

Standard Drug Formulary

December 2025

Inland Empire Health Plan

This formulary was last updated on November 10, 2025. This formulary is subject to change, and all previous versions of the formulary no longer apply. For the most current information about the Standard Drug Formulary visit <https://www.iehp.org/content/dam/iehp-org/en/documents/coveredcalifornia/Formulary.pdf>.

IEHP Minimum Coverage HMO, IEHP Bronze 60 HMO, IEHP Silver 70 HMO, IEHP Silver 73 HMO, IEHP Silver 87 HMO, IEHP Silver 94 HMO, IEHP Gold 80 HMO, IEHP Platinum 90 HMO, and AIAN plans.

Table of Contents

Informational Section	3
Definitions.....	3
What is the process for finding a drug on this list?	6
How can I tell if the drug listed is a brand or generic drug?	6
What are drug tiers?.....	7
How often is the formulary updated?	7
What is a drug covered under the medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?.....	8
What are preventive health drugs?	8
What is a contraceptive drug or device?.....	8
What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?	8
What if my drug requires a prior authorization or step therapy?	9
What if my drug is non-formulary or not listed?.....	10
Participating retail pharmacies	10
What are specialty drugs?.....	10
Oral Anticancer Drugs	11
Mail service pharmacy	11
Categorical List of Prescription Drugs	12
Index of Drugs.....	412

Informational Section

The *IEHP Standard Drug Formulary* is a list of medications that are approved by the Food and Drug Administration (FDA) and are selected based on safety, effectiveness, and cost. This list of generic and brand drugs is covered by your health insurance policy under the prescription drug benefit of the policy.

Covered Formulary Drugs include:

- FDA-approved drugs that require a prescription either by California or Federal law.
- Insulin.
- Pen delivery systems for the administration of insulin, as medically necessary.
- Diabetic testing supplies, including these:
 - Lancets.
 - Lancet puncture devices.
 - Blood and urine testing strips.
 - Test tablets.
- Over-the-counter drugs with a United States Preventive Services Task Force (“USPSTF”) rating of A or B.
- Contraceptive drugs and devices, including these:
 - Diaphragms.
 - Cervical caps.
 - Contraceptive rings.
 - Contraceptive patches.
 - Oral contraceptives.
 - Emergency contraceptives.
 - Over-the-counter contraceptive products
- Disposable devices that are Medically Necessary for the administration of a covered outpatient prescription Drug such as syringes and inhaler spacers.

If you have questions about your pharmacy coverage, call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

Definitions

“Age Limit (AL)” limits use of medication dependent on age.

“Appeal” is a written or oral request, by or on behalf of a Member, to re-evaluate a specific determination made by the Plan or any of its delegated entities (e.g., Plan Providers).

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

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

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

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

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

“Essential health benefits (EHB) A set of 10 categories of services health insurance plans must cover under the Affordable Care Act. These include doctors’ services, inpatient and outpatient hospital care, prescription drug coverage, pregnancy and childbirth, mental health services, and more. Some plans cover more services.

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

“Evidence of Coverage (EOC)” is your guide to what is covered and what is excluded, how much you will pay depending on the circumstances, what your cost sharing will be, and other information about using your coverage.

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

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

“Food and Drug Administration (FDA)” is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices

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

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

“Grievance” is a written or oral expression of dissatisfaction regarding the Plan, a provider and/or a pharmacy, including quality of care concerns.

“Nonformulary drug” is a prescription drug that is not listed on the health plan's formulary.

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

“Pharmacy & therapeutics (P&T) committee” is responsible for developing, managing, updating, and administering the drug formulary

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

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

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

“Prior Authorization (PA)” is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

“Quantity Limit (QL)” A form of utilization management (UM) that specifies quantity limitations or restrictions on prescriptions over time. Quantity limitations can take on various forms, the most typical being daily and monthly restrictions on the quantity issuance or re-issuance of a prescription.

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

“Specialty Pharmacy” A pharmacy that handles specialty drugs, pharmaceutical therapies that are either high cost, high complexity and/or high touch.

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

“USPSTF” The United States Preventive Services Task Force

“Utilization management (UM)” is a process that evaluates the efficiency, appropriateness, and medical necessity of the treatments, services, procedures, and facilities provided to patients on a case-by-case basis

What is the process for finding a drug on this list?

The drugs are listed alphabetically under the column titled “Prescription Drug Name” by its brand or generic name under the therapeutic category and class to which it belongs. This formulary uses the First DataBank Enhanced Therapeutic Classification System classification system.

You can search this list using the brand or generic name of the drug by:

- Searching for the category or class to which the drug belongs and search for the name of the drug in alphabetical order or
- Searching the Alphabetical Index of Drugs by the name of the drug.
- Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor or prescriber.

How can I tell if the drug listed is a brand or generic drug?

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

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

A brand name drug is listed in all CAPITAL letters followed by the generic name in parenthesis in all ***bold and italicized lowercase*** letters.

Example: ANTICOAGULANTS HEPARINS AND HEPARINOID-LIKE AGENTS

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin inj</i> 100MG/ML, 120MG/0.8ML, 150MG/ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	1	QL= 17 days supply
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 9500UNIT/3.8ML (<i>dalteparin sodium</i>)	3	

From the above example:

Generic Drug:

- ***enoxaparin inj***

Brand Drug:

- FRAGMIN ING (*dalteparin sodium*)

What are drug tiers?

Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the *Summary of Benefits* or the *IEHP Evidence of Coverage (EOC)*. Please see the following link for the cost-sharing specific to your plan: <https://www.iehp.org/en/browse-plans/covered-california#plan-materials>.

The column titled “Drug Tier” is the cost level you pay for a drug.

Drug Tier	Description
1	Most generic drugs and low-cost, preferred brand drugs
2	Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the P&T Committee based on drug safety, efficacy, and cost
3	Non-preferred brand drugs; drugs recommended by the P&T Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier
4	drugs that the FDA or drug manufacturer requires to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; or drugs with a plan cost (net of rebates) greater than \$600 for a one-month supply

Preventive health drugs, including contraceptive drugs and devices are covered at \$0 when specific criteria are met.

How often is the formulary updated?

This formulary is updated monthly and the changes are effective on the first of the month. The formulary can change when a new drug, new generic, or new formulation is available during the year. Formulary changes may result in changes to your prescription such as change in dispensed brand, cost-sharing tier, or restrictions governing use.

The Plan will provide sixty (60) days written notice of a Formulary change to negatively affected Members. The notice will include the date the Member will be impacted by the change. Some examples of Formulary changes that will result in a notice to the member include, but are not limited to:

- A drug or dosage form is moved to a higher Drug Tier that results in an increase in cost sharing
- A drug or dosage form is removed from the Formulary
- Drug Coverage Requirements or Limits for a drug are added or changed

Changes to the Formulary that may occur without prior written notice to the Member include:

- A drug is removed from the Formulary because it is removed from the market by either the drug manufacturer or the FDA
- A drug is added to the Formulary
- A drug is moved to a lower Drug Tier
- A Drug Coverage Requirement or Limit is removed from a drug

- A generic drug is added to the Formulary and the Brand Name drug is moved to a higher Drug Tier or removed from the Formulary

The drug formulary can be accessed by current and prospective Members. To view the most current Formulary, please visit www.iehp.org.

What is a drug covered under the medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?

A medical benefit drug is a medication that is generally administered by a health care professional and part of a doctor's office visit.

A drug covered under the Outpatient Prescription Drug Benefit is a medication that is self-administered drugs approved by the Federal Food and Drug Administration for sale to the public through retail or mail-order pharmacies that require prescriptions and are not provided for use on an inpatient basis.

For additional information, check the IEHP *Evidence of Coverage* or call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

What are preventive health drugs?

Preventive health drugs are select drugs required by health reform legislation to be covered without charging the member a copayment, coinsurance, or deductible. Preventive health drugs are determined based on evidence-based recommendations that have in effect a rating of “A” or “B” in the recommendations of the United States Preventive Services Task Force (USPSTF), as periodically updated. Immunization recommendations by the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention are also preventive health drugs. For more details about preventive health drugs, visit www.iehp.org.

What is a contraceptive drug or device?

Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy. The drug contraceptives and contraceptive devices are covered at no charge to the insured.

FDA-approved contraceptive drugs, devices, and other products, including FDA-approved over-the-counter contraceptive drugs, devices, and products, are covered at no charge to the insured. FDA-approved over-the-counter contraceptive drugs, devices, and products can be provided at a network pharmacy at no charge to the insured. Coverage also includes a 12-month supply of FDA-approved, self-administered hormonal contraceptives dispensed at one time.

What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?

FDA-approved drugs for the treatment of diabetes are included in the formulary drug list. Diabetic testing supplies such as blood glucose test strips, urine test strips, lancets, insulin syringes/pens covered under the Outpatient Prescription Drug Benefit are also included in the formulary drug list.

What if my drug requires a prior authorization or step therapy?

If a drug had previously been approved for coverage for treatment of a Member's medical condition, and the Member's provider continues to prescribe the drug for the medical condition, provided the drug is appropriately prescribed, is safe, and effective therapy, the drug will continue to be covered. This does not preclude your prescriber from prescribing the alternative formulary drug.

The prior authorization process ("PA") is used to ensure that drug benefits are applied as intended and that Plan Members receive the most appropriate, safe, and cost-effective medication therapy. Your Physician's request for prior authorization will be evaluated once the submitted information has been received and a determination made based on established clinical criteria for the specific medication. The criteria used for prior authorization are developed by the Pharmacy and Therapeutics Committee. Your physician may contact us to get the policy. Before payment can be approved for drugs requiring prior authorization, the conditions for approval must be met and the prior authorization must be entered into the system. IEHP will reply to the doctor and/or pharmacist within 24 hours for exigent circumstance requests or 72 hours for standard requests after getting the requested medical information. Exigent circumstances exist when a health condition may seriously jeopardize life, health, or the ability to regain maximum function or when undergoing a course of treatment. Once a medication is approved, its authorization becomes effective right away. You may get a list of drugs requiring Prior Authorization. Visit our website at www.iehp.org.

Prior Authorization is required for most brand name drugs with generic equivalents to determine Medical Necessity. IEHP will cover brand name drugs that have generic equivalents if the PA request is approved.

Some drugs have a special rule called step therapy. This means that you must first try another drug on the formulary before the prescribed drug is covered. If your doctor or other prescriber thinks the first drug does not work for you, then an exception to the step therapy rule can be requested.

Step therapy is the process of beginning therapy for a medical condition with drugs considered first-line treatment or that are more cost-effective, then progressing to drugs that are the next line in treatment or that may be less cost-effective. Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, and the relative cost. If step therapy coverage requirements are not met for a prescription and Your physician or health care provider believes the drug is Medically Necessary, the prior authorization process may be used and timeframes previously described will also apply.

Requests for prior authorization, non-formulary, quantity limit, or step therapy exceptions may be submitted electronically, by phone or fax. A prior authorization request is exigent circumstances when a Member suffers from a health condition that may seriously jeopardize the Member's life, health, or ability to regain maximum function. Exigent circumstance requests from Physicians for authorization are processed, and prescribing providers are notified of IEHP's determination as soon as you can, not to exceed 24 hours, after receipt of the request and any

additional information requested by IEHP that is reasonably necessary to make the determination.

Routine requests from Physicians are processed, and prescribing providers are notified of IEHP's determination in a timely fashion, not to exceed 72 hours. For both exigent circumstances and routine requests, IEHP must also notify the Member or their designee of its decision.

If you are denied Prior Authorization, please refer to the "Grievance & Appeals" portion of the IEHP *Evidence of Coverage* or call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

What if my drug is non-formulary or not listed?

Sometimes, doctors may prescribe a drug that is not on the formulary. This will require that the doctor get authorization from IEHP before you fill the prescription. To request a Formulary Exception, you, your Authorized Representative or your Prescribing Provider should follow the Prior Authorization Request process described above. To decide if the non-formulary drug will be covered, IEHP may ask the doctor for a "supporting statement", which explains why the drug you are asking for is medically necessary. Once all of the required supporting information has been received, the Formulary Exception Request will be either approved or denied based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in Exigent Circumstances. IEHP will notify you or your Authorized Representative and your Prescribing Provider of its coverage determination within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests. Exigent circumstances exist when a health condition may seriously jeopardize life, health, or the ability to regain maximum function or when undergoing a course of treatment using a non-formulary drug. IEHP shall provide coverage pursuant to a non-urgent request for the duration of the prescription, including refills and shall provide coverage, including refills, pursuant to a request based on exigent circumstances for the duration of the exigency. If the Plan denies a Formulary Exception Request, the Member, an Authorized Representative, or the Provider can file an Appeal with the Plan.

Some drugs have coverage rules or limits on the amount you can get. In some cases, your doctor or other prescribers must do something before You can fill the prescription. For example, prior approval (or prior authorization): For some drugs, your doctor or other prescribers must get approval from IEHP before you fill Your prescription. If you do not get approval, IEHP may not cover the drug. If you are denied Prior Authorization, please refer to the "Grievance & Appeals" portion of the IEHP *Evidence of Coverage* or call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm.

Participating retail pharmacies

You can fill prescriptions at any participating (network) pharmacy unless it is a prescription for specialty drug. IEHP contracts with a wide network of retail pharmacies. To find a network pharmacy, visit www.iehp.org.

What are specialty drugs?

Specialty drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self- administration. These requirements generally cannot be met by a retail

pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies or reporting of certain clinical events to the FDA. Specialty drugs are usually high cost.

Specialty drugs may require prior authorization for medical necessity by IEHP. Most specialty drugs are available exclusively from a Network Specialty Pharmacy. If coverage is approved, a Network Specialty Pharmacy can provide specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup. Call IEHP Member Services at 1-855-433-4347 (TTY 711), Monday-Friday, 8am-6pm, or visit www.iehp.org if you have questions about specialty drugs.

Oral Anticancer Drugs

Member's cost share for orally administered anticancer medications covered under the Plan shall not exceed \$250 for an individual prescription of up to a thirty (30) day supply.

Individuals who are determined to be at high risk of contracting HIV by their attending health care provider are covered without cost sharing by IEHP.

Mail service pharmacy

IEHP offers an easy-to-use mail service prescription drug program through our contracted mail service pharmacy. You can save time and money using the mail service drug program. It can be a convenient way to fill maintenance medications for up to a 90-day supply. Maintenance medications are drugs that doctors prescribe on an ongoing, regular basis to maintain health. For more information on using the mail service prescription benefit, visit www.iehp.org.

Categorical List of Prescription Drugs

Alternative Therapy - Vitamins and Minerals.....	14
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever	14
Anesthetics - Drugs for Pain and Fever	30
Anorectal Preparations - Rectal Preparations.....	31
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning.....	32
Anti-Infective Agents - Drugs for Infections	34
Antineoplastics - Drugs for Cancer.....	52
Antiseptics and Disinfectants - Antiseptics and Disinfectants	79
Biologicals - Biological Agents	80
Cardiovascular Therapy Agents - Drugs for the Heart.....	95
Central Nervous System Agents - Drugs for the Nervous System.....	114
Chemical Dependency, Agents to Treat - Drugs for Addiction	149
Chemicals-Pharmaceutical Adjuvants	152
Cognitive Disorder Therapy - Drugs for the Nervous System	152
Contraceptives - Drugs for Women.....	153
Dermatological - Drugs for the Skin.....	168
Diagnostic Agents.....	196
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System.....	197
Electrolyte Balance-Nutritional Products - Drugs for Nutrition.....	198
Endocrine - Hormones	210
Gastrointestinal Therapy Agents - Drugs for the Stomach	234
Genitourinary Therapy - Drugs for the Urinary System.....	248
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever.....	254
Hematological Agents - Drugs for the Blood.....	254
Hepatobiliary System Treatment Agents - Drugs for the Liver.....	271
Immunosuppressive Agents - Drugs for Organ Transplants	271
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones	273
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment	278
Medical Supply, FDB Superset.....	324
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease.....	370
Metabolic Modifiers - Drugs that Alter Metabolism.....	372
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat.....	374
Multiple Sclerosis Agents - Drugs for the Nervous System	377
Ophthalmic Agents - Drugs for the Eye	380

Organ Preservation Solutions 394
Organ Preservation Solutions - Drugs for the Heart 394
Otic (Ear) - Drugs for the Ear.....395
Respiratory Therapy Agents - Drugs for the Lungs.....396
Vaginal Products - Drugs for Women 408
Weight Loss/Gain Agents - Drugs for Eating Disorders.....409

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alternative Therapy - Vitamins and Minerals		
Alternative Therapy - Unclassified - Vitamins and Minerals		
NUMOISYN MUCOUS MEMBRANE LIQUID (<i>flaxseed</i>)	Tier 3	
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever		
Analgesic - Neuronal (N)-Type Calcium Channel Blockers (NCCBs) - Arthritis and Pain Drugs		
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML (<i>ziconotide acetate</i>)	Tier 4	
Analgesic - Opioid Antagonists - Arthritis and Pain Drugs		
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (<i>naltrexone hcl</i>)	Tier 3	
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (<i>naltrexone hcl</i>)	Tier 3	
Analgesic - Selective Sodium Channel Blockers - Arthritis and Pain Drugs		
JOURNAVX ORAL TABLET 50 MG (<i>suzetrigine</i>)	Tier 3	PA
Analgesic Opioid Agonists - Antipruritic - Arthritis and Pain Drugs		
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML (<i>difelikefalin acetate</i>)	Tier 4	PA
Analgesic Opioid Agonists - Arthritis and Pain Drugs		
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (<i>meperidine hcl/pf</i>)	Tier 3	
DILAUDID (PF) INJECTION SYRINGE 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML (<i>hydromorphone hcl/pf</i>)	Tier 3	
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,000 mcg/50 ml (20 mcg/ml), 500 mcg/50 ml (10 mcg/ml)</i>	Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>	Tier 1	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; ST
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	Tier 1	PA; ST
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i>	Tier 1	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)</i>	Tier 1	
<i>hydromorphone oral liquid 1 mg/ml</i>	Tier 1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 1	PA; ST
<i>hydromorphone rectal suppository 3 mg</i>	Tier 1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 80 MG (<i>hydrocodone bitartrate</i>)	Tier 3	ST; QL (1 EA per 1 day)
KORSUVA INTRAVENOUS SOLUTION 50 MCG/ML (<i>difelikefalin acetate</i>)	Tier 4	PA
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	ST
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>	Tier 1	
<i>meperidine (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>meperidine oral solution 50 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day)
<i>meperidine oral tablet 50 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methadone injection solution 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
<i>methadone hcl</i> (Methadone Intensol Oral Concentrate 10 Mg/ML)	Tier 1	QL (4 ML per 1 day)
<i>methadone oral concentrate 10 mg/ml</i>	Tier 1	QL (4 ML per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	Tier 1	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Tier 1	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methadone oral tablet 5 mg	Tier 1	QL (8 EA per 1 day)
methadone oral tablet,soluble 40 mg	Tier 1	QL (1 EA per 1 day)
methadone hcl (Methadose Oral Tablet,Soluble 40 Mg)	Tier 1	QL (1 EA per 1 day)
morphine (pf) intravenous syringe 1 mg/2 ml	Tier 1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	Tier 1	PA
morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml	Tier 1	
morphine in 0.9 % sodium chlor intravenous solution 5 mg/ml	Tier 1	
morphine intramuscular pen injector 10 mg/0.7 ml	Tier 1	
morphine oral capsule, er multiphase 24 hr 120 mg	Tier 1	ST; QL (2 EA per 1 day)
morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	Tier 1	ST; QL (1 EA per 1 day)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg	Tier 1	ST; QL (2 EA per 1 day)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	Tier 1	
morphine oral tablet 15 mg	Tier 1	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1	ST; QL (3 EA per 1 day)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	Tier 1	
morphine sulfate ir 30 mg tab	Tier 1	
morphine sulfate ir 30 mg tab	Tier 2	
morphine sulfate ir 30 mg tab u-d 4x25, blister	Tier 2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (tapentadol hcl)	Tier 3	ST; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (tapentadol hcl)	Tier 3	QL (6 EA per 1 day)
oxycodone oral capsule 5 mg	Tier 1	
oxycodone oral concentrate 20 mg/ml	Tier 1	PA
oxycodone oral solution 5 mg/5 ml	Tier 1	
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone oral tablet, oral only 10 mg, 15 mg, 30 mg, 5 mg	Tier 1	
oxycodone oral tablet,oral only,ext.rel.12 hr 20 mg, 40 mg	Tier 1	ST; QL (2 EA per 1 day)
oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg	Tier 1	ST; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG (oxycodone hcl)	Tier 2	ST; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (oxycodone hcl)	Tier 2	ST; QL (4 EA per 1 day)
oxymorphone oral tablet 10 mg, 5 mg	Tier 1	
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	ST; QL (2 EA per 1 day)
oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg	Tier 1	ST; QL (4 EA per 1 day)
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG (oxycodone hcl)	Tier 3	
tramadol oral solution 5 mg/ml	Tier 1	PA
tramadol oral tablet 50 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	ST; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 200 mg, 300 mg	Tier 1	ST; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 100 mg	Tier 1	ST; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg	Tier 1	ST; QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG (oxycodone myristate)	Tier 3	ST; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (oxycodone myristate)	Tier 3	ST; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (oxycodone myristate)	Tier 3	ST; QL (8 EA per 1 day)
Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Tier 1	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Tier 1	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine phosphate/butalbital/aspirin/caffeine</i> (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 12 Years)
Analgesic Opioid Hydrocodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
<i>benzhydrocodone-acetaminophen oral tablet 4.08-325 mg, 6.12-325 mg, 8.16-325 mg</i>	Tier 1	ST; QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	Tier 1	QL (200 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Hydrocodone and NSAID Combinations - Arthritis and Pain Drugs		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
Analgesic Opioid Hydrocodone Combinations - Arthritis and Pain Drugs		
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	Tier 1	QL (200 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Tier 1	QL (184 ML per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	Tier 1	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	
Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
<i>oxycodone hcl/acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone hcl/acetaminophen</i> (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs		
<i>oxycodone hcl/acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>oxycodone hcl/acetaminophen</i> (Percocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs		
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Tier 1	ST
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Tier 1	ST
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	Tier 1	ST; QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Tier 1	
Analgesic Opioid Tramadol and Non-Salicylate Combinations - Arthritis and Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Opioid Tramadol Combinations - Arthritis and Pain Drugs		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)
Analgesic or Antipyretic Non-Opioid/Sedative Combinations - Arthritis and Pain Drugs		
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 1	ST; QL (6 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	
<i>butalbital/acetaminophen/cafeine</i> (Fioricet Oral Capsule 50-300-40 Mg)	Tier 1	
<i>butalbital/acetaminophen</i> (Tencon Oral Tablet 50-325 Mg)	Tier 1	
Anti-inflammatory - Complement (C5) Receptor Inhibitors - Arthritis and Pain Drugs		
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	Tier 4	PA
Anti-Inflammatory - Interleukin-1 beta Blockers - Arthritis and Pain Drugs		
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab/pf</i>)	Tier 4	PA
Anti-inflammatory - Interleukin-1 Receptor Antagonist - Arthritis and Pain Drugs		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (<i>rilonacept</i>)	Tier 4	PA
Anti-inflammatory and Antipruritic-Bruton's Tyrosine Kinase Inhibitors - Arthritis and Pain Drugs		
RHAPSIDO ORAL TABLET 25 MG (<i>remibrutinib</i>)	Tier 4	PA
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,Non-Selective - Arthritis and Pain Drugs		
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (<i>etanercept</i>)	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel - Arthritis and Pain Drugs		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml</i>	Tier 4	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-axxq</i>)	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	Tier 4	PA
<i>infliximab intravenous recon soln 100 mg</i>	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab-ryvk</i>)	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab-ryvk</i>)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (<i>golimumab</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	Tier 4	PA
DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs		
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml</i>	Tier 4	PA
<i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 20 mg/0.2 ml, 40 mg/0.4 ml</i>	Tier 4	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-axxq</i>)	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	Tier 4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (<i>etanercept</i>)	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	Tier 4	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	Tier 4	PA
<i>infliximab intravenous recon soln 100 mg</i>	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab-ryvk</i>)	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab-ryvk</i>)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (<i>golimumab</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	Tier 4	PA
DMARD - Antimalarials - Arthritis and Pain Drugs		
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydroxychloroquine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)
SOVUNA ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	Tier 2	QL (100 EA per 30 days)
DMARD - Antimetabolites - Arthritis and Pain Drugs		
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	Tier 3	PA; OCH
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	OCH
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (<i>methotrexate/pf</i>)	Tier 2	QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (<i>methotrexate/pf</i>)	Tier 2	QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (<i>methotrexate/pf</i>)	Tier 2	QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (<i>methotrexate/pf</i>)	Tier 2	QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (<i>methotrexate/pf</i>)	Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (<i>methotrexate/pf</i>)	Tier 2	QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (<i>methotrexate/pf</i>)	Tier 2	QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (<i>methotrexate/pf</i>)	Tier 2	QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (<i>methotrexate/pf</i>)	Tier 2	QL (0.6 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	Tier 2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	Tier 3	ST; OCH; QL (120 ML per 60 days)
DMARD - Antinflammatory, Select. costimulation modulator, T-cell Inhib. - Arthritis and Pain Drugs		
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (<i>abatacept/maltose</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	Tier 4	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (<i>abatacept</i>)	Tier 4	PA
DMARD - B Cell Targeted Agents - Arthritis and Pain Drugs		
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-arrx</i>)	Tier 4	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (<i>rituximab</i>)	Tier 4	PA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-pvvr</i>)	Tier 4	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-abbs</i>)	Tier 4	PA
DMARD - Gold Compounds - Arthritis and Pain Drugs		
<i>auranofin oral capsule 3 mg</i>	Tier 1	
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	Tier 3	
DMARD - Immunosuppressives - Arthritis and Pain Drugs		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 4	
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i>	Tier 4	
<i>cyclophosphamide intravenous solution 500 mg/ml</i>	Tier 4	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	OCH
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 4	OCH
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	
<i>cyclosporine, modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
<i>cyclosporine, modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine, modified</i>)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine, modified</i>)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	Tier 2	
DMARD - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis and Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (<i>anakinra</i>)	Tier 4	PA
DMARD - Interleukin-6 (IL-6) Receptor Inhibitors, Monoclonal Antibody - Arthritis and Pain Drugs		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (<i>tocilizumab</i>)	Tier 4	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (<i>tocilizumab</i>)	Tier 4	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (<i>tocilizumab</i>)	Tier 4	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (<i>sarilumab</i>)	Tier 4	PA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (<i>sarilumab</i>)	Tier 4	PA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (<i>tocilizumab-aazg</i>)	Tier 4	PA
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (<i>tocilizumab-aazg</i>)	Tier 4	PA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (<i>tocilizumab-aazg</i>)	Tier 4	PA
DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	Tier 4	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML (<i>upadacitinib</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (<i>upadacitinib</i>)	Tier 4	PA
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	Tier 4	PA
XELJANZ ORAL TABLET 5 MG (<i>tofacitinib citrate</i>)	Tier 4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (<i>tofacitinib citrate</i>)	Tier 4	PA
DMARD - Other - Arthritis and Pain Drugs		
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	Tier 4	PA
D-PENAMINE ORAL TABLET 125 MG (<i>penicillamine</i>)	Tier 4	PA
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>penicillamine oral capsule 250 mg</i>	Tier 4	PA
<i>penicillamine oral tablet 250 mg</i>	Tier 4	PA
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	Tier 1	
DMARD - Phosphodiesterase-4 (PDE4) Inhibitors - Arthritis and Pain Drugs		
OTEZLA ORAL TABLET 20 MG, 30 MG (<i>apremilast</i>)	Tier 4	PA
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (<i>apremilast</i>)	Tier 4	PA
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG (<i>apremilast</i>)	Tier 4	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG (<i>apremilast</i>)	Tier 4	PA
DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	
Immunomodulator - Rho Kinase Inhibitor - Arthritis and Pain Drugs		
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	Tier 4	PA
Immunomodulator B-Lymphocyte Stimulator (BLyS)-Specific Inhibitor MCAB - Arthritis and Pain Drugs		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG (<i>belimumab</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	Tier 4	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (<i>belimumab</i>)	Tier 4	PA
NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs		
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	
VYSCOXAL ORAL SUSPENSION 10 MG/ML (<i>celecoxib</i>)	Tier 3	PA; QL (40 ML per 1 day)
NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives - Arthritis and Pain Drugs		
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs		
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	Tier 1	
<i>ketorolac injection solution 30 mg/ml</i>	Tier 1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	Tier 1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Tier 1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	Tier 1	
<i>ketorolac oral tablet 10 mg</i>	Tier 1	QL (20 EA per 5 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	
<i>tolmetin oral capsule 400 mg</i>	Tier 1	
<i>tolmetin oral tablet 600 mg</i>	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML (<i>ketorolac/norflurane and pentafluoropropane (hfc 245fa)</i>)	Tier 3	
TORONOVA SUIK KIT 30 MG/ML (<i>ketorolac/norflurane and pentafluoropropane (hfc 245fa)</i>)	Tier 3	
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	Tier 1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Phenylacetic Acid Derivatives - Arthritis and Pain Drugs		
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	
NSAID Analgesics (COX Non-Specific) - Propionic Acid Derivatives - Arthritis and Pain Drugs		
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	
<i>ibuprofen</i> (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 1	
<i>ketoprofen</i> (Kiprofen Oral Capsule 25 Mg)	Tier 1	
<i>flurbiprofen</i> (Lurbipr Oral Tablet 100 Mg)	Tier 1	
<i>flurbiprofen</i> (Lurbiro Oral Tablet 100 Mg)	Tier 1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	
NSAID Analgesics, (COX Non-specific) - Indole Acetic Acid Derivatives - Arthritis and Pain Drugs		
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	
<i>indomethacin rectal suppository 100 mg</i>	Tier 1	
Salicylate Analgesic and Sedative Combinations - Arthritis and Pain Drugs		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Tier 1	
Salicylate Analgesic Combinations - Arthritis and Pain Drugs		
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Tier 1	
Salicylate Analgesics - Arthritis and Pain Drugs		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
<i>aspirin oral tablet 325 mg</i>	\$0	EHB
<i>aspirin oral tablet,chewable 81 mg</i>	\$0	EHB
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	\$0	EHB
BAYER ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	\$0	EHB
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
<i>diflunisal oral tablet 500 mg</i>	Tier 1	
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
Anesthetics - Drugs for Pain and Fever		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs for Sedation		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (<i>midazolam/ketamine hcl/ondansetron hcl</i>)	Tier 1	
General Anesthetic - Inhalant Volatile - Drugs for Sedation		
<i>desflurane inhalation liquid 100 %</i>	Tier 1	
<i>isoflurane inhalation liquid 99.9 %</i>	Tier 1	
<i>sevoflurane inhalation liquid 99.97 %</i>	Tier 1	
<i>isoflurane</i> (Terrell Inhalation Liquid 99.9 %)	Tier 1	
General Anesthetic - Parenteral, Benzodiazepines - Drugs for Sedation		
<i>midazolam (pf) injection solution 5 mg/ml</i>	Tier 1	
<i>midazolam injection solution 5 mg/ml</i>	Tier 1	
General Anesthetic Adjuncts - Opioid - Drugs for Sedation		
<i>fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)</i>	Tier 1	
Local Anesthetic - Amides - Drugs for Sedation		
<i>lidocaine hcl laryngotracheal solution 4 %</i>	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (<i>bupivacaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 3	
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	Tier 1	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (<i>hydrocortisone acetate</i>)	Tier 1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	Tier 1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	Tier 1	
<i>hydrocortisone</i> (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	Tier 1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	Tier 1	
lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)	Tier 1	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)	Tier 1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	Tier 1	
PROCORT RECTAL CREAM 1.85-1.15 % (hydrocortisone acetate/pramoxine hcl)	Tier 3	
PROCTOFOAM HC RECTAL FOAM 1-1 % (hydrocortisone acetate/pramoxine hcl)	Tier 2	
ZYPRAM RECTAL KIT, CREAM AND TOWELETTE 2.35-1 % (hydrocortisone acetate/pramoxine hcl/skin cleanser no.16)	Tier 3	
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning		
Antidote - Acetaminophen Poisoning - Drugs for Overdose or Poisoning		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
Antidote - Anticholinesterase Agents - Drugs for Overdose or Poisoning		
pyridostigmine bromide oral tablet extended release 105 mg	Tier 3	
Antidote - Cholinesterase Reactivating Agent - Drugs for Overdose or Poisoning		
pralidoxime intramuscular pen injector 600 mg/2 ml	Tier 3	
Antidote - Cholinesterase Reactivating Agent and Muscarinic Antagonist - Drugs for Overdose or Poisoning		
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (pralidoxime chloride/atropine sulfate)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidote - Radioactive Agents - Drugs for Overdose or Poisoning		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (<i>prussian blue (insoluble)</i>)	Tier 3	
Antidote Others - Drugs for Overdose or Poisoning		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (<i>zinc acetate</i>)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (<i>prussian blue (insoluble)</i>)	Tier 3	
Chelating Agents - Copper - Drugs for Overdose or Poisoning		
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	Tier 4	PA
CUVRIOR ORAL TABLET 300 MG (<i>trientine tetrahydrochloride</i>)	Tier 4	PA
D-PENAMINE ORAL TABLET 125 MG (<i>penicillamine</i>)	Tier 4	PA
<i>penicillamine oral capsule 250 mg</i>	Tier 4	PA
<i>penicillamine oral tablet 250 mg</i>	Tier 4	PA
<i>trientine oral capsule 250 mg</i>	Tier 4	PA
<i>trientine oral capsule 500 mg</i>	Tier 4	PA
Chelating Agents - Iron - Drugs for Overdose or Poisoning		
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	Tier 4	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Tier 4	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Tier 4	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	Tier 4	PA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	Tier 1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	Tier 4	PA
Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	Tier 3	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning		
<i>alvimopan oral capsule 12 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (<i>methylnaltrexone bromide</i>)	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (<i>methylnaltrexone bromide</i>)	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	Tier 2	QL (1 EA per 1 day)
Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION (<i>naloxone hcl</i>)	Tier 2	QL (4 EA per 30 days)
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	Tier 1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	Tier 1	QL (4 EA per 30 days)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION (<i>nalmefene hcl</i>)	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (<i>naloxone hcl</i>)	Tier 3	QL (2 ML per 30 days)
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML (<i>nalmefene hcl</i>)	Tier 3	QL (2 ML per 30 days)
Anti-Infective Agents - Drugs for Infections		
Aminoglycoside Antibiotic - Antibiotics		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (<i>amikacin sulfate liposomal with nebulizer accessories</i>)	Tier 4	PA
<i>neomycin oral tablet 500 mg</i>	Tier 1	
Aminomethylcycline Antibiotics - Antibiotics		
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	Tier 3	PA
Aminopenicillin Antibiotic - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (<i>amoxicillin</i>)	Tier 3	
Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics		
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites		
<i>albendazole oral tablet 200 mg</i>	Tier 1	
EMVERM ORAL TABLET, CHEWABLE 100 MG (<i>mebendazole</i>)	Tier 2	PA
Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites		
<i>ivermectin oral tablet 3 mg, 6 mg</i>	Tier 1	
Anthelmintic Agents Other - Drugs for Parasites		
<i>praziquantel oral tablet 600 mg</i>	Tier 1	
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (<i>sulfamethoxazole/trimethoprim</i>)	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
PRIMSOL ORAL SOLUTION 50 MG/5 ML (<i>trimethoprim</i>)	Tier 2	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
Antibacterial Nitrofurantoin Derivatives - Antibiotics		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	PA
Antibacterial Other - Antibiotics		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
Antifungal - Allylamines - Drugs for Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus		
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	
Antifungal - Fluorinated Pyrimidine-type Agents - Drugs for Fungus		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	
Antifungal - Glucan Synthesis Inhibitor, Triterpenoid - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	Tier 3	PA
Antifungal - Glucan Synthesis Inhibitors - Antibiotics		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	Tier 3	PA
Antifungal - Imidazoles - Drugs for Fungus		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (<i>miconazole</i>)	Tier 3	
Antifungal - Tetrazoles - Drugs for Fungus		
VIVJOA ORAL CAPSULE 150 MG (<i>oteseconazole</i>)	Tier 3	PA
Antifungal - Triazoles - Drugs for Fungus		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	Tier 3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i>	Tier 1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG (<i>posaconazole</i>)	Tier 3	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	Tier 1	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	Tier 1	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	
Antifungal other - Drugs for Fungus		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	
Anti-Infective Immunologic Adjuvants - Interferons - Drugs for Infections		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (<i>interferon gamma-1b, recomb.</i>)	Tier 4	PA
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	Tier 4	PA
Antileprotic - Sulfone Agents - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	
Antimalarial Combinations - Drugs for Parasites		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	
COARTEM ORAL TABLET 20-120 MG (<i>artemether/lumefantrine</i>)	Tier 3	
Antimalarials - Drugs for Parasites		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	Tier 3	
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (36 EA per 16 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (18 EA per 16 days)
<i>hydroxychloroquine oral tablet 100 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	QL (100 EA per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	Tier 1	QL (60 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	Tier 2	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Tier 1	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Tier 2	
<i>pyrimethamine oral tablet 25 mg</i>	Tier 4	PA
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	
SOVUNA ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	Tier 2	QL (100 EA per 30 days)
Antiprotozoal Agents - Nitrofuran Derivatives - Drugs for Parasites		
LAMPIT ORAL TABLET 120 MG, 30 MG (<i>nifurtimox</i>)	Tier 3	
Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs for Parasites		
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 1	
Antiprotozoal Agents - Other - Drugs for Parasites		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	Tier 2	PA
Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs for Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (<i>nitazoxanide</i>)	Tier 3	QL (50 ML per 1 day)
<i>nitazoxanide oral tablet 500 mg</i>	Tier 1	QL (2 EA per 1 day)
Antiprotozoal-Antibacterial 1st Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
LIKMEZ ORAL SUSPENSION 500 MG/5 ML (<i>metronidazole</i>)	Tier 3	PA
<i>metronidazole oral capsule 375 mg</i>	Tier 1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (<i>secnidazole</i>)	Tier 3	ST; QL (1 EA per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
Antiretroviral - Anti-CD4 Domain 2 Monoclonal Antibody - Drugs for Viral Infections		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) (<i>ibalizumab-uiyk</i>)	Tier 2	PA
Antiretroviral - Capsid Inhibitors - Drugs for Infections		
SUNLENCA ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	Tier 2	PA
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (<i>lenacapavir sodium</i>)	Tier 2	PA
YEZTUGO ORAL TABLET 300 MG (<i>lenacapavir sodium</i>)	Tier 2	PA
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML (<i>lenacapavir sodium</i>)	Tier 2	PA
Antiretroviral - CCR5 Co-Receptor Antagonist - Drugs for Viral Infections		
<i>maraviroc oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Tier 1	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	Tier 2	QL (31 ML per 1 day)
Antiretroviral - CD4 Attachment Inhibitors - Drugs for Viral Infections		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (<i>fostemsavir tromethamine</i>)	Tier 2	PA
Antiretroviral - HIV-1 Fusion Inhibitors - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (<i>enfuvirtide</i>)	Tier 2	QL (2 EA per 1 day)
Antiretroviral - HIV-1 Integrase Strand Transfer Inhibitors - Drugs for Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (<i>cabotegravir</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	Tier 2	QL (6 EA per 1 day)
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG (<i>dolutegravir sodium</i>)	Tier 2	QL (6 EA per 1 day)
Antiretroviral - Integrase Inhibitor and NNRTI Combinations - Drugs for Viral Infections		
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML (<i>cabotegravir/rilpivirine</i>)	Tier 2	QL (4 ML per 30 days); Age (Min 12 Years)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML (<i>cabotegravir/rilpivirine</i>)	Tier 2	QL (6 ML per 30 days); Age (Min 12 Years)
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir sodium/rilpivirine hcl</i>)	Tier 2	QL (1 EA per 1 day)
Antiretroviral - Integrase Inhibitor and NRTI Combinations - Drugs for Viral Infections		
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir sodium/lamivudine</i>)	Tier 2	QL (1 EA per 1 day)
Antiretroviral - Non-Nucleoside Reverse Transcriptase Inhib (NNRTI) - Drugs for Viral Infections		
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	Tier 2	QL (1 EA per 1 day)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG (<i>rilpivirine hcl</i>)	Tier 2	QL (180 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	Tier 1	
<i>etravirine oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	Tier 2	QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Tier 1	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	Tier 3	QL (2 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>stavudine oral capsule 15 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (1 EA per 1 day)
Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir sulfate/cobicistat</i>)	Tier 2	QL (1 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 1	QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG (<i>darunavir ethanolate/cobicistat</i>)	Tier 3	QL (1 EA per 1 day)
Antiretroviral- Nucleoside and Nucleotide Analogs, Protease Inhibitors - Drugs for Viral Infections		
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide</i>)	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor, Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir sodium/emtricitabine/tenofovir alafenamide fumar</i>)	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide</i>)	Tier 2	QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil</i>)	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Nucleoside Analogs and Integrase Inhibitor combinations - Drugs for Viral Infections		
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir sulfate/dolutegravir sodium/lamivudine</i>)	Tier 2	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (<i>abacavir sulfate/dolutegravir sodium/lamivudine</i>)	Tier 2	QL (6 EA per 1 day)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	QL (2 EA per 1 day)
Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections		
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate</i>)	Tier 3	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirine/lamivudine/tenofovir disoproxil fumarate</i>)	Tier 3	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>emtricitabine-rilpivirine-tenofov df oral tablet 200-25-300 mg</i>	Tier 1	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate</i>)	Tier 2	QL (1 EA per 1 day)
Antitubercular - D-alanine Analogs - Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
Antitubercular - Diarylquinoline Antibiotics - Antibiotics		
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	Tier 4	PA
Antitubercular - Isonicotinic Acid Derivatives - Antibiotics		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
Antitubercular - Niacinamide Derivatives - Antibiotics		
<i>pyrazinamide oral tablet 500 mg</i>	Tier 1	
Antitubercular - Nitroimidazole Derivatives - Antibiotics		
<i>pretomanid oral tablet 200 mg</i>	Tier 3	QL (1 EA per 1 day)
Antitubercular - Rifamycin and Derivatives - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Tier 3	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
Antitubercular Agents Other - Antibiotics		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	
TRECATOR ORAL TABLET 250 MG (<i>ethionamide</i>)	Tier 3	
Bacterial Topoisomerase II Inhibitors, Others - Drugs for Infections		
BLUJEPAL ORAL TABLET 750 MG (<i>gepottidacin mesylate</i>)	Tier 3	PA; QL (4 EA per 1 day)
Carbapenem Antibiotic Combinations - Antibiotics		
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	Tier 1	
Cephalosporin Antibiotics - 1st Generation - Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporin Antibiotics - 2nd Generation - Antibiotics		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	
Cephalosporin Antibiotics - 3rd Generation - Antibiotics		
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>cefixime oral capsule 400 mg</i>	Tier 1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML (<i>cefixime</i>)	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (<i>cefixime</i>)	Tier 2	
CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections		
<i>valganciclovir oral recon soln 50 mg/ml</i>	Tier 1	
<i>valganciclovir oral tablet 450 mg</i>	Tier 1	
CMV Antiviral Agent - Protein Kinase Inhibitors - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	Tier 4	PA
CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections		
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG (<i>letermovir</i>)	Tier 3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	Tier 3	PA
Fluoroquinolone Antibiotics - Antibiotics		
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (<i>ciprofloxacin</i>)	Tier 2	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
<i>vancomycin oral capsule 125 mg</i>	Tier 1	QL (56 EA per 1 FILL)
<i>vancomycin oral capsule 250 mg</i>	Tier 1	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i>	Tier 1	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i>	Tier 1	QL (600 ML per 1 FILL)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	Tier 4	QL (630 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (1 EA per 1 day)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections		
<i>adefovir oral tablet 10 mg</i>	Tier 4	QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide</i>)	Tier 4	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (1 EA per 1 day)
Hepatitis C - Interferons - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (<i>peginterferon alfa-2a</i>)	Tier 4	PA
Hepatitis C - NS5A Inhibitor and NS3/4A Protease Inhibitor Combination - Drugs for Viral Infections		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG (<i>glecaprevir/pibrentasvir</i>)	Tier 4	PA
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir/pibrentasvir</i>)	Tier 4	PA
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir/grazoprevir</i>)	Tier 4	PA
Hepatitis C - NS5A, NS3/4A Protease, Nucleo.NS5B Polymerase Inhib Comb - Drugs for Viral Infections		
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuvir/velpatasvir/voxilaprevir</i>)	Tier 4	PA
Hepatitis C - NS5B Polymerase and NS5A Inhibitor Combinations - Drugs for Viral Infections		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir/velpatasvir</i>)	Tier 4	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir/velpatasvir</i>)	Tier 4	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir/sofosbuvir</i>)	Tier 4	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir/sofosbuvir</i>)	Tier 4	PA
Hepatitis C - Nucleos(t)ide Analog NS5B Polymerase Inhibitors - Drugs for Viral Infections		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	Tier 4	PA
SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>)	Tier 4	PA
Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections		
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	
Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	
Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections		
<i>oseltamivir oral capsule 30 mg</i>	Tier 1	QL (40 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	Tier 1	QL (20 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	Tier 1	QL (360 ML per 180 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (<i>zanamivir</i>)	Tier 3	QL (40 EA per 180 days)
Influenza Antiviral Agents - PA Endonuclease Inhibitor - Drugs for Viral Infections		
XOFLUZA ORAL TABLET 40 MG (<i>baloxavir marboxil</i>)	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG (<i>baloxavir marboxil</i>)	Tier 2	QL (2 EA per 180 days)
Influenza-A Antiviral Agents - Drugs for Viral Infections		
<i>rimantadine oral tablet 100 mg</i>	Tier 1	
Lincosamide Antibiotics - Antibiotics		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Tier 1	
<i>clindamycin palmitate hcl</i> (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 MI)	Tier 1	
Macrolide Antibiotics - Antibiotics		
<i>azithromycin oral packet 1 gram</i>	Tier 1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 1	
Oxazolidinone Antibiotics - Antibiotics		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 1	
<i>linezolid oral tablet 600 mg</i>	Tier 1	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	Tier 2	PA
Penem Antibiotic Combinations - Drugs for Infections		
ORLYNVAH ORAL TABLET 500-500 MG (<i>sulopenem etzadroxil/probenecid</i>)	Tier 3	PA; QL (2 EA per 1 day)
Penicillin Antibiotic - Natural - Antibiotics		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Penicillin Antibiotic - Penicillinase-resistant - Antibiotics		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	
Pleuromutilin Antibiotics - Antibiotics		
XENLETA ORAL TABLET 600 MG (<i>lefamulin acetate</i>)	Tier 3	PA
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	Tier 2	QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Tier 1	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG- MG (<i>darunavir ethanolate/cobicistat</i>)	Tier 3	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	Tier 2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	Tier 2	QL (16 EA per 1 day)
Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections		
<i>atazanavir oral capsule 150 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	Tier 1	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir sulfate/cobicistat</i>)	Tier 2	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Tier 1	QL (4 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORVIR ORAL CAPSULE 100 MG (<i>ritonavir</i>)	Tier 2	QL (12 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG (<i>ritonavir</i>)	Tier 2	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG (<i>atazanavir sulfate</i>)	Tier 2	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	Tier 2	
Respiratory Syncytial Virus (RSV) Antiviral Agents - Drugs for Viral Infections		
<i>ribavirin inhalation recon soln 6 gram</i>	Tier 1	
Rifamycins and Related Derivative Antibiotics - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	Tier 3	
<i>rifabutin oral capsule 150 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	Tier 2	PA
SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs for Infections		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)-100 MG (10), 150 MG (6)- 100 MG (5) (<i>nirmatrelvir/ritonavir</i>)	\$0	QL (11 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (<i>nirmatrelvir/ritonavir</i>)	\$0	QL (30 EA per 28 days); Age (Min 12 Years)
SARS-CoV-2 Antiviral Agent - RNA Polymerase Inhibitors - Drugs for Viral Infections		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	\$0	QL (40 EA per 29 days); Age (Min 18 Years)
Sulfonamide Antibiotic - Antibiotics		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	
Tetracycline Antibiotics - Antibiotics		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 100 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>doxycycline hyclate oral tablet 50 mg</i>	Tier 1	ST; QL (4 EA per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule 75 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Tier 1	PA
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	Tier 1	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (<i>minocycline hcl</i>)	Tier 3	PA
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxycycline monohydrate</i> (Mondoxylene NI Oral Capsule 100 Mg)	Tier 1	
<i>doxycycline monohydrate</i> (Mondoxylene NI Oral Capsule 75 Mg)	Tier 1	ST; QL (2 EA per 1 day)
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	Tier 3	PA
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	
Variola (Smallpox) Virus Antiviral Agents - Drugs for Viral Infections		
TEMBEXA ORAL SUSPENSION 10 MG/ML (<i>brincidofovir</i>)	Tier 2	
TEMBEXA ORAL TABLET 100 MG (<i>brincidofovir</i>)	Tier 2	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG (<i>tecovirimat</i>)	Tier 2	
Antineoplastics - Drugs for Cancer		
ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody - Drugs for Cancer		
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-maly</i>)	Tier 4	PA
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MVASI INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-awwb</i>)	Tier 4	PA
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-adcd</i>)	Tier 4	PA
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab-bvzr</i>)	Tier 4	PA
Antineoplastic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer		
<i>lapatinib oral tablet 250 mg</i>	Tier 4	PA; OCH
Antineoplastic - Bispecific EGFR and MET Recept Inhibitor MC Antibody - Drugs for Cancer		
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML (<i>amivantamab-vmjw</i>)	Tier 4	PA
Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 4	PA; OCH
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate, submicronized</i>)	Tier 4	PA; OCH
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Tier 4	PA; OCH
<i>gefitinib oral tablet 250 mg</i>	Tier 4	PA; OCH
Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	Tier 4	PA; OCH
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	Tier 4	PA; OCH
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	Tier 4	PA; OCH
Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
LAZCLUZE ORAL TABLET 240 MG, 80 MG (<i>lazertinib mesylate</i>)	Tier 4	PA; OCH

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAGRISSE ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	Tier 4	PA; OCH
Antineoplastic - AKT (Protein Kinase B (PKB)) Inhibitor - Drugs for Cancer		
TRUQAP ORAL TABLET 160 MG, 200 MG (<i>capivasertib</i>)	Tier 4	PA; OCH
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer		
<i>busulfan intravenous solution 60 mg/10 ml</i>	Tier 4	
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	Tier 4	OCH
Antineoplastic - Alkylating Agent - Ethylenimines and Methylmelamines - Drugs for Cancer		
TEPADINA INJECTION RECON SOLN 100 MG (<i>thiotepa</i>)	Tier 4	
TEPADINA INJECTION SOLUTION 200 MG (<i>thiotepa</i>)	Tier 4	
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	Tier 4	
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer		
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	Tier 4	OCH
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer		
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	Tier 4	
<i>cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml</i>	Tier 4	
<i>cyclophosphamide intravenous solution 500 mg/ml</i>	Tier 4	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 4	OCH
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	Tier 4	OCH
EVOMELA INTRAVENOUS RECON SOLN 50 MG (<i>melphalan hcl/betadex sulfobutyl ether sodium</i>)	Tier 4	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	Tier 4	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	Tier 4	
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	Tier 4	OCH
<i>melphalan hcl intravenous recon soln 50 mg</i>	Tier 4	
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer		
<i>carmustine intravenous recon soln 100 mg</i>	Tier 4	
<i>carmustine intravenous recon soln 300 mg</i>	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	Tier 4	PA; OCH
GLIADEL WAFER IMPLANT WAFER 7.7 MG (<i>carmustine in polifeprosan 20</i>)	Tier 4	
Antineoplastic - Alkylating Agent - Other - Drugs for Cancer		
<i>bendamustine intravenous recon soln 100 mg, 25 mg</i>	Tier 4	
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (<i>bendamustine hcl</i>)	Tier 4	
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (<i>bendamustine hcl</i>)	Tier 4	
Antineoplastic - Alkylating Agent - Triazines - Drugs for Cancer		
TEMODAR INTRAVENOUS RECON SOLN 100 MG (<i>temozolomide</i>)	Tier 4	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 4	PA; OCH
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer		
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	Tier 4	PA; OCH
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	Tier 4	PA; OCH
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (<i>brigatinib</i>)	Tier 4	PA; OCH
ENSACOVE ORAL CAPSULE 100 MG, 25 MG (<i>ensartinib hydrochloride</i>)	Tier 4	PA; OCH
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	Tier 4	PA; OCH
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	Tier 4	PA; OCH
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG (<i>crizotinib</i>)	Tier 4	PA; OCH
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	Tier 4	PA; OCH
Antineoplastic - Antiadrenals - Drugs for Cancer		
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	Tier 4	OCH
Antineoplastic - Antiandrogens - Drugs for Cancer		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Tier 4	PA; OCH

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	OCH
ERLEADA ORAL TABLET 240 MG, 60 MG (<i>apalutamide</i>)	Tier 4	PA; OCH
<i>nilutamide oral tablet 150 mg</i>	Tier 4	OCH; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	Tier 4	PA; OCH
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	Tier 4	PA; OCH
XTANDI ORAL TABLET 40 MG, 80 MG (<i>enzalutamide</i>)	Tier 4	PA; OCH
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate, submicronized</i>)	Tier 4	PA; OCH
Antineoplastic - Antibiotic and Antimetabolite Combinations - Drugs for Cancer		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG (<i>daunorubicin/cytarabine liposomal</i>)	Tier 4	PA
Antineoplastic - Antibody-Drug Conjugates (ADCs) - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (<i>brentuximab vedotin</i>)	Tier 4	PA
BESPO NSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (<i>inotuzumab ozogamicin</i>)	Tier 4	PA
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (<i>mirvetuximab soravtansine-gynx</i>)	Tier 4	PA
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG (<i>telisotuzumab vedotin-tllv</i>)	Tier 4	PA
ENHERTU INTRAVENOUS RECON SOLN 100 MG (<i>fam-trastuzumab deruxtecan-nxki</i>)	Tier 4	PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (<i>ado-trastuzumab emtansine</i>)	Tier 4	PA
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (<i>gemtuzumab ozogamicin</i>)	Tier 4	PA
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (<i>enfortumab vedotin-ejfv</i>)	Tier 4	PA
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (<i>polatuzumab vedotin-piiq</i>)	Tier 4	PA
TIVDAK INTRAVENOUS RECON SOLN 40 MG (<i>tisotumab vedotin-tftv</i>)	Tier 4	PA
Antineoplastic - Anti-GD2 Ganglioside Monoclonal Antibody - Drugs for Cancer		
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML (<i>naxitamab-gqgk</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer		
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG (<i>pemetrexed dipotassium</i>)	Tier 4	PA
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) (<i>pralatrexate</i>)	Tier 4	PA
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	Tier 3	PA; OCH
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	OCH
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg</i>	Tier 4	PA
<i>pemetrexed disodium intravenous recon soln 100 mg, 500 mg</i>	Tier 4	PA
<i>pemetrexed disodium intravenous solution 25 mg/ml</i>	Tier 4	PA
<i>pemetrexed intravenous recon soln 100 mg, 500 mg</i>	Tier 4	PA
<i>pemetrexed intravenous solution 25 mg/ml</i>	Tier 4	PA
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (<i>pemetrexed</i>)	Tier 4	PA
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML (<i>pemetrexed disodium</i>)	Tier 4	PA
<i>pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)</i>	Tier 4	PA
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	Tier 2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	Tier 3	ST; OCH; QL (120 ML per 60 days)
Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer		
<i>cladribine intravenous solution 10 mg/10 ml</i>	Tier 4	
<i>clofarabine intravenous solution 1 mg/ml</i>	Tier 4	
<i>fludarabine intravenous recon soln 50 mg</i>	Tier 4	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	Tier 4	
<i>mercaptopurine oral suspension 20 mg/ml</i>	Tier 4	ST; OCH

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	OCH
<i>nelarabine intravenous solution 250 mg/50 ml</i>	Tier 4	
NIPENT INTRAVENOUS RECON SOLN 10 MG (<i>pentostatin</i>)	Tier 4	
PURIXAN ORAL SUSPENSION 20 MG/ML (<i>mercaptopurine</i>)	Tier 4	ST; OCH
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	Tier 4	OCH
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer		
<i>azacitidine injection recon soln 100 mg</i>	Tier 4	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 4	PA; OCH
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	Tier 4	
<i>cytarabine injection solution 20 mg/ml</i>	Tier 4	
<i>decitabine intravenous recon soln 50 mg</i>	Tier 4	
<i>floxuridine injection recon soln 0.5 gram</i>	Tier 4	
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	Tier 4	
<i>gemcitabine intravenous recon soln 2 gram</i>	Tier 4	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml)</i>	Tier 4	
<i>gemcitabine intravenous solution 100 mg/ml, 200 mg/5.26 ml (38 mg/ml)</i>	Tier 4	
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML) (<i>gemcitabine hcl in 0.9 % sodium chloride</i>)	Tier 4	
INLEXZO INTRAVESICAL IMPLANT 225 MG (<i>gemcitabine hcl</i>)	Tier 3	
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	Tier 4	PA; OCH
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer		
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	OCH
Antineoplastic - Antimetabolites - Pyrimidine Analog Combinations - Drugs for Cancer		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine/tipiracil hcl</i>)	Tier 4	PA; OCH
Antineoplastic - Anti-PD-1 and Anti-LAG-3 Monoclonal Antibodies - Drugs for Cancer		
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML (<i>nivolumab-relatlimab-rmbw</i>)	Tier 4	PA
Antineoplastic - Anti-SLAMF7 Monoclonal Antibody Agents - Drugs for Cancer		
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG (<i>elotuzumab</i>)	Tier 4	PA
Antineoplastic - Aromatase Inhibitors - Drugs for Cancer		
<i>anastrozole oral tablet 1 mg</i>	\$0	OCH; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>exemestane oral tablet 25 mg</i>	\$0	OCH; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	OCH
Antineoplastic - Arsenic Compounds - Drugs for Cancer		
<i>arsenic trioxide intravenous solution 1 mg/ml, 2 mg/ml</i>	Tier 4	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML (<i>arsenic trioxide</i>)	Tier 4	
Antineoplastic - Asparaginase Enzyme Therapy Agents - Drugs for Cancer		
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML (<i>calaspargase pegol-mknl</i>)	Tier 4	PA
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (<i>pegaspargase</i>)	Tier 4	PA
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML (<i>asparaginase erwinia chrysanthemi (recombinant)-rywn</i>)	Tier 4	PA
Antineoplastic - B-cell lymphoma-2 (BCL-2) inhibitors - Drugs for Cancer		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	Tier 4	PA; OCH

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (<i>venetoclax</i>)	Tier 4	PA; OCH
Antineoplastic - Bispecific HER2-Directed Monoclonal Antibody - Drugs for Cancer		
ZIIHERA INTRAVENOUS RECON SOLN 300 MG (<i>zanidatamab-hrii</i>)	Tier 4	PA
Antineoplastic - BRAF Kinase Inhibitors - Drugs for Cancer		
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	Tier 4	PA; OCH
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML (<i>tovorafenib</i>)	Tier 4	PA; OCH
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) (<i>tovorafenib</i>)	Tier 4	PA; OCH
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	Tier 4	PA; OCH
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG (<i>dabrafenib mesylate</i>)	Tier 4	PA; OCH
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	Tier 4	PA; OCH
Antineoplastic - Bruton's tyrosine kinase (BTK) inhibitor - Drugs for Cancer		
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	Tier 4	PA; OCH
BRUKINSA ORAL TABLET 160 MG (<i>zanubrutinib</i>)	Tier 4	PA; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	Tier 4	PA; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	Tier 4	PA; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	Tier 4	PA; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	Tier 4	PA; OCH
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	Tier 4	PA; OCH
Antineoplastic - Caseinolytic Protease P (ClpP) Activators - Drugs for Cancer		
MODEYSO ORAL CAPSULE 125 MG (<i>dordaviprone hcl</i>)	Tier 4	PA; OCH; QL (20 EA per 28 days)
Antineoplastic - CC Chemokine Receptor 4 (CCR4) Antagonist, Rec-MAb - Drugs for Cancer		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML (<i>mogamulizumab-kpkc</i>)	Tier 4	PA
Antineoplastic - CD19 Directed Antibody - Alkylating Agent Conjugate - Drugs for Cancer		
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG (<i>loncastuximab tesirine-lpyl</i>)	Tier 4	PA
Antineoplastic - CD19 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
MONJUVI INTRAVENOUS RECON SOLN 200 MG (<i>tafasitamab-cxix</i>)	Tier 4	PA
Antineoplastic - CD20 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML (<i>obinutuzumab</i>)	Tier 4	PA
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-arrx</i>)	Tier 4	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) (<i>rituximab/hyaluronidase, human recombinant</i>)	Tier 4	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (<i>rituximab</i>)	Tier 4	PA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-pvvr</i>)	Tier 4	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (<i>rituximab-abbs</i>)	Tier 4	PA
Antineoplastic - CD38 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML (<i>daratumumab-hyaluronidase-fihj</i>)	Tier 4	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML (<i>daratumumab</i>)	Tier 4	PA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML (<i>isatuximab-irfc</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Claudin (CLDN) Directed Monoclonal Antibody - Drugs for Cancer		
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG (<i>zolbetuximab-clzb</i>)	Tier 4	PA
Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	Tier 4	PA; OCH
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	Tier 4	PA; OCH
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (<i>ribociclib succinate</i>)	Tier 4	PA; OCH
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	Tier 4	PA; OCH
Antineoplastic - Cytotoxic T-Lymphocyte antigen (CTLA-4),R-MC Antibody - Drugs for Cancer		
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML (<i>tremelimumab-actl</i>)	Tier 4	PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) (<i>ipilimumab</i>)	Tier 4	PA
Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer		
HERNEXEOS ORAL TABLET 60 MG (<i>zongertinib</i>)	Tier 4	PA; OCH; QL (3 EA per 1 day)
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	Tier 4	PA; OCH
Antineoplastic - Epipodophyllotoxins - Drugs for Cancer		
<i>etoposide oral capsule 50 mg</i>	Tier 1	OCH
Antineoplastic - Epothilones and Analogs - Drugs for Cancer		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG (<i>ixabepilone</i>)	Tier 4	PA
Antineoplastic - Exportin-1 (XPO1) Inhibitors - Drugs for Cancer		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (<i>selinexor</i>)	Tier 4	PA; OCH
Antineoplastic - EZH2 Histone Methyltransferase (HMT) Inhibitor - Drugs for Cancer		
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hydrobromide</i>)	Tier 4	PA; OCH
Antineoplastic - Fibroblast Growth Factor Receptor (FGFR) Kinase Inhib - Drugs for Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	Tier 4	PA; OCH
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) (<i>futibatinib</i>)	Tier 4	PA; OCH
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	Tier 4	PA; OCH
Antineoplastic - FMS-Like Tyrosine Kinase 3 (FLT3) Inhibitors - Drugs for Cancer		
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	Tier 4	PA; OCH
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	Tier 4	PA; OCH
Antineoplastic - Gamma-Secretase Inhibitor (GSI) - Drugs for Cancer		
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (<i>nirogacestat hydrobromide</i>)	Tier 4	PA; OCH
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	Tier 4	PA; OCH
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	Tier 4	PA; OCH
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	Tier 4	PA; OCH
Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG (<i>belinostat</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (<i>romidepsin</i>)	Tier 4	PA
<i>romidepsin intravenous recon soln 10 mg/2 ml</i>	Tier 4	PA
<i>romidepsin intravenous solution 5 mg/ml</i>	Tier 4	PA
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	Tier 4	OCH
Antineoplastic - Hypoxia Inducible Factor (HIF) Inhibitors - Drugs for Cancer		
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	Tier 4	PA; OCH
Antineoplastic - Interferons - Drugs for Cancer		
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	Tier 4	PA
Antineoplastic - Interleukin-6 (IL-6) Inhibitors, Monoclonal Antibody - Drugs for Cancer		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG (<i>siltuximab</i>)	Tier 4	PA
Antineoplastic - Interleukins - Drugs for Cancer		
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (<i>aldesleukin</i>)	Tier 4	
Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA; OCH
Antineoplastic - Janus Kinase (JAK), ACVR1/ALK2 Inhibitors - Drugs for Cancer		
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (<i>mometotinib dihydrochloride</i>)	Tier 4	PA; OCH
Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer		
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib dihydrochloride</i>)	Tier 4	PA; OCH
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	Tier 4	PA; OCH
Antineoplastic - Kirsten Rat Sarcoma (KRAS) Protein Inhibitor - Drugs for Cancer		
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	Tier 4	PA; OCH
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (<i>sotorasib</i>)	Tier 4	PA; OCH

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Cancer		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG (<i>leuprolide mesylate</i>)	Tier 4	PA
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (<i>leuprolide acetate</i>)	Tier 4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (<i>leuprolide acetate</i>)	Tier 4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (<i>leuprolide acetate</i>)	Tier 4	PA
<i>leuprolide acetate (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	Tier 4	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (<i>leuprolide acetate</i>)	Tier 4	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	Tier 4	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin acetate</i>)	Tier 4	PA
Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer		
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	Tier 4	PA; OCH
Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	
Antineoplastic - MEK Kinase Inhibitors - Drugs for Cancer		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	Tier 4	PA; OCH
GOMEKLI ORAL CAPSULE 1 MG, 2 MG (<i>mirdametinib</i>)	Tier 4	PA; OCH
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG (<i>mirdametinib</i>)	Tier 4	PA; OCH
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (<i>selumetinib sulfate</i>)	Tier 4	PA; OCH
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG (<i>selumetinib sulfate</i>)	Tier 4	PA; OCH
MEKINIST ORAL RECON SOLN 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	Tier 4	PA; OCH
MEKINIST ORAL TABLET 0.5 MG, 2 MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 4	PA; OCH
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	Tier 4	PA; OCH
Antineoplastic - Menin Inhibitors - Drugs for Cancer		
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG (<i>revumenib citrate</i>)	Tier 4	PA; OCH
Antineoplastic - Microtubule Inhibitors - Drugs for Cancer		
<i>eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)</i>	Tier 4	PA
Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer		
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 4	PA; OCH
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	Tier 4	PA; OCH
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (<i>sirolimus protein-bound</i>)	Tier 4	PA
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	Tier 4	PA
<i>everolimus</i> (Torpenz Oral Tablet 10 Mg, 2.5 Mg, 5 Mg, 7.5 Mg)	Tier 4	PA; OCH
Antineoplastic - Multikinase Inhibitors - Drugs for Cancer		
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	Tier 4	PA; OCH
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (<i>cabozantinib s-malate</i>)	Tier 4	PA; OCH

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	Tier 4	PA; OCH
<i>sorafenib oral tablet 200 mg</i>	Tier 4	PA; OCH
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	Tier 4	PA; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer		
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	Tier 4	PA; OCH
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	Tier 4	PA; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	Tier 4	PA; OCH
Antineoplastic - Ornithine Decarboxylase (ODC) Inhibitors - Drugs for Cancer		
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	Tier 4	PA; OCH
Antineoplastic - Other - Drugs for Cancer		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML (<i>nogapendekin alfa inbakicept-pmln</i>)	Tier 4	PA
Antineoplastic - PARP Inhibitor and Antiandrogen Combinations - Drugs for Cancer		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (<i>niraparib tosylate/abiraterone acetate</i>)	Tier 4	PA; OCH
Antineoplastic - Peptide Receptor Radionuclide Therapy (PRRT) - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (<i>lutetium lu 177 dotatate</i>)	Tier 4	PA
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (<i>lutetium lu-177 vipivotide tetraxetan</i>)	Tier 4	PA
Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	Tier 4	PA; OCH
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	Tier 4	PA; OCH
Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ITOVEBI ORAL TABLET 3 MG, 9 MG (<i>inavolisib</i>)	Tier 4	PA; OCH
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (<i>alpelisib</i>)	Tier 4	PA; OCH
Antineoplastic - PI3K-Delta and Gamma Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	Tier 4	PA; OCH
Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	Tier 4	PA; OCH
Antineoplastic - Platinum Complexes - Drugs for Cancer		
<i>carboplatin intravenous recon soln 150 mg</i>	Tier 4	
<i>carboplatin intravenous solution 10 mg/ml</i>	Tier 4	
<i>cisplatin intravenous recon soln 50 mg</i>	Tier 4	
<i>cisplatin intravenous solution 1 mg/ml</i>	Tier 4	
KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML (<i>cisplatin</i>)	Tier 4	
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	Tier 4	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	Tier 4	
Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	Tier 4	PA; OCH
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	Tier 4	PA; OCH
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (<i>talazoparib tosylate</i>)	Tier 4	PA; OCH
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	Tier 4	PA; OCH
Antineoplastic - Progestins - Drugs for Cancer		
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	OCH
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer		
<i>bortezomib injection recon soln 1 mg, 2.5 mg</i>	Tier 4	PA
<i>bortezomib injection recon soln 3.5 mg</i>	Tier 4	PA
<i>bortezomib intravenous recon soln 3.5 mg</i>	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bortezomib intravenous solution 2.5 mg/ml</i>	Tier 4	PA
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG (<i>carfilzomib</i>)	Tier 4	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	Tier 4	PA; OCH
Antineoplastic - Protein-Tyrosine Kinase Inhibitors - Drugs for Cancer		
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (<i>repotrectinib</i>)	Tier 4	PA; OCH
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	Tier 4	PA; OCH
BOSULIF ORAL CAPSULE 100 MG, 50 MG (<i>bosutinib</i>)	Tier 4	PA; OCH
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (<i>bosutinib</i>)	Tier 4	PA; OCH
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	Tier 4	PA; OCH
BRUKINSA ORAL TABLET 160 MG (<i>zanubrutinib</i>)	Tier 4	PA; OCH
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	Tier 4	PA; OCH
CAPRELSA ORAL TABLET 100 MG, 300 MG (<i>vandetanib</i>)	Tier 4	PA; OCH
DANZITEN ORAL TABLET 71 MG, 95 MG (<i>nilotinib tartrate</i>)	Tier 4	PA; OCH
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Tier 4	PA; OCH
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	Tier 4	PA; OCH
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (<i>fruquintinib</i>)	Tier 4	PA; OCH
IBTROZI ORAL CAPSULE 200 MG (<i>taletrectinib adipate</i>)	Tier 4	PA; OCH
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 4	PA; OCH
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	Tier 4	PA; OCH
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	Tier 4	PA; OCH
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	Tier 4	PA; OCH
IMKELDI ORAL SOLUTION 80 MG/ML (<i>imatinib mesylate</i>)	Tier 4	PA; OCH
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	Tier 4	PA; OCH

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	Tier 4	PA; OCH
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (<i>lenvatinib mesylate</i>)	Tier 4	PA; OCH
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	Tier 4	PA; OCH
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	Tier 4	PA
<i>pazopanib oral tablet 200 mg</i>	Tier 4	PA; OCH
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	Tier 4	PA; OCH
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	Tier 4	PA; OCH
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (<i>vimseltinib</i>)	Tier 4	PA; OCH
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	Tier 4	PA; OCH
ROZLYTREK ORAL PELLETS IN PACKET 50 MG (<i>entrectinib</i>)	Tier 4	PA; OCH
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	Tier 4	PA; OCH
SCSEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (<i>asciminib hydrochloride</i>)	Tier 4	PA; OCH
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 4	PA; OCH
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hydrochloride</i>)	Tier 4	PA; OCH
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	Tier 4	PA; OCH
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hydrochloride</i>)	Tier 4	PA; OCH
Antineoplastic - Radiolabeled Prostate-Specific Membrane Antigen Inhib - Drugs for Cancer		
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (<i>lutetium lu-177 vipivotide tetraxetan</i>)	Tier 4	PA
Antineoplastic - Radiolabeled Somatostatin Analogs - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (<i>lutetium lu 177 dotatate</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Retinoids - Drugs for Cancer		
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Tier 4	OCH
Antineoplastic - Selective Estrogen Receptor Degraders (SERDs) - Drugs for Cancer		
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	Tier 4	PA
INLURIYO ORAL TABLET 200 MG (<i>imlunestrant tosylate</i>)	Tier 4	PA; OCH; QL (2 EA per 1 day)
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hcl</i>)	Tier 4	PA; OCH
Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (<i>tamoxifen citrate</i>)	Tier 2	OCH
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0	OCH; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg</i>	Tier 4	PA; OCH
Antineoplastic - Selective Inhibitors of Nuclear Export (SINE) - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) (<i>selinexor</i>)	Tier 4	PA; OCH
Antineoplastic - Selective RET Kinase Inhibitor - Drugs for Cancer		
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	Tier 4	PA; OCH
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (<i>selpercatinib</i>)	Tier 4	PA; OCH
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer		
<i>bexarotene oral capsule 75 mg</i>	Tier 4	PA; OCH
Antineoplastic - Systemic Enzyme Inhibitors Combinations - Drugs for Cancer		
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG (<i>avutometinib potassium/defactinib hydrochloride</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Taxanes - Drugs for Cancer		
BEIZRAY-ALBUMIN INTRAVENOUS SOLUTION 20 MG/ML (<i>docetaxel/albumin, human</i>)	Tier 4	
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	Tier 4	
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml)</i>	Tier 4	
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION) (<i>cabazitaxel</i>)	Tier 4	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	Tier 4	
<i>paclitaxel protein-bound intravenous suspension for reconstitution 100 mg</i>	Tier 4	PA
Antineoplastic - Telomerase Inhibitors - Drugs for Cancer		
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG (<i>imetelstat sodium</i>)	Tier 4	PA
Antineoplastic - Thalidomide Analogs - Drugs for Cancer		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 4	PA; OCH
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	Tier 4	PA; OCH
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	Tier 4	PA
Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer		
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML (<i>irinotecan hcl</i>)	Tier 4	
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	Tier 4	OCH
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml</i>	Tier 4	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	Tier 4	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML (<i>irinotecan liposomal</i>)	Tier 4	PA
<i>topotecan intravenous recon soln 4 mg</i>	Tier 4	
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Tropomyosin Receptor Kinase (TRK) Inhibitor - Drugs for Cancer		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	Tier 4	PA; OCH
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	Tier 4	PA; OCH
Antineoplastic - Vasc Endothelial Growth Factor Receptor (VEGFR) Antag - Drugs for Cancer		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (<i>ramucirumab</i>)	Tier 4	PA
Antineoplastic - Vinca Alkaloids and Analogs - Drugs for Cancer		
<i>vinblastine intravenous solution 1 mg/ml</i>	Tier 4	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	Tier 4	
Antineoplastic Antibiotic - Actinomycins - Drugs for Cancer		
<i>dactinomycin intravenous recon soln 0.5 mg</i>	Tier 4	
Antineoplastic Antibiotic - Anthracyclines - Drugs for Cancer		
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 4	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	Tier 4	
<i>epirubicin intravenous recon soln 50 mg</i>	Tier 4	
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i>	Tier 4	
<i>idarubicin intravenous solution 1 mg/ml</i>	Tier 4	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	Tier 4	PA
<i>valrubicin intravesical solution 40 mg/ml</i>	Tier 4	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (<i>valrubicin</i>)	Tier 4	
Antineoplastic Antibiotic - Others - Drugs for Cancer		
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	Tier 4	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	Tier 4	
<i>mitomycin intravesical syringe 20 mg/40 ml (0.5 mg/ml)</i>	Tier 4	
<i>mitomycin</i> (Mutamycin Intravenous Recon Soln 20 Mg, 40 Mg, 5 Mg)	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-Alkylating Agent-Tetrahydroisoquinoline and Derivatives - Drugs for Cancer		
YONDELIS INTRAVENOUS RECON SOLN 1 MG (<i>trabectedin</i>)	Tier 4	PA
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG (<i>lurbinectedin</i>)	Tier 4	PA
Antineoplastic-Anti-Programmed Cell Death Ligand-1 (PD-L1) MC Antib. - Drugs for Cancer		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML (<i>avelumab</i>)	Tier 4	PA
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML (<i>durvalumab</i>)	Tier 4	PA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML (<i>atezolizumab-hyaluronidase-tqjs</i>)	Tier 4	PA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) (<i>atezolizumab</i>)	Tier 4	PA
UNLOXCYT INTRAVENOUS SOLUTION 300 MG/5 ML (60 MG/ML) (<i>cosibelimab-ipdl</i>)	Tier 4	PA
Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1) MC Antib. - Drugs for Cancer		
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML (<i>dostarlimab-gxly</i>)	Tier 4	PA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML (<i>pembrolizumab</i>)	Tier 4	PA
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML (<i>pembrolizumab-berahyaluronidase alfa-pmph</i>)	Tier 4	PA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML (<i>cemiplimab-rwlc</i>)	Tier 4	PA
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) (<i>toripalimab-tpzi</i>)	Tier 4	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML (<i>nivolumab</i>)	Tier 4	PA
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML (<i>nivolumab-hyaluronidase-nvhy</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TEVIMBRA INTRAVENOUS SOLUTION 10 MG/ML (<i>tislelizumab-jsgr</i>)	Tier 4	PA
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML (<i>retifanlimab-dlwr</i>)	Tier 4	PA
Antineoplastic-CD123-Directed Cytotoxin (IL-3 and diphth.) Conjugate - Drugs for Cancer		
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML (<i>tagraxofusp-erzs</i>)	Tier 4	PA
Antineoplastic-CD22 Specific Antibody / Cytotoxic Antibiotic Conjugate - Drugs for Cancer		
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (<i>inotuzumab ozogamicin</i>)	Tier 4	PA
Antineoplastic-CD30 Directed Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (<i>brentuximab vedotin</i>)	Tier 4	PA
Antineoplastic-CD33 Specific Antibody and Cytotoxic Antibiotic Conjugate - Drugs for Cancer		
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (<i>gemtuzumab ozogamicin</i>)	Tier 4	PA
Antineoplastic-CD79b Direct Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (<i>polatuzumab vedotin-piiq</i>)	Tier 4	PA
Antineoplastic-FR alpha Directed Antibody-Microtubule Disrupting Conj - Drugs for Cancer		
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (<i>mirvetuximab soravtansine-gynx</i>)	Tier 4	PA
Antineoplastic-HER2 Targeted Antibody-Microtubule Inhibitor Conjugate - Drugs for Cancer		
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (<i>ado-trastuzumab emtansine</i>)	Tier 4	PA
Antineoplastic-HER2 Targeted Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENHERTU INTRAVENOUS RECON SOLN 100 MG (<i>fam-trastuzumab deruxtecan-nxki</i>)	Tier 4	PA
Antineoplastic-Isocitrate Dehydrogenase-1 and -2 (IDH1 and IDH2) Inhib - Drugs for Cancer		
VORANIGO ORAL TABLET 10 MG, 40 MG (<i>vorasidenib citrate</i>)	Tier 4	PA; OCH
Antineoplastic-Nectin-4 Targeted Antibody-Microtubule Inhib Conjugate - Drugs for Cancer		
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (<i>enfortumab vedotin-ejfv</i>)	Tier 4	PA
Antineoplastic-Pyrimidine Analog and Cytidine Deaminase Inhibitor Comb - Drugs for Cancer		
INQOVI ORAL TABLET 35-100 MG (<i>decitabine/cedazuridine</i>)	Tier 4	PA; OCH
Antineoplastic-Tissue Factor Dir. Antibody-Microtubule Disrupting Conj - Drugs for Cancer		
TIVDAK INTRAVENOUS RECON SOLN 40 MG (<i>tisotumab vedotin-tftv</i>)	Tier 4	PA
Antineoplastic-TROP2 Directed Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
DATROWAY INTRAVENOUS RECON SOLN 100 MG (<i>datopotamab deruxtecan-dlnk</i>)	Tier 4	PA
TRODELVY INTRAVENOUS RECON SOLN 180 MG (<i>sacituzumab govitecan-hziy</i>)	Tier 4	PA
Antineoplastic-Vasc Endothelial Growth Fac(VEGF-A,B and PlGF)Inhibitor - Drugs for Cancer		
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) (<i>ziv-aflibercept</i>)	Tier 4	PA
Bispecific BCMA-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML (<i>elranatamab-bcmm</i>)	Tier 4	PA
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML (<i>linvoseltamab-gcpt</i>)	Tier 4	PA; QL (15 ML per 8 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML (<i>linvoseltamab-gcpt</i>)	Tier 4	PA; QL (40 ML per 28 days)
Bispecific CD19-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
BLINCYTO INTRAVENOUS KIT 35 MCG (<i>blinatumomab</i>)	Tier 4	PA
Bispecific CD20-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML (<i>glofitamab-gxbm</i>)	Tier 4	PA
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML (<i>epcoritamab-bysp</i>)	Tier 4	PA
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML (<i>mosunetuzumab-axgb</i>)	Tier 4	PA
Bispecific DLL3-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG (<i>tarlatamab-dlle</i>)	Tier 4	PA
Epidermal Growth Factor Recept (HER-2) Subdomain II Blocker, Rec-MC Ab - Drugs for Cancer		
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) (<i>pertuzumab</i>)	Tier 4	PA
Epidermal Growth Factor Recept Blocker (HER-1 Type), Rec-MC Antibody - Drugs for Cancer		
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML (<i>cetuximab</i>)	Tier 4	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) (<i>panitumumab</i>)	Tier 4	PA
Epidermal Growth Factor Recept Blocker (HER-2 Type), Rec-MC Antibody - Drugs for Cancer		
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML (<i>trastuzumab-hyaluronidase-oysk</i>)	Tier 4	PA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG (<i>trastuzumab</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HERCESSI INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-strf</i>)	Tier 4	PA
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-pkrb</i>)	Tier 4	PA
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-anns</i>)	Tier 4	PA
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML (<i>margetuximab-cmkb</i>)	Tier 4	PA
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-dkst</i>)	Tier 4	PA
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-dttb</i>)	Tier 4	PA
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML (<i>pertuzumab-trastuzumab-hyaluronidase-zzxf</i>)	Tier 4	PA
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG (<i>trastuzumab-qyyp</i>)	Tier 4	PA
Immune-Mobilizing Monoclonal TCR Against Cancer (ImmTAC) - Drugs for Cancer		
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML (<i>tebentafusp-tebn</i>)	Tier 4	PA
Methotrexate Rescue Agents - Carboxypeptidase G2 Type - Drugs for Cancer		
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (<i>glucarpidase</i>)	Tier 4	
Methotrexate Rescue Agents - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG (<i>levoleucovorin</i>)	Tier 4	
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	OCH
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	OCH
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	Tier 4	
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	Tier 4	
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (<i>glucarpidase</i>)	Tier 4	
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KHAPZORY INTRAVENOUS RECON SOLN 175 MG (<i>levoleucovorin</i>)	Tier 4	
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 1	OCH
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	OCH
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	Tier 4	
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	Tier 4	
Otoprotective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML) (<i>sodium thiosulfate</i>)	Tier 4	
Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
<i>mesna oral tablet 400 mg</i>	Tier 1	OCH
Antiseptics and Disinfectants - Antiseptics and Disinfectants		
Antiseptic - Alcohols - Antiseptics and Disinfectants		
ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
<i>alcohol swabs topical pads, medicated</i>	Tier 3	DD
ALCOHOL WIPES TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
WEBCOL TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	Tier 3	DD
Antiseptic - Chlorine Releasing - Antiseptics and Disinfectants		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (<i>hypochlorous acid/sodhypochlor/sod chlor/sodmagfluor/e.water</i>)	Tier 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION (<i>hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water</i>)	Tier 3	
RENOVAR TOPICAL SOLUTION (<i>hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water</i>)	Tier 3	
Antiseptic - Iodine/Iodophores - Antiseptics and Disinfectants		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (<i>cadexomer iodine</i>)	Tier 3	
IODOSORB TOPICAL GEL 0.9 % (<i>cadexomer iodine</i>)	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 % (<i>iodine/potassium iodide</i>)	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (<i>iodine/potassium iodide</i>)	Tier 1	
Biologicals - Biological Agents		
Allergenic Extracts - Grass Pollen - Biological Agents		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRASTEK SUBLINGUAL TABLET 2,800 BAU (<i>allergenic extract, grass pollen-timothy, standard</i>)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY (<i>grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.</i>)	Tier 2	PA
Allergenic Extracts - Mite Extracts - Biological Agents		
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (<i>allergenic extract, mite-d.farinae-d.pteronyssinus, standard</i>)	Tier 2	PA
Allergenic Extracts - Weed Pollen - Biological Agents		
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (<i>allergenic extract-weed pollen-short ragweed</i>)	Tier 2	PA
Antivenoms - Scorpion Antivenoms - Biological Agents		
ANASCORP INTRAVENOUS RECON SOLN 120 MG (<i>centruroides (scorpion) polyvalent antivenom</i>)	Tier 3	
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML (<i>nirsevimab-alip</i>)	\$0	PA; EHB; \$0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML (<i>nirsevimab-alip</i>)	\$0	PA; EHB; \$0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 120 DAYS AND 19 MONTHS OF AGE OR YOUNGER
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (<i>palivizumab</i>)	Tier 4	PA
Antiviral Monoclonal Antibodies - SARS-CoV-2 Coronavirus - Biological Agents		
PEMGARDA (EUA) INTRAVENOUS SOLUTION 125 MG/ML (<i>pemivibart</i>)	Tier 4	PA
Chemicals, foods, irritant/allergenic - Biological Agents		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH, MEDICATED (<i>chemical allergens</i>)	Tier 3	
Hepatitis A and Hepatitis B Vaccine Combinations - Vaccines		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (<i>hepatitis a virus and hepatitis b virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (<i>hepatitis a virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML (<i>hepatitis a virus vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis B Vaccine Combinations - Vaccines		
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (<i>hep b virus,rcmb/diphth,pertus(acell),tet,polio vaccine/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (<i>hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (<i>hepatitis b virus vaccine recombinant/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immune Globulin - Cytomegalovirus (CMV) - Biological Agents		
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML (<i>cytomegalovirus immune globulin (human)</i>)	Tier 4	
Immune Globulin - gamma globulin (IgG), human - Biological Agents		
ALYGLO INTRAVENOUS SOLUTION 10 % (<i>immune globulin,gamma (igg)-stwk human</i>)	Tier 4	PA
ASCENIV INTRAVENOUS SOLUTION 10 % (<i>immune globulin,gamma (igg)-slra human</i>)	Tier 4	PA
BIVIGAM INTRAVENOUS SOLUTION 10 % (<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>)	Tier 4	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (<i>immune globulin,gamma(igg)-hipp human/maltose</i>)	Tier 4	PA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) (<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % (<i>immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (<i>immune globulin,gamma(igg)/glycine</i>)	Tier 4	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (<i>immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml</i>)	Tier 4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM (<i>immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>)	Tier 4	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % (<i>immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 % (<i>immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) (<i>immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml</i>)	Tier 4	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (<i>immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml</i>)	Tier 4	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) (<i>immune globulin,gamma(igg) human/hyaluronidase, human recomb</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % <i>(immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml)</i>	Tier 4	PA
PANZYGA INTRAVENOUS SOLUTION 10 % <i>(immune globulin,gamma(igg)-ifas human/glycine)</i>	Tier 4	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 % <i>(immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml)</i>	Tier 4	PA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) <i>(immune globulin,gamma (igg)-klhw human)</i>	Tier 4	PA
YIMMUGO INTRAVENOUS SOLUTION 10 % <i>(immune globulin,gamma (igg)-dira human)</i>	Tier 4	PA
Immune Globulin - Rho(D) - Biological Agents		
WINRHO SDF INJECTION SOLUTION 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML <i>(rho(d) immune globulin/maltose)</i>	Tier 4	
Immune Serums - Biological Agents		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML <i>(lymphocyte immune globulin,antithymocyte (equine))</i>	Tier 4	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG <i>(anti-thymocyte globulin,rabbit)</i>	Tier 4	
Live Vaccine and Live Virus Formulations - Vaccines		
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML <i>(influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs))</i>	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML <i>(influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs))</i>	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML <i>(measles, mumps, and rubella vaccine live/pf)</i>	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (<i>rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML (<i>rotavirus vaccine, live oral pentavalent</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (<i>varicella virus vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (<i>cholera vaccine, live</i>)	Tier 3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (<i>typhoid vacc, live, attenuated</i>)	Tier 3	
Peanut Desensitization Agents - Biological Agents		
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (<i>peanut allergen powder-dnfp</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Gram Negative Bacilli (Non-Enteric) - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (<i>haemophilus b conjugate vaccine (meningococcal prot.conj)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (<i>typhoid vacc,live,attenuated</i>)	Tier 3	
Vaccine Bacterial - Gram Negative Cocci - Vaccines		
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (<i>meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML (<i>meningococ a,c,y,w-135,tt comp/n. mening b,fhbp rec comp/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Gram Positive Cocci - Vaccines		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 21-valent conjugate vaccine (diphtheria crm)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (<i>pneumococcal 23-valent polysaccharide vaccine</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Meningococcal Group B Vaccines - Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (<i>meningococcal group b vaccine, 4-component</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (<i>neisseria meningitidis group b, lipidated fhbp recombinant</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (<i>cholera vaccine, live</i>)	Tier 3	
Vaccine Mixed Combinations (Bacterial and Viral) - Vaccines		
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (<i>diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Viral - COVID-19 (SARS-CoV-2) - Vaccines		
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (<i>covid vacc 2025-2026 (5-11 years) (pfizer)/pf</i>)	\$0	EHB
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (<i>covid vaccine 2025-2026 (12 yrs up) (pfizer)/pf</i>)	\$0	EHB
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML (<i>covid vaccine 2025-2026 (12 years up) (moderna)/pf</i>)	\$0	EHB
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (<i>covid vaccine 2025-2026 (12 yrs up)/adjuvant-matrix/pf</i>)	\$0	EHB
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (<i>covid vaccine 2025-2026 (12 years up) (moderna)/pf</i>)	\$0	EHB
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML (<i>covid vaccine 2025-2026 (6 months-11 years)(moderna)/pf</i>)	\$0	EHB
Vaccine Viral - Human Papillomavirus (HPV) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (<i>human papillomavirus vaccine, 9-valent/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>human papillomavirus vaccine, 9-valent/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Influenza A and B - Vaccines		
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine trival split 2025-26 (36 mos up)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine trivalent 2025-26 (6 mos and older)</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza vaccine tvs 2025-26 (65 yr up)/adjuvant mf59c.1/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine tvs 2025-2026(6 months and older)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML (<i>influenza virus vaccine tv 2025-26(9 yrs and older)rcmb/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>flu vaccine tri 2025-2026(6 month and older)cell derived/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (<i>flu vaccine triv 2025-2026(6 month and older)cell derived</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine tvs 2025-2026(6 months and older)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (<i>influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs)</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (<i>influenza vaccine trivalent live 2025-2026 (2 yrs-49 yrs)</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine tvs 2025-2026(6 months and older)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine trivalent 2025-26 (6 mos and older)</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (<i>influenza virus vaccine trivalent split 2025-2026(65 yr up)/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Measles - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Mumps and Related - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Poliomyelitis - Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (<i>poliomyelitis vaccine, killed</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Respiratory Syncytial Virus (RSV) - Vaccines		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (<i>respiratory syncytial virus vaccine, pref a and b/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (<i>respiratory syncytial virus vacc. antigen/as01e adjuvant/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (<i>respiratory syncytial virus vaccine, pref protein, mrna/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Rotavirus - Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (<i>rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML (<i>rotavirus vaccine, live oral pentavalent</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Rubella - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Varicella - Vaccines		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (<i>varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (<i>varicella virus vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral Combinations - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (<i>measles, mumps, and rubella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (<i>measles, mumps, rubella, and varicella vaccine live/pf</i>)	\$0	EHB; \$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Cardiovascular Therapy Agents - Drugs for the Heart		
ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	
ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	
ACE Inhibitors - Drugs for High Blood Pressure		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>enalapril maleate oral solution 1 mg/ml</i>	Tier 1	ST; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	Tier 3	ST; QL (1200 ML per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	
Aldosterone Receptor Antagonists - Drugs for High Blood Pressure		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>finerenone</i>)	Tier 3	PA
<i>spironolactone oral suspension 25 mg/5 ml</i>	Tier 1	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Alpha-Beta Blockers - Drugs for High Blood Pressure		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>labetalol oral tablet 400 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Tier 1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure		
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Tier 1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure		
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan medoxomil/chlorthalidone</i>)	Tier 3	ST
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	
Angiotensin II Receptor Blocker-Nepriylsin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure		
ENTRESTO SPRINKLE ORAL PELLETS 15-16 MG, 6-6 MG (<i>sacubitril/valsartan</i>)	Tier 2	QL (8 EA per 1 day)
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	Tier 1	QL (2 EA per 1 day)
Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure		
ARBLI ORAL SUSPENSION 10 MG/ML (<i>losartan potassium</i>)	Tier 3	PA
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	Tier 3	ST
<i>eprosartan oral tablet 600 mg</i>	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	Tier 1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	
<i>nitroglycerin</i> (Nitro-Bid Transdermal Ointment 2 %)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	Tier 2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (<i>nitroglycerin</i>)	Tier 1	
Antianginal and Anti-ischemic Agents - Drugs for Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	Tier 3	PA
Antianginal and Anti-ischemic Agents, Non-hemodynamic - Drugs for Angina		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Tier 1	QL (120 EA per 30 days)
Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	Tier 2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms		
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	
Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	
Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms		
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	Tier 3	ST; QL: 8 BOTTLES IN 30 DAYS
Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 1	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	Tier 2	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms		
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
Antihyperlipidemic - Angiopoietin-like 3 (ANGPTL3) Inhibitor, MAb - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML (<i>evinacumab-dgnb</i>)	Tier 4	PA
Antihyperlipidemic - apolipoprotein C-III Synthesis Inhibitors - Drugs for Diabetes		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (<i>olezarsen sodium</i>)	Tier 4	PA
Antihyperlipidemic - Apolipoprotein Inhibitors - Drugs for Cholesterol		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (<i>olezarsen sodium</i>)	Tier 4	PA
Antihyperlipidemic - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	Tier 2	ST
Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	Tier 1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	Tier 1	
<i>cholestyramine</i> (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
<i>cholestyramine</i> (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
<i>colesevelam oral powder in packet 3.75 gram</i>	Tier 1	
<i>colesevelam oral tablet 625 mg</i>	Tier 1	
<i>colestipol oral granules 5 gram</i>	Tier 1	
<i>colestipol oral packet 5 gram</i>	Tier 1	
<i>colestipol oral tablet 1 gram</i>	Tier 1	
<i>cholestyramine</i> (Prevalite Oral Powder 4 Gram)	Tier 1	
<i>cholestyramine</i> (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 1	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	Tier 1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	Tier 1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	Tier 1	
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	Tier 3	ST; QL (1 EA per 1 day)
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (<i>atorvastatin calcium</i>)	Tier 3	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	QL (1 EA per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	Tier 3	ST; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (<i>simvastatin</i>)	Tier 3	PA
<i>fluvastatin oral capsule 20 mg</i>	\$0	ST; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluvastatin oral capsule 40 mg</i>	\$0	ST; EHB; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	\$0	ST; EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol		
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
<i>niacin</i> (Niacor Oral Tablet 500 Mg)	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol		
<i>icosapent ethyl oral capsule 0.5 gram</i>	Tier 1	QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gram</i>	Tier 1	QL (4 EA per 1 day)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1	ST; QL (4 EA per 1 day)
Antihyperlipidemic - PCSK9 Inhibitor, Monoclonal Antibody (MAb) - Drugs for Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	Tier 3	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (<i>evolocumab</i>)	Tier 2	ST
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	Tier 2	ST
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 2	ST

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	Tier 3	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (<i>evolocumab</i>)	Tier 2	ST
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	Tier 2	ST
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	Tier 2	ST
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic- ATP-Citrate Lyase and Cholesterol Absorption Inhib - Drugs for Cholesterol		
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid/ezetimibe</i>)	Tier 2	ST
Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit - Drugs for Cholesterol		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	Tier 1	PA; QL (1 EA per 1 day)
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (MTP)Inhib - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	Tier 4	PA
Beta Blockers Cardiac Selective - Drugs for High Blood Pressure		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bisoprolol fumarate oral tablet 2.5 mg</i>	Tier 1	
KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	Tier 3	
LOPRESSOR ORAL SOLUTION 10 MG/ML (<i>metoprolol tartrate</i>)	Tier 3	PA
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	Tier 3	ST; QL (360 ML per 30 days)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	Tier 3	ST; QL: 8 BOTTLES IN 30 DAYS
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs for the Heart		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	Tier 4	PA
<i>icatibant acetate</i> (Sajazir Subcutaneous Syringe 30 Mg/3 MI)	Tier 4	PA
Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure		
<i>diltiazem hcl</i> (Cartia Xt Oral Capsule, Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	
DILT-XR ORAL CAPSULE, EXT. REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (<i>diltiazem hcl</i>)	Tier 1	
<i>diltiazem hcl</i> (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
<i>diltiazem hcl</i> (Tiadylt Er Oral Capsule, Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	
Calcium Channel Blockers - Dihydropyridines - Cerebrovascular Specific - Drugs for High Blood Pressure		
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>nimodipine oral solution 60 mg/20 ml</i>	Tier 4	PA
NYMALIZE ORAL SOLUTION 60 MG/10 ML (<i>nimodipine</i>)	Tier 4	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML (<i>nimodipine</i>)	Tier 4	PA
Calcium Channel Blockers - Dihydropyridines - Drugs for High Blood Pressure		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
CONJUPRI ORAL TABLET 2.5 MG (<i>levamlodipine maleate</i>)	Tier 3	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	Tier 3	PA
Calcium Channel Blockers - Phenylalkylamines - Drugs for High Blood Pressure		
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	
Cardiac Myosin Inhibitor - Drugs for the Heart		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	Tier 4	PA
Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (<i>epinephrine</i>)	Tier 2	QL (2 EA per 365 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	Tier 1	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML) (<i>epinephrine</i>)	Tier 3	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 4	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
Central Alpha-2 Agonists-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	Tier 1	
Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	Tier 1	
Digitalis Glycosides - Drugs for the Heart		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	Tier 1	
<i>digoxin 0.05 mg/ml solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 1	
<i>digoxin 0.05 mg/ml solution 50 mcg/ml (0.05 mg/ml)</i>	Tier 2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Tier 1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (<i>digoxin</i>)	Tier 2	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (<i>digoxin</i>)	Tier 2	PA
Direct Acting Vasodilators - Drugs for High Blood Pressure		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diuretic - Aldosterone Receptor Antagonist, Non-selective - Drugs for High Blood Pressure		
<i>spironolactone oral suspension 25 mg/5 ml</i>	Tier 1	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs for High Blood Pressure		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	
Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 4	PA
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	
Diuretic - Loop - Drugs for High Blood Pressure		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 1	PA
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML (<i>furosemide</i>)	Tier 4	
<i>furosemide oral solution 10 mg/ml</i>	Tier 1	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	
Diuretic - Potassium Sparing - Drugs for High Blood Pressure		
<i>amiloride oral tablet 5 mg</i>	Tier 1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 1	
Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Tier 1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs for High Blood Pressure		
<i>tolvaptan oral tablet 15 mg</i>	Tier 4	QL (30 EA per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	Tier 4	QL (60 EA per 365 days)
Diuretic - Thiazides and Related - Drugs for High Blood Pressure		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML (<i>chlorothiazide</i>)	Tier 3	
HEMICLOR ORAL TABLET 12.5 MG (<i>chlorthalidone</i>)	Tier 3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Tier 1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML (<i>hydrochlorothiazide</i>)	Tier 3	PA
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	Tier 3	
Endothelin Receptor Antagonists - Drugs for the Heart		
TRYVIO ORAL TABLET 12.5 MG (<i>aprocitentan</i>)	Tier 4	PA
VANRAFIA ORAL TABLET 0.75 MG (<i>atrasentan hydrochloride</i>)	Tier 4	PA
Endothelin-Angiotensin Receptor Antagonist - Drugs for the Heart		
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	Tier 4	PA
Factor XII Inhibitors - Drugs to Prevent Bleeding		
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML (<i>garadacimab-gxii</i>)	Tier 4	PA
Ganglionic Blocking, Non-Depolarizing - Drugs for High Blood Pressure		
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	Tier 4	PA
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5 ML (<i>ivabradine hcl</i>)	Tier 2	QL (20 ML per 1 day)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	Tier 1	ST; QL (2 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Muscarinic Receptor Antagonists (Anticholinergic) - Drugs for Abnormal Heart Rhythms		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML (<i>atropine sulfate</i>)	Tier 3	
Non-Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	
PAH Agents - Selective Prostacyclin Receptor (IP) Agonists - Drugs for High Blood Pressure		
UPTRA VI INTRAVENOUS RECON SOLN 1,800 MCG (<i>selexipag</i>)	Tier 4	PA
UPTRA VI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	Tier 4	PA
UPTRA VI ORAL TABLETS, DOSE PACK 200 MCG (140)-800 MCG (60) (<i>selexipag</i>)	Tier 4	PA
PAH-Endothelin Receptor Antagonist-Selective cGMP PDE5 Inhibitor Comb - Drugs for the Heart		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG (<i>macitentan/tadalafil</i>)	Tier 4	PA
Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	Tier 3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>phenoxybenzamine oral capsule 10 mg</i>	Tier 4	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
TEZRULY ORAL SOLUTION 1 MG/ML (<i>terazosin hcl</i>)	Tier 3	PA
Peripheral Vasodilators, Single Agents - Drugs for High Blood Pressure		
<i>papaverine injection solution 30 mg/ml</i>	Tier 1	
Pheochromocytoma, Agents to Treat - Drugs for High Blood Pressure		
<i>metyrosine oral capsule 250 mg</i>	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Plasma Kallikrein Inhibitor Agents, Antisense Oligonucleotide (ASO) - Drugs for the Heart		
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (<i>donidalorsen sodium</i>)	Tier 4	PA; QL (0.8 ML per 28 days)
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs for the Heart		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (<i>lanadelumab-flyo</i>)	Tier 4	PA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (<i>lanadelumab-flyo</i>)	Tier 4	PA
Plasma Kallikrein Inhibitor Agents, Recombinant Protein - Drugs for the Heart		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) (<i>ecallantide</i>)	Tier 4	PA
Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs for the Heart		
EKTERLY ORAL TABLET 300 MG (<i>sebetralstat</i>)	Tier 4	PA; QL (4 EA per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hydrochloride</i>)	Tier 4	PA
Pulmonary Antihypertensive Agent - Activin Receptor IIA-Fc (ActRIIA) - Drugs for the Heart		
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) (<i>sotatercept-csrk</i>)	Tier 4	PA
Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure		
<i>epoprostenol intravenous recon soln 0.5 mg, 1.5 mg</i>	Tier 4	PA
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (<i>treprostinil diolamine</i>)	Tier 4	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (<i>treprostinil diolamine</i>)	Tier 4	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (<i>treprostinil diolamine</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	Tier 4	PA
REMODULIN INJECTION SOLUTION 0.4 MG/ML, 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (<i>treprostinil sodium</i>)	Tier 4	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Tier 4	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	Tier 4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil</i>)	Tier 4	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (<i>treprostinil/nebulizer and accessories</i>)	Tier 4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil/nebulizer accessories</i>)	Tier 4	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (<i>treprostinil/nebulizer and accessories</i>)	Tier 4	PA
VELETRI INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	Tier 4	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (<i>iloprost tromethamine</i>)	Tier 4	PA
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (<i>treprostinil sodium</i>)	Tier 4	PA
Pulmonary Antihypertensive Agents-Soluble Guanylate Cyclase Stimulator - Drugs for High Blood Pressure		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	Tier 4	PA
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 4	PA
<i>bosentan oral tablet for suspension 32 mg</i>	Tier 4	PA
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	Tier 4	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (<i>bosentan</i>)	Tier 4	PA
Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure		
<i>tadalafil</i> (Alyq Oral Tablet 20 Mg)	Tier 4	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	Tier 1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	Tier 1	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	Tier 4	PA
Renin Inhibitor, Direct - Drugs for High Blood Pressure		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	Tier 1	
Vasodilator Combinations - Drugs for High Blood Pressure		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Tier 1	
Central Nervous System Agents - Drugs for the Nervous System		
Agents to Treat Episodic Cluster Headaches - Drugs for Migraine Headaches		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (<i>galcanezumab-gnlm</i>)	Tier 2	PA
Antianxiety Agent - Antihistamine Type - Drugs for Anxiety		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antianxiety Agent - Benzodiazepines - Drugs for Anxiety		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	
Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	
Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists - Drugs for Seizures /Personality Disorder/Nerve Pain		
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	Tier 2	QL (680 ML per 28 days)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	Tier 1	QL (60 EA per 30 days)
Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
<i>primidone oral tablet 125 mg</i>	Tier 1	
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>clobazam oral suspension 2.5 mg/ml</i>	Tier 1	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	Tier 1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (<i>midazolam</i>)	Tier 3	QL (10 EA per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (<i>diazepam</i>)	Tier 3	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol (cbd)</i>)	Tier 4	ST
Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1	
Anticonvulsant - Carboxylic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (<i>divalproex sodium</i>)	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	Tier 3	PA
Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	Tier 1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	Tier 1	ST; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain		
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	Tier 4	PA
<i>vigabatrin oral powder in packet 500 mg</i>	Tier 4	PA
<i>vigabatrin oral tablet 500 mg</i>	Tier 4	PA
<i>vigabatrin</i> (Vigadrone Oral Powder In Packet 500 Mg)	Tier 4	PA
<i>vigabatrin</i> (Vigadrone Oral Tablet 500 Mg)	Tier 4	PA
VIGAFYDE ORAL SOLUTION 100 MG/ML (<i>vigabatrin</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vigabatrin (Vigpoder Oral Powder In Packet 500 Mg)	Tier 4	PA
Anticonvulsant - Hydantoins - Drugs for Seizures /Personality Disorder/Nerve Pain		
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	Tier 2	
phenytoin (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	Tier 2	
phenytoin sodium extended (Dilantin Oral Capsule 30 Mg)	Tier 3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (phenytoin)	Tier 2	
phenytoin sodium extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 2	
phenytoin oral suspension 125 mg/5 ml	Tier 1	
phenytoin oral tablet,chewable 50 mg	Tier 1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 1	
Anticonvulsant - Iminostilbene Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral tablet,chewable 100 mg	Tier 1	
carbamazepine oral tablet,chewable 200 mg	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 2	
carbamazepine (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (carbamazepine)	Tier 3	
eslicarbazepine oral tablet 200 mg, 400 mg	Tier 1	QL (1 EA per 1 day)
eslicarbazepine oral tablet 600 mg, 800 mg	Tier 1	QL (2 EA per 1 day)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	Tier 1	ST; QL (4 EA per 1 day)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (<i>carbamazepine</i>)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	Tier 2	
Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 1	
<i>topiramate oral capsule, sprinkle 50 mg</i>	Tier 1	
<i>topiramate oral capsule,extended release 24hr 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 25 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>topiramate oral capsule,extended release 24hr 50 mg</i>	Tier 1	QL (7 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 25 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>topiramate oral capsule,sprinkle,er 24hr 50 mg</i>	Tier 1	ST; QL (7 EA per 1 day)
<i>topiramate oral solution 25 mg/ml</i>	Tier 1	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	Tier 4	PA
Anticonvulsant - Phenyltriazine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (<i>lamotrigine</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (<i>lamotrigine</i>)	Tier 3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (<i>lamotrigine</i>)	Tier 3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 1	
<i>lamotrigine</i> (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 3	
<i>lamotrigine</i> (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 3	
<i>lamotrigine</i> (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 3	
<i>lamotrigine</i> (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 3	
Anticonvulsant - Pyrrolidine Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	Tier 2	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	Tier 2	QL (2 EA per 1 day)
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1	
<i>methsuximide oral capsule 300 mg</i>	Tier 1	
Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZONISADE ORAL SUSPENSION 100 MG/5 ML (<i>zonisamide</i>)	Tier 3	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 1	ST; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	Tier 1	ST; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Tier 1	ST; QL (8 EA per 1 day)
Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	Tier 4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (<i>stiripentol</i>)	Tier 4	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	Tier 4	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (<i>cenobamate</i>)	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (<i>cenobamate</i>)	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG (<i>cenobamate</i>)	Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (<i>cenobamate</i>)	Tier 2	QL (1 EA per 1 day)
Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 1	
Antidepressant - Azapirones - Drugs for Depression		
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG (<i>gepirone hcl</i>)	Tier 3	PA; QL (1 EA per 1 day)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS) (<i>gepirone hcl</i>)	Tier 3	PA; QL (1 EA per 1 day)
Antidepressant - MAO Inhibitor Nonselective and Irreversible-Types A,B - Drugs for Depression		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (<i>selegiline</i>)	Tier 3	ST; QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	Tier 3	
<i>phenelzine oral tablet 15 mg</i>	Tier 1	
<i>tranylcypromine oral tablet 10 mg</i>	Tier 1	
Antidepressant - NDMA Receptor Antagonist and NDRI Combinations - Drugs for Depression		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (<i>dextromethorphan hbr/bupropion hcl</i>)	Tier 3	ST
Antidepressant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Depression		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (<i>zuranolone</i>)	Tier 4	PA
Antidepressant - N-methyl D-aspartate (NMDA) receptor antagonist - Drugs for Depression		
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) (<i>esketamine hcl</i>)	Tier 4	PA
Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression		
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>fluoxetine oral tablet 60 mg</i>	Tier 1	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	
<i>sertraline oral capsule 150 mg, 200 mg</i>	Tier 3	QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	
RALDESY ORAL SOLUTION 10 MG/ML (<i>trazodone hcl</i>)	Tier 3	PA
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (<i>levomilnacipran hcl</i>)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	Tier 2	QL (1 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	
Antidepressant - SSRI and 5HT1A Partial Agonist - Drugs for Depression		
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	ST
Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hydrobromide</i>)	Tier 2	QL (1 EA per 1 day)
Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	
Antidepressant- SSRI and Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs for Depression		
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression		
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	Tier 1	
Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb - Drugs for Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	Tier 1	
Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG (<i>carbidopa/levodopa</i>)	Tier 3	ST; QL (4 EA per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 52.5-210 MG (<i>carbidopa/levodopa</i>)	Tier 3	ST; QL (10 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 70-280 MG (<i>carbidopa/levodopa</i>)	Tier 3	ST; QL (7 EA per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 87.5-350 MG (<i>carbidopa/levodopa</i>)	Tier 3	ST; QL (6 EA per 1 day)
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (<i>carbidopa/levodopa</i>)	Tier 4	PA
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa/levodopa</i>)	Tier 3	ST; QL (10 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML (<i>foscarbidopa/foslevodopa</i>)	Tier 4	PA
Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs for Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	Tier 4	PA
Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors - Drugs for Parkinson		
<i>tolcapone oral tablet 100 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson		
<i>entacapone oral tablet 200 mg</i>	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	Tier 3	PA
Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson		
<i>carbidopa oral tablet 25 mg</i>	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson		
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	
Antiparkinson Therapy - Dopamine Precursors - Drugs for Parkinson		
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (<i>levodopa</i>)	Tier 4	PA
Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson		
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson		
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	Tier 3	ST; QL (1 EA per 1 day)
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG (<i>selegiline hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson		
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	Tier 4	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (<i>rotigotine</i>)	Tier 2	ST; QL (1 EA per 1 day)
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML (<i>apomorphine hcl</i>)	Tier 4	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs for Severe Mental Disorders		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (<i>asenapine</i>)	Tier 3	ST; QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders		
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders		
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (1 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	Tier 3	ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) (<i>iloperidone</i>)	Tier 3	ST; QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) (<i>iloperidone</i>)	Tier 3	ST; QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) (<i>iloperidone</i>)	Tier 3	ST; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML (<i>paliperidone palmitate</i>)	Tier 4	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (0.88 ML per 70 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML (<i>paliperidone palmitate</i>)	Tier 4	QL (2.63 ML per 70 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG (<i>risperidone</i>)	Tier 4	QL (1 EA per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	Tier 4	QL (1 EA per 14 days)
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML (<i>risperidone</i>)	Tier 4	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML (<i>risperidone</i>)	Tier 4	QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML (<i>risperidone</i>)	Tier 4	QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML (<i>risperidone</i>)	Tier 4	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML (<i>risperidone</i>)	Tier 4	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML (<i>risperidone</i>)	Tier 4	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML (<i>risperidone</i>)	Tier 4	QL (0.21 ML per 28 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs for Severe Mental Disorders		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	Tier 2	QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	QL (3 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	Tier 3	ST; QL (18 ML per 1 day)
Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders		
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (<i>loxapine</i>)	Tier 4	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Antipsychotic - Dihydroindolones - Drugs for Severe Mental Disorders		
<i>molindone oral tablet 10 mg</i>	Tier 1	QL (8 EA per 1 day)
<i>molindone oral tablet 25 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>molindone oral tablet 5 mg</i>	Tier 1	
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders		
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	
Antipsychotic - Muscarinic Agonist/Antagonist Combinations - Drugs for Severe Mental Disorders		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (<i>xanomeline tartrate/trospium chloride</i>)	Tier 3	ST; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG (<i>xanomeline tartrate/trospium chloride</i>)	Tier 3	ST

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders		
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	Tier 1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders		
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders		
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	
Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs for Severe Mental Disorders		
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>quetiapine oral tablet 150 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs for Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine/samidorphan malate</i>)	Tier 3	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG (<i>olanzapine pamoate</i>)	Tier 4	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG (<i>olanzapine pamoate</i>)	Tier 4	QL (1 EA per 28 days)
Antipsychotic-Atyp Selective Serotonin 5-HT_{2A} Inverse Agonists (SSIA) - Drugs for Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	Tier 4	PA
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	Tier 4	PA
Antipsychotic-Atypical,D2 Receptor Partial Agonist-5HT Serotonin Mixed - Drugs for Severe Mental Disorders		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML (<i>aripiprazole</i>)	Tier 4	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML (<i>aripiprazole</i>)	Tier 4	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG (<i>aripiprazole</i>)	Tier 4	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG (<i>aripiprazole</i>)	Tier 4	QL (2 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG (<i>aripiprazole</i>)	Tier 4	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 400 MG (<i>aripiprazole</i>)	Tier 4	QL (2 EA per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	ST
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 1	ST; QL (2 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML (<i>aripiprazole lauroxil, submicronized</i>)	Tier 4	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML (<i>aripiprazole lauroxil</i>)	Tier 4	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML (<i>aripiprazole lauroxil</i>)	Tier 4	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML (<i>aripiprazole lauroxil</i>)	Tier 4	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML (<i>aripiprazole lauroxil</i>)	Tier 4	QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (<i>aripiprazole</i>)	Tier 3	ST
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	Tier 2	QL (1 EA per 1 day)
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs for Severe Mental Disorders		
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	Tier 2	QL (1 EA per 1 day)
Antipsychotics,Atypical,Dopamine,Serotonin Antag and Opioid Antag Comb - Drugs for Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine/samidorphan malate</i>)	Tier 3	PA
Attention Deficit-Hyperact. Disorder (ADHD)- alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML (<i>clonidine hcl</i>)	Tier 3	ST; QL (4 ML per 1 day)
Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	Tier 3	ST; QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amphetamine oral tablet,disinteg er biphasic 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg</i>	Tier 3	ST; QL (1 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG (<i>serdexmethylphenidate chloride/dexmethylphenidate hcl</i>)	Tier 2	ST; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG (<i>methylphenidate</i>)	Tier 3	ST; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG (<i>methylphenidate</i>)	Tier 3	ST; QL (2 EA per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i>	Tier 1	ST; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (<i>amphetamine</i>)	Tier 3	ST; QL (240 ML per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (amphetamine)	Tier 3	ST; QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (methylphenidate hcl)	Tier 2	ST; QL (1 EA per 1 day)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Tier 1	QL (1 EA per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (90 EA per 30 days)
methamphetamine oral tablet 5 mg	Tier 1	QL (150 EA per 30 days)
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 3	ST; QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	Tier 1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg	Tier 1	QL (3 EA per 1 day)
methylphenidate hcl oral tablet extended release 20 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	Tier 1	QL (1 EA per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	Tier 1	QL (2 EA per 1 day)
methylphenidate hcl oral tablet,chewable 10 mg	Tier 1	QL (6 EA per 1 day)
methylphenidate hcl oral tablet,chewable 2.5 mg, 5 mg	Tier 1	QL (90 EA per 30 days)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	Tier 1	ST; QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG (<i>methylphenidate hcl</i>)	Tier 3	ST; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG (<i>methylphenidate hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (<i>methylphenidate hcl</i>)	Tier 3	ST; 120mL BOTTLE; QL (240 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (<i>methylphenidate hcl</i>)	Tier 3	ST; 150mL BOTTLE; QL (300 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (<i>methylphenidate hcl</i>)	Tier 3	ST; 180mL BOTTLE; QL (360 ML per 30 days)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (<i>methylphenidate hcl</i>)	Tier 3	ST; 60mL BOTTLE; QL (60 ML per 30 days)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (<i>dextroamphetamine</i>)	Tier 3	ST; QL (1 EA per 1 day)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (4 EA per 1 day)
Attention Deficit-Hyperactivity Disorder (ADHD) Therapy, NRI-Type - Drugs for Attention Deficit Disorder		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (<i>viloxazine hcl</i>)	Tier 3	ST; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG (<i>viloxazine hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (<i>viloxazine hcl</i>)	Tier 3	ST; QL (3 EA per 1 day)
Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (<i>alprazolam</i>)	Tier 2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	
clobazam oral suspension 2.5 mg/ml	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	
estazolam oral tablet 1 mg, 2 mg	Tier 1	
flurazepam oral capsule 15 mg, 30 mg	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
midazolam (pf) injection solution 5 mg/ml	Tier 1	
midazolam injection solution 5 mg/ml	Tier 1	
midazolam oral syrup 2 mg/ml	Tier 1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (midazolam)	Tier 3	QL (10 EA per 30 days)
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
quazepam oral tablet 15 mg	Tier 1	ST
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Tier 1	
triazolam oral tablet 0.125 mg, 0.25 mg	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) (<i>diazepam</i>)	Tier 3	QL (10 EA per 30 days)
Bipolar Therapy Agents - Anticonvulsant Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	
<i>carbamazepine oral tablet, chewable 200 mg</i>	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	Tier 2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 2	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (<i>divalproex sodium</i>)	Tier 2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	
<i>carbamazepine</i> (Epitol Oral Tablet 200 Mg)	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	Tier 3	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	Tier 1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	Tier 1	
<i>lamotrigine</i> (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 3	
<i>lamotrigine</i> (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 3	
<i>lamotrigine</i> (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (<i>carbamazepine</i>)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	Tier 2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	
<i>valproic acid oral capsule 250 mg</i>	Tier 1	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders		
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	ST
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine/samidorphan malate</i>)	Tier 3	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	Tier 1	QL (1 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (<i>aripiprazole</i>)	Tier 3	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quetiapine oral tablet 150 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.25 mg</i>	Tier 1	
<i>risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	Tier 2	QL (1 EA per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	
Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders		
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	Tier 1	
<i>lithium carbonate oral capsule 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	
Cannabis and Cannabinoids - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	Tier 3	ST; QL (60 ML per 30 days)
CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder		
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	Tier 3	ST; QL (1 EA per 1 day)
<i>amphetamine oral tablet,disinteg er biphasic 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg</i>	Tier 3	ST; QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (<i>amphetamine</i>)	Tier 3	ST; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	Tier 3	ST; QL (1 EA per 1 day)
CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	Tier 1	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i>	Tier 1	ST; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>methamphetamine oral tablet 5 mg</i>	Tier 1	QL (150 EA per 30 days)
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR (<i>dextroamphetamine</i>)	Tier 3	ST; QL (1 EA per 1 day)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (4 EA per 1 day)
CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Tier 1	
Diabetic Peripheral Neuropathy Agents - Drugs for Seizures /Personality Disorder/Nerve Pain		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
Fibromyalgia Agents - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Tier 1	
<i>pregabalin oral solution 20 mg/ml</i>	Tier 1	
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	Tier 1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran hcl</i>)	Tier 3	ST; QL (2 EA per 1 day)
HSDD Agents-Mixed Serotonin Agonist/Antagonists - Drugs for the Nervous System		
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	Tier 3	PA
HSDD Agents-Non-Selective Melanocortin Receptor Agonist - Drugs for the Nervous System		
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML (<i>bremelanotide acetate</i>)	Tier 3	PA
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	Tier 4	PA
<i>ramelteon oral tablet 8 mg</i>	Tier 1	ST
<i>tasimelteon oral capsule 20 mg</i>	Tier 4	PA
Migraine Therapy - Carboxylic Acid Derivatives - Drugs for Migraine Headaches		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	Tier 2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	
Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody - Drugs for Migraine Headaches		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (<i>fremanezumab-vfrm</i>)	Tier 2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (<i>fremanezumab-vfrm</i>)	Tier 2	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2	PA
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (<i>eptinezumab-jjmr</i>)	Tier 4	PA
Migraine Therapy - CGRP Receptor Blockers (gepants and mAb) - Drugs for Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	Tier 2	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (<i>rimegepant sulfate</i>)	Tier 2	PA
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	Tier 2	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	Tier 2	PA
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION (<i>zavegepant hcl</i>)	Tier 3	PA
Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches		
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 1	ST; QL (8 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG (<i>ergotamine tartrate</i>)	Tier 3	QL (10 EA per 7 days)
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) (<i>dihydroergotamine mesylate</i>)	Tier 3	ST; QL (12 ML per 28 days); Age (Min 18 Years)
Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 1	QL (10 EA per 7 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - NSAID Analgesics (Cyclooxygenase Inhibitor) - Drugs for Migraine Headaches		
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) (<i>celecoxib</i>)	Tier 3	PA
Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	QL (27 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	Tier 1	QL (36 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (18 EA per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	Tier 1	QL (18 ML per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST; QL (18 EA per 30 days)
<i>zolmitriptan</i> (Zomig Oral Tablet 2.5 Mg, 5 Mg)	Tier 1	ST; QL (18 EA per 30 days)
Migraine Therapy - Selective Serotonin Agonists 5-HT(1F) - Drugs for Migraine Headaches		
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	Tier 2	PA
Movement Disorder Drug Therapy - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (deutetrabenazine)	Tier 4	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (deutetrabenazine)	Tier 4	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (valbenazine tosylate)	Tier 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 4	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 4	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 4	PA
Movement Disorder Therapy - Huntington's Disease - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (deutetrabenazine)	Tier 4	PA
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (deutetrabenazine)	Tier 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 4	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (valbenazine tosylate)	Tier 4	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 4	PA
Movement Disorder Therapy - Tardive Dyskinesia - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (deutetrabenazine)	Tier 4	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (deutetrabenazine)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG (<i>deutetrabenazine</i>)	Tier 4	PA
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (<i>valbenazine tosylate</i>)	Tier 4	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 4	PA
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	Tier 4	PA
Narcolepsy and Cataplexy Therapy Agents - Sedative-Type - Drugs for Sleep Disorder		
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM (<i>sodium oxybate</i>)	Tier 4	PA
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM (<i>sodium oxybate</i>)	Tier 4	PA
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 4	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML (<i>sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate</i>)	Tier 4	PA
Narcolepsy Therapy Agents - Dopamine and NE Reuptake Inhibitor (DNRI) - Drugs for Sleep Disorder		
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	Tier 2	PA
Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs for Sleep Disorder		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	Tier 4	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
Narcolepsy Therapy Agents - Stimulant-Type, Piperadine Derivative - Drugs for Sleep Disorder		
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl oral tablet, chewable 10 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 2.5 mg, 5 mg</i>	Tier 1	QL (90 EA per 30 days)
Narcolepsy Therapy Agents- Stimulant-Type, Sympathomimetic, Amphetamines - Drugs for Sleep Disorder		
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	PA
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	Tier 1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg</i>	Tier 1	ST; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>dextroamphetamine sulfate</i> (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (4 EA per 1 day)
Neuropathic Pain Therapy - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
Postherpetic Neuralgia Agents - Drugs for Seizures /Personality Disorder/Nerve Pain		
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	Tier 1	ST; QL (3 EA per 1 day)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
Pseudobulbar Affect (PBA) Agents, NMDA antagonists type - Drugs for Severe Mental Disorders		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan hbr/quinidine sulfate</i>)	Tier 3	PA
Sedative-Hypnotic - Barbiturates - Drugs for Insomnia		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 1	
Sedative-Hypnotic - Benzodiazepines - Drugs for Insomnia		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Tier 1	
<i>midazolam oral syrup 2 mg/ml</i>	Tier 1	
<i>quazepam oral tablet 15 mg</i>	Tier 1	ST
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Tier 1	
Sedative-Hypnotic - GABA-Receptor Modulators - Drugs for Insomnia		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	Tier 1	QL (1 EA per 1 day)
Sedative-Hypnotic - Orexin Receptor Antagonist - Drugs for Insomnia		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	Tier 2	ST; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	Tier 2	ST; QL (1 EA per 1 day)
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	Tier 3	PA
Sedative-Hypnotic - Selective Alpha2-Adrenoreceptor Agonists - Drugs for Insomnia		
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (<i>dexmedetomidine hcl</i>)	Tier 3	PA
Sedative-Hypnotic - Tricyclic Antidepressant Type - Drugs for Insomnia		
<i>doxepin oral tablet 3 mg, 6 mg</i>	Tier 1	ST; QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Chemical Dependency, Agents to Treat - Drugs for Addiction		
Agents for Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs for Opioid Addiction		
<i>lofexidine oral tablet 0.18 mg</i>	Tier 1	PA
Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction		
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML (<i>buprenorphine</i>)	Tier 4	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	Tier 1	QL (3 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML (<i>buprenorphine</i>)	Tier 4	PA
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG (<i>buprenorphine hcl/naloxone hcl</i>)	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG (<i>buprenorphine hcl/naloxone hcl</i>)	Tier 2	QL (2 EA per 1 day)
Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs for Alcohol Addiction		
<i>naltrexone oral tablet 50 mg</i>	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG (<i>naltrexone microspheres</i>)	Tier 4	
Alcohol Deterrents - Drugs for Alcohol Addiction		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	
Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotine-Type - Drugs for Smoking Addiction		
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (<i>nicotine</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS IN 365, TRIAL OF NICOTINE TRANSDERMAL PATCH, AND 18 YEARS OF AGE OR OLDER; QL (10 ML per 2 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUIT 2 BUCCAL GUM 2 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	\$0	EHB; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrents - Nicotinic Receptor Partial Agonist, alpha4beta2 - Drugs for Smoking Addiction		
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)</i>	\$0	EHB; \$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Chemicals-Pharmaceutical Adjuvants		
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (<i>sodium chloride for inhalation</i>)	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (<i>sodium chloride for inhalation</i>)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (<i>sodium chloride for inhalation</i>)	Tier 3	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	Tier 1	
Cognitive Disorder Therapy - Drugs for the Nervous System		
Alzheimer's Disease Therapy - Amyloid Directed Monoclonal Antibody - Drugs for Alzheimer's Disease		
KISUNLA INTRAVENOUS SOLUTION 17.5 MG/ML (<i>donanemab-azbt</i>)	Tier 4	PA
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML (<i>lecanemab-irmb</i>)	Tier 4	PA
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML (<i>lecanemab-irmb</i>)	Tier 4	PA
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR (<i>donepezil hcl</i>)	Tier 3	PA
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	Tier 1	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	Tier 1	QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG (<i>benzgalantamine gluconate</i>)	Tier 3	ST; QL (2 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	Tier 1	QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i>	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG (<i>memantine hcl</i>)	Tier 2	ST; QL (28 EA per 28 days)
Alzheimer's Thx - NMDA Receptor Antag. and Cholinesterase Inhib. Comb - Drugs for Alzheimer's Disease		
<i>memantine-donepezil oral capsule, sprinkle, er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 7-10 MG (<i>memantine hcl/donepezil hcl</i>)	Tier 2	ST; QL (1 EA per 1 day)
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease		
<i>ergoloid oral tablet 1 mg</i>	Tier 1	
Rett Syndrome Agents - Glypromate (GPE) Analogs - Drugs for Alzheimer's Disease		
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	Tier 4	PA
Contraceptives - Drugs for Women		
Contraceptive - Vaginal pH Modulator - Medical Supplies and Durable Medical Equipment		
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic acid/citric acid/potassium bitartrate</i>)	\$0	CT; EHB
Contraceptive Implant - Progestin - Birth Control Pills		
NEXPLANON SUBDERMAL IMPLANT 68 MG (<i>etonogestrel</i>)	\$0	CT; EHB
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	\$0	CT; EHB
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (<i>medroxyprogesterone acetate</i>)	\$0	CT; EHB
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0	CT; EHB
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	\$0	CT; EHB
Contraceptive Intrauterine - Copper IUD - Birth Control Pills		
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM (<i>copper</i>)	\$0	CT; EHB
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (<i>copper</i>)	\$0	CT; EHB
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (<i>copper</i>)	\$0	CT; EHB
Contraceptive Intrauterine - Progesterone IUD - Birth Control Pills		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
Contraceptive Oral - Biphasic - Birth Control Pills		
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0	CT; EHB
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (<i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i>)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
<i>desogestrel-ethinyl estradiol/ethinyl estradiol</i> (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	\$0	CT; EHB
Contraceptive Oral - Monophasic - Birth Control Pills		
<i>levonorgestrel/ethinyl estradiol</i> (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Amethyst (28) Oral Tablet 90-20 Mcg (28))	\$0	CT; EHB
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aubra Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7) (desogestrel/ethinyl estradiol/ferrous bis-glycinate chelate)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7) (levonorgestrel/ethinyl estradiol/iron)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) (drospirenone/ethinyl estradiol/levomefolate calcium)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone-ethinyl estradiol (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Charlotte 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Dolishale Oral Tablet 90-20 Mcg (28))	\$0	CT; EHB
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	\$0	CT; EHB
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	\$0	CT; EHB
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-0.035 Mg)	\$0	CT; EHB
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Feirza Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7), 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG (norethindrone acetate/ethinyl estradiol)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	\$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Galbriela Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Gemmy Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Hailey Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Iclevia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Introvale Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	\$0	CT; EHB
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethinyl estradiol/drospirenone (Jasmiel (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel/ethinyl estradiol)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol/iron (Joyeaux Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	\$0	CT; EHB
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone-ethinyl estradiol/ferrous fumarate (Kaitlib Fe Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	\$0	CT; EHB
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/50 (28) Oral Tablet 1-50 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (norethindrone-ethinyl estradiol/ferrous fumarate)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	\$0	CT; EHB
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	\$0	CT; EHB
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Levora-28 Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Loestrin Fe 1.5/30 (28-Day) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Loestrin Fe 1/20 (28-Day) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	\$0	CT; EHB
ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate/ethinyl estradiol (Luizza Oral Tablet 1-20 Mg-Mcg, 1.5-30 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Merzee Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet, Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-0.035 Mg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol/iron (Minzoya Oral Tablet 0.1 Mg-0.02 Mg (21)/Iron (7))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-0.035 Mg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	\$0	CT; EHB
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) (drospirenone/estetrol)	\$0	CT; EHB
ethinyl estradiol/drospirenone (Nikki (28) Oral Tablet 3-0.02 Mg)	\$0	CT; EHB
noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	\$0	CT; EHB
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	\$0	CT; EHB
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	\$0	CT; EHB
norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	\$0	CT; EHB
norgestimate-ethinyl estradiol oral tablet 0.25-0.035 mg	\$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	\$0	CT; EHB
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (norethindrone-ethinyl estradiol)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Nylia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
OCELLA ORAL TABLET 3-0.03 MG (ethinyl estradiol/drospirenone)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Portia 28 Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	\$0	CT; EHB
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) (drospirenone/ethinyl estradiol/levomefolate calcium)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Setlakin Oral Tablets, Dose Pack, 3 Month 0.15 Mg-30 Mcg (91))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Sprintec (28) Oral Tablet 0.25-0.035 Mg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	\$0	CT; EHB
ethinyl estradiol/drospirenone (Syeda Oral Tablet 3-0.03 Mg)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YAZ (28) ORAL TABLET 3-0.02 MG (<i>ethinyl estradiol/drospirenone</i>)	\$0	CT; EHB
<i>ethinyl estradiol/drospirenone</i> (Zarah Oral Tablet 3-0.03 Mg)	\$0	CT; EHB
<i>ethynodiol diacetate-ethinyl estradiol</i> (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg)	\$0	CT; EHB
<i>ethinyl estradiol/drospirenone</i> (Zumandimine (28) Oral Tablet 3-0.03 Mg)	\$0	CT; EHB
Contraceptive Oral - Progestin - Birth Control Pills		
<i>norethindrone</i> (Camila Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Deblitane Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Emzahh Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Errin Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Heather Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Incassia Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Jencycla Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Lyleq Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Lyza Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Meleya Oral Tablet 0.35 Mg)	\$0	CT; EHB
NORA-BE ORAL TABLET 0.35 MG (<i>norethindrone</i>)	\$0	CT; EHB
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0	CT; EHB
OPILL ORAL TABLET 0.075 MG (<i>norgestrel</i>)	\$0	CT; EHB
<i>norethindrone</i> (Orquidea Oral Tablet 0.35 Mg)	\$0	CT; EHB
<i>norethindrone</i> (Sharobel Oral Tablet 0.35 Mg)	\$0	CT; EHB
SLYND ORAL TABLET 4 MG (28) (<i>drospirenone</i>)	\$0	CT; EHB
<i>norethindrone</i> (Tulana Oral Tablet 0.35 Mg)	\$0	CT; EHB
Contraceptive Oral - Quadraphasic - Birth Control Pills		
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	\$0	CT; EHB
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (<i>estradiol valerate/dienogest</i>)	\$0	CT; EHB
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i>)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Rosyrax Oral Tablets,Dose Pack,3 Month 0.15 Mg-20 Mcg/ 0.15 Mg-25 Mcg)	\$0	CT; EHB
Contraceptive Oral - Triphasic - Birth Control Pills		
norethindrone-ethinyl estradiol (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	\$0	CT; EHB
desogestrel-ethinyl estradiol (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Enpresse Oral Tablet 50- 30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (norethindrone-ethinyl estradiol)	\$0	CT; EHB
levonorgestrel/ethinyl estradiol (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	\$0	CT; EHB
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	\$0	CT; EHB
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
norethindrone-ethinyl estradiol (Nylia 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	\$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg- 35Mcg (9))	\$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (<i>segesterone acetate/ethinyl estradiol</i>)	\$0	CT; EHB
<i>etonogestrel/ethinyl estradiol</i> (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$0	CT; EHB
<i>etonogestrel/ethinyl estradiol</i> (Enilloring Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$0	CT; EHB
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	\$0	CT; EHB
<i>etonogestrel/ethinyl estradiol</i> (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr)	\$0	CT; EHB
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (<i>etonogestrel/ethinyl estradiol</i>)	\$0	CT; EHB
Emergency Contraceptives - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	\$0	CT; EHB
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills		
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Emergency Contraceptives - Progestin Type - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
HER STYLE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
<i>levonorgestrel oral tablet 1.5 mg</i>	\$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
PLAN B ONE-STEP ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	\$0	CT; EHB
Spermicides - Birth Control Pills		
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (<i>nonoxynol 9</i>)	\$0	CT; EHB
Dermatological - Drugs for the Skin		
Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin		
<i>isotretinoin</i> (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
<i>isotretinoin</i> (Amnesteem Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs for the Skin		
WINLEVI TOPICAL CREAM 1 % (<i>clascoterone</i>)	Tier 3	PA
Acne Therapy Topical - Anti-infective - Drugs for the Skin		
ABENOR HP TOPICAL LOTION 15-4 % (<i>sulfacetamide sodium/niacinamide</i>)	Tier 3	
<i>azelaic acid topical gel 15 %</i>	Tier 1	
AZELEX TOPICAL CREAM 20 % (<i>azelaic acid</i>)	Tier 3	ST
<i>clindamycin phosphate topical foam 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	Tier 1	ST
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i>	Tier 1	
<i>dapsone topical gel 5 %</i>	Tier 1	
<i>dapsone topical gel with pump 7.5 %</i>	Tier 1	
<i>erythromycin base in ethanol</i> (Ery Pads Topical Swab 2 %)	Tier 1	
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 1	
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	QL (180 ML per 1 FILL)
FINACEA TOPICAL FOAM 15 % (<i>azelaic acid</i>)	Tier 2	
MELZARA TOPICAL CREAM 10-6-2 % (<i>azelaic acid/tranexamic acid/niacinamide</i>)	Tier 3	
OXIAICE TOPICAL LOTION 15-4 % (<i>sulfacetamide sodium/niacinamide</i>)	Tier 3	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 1	
Acne Therapy Topical - Anti-infective Combinations Other - Drugs for the Skin		
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 % (<i>dapsone/spironolactone/niacinamide</i>)	Tier 3	
ADMIRAZOL TOPICAL CREAM 6-5-2 % (<i>dapsone/spironolactone/niacinamide</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALIXI HP TOPICAL CREAM 8.5-4 % (<i>dapsone/niacinamide</i>)	Tier 3	
ALIXI TOPICAL CREAM 6-4 % (<i>dapsone/niacinamide</i>)	Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 % (<i>dapsone/spironolactone/niacinamide</i>)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 % (<i>dapsone/niacinamide</i>)	Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 % (<i>dapsone/spironolactone/niacinamide</i>)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 % (<i>dapsone/niacinamide</i>)	Tier 3	
Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin		
ARTILIS TOPICAL GEL 2.5-1-4 % (<i>benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (<i>sulfacetamide sodium/sulfur/urea</i>)	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	Tier 1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	Tier 1	ST
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %</i>	Tier 1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 1	
<i>clindamycin phosphate/benzoyl peroxide</i> (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
ROSULA TOPICAL CLEANSER 10-4.5 % (<i>sulfacetamide sodium/sulfur</i>)	Tier 3	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	Tier 1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	Tier 1	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>	Tier 1	
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	Tier 1	QL (1419 ML per 1 FILL)
Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 % (<i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 3	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 % (<i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 3	
AVIDORA HP TOPICAL CREAM 0.05-1-4 % (<i>tretinoin/clindamycin phosphate/niacinamide</i>)	Tier 3	
AVIDORA TOPICAL SOLUTION 0.025-1-4 % (<i>tretinoin/clindamycin phosphate/niacinamide</i>)	Tier 3	
AWANIS TOPICAL CREAM 0.025-8.5-2 % (<i>tretinoin/dapsone/niacinamide</i>)	Tier 3	
CABTREO TOPICAL GEL 0.15-3.1-1.2 % (<i>adapalene/benzoyl peroxide/clindamycin phosphate</i>)	Tier 3	PA
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % (<i>tretinoin/clindamycin phosphate/niacinamide</i>)	Tier 3	
DEOXIATAR TOPICAL CREAM 0.05-1-4 % (<i>tretinoin/clindamycin phosphate/niacinamide</i>)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 % (<i>tretinoin/dapsone/niacinamide</i>)	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % (<i>tretinoin/dapsone/niacinamide</i>)	Tier 3	
INZDEAXIATAR TOPICAL GEL 0.05-2.5-1-2 % (<i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 % (<i>tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin</i>)	Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.05-5-1-2-2 % (<i>tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin</i>)	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 % (<i>tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide</i>)	Tier 3	
Acne Therapy Topical - Keratolytic - Drugs for the Skin		
<i>benzoyl peroxide topical foam 9.8 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BPO TOPICAL GEL 8 % (<i>benzoyl peroxide</i>)	Tier 1	
PACNEX HP TOPICAL PADS, MEDICATED 7 % (<i>benzoyl peroxide</i>)	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (<i>benzoyl peroxide</i>)	Tier 3	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (<i>benzoyl peroxide microspheres</i>)	Tier 1	
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs for the Skin		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (<i>benzoyl peroxide/hydrocortisone</i>)	Tier 2	
Acne Therapy Topical - Retinoid Combinations Other - Drugs for the Skin		
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	Tier 1	
ALURIS HP TOPICAL CREAM 0.1-4 % (<i>tretinoin/niacinamide</i>)	Tier 3	
IDYYXIATAR TOPICAL GEL 0.025-5 % (<i>tretinoin/niacinamide</i>)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 % (<i>tretinoin/niacinamide</i>)	Tier 3	
SIRVANA TOPICAL GEL 0.025-5 % (<i>tretinoin/niacinamide</i>)	Tier 3	
Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin		
<i>adapalene topical cream 0.1 %</i>	Tier 1	
<i>adapalene topical gel 0.3 %</i>	Tier 1	
<i>adapalene topical gel with pump 0.3 %</i>	Tier 1	
<i>adapalene topical lotion 0.1 %</i>	Tier 1	Age (Max 39 Years)
AKLIEF TOPICAL CREAM 0.005 % (<i>trifarotene</i>)	Tier 3	ST; Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 % (<i>tretinoin</i>)	Tier 3	
AVITA TOPICAL CREAM 0.025 % (<i>tretinoin</i>)	Tier 1	
AVITA TOPICAL GEL 0.025 % (<i>tretinoin</i>)	Tier 1	
DIFFERIN TOPICAL LOTION 0.1 % (<i>adapalene</i>)	Tier 3	Age (Max 39 Years)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 % (<i>tretinoin microspheres</i>)	Tier 3	ST; Age (Max 39 Years)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	Tier 1	ST; Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs for the Skin		
DUOBRII TOPICAL LOTION 0.01-0.045 % (<i>halobetasol propionate/tazarotene</i>)	Tier 3	ST; QL (200 GM per 28 days)
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	ST
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	Tier 1	ST
ENSTILAR TOPICAL FOAM 0.005-0.064 % (<i>calcipotriene/betamethasone dipropionate</i>)	Tier 2	
WYNZORA TOPICAL CREAM 0.005-0.064 % (<i>calcipotriene/betamethasone dipropionate</i>)	Tier 3	ST
Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors, MC Antibody - Drugs for the Skin		
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab-aekn</i>)	Tier 4	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab</i>)	Tier 4	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab-kfce</i>)	Tier 4	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab-kfce</i>)	Tier 4	PA
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	Tier 4	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	Tier 4	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	Tier 4	PA
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	Tier 4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML (<i>guselkumab</i>)	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (<i>guselkumab</i>)	Tier 4	PA
Antipsoriatic Agents - Interleukin-36 (IL-36) Receptor Antagonist, MC - Drugs for the Skin		
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML (<i>spesolimab-sbzo</i>)	Tier 4	PA
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (<i>spesolimab-sbzo</i>)	Tier 4	PA
Antipsoriatic Agents - Tyrosine Kinase 2 (TYK2) Inhibitor - Drugs for the Skin		
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	Tier 4	PA
Antipsoriatic Agents-Interleukin-17 (IL-17) Antagonist, MC Antibody - Drugs for the Skin		
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML (<i>bimekizumab-bkzx</i>)	Tier 4	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML (<i>bimekizumab-bkzx</i>)	Tier 4	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML (<i>secukinumab</i>)	Tier 4	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>secukinumab</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (<i>secukinumab</i>)	Tier 4	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (<i>secukinumab</i>)	Tier 4	PA
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (<i>brodalumab</i>)	Tier 4	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Tier 4	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Tier 4	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	Tier 4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML (<i>ixekizumab</i>)	Tier 4	PA
Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin		
ANZUPGO TOPICAL CREAM 2 % (<i>delgocitinib</i>)	Tier 3	PA; QL (60 GM per 30 days)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	Tier 4	PA
OPZELURA TOPICAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	Tier 2	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (<i>upadacitinib</i>)	Tier 4	PA
Dermatitis Agents, Systemic - Interleukin-13 Inhibitors MAb - Drugs for the Skin		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML (<i>tralokinumab-ldrm</i>)	Tier 4	PA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	Tier 4	PA
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML (<i>lebrikizumab-lbkz</i>)	Tier 4	PA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML (<i>lebrikizumab-lbkz</i>)	Tier 4	PA
Dermatitis Agents, Systemic - IL-31 Receptor alpha Antagonist MAb - Drugs for the Skin		
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG (<i>nemolizumab-ilto</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatitis Agents, Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb - Drugs for the Skin		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA
Dermatitis or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs for the Skin		
EUCRISA TOPICAL OINTMENT 2 % (<i>crisaborole</i>)	Tier 2	ST
ZORYVE TOPICAL CREAM 0.05 % (<i>roflumilast</i>)	Tier 3	PA; QL (60 GM per 30 days)
ZORYVE TOPICAL CREAM 0.15 % (<i>roflumilast</i>)	Tier 3	PA
Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin		
<i>gentamicin topical cream 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	QL (90 GM per 1 FILL)
Dermatological - Antibacterial Other - Drugs for the Skin		
BASADROX TOPICAL GEL IN PACKET (<i>silver</i>)	Tier 3	
CENTANY AT TOPICAL OINTMENT KIT 2 % (<i>mupirocin</i>)	Tier 3	
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i>	Tier 1	QL (90 GM per 1 FILL)
NORMLGEL AG TOPICAL GEL 0.11 % (<i>silver carbonate</i>)	Tier 3	
<i>silver nitrate topical solution 0.5 %</i>	Tier 1	
<i>silver nitrate topical solution 10 %, 25 %, 50 %</i>	Tier 1	
Dermatological - Antibacterial Pleuromutilin Derivatives - Drugs for the Skin		
ALTABAX TOPICAL OINTMENT 1 % (<i>retapamulin</i>)	Tier 3	ST
Dermatological - Antibacterial Quinolones - Drugs for the Skin		
XEPI TOPICAL CREAM 1 % (<i>ozenoxacin</i>)	Tier 3	ST
Dermatological - Antibacterial, Antifungal Agent with Glucocorticoid - Drugs for the Skin		
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	Tier 1	
Dermatological - Antibacterial-Glucocorticoid Combinations - Drugs for the Skin		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (<i>neomycin sulfate/fluocinolone acetonide/emollient comb no.65</i>)	Tier 3	ST
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (<i>neomycin sulfate/fluocinolone acetonide</i>)	Tier 3	ST
Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs for the Skin		
QBREXZA TOPICAL TOWELETTE 2.4 % (<i>glycopyrronium tosylate</i>)	Tier 2	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION) (<i>sofipironium bromide</i>)	Tier 3	PA
Dermatological - Antifungal Allylamines - Drugs for the Skin		
<i>naftifine topical cream 1 %</i>	Tier 1	
<i>naftifine topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>naftifine topical gel 2 %</i>	Tier 1	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin		
<i>nystatin</i> (Klayesta Topical Powder 100,000 Unit/Gram)	Tier 1	
<i>nystatin</i> (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 1	
<i>nystatin</i> (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Combinations Other - Drugs for the Skin		
EXODERM TOPICAL LOTION 25-1 % (<i>sodium thiosulfate/salicylic acid</i>)	Tier 1	
FERVINA TOPICAL LOTION 3-5-20 % (<i>ciclopirox olamine/itraconazole/urea</i>)	Tier 3	
FIDILA TOPICAL SHAMPOO 2-2 % (<i>ketoconazole/salicylic acid</i>)	Tier 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 % (<i>ciclopirox olamine/itraconazole/urea</i>)	Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 % (<i>ketoconazole/salicylic acid</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin		
CICLODAN KIT TOPICAL COMBO PACK 0.77 % (<i>ciclopirox olamine/skin cleanser combination no.28</i>)	Tier 3	
<i>ciclopirox topical cream 0.77 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	
<i>ciclopirox topical shampoo 1 %</i>	Tier 1	
<i>ciclopirox topical solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i>	Tier 1	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	Tier 1	QL (19.8 ML per 1 FILL)
DAFILOR TOPICAL SHAMPOO 0.77-2 % (<i>ciclopirox olamine/salicylic acid</i>)	Tier 3	
FILOMA TOPICAL SOLUTION 8-1-1 % (<i>ciclopirox olamine/fluconazole/terbinafine hcl</i>)	Tier 3	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (<i>ciclopirox olamine/salicylic acid</i>)	Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % (<i>ciclopirox olamine/fluconazole/terbinafine hcl</i>)	Tier 3	
Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin		
<i>clotrimazole topical cream 1 %</i>	Tier 1	
<i>clotrimazole topical solution 1 %</i>	Tier 1	
<i>econazole nitrate topical cream 1 %</i>	Tier 1	QL (170 GM per 1 FILL)
<i>econazole nitrate topical foam 1 %</i>	Tier 1	
ECOZA TOPICAL FOAM 1 % (<i>econazole nitrate</i>)	Tier 3	
EXELDERM TOPICAL CREAM 1 % (<i>sulconazole nitrate</i>)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	Tier 2	
<i>ketoconazole topical cream 2 %</i>	Tier 1	QL (180 GM per 1 FILL)
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 % (<i>ketoconazole/skin cleanser combination no.28</i>)	Tier 3	
<i>luliconazole topical cream 1 %</i>	Tier 1	ST; QL (60 GM per 28 days)
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	Tier 1	
<i>oxiconazole topical cream 1 %</i>	Tier 1	QL (180 GM per 1 FILL)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXISTAT TOPICAL LOTION 1 % (<i>oxiconazole nitrate</i>)	Tier 3	
<i>sulconazole topical cream 1 %</i>	Tier 1	
<i>sulconazole topical solution 1 %</i>	Tier 1	
Dermatological - Antifungal Oxaborole - Drugs for the Skin		
<i>tavaborole topical solution with applicator 5 %</i>	Tier 1	PA
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (<i>hydrocortisone/iodoquinol</i>)	Tier 3	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Tier 1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	QL (180 GM per 1 FILL)
Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin		
VALCHLOR TOPICAL GEL 0.016 % (<i>mechlorethamine hcl</i>)	Tier 4	PA
Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin		
<i>fluorouracil topical cream 0.5 %</i>	Tier 1	PA
<i>fluorouracil topical cream 5 %</i>	Tier 1	
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	
TOLAK TOPICAL CREAM 4 % (<i>fluorouracil</i>)	Tier 2	
Dermatological - Antineoplastic or Premalig. Lesions - Antimicrotubule - Drugs for the Skin		
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % (<i>tirbanibulin</i>)	Tier 2	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 % (<i>tirbanibulin</i>)	Tier 2	QL (5 EA per 1 FILL)
Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin		
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	QL (100 GM per 1 FILL)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Antineoplastic Retinoids - Drugs for the Skin		
PANRETIN TOPICAL GEL 0.1 % (<i>alitretinoin</i>)	Tier 4	QL (60 GM per 28 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin		
<i>bexarotene topical gel 1 %</i>	Tier 4	PA
Dermatological - Antiperspirants - Drugs for the Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (<i>aluminum chloride</i>)	Tier 2	
DRYSOL TOPICAL SOLUTION 20 % (<i>aluminum chloride</i>)	Tier 2	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin		
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 4	
Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin		
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	ST
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	ST
<i>calcipotriene topical foam 0.005 %</i>	Tier 1	ST
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	ST
<i>calcitriol topical ointment 3 mcg/gram</i>	Tier 1	ST
DIOOXIA TOPICAL CREAM 0.005-4 % (<i>calcipotriene/niacinamide</i>)	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 % (<i>anthralin</i>)	Tier 2	ST
PURAZIL TOPICAL CREAM 0.005-4 % (<i>calcipotriene/niacinamide</i>)	Tier 3	
SORILUX TOPICAL FOAM 0.005 % (<i>calcipotriene</i>)	Tier 3	ST
<i>tazarotene topical cream 0.05 %</i>	Tier 1	Age (Max 39 Years)
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	Tier 1	Age (Max 39 Years)
VTAMA TOPICAL CREAM 1 % (<i>tapinarof</i>)	Tier 3	PA
ZITHRANOL TOPICAL SHAMPOO 1 % (<i>anthralin micronized</i>)	Tier 3	ST

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZORYVE TOPICAL CREAM 0.3 % (<i>roflumilast</i>)	Tier 3	PA
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin		
OTEZLA ORAL TABLET 20 MG, 30 MG (<i>apremilast</i>)	Tier 4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (<i>apremilast</i>)	Tier 4	PA
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG (<i>apremilast</i>)	Tier 4	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG (<i>apremilast</i>)	Tier 4	PA
Dermatological - Antiseborrheic - Drugs for the Skin		
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (<i>sulfacetamide sodium</i>)	Tier 2	
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	Tier 1	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	Tier 1	
ZORYVE TOPICAL FOAM 0.3 % (<i>roflumilast</i>)	Tier 3	PA
Dermatological - Antiviral, Herpes - Drugs for the Skin		
<i>acyclovir topical ointment 5 %</i>	Tier 1	
Dermatological - Burn Products - Drugs for the Skin		
NEXOBRID TOPICAL GEL 8.8 % (<i>anacaulase-bcdb</i>)	Tier 3	
Dermatological - Burn Products Anti-infective - Drugs for the Skin		
<i>mafenide acetate topical packet 50 gram</i>	Tier 1	
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	
SSD TOPICAL CREAM 1 % (<i>silver sulfadiazine</i>)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G (<i>mafenide acetate</i>)	Tier 3	
SULFAMYLON TOPICAL PACKET 50 GRAM (<i>mafenide acetate</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Calcineurin Inhibitors - Drugs for the Skin		
HOVYN TOPICAL SOLUTION 0.1 % (<i>tacrolimus</i>)	Tier 3	
NUJO TOPICAL SOLUTION 0.1 % (<i>tacrolimus</i>)	Tier 3	
<i>pimecrolimus topical cream 1 %</i>	Tier 1	ST
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Tier 1	ST
Dermatological - Depigmenting Agents - Drugs for the Skin		
<i>hydroquinone topical cream 4 %</i>	Tier 1	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (<i>hydroquinone</i>)	Tier 1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (<i>hydroquinone</i>)	Tier 1	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (<i>hydroquinone</i>)	Tier 1	
Dermatological - Depigmenting Combinations - Drugs for the Skin		
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	
KATARVIA TOPICAL EMULSION 4-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	
KEVARTIA TOPICAL EMULSION 6-0.05 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	
KUTAR TOPICAL EMULSION 8-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
KUTARVIA TOPICAL EMULSION 8-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
MAVILO HP TOPICAL EMULSION 6-0.05-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	
MAVILO LP TOPICAL EMULSION 4-0.025-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	
MAVILO TOPICAL EMULSION 5-0.025-0.025 % (<i>hydroquinone/tretinoin/triamcinolone acetonide</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOKURA LP TOPICAL EMULSION 4-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
MOKURA MOD TOPICAL EMULSION 6-0.05 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
MOKURA PLUS TOPICAL EMULSION 8-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
MOKURA TOPICAL EMULSION 8-0.025 % (<i>hydroquinone/tretinoin</i>)	Tier 3	
MOLEXI TOPICAL EMULSION 4-0.025-2.5 % (<i>hydroquinone/tretinoin/hydrocortisone</i>)	Tier 3	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %- SPF 15 (<i>hydroquinone/sunscreens</i> (<i>oxybenzone/octinoxate</i>))	Tier 3	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 % (<i>hydroquinone/ascorbic acid</i>)	Tier 3	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 % (<i>hydroquinone/ascorbic acid/vit e acetate (d-alpha</i> <i>tocoph)</i>)	Tier 3	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 % (<i>fluocinolone</i> <i>acetonide/tretinoin/hydroquinone</i>)	Tier 3	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 % (<i>hydroquinone/tretinoin/hydrocortisone</i>)	Tier 3	
Dermatological - Emollient Combinations Other - Drugs for the Skin		
MB HYDROGEL TOPICAL KIT, CREAM AND GEL 96.53-3- 0.4 -0.066 % (<i>emol53/e.water/namgfs/naphos/nacl/hypochlorous</i> <i>acid/nahypocl</i>)	Tier 1	
Dermatological - Emollient Mixtures - Drugs for the Skin		
XCLAIR TOPICAL CREAM (<i>hyaluronate sodium/vit</i> <i>e/emollient no.12/allantoin/shear tree</i>)	Tier 3	
Dermatological - Emollients - Drugs for the Skin		
<i>ammonium lactate topical cream 12 %</i>	Tier 1	
<i>ammonium lactate topical lotion 12 %</i>	Tier 1	
KERASTAT TOPICAL CREAM (<i>keratin</i>)	Tier 3	
KERASTAT TOPICAL GEL 5 % (<i>keratin</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Enzymes - Drugs for the Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (<i>collagenase clostridium histolyticum</i>)	Tier 3	PA
Dermatological - Glucocorticoid - Drugs for the Skin		
ADVANCED ALLERGY COLLECT KIT TOPICAL KIT 2.5 % (<i>hydrocortisone</i>)	Tier 1	
<i>hydrocortisone</i> (Ala-Cort Topical Cream 1 %)	Tier 1	
<i>hydrocortisone</i> (Ala-Scalp Topical Lotion 2 %)	Tier 1	ST
<i>alclometasone topical cream 0.05 %</i>	Tier 1	
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	
<i>amcinonide topical cream 0.1 %</i>	Tier 1	ST
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical foam 0.12 %</i>	Tier 1	
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	Tier 3	
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	
<i>clobetasol topical cream 0.05 %</i>	Tier 1	
<i>clobetasol topical foam 0.05 %</i>	Tier 1	
<i>clobetasol topical gel 0.05 %</i>	Tier 1	
<i>clobetasol topical lotion 0.05 %</i>	Tier 1	
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	
<i>clobetasol topical shampoo 0.05 %</i>	Tier 1	
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	Tier 1	
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clobetasol-emollient topical foam 0.05 %</i>	Tier 1	
<i>clocortolone pivalate topical cream 0.1 %</i>	Tier 1	ST
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 (<i>flurandrenolide</i>)	Tier 3	ST; QL (2 EA per 30 days)
<i>desonide topical cream 0.05 %</i>	Tier 1	
<i>desonide topical gel 0.05 %</i>	Tier 1	ST
<i>desonide topical lotion 0.05 %</i>	Tier 1	
<i>desonide topical ointment 0.05 %</i>	Tier 1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone topical gel 0.05 %</i>	Tier 1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	Tier 1	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	Tier 1	ST
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1	
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	
<i>fluocinolone topical ointment 0.025 %</i>	Tier 1	
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	Tier 1	
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	
<i>fluocinonide/emollient base</i> (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	Tier 1	
<i>flurandrenolide topical cream 0.05 %</i>	Tier 1	ST
<i>flurandrenolide topical lotion 0.05 %</i>	Tier 1	
<i>flurandrenolide topical ointment 0.05 %</i>	Tier 1	ST; QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical lotion 0.05 %</i>	Tier 1	
<i>fluticasone propionate topical ointment 0.005 %</i>	Tier 1	
<i>halcinonide topical cream 0.1 %</i>	Tier 1	ST

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
halcinonide topical solution 0.1 %	Tier 1	ST
halobetasol propionate topical cream 0.05 %	Tier 1	
halobetasol propionate topical ointment 0.05 %	Tier 1	
hydrocortisone butyrate topical cream 0.1 %	Tier 1	
hydrocortisone butyrate topical lotion 0.1 %	Tier 1	ST; QL (236 ML per 30 days)
hydrocortisone butyrate topical ointment 0.1 %	Tier 1	ST
hydrocortisone butyrate topical solution 0.1 %	Tier 1	
hydrocortisone topical cream 1 %, 2.5 %	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	
hydrocortisone topical lotion 2 %	Tier 1	ST
hydrocortisone topical lotion 2.5 %	Tier 1	
hydrocortisone topical ointment 1 %, 2.5 %	Tier 1	
hydrocortisone topical solution 2.5 %	Tier 1	ST
hydrocortisone valerate topical cream 0.2 %	Tier 1	
hydrocortisone valerate topical ointment 0.2 %	Tier 1	ST
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	
mometasone topical cream 0.1 %	Tier 1	
mometasone topical ointment 0.1 %	Tier 1	
mometasone topical solution 0.1 %	Tier 1	
PANDEL TOPICAL CREAM 0.1 % (hydrocortisone probutate)	Tier 3	ST; QL (160 GM per 30 days)
prednicarbate topical cream 0.1 %	Tier 1	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (hydrocortisone/salicylic acid/sulfur/shampoo no.1)	Tier 2	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % (betamethasone dipropionate)	Tier 3	ST

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone (Texacort Topical Solution 2.5 %)	Tier 3	ST
triamcinolone acetonide topical aerosol 0.147 mg/gram	Tier 1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical cream 0.5 %	Tier 1	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	Tier 1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	Tier 1	
triamcinolone acetonide (Triderm Topical Cream 0.5 %)	Tier 1	QL (454 GM per 30 days)
Dermatological - Glucocorticoid Combinations Other - Drugs for the Skin		
ACIOXIA TOPICAL GEL 0.1-0.5 % (triamcinolone acetonide/pentoxifylline)	Tier 3	
DYNOMA TOPICAL CREAM 0.05-4 % (desoximetasone/niacinamide)	Tier 3	
FLUOXIA TOPICAL CREAM 0.05-4 % (desoximetasone/niacinamide)	Tier 3	
TELORIA TOPICAL GEL 0.1-0.5 % (triamcinolone acetonide/pentoxifylline)	Tier 3	
Dermatological - Glucocorticoid-Emollient Combinations - Drugs for the Skin		
NUCORT TOPICAL LOTION 2 % (hydrocortisone acetate/aloe vera)	Tier 3	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (fluocinolone acetonide/emollient combination no.65)	Tier 3	QL (375 GM per 30 days)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % (fluocinolone acetonide/emollient combination no.65)	Tier 3	QL (375 GM per 30 days)
Dermatological - Glucocorticoid-Local Anesthetic Combinations - Drugs for the Skin		
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (hydrocortisone acetate/pramoxine hcl)	Tier 2	
EPIFOAM TOPICAL FOAM 1-1 % (hydrocortisone acetate/pramoxine hcl)	Tier 3	ST
hydrocortisone-pramoxine topical cream 2.5-1 %	Tier 1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRAMOSONE TOPICAL CREAM 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	ST
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
PRAMOSONE TOPICAL OINTMENT 1-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	ST
PRAMOSONE TOPICAL OINTMENT 2.5-1 % (<i>hydrocortisone acetate/pramoxine hcl</i>)	Tier 2	
Dermatological - Glucocorticoid-Skin Cleanser Combinations - Drugs for the Skin		
CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 % (<i>clobetasol propionate/skin cleanser combination no.28</i>)	Tier 3	
SYNALAR TS TOPICAL KIT 0.01 % (<i>fluocinolone acetonide/skin cleanser comb no.28</i>)	Tier 3	
Dermatological - Immunomodulator - Imidazoquinolinamines - Drugs for the Skin		
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	QL (2 EA per 1 day)
Dermatological - Immunomodulator - Interferons - Drugs for the Skin		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (<i>interferon alfa-n3</i>)	Tier 4	
Dermatological - Immunomodulator Combinations - Drugs for the Skin		
KERIDA TOPICAL GEL 5-0.1-30 % (<i>imiquimod/tretinoin/salicylic acid</i>)	Tier 3	
QUIDROXZAR TOPICAL GEL 5-0.1-30 % (<i>imiquimod/tretinoin/salicylic acid</i>)	Tier 3	
Dermatological - Keratolytic Combinations Other - Drugs for the Skin		
NENDRUX TOPICAL GEL 40-5 % (<i>salicylic acid/lidocaine</i>)	Tier 3	
PRONAL TOPICAL GEL 10-40 % (<i>lactic acid/urea</i>)	Tier 3	
URAMAXIN GT TOPICAL KIT, CREAM AND GEL 45 % (<i>urea/emollient combination no.65</i>)	Tier 3	
WAYZEN TOPICAL GEL 40-5 % (<i>salicylic acid/lidocaine</i>)	Tier 3	
XIRUN TOPICAL GEL 10-40 % (<i>lactic acid/urea</i>)	Tier 3	
Dermatological - Keratolytic-Antimitotic Combinations - Drugs for the Skin		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>silver nitrate applicators topical stick 75-25 %</i>	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin		
<i>cantharidin in acetone topical solution 0.7 %</i>	Tier 1	
CEM-UREA TOPICAL GEL 45 % (<i>urea</i>)	Tier 1	
PODOCON TOPICAL LIQUID 25 % (<i>podophyllum resin</i>)	Tier 1	
<i>podofilox topical gel 0.5 %</i>	Tier 1	ST; QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	Tier 1	QL (0.5 ML per 1 day)
<i>salicylic acid topical cream 6 %</i>	Tier 1	
<i>salicylic acid topical cream,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	Tier 1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	Tier 1	
<i>salicylic acid topical foam 6 %</i>	Tier 1	
<i>salicylic acid topical liquid 26 %</i>	Tier 1	
<i>salicylic acid topical lotion 6 %</i>	Tier 1	
<i>salicylic acid topical lotion,extended release 6 %</i>	Tier 1	
<i>salicylic acid topical shampoo 6 %</i>	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 % (<i>salicylic acid</i>)	Tier 3	
TRI-CHLOR TOPICAL SOLUTION 80 % (<i>trichloroacetic acid</i>)	Tier 3	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (<i>salicylic acid</i>)	Tier 3	
URAMAXIN TOPICAL FOAM 20 % (<i>urea</i>)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (<i>urea</i>)	Tier 1	
<i>urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %</i>	Tier 1	
<i>urea topical foam 35 %</i>	Tier 1	
<i>urea topical gel 45 %</i>	Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (<i>salicylic acid</i>)	Tier 3	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (<i>cantharidin</i>)	Tier 3	PA
Dermatological - Local Anesthetic Combinations - Drugs for the Skin		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC) (<i>tetracaine/benzocaine/butamben</i>)	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 % (<i>lidocaine/tetracaine/benzocaine</i>)	Tier 3	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	
NOBELA TOPICAL OINTMENT 10-10-20 % (<i>lidocaine/tetracaine/benzocaine</i>)	Tier 3	
Dermatological - Local Anesthetic Gas Combinations - Drugs for the Skin		
CRYODOSE TA MEDIUM STREAM SPR TOPICAL AEROSOL,SPRAY (<i>norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 3	
CRYODOSE TA MIST SPRAY TOPICAL AEROSOL,SPRAY (<i>norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 3	
SPRAY AND STRETCH TOPICAL AEROSOL,SPRAY (<i>norflurane/pentafluoropropane (hfc 245fa)</i>)	Tier 3	
Dermatological - Local Anesthetic Gas Single Agents - Drugs for the Skin		
<i>ethyl chloride topical aerosol,spray 100 %</i>	Tier 1	
Dermatological - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for the Skin		
HYFTOR TOPICAL GEL 0.2 % (<i>sirolimus</i>)	Tier 4	PA
Dermatological - Miscellaneous Combinations - Drugs for the Skin		
KEFUNOVA TOPICAL CREAM 5-0.005 % (<i>fluorouracil/calcipotriene</i>)	Tier 3	
Dermatological - Miscellaneous Single Agents - Drugs for the Skin		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 % (<i>baclofen</i>)	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (<i>gabapentin</i>)	Tier 3	
SIVORA TOPICAL CREAM 0.3 % (<i>estriol</i>)	Tier 3	
Dermatological - Nitric Oxide Releasing Agents - Drugs for the Skin		
ZELSUVMI TOPICAL GEL 10.3 % (<i>berdazimer sodium</i>)	Tier 3	PA
Dermatological - NSAID Single Agents - Drugs for the Skin		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	Tier 3	ST; QL (1 EA per 1 day)
Dermatological - Photodynamic Therapy Agents Topical - Drugs for the Skin		
AMELUZ TOPICAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	Tier 3	
LEVULAN TOPICAL SOLUTION 20 % (<i>aminolevulinic acid hcl</i>)	Tier 3	
Dermatological - Protectant Combinations - Drugs for the Skin		
PR CREAM TOPICAL CREAM (<i>protectives combination no.2/ceramides 1,3,6-ii</i>)	Tier 1	
RECEDO TOPICAL GEL (<i>polydimethylsiloxanes/silicon dioxide</i>)	Tier 3	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (<i>hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol</i>)	Tier 3	
Dermatological - Protectants - Drugs for the Skin		
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (<i>petrolatum,white</i>)	Tier 1	
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs for the Skin		
<i>tazarotene topical cream 0.1 %</i>	Tier 1	
Dermatological - Rosacea Therapy, Systemic - Drugs for the Skin		
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg</i>	Tier 1	PA
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (<i>minocycline hcl</i>)	Tier 3	PA
Dermatological - Rosacea Therapy, Topical - Drugs for the Skin		
AVEIDA TOPICAL GEL 1-1 % (<i>ivermectin/metronidazole</i>)	Tier 3	
<i>azelaic acid topical gel 15 %</i>	Tier 1	
AZELEX TOPICAL CREAM 20 % (<i>azelaic acid</i>)	Tier 3	ST
BAXONIL TOPICAL OINTMENT 1-2 % (<i>metronidazole/mupirocin</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
brimonidine topical gel with pump 0.33 %	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (sulfacetamide sodium/sulfur/urea)	Tier 1	
DAZAVEIDAOXIA TOPICAL GEL 0.25-1-1-4 % (brimonidine tartrate/ivermectin/metronidazole/niacinamide)	Tier 3	
DAZOMON TOPICAL GEL 0.25 % (brimonidine tartrate)	Tier 3	
FINACEA TOPICAL FOAM 15 % (azelaic acid)	Tier 2	
IDARAN TOPICAL OINTMENT 1-2 % (metronidazole/mupirocin)	Tier 3	
ivermectin topical cream 1 %	Tier 1	ST
metronidazole topical cream 0.75 %	Tier 1	
metronidazole topical gel 0.75 %, 1 %	Tier 1	
metronidazole topical gel with pump 1 %	Tier 1	
metronidazole topical lotion 0.75 %	Tier 1	
REMYDA TOPICAL GEL 0.25 % (brimonidine tartrate)	Tier 3	
RENSOTI TOPICAL CREAM 1-1-4 % (ivermectin/oxymetazoline hcl/niacinamide)	Tier 3	
RESTIMO TOPICAL GEL 1-1 % (ivermectin/metronidazole)	Tier 3	
ROCELIX TOPICAL CREAM 1-4 % (oxymetazoline hcl/niacinamide)	Tier 3	
metronidazole (Rosadan Topical Cream 0.75 %)	Tier 1	
ROVIS TOPICAL GEL 0.25-1-1-4 % (brimonidine tartrate/ivermectin/metronidazole/niacinamide)	Tier 3	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
Dermatological - Tissue/Wound Adhesives - Fibrin Sealants - Drugs for the Skin		
ARTISS TOPICAL SYRINGE 2.5 TO 6.5 UNIT/ML (10ML), 2.5 TO 6.5 UNIT/ML (2 ML), 2.5 TO 6.5 UNIT/ML (4 ML) (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 3	
TISSEEL VHSD (APROTININ, SYN) TOPICAL KIT 10 ML, 2 ML, 4 ML (thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML (<i>thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride</i>)	Tier 3	
Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin		
ANASTIA TOPICAL LOTION 2.75 % (<i>lidocaine hcl</i>)	Tier 3	
<i>lidocaine</i> (Dermacinrx Lidocan Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 % (<i>lidocaine hcl</i>)	Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 % (<i>lidocaine hcl</i>)	Tier 3	
<i>lidocaine hcl</i> (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (<i>lidocaine hcl/racepinephrine hcl/tetracaine hcl</i>)	Tier 1	
L.E.T. (LIDO-EPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (<i>lidocaine hcl/racepinephrine hcl/tetracaine hcl</i>)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 % (<i>lidocaine hcl/epinephrine bitartrate/tetracaine hcl</i>)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % (<i>lidocaine hcl/epinephrine bitartrate/tetracaine hcl</i>)	Tier 3	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Tier 1	
<i>lidocaine hcl topical cream 3 %</i>	Tier 1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	Tier 1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	Tier 1	QL (240 GM per 30 days)
<i>lidocaine-racepinep-tetracaine topical solution 4-0.05-0.5 %</i>	Tier 1	
<i>lidocaine</i> (Lidocan Iii Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
<i>lidocaine</i> (Lidocan Iv Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine</i> (Lidocan V Topical Adhesive Patch, Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 % (<i>lidocaine hcl</i>)	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (<i>lidocaine</i>)	Tier 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 % (<i>lidocaine</i>)	Tier 3	
NOLIRA TOPICAL CREAM 23-7 % (<i>lidocaine/tetracaine</i>)	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 % (<i>lidocaine hcl</i>)	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 % (<i>lidocaine/tetracaine</i>)	Tier 3	
REGENECARE TOPICAL GEL 2 % (<i>lidocaine hcl/collagen</i>)	Tier 3	
TRANZAREL TOPICAL GEL 4 % (<i>lidocaine</i>)	Tier 3	
Dermatological - Topical Local Anesthetic Esters - Drugs for the Skin		
ANACAINE TOPICAL OINTMENT 10 % (<i>benzocaine</i>)	Tier 3	
Dermatological - Topical Local Anesthetic Others - Drugs for the Skin		
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % (<i>ketamine hcl</i>)	Tier 3	
Dermatological Irritants-Counter-Irritant Single Agents - Drugs for the Skin		
QUTENZA TOPICAL KIT 8 % (<i>capsaicin/skin cleanser</i>)	Tier 3	PA
Hair Growth Agents - Kinase Inhibitor - Drugs for the Skin		
LEQSELVI ORAL TABLET 8 MG (<i>deuruxolitinib phosphate</i>)	Tier 4	PA
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	Tier 4	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	Tier 4	PA
Human Cellular Regenerative Tissue Matrix - Drugs for the Skin		
EPIFIX AMNIOTIC MEMBRANE TOPICAL SHEET 14 MM, 2 X 3 CM, 4 X 4 CM, 7 X 7 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
GRAFIX CORE TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (<i>human regenerative tissue matrix</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GRAFIX PRIME TOPICAL SHEET 1.5 X 2 CM, 14 MM, 16 MM, 2 X 3 CM, 3 X 4 CM, 5 X 5 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (<i>human regenerative tissue matrix</i>)	Tier 3	
Nail Protectives - Drugs for the Skin		
GENADUR (WITH LEXINAL) KIT 2,500 MCG (<i>biotin/carbitol/equisetum xt/ethanol/hydroxypropyl chito/msm</i>)	Tier 3	
Porcine Skin Dressings, Non-Living - Drugs for the Skin		
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG (<i>extracellular matrix (ecm), porcine derived</i>)	Tier 3	
MIRO3D TOPICAL SHEET 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 4 X 4 X 2 CM, 5 X 5 X 2 CM, 7 X 5 X 2 CM (<i>extracellular matrix (ecm), porcine derived</i>)	Tier 3	
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (<i>extracellular matrix (ecm), porcine derived, fenestrated</i>)	Tier 3	
MIRODERM FENESTRATED TOPICAL SHEET 2 X 2 CM, 2 X 3 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (<i>extracellular matrix (ecm), porcine derived, fenestrated</i>)	Tier 3	
MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 5 CM, 5 X 7 CM (<i>extracellular matrix (ecm), porcine derived</i>)	Tier 3	
MIROTRACT TOPICAL SHEET 3 MM X 5 CM, 3 MM X 9 CM, 5 MM X 5 CM, 5 MM X 9 CM (<i>extracellular matrix (ecm), porcine derived</i>)	Tier 3	
Scabicide and Pediculicide Single Agents - Drugs for the Skin		
<i>malathion topical lotion 0.5 %</i>	Tier 1	
<i>permethrin topical cream 5 %</i>	Tier 1	
<i>spinosad topical suspension 0.9 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULESFIA TOPICAL LOTION 5 % (<i>benzyl alcohol</i>)	Tier 3	
Skin Replacement, Live Tissue Dressings - Drugs for the Skin		
APLIGRAF TOPICAL DISK (<i>cultured skin substitute,human and bovine</i>)	Tier 3	
Wound Care - Cleanser Combinations - Drugs for the Skin		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (<i>hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water</i>)	Tier 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION (<i>hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water</i>)	Tier 3	
RENOVAR TOPICAL SOLUTION (<i>hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water</i>)	Tier 3	
Wound Care - Cleansers - Drugs for the Skin		
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 % (<i>sodium chloride irrigating solution/hypochlorous acid</i>)	Tier 3	
Wound Care - Dressings - Drugs for the Skin		
L-MESITRAN SOFT TOPICAL GEL 40 % (<i>honey</i>)	Tier 3	
OCM TOPICAL OINTMENT IN PACKET (<i>collagen, hydrolyzed/cod liver oil</i>)	Tier 3	
Wound Care - Growth Factor Agents - Drugs for the Skin		
REGRANEX TOPICAL GEL 0.01 % (<i>becaplermin</i>)	Tier 2	DD
Wound Care Combinations Other - Drugs for the Skin		
FILSUVEZ TOPICAL GEL 10 % (<i>birch bark extract</i>)	Tier 4	PA
Diagnostic Agents		
Diagnostic - Multiple Urine Tests		
CHEK-STIX CONTROL STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 10 MD STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 10/SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 2 GP STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 50B STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 7 STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 9 STRIP (<i>urine multiple test strips</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	
HEMA-COMBISTIX STRIP (<i>urine multiple test strips</i>)	Tier 3	
LABSTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 10 SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 5 STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 7 STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 8 SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 9 SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX 9 STRIP (<i>urine multiple test strips</i>)	Tier 3	
MULTISTIX STRIP (<i>urine multiple test strips</i>)	Tier 3	
URISTIX 4 STRIP (<i>urine multiple test strips</i>)	Tier 3	
URISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System		
Erectile Dysfunction (ED) Drugs - Prostaglandins - Drugs for Erectile Dysfunction		
CAVERJECT IMPULSE INTRACavernosal KIT 10 MCG, 20 MCG (<i>alprostadil</i>)	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACavernosal RECON SOLN 20 MCG, 40 MCG (<i>alprostadil</i>)	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACavernosal SYRINGE 10 MCG, 20 MCG (<i>alprostadil</i>)	Tier 3	QL (1 EA per 5 days)
EDEX INTRACavernosal KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil</i>)	Tier 3	QL: 6 INJECTIONS IN 30 DAYS
Erectile Dysfunction (ED) Drugs- Alpha Blocker, Peripheral Vasodilator - Drugs for Erectile Dysfunction		
IFE-BIMIX 30/1 INTRACavernosal SOLUTION 30 MG-1 MG/ML (<i>papaverine hcl/phentolamine mesylate in water</i>)	Tier 1	
Erectile Dysfunction (ED) Drugs-Prostaglandin, Peripheral Vasodilator - Drugs for Erectile Dysfunction		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG (<i>papaverine hcl/phentolamine mesylate/alprostadil</i>)	Tier 3	
Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib - Drugs for Erectile Dysfunction		
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	ST; QL (1 EA per 5 days)
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 1	QL (1 EA per 5 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
<i>varafenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	ST; QL (1 EA per 5 days)
<i>varafenafil oral tablet,disintegrating 10 mg</i>	Tier 1	ST; QL (1 EA per 5 days)
Electrolyte Balance-Nutritional Products - Drugs for Nutrition		
Amino Acid - Carnitine Derivatives - Drugs for Nutrition		
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
Amino Acids, Single Ingredient, Oral (non-injectable) - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (<i>glutamine</i>)	Tier 4	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Tier 4	PA
B-Complex Vitamins - Drugs for Nutrition		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML (<i>thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine</i>)	Tier 1	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML (<i>thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine</i>)	Tier 1	
Diluents - Insulin Diluting Solutions - Drugs for Nutrition		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (<i>diluent,insulin aspart combination no.1</i>)	Tier 3	
Diluents - Sodium Chloride - Drugs for Nutrition		
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
<i>sodium chloride injection syringe 0.9 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition		
sodium polystyrene sulfonate/sorbitol solution (Kionex (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (sodium zirconium cyclosilicate)	Tier 2	
sodium polystyrene sulfonate oral powder 15 gram	Tier 1	
sodium polystyrene sulfonate/sorbitol solution (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	Tier 1	
SPS (WITH SORBITOL) RECTAL ENEMA 30-40 GRAM/120 ML (sodium polystyrene sulfonate/sorbitol solution)	Tier 3	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM (patiomer calcium sorbitex)	Tier 3	PA
Electrolyte Depleters - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitors - Drugs for Nutrition		
XPHOZAH ORAL TABLET 20 MG, 30 MG (tenapanor hcl)	Tier 3	ST; QL (2 EA per 1 day)
Irrigation Solutions - Drugs for Nutrition		
lactated ringers irrigation solution	Tier 3	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (physiological irrigating solution no.1)	Tier 3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (physiological irrigating solution no.1)	Tier 3	
ringer's irrigation solution	Tier 1	
sodium chloride irrigation solution 0.9 %	Tier 1	
water for irrigation, sterile irrigation solution	Tier 1	
Minerals and Electrolytes - Iodine - Drugs for Nutrition		
potassium iodide oral solution 1 gram/ml	Tier 1	
SSKI ORAL SOLUTION 1 GRAM/ML (potassium iodide)	Tier 1	
STRONG IODINE ORAL SOLUTION 5 % (potassium iodide/iodine)	Tier 1	
Minerals and Electrolytes - Iron - Drugs for Nutrition		
ferric citrate oral tablet 210 mg iron	Tier 1	ST; QL (12 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML (<i>ferric carboxymaltose</i>)	Tier 4	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (<i>ferric pyrophosphate citrate</i>)	Tier 3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (<i>ferric pyrophosphate citrate</i>)	Tier 3	
Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarbonate/citric acid</i>)	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (<i>potassium bicarbonate/citric acid</i>)	Tier 1	
<i>potassium chloride</i> (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	Tier 1	
<i>potassium chloride</i> (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq)	Tier 1	
<i>potassium chloride</i> (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	Tier 1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	
<i>potassium chloride oral packet 20 meq</i>	Tier 1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	
<i>potassium chloride oral tablet extended release 15 meq</i>	Tier 1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	Tier 1	
Multivitamin and Mineral Combinations - Drugs for Nutrition		
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG (<i>multivitamin-min no.110/folic acid/omega-3/dha/epa/fish oil</i>)	\$0	EHB
Multivitamins - Drugs for Nutrition		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha</i>)	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (<i>multivitamin no.53/ferrous fum/folic acid/docusate/dha</i>)	Tier 1	
Nutritional Product - Lipid Others - Drugs for Nutrition		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (<i>triheptanoin</i>)	Tier 4	PA
Nutritional Product - Medical Condition Specific Formulation - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (<i>glutamine</i>)	Tier 4	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Tier 4	PA
Prenatal Vitamins and Minerals - Drugs for Nutrition		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG (<i>prenatal vit no.100/iron ps cplex,sod edta/folic acid/omega3</i>)	\$0	EHB
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG (<i>prenatal vit no.81/iron ps,sod.feredetate/folic acid/omega-3</i>)	\$0	EHB
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (<i>prenatal vitamins no.83/iron fumarate/folate no.6/dha</i>)	\$0	EHB
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (<i>prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate</i>)	Tier 3	
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (<i>prenatal vit no.72/iron carbony,gluc/folic acid/docusate/dha</i>)	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (<i>prenatal vit no.73/iron carbony,gluc/folic acid/docusate/dha</i>)	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (<i>prenatal vits no.76/iron carbon,gluc/folic acid/docusate/dha</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (<i>prenatal vitamin no.59/iron carb,fum/folic acid/docusate/dha</i>)	Tier 3	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (<i>prenatal vitamins no.52/iron/folic acid/omega-3/dha</i>)	\$0	EHB
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamins no.14/ferrous fumarate/folic acid</i>)	\$0	EHB
FOLATEXCEL ORAL TABLET 20 MG IRON- 1,670 MCG DFE (<i>prenatal vitamins no.199/iron bis-glycinate/folate no.10</i>)	\$0	EHB
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha</i>)	Tier 3	
KPN ORAL TABLET 9 MG IRON- 267 MCG (<i>prenatal vits with calcium no.98/ferrous fumarate/folic acid</i>)	\$0	EHB
MASONATAL PRENATAL ORAL TABLET 28 MG IRON-800 MCG (<i>prenatal vitamins no.159/ferrous fumarate/folic acid</i>)	\$0	EHB
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG (<i>prenatal vitamins no.49/ferrous fumarate/folic acid</i>)	\$0	EHB
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	\$0	EHB
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (<i>prenatal vit with calcium 15/iron/folic acid/docusate sodium</i>)	\$0	EHB
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	\$0	EHB
MYNATAL ORAL TABLET 90-1-50 MG (<i>prenatal vitamins with calcium/iron,carb/docusate/folic acid</i>)	\$0	EHB
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	\$0	EHB
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	\$0	EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (<i>prenatal vitamins with calcium/ferrous fum/docusate/folic ac</i>)	\$0	EHB
NEO-VITAL RX ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins no.154/ferrous fumarate/folic acid</i>)	\$0	EHB
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (<i>prenatal vits no.53/iron fum/folic acid/docusate calcium/dha</i>)	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON-1 MG -50 MG (<i>prenatal vits no.12/iron,carb/folic acid/docusate/omega-3</i>)	\$0	EHB
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK, TABLET DR, CAPSULE DR 29 MG IRON- 1,700 MCG DFE (<i>prenatal vitamins no.12/iron carbonyl/levomefolate calc/dha</i>)	\$0	EHB
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE (<i>prenatal vitamins no.12/iron,carbonyl/levomefolate calcium</i>)	\$0	EHB
OBSTETRIX EC ORAL TABLET, DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (<i>prenatal vitamins no.127/iron,carbonyl/folic acid/docusate</i>)	\$0	EHB
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (<i>multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha</i>)	Tier 3	
ONE DAILY PRENATAL ORAL COMBO PACK 28-800-440 MG-MCG-MG (<i>prenatal vit with calcium 75/iron/folic acid/omega-3/dha/epa</i>)	\$0	EHB
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON-800 MCG-235 MG (<i>prenatal vitamins no.168/iron/folic acid/omega-3/dha/epa</i>)	\$0	EHB
P2I PRENATAL WITH CHOLINE ORAL CAPSULE 4.25 MG IRON- 333.5 MCG DFE (<i>prenatal vitamin no.200/iron bis-glycinate/levomefolate calc</i>)	\$0	EHB
<i>pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg</i>	\$0	EHB
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG (<i>prenatal vits,calcium no.66/iron fum/folic acid/docusate/dha</i>)	\$0	EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PNV-SELECT ORAL TABLET 27-1 MG (<i>prenatal vits with calcium no.40/iron fumarate/folate no.1</i>)	\$0	EHB
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG (<i>prenatal vit no.19/iron bg hcl, suc-prot/folic acid/omega-3</i>)	\$0	EHB
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG (<i>prenatal vit with calcium 53/iron bis, s-p/folic acid/omega-3</i>)	\$0	EHB
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG (<i>prenatal vit 55/iron bisgly hcl, suc-prot/folic acid/omega-3</i>)	\$0	EHB
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG - 430 MG (<i>prenatal vit with calcium 54/iron bis, s-p/folic acid/omega-3</i>)	\$0	EHB
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG (<i>prenatal vits with calcium no.80/iron fum/folic acid/dss/dha</i>)	Tier 1	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG (<i>prenatal vit with calcium no.69/iron/folic acid/docusate/dha</i>)	Tier 1	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamins no.37/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATABS FA ORAL TABLET 29-1 MG (<i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamin with calcium no.76/iron, carbonyl/folic acid</i>)	\$0	EHB
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG (<i>prenatal vits, calcium no.91/ferrous fumarate/folic acid/dha</i>)	\$0	EHB
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (<i>prenatal vit with calcium 95/ferrous fumarate/folic acid/dha</i>)	\$0	EHB
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (<i>prenatal vits no.115/iron fumarate/folic acid/docusate sod.</i>)	\$0	EHB
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins no.119/iron fumarate/folic acid</i>)	\$0	EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (<i>prenatal vits with calcium no.115/iron fumarate/folic acid</i>)	\$0	EHB
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (<i>prenatal vits with calcium no.21/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON-272 MCG DFE (<i>prenatal vits no.173/iron bisglycinate/folate no.11</i>)	\$0	EHB
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG (<i>prenatal vits with calcium no.93/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG (<i>prenatal vitamins no.116/iron fumarate/folic acid/dha</i>)	\$0	EHB
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG (<i>prenatal vit with calcium no.122/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG (<i>prenatal vitamins no.40/ferrous fumarate/folic acid/dha</i>)	\$0	EHB
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG (<i>prenatal vits no.151/iron fum/folic acid/omega3/dha/epa/fish</i>)	\$0	EHB
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vits with calcium 95/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (<i>prenatal vit with calcium no.129/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vits with calcium 95/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL ORAL TABLET 28-800 MG-MCG (<i>prenatal vits with calcium 133/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	\$0	EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (<i>pnv no.72/ferrous fumarate/folic acid/omega-3/dha</i>)	\$0	EHB
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i>)	\$0	EHB
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins no.180/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	\$0	EHB
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	\$0	EHB
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vit with calcium no.130/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG (<i>prenatal vits with calcium no.124/ferrous fumarat/folic acid</i>)	\$0	EHB
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	\$0	EHB
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i>)	\$0	EHB
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i>	\$0	EHB
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG (<i>prenatal vitamins no.103/folic acid/omega-3s/dha/fish oil</i>)	\$0	EHB
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (<i>prenatal vits no.65/ferrous fumarate,iron polysac/folic acid</i>)	\$0	EHB
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i>)	\$0	EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins no.119/iron fumarate/folic acid</i>)	\$0	EHB
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG (<i>prenatal vits, calcium no.102/ferrous fum/folic acid/dha/lut</i>)	\$0	EHB
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG (<i>prenatal vitamins no.63/iron,carbonyl/folic acid/dha</i>)	\$0	EHB
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (<i>multivitamin no.53/ferrous fum/folic acid/docusate/dha</i>)	Tier 1	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG (<i>prenatal vitamins no.32/ferrous fumarate/folic acid/dha</i>)	\$0	EHB
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG (<i>prenatal vitamins no.100/iron fumarate/folic acid/dha/epa</i>)	\$0	EHB
THERANATAL ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins no.28/ferrous fumarate/folic acid</i>)	\$0	EHB
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON-1 MG-300 MG (<i>prenatal vitamins no.74/ferrous fumarate/folic acid/dha</i>)	\$0	EHB
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i>)	\$0	EHB
TRICARE ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i>)	\$0	EHB
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (<i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i>)	\$0	EHB
TRINATE ORAL TABLET 28 MG IRON- 1 MG (<i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i>)	\$0	EHB
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG (<i>prenatal vit no.166/iron/folic acid/omega-3/dha/epa/fish oil</i>)	\$0	EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG (<i>prenatal vits no.102/iron polysacch/folate no.1/docusate/dha</i>)	Tier 3	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG (<i>prenatal vits no.34/iron,carb/folic acid/docusate sodium/dha</i>)	Tier 1	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (<i>prenatal vitamins no.52/iron/folic acid/omega-3/dha</i>)	\$0	EHB
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i>)	\$0	EHB
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG (<i>prenatal vit with calcium no.61/iron fumarate/folic acid/dha</i>)	\$0	EHB
Prenatal Vitamins with Low or No Iron (less than 27 mg) - Drugs for Nutrition		
ALTRIXA OB ORAL TABLET 15 MG IRON- 1,750 MCG DFE (<i>prenatal vitamins no.181/ferrous fumarate/folate</i>)	\$0	EHB
MATERVIA ORAL CAPSULE 6.5 MG IRON- 500 MCG (<i>prenatal vitamins no.178/iron bisglycinate/folic acid</i>)	\$0	EHB
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG (<i>prenatal vitamins no.167/folic acid/docosaheaxaenoic acid</i>)	\$0	EHB
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG (<i>prenatal vitamins no.153/folic acid/omega3/dha/epa/fish oil</i>)	\$0	EHB
PRENATAL ORAL TABLET,CHEWABLE 400 MCG (<i>prenatal vitamins no.144/folic acid</i>)	\$0	EHB
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT (<i>prenatal vitamins no.74/ferrous fumarate/folic acid/coq10</i>)	\$0	EHB
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (<i>prenatal vits no.112/iron phosph/folic acid/omega-3s/dha/epa</i>)	\$0	EHB
Sodium Chloride Flushes - Drugs for Nutrition		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE (<i>sodium chloride 0.9 % (flush)</i>)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORMAL SALINE FLUSH INJECTION SYRINGE (<i>sodium chloride 0.9 % (flush)</i>)	Tier 1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Tier 1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	Tier 1	
<i>sodium chloride 0.9 % injection solution</i>	Tier 1	
Sodium Chloride, Parenteral - Drugs for Nutrition		
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Tier 1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Tier 1	
Vitamins - B-1, Thiamine and Derivatives - Drugs for Nutrition		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Tier 1	
Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Tier 1	
<i>cyanocobalamin (vitamin b-12)</i> (Dodex Injection Solution 1,000 Mcg/ML)	Tier 1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Tier 1	
<i>mecobalamin (vitamin b12) injection recon soln 10,000 mcg</i>	Tier 1	
Vitamins - B-6, Pyridoxine and Derivatives - Drugs for Nutrition		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Tier 1	
Vitamins - C, Ascorbic Acid and Derivatives - Drugs for Nutrition		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML (<i>ascorbic acid</i>)	Tier 3	
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	Tier 1	
Vitamins - D Derivatives - Drugs for Nutrition		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Tier 1	
<i>ergocalciferol (vitamin d2)</i> (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - Folic Acid and Derivatives - Drugs for Nutrition		
<i>folic acid injection solution 5 mg/ml</i>	Tier 1	
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	EHB
PUREVITA FOLIC ACID ORAL TABLET 400 MCG (<i>folic acid</i>)	\$0	EHB
Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Tier 1	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Tier 1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (<i>phytonadione (vit k1)</i>)	Tier 1	
<i>phytonadione (vit k1)</i> (Vitamin K1 Injection Solution 10 Mg/ML)	Tier 1	
Endocrine - Hormones		
Abortifacients or Cervical Ripening Agents - Prostaglandin Analogs - Drugs for Women		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (<i>dinoprostone</i>)	Tier 3	
PREPIDIL VAGINAL GEL 0.5 MG/3 G (<i>dinoprostone</i>)	Tier 3	
Abortifacients- Progesterone Receptor Antagonist - Drugs for Women		
MIFEPREX ORAL TABLET 200 MG (<i>mifepristone</i>)	Tier 3	
<i>mifepristone oral tablet 200 mg</i>	Tier 1	
Adrenal Steroid Inhibitors - Hormones		
ISTURISA ORAL TABLET 1 MG, 5 MG (<i>osilodrostat phosphate</i>)	Tier 4	PA
RECORLEV ORAL TABLET 150 MG (<i>levoketoconazole</i>)	Tier 4	PA
Adrenocorticotrophic Hormones - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	Tier 4	PA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML (<i>corticotropin</i>)	Tier 4	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML (<i>corticotropin</i>)	Tier 4	PA
Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION (<i>glucagon</i>)	Tier 2	DD; QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 1	DD
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (<i>glucagon hcl</i>)	Tier 3	DD; QL (4 EA per 1 FILL)
<i>glucagon</i> (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	Tier 1	DD; QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (<i>glucagon</i>)	Tier 2	DD; QL (0.8 ML per 1 FILL)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML (<i>dasiglucagon hcl</i>)	Tier 2	DD; QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML (<i>dasiglucagon hcl</i>)	Tier 2	DD; QL (2.4 ML per 1 FILL)
Amyloidosis Agents- Transthyretin (TTR) Stabilizer - Hormones		
ATTRUBY ORAL TABLET 356 MG (<i>acoramidis hcl</i>)	Tier 4	PA
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	Tier 4	PA
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine</i>)	Tier 4	PA
Amyloidosis Agents-TTR Suppression, Antisense Oligonucleotide-based - Hormones		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML (<i>eplontersen sodium</i>)	Tier 4	PA
Amyloidosis Agents-TTR Suppression, RNA Interfering (RNAi) based - Hormones		
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (<i>vutrisiran sodium</i>)	Tier 4	PA
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML (<i>patisiran sodium, lipid complex</i>)	Tier 4	PA
Androgen - Single Agents - Drugs for Men		
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>)	Tier 3	PA
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (<i>testosterone undecanoate</i>)	Tier 3	PA
METHITEST ORAL TABLET 10 MG (<i>methyltestosterone</i>)	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION (<i>testosterone</i>)	Tier 3	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	Tier 1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	Tier 1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	Tier 1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	Tier 3	PA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (<i>testosterone enanthate</i>)	Tier 3	PA
Antidiabetic - CD3 Directed Monoclonal Antibody - Drugs for Diabetes		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TZIELD INTRAVENOUS SOLUTION 1 MG/ML (<i>teplizumab-mzwv</i>)	Tier 4	PA; DD
Antidiuretic and Vasopressor Hormones - Hormones		
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 1	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	
NOC DURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (<i>desmopressin acetate</i>)	Tier 3	QL (1 EA per 1 day)
NOC DURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (<i>desmopressin acetate</i>)	Tier 3	QL (1 EA per 1 day)
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	DD
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	DD
Antihyperglycemic - Amylin Analog-Type - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (<i>pramlintide acetate</i>)	Tier 3	DD
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (<i>pramlintide acetate</i>)	Tier 3	DD
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 3	ST; DD; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	Tier 2	DD; QL (1 EA per 1 day)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST; DD; QL (1 EA per 1 day)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 3	ST; DD; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists - Drugs for Diabetes		
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	Tier 3	ST; DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic - Dual GIP and GLP-1 Receptor Agonists - Drugs for Diabetes		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (<i>tirzepatide</i>)	Tier 2	PA; DD; QL (0.5 ML per 7 days)
Antihyperglycemic - Dual SGLT1 and SGLT2 Inhibitors - Drugs for Diabetes		
INPEFA ORAL TABLET 200 MG (<i>sotagliflozin</i>)	Tier 3	ST; DD; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG (<i>sotagliflozin</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Diabetes		
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	Tier 1	PA; DD; QL (2.4 ML per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	Tier 1	PA; DD; QL (1.2 ML per 30 days)
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	Tier 1	PA; DD; QL (9 ML per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (<i>semaglutide</i>)	Tier 2	PA; DD; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	Tier 2	PA; DD; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (<i>dulaglutide</i>)	Tier 2	PA; DD; QL (2 ML per 28 days)
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes		
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	Tier 4	PA; DD
<i>mifepristone oral tablet 300 mg</i>	Tier 4	PA; DD
Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	DD
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	DD
Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes		
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (<i>canagliflozin/metformin hcl</i>)	Tier 3	ST; DD; QL (2 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (<i>canagliflozin/metformin hcl</i>)	Tier 3	ST; DD; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (<i>ertugliflozin pidolate/metformin hcl</i>)	Tier 3	ST; DD; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (<i>empagliflozin/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (<i>empagliflozin/metformin hcl</i>)	Tier 2	DD; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (<i>empagliflozin/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	Tier 2	DD; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (<i>dapagliflozin propanediol/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
Antihyperglycemic - SGLT-2 Inhibitor and DPP-4 Inhibitor Combinations - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin/linagliptin</i>)	Tier 2	DD; QL (1 EA per 1 day)
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin propanediol/saxagliptin hcl</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin pidolate/sitagliptin phosphate</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic - Sodium Glucose Cotransporter-2 (SGLT2) Inhibitors - Drugs for Diabetes		
BRENZAVVY ORAL TABLET 20 MG (<i>bexagliflozin</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	Tier 2	DD; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	Tier 3	ST; DD; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	Tier 2	DD; QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin pidolate</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes		
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	DD
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	DD
Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	DD
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	DD
<i>glipizide oral tablet 2.5 mg</i>	Tier 1	DD; QL (2 EA per 1 day)
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	DD
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	DD
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	DD
Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes		
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	ST; DD
Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes		
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	ST; DD
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit and Thiazolidinedione - Drugs for Diabetes		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	Tier 3	ST; DD; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (<i>sitagliptin phosphate/metformin hcl</i>)	Tier 2	DD; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (<i>sitagliptin phosphate/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin/metformin hcl</i>)	Tier 3	ST; DD; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG (<i>linagliptin/metformin hcl</i>)	Tier 3	ST; DD; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (<i>linagliptin/metformin hcl</i>)	Tier 3	ST; DD; QL (1 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	Tier 1	ST; DD; QL (2 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	Tier 1	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic-Insulin, Long Acting and GLP-1 Receptor Agonist Comb - Drugs for Diabetes		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (<i>insulin glargine,human recombinant analog/lixisenatide</i>)	Tier 2	DD; QL (30 ML per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (<i>insulin degludec/liraglutide</i>)	Tier 2	DD; QL (15 ML per 28 days)
Antihyperglycemic-SGLT-2 inhibitor, DPP-4 inhibitor and Biguanide comb - Drugs for Diabetes		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG (<i>empagliflozin/linagliptin/metformin hcl</i>)	Tier 2	DD; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG (<i>empagliflozin/linagliptin/metformin hcl</i>)	Tier 2	DD; QL (2 EA per 1 day)
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid		
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bone Formation Agents - Sclerostin Inhibitor, Monoclonal Antibody - Drugs for Menopause and Bone Loss		
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) (<i>romosozumab-aqqg</i>)	Tier 4	PA
Bone Formation Stimulating Agents - Natriuretic Peptide - Drugs for Menopause and Bone Loss		
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	Tier 4	PA
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs for Menopause and Bone Loss		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (<i>abaloparatide</i>)	Tier 4	PA
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss		
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	Tier 4	PA
Bone Resorption Inhibitors - Bisphosphonate and Vitamin D Combinations - Drugs for Menopause and Bone Loss		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT (<i>alendronate sodium/cholecalciferol (vitamin d3)</i>)	Tier 2	
Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss		
<i>alendronate oral solution 70 mg/75 ml</i>	Tier 1	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	Tier 1	
<i>ibandronate oral tablet 150 mg</i>	Tier 1	
<i>risedronate oral tablet 150 mg</i>	Tier 1	ST; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>risedronate oral tablet 35 mg</i>	Tier 1	ST; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	Tier 1	ST; QL (1 EA per 7 days)
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss		
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	Tier 4	QL (2 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cinacalcet oral tablet 90 mg</i>	Tier 4	QL (4 EA per 1 day)
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML (<i>etelcalcetide hydrochloride</i>)	Tier 4	PA
Calcitonins - Drugs for Menopause and Bone Loss		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Tier 1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	
Corticotropin-Releasing Factor (CRF) Type 1 Receptor Antagonists - Hormones		
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>crinecerfont</i>)	Tier 4	PA
CRENESSITY ORAL SOLUTION 50 MG/ML (<i>crinecerfont</i>)	Tier 4	PA
Estrogen and Progestin with Antimineralocorticoid Activity, Combination - Drugs for Women		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone/estradiol</i>)	Tier 3	
Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (<i>estrogens, conjugated/bazedoxifene acetate</i>)	Tier 2	
Estrogen-Androgen - Drugs for Women		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
ESTRATEST F.S. ORAL TABLET 1.25-2.5 MG (<i>estrogens, esterified/methyltestosterone</i>)	Tier 1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	Tier 1	
Estrogen-Progestin - Drugs for Women		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol/norethindrone acetate (Abigale Lo Oral Tablet 0.5-0.1 Mg)	Tier 1	
estradiol/norethindrone acetate (Abigale Oral Tablet 1-0.5 Mg)	Tier 1	
BIJUVA ORAL CAPSULE 0.5-100 MG (estradiol/progesterone)	Tier 2	QL (1 EA per 1 day)
BIJUVA ORAL CAPSULE 1-100 MG (estradiol/progesterone)	Tier 2	QL (30 EA per 30 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR (estradiol/levonorgestrel)	Tier 3	ST; QL (1 EA per 7 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (estradiol/norethindrone acetate)	Tier 2	QL (2 EA per 7 days)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1	
norethindrone acetate/ethinyl estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	
norethindrone acetate/ethinyl estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	
estradiol/norethindrone acetate (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (estrogens, conjugated/medroxyprogesterone acetate)	Tier 2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (estrogens, conjugated/medroxyprogesterone acetate)	Tier 2	
Estrogens - Drugs for Women		
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	Tier 3	
estradiol (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (estradiol)	Tier 3	ST; QL (52 GM per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	Tier 1	ST
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)</i>	Tier 1	ST; QL (30 EA per 30 days)
<i>estradiol transdermal gel in packet 1 mg/gram (0.1 %)</i>	Tier 1	ST; QL (30 GM per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	Tier 1	ST; QL (37.5 GM per 30 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Tier 1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%) (estradiol)	Tier 3	ST; QL (16.2 ML per 30 days)
estradiol (Lyllana Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	Tier 1	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (estrogens, esterified)	Tier 3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (estradiol)	Tier 3	QL (1 EA per 7 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens, conjugated)	Tier 2	
Fertility Enhancer - Luteal Phase Supporting, Progesterone-type - Drugs for Women		
CRINONE VAGINAL GEL 8 % (progesterone, micronized)	Tier 2	
progesterone micronized vaginal insert 100 mg	Tier 1	
Fertility Enhancer - Ovulation Stimulant - Synthetic (Non-FSH) - Drugs for Women		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clomiphene citrate oral tablet 50 mg</i>	Tier 1	
<i>clomiphene citrate</i> (Milophene Oral Tablet 50 Mg)	Tier 1	
Fibroblast Growth Factor 23 (FGF23) Inhibitors, Monoclonal Antibody - Drugs for Menopause and Bone Loss		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (<i>burosumab-twza</i>)	Tier 4	PA
Follicle-Stimulating and Luteinizing Hormones - Drugs for Women		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (<i>menotropins</i>)	Tier 4	
Follicle-Stimulating Hormone (FSH) - Drugs for Women		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML (<i>follitropin beta, recombinant</i>)	Tier 4	ST
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML (<i>follitropin alfa, recombinant</i>)	Tier 4	
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (<i>follitropin alfa, recombinant</i>)	Tier 4	
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (<i>follitropin alfa, recombinant</i>)	Tier 4	
Glucocorticoid Salt Combinations - Drugs for Inflammation		
BETALOAN SUIK KIT 6 MG/ML (<i>betamethasone acetate and sodium phosph/norflurane/hfc 245fa</i>)	Tier 3	
Glucocorticoids - Drugs for Inflammation		
AGAMREE ORAL SUSPENSION 40 MG/ML (<i>vamorolone</i>)	Tier 4	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	Tier 4	PA
<i>cortisone oral tablet 25 mg</i>	Tier 1	
<i>deflazacort oral suspension 22.75 mg/ml</i>	Tier 4	PA
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Tier 4	PA
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (<i>dexamethasone</i>)	Tier 3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	Tier 1	
dexamethasone oral tablet 1 mg, 2 mg	Tier 1	
DEXONTO IONTOPHORETIC SOLUTION 0.4 % (dexamethasone sodium phosphate)	Tier 3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	Tier 4	PA
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML (budesonide)	Tier 4	PA
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
hydrocortisone sod succinate injection recon soln 100 mg	Tier 1	
deflazacort (Jaythari Oral Tablet 18 Mg, 30 Mg, 36 Mg, 6 Mg)	Tier 4	PA
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (triamcinolone acetonide)	Tier 3	
MEDROL ORAL TABLET 2 MG (methylprednisolone)	Tier 2	
MEDROLOAN II SUIK KIT 40 MG/ML (methylprednisolone acetate/norflurane/hfc 245fa)	Tier 3	
MEDROLOAN SUIK KIT 40 MG/ML (methylprednisolone acetate/norflurane/hfc 245fa)	Tier 3	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablets,dose pack 4 mg	Tier 1	
prednisolone oral solution 15 mg/5 ml	Tier 1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	Tier 1	
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (prednisone)	Tier 2	
prednisone oral solution 5 mg/5 ml	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Tier 1	
<i>deflazacort</i> (Pyquvi Oral Suspension 22.75 Mg/ML)	Tier 4	PA
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML (<i>hydrocortisone sodium succinate/pf</i>)	Tier 3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG (<i>budesonide</i>)	Tier 4	PA
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i>	Tier 1	
TRILOAN II SUIK KIT 40 MG/ML (<i>triamcinolone/norflurane and pentafluoropropane (hfc 245fa)</i>)	Tier 3	
TRILOAN SUIK KIT 40 MG/ML (<i>triamcinolone/norflurane and pentafluoropropane (hfc 245fa)</i>)	Tier 3	
Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
Growth Hormone Receptor Antagonists - Drugs for Growth		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	Tier 4	
Growth Hormone Releasing Hormones (GHRH) - Drugs for Growth		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (<i>tesamorelin acetate</i>)	Tier 4	PA
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG (<i>tesamorelin acetate</i>)	Tier 4	PA
Growth Hormones - Drugs for Growth		
GENOTROPIN MINIQUEL SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (<i>somatropin</i>)	Tier 4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (<i>somatropin</i>)	Tier 4	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) (<i>somatropin</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) (somatrogon-ghla)	Tier 4	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somatropin)	Tier 4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML) (somatropin)	Tier 4	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somatropin)	Tier 4	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (somatropin)	Tier 4	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) (somatropin)	Tier 4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (somatropin)	Tier 4	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (lonapegsomatropin-tcgd)	Tier 4	PA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (somapacitan-beco)	Tier 4	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG (somatropin)	Tier 4	PA
Human Chorionic Gonadotropin (hCG) - Drugs for Women		
chorionic gonadotropin, human intramuscular recon soln 10,000 unit	Tier 3	ST
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT (chorionic gonadotropin, human)	Tier 2	
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (choriogonadotropin alfa)	Tier 2	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (chorionic gonadotropin, human)	Tier 3	ST

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Human Insulins - Fixed Combinations - Drugs for Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 2	DD; QL (30 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin nph human isophane/insulin regular, human</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
Human Insulins - Intermediate Acting - Drugs for Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	Tier 2	DD; QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	Tier 2	DD; QL (40 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin nph human isophane</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human isophane</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
Human Insulins - Rapid Acting - Drugs for Diabetes		
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (<i>insulin regular, human</i>)	Tier 3	PA; DD
Human Insulins - Short Acting - Drugs for Diabetes		
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular, human</i>)	Tier 2	DD; QL (40 ML per 28 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	Tier 2	DD; QL (24 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin regular, human</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular, human</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
Insulin Analogs - Fixed Combinations - Drugs for Diabetes		
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 2	DD; QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine and insulin lispro</i>)	Tier 2	DD; QL (40 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	Tier 3	ST; DD; QL (30 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	Tier 3	ST; DD; QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	Tier 1	DD; QL (30 ML per 28 days)
Insulin Analogs - Long Acting - Drugs for Diabetes		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine,human recombinant analog</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 2	DD; QL (30 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Tier 2	DD; QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine-aglr</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	Tier 2	DD; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine-yfgn</i>)	Tier 2	DD; QL (30 ML per 28 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (<i>insulin glargine, human recombinant analog</i>)	Tier 2	DD; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (<i>insulin glargine, human recombinant analog</i>)	Tier 2	DD; QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin degludec</i>)	Tier 2	DD; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (<i>insulin degludec</i>)	Tier 2	DD; QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	Tier 2	DD; QL (40 ML per 28 days)
Insulin Analogs - Rapid Acting - Drugs for Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin glulisine</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin aspart (niacinamide)</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) (<i>insulin aspart (niacinamide)</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) (<i>insulin aspart (niacinamide)/pump cartridge</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart (niacinamide)</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (<i>insulin lispro</i>)	Tier 2	DD; QL (12 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	Tier 2	DD; QL (30 ML per 28 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	Tier 3	ST; DD; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	Tier 3	ST; DD; QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	Tier 3	ST; DD; QL (40 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	Tier 1	DD; QL (30 ML per 28 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	Tier 1	DD; QL (30 ML per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	Tier 1	DD; QL (40 ML per 28 days)
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin aspart-xjhz</i>)	Tier 3	ST; DD; QL (30 ML per 28 days)
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart-xjhz</i>)	Tier 3	ST; DD; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro-aabc</i>)	Tier 2	DD; QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (<i>insulin lispro-aabc</i>)	Tier 2	DD; QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	Tier 2	DD; QL (40 ML per 28 days)
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin aspart-szjj</i>)	Tier 3	ST; DD
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin aspart-szjj</i>)	Tier 3	ST; DD
Insulin Response Enhancers - Biguanides - Drugs for Diabetes		
<i>metformin oral solution 500 mg/5 ml</i>	Tier 1	DD
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Tier 1	DD
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	DD
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	DD
Insulin-like Growth Factor-1 (IGF-1) - Hormones		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (<i>mecasermin</i>)	Tier 4	PA
Leptin Hormone Analogs - Hormones		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (<i>metreleptin</i>)	Tier 4	QL (1 EA per 1 day)
LHRH (GnRH) Agonist Analog Pit Suppres - Central Precocious Puberty - Drugs for Women		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG (<i>leuprolide acetate</i>)	Tier 4	PA
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) (<i>histrelin acetate</i>)	Tier 4	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (<i>triptorelin pamoate</i>)	Tier 4	PA
LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (<i>leuprolide acetate</i>)	Tier 4	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML (<i>nafarelin acetate</i>)	Tier 4	PA
LHRH (GnRH) Antagonist, Estrogen and Progestin Combinations - Drugs for Woman		
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix/estradiol/norethindrone acetate</i>)	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (<i>elagolix sodium/estradiol/norethindrone acetate</i>)	Tier 2	PA
LHRH (GnRH) Antagