIMUMAB-FKJP (2 PEN)	T4	PA; QL (0.15 EA per 1 day)
ADALIMUMAB-FKJP (2 SYRINGE)	T4	PA; QL (0.15 EA per 1 day)
ARAVA (***leflunomide***)	T3	PA
AURANOFIN	T4	
AZASAN (***azathioprine***)	T3	
azathioprine oral	T1	
azathioprine sodium	T1	
AZULFIDINE (***sulfasalazine***)	T3	PA
AZULFIDINE EN-TABS (***sulfasalazine***)	T3	
CIBINQO (***abrocitinib***)	T4	PA; QL (1 EA per 1 day)
CIMZIA (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
CIMZIA (1 SYRINGE) (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
CIMZIA-STARTER (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
COSENTYX (300 MG DOSE) (***secukinumab***)	T4	PA; QL (0.08 ML per 1 day)
COSENTYX 150 MG/ML SUBCUTANEOUS (***secukinumab***)	T4	PA; QL (0.04 ML per 1 day)
COSENTYX SENSOREADY (300 MG) (***secukinumab***)	T4	PA; QL (0.08 ML per 1 day)
COSENTYX SENSOREADY PEN (***secukinumab***)	T4	PA; QL (0.04 ML per 1 day)
COSENTYX UNOREADY (***secukinumab***)	T4	PA; QL (0.08 ML per 1 day)
cyclosporine modified	T1	
cyclosporine oral	T1	
DEPEN TITRATABS (***penicillamine***)	T4	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
ENBREL (***etanercept***)	T4	PA; QL (0.15 ML per 1 day)
ENBREL MINI (***etanercept***)	T4	PA; QL (0.15 ML per 1 day)
ENBREL SURECLICK (***etanercept***)	T4	PA; QL (0.15 ML per 1 day)
gengraf	T1	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (***adalimumab-bwwd***)	T4	PA; QL (0.03 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (***adalimumab-bwwd***)	T4	PA; QL (0.06 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-bwwd***)	T4	PA; QL (0.03 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (***adalimumab-bwwd***)	T4	PA; QL (0.06 ML per 1 day)
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	T1	
hydroxychloroquine sulfate oral tablet 200 mg	LCG	
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (***adalimumab-adaz***)	T4	PA; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (***adalimumab-adaz***)	T4	PA; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***adalimumab-adaz***)	T4	PA; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML (***adalimumab-adaz***)	T4	PA; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER (***adalimumab-adaz***)	T4	PA; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER (***adalimumab-adaz***)	T4	PA; QL (1.2 ML per 365 days)
HYRIMOZ-PED>/=40KG CROHN START (***adalimumab-adaz***)	T4	PA; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQ PSOR/UVEIT START (***adalimumab-adaz***)	T4	PA; QL (1.6 ML per 365 days)
IMURAN (***azathioprine***)	T3	

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
JYLAMVO (***methotrexate***)	T3	PA; AL
KEVZARA (***sarilumab***)	T4	PA; QL (0.09 ML per 1 day)
KINERET (***anakinra***)	T4	PA
leflunomide oral	T1	
methotrexate sodium	T1	
methotrexate sodium (pf)	T1	
NEORAL (***cyclosporine modified***)	T3	
OLUMIANT (***baricitinib***)	T4	PA; QL (1 EA per 1 day)
ORENCIA CLICKJECT (***abatacept***)	T4	PA; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS (***abatacept***)	T4	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (***abatacept***)	T4	PA; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (***abatacept***)	T4	PA; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (***abatacept***)	T4	PA; QL (0.1 ML per 1 day)
OTEZLA ORAL TABLET 30 MG (***apremilast***)	T4	PA; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (***apremilast***)	T4	PA; QL (55 EA per 365 days)
penicillamine oral tablet	T4	PA
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.03 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.04 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.05 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.06 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.07 ML per 1 day)

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.08 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.09 ML per 1 day)
RIDAURA (***auranofin***)	T4	
RINVOQ (***upadacitinib***)	T4	PA; QL (1 EA per 1 day)
SANDIMMUNE INTRAVENOUS (***cyclosporine***)	T2	
SANDIMMUNE ORAL (***cyclosporine***)	T3	
SIMPONI ARIA (***golimumab***)	T4	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***golimumab***)	T4	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (***golimumab***)	T4	PA; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***golimumab***)	T4	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (***golimumab***)	T4	PA; QL (0.02 ML per 1 day)
sulfasalazine oral	T1	
tofacitinib citrate er	T4	PA; QL (1 EA per 1 day)
tofacitinib citrate oral solution	T4	PA; QL (10 ML per 1 day)
tofacitinib citrate oral tablet	T4	PA; QL (2 EA per 1 day)
TREXALL (***methotrexate sodium***)	T3	
XATMEP (***methotrexate***)	T3	PA; AL
ENDOTHELIN RECEPTOR ANTAGONISTS (92:48)		
FILSPARI ORAL TABLET 200 MG (***sparsentan***)	T4	PA; QL (1 EA per 1 day)
FILSPARI ORAL TABLET 400 MG (***sparsentan***)	T4	PA; QL (2 EA per 1 day)
VANRAFIA (***atrasentan hcl***)	T4	PA; QL (1 EA per 1 day)
GONADOTROPIN-RELEASING HORMONE ANTAGNTS		
FIRMAGON (***degarelix acetate***)	T4	PA; QL (0.036 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
FIRMAGON (240 MG DOSE) (***degarelix acetate***)	T4	PA; QL (2 EA per 365 days)
ganirelix acetate	T4	PA
IMMUNOMODULATORY AGENTS		
ACTEMRA ACTPEN (***tocilizumab***)	T4	PA; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS (***tocilizumab***)	T4	PA
ACTEMRA SUBCUTANEOUS (***tocilizumab***)	T4	PA; QL (0.13 ML per 1 day)
ACTIMMUNE (***interferon gamma-1b***)	T4	PA
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; QL (0.06 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	T4	PA; QL (0.01 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	T4	PA; QL (0.03 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T4	PA; QL (0.06 ML per 1 day)
ADALIMUMAB-FKJP (2 PEN)	T4	PA; QL (0.15 EA per 1 day)
ADALIMUMAB-FKJP (2 SYRINGE)	T4	PA; QL (0.15 EA per 1 day)
ARAVA (***leflunomide***)	T3	PA
AURANOFIN	T4	
AVONEX PEN (***interferon beta-1a***)	T4	PA; QL (0.04 EA per 1 day)
AVONEX PREFILLED (***interferon beta-1a***)	T4	PA; QL (0.04 EA per 1 day)
AZASAN (***azathioprine***)	T3	
azathioprine oral	T1	
azathioprine sodium	T1	
AZULFIDINE (***sulfasalazine***)	T3	PA
AZULFIDINE EN-TABS (***sulfasalazine***)	T3	
BESREMI (***ropeginterferon alfa-2b-njft***)	T4	PA
BESREMI PEN (***ropeginterferon alfa-2b-njft***)	T4	PA
BETASERON (***interferon beta-1b***)	T4	PA; QL (0.5 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
CIMZIA (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
CIMZIA (1 SYRINGE) (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE) (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
CIMZIA-STARTER (***certolizumab pegol***)	T4	PA; QL (0.08 EA per 1 day)
cladribine (10 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (4 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (5 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (6 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (7 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (8 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (9 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cyclosporine modified	T1	
cyclosporine oral	T1	
dimethyl fumarate oral	T4	PA; QL (2 EA per 1 day)
dimethyl fumarate starter pack	T4	PA; QL (120 EA per 365 days)
ENBREL (***etanercept***)	T4	PA; QL (0.15 ML per 1 day)
ENBREL MINI (***etanercept***)	T4	PA; QL (0.15 ML per 1 day)
ENBREL SURECLICK (***etanercept***)	T4	PA; QL (0.15 ML per 1 day)
ENSPRYNG (***satralizumab-mwge***)	T4	PA
ENTYVIO (***vedolizumab***)	T4	PA
fingolimod hcl	T4	PA; QL (1 EA per 1 day)
gengraf	T1	
GILENYA ORAL CAPSULE 0.25 MG (***fingolimod hcl***)	T4	PA; QL (1 EA per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	T4	PA; QL (1 ML per 1 day)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	T4	PA; QL (0.43 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
glatopa subcutaneous solution prefilled syringe 20 mg/ml	T4	PA; QL (1 ML per 1 day)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	T4	PA; QL (0.43 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (***adalimumab-bwwd***)	T4	PA; QL (0.03 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (***adalimumab-bwwd***)	T4	PA; QL (0.06 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-bwwd***)	T4	PA; QL (0.03 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (***adalimumab-bwwd***)	T4	PA; QL (0.06 ML per 1 day)
hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg	T1	
hydroxychloroquine sulfate oral tablet 200 mg	LCG	
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (***adalimumab-adaz***)	T4	PA; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (***adalimumab-adaz***)	T4	PA; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***adalimumab-adaz***)	T4	PA; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML (***adalimumab-adaz***)	T4	PA; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER (***adalimumab-adaz***)	T4	PA; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER (***adalimumab-adaz***)	T4	PA; QL (1.2 ML per 365 days)
HYRIMOZ-PED>/=40KG CROHN START (***adalimumab-adaz***)	T4	PA; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQ PSOR/UVEIT START (***adalimumab-adaz***)	T4	PA; QL (1.6 ML per 365 days)
IMURAN (***azathioprine***)	T3	
JYLAMVO (***methotrexate***)	T3	PA; AL
KESIMPTA (***ofatumumab***)	T4	PA; QL (0.02 ML per 1 day)

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
KEVZARA (***sarilumab***)	T4	PA; QL (0.09 ML per 1 day)
KINERET (***anakinra***)	T4	PA
leflunomide oral	T1	
lenalidomide	T4	PA
MAYZENT ORAL TABLET 0.25 MG (***siponimod fumarate***)	T4	PA; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG (***siponimod fumarate***)	T4	PA; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (***siponimod fumarate***)	T4	PA; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (***siponimod fumarate***)	T4	PA; QL (14 EA per 365 days)
methotrexate sodium	T1	
methotrexate sodium (pf)	T1	
NEORAL (***cyclosporine modified***)	T3	
OLUMIANT ORAL TABLET 1 MG, 2 MG (***baricitinib***)	T4	PA; QL (1 EA per 1 day)
ORENCIA CLICKJECT (***abatacept***)	T4	PA; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS (***abatacept***)	T4	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (***abatacept***)	T4	PA; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (***abatacept***)	T4	PA; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (***abatacept***)	T4	PA; QL (0.1 ML per 1 day)
OTEZLA ORAL TABLET (***apremilast***)	T4	PA; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK (***apremilast***)	T4	PA; QL (55 EA per 365 days)
PEGASYS (***peginterferon alfa-2a***)	T4	PA
pomalidomide oral capsule 1 mg, 2 mg	T4	PA; QL (1 EA per 1 day)
pomalidomide oral capsule 3 mg, 4 mg	T4	PA
PROLEUKIN (***aldesleukin***)	T4	

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Drug Name	Drug Tier	Coverage Requirements & Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.03 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.04 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.05 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.06 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.07 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.08 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.09 ML per 1 day)
RIDAURA (***auranofin***)	T4	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (***upadacitinib***)	T4	PA; QL (1 EA per 1 day)
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML (***rozanolixizumab-noli***)	T4	PA; QL (0.5 ML per 1 day)
SANDIMMUNE INTRAVENOUS (***cyclosporine***)	T2	
SANDIMMUNE ORAL (***cyclosporine***)	T3	
SIMPONI ARIA (***golimumab***)	T4	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***golimumab***)	T4	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (***golimumab***)	T4	PA; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***golimumab***)	T4	PA; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (***golimumab***)	T4	PA; QL (0.02 ML per 1 day)
sulfasalazine oral	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
teriflunomide	T4	PA; QL (1 EA per 1 day)
THALOMID (***thalidomide***)	T4	PA
TREXALL (***methotrexate sodium***)	T3	
TYRUKO (***natalizumab-sztn***)	T4	PA; QL (0.54 ML per 1 day)
TYSABRI (***natalizumab***)	T4	PA; QL (0.54 ML per 1 day)
UPLIZNA (***inebilizumab-cdon***)	T4	PA
VELSIPITY (***etrasimod arginine***)	T4	PA; QL (1 EA per 1 day)
VUMERITY (***diroximel fumarate***)	T4	PA; QL (4 EA per 1 day)
XATMEP (***methotrexate***)	T3	PA; AL
ZEPOSIA (***ozanimod hcl***)	T4	PA; QL (1 EA per 1 day)
ZEPOSIA 7-DAY STARTER PACK (***ozanimod hcl***)	T4	PA; QL (14 EA per 365 days)
ZEPOSIA STARTER KIT (***ozanimod hcl***)	T4	PA; QL (56 EA per 365 days)
IMMUNOSUPPRESSIVE AGENTS		
ARAVA (***leflunomide***)	T3	PA
ASTAGRAF XL (***tacrolimus***)	T3	
AZASAN (***azathioprine***)	T3	
azathioprine oral	T1	
azathioprine sodium	T1	
BENLYSTA (***belimumab***)	T4	PA
CELLCEPT (***mycophenolate mofetil***)	T3	
CELLCEPT INTRAVENOUS (***mycophenolate mofetil hcl***)	T3	
cladribine (10 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (4 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (5 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (6 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (7 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (8 tabs)	T4	PA; QL (40 EA per 1 lifetime)
cladribine (9 tabs)	T4	PA; QL (40 EA per 1 lifetime)

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Drug Name	Drug Tier	Coverage Requirements & Limits
cyclophosphamide injection	T4	
cyclophosphamide intravenous solution 1 gm/5ml, 500 mg/2.5ml	T4	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1000 MG/10ML, 2 GM/10ML, 2000 MG/20ML, 500 MG/5ML, 500 MG/ML	T4	
cyclophosphamide oral capsule	T1	
CYCLOPHOSPHAMIDE ORAL TABLET	T2	
cyclosporine modified	T1	
cyclosporine oral	T1	
ENVARSUS XR (***tacrolimus***)	T3	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	T1	
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML (***cyclophosphamide***)	T4	
GAMIFANT (***emapalumab-lzsg***)	T4	PA
gengraf	T1	
IMURAN (***azathioprine***)	T3	
JYLAMVO (***methotrexate***)	T3	PA; AL
leflunomide oral	T1	
mercaptopurine oral suspension	T4	
mercaptopurine oral tablet	T1	
methotrexate sodium	T1	
methotrexate sodium (pf)	T1	
mycophenolate mofetil hcl	T1	
mycophenolate mofetil intravenous	T1	
mycophenolate mofetil oral	T1	
mycophenolate sodium	T1	
mycophenolic acid	T1	
MYFORTIC (***mycophenolate sodium***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
MYHIBBIN (***mycophenolate mofetil***)	T3	
NEORAL (***cyclosporine modified***)	T3	
NULOJIX (***belatacept***)	T3	
pimecrolimus	T1	QL (2 GM per 1 day)
PROGRAF (***tacrolimus***)	T3	
PURIXAN (***mercaptopurine***)	T4	PA
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.03 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.04 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.05 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.06 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.07 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.08 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML (***methotrexate (anti-rheumatic)***)	T2	PA; QL (0.09 ML per 1 day)
SANDIMMUNE INTRAVENOUS (***cyclosporine***)	T2	
SANDIMMUNE ORAL (***cyclosporine***)	T3	
SAPHNELO INTRAVENOUS (***anifrolumab-fnia***)	T4	PA
SIMULECT (***basiliximab***)	T3	
sirolimus oral	T1	
tacrolimus er	T1	
tacrolimus external	T1	QL (2 GM per 1 day)
tacrolimus intravenous	T1	
tacrolimus oral	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
THYMOGLOBULIN (***anti-thymocyte glob (rabbit)***)	T3	
TREXALL (***methotrexate sodium***)	T3	
XATMEP (***methotrexate***)	T3	PA; AL
ZORTRESS (***everolimus***)	T3	
KALLIKREIN INHIBITORS		
KALBITOR (***ecallantide***)	T4	PA; QL (0.4 ML per 1 day)
ORLADEYO ORAL CAPSULE (***berotralstat hcl***)	T4	PA; QL (1 EA per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***lanadelumab-flyo***)	T4	PA; QL (0.08 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (***lanadelumab-flyo***)	T4	PA; QL (0.15 ML per 1 day)
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
acetylcysteine inhalation	T1	
ALPHA-LIPOIC ACID INJECTION	T3	
AQNEURSA (***levacetylleucine***)	T4	PA; QL (4 EA per 1 day)
ARCALYST (***rilonacept***)	T4	PA
betaine	T4	
CARNITOR INTRAVENOUS (***levocarnitine***)	T3	
CERDELGA (***eliglustat tartrate***)	T4	PA
cinacalcet hcl	T1	PA
CYSTADANE (***betaine***)	T4	
CYSTAGON (***cysteamine bitartrate***)	T4	
CYTOTINE ORAL POWDER (***creatine monohydrate***)	T3	
dalfampridine er	T4	PA; QL (2 EA per 1 day)
DAXXIFY (***daxibotulinumtoxina-lanm***)	T3	PA
EVOTAZ (***atazanavir-cobicistat***)	T2	
EVRYSDI ORAL SOLUTION RECONSTITUTED (***risdiplam***)	T4	PA; QL (8 ML per 1 day)
EVRYSDI ORAL TABLET (***risdiplam***)	T4	PA; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
FILSPARI ORAL TABLET 200 MG (***sparsentan***)	T4	PA; QL (1 EA per 1 day)
FILSPARI ORAL TABLET 400 MG (***sparsentan***)	T4	PA; QL (2 EA per 1 day)
GALAFOLD (***migalastat hcl***)	T4	PA; QL (0.5 EA per 1 day)
GRASTEK (***timothy grass pollen allergen***)	T3	PA; QL (1 EA per 1 day)
KYGEVVI (***doxecitine-doxribtimine***)	T4	PA
LEVOCARNITINE INJECTION	T3	
levocarnitine intravenous	T1	
levocarnitine oral solution	T1	
levocarnitine oral tablet	T1	
levocarnitine sf	T1	
l-glutamine oral packet	T1	PA
metyrosine	T1	PA; QL (16 EA per 1 day)
miglustat	T4	PA
NEOKE RA LIPOIC (***alpha-lipoic acid***)	T3	
NEXAVIR (***liver derivative complex***)	T3	
nitisinone	T4	PA
NITYR (***nitisinone***)	T4	PA
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (***romiplostim***)	T4	PA
NULIBRY (***fosdenopterin hydrobromide***)	T4	PA
octreotide acetate injection	T4	PA
ONPATTRO (***patisiran sodium***)	T4	PA
OPFOLDA (***miglustat (gaa deficiency)***)	T4	PA; QL (0.3 EA per 1 day)
ORALAIR (***grass mix pollens allergen ext***)	T3	PA; QL (1 EA per 1 day)
ORALAIR ADULT STARTER PACK (***grass mix pollens allergen ext***)	T3	PA; QL (1 EA per 1 day)
ORALAIR CHILDRENS STARTER PACK (***grass mix pollens allergen ext***)	T3	PA; QL (6 EA per 365 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
ORFADIN (***nitisinone***)	T4	PA
PARSABIV (***etelcalcetide hcl***)	T4	
PREZCOBIX (***darunavir-cobicistat***)	T2	
PROCYSBI (***cysteamine bitartrate***)	T4	PA
RAGWITEK (***short ragweed pollen ext***)	T3	PA; QL (1 EA per 1 day)
RASPBERRY SYRUP	T3	
REBYOTA (***fecal microbiota, live-jslm***)	T4	PA
RHEOSPRAY (***external vehicles***)	T3	
RIVFLOZA SUBCUTANEOUS SOLUTION (***nedosiran sodium***)	T4	PA; QL (0.04 ML per 1 day)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML (***nedosiran sodium***)	T4	PA; QL (0.03 ML per 1 day)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (***nedosiran sodium***)	T4	PA; QL (0.04 ML per 1 day)
sapropterin dihydrochloride	T4	PA
SKYCLARYS (***omaveloxolone***)	T4	PA; QL (3 EA per 1 day)
SOHONOS ORAL CAPSULE 1 MG (***palovarotene***)	T4	PA; QL (20 EA per 1 day)
SOHONOS ORAL CAPSULE 1.5 MG (***palovarotene***)	T4	PA; QL (13 EA per 1 day)
SOHONOS ORAL CAPSULE 10 MG (***palovarotene***)	T4	PA; QL (2 EA per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG (***palovarotene***)	T4	PA; QL (8 EA per 1 day)
SOHONOS ORAL CAPSULE 5 MG (***palovarotene***)	T4	PA; QL (4 EA per 1 day)
STRIBILD (***elviteg-cobic-emtricit-tenofdf***)	T3	
SYMTUZA (***darun-cobic-emtricit-tenofaf***)	T3	
THIOLA (***tiopronin***)	T4	
THIOLA EC (***tiopronin***)	T4	
tiopronin	T4	
VIJOICE ORAL PACKET (***alpelisib***)	T4	PA; QL (1 EA per 1 day)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (***alpelisib***)	T4	PA; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (***alpelisib***)	T4	PA; QL (2 EA per 1 day)
VOXZOGO (***vosoritide***)	T4	PA; QL (1 EA per 1 day)
VYNDAMAX (***tafamidis***)	T4	PA; QL (1 EA per 1 day)
XURIDEN (***uridine triacetate***)	T4	PA; QL (4 EA per 1 day)
yargesa	T4	PA
YUVIWEL SUBCUTANEOUS SOLUTION RECONSTITUTED 1.3 MG, 2.8 MG (***navepegritide***)	T4	PA; QL (0.15 EA per 1 day)
YUVIWEL SUBCUTANEOUS SOLUTION RECONSTITUTED 5.5 MG (***navepegritide***)	T4	PA; QL (0.29 EA per 1 day)
ZAVESCA (***miglustat***)	T4	PA
zelvysia	T4	PA
ZOKINVY (***lonafarnib***)	T4	PA; QL (4 EA per 1 day)
PROTECTIVE AGENTS		
adapalene-benzoyl peroxide external gel	T1	
dalfampridine er	T4	PA; QL (2 EA per 1 day)
dexrazoxane hcl	T4	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (***adapalene-benzoyl peroxide***)	T3	
ETHYOL (***amifostine***)	T3	
mesna	T4	
MESNEX (***mesna***)	T4	
PEDMARK (***sodium thiosulfate***)	T3	PA
SCENESSE (***afamelanotide acetate***)	T4	PA
NONHORMONAL CONTRACEPTIVES		
NONHORMONAL CONTRACEPTIVES		
CAYA (***diaphragm arc-spring***)	T3	
FEMCAP (***cervical caps***)	T3	
MIUDELLA (***copper***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
OMNIFLEX DIAPHRAGM (***diaphragms***)	T3	
PARAGARD INTRAUTERINE COPPER (***copper***)	T3	
PHEXX (***lactic ac-citric ac-pot bitart***)	$0	PA; QL (60 GM per 60 days)
WIDE-SEAL DIAPHRAGM 60 (***diaphragm wide seal***)	T3	
WIDE-SEAL DIAPHRAGM 65 (***diaphragm wide seal***)	T3	
WIDE-SEAL DIAPHRAGM 70 (***diaphragm wide seal***)	T3	
WIDE-SEAL DIAPHRAGM 75 (***diaphragm wide seal***)	T3	
WIDE-SEAL DIAPHRAGM 80 (***diaphragm wide seal***)	T3	
WIDE-SEAL DIAPHRAGM 85 (***diaphragm wide seal***)	T3	
WIDE-SEAL DIAPHRAGM 90 (***diaphragm wide seal***)	T3	
WIDE-SEAL DIAPHRAGM 95 (***diaphragm wide seal***)	T3	
NONTHERAPEUTIC		
NONTHERAPEUTIC		
EUA PATIENT ASSESSMENT	T3	
OXYTOCICS		
OXYTOCICS		
carboprost tromethamine intramuscular solution	T1	
CERVIDIL (***dinoprostone***)	T3	
HEMABATE (***carboprost tromethamine***)	T3	
METHERGINE (***methylergonovine maleate***)	T3	QL (28 EA per 1 fill)
methylergonovine maleate injection	T1	
methylergonovine maleate oral	T1	QL (28 EA per 1 fill)
MIFEPREX (***mifepristone***)	T3	
mifepristone oral tablet 200 mg	$0	
oxytocin +rfid	T1	
oxytocin solution 10 unit/ml injection	T1	
OXYTOCIN SOLUTION 10 UNIT/ML INJECTION	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 15 UNIT/250ML	T3	
OXYTOCIN-LACTATED RINGERS SOLUTION 20 UNIT/L INTRAVENOUS	T3	
OXYTOCIN-LACTATED RINGERS SOLUTION 30 UNIT/500ML INTRAVENOUS	T3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%	T3	
OXYTOCIN-SODIUM CHLORIDE SOLUTION 30-0.9 UT/500ML-% INTRAVENOUS	T3	
PITOCIN (***oxytocin***)	T3	
PREPIDIL (***dinoprostone***)	T3	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
#3 CAPSULE CLEAR/CLEAR	T3	
ADA (***external vehicles***)	T3	
ALCOHOL BASE GEL	T3	
ANHYDROUS BASE	T3	
ANHYDROUS CREAM BASE	T3	
BACTERIOSTATIC WATER(BENZ ALC)	T3	
CAPSULE #0 CLEAR/CLEAR VEG	T3	
CAPSULE #0 WHITE/WHITE OPQ VEG	T3	
CAPSULE #1 CLEAR/CLEAR VEG	T3	
CAPSULE #1 WHITE/WHITE OPQ VEG	T3	
CAPSULE #3 CLEAR/CLEAR VEG	T3	
CAPSULE #3 WHITE/WHITE OPQ VEG	T3	
CAPSULE 0 CLEAR DR	T3	
CAPSULE CONI-SNAP #0 BLU/WHITE	T3	
CAPSULE CONI-SNAP #0 CLEAR	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
CAPSULE CONI-SNAP #0 CLEAR VEG	T3	
CAPSULE CONI-SNAP #0 DARK BLUE	T3	
CAPSULE CONI-SNAP #0 GREEN/CLR	T3	
CAPSULE CONI-SNAP #0 PINK	T3	
CAPSULE CONI-SNAP #0 PURPLE	T3	
CAPSULE CONI-SNAP #0 RED/WHITE	T3	
CAPSULE CONI-SNAP #0 WHITE	T3	
CAPSULE CONI-SNAP #00 CLEAR	T3	
CAPSULE CONI-SNAP #00 WHITE	T3	
CAPSULE CONI-SNAP #000 CLEAR	T3	
CAPSULE CONI-SNAP #1 AQUA BLUE	T3	
CAPSULE CONI-SNAP #1 BLUE	T3	
CAPSULE CONI-SNAP #1 BLUE/PINK	T3	
CAPSULE CONI-SNAP #1 BLUE/WHT	T3	
CAPSULE CONI-SNAP #1 BROWN	T3	
CAPSULE CONI-SNAP #1 BRWN/IVRY	T3	
CAPSULE CONI-SNAP #1 CLEAR	T3	
CAPSULE CONI-SNAP #1 DK GRN/OR	T3	
CAPSULE CONI-SNAP #1 DRK GREEN	T3	
CAPSULE CONI-SNAP #1 GREY/PINK	T3	
CAPSULE CONI-SNAP #1 GRN/YLW	T3	
CAPSULE CONI-SNAP #1 ORANGE	T3	
CAPSULE CONI-SNAP #1 PINK	T3	
CAPSULE CONI-SNAP #1 PINK/BLUE	T3	
CAPSULE CONI-SNAP #1 PINK/CLR	T3	
CAPSULE CONI-SNAP #1 PINK/WHIT	T3	
CAPSULE CONI-SNAP #1 PINK/YLLW	T3	
CAPSULE CONI-SNAP #1 PURPLE	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
CAPSULE CONI-SNAP #1 RED/BLUE	T3	
CAPSULE CONI-SNAP #1 RED/WHITE	T3	
CAPSULE CONI-SNAP #1 VEGGIE	T3	
CAPSULE CONI-SNAP #1 WHITE	T3	
CAPSULE CONI-SNAP #1 WHITE/GRN	T3	
CAPSULE CONI-SNAP #1 WHT/CLR	T3	
CAPSULE CONI-SNAP #1 YELLOW	T3	
CAPSULE CONI-SNAP #1 YELLOW/GR	T3	
CAPSULE CONI-SNAP #2 CLEAR	T3	
CAPSULE CONI-SNAP #2 WHITE	T3	
CAPSULE CONI-SNAP #3 BLU/CLEAR	T3	
CAPSULE CONI-SNAP #3 BRN/BLUE	T3	
CAPSULE CONI-SNAP #3 CLEAR	T3	
CAPSULE CONI-SNAP #3 CLEAR VEG	T3	
CAPSULE CONI-SNAP #3 GRAY/YLW	T3	
CAPSULE CONI-SNAP #3 GREEN/BLU	T3	
CAPSULE CONI-SNAP #3 GREY/PINK	T3	
CAPSULE CONI-SNAP #3 MARON/BLU	T3	
CAPSULE CONI-SNAP #3 MINT GRN	T3	
CAPSULE CONI-SNAP #3 OLIVE/CLR	T3	
CAPSULE CONI-SNAP #3 ORANGE	T3	
CAPSULE CONI-SNAP #3 PINK/PINK	T3	
CAPSULE CONI-SNAP #3 PNK/CLEAR	T3	
CAPSULE CONI-SNAP #3 RED/CLEAR	T3	
CAPSULE CONI-SNAP #3 RED/RED	T3	
CAPSULE CONI-SNAP #3 WHITE	T3	
CAPSULE CONI-SNAP #3 WHT/CLR	T3	
CAPSULE CONI-SNAP #3 YELLOW	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
CAPSULE CONI-SNAP #4 BLACK/GRN	T3	
CAPSULE CONI-SNAP #4 CLEAR	T3	
CAPSULE CONI-SNAP #4 WHITE	T3	
CAPSULE EZEEFIT #0 CLEAR	T3	
CAPSULE EZEEFIT #00 CLEAR	T3	
CARBOGEL 940 (***carbomer gel base***)	T3	
CARBOHOL 940 (***carbomer gel base***)	T3	
CARBOMER AQUEOUS	T3	
CARBOMER HYDROALCOHOLIC	T3	
CHERRY	T3	
COLLODION FLEXIBLE	T3	
CREAM BASE WITH LIPOSOME	T3	
CURITY AMD ANTIMICROBIAL STRIP (***gauze pads & dressings***)	T3	
CURITY IODOFORM PACKING STRIP (***gauze pads & dressings***)	T3	
CURITY WOUND CLOSURE 1/2"X4" (***adhesive bandages***)	T3	
CURITY WOUND CLOSURE 1/4"X1.5" (***adhesive bandages***)	T3	
CURITY WOUND CLOSURE 1/4"X3" (***adhesive bandages***)	T3	
CURITY WOUND CLOSURE 1/4"X4" (***adhesive bandages***)	T3	
CURITY WOUND CLOSURE 1/8"X3" (***adhesive bandages***)	T3	
diluent for treprostinil	T1	
DRCAPS SIZE 00 (***gelatin capsules (empty)***)	T3	
DRCAPS SIZE 1 (***gelatin capsules (empty)***)	T3	
EMPTY CAPSULE SIZE 0 CLEAR	T3	
EMPTY CAPSULE SIZE 0 PINK	T3	
EMPTY CAPSULE SIZE 0 PURP/WHT	T3	
EMPTY CAPSULE SIZE 0 PURPLE	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
EMPTY CAPSULE SIZE 0 WHITE/OPA	T3	
EMPTY CAPSULE SIZE 00 BLUE OPQ	T3	
EMPTY CAPSULE SIZE 00 CLEAR	T3	
EMPTY CAPSULE SIZE 1 BRN/IVORY	T3	
EMPTY CAPSULE SIZE 1 CLEAR	T3	
EMPTY CAPSULE SIZE 1 DRK GREEN	T3	
EMPTY CAPSULE SIZE 1 GREY/PINK	T3	
EMPTY CAPSULE SIZE 1 GRN/ORNGE	T3	
EMPTY CAPSULE SIZE 1 GRN/WHITE	T3	
EMPTY CAPSULE SIZE 1 GRN/YLLW	T3	
EMPTY CAPSULE SIZE 1 IVORY	T3	
EMPTY CAPSULE SIZE 1 MAROON/CL	T3	
EMPTY CAPSULE SIZE 1 MINT GRN	T3	
EMPTY CAPSULE SIZE 1 ORANGE	T3	
EMPTY CAPSULE SIZE 1 ORGE/CLR	T3	
EMPTY CAPSULE SIZE 1 ORGE/YLLW	T3	
EMPTY CAPSULE SIZE 1 PINK	T3	
EMPTY CAPSULE SIZE 1 PINK/CLR	T3	
EMPTY CAPSULE SIZE 1 PINK/YLLW	T3	
EMPTY CAPSULE SIZE 1 PNK/WHITE	T3	
EMPTY CAPSULE SIZE 1 PWDR BLUE	T3	
EMPTY CAPSULE SIZE 1 RED	T3	
EMPTY CAPSULE SIZE 1 RED/BLUE	T3	
EMPTY CAPSULE SIZE 1 RED/WHITE	T3	
EMPTY CAPSULE SIZE 1 VEG CLEAR	T3	
EMPTY CAPSULE SIZE 1 WHITE	T3	
EMPTY CAPSULE SIZE 1 WHITE/OPA	T3	
EMPTY CAPSULE SIZE 1 WHT/CLEAR	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
EMPTY CAPSULE SIZE 1 YELLOW	T3	
EMPTY CAPSULE SIZE 2 CLEAR	T3	
EMPTY CAPSULE SIZE 3 BLACK/GRN	T3	
EMPTY CAPSULE SIZE 3 BLUE OPQ	T3	
EMPTY CAPSULE SIZE 3 BLUE/CLR	T3	
EMPTY CAPSULE SIZE 3 BLUE/WHT	T3	
EMPTY CAPSULE SIZE 3 CLEAR	T3	
EMPTY CAPSULE SIZE 3 DARK GRN	T3	
EMPTY CAPSULE SIZE 3 GREY/PINK	T3	
EMPTY CAPSULE SIZE 3 GREY/YLLW	T3	
EMPTY CAPSULE SIZE 3 GRN/BLUE	T3	
EMPTY CAPSULE SIZE 3 MARN/BLUE	T3	
EMPTY CAPSULE SIZE 3 MARN/CLR	T3	
EMPTY CAPSULE SIZE 3 MINT GRN	T3	
EMPTY CAPSULE SIZE 3 OLIVE/CLR	T3	
EMPTY CAPSULE SIZE 3 ORANGE	T3	
EMPTY CAPSULE SIZE 3 ORANGE/WH	T3	
EMPTY CAPSULE SIZE 3 PINK	T3	
EMPTY CAPSULE SIZE 3 PINK/BLUE	T3	
EMPTY CAPSULE SIZE 3 PINK/WH	T3	
EMPTY CAPSULE SIZE 3 PINK/YLLW	T3	
EMPTY CAPSULE SIZE 3 PNK/CLEAR	T3	
EMPTY CAPSULE SIZE 3 PRPLE/CLR	T3	
EMPTY CAPSULE SIZE 3 PURPLE	T3	
EMPTY CAPSULE SIZE 3 PWDR BLUE	T3	
EMPTY CAPSULE SIZE 3 RED	T3	
EMPTY CAPSULE SIZE 3 RED/CLEAR	T3	
EMPTY CAPSULE SIZE 3 RED/WHITE	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
EMPTY CAPSULE SIZE 3 WHITE	T3	
EMPTY CAPSULE SIZE 3 WHITE/CLR	T3	
EMPTY CAPSULE SIZE 3 WHITE/OPA	T3	
EMPTY CAPSULE SIZE 3 YELLOW	T3	
EMPTY CAPSULE SIZE 3 YELLW/CLR	T3	
EMPTY CAPSULE SIZE 4 CLEAR	T3	
EMPTY CAPSULE SIZE 4 PURPLE	T3	
EMPTY CAPSULE SIZE 4 RED/WHITE	T3	
EMPTY CAPSULE SIZE 4 WHITE	T3	
EMPTY CAPSULE SIZE 4 YELLOW	T3	
EMPTY CAPSULE SIZE 5 CLEAR	T3	
EMPTY CAPSULE SIZE 7 CLEAR	T3	
ESPUMIL (***foam base***)	T3	
EXCILON AMD DRAIN SPONGES (***gauze pads & dressings***)	T3	
FLAVOR BLEND (***oral vehicles***)	T3	
FLAVOR PLUS	T3	
FLAVOR SWEET	T3	
FLAVOR SWEET DYE FREE (***oral vehicles***)	T3	
FLAVOR SWEET SF DYE FREE	T3	
FOAMIL (***external vehicles***)	T3	
FOOD COLOR BLUE ORAL	T3	
formaldehyde	T1	
hydrogen peroxide	T1	
KENDALL HYDROGEL WOUND DRESS (***hydroactive dressings***)	T3	
KERLIX AMD ANTIMICROBIAL (***gauze pads & dressings***)	T3	
KERLIX AMD SUPER SPONGES (***gauze pads & dressings***)	T3	
KRISGEL 100	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
LANOLIN ANHYDROUS	T3	
LECITHIN ORGANOGEL	T3	
LIPOLAYER	T3	
LOZIBASE S (***lozibase***)	T3	
MEDIHOL BASE (***alcohol gel base***)	T3	
NON GELATIN CAPSULES (EMPTY)	T3	
ORA-BLEND (***oral vehicles***)	T3	
ORA-BLEND SF (***oral vehicles***)	T3	
ORAPENN SD ANHYD SWEETENED (***oral vehicles***)	T3	
ORA-PLUS (***oral vehicles***)	T3	
ORA-SWEET (***oral vehicles***)	T3	
ORA-SWEET SF (***oral vehicles***)	T3	
PCCA ACACIA SYRUP BASE (***acacia syrup***)	T3	
PCCA ANHYDROUS BASE (***anhydrous base***)	T3	
PCCA COBASE #1 (***cobase #1***)	T3	
PCCA ELLAGE VAGINAL (***anhydrous base***)	T3	
PCCA LIPOSOMIC BASE DRY (***cream base liposomic***)	T3	
PCCA LIPOSOMIC BASE NORMAL (***cream base liposomic***)	T3	
PCCA LIPOSOMIC BASE OILY (***cream base liposomic***)	T3	
PCCA LIPOSOMIC BASE SENSITIVE (***cream base liposomic***)	T3	
PCCA SWEET-SF (***oral vehicles***)	T3	
PCCA SYRUP VEHICLE (***oral vehicles***)	T3	
PCCA-PLUS (***oral vehicles***)	T3	
PEG OINTMENT BASE	T3	
PETROLATUM WHITE EXTERNAL OINTMENT	T3	
PLO GEL - MEDIFLO (***premium lecith organogel base***)	T3	
PLO GEL - MEDIFLO 30 (***premium lecith organogel base***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
PLO GEL - MEDIFLO 30 PRE-MIXED (***premium lecith organogel base***)	T3	
PLO GEL - MEDIFLO PRE-MIXED (***premium lecith organogel base***)	T3	
POLYETHYLENE GLYCOL 8000 EXTERNAL	T3	
PURIFIED WATER	T3	
PYROGALLIC ACID	T3	
RASPBERRY SYRUP	T3	
RHEOSPRAY (***external vehicles***)	T3	
SIMPLE SYRUP	T3	
STERILE DILUENT FOR REMODULIN (***glycine diluent***)	T3	
STERILE WATER FOR INJECTION	T3	
SUSPENDRX W/BITTERBLOC SWEET (***oral vehicles***)	T3	
SUSPENDRX W/BITTERBLOC UNSWEET (***oral vehicles***)	T3	
SUSPENSION VEHICLE	T3	
SYRPALTA (***simple syrup***)	T3	
SYRSPEND SF ORAL LIQUID (***oral vehicles***)	T3	
SYRSPEND SF PH4 (***oral vehicles***)	T3	
SYRUP VEHICLE	T3	
SYRUP VEHICLE SF	T3	
TELFA AMD ISLAND DRESSING PAD 4"X5" (***gauze pads & dressings***)	T3	
TELFA AMD NON-ADHERENT (***gauze pads & dressings***)	T3	
TRICHOSOL (***external vehicles***)	T3	
U-MILD (***external vehicles***)	T3	
UNISPEND ANHYDROUS SWEETENED (***oral vehicles***)	T3	
VEGETABLE CAPSULE #0 GREEN	T3	
VEGETABLE CAPSULE #0 WHITE	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
VEGETABLE CAPSULE #00 WHITE	T3	
VEGETABLE CAPSULE #1 WHITE	T3	
VEGETABLE CAPSULE #2 WHITE	T3	
VEGETABLE CAPSULE #3 WHITE	T3	
VEGETABLE CAPSULE #4 WHITE	T3	
VERSAFREE (***oral vehicles***)	T3	
VERSAPLUS (***oral vehicles***)	T3	
VERSAPRO EXTERNAL SHAMPOO (***external vehicles***)	T3	
VERSAPRO FOAM (***foam base***)	T3	
WHITE PETROLATUM OINTMENT EXTERNAL (RX)	T3	
YELLOW PETROLATUM	T3	
RADIOACTIVE AGENTS		
RADIOACTIVE AGENTS		
XOFIGO (***radium ra 223 dichloride***)	T2	
RESPIRATORY TRACT AGENTS		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR)		
AKOVAZ (***ephedrine sulfate (pressors)***)	T3	
AUVI-Q (***epinephrine***)	T3	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (***ephedrine sulfate (pressors)***)	T3	
ephedrine sulf (pressors)+rfid intravenous solution prefilled syringe 25 mg/5ml	T1	
ephedrine sulfate (pressors) intravenous solution 50 mg/ml	T1	
ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous	T1	
EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS	T3	
EPHEDRINE SULFATE-NACL	T3	
EPINEPHRINE HCL-DEXTROSE	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	T3	
epinephrine injection solution auto-injector	T1	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	T3	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	T1	
epinephrine pf	T1	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	T3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
EPIPEN 2-PAK (***epinephrine***)	T3	
pseudoephedrine-bromphen-dm	T1	
ANTICHOLINERGIC AGENTS (RESPIR.TRACT)		
atropine sulfate injection	T1	
atropine sulfate intravenous solution	T1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1.2 MG/3ML	T3	
atropine sulfate ophthalmic solution 1 %	LCG	
ATROPINE SULFATE SOLUTION 0.025 % OPHTHALMIC	T3	
ATROPINE SULFATE SOLUTION 0.05 % OPHTHALMIC	T3	
ATROPINE SULFATE SOLUTION PREFILLED SYRINGE 1 MG/2.5ML INTRAVENOUS	T3	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	T2	QL (0.36 GM per 1 day)
COMBIVENT RESPIMAT (***ipratropium-albuterol***)	T2	QL (0.27 GM per 1 day)
diphenoxylate-atropine	T1	
hyoscyamine sulfate er	T1	
hyoscyamine sulfate oral elixir	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
hyoscyamine sulfate oral tablet	T1	
hyoscyamine sulfate oral tablet dispersible	T1	
hyoscyamine sulfate sl	T1	
hyoscyamine sulfate sublingual	T1	
ipratropium bromide hfa	T1	QL (0.86 GM per 1 day)
ipratropium bromide inhalation	LCG	QL (10.42 ML per 1 day)
ipratropium bromide nasal	LCG	
ipratropium-albuterol	T1	QL (18 ML per 1 day)
LOMOTIL (***diphenoxylate-atropine***)	T3	PA
OSCIMIN	T3	
SPIRIVA RESPIMAT (***tiotropium bromide***)	T2	QL (0.14 GM per 1 day)
STIOLTO RESPIMAT (***tiotropium bromide-olodaterol***)	T2	QL (0.14 GM per 1 day)
tiotropium bromide	T1	QL (1 EA per 1 day)
UMECLIDINIUM ELLIPTA	T3	QL (1 EA per 1 day)
YUPELRI (***revefenacin***)	T3	QL (3 ML per 1 day)
ANTIFIBROTIC AGENTS		
nintedanib esylate	T4	PA; QL (2 EA per 1 day)
pirfenidone oral capsule	T4	PA; QL (9 EA per 1 day)
pirfenidone oral tablet 267 mg	T4	PA; QL (9 EA per 1 day)
pirfenidone oral tablet 534 mg	T4	
pirfenidone oral tablet 801 mg	T4	PA; QL (3 EA per 1 day)
ANTI-INFLAMMATORY AGENTS (RESPIRATORY)		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***mepolizumab***)	T4	PA; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***mepolizumab***)	T4	PA; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***mepolizumab***)	T4	PA; QL (0.02 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED (***mepolizumab***)	T4	PA; QL (0.11 EA per 1 day)
ANTITUSSIVES		
benzonatate oral capsule 100 mg, 200 mg	LCG	
benzonatate oral capsule 150 mg	T1	
codeine sulfate oral tablet 15 mg	T1	QL (21 EA per 1 day)
codeine sulfate oral tablet 30 mg	T1	QL (10 EA per 1 day)
codeine sulfate oral tablet 60 mg	T1	QL (5 EA per 1 day)
diphenhydramine hcl injection	T1	
hydrocod poli-chlorphe poli er	T1	QL (240 ML per 1 fill)
hydrocodone bit-homatrop mbr oral solution	T1	QL (240 ML per 1 fill)
hydrocodone bit-homatrop mbr oral tablet	T1	QL (6 EA per 1 day)
NEOTUSS PLUS (***phenylephrine-chlorphen-dm***)	T3	PA
NUEDEXTA (***dextromethorphan-quinidine***)	T3	PA
promethazine-codeine	T1	QL (240 ML per 1 fill)
promethazine-dm	LCG	
pseudoephedrine-bromphen-dm	T1	
TUXARIN ER (***chlorpheniramine-codeine***)	T3	PA; QL (2 EA per 1 day)
CORTICOSTEROIDS (RESPIRATORY TRACT)		
ADVAIR HFA (***fluticasone-salmeterol***)	T1	QL (0.4 GM per 1 day)
AIRSUPRA (***albuterol-budesonide***)	T2	QL (1.1 GM per 1 day)
ARNUITY ELLIPTA (***fluticasone furoate***)	T2	QL (1 EA per 1 day)
BREO ELLIPTA (***fluticasone furoate-vilanterol***)	T1	QL (2 EA per 1 day)
budesonide inhalation	T1	$0 HDHP; QL (4 ML per 1 day)
fluticasone propionate hfa aerosol 44 mcg/act inhalation	T1	QL (0.71 GM per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T1	$0 HDHP; QL (2 EA per 1 day)

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
mometasone furoate external	T1	
QVAR REDIHALER (***beclomethasone diprop hfa***)	T2	QL (0.71 GM per 1 day)
TRELEGY ELLIPTA (***fluticasone-umeclidin-vilant***)	T2	QL (2 EA per 1 day)
wixela inhub	T1	$0 HDHP; QL (2 EA per 1 day)
CYSTIC FIBROSIS (CFTR) CORRECTORS		
ALYFTREK ORAL TABLET 10-50-125 MG (***vanzacaft-tezacaft-deutivacaft***)	T4	PA; QL (2 EA per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG (***vanzacaft-tezacaft-deutivacaft***)	T4	PA; QL (3 EA per 1 day)
ORKAMBI ORAL PACKET (***lumacaftor-ivacaftor***)	T4	PA; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET (***lumacaftor-ivacaftor***)	T4	PA; QL (4 EA per 1 day)
SYMDEKO (***tezacaftor-ivacaftor***)	T4	PA; QL (2 EA per 1 day)
TRIKAFTA ORAL TABLET THERAPY PACK (***elexacaftor-tezacaftor-ivacaft***)	T4	PA; QL (3 EA per 1 day)
TRIKAFTA ORAL THERAPY PACK (***elexacaftor-tezacaftor-ivacaft***)	T4	PA; QL (2 EA per 1 day)
CYSTIC FIBROSIS (CFTR) POTENTIATORS		
ALYFTREK ORAL TABLET 10-50-125 MG (***vanzacaft-tezacaft-deutivacaft***)	T4	PA; QL (2 EA per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG (***vanzacaft-tezacaft-deutivacaft***)	T4	PA; QL (3 EA per 1 day)
KALYDECO ORAL PACKET (***ivacaftor***)	T4	PA; QL (2 EA per 1 day)
KALYDECO ORAL TABLET (***ivacaftor***)	T4	PA
ORKAMBI ORAL PACKET (***lumacaftor-ivacaftor***)	T4	PA; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET (***lumacaftor-ivacaftor***)	T4	PA; QL (4 EA per 1 day)
SYMDEKO (***tezacaftor-ivacaftor***)	T4	PA; QL (2 EA per 1 day)
TRIKAFTA ORAL TABLET THERAPY PACK (***elexacaftor-tezacaftor-ivacaft***)	T4	PA; QL (3 EA per 1 day)

$0 – zero-dollar cost share drug; LCG – low cost generic drugs; T1 – generic drugs; T2 – preferred brand drugs; T3 – non-preferred brand and generic drugs; T4 – specialty drugs; AL – age limit, drug covered within the listed age(s); $0 HDHP – drug is covered at $0 before applicable deductible for qualified plan; PA – prior authorization required; QL – quantity limit applies; Value – drug may process at the low cost generic cost share for qualified plans; $0 for 180days/year – smoking treatment drug covered at $0 cost share for 180 days per calendar year; $0 for breast cancer PX– drug covered at $0 if being used for primary breast cancer prevention; $0 if age 35-70 and prediabetes DX – drug covered at $0 with a diagnosis of prediabetes in the listed age range; $0 for age 40-75 – drug covered at $0 cost share in the listed age range; $0 for gender identity-related DX – drug covered at $0 cost share if being used for a gender-identity-related diagnosis; $0 for age 45-70 for 2 fills per year – drug covered at $0 cost share for preventive bowel preparation within the age range up to twice a calendar year; $0 copay for HIV PX – drug covered at $0 cost share if used for prevention of HIV infection

Drug Name	Drug Tier	Coverage Requirements & Limits
TRIKAFTA ORAL THERAPY PACK (***elexacaftor-tezacaftor-ivacaft***)	T4	PA; QL (2 EA per 1 day)
ENDOTHELIN RECEPTOR ANTAGONISTS (48:48)		
ambrisentan	T4	PA; QL (1 EA per 1 day)
bosentan oral tablet	T4	PA; QL (2 EA per 1 day)
bosentan oral tablet soluble	T4	PA; QL (4 EA per 1 day)
FILSPARI ORAL TABLET 200 MG (***sparsentan***)	T4	PA; QL (1 EA per 1 day)
FILSPARI ORAL TABLET 400 MG (***sparsentan***)	T4	PA; QL (2 EA per 1 day)
macitentan	T4	PA; QL (1 EA per 1 day)
TRYVIO (***aprocitentan***)	T3	PA; QL (1 EA per 1 day)
VANRAFIA (***atrasentan hcl***)	T4	PA; QL (1 EA per 1 day)
EXPECTORANTS		
iodine strong	T1	
potassium iodide (expectorant)	T1	
FIRST GENERATION ANTIHIST.(RESPIR TRACT)		
BONJESTA (***doxylamine-pyridoxine***)	T3	PA; QL (2 EA per 1 day)
carbinoxamine maleate oral tablet 4 mg	T1	
cyproheptadine hcl oral syrup 2 mg/5ml	T1	
cyproheptadine hcl oral tablet	T1	
DICLEGIS (***doxylamine-pyridoxine***)	T3	PA; QL (4 EA per 1 day)
dimenhydrinate injection	T1	
diphenhydramine hcl injection	T1	
doxylamine-pyridoxine	T1	PA; QL (4 EA per 1 day)
NEOTUSS PLUS (***phenylephrine-chlorphen-dm***)	T3	PA
PHENERGAN (***promethazine hcl***)	T3	
promethazine hcl injection	T1	
promethazine hcl oral solution	LCG	
promethazine hcl oral tablet 12.5 mg, 50 mg	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
promethazine hcl oral tablet 25 mg	LCG	
promethazine hcl rectal	T1	
promethazine-codeine	T1	QL (240 ML per 1 fill)
promethazine-dm	LCG	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG (***promethazine hcl***)	T3	PA
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T3	
pseudoephedrine-bromphen-dm	T1	
TUXARIN ER (***chlorpheniramine-codeine***)	T3	PA; QL (2 EA per 1 day)
INTERLEUKIN ANTAGONISTS		
ARCALYST (***rilonacept***)	T4	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (***dupilumab***)	T4	PA; QL (0.09 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (***dupilumab***)	T4	PA; QL (0.15 ML per 1 day)
FASENRA PEN (***benralizumab***)	T4	PA; QL (0.04 ML per 1 day)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (***benralizumab***)	T4	PA; QL (0.01 ML per 1 day)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (***benralizumab***)	T4	PA; QL (0.04 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (***mepolizumab***)	T4	PA; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***mepolizumab***)	T4	PA; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED (***mepolizumab***)	T4	PA; QL (0.11 EA per 1 day)
TEZSPIRE (***tezepelumab-ekko***)	T4	PA; QL (0.07 ML per 1 day)
LEUKOTRIENE MODIFIERS		
montelukast sodium oral packet	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
montelukast sodium oral tablet	LCG	
montelukast sodium oral tablet chewable	LCG	
zafirlukast	T1	
zileuton er	T1	PA
MAST-CELL STABILIZERS		
cromolyn sodium inhalation	T1	
cromolyn sodium ophthalmic	T1	
cromolyn sodium oral	T1	
GASTROCROM (***cromolyn sodium***)	T3	PA
MUCOLYTIC AGENTS		
acetylcysteine inhalation	T1	
HYPERSAL (***sodium chloride***)	T3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % (***sodium chloride***)	T3	
PULMOSAL (***sodium chloride***)	T3	
PULMOZYME (***dornase alfa***)	T4	PA
sodium chloride inhalation	T1	
NON-SELECT.BETA-ADRENERGIC AGONT(RESPIR)		
isoproterenol hcl injection	T1	
ORALLY INHALED PREPARATIONS (STEROIDS)		
ADVAIR HFA (***fluticasone-salmeterol***)	T1	QL (0.4 GM per 1 day)
AIRSUPRA (***albuterol-budesonide***)	T2	QL (1.1 GM per 1 day)
ARNUITY ELLIPTA (***fluticasone furoate***)	T2	QL (1 EA per 1 day)
ASMANEX HFA (***mometasone furoate***)	T2	QL (0.44 GM per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	T2	QL (0.36 GM per 1 day)
budesonide inhalation	T1	$0 HDHP; QL (4 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
fluticasone propionate hfa aerosol 44 mcg/act inhalation	T1	QL (0.71 GM per 1 day)
QVAR REDIHALER (***beclomethasone diprop hfa***)	T2	QL (0.71 GM per 1 day)
SYMBICORT (***budesonide-formoterol fumarate***)	T1	QL (0.35 GM per 1 day)
PHOSPHODIESTERASE TYPE 4 INHIBITORS		
DALIRESP (***roflumilast***)	T3	PA
roflumilast	T1	PA
ZORYVE EXTERNAL CREAM (***roflumilast***)	T2	
ZORYVE EXTERNAL FOAM (***roflumilast***)	T2	PA
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR)		
alyq	T4	PA; QL (2 EA per 1 day)
sildenafil citrate intravenous	T4	PA
sildenafil citrate oral suspension reconstituted	T4	PA; QL (7.5 ML per 1 day)
sildenafil citrate oral tablet 20 mg	T4	PA; QL (3 EA per 1 day)
tadalafil (pah)	T4	PA; QL (2 EA per 1 day)
tadalafil oral tablet 2.5 mg, 5 mg	T1	QL (1 EA per 1 day)
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES		
epoprostenol sodium	T4	PA
ORENITRAM (***treprostinil diolamine***)	T4	PA
ORENITRAM MONTH 1 (***treprostinil diolamine***)	T4	PA; QL (336 EA per 365 days)
ORENITRAM MONTH 2 (***treprostinil diolamine***)	T4	PA; QL (672 EA per 365 days)
ORENITRAM MONTH 3 (***treprostinil diolamine***)	T4	PA; QL (504 EA per 365 days)
treprostinil	T4	PA
TYVASO (***treprostinil***)	T4	PA; QL (2.9 ML per 1 day)
TYVASO DPI INSTITUTIONAL KIT (***treprostinil***)	T4	PA; QL (4 EA per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG, 112 X 48MCG & 112 X80MCG (***treprostinil***)	T4	PA; QL (8 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG (***treprostinil***)	T4	PA; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT (***treprostinil***)	T4	PA; QL (2 EA per 365 days)
TYVASO REFILL KIT (***treprostinil***)	T4	PA; QL (2.9 ML per 1 day)
TYVASO STARTER KIT (***treprostinil***)	T4	PA; QL (2.9 ML per 1 day)
VELETRI (***epoprostenol sodium***)	T4	PA
YUTREPIA INHALATION CAPSULE 106 MCG (***treprostinil sodium***)	T4	PA; QL (8 EA per 1 day)
YUTREPIA INHALATION CAPSULE 26.5 MCG, 53 MCG (***treprostinil sodium***)	T4	PA; QL (5 EA per 1 day)
YUTREPIA INHALATION CAPSULE 79.5 MCG (***treprostinil sodium***)	T4	PA; QL (10 EA per 1 day)
RESPIRATORY TRACT AGENTS, MISCELLANEOUS		
ARALAST NP (***alpha1-proteinase inhibitor***)	T4	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (***alpha1-proteinase inhibitor***)	T4	PA
KALYDECO ORAL TABLET (***ivacaftor***)	T4	PA
pirfenidone oral capsule	T4	PA; QL (9 EA per 1 day)
pirfenidone oral tablet 267 mg	T4	PA; QL (9 EA per 1 day)
pirfenidone oral tablet 534 mg	T4	
pirfenidone oral tablet 801 mg	T4	PA; QL (3 EA per 1 day)
PROLASTIN-C (***alpha1-proteinase inhibitor***)	T4	PA
TEZSPIRE (***tezepelumab-ekko***)	T4	PA; QL (0.07 ML per 1 day)
WINREVAIR (***sotatercept-csrk***)	T4	PA; QL (0.05 EA per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (***omalizumab***)	T4	PA; QL (0.08 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (***omalizumab***)	T4	PA; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (***omalizumab***)	T4	PA; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***omalizumab***)	T4	PA; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (***omalizumab***)	T4	PA; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (***omalizumab***)	T4	PA; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED (***omalizumab***)	T4	PA
ZEMAIRA (***alpha1-proteinase inhibitor***)	T4	PA
SECOND GENERATION ANTIHIST(RESPIR TRACT)		
azelastine hcl nasal	T1	QL (2 ML per 1 day)
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR)		
ADVAIR HFA (***fluticasone-salmeterol***)	T1	QL (0.4 GM per 1 day)
AIRSUPRA (***albuterol-budesonide***)	T2	QL (1.1 GM per 1 day)
albuterol sulfate hfa	T1	QL (1.2 GM per 1 day)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	LCG	QL (18 ML per 1 day)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	T1	QL (12.5 ML per 1 day)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	LCG	QL (5 EA per 1 day)
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	LCG	QL (5 EA per 1 day)
albuterol sulfate oral	T1	
arformoterol tartrate	T1	QL (4 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	T2	QL (0.36 GM per 1 day)
COMBIVENT RESPIMAT (***ipratropium-albuterol***)	T2	QL (0.27 GM per 1 day)
formoterol fumarate inhalation	T1	QL (4 ML per 1 day)
ipratropium-albuterol	T1	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	T1	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	T1	QL (3 EA per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	T1	QL (9 ML per 1 day)
PERFOROMIST (***formoterol fumarate***)	T3	QL (4 ML per 1 day)
SEREVENT DISKUS (***salmeterol xinafoate***)	T2	QL (2 EA per 1 day)
STIOLTO RESPIMAT (***tiotropium bromide-olodaterol***)	T2	QL (0.14 GM per 1 day)
STRIVERDI RESPIMAT (***olodaterol hcl***)	T2	QL (4.2 GM per 30 days)
SYMBICORT (***budesonide-formoterol fumarate***)	T1	QL (0.35 GM per 1 day)
terbutaline sulfate injection	T1	
terbutaline sulfate oral	T1	
VASODILATING AGENTS (RESPIRATORY TRACT)		
ADEMPAS (***riociguat***)	T4	PA; QL (3 EA per 1 day)
alyq	T4	PA; QL (2 EA per 1 day)
ambrisentan	T4	PA; QL (1 EA per 1 day)
bosentan oral tablet	T4	PA; QL (2 EA per 1 day)
bosentan oral tablet soluble	T4	PA; QL (4 EA per 1 day)
epoprostenol sodium	T4	PA
macitentan	T4	PA; QL (1 EA per 1 day)
ORENITRAM (***treprostinil diolamine***)	T4	PA
ORENITRAM MONTH 1 (***treprostinil diolamine***)	T4	PA; QL (336 EA per 365 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
ORENITRAM MONTH 2 (***treprostinil diolamine***)	T4	PA; QL (672 EA per 365 days)
ORENITRAM MONTH 3 (***treprostinil diolamine***)	T4	PA; QL (504 EA per 365 days)
sildenafil citrate intravenous	T4	PA
sildenafil citrate oral suspension reconstituted	T4	PA; QL (7.5 ML per 1 day)
sildenafil citrate oral tablet 20 mg	T4	PA; QL (3 EA per 1 day)
tadalafil (pah)	T4	PA; QL (2 EA per 1 day)
treprostinil	T4	PA
TYVASO (***treprostinil***)	T4	PA; QL (2.9 ML per 1 day)
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (***treprostinil***)	T4	PA; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (***treprostinil***)	T4	PA; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT (***treprostinil***)	T4	PA; QL (2 EA per 365 days)
TYVASO REFILL KIT (***treprostinil***)	T4	PA; QL (2.9 ML per 1 day)
TYVASO STARTER KIT (***treprostinil***)	T4	PA; QL (2.9 ML per 1 day)
UPTRAVI INTRAVENOUS (***selexipag***)	T4	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	T4	PA; QL (2 EA per 1 day)
UPTRAVI TITRATION (***selexipag***)	T4	PA; QL (400 EA per 365 days)
VELETRI (***epoprostenol sodium***)	T4	PA
VASODILATING AGENTS, MISC (48:48)		
ADEMPAS (***riociguat***)	T4	PA; QL (3 EA per 1 day)
UPTRAVI INTRAVENOUS (***selexipag***)	T4	PA
UPTRAVI ORAL (***selexipag***)	T4	PA; QL (2 EA per 1 day)
UPTRAVI TITRATION (***selexipag***)	T4	PA; QL (400 EA per 365 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
XANTHINE DERIVATIVES		
aminophylline	T1	
elixophyllin	T1	
THEO-24 (***theophylline***)	T3	
theophylline er	T1	
theophylline oral	T1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ADRENERGIC AGONISTS		
brimonidine tartrate external	T1	
brimonidine tartrate ophthalmic	T1	
brimonidine tartrate-timolol	T1	
MIRVASO EXTERNAL GEL 0.33 % (***brimonidine tartrate***)	T2	
oxymetazoline hcl external	T1	
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE)		
naftifine hcl	T1	PA
NAFTIN (***naftifine hcl***)	T3	PA
ANTIBACTERIALS (84:04)		
AMZEEQ (***minocycline hcl micronized***)	T3	
AVIDOXY	T3	
azelaic acid external	T1	
bacitracin-polymyxin b	T1	
bacitra-neomycin-polymyxin-hc	T1	
benzoyl peroxide-erythromycin	T1	
CLEOCIN ORAL (***clindamycin hcl***)	T3	
CLEOCIN PHOSPHATE (***clindamycin phosphate***)	T3	
CLEOCIN-T (***clindamycin phosphate***)	T3	
clindacin	T1	PA
clindacin etz	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
clindacin-p	T1	
clindamycin hcl oral	T1	
clindamycin palmitate hcl	T1	
clindamycin phos (once-daily)	T1	PA
clindamycin phos (twice-daily)	T1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	T1	
clindamycin phosphate external foam	T1	PA
clindamycin phosphate external lotion	T1	
clindamycin phosphate external solution	T1	
clindamycin phosphate external swab	T1	
clindamycin phosphate in d5w	T1	
CLINDAMYCIN PHOSPHATE IN NACL	T3	
clindamycin phosphate injection	T1	
clindamycin phosphate vaginal	T1	
clindamycin-tretinoin	T1	PA
CLINDESSE (***clindamycin phosphate (1 dose)***)	T3	
dapsone external	T1	PA
dapsone oral	T1	
doxy 100	T1	
doxycycline hyclate intravenous	T1	
doxycycline hyclate oral capsule 100 mg, 50 mg	T1	
doxycycline hyclate oral capsule 75 mg	T1	PA
doxycycline hyclate oral tablet 100 mg, 20 mg	T1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	T1	PA
doxycycline hyclate oral tablet delayed release	T1	PA
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
doxycycline monohydrate oral suspension reconstituted	T1	
doxycycline monohydrate oral tablet	T1	
ERY	T3	
erythromycin external	T1	
FINACEA EXTERNAL FOAM (***azelaic acid***)	T3	
gentamicin sulfate external	T1	
gentamicin sulfate injection	T1	
gentamicin sulfate ophthalmic	T1	
KLARON (***sulfacetamide sodium (acne)***)	T3	
levofloxacin in d5w	T1	
levofloxacin intravenous	T1	
levofloxacin oral	T1	
metronidazole external	T1	
metronidazole intravenous	T1	
metronidazole oral capsule	T1	PA
metronidazole oral tablet 125 mg	T1	PA
metronidazole oral tablet 250 mg, 500 mg	LCG	
metronidazole vaginal	T1	
MINOCIN (***minocycline hcl***)	T3	
minocycline hcl er	T1	PA
minocycline hcl oral capsule	T1	
minocycline hcl oral tablet	T1	PA
MONDOXYNE NL (***doxycycline monohydrate***)	T3	
moxifloxacin hcl in nacl	T1	
MOXIFLOXACIN HCL INTRAVENOUS	T3	
moxifloxacin hcl oral	T1	
mupirocin calcium	T1	PA
mupirocin external	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
neomycin sulfate oral	LCG	
NEO-SYNALAR (***neomycin-fluocinolone***)	T3	
neuac	T1	
ONEXTON (***clindamycin phos-benzoyl perox***)	T1	
polymyxin b sulfate injection	T1	
polymyxin b-trimethoprim	LCG	
sulfacetamide sodium (acne)	T1	
SULFAMYLON (***mafenide acetate***)	T3	PA
tetracycline hcl oral capsule	T1	
TETRACYCLINE HCL ORAL TABLET	T3	PA
VANDAZOLE (***metronidazole***)	T3	
XACIATO (***clindamycin phosphate***)	T3	
XEPI (***ozenoxacin***)	T3	
ZILXI (***minocycline hcl micronized***)	T3	
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC		
EXODERM EXTERNAL LOTION (***sod thiosulfate-salicylic acd***)	T3	
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS)		
ala-cort	T1	
alclometasone dipropionate	T1	
amcinonide	T1	PA
ANUSOL-HC EXTERNAL (***hydrocortisone***)	T3	PA
betamethasone dipropionate aug	T1	
betamethasone dipropionate external	T1	
betamethasone valerate external	T1	
calcipotriene-betameth diprop external ointment	T1	PA; QL (13.4 GM per 1 day)
calcipotriene-betameth diprop external suspension	T1	QL (4 GM per 1 day)
clobetasol prop emollient base	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
clobetasol propionate e	T1	
clobetasol propionate emulsion	T1	PA
clobetasol propionate external cream 0.05 %	T1	
clobetasol propionate external foam	T1	
clobetasol propionate external gel	T1	
clobetasol propionate external liquid	T1	
clobetasol propionate external lotion	T1	
clobetasol propionate external ointment	T1	
clobetasol propionate external shampoo	T1	
clobetasol propionate external solution	T1	
clocortolone pivalate	T1	PA
clodan	T1	
clotrimazole-betamethasone	T1	
CORTENEMA (***hydrocortisone***)	T3	
CORTIFOAM (***hydrocortisone acetate***)	T3	
DERMA-SMOOTHE/FS BODY (***fluocinolone acetonide***)	T3	
DERMA-SMOOTHE/FS SCALP (***fluocinolone acetonide***)	T3	
desonide external cream	T1	
desonide external gel	T1	PA
desonide external lotion	T1	
desonide external ointment	T1	
desoximetasone external cream 0.05 %	T1	PA
desoximetasone external cream 0.25 %	T1	
desoximetasone external gel	T1	
desoximetasone external liquid	T1	
desoximetasone external ointment 0.05 %	T1	PA
desoximetasone external ointment 0.25 %	T1	
diflorasone diacetate	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
DIPROLENE (***betamethasone dipropionate aug***)	T3	
ENSTILAR (***calcipotriene-betameth diprop***)	T3	QL (15 GM per 1 day)
EPIFOAM (***pramoxine-hc***)	T3	
EUCRISA (***crisaborole***)	T2	
fluocinolone acetonide body	T1	
fluocinolone acetonide external	T1	
fluocinolone acetonide scalp	T1	
fluocinonide emulsified base	T1	
fluocinonide external	T1	
flurandrenolide	T1	PA
fluticasone propionate external cream	T1	
fluticasone propionate external lotion	T1	PA
fluticasone propionate external ointment	T1	
halcinonide external cream	T1	PA
halobetasol propionate external cream	T1	
halobetasol propionate external ointment	T1	
HALOG EXTERNAL SOLUTION (***halcinonide***)	T3	PA
hydrocortisone (perianal)	T1	
hydrocortisone ace-pramoxine external cream 1-1 %	T1	
hydrocortisone butyrate external cream	T1	
hydrocortisone butyrate external lotion	T1	PA
hydrocortisone butyrate external ointment	T1	
hydrocortisone butyrate external solution	T1	
hydrocortisone cream 1 % external (rx)	T1	
hydrocortisone external cream 2.5 %	LCG	
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 1 %, 2.5 %	T1	
hydrocortisone rectal	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone valerate	T1	
mometasone furoate external	T1	
NEO-SYNALAR (***neomycin-fluocinolone***)	T3	
ORALONE (***triamcinolone acetonide***)	T3	
PRAMOSONE EXTERNAL CREAM (***pramoxine-hc***)	T3	PA
PRAMOSONE EXTERNAL LOTION (***pramoxine-hc***)	T3	PA
PROCTOCORT EXTERNAL (***hydrocortisone***)	T3	PA
PROCTOFOAM HC (***hydrocortisone ace-pramoxine***)	T2	
procto-med hc	T1	
PROCTOSOL HC (***hydrocortisone***)	T3	PA
PROCTOZONE-HC (***hydrocortisone***)	T3	PA
SERNIVO (***betamethasone dipropionate***)	T3	PA
SYNALAR (***fluocinolone acetonide***)	T3	
TEXACORT (***hydrocortisone***)	T3	PA
TOPICORT (***desoximetasone***)	T3	
tovet	T1	PA
triamcinolone acetonide external aerosol solution	T1	PA
triamcinolone acetonide external cream	LCG	
triamcinolone acetonide external lotion	T1	
triamcinolone acetonide external ointment 0.025 %, 0.5 %	T1	
triamcinolone acetonide external ointment 0.05 %	T1	PA
triamcinolone acetonide external ointment 0.1 %	LCG	
triamcinolone acetonide mouth/throat	T1	
triamcinolone in absorbase	T1	PA
triderm	LCG	
XERESE (***acyclovir-hydrocortisone***)	T3	PA
ANTI-INFLAMMATORY AGENTS, MISC (SKIN)		
EUCRISA (***crisaborole***)	T2	

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Drug Name	Drug Tier	Coverage Requirements & Limits
VTAMA (***tapinarof***)	T2	
ANTIPROLIFERANTS		
bexarotene	T4	PA
FAVLYXA (***fluorouracil***)	T4	PA
fluorouracil external cream 5 %	T1	
fluorouracil external solution	T1	
fluorouracil intravenous	T4	
imiquimod external cream 3.75 %	T1	PA
imiquimod external cream 5 %	T1	
imiquimod pump	T1	PA
KLISYRI (250 MG) (***tirbanibulin***)	T3	
KLISYRI (350 MG) (***tirbanibulin***)	T3	
LEVULAN KERASTICK (***aminolevulinic acid hcl***)	T3	
PANRETIN (***alitretinoin***)	T3	
TARGRETIN EXTERNAL (***bexarotene***)	T4	PA
TOLAK (***fluorouracil***)	T3	
VALCHLOR (***mechlorethamine hcl (topical)***)	T4	PA
ANTIPRURITICS AND LOCAL ANESTHETICS		
ANALPRAM HC EXTERNAL CREAM 1-1 % (***hydrocortisone ace-pramoxine***)	T3	PA
ANALPRAM HC EXTERNAL LOTION (***hydrocortisone ace-pramoxine***)	T3	PA
doxepin hcl external	T1	PA
doxepin hcl oral capsule	LCG	
doxepin hcl oral concentrate	LCG	
doxepin hcl oral tablet	T1	QL (1 EA per 1 day)
EPIFOAM (***pramoxine-hc***)	T3	
ethyl chloride	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
glydo	T1	
hydrocortisone ace-pramoxine external cream 1-1 %	T1	
KORSUVA (***difelikefalin acetate***)	T4	PA
lidocaine external ointment 5 %	T1	
lidocaine external patch 5 %	T1	
lidocaine hcl external solution	T1	
lidocaine hcl urethral/mucosal	T1	
lidocaine-prilocaine external cream	T1	
LIDOSPRA	T3	
NUMYRA	T3	
phenazopyridine hcl oral tablet 100 mg, 200 mg	LCG	
PLIAGLIS (***lidocaine-tetracaine***)	T3	PA
PRAMOSONE EXTERNAL CREAM (***pramoxine-hc***)	T3	PA
PRAMOSONE EXTERNAL LOTION (***pramoxine-hc***)	T3	PA
PROCTOFOAM HC (***hydrocortisone ace-pramoxine***)	T2	
PRUDOXIN (***doxepin hcl (antipruritic)***)	T3	PA
REGENECARE (***lidocaine-collagen-aloe vera***)	T3	
SILENOR (***doxepin hcl***)	T3	PA; QL (1 EA per 1 day)
VENIPUNCTURE PX1 PHLEBOTOMY (***lidocaine hcl-blood collection***)	T3	
ZONALON (***doxepin hcl (antipruritic)***)	T3	PA
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE)		
acyclovir external cream	T1	PA; QL (0.17 GM per 1 day)
acyclovir external ointment	T1	QL (1 GM per 1 day)
acyclovir oral capsule	LCG	
acyclovir oral tablet	LCG	
acyclovir sodium	T1	
acyclovir suspension 200 mg/5ml oral	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
acyclovir suspension 200 mg/5ml oral	T1	
DENAVIR (***penciclovir***)	T3	PA; QL (0.17 GM per 1 day)
penciclovir	T1	PA; QL (0.17 GM per 1 day)
XERESE (***acyclovir-hydrocortisone***)	T3	PA
ZELSUVMI (***berdazimer sodium***)	T3	PA
ASTRINGENTS (84:12)		
CUVPOSA (***glycopyrrolate***)	T3	PA
DRYSOL (***aluminum chloride***)	T3	
GLYCATE (***glycopyrrolate***)	T3	PA; QL (6 EA per 1 day)
glycopyrrolate injection solution 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml	T1	
glycopyrrolate oral solution 1 mg/5ml	T1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	T1	QL (4 EA per 1 day)
GLYCOPYRROLATE ORAL TABLET 1.5 MG	T3	PA; QL (6 EA per 1 day)
glycopyrrolate pf +rfid injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	T1	
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	T1	
GLYCOPYRROLATE SOLUTION PREFILLED SYRINGE 0.6 MG/3ML INJECTION	T3	
GLYRX-PF (***glycopyrrolate***)	T3	
MICONAZOLE-ZINC OXIDE-PETROLAT	T3	PA
QBREXZA (***glycopyrronium tosylate***)	T3	QL (1 EA per 1 day)
SOFDRA (***sofpironium bromide***)	T3	QL (1.4 ML per 1 day)
VUSION (***miconazole-zinc oxide-petrolat***)	T3	PA
XERAC AC (***aluminum chloride in alcohol***)	T3	
ASTRINGENTS, ANTI-INFECTIVE		
benzalkonium chloride external solution	T1	
boric acid external	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
chlorhexidine gluconate mouth/throat	LCG	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	T3	
iodine strong	T1	
LUGOLS STRONG IODINE	T3	
PERIDEX (***chlorhexidine gluconate***)	T3	
periogard	LCG	
selenium sulfide external lotion	T1	
silver sulfadiazine external	T1	
ssd	T1	
AZOLES (SKIN AND MUCOUS MEMBRANE)		
clotrimazole external	LCG	
clotrimazole mouth/throat	T1	
clotrimazole-betamethasone	T1	
econazole nitrate external cream	T1	
ECOZA (***econazole nitrate***)	T3	PA
ERTACZO (***sertaconazole nitrate***)	T3	PA
EXELDERM (***sulconazole nitrate***)	T3	PA
GYNAZOLE-1 (***butoconazole nitrate (1 dose)***)	T3	
ketoconazole external cream	T1	
ketoconazole external foam	T1	PA
ketoconazole external shampoo	T1	
ketodan	T1	PA
LULICONAZOLE	T3	PA
LUZU (***luliconazole***)	T3	PA
MICONATATE (***miconazole nitrat & tolnaftate***)	T3	
miconazole 3 vaginal suppository	T1	
MICONAZOLE-ZINC OXIDE-PETROLAT	T3	PA
ORAVIG (***miconazole***)	T3	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
oxiconazole nitrate	T1	PA
OXISTAT (***oxiconazole nitrate***)	T3	PA
SULCONAZOLE NITRATE	T3	PA
terconazole	T1	
VUSION (***miconazole-zinc oxide-petrolat***)	T3	PA
BASIC LOTIONS AND LINIMENTS		
ammonium lactate external	T1	
GORDOFILM (***salicylic acid-lactic acid***)	T3	
BASIC OILS AND OTHER SOLVENTS		
lactic acid e	T1	
LUXAMEND (***wound dressings***)	T3	
BASIC OINTMENTS AND PROTECTANTS		
ammonium lactate external cream	T1	
calcipotriene external cream	T1	
calcipotriene external ointment	T1	
calcipotriene external solution	T1	
calcipotriene-betameth diprop external ointment	T1	PA; QL (13.4 GM per 1 day)
calcipotriene-betameth diprop external suspension	T1	QL (4 GM per 1 day)
CALCITRENE (***calcipotriene***)	T3	
ENSTILAR (***calcipotriene-betameth diprop***)	T3	QL (15 GM per 1 day)
hydrocortisone cream 1 % external (rx)	T1	
lactic acid e	T1	
LANOLIN ANHYDROUS	T3	
LUXAMEND (***wound dressings***)	T3	
nitroglycerin rectal	T1	
PETROLATUM WHITE EXTERNAL OINTMENT	T3	
RECTIV (***nitroglycerin***)	T3	PA
REGENECARE (***lidocaine-collagen-aloe vera***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
SANTYL (***collagenase***)	T3	QL (3 GM per 1 day)
VTAMA (***tapinarof***)	T2	
WHITE PETROLATUM OINTMENT EXTERNAL (RX)	T3	
WYNZORA (***calcipotriene-betameth diprop***)	T3	QL (15 GM per 1 day)
YELLOW PETROLATUM	T3	
CELL STIMULANTS AND PROLIFERANTS		
clindamycin-tretinoin	T1	PA
ENTADFI (***finasteride-tadalafil***)	T3	PA; QL (1 EA per 1 day)
finasteride oral tablet 5 mg	LCG	
KEPIVANCE (***palifermin***)	T4	
minoxidil oral	T1	
PROSCAR (***finasteride***)	T3	PA
tretinoin oral	T4	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE)		
ala-cort	T1	
alclometasone dipropionate	T1	
amcinonide	T1	PA
ANALPRAM HC EXTERNAL CREAM 1-1 % (***hydrocortisone ace-pramoxine***)	T3	PA
ANALPRAM HC EXTERNAL LOTION (***hydrocortisone ace-pramoxine***)	T3	PA
ANUSOL-HC EXTERNAL (***hydrocortisone***)	T3	PA
betamethasone dipropionate aug	T1	
betamethasone dipropionate external	T1	
betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection	T1	
BETAMETHASONE SODIUM PHOSPHATE INJECTION	T3	
betamethasone valerate external	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
BRYHALI (***halobetasol propionate***)	T3	PA
budesonide rectal	T1	
calcipotriene-betameth diprop external ointment	T1	PA; QL (13.4 GM per 1 day)
calcipotriene-betameth diprop external suspension	T1	QL (4 GM per 1 day)
CELESTONE SOLUSPAN (***betamethasone sod phos & acet***)	T3	
clobetasol prop emollient base	T1	
clobetasol propionate e	T1	
clobetasol propionate emulsion	T1	PA
clobetasol propionate external cream 0.05 %	T1	
clobetasol propionate external foam	T1	
clobetasol propionate external gel	T1	
clobetasol propionate external liquid	T1	
clobetasol propionate external lotion	T1	
clobetasol propionate external ointment	T1	
clobetasol propionate external shampoo	T1	
clobetasol propionate external solution	T1	
clocortolone pivalate	T1	PA
clodan	T1	
clotrimazole-betamethasone	T1	
CORTENEMA (***hydrocortisone***)	T3	
CORTIFOAM (***hydrocortisone acetate***)	T3	
DERMA-SMOOTHE/FS BODY (***fluocinolone acetonide***)	T3	
DERMA-SMOOTHE/FS SCALP (***fluocinolone acetonide***)	T3	
DERMOTIC (***fluocinolone acetonide***)	T3	
desonide external cream	T1	
desonide external gel	T1	PA
desonide external lotion	T1	
desonide external ointment	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
desoximetasone external cream 0.05 %	T1	PA
desoximetasone external cream 0.25 %	T1	
desoximetasone external gel	T1	
desoximetasone external liquid	T1	
desoximetasone external ointment 0.05 %	T1	PA
desoximetasone external ointment 0.25 %	T1	
diflorasone diacetate	T1	PA
DIPROLENE (***betamethasone dipropionate aug***)	T3	
ENSTILAR (***calcipotriene-betameth diprop***)	T3	QL (15 GM per 1 day)
EPIFOAM (***pramoxine-hc***)	T3	
evesse	T1	PA
fluocinolone acetonide body	T1	
fluocinolone acetonide external	T1	
fluocinolone acetonide otic	T1	
fluocinolone acetonide scalp	T1	
fluocinonide emulsified base	T1	
fluocinonide external	T1	
flurandrenolide	T1	PA
fluticasone propionate external cream	T1	
fluticasone propionate external lotion	T1	PA
fluticasone propionate external ointment	T1	
halcinonide	T1	PA
halobetasol propionate external cream	T1	
halobetasol propionate external foam	T1	PA
halobetasol propionate external ointment	T1	
HALOG EXTERNAL SOLUTION (***halcinonide***)	T3	PA
hydrocortisone (perianal)	T1	
hydrocortisone ace-pramoxine external cream 1-1 %	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone butyrate external cream	T1	
hydrocortisone butyrate external lotion	T1	PA
hydrocortisone butyrate external ointment	T1	
hydrocortisone butyrate external solution	T1	
hydrocortisone cream 1 % external (rx)	T1	
hydrocortisone external cream 2.5 %	LCG	
hydrocortisone external lotion 2 %	T1	PA
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 1 %, 2.5 %	T1	
hydrocortisone oral	LCG	
hydrocortisone rectal	T1	
hydrocortisone sod suc (pf)	T1	
hydrocortisone valerate	T1	
hydrocortisone-acetic acid	T1	
KOURZEQ (***triamcinolone acetonide***)	T3	
mometasone furoate external	T1	
NEO-SYNALAR (***neomycin-fluocinolone***)	T3	
nystatin-triamcinolone	T1	
ORALONE (***triamcinolone acetonide***)	T3	
PRAMOSONE EXTERNAL CREAM (***pramoxine-hc***)	T3	PA
PRAMOSONE EXTERNAL LOTION (***pramoxine-hc***)	T3	PA
PROCTOCORT EXTERNAL (***hydrocortisone***)	T3	PA
PROCTOFOAM HC (***hydrocortisone ace-pramoxine***)	T2	
procto-med hc	T1	
PROCTOSOL HC (***hydrocortisone***)	T3	PA
PROCTOZONE-HC (***hydrocortisone***)	T3	PA
SERNIVO (***betamethasone dipropionate***)	T3	PA
SOLU-CORTEF (***hydrocortisone sod succinate***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
SYNALAR (***fluocinolone acetonide***)	T3	
TEXACORT (***hydrocortisone***)	T3	PA
TOPICORT (***desoximetasone***)	T3	
tovet	T1	PA
triamcinolone acetonide external aerosol solution	T1	PA
triamcinolone acetonide external cream	LCG	
triamcinolone acetonide external lotion	T1	
triamcinolone acetonide external ointment 0.025 %, 0.5 %	T1	
triamcinolone acetonide external ointment 0.05 %	T1	PA
triamcinolone acetonide external ointment 0.1 %	LCG	
triamcinolone acetonide mouth/throat	T1	
triamcinolone in absorbase	T1	PA
triderm	LCG	
UCERIS RECTAL (***budesonide***)	T3	
WYNZORA (***calcipotriene-betameth diprop***)	T3	QL (15 GM per 1 day)
XERESE (***acyclovir-hydrocortisone***)	T3	PA
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS		
MICONAZOLE-ZINC OXIDE-PETROLAT	T3	PA
VASELINE (***white petrolatum***)	T3	
VUSION (***miconazole-zinc oxide-petrolat***)	T3	PA
WHITE PETROLATUM EXTERNAL GEL	T3	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE)		
ciclodan	T1	
ciclopirox external	T1	
ciclopirox olamine external	T1	
IMMUNOMODULATORY AGENTS (84:06)		
ADBRY (***tralokinumab-ldrm***)	T4	PA; QL (0.15 ML per 1 day)
ASTAGRAF XL (***tacrolimus***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (***bimekizumab-bkzx***)	T4	PA; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML (***bimekizumab-bkzx***)	T4	PA; QL (0.08 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (***bimekizumab-bkzx***)	T4	PA; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML (***bimekizumab-bkzx***)	T4	PA; QL (0.08 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (***dupilumab***)	T4	PA; QL (0.09 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (***dupilumab***)	T4	PA; QL (0.15 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (***dupilumab***)	T4	PA; QL (0.09 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (***dupilumab***)	T4	PA; QL (0.15 ML per 1 day)
EBGLYSS (***lebrikizumab-lbkz***)	T4	PA; QL (0.15 ML per 1 day)
ENVARSUS XR (***tacrolimus***)	T3	
ILUMYA (***tildrakizumab-asmn***)	T4	PA; QL (0.02 ML per 1 day)
NEMLUVIO (***nemolizumab-ilto***)	T4	PA; QL (0.08 EA per 1 day)
pimecrolimus	T1	QL (2 GM per 1 day)
PROGRAF (***tacrolimus***)	T3	
SILIQ (***brodalumab***)	T4	PA; QL (0.11 ML per 1 day)
sirolimus oral	T1	
SKYRIZI PEN (***risankizumab-rzaa***)	T4	PA; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***risankizumab-rzaa***)	T4	PA; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML (***risankizumab-rzaa***)	T4	PA; QL (0.005 ML per 1 day)
SPEVIGO INTRAVENOUS (***spesolimab-sbzo***)	T4	PA; QL (30 ML per 84 days)

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Drug Name	Drug Tier	Coverage Requirements & Limits
SPEVIGO SUBCUTANEOUS (***spesolimab-sbzo***)	T4	PA; QL (0.08 ML per 1 day)
tacrolimus er	T1	
tacrolimus external	T1	QL (2 GM per 1 day)
tacrolimus intravenous	T1	
tacrolimus oral	T1	
TREMFYA INTRAVENOUS (***guselkumab***)	T4	PA
TREMFYA ONE-PRESS (***guselkumab***)	T4	PA; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***guselkumab***)	T4	PA; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (***guselkumab***)	T4	PA; QL (0.08 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***guselkumab***)	T4	PA; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (***guselkumab***)	T4	PA; QL (0.08 ML per 1 day)
TREMFYA-CD/UC INDUCTION (***guselkumab***)	T4	PA; QL (0.08 ML per 1 day)
JANUS KINASE INHIBITORS (84:06)		
ANZUPGO (***delgocitinib***)	T3	PA; QL (1.1 GM per 1 day)
CIBINQO (***abrocitinib***)	T4	PA; QL (1 EA per 1 day)
DALIRESP (***roflumilast***)	T3	PA
JAKAFI ORAL TABLET 10 MG, 5 MG (***ruxolitinib phosphate***)	T4	PA; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG (***ruxolitinib phosphate***)	T4	PA
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (***ruxolitinib phosphate***)	T4	PA; QL (1 EA per 1 day)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 33 MG, 44 MG, 55 MG (***ruxolitinib phosphate***)	T4	PA
LITFULO (***ritlecitinib tosylate***)	T4	PA; QL (1 EA per 1 day)
OPZELURA (***ruxolitinib phosphate***)	T2	QL (3.34 GM per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
roflumilast	T1	PA
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 % (***roflumilast***)	T2	
ZORYVE EXTERNAL FOAM (***roflumilast***)	T2	PA
KERATOLYTIC AGENTS		
ABSORICA LD (***isotretinoin micronized***)	T3	PA
accutane	T1	
acitretin	T1	
adapalene-benzoyl peroxide external gel	T1	
AKLIEF (***trifarotene***)	T3	PA
amnesteem	T1	
claravis	T1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	T1	
CONDYLOX (***podofilox***)	T3	PA
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (***adapalene-benzoyl peroxide***)	T3	
EXODERM EXTERNAL LOTION (***sod thiosulfate-salicylic acd***)	T3	
GORDOFILM (***salicylic acid-lactic acid***)	T3	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T1	
isotretinoin oral capsule 25 mg, 35 mg	T1	PA
KERALYT EXTERNAL SHAMPOO (***salicylic acid***)	T3	
neuac	T1	
ONEXTON (***clindamycin phos-benzoyl perox***)	T1	
PODOCON-25 (***podophyllum resin***)	T3	
podofilox external	T1	
PYROGALLIC ACID	T3	
tazarotene external cream	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
tazarotene external gel	T1	PA
trilitas	T1	PA
urea external cream 20 %	T1	
VEREGEN (***sinecatechins***)	T3	PA
XALIX (***salicylic acid***)	T3	
zenatane	T1	
KERATOPLASTIC AGENTS		
coal tar external	T1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS		
adapalene-benzoyl peroxide external gel	T1	
ALCOHOL BASE GEL	T3	
ALCOHOL PREP PADS PAD , 70 %	T3	
ATRAPRO DERMAL SPRAY (***wound cleansers***)	T3	
benzalkonium chloride external solution	T1	
benzoyl peroxide-erythromycin	T1	
boric acid external	T1	
chlorhexidine gluconate mouth/throat	LCG	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	T3	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	T1	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (***adapalene-benzoyl peroxide***)	T3	
EXCILON AMD DRAIN SPONGES (***gauze pads & dressings***)	T3	
hydrogen peroxide	T1	
KERLIX AMD ANTIMICROBIAL (***gauze pads & dressings***)	T3	
KERLIX AMD SUPER SPONGES (***gauze pads & dressings***)	T3	
KLARON (***sulfacetamide sodium (acne)***)	T3	
LUGOLS STRONG IODINE	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
MEDIHOL BASE (***alcohol gel base***)	T3	
neuac	T1	
ONEXTON (***clindamycin phos-benzoyl perox***)	T1	
PERIDEX (***chlorhexidine gluconate***)	T3	
periogard	LCG	
selenium sulfide external lotion	T1	
silver sulfadiazine external	T1	
ssd	T1	
sulfacetamide sodium (acne)	T1	
SULFAMYLON (***mafenide acetate***)	T3	PA
TELFA AMD NON-ADHERENT (***gauze pads & dressings***)	T3	
TRIMO-SAN (***oxyquinoline-sod lauryl sulf***)	T3	
WATER BASE GEL	T3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN)		
diclofenac sodium external gel 3 %	T1	QL (10 GM per 1 day)
OXABOROLES		
tavaborole	T1	PA
PHOSPHODIESTERASE-4 INHIBITORS (84:06)		
ADQUEY (***difamilast***)	T3	
DALIRESP (***roflumilast***)	T3	PA
EUCRISA (***crisaborole***)	T2	
roflumilast	T1	PA
ZORYVE EXTERNAL CREAM (***roflumilast***)	T2	
PIGMENTING AGENTS		
methoxsalen rapid	T1	
UVADEX (***methoxsalen (photopheresis)***)	T3	
POLYENES (SKIN AND MUCOUS MEMBRANE)		
klayesta	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
nystatin external cream	LCG	
nystatin external ointment	T1	
nystatin external powder	T1	
nystatin mouth/throat	T1	
nystatin-triamcinolone	T1	
nystop	T1	
SCABICIDES AND PEDICULICIDES		
CROTAN (***crotamiton***)	T3	PA
EURAX (***crotamiton***)	T3	PA
ivermectin external cream	T1	
malathion	T1	
OVIDE (***malathion***)	T3	
permethrin external	T1	
SOOLANTRA (***ivermectin***)	T3	
spinosad	T1	
sulfurated lime	T1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		
ABSORICA LD (***isotretinoin micronized***)	T3	PA
accutane	T1	
acitretin	T1	
adapalene-benzoyl peroxide external gel	T1	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (***tralokinumab-ldrm***)	T4	PA; QL (0.15 ML per 1 day)
AKLIEF (***trifarotene***)	T3	PA
ALLEVYN GENTLE (***wound dressings***)	T3	
amnesteem	T1	
AQUACEL AG BURN (***silver-carboxymethylcellulose***)	T3	
ATRAPRO DERMAL SPRAY (***wound cleansers***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
azelaic acid external	T1	
B & C	T3	
balsam peru-castor oil	T1	
bexarotene external	T4	PA
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (***bimekizumab-bkzx***)	T4	PA; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (***bimekizumab-bkzx***)	T4	PA; QL (0.04 ML per 1 day)
BPCO	T3	
brimonidine tartrate external	T1	
calcipotriene external cream	T1	
calcipotriene external ointment	T1	
calcipotriene external solution	T1	
calcipotriene-betameth diprop external ointment	T1	PA; QL (13.4 GM per 1 day)
calcipotriene-betameth diprop external suspension	T1	QL (4 GM per 1 day)
CALCITRENE (***calcipotriene***)	T3	
calcitriol external	T1	
CIBINQO (***abrocitinib***)	T4	PA; QL (1 EA per 1 day)
claravis	T1	
clindamycin-tretinoin	T1	PA
CONDYLOX (***podofilox***)	T3	PA
COSENTYX (300 MG DOSE) (***secukinumab***)	T4	PA; QL (0.08 ML per 1 day)
COSENTYX 150 MG/ML SUBCUTANEOUS (***secukinumab***)	T4	PA; QL (0.04 ML per 1 day)
COSENTYX SENSOREADY (300 MG) (***secukinumab***)	T4	PA; QL (0.08 ML per 1 day)
COSENTYX SENSOREADY PEN (***secukinumab***)	T4	PA; QL (0.04 ML per 1 day)
COSENTYX UNOREADY (***secukinumab***)	T4	PA; QL (0.08 ML per 1 day)
CURITY HYPERTONIC NACL STRIP (***wound dressings***)	T3	
CURITY NACL DRESSING 6"X6-3/4" (***wound dressings***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
dapsone external	T1	PA
dapsone oral	T1	
diclofenac sodium external gel 3 %	T1	QL (10 GM per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (***dupilumab***)	T4	PA; QL (0.09 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (***dupilumab***)	T4	PA; QL (0.15 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (***dupilumab***)	T4	PA; QL (0.09 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (***dupilumab***)	T4	PA; QL (0.15 ML per 1 day)
ENBREL (***etanercept***)	T4	PA; QL (0.15 ML per 1 day)
ENBREL MINI (***etanercept***)	T4	PA; QL (0.15 ML per 1 day)
ENBREL SURECLICK (***etanercept***)	T4	PA; QL (0.15 ML per 1 day)
ENSTILAR (***calcipotriene-betameth diprop***)	T3	QL (15 GM per 1 day)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (***adapalene-benzoyl peroxide***)	T3	
FILSUVEZ (***birch triterpenes***)	T4	PA; QL (15 GM per 1 day)
FINACEA EXTERNAL FOAM (***azelaic acid***)	T3	
fluorouracil external cream 5 %	T1	
fluorouracil external solution	T1	
HYDROFERA BLUE 4"X4" (***wound dressings***)	T3	
HYDROFERA BLUE 6"X6" (***wound dressings***)	T3	
HYDROFERA BLUE FOAM DRESSING (***wound dressings***)	T3	
HYDROFERA BLUE FOAM/TUNNELING (***wound dressings***)	T3	
HYDROFERA BLUE MRF DRESSING (***wound dressings***)	T3	
HYDROFERA BLUE READY FOAM (***wound dressings***)	T3	
HYPOCYN ANTIPRURITIC (***hypochlorous acid***)	T3	
ILUMYA (***tildrakizumab-asmn***)	T4	PA; QL (0.02 ML per 1 day)

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Drug Name	Drug Tier	Coverage Requirements & Limits
imiquimod external cream 3.75 %	T1	PA
imiquimod external cream 5 %	T1	
imiquimod pump	T1	PA
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T1	
isotretinoin oral capsule 25 mg, 35 mg	T1	PA
ivermectin external cream	T1	
KENDALL ALGINATE 12" ROPE (***wound dressings***)	T3	
KENDALL ALGINATE DRESS 2"X2" (***wound dressings***)	T3	
KENDALL ALGINATE DRESS 4"X8" (***wound dressings***)	T3	
KENDALL HYDROGEL GAUZE 2"X2" (***hydroactive dressings***)	T3	
KENDALL HYDROGEL GAUZE 4"X4" (***hydroactive dressings***)	T3	
KENDALL HYDROGEL GAUZE 4"X8" (***hydroactive dressings***)	T3	
KENDALL HYDROGEL WOUND DRESS (***hydroactive dressings***)	T3	
KENDALL ZINC CA ALGINATE 4"X4" (***wound dressings***)	T3	
KLISYRI (250 MG) (***tirbanibulin***)	T3	
KLISYRI (350 MG) (***tirbanibulin***)	T3	
KORSUVA (***difelikefalin acetate***)	T4	PA
LEVULAN KERASTICK (***aminolevulinic acid hcl***)	T3	
l-glutamine oral packet	T1	PA
LITFULO (***ritlecitinib tosylate***)	T4	PA; QL (1 EA per 1 day)
L-MESITRAN SOFT WOUND (***wound dressings***)	T3	
LUXAMEND (***wound dressings***)	T3	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL (***wound dressings***)	T3	
MICROCYN EXTERNAL LIQUID (***wound cleansers***)	T3	

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Drug Name	Drug Tier	Coverage Requirements & Limits
minocycline hcl er	T1	PA
MIRVASO EXTERNAL GEL 0.33 % (***brimonidine tartrate***)	T2	
nitroglycerin rectal	T1	
OPZELURA (***ruxolitinib phosphate***)	T2	QL (3.34 GM per 1 day)
OTEZLA ORAL TABLET (***apremilast***)	T4	PA; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK (***apremilast***)	T4	PA; QL (55 EA per 365 days)
oxymetazoline hcl external	T1	
PANRETIN (***alitretinoin***)	T3	
PETROLEUM GAUZE NON-WOVEN 3X9" (***wound dressings***)	T3	
pimecrolimus	T1	QL (2 GM per 1 day)
PODOCON-25 (***podophyllum resin***)	T3	
podofilox external	T1	
PYROGALLIC ACID	T3	
QBREXZA (***glycopyrronium tosylate***)	T3	QL (1 EA per 1 day)
RADIAPLEXRX (***wound dressings***)	T3	
RECTIV (***nitroglycerin***)	T3	PA
REGENECARE (***lidocaine-collagen-aloe vera***)	T3	
SANTYL (***collagenase***)	T3	QL (3 GM per 1 day)
SCENESSE (***afamelanotide acetate***)	T4	PA
SILIQ (***brodalumab***)	T4	PA; QL (0.11 ML per 1 day)
SKYRIZI PEN (***risankizumab-rzaa***)	T4	PA; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***risankizumab-rzaa***)	T4	PA; QL (0.02 ML per 1 day)
SOOLANTRA (***ivermectin***)	T3	
SPEVIGO INTRAVENOUS (***spesolimab-sbzo***)	T4	PA; QL (30 ML per 84 days)
tacrolimus external	T1	QL (2 GM per 1 day)
TARGRETIN EXTERNAL (***bexarotene***)	T4	PA
tazarotene external cream	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
tazarotene external gel	T1	PA
TOLAK (***fluorouracil***)	T3	
TREMFYA ONE-PRESS (***guselkumab***)	T4	PA; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***guselkumab***)	T4	PA; QL (0.02 ML per 1 day)
trilitas	T1	PA
TRIMO-SAN (***oxyquinoline-sod lauryl sulf***)	T3	
VALCHLOR (***mechlorethamine hcl (topical)***)	T4	PA
VENELEX (***balsam peru-castor oil***)	T3	
VEREGEN (***sinecatechins***)	T3	PA
VTAMA (***tapinarof***)	T2	
WYNZORA (***calcipotriene-betameth diprop***)	T3	QL (15 GM per 1 day)
ZELSUVMI (***berdazimer sodium***)	T3	PA
zenatane	T1	
ZORYVE EXTERNAL CREAM 0.3 % (***roflumilast***)	T2	
ZORYVE EXTERNAL FOAM (***roflumilast***)	T2	PA
SUNSCREEN AGENTS		
SCENESSE (***afamelanotide acetate***)	T4	PA
THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE)		
MICONATATE (***miconazole nitrat & tolnaftate***)	T3	
SMOOTH MUSCLE RELAXANTS		
ANTIMUSCARINICS		
COBENFY (***xanomeline-trospium chloride***)	T3	QL (2 EA per 1 day)
COBENFY STARTER PACK (***xanomeline-trospium chloride***)	T3	QL (102 EA per 365 days)
darifenacin hydrobromide er	T1	
fesoterodine fumarate er	T1	PA
flavoxate hcl	T1	
oxybutynin chloride er	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
oxybutynin chloride oral solution	T1	
oxybutynin chloride oral tablet 2.5 mg	T1	PA
oxybutynin chloride oral tablet 5 mg	T1	
OXYTROL (***oxybutynin***)	T3	QL (0.29 EA per 1 day)
solifenacin succinate	T1	
tolterodine tartrate	T1	
tolterodine tartrate er	T1	
trospium chloride	T1	
trospium chloride er	T1	PA
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
flavoxate hcl	T1	
oxybutynin chloride er	T1	
oxybutynin chloride oral tablet 5 mg	T1	
OXYTROL (***oxybutynin***)	T3	QL (0.29 EA per 1 day)
tolterodine tartrate	T1	
trospium chloride	T1	
trospium chloride er	T1	PA
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
aminophylline	T1	
elixophyllin	T1	
sildenafil citrate intravenous	T4	PA
sildenafil citrate oral suspension reconstituted	T4	PA; QL (7.5 ML per 1 day)
sildenafil citrate oral tablet 20 mg	T4	PA; QL (3 EA per 1 day)
THEO-24 (***theophylline***)	T3	
theophylline er	T1	
theophylline oral	T1	
SELECTIVE BETA-3-ADRENERGIC AGONISTS		
mirabegron er	T1	

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Drug Name	Drug Tier	Coverage Requirements & Limits
VITAMINS		
VITAMIN B COMPLEX		
BONJESTA (***doxylamine-pyridoxine***)	T3	PA; QL (2 EA per 1 day)
CALCIFOL (***ca carb-fa-d-b6-b12-boron-mg***)	T3	
cyanocobalamin injection solution 1000 mcg/ml	T1	
cyanocobalamin nasal	T1	
DEXPANTHENOL INJECTION	T3	
DICLEGIS (***doxylamine-pyridoxine***)	T3	PA; QL (4 EA per 1 day)
doxylamine-pyridoxine	T1	PA; QL (4 EA per 1 day)
drospiren-eth estrad-levomefol	T1	
folic acid injection	T1	
FOLIC ACID ORAL SOLUTION	T3	PA
folic acid tablet 1 mg oral (rx)	T1	
HEMATINIC/FOLIC ACID	T3	
hydroxocobalamin acetate	T1	
KHAPZORY (***levoleucovorin***)	T4	
lederle leucovorin	T1	
leucovorin calcium injection	T1	
leucovorin calcium oral	T1	
levoleucovorin calcium	T4	
levoleucovorin calcium pf	T4	
LIPO-C	T3	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	T3	
NASCOBAL (***cyanocobalamin***)	T3	PA
niacin (antihyperlipidemic)	T1	PA
niacin er (antihyperlipidemic)	T1	
niacor	T1	PA

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Drug Name	Drug Tier	Coverage Requirements & Limits
pyridoxine hcl solution 100 mg/ml injection	T1	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	T3	
QUIOFIC (***folic acid***)	T3	PA
RESTORA RX (***lactobacillus casei-folic acid***)	T3	
tydemy	T1	
VITAMIN C		
peg-3350/electrolytes/ascorbat	T1	QL (2 EA per 365 days)
peg-kcl-nacl-nasulf-na asc-c	T1	QL (2 EA per 365 days)
VITAMIN D		
CALCIFOL (***ca carb-fa-d-b6-b12-boron-mg***)	T3	
calcitriol intravenous	T1	
calcitriol oral	T1	
doxercalciferol intravenous	T1	
doxercalciferol oral	T1	PA
ergocalciferol oral capsule	T1	
FOSAMAX PLUS D (***alendronate-cholecalciferol***)	T3	PA; QL (0.15 EA per 1 day)
paricalcitol	T1	
RAYALDEE (***calcifediol***)	T3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	T1	
ZEMPLAR (***paricalcitol***)	T3	
VITAMIN K ACTIVITY		
phytonadione injection	T1	
phytonadione oral	T1	
vitamin k1 injection	T1	

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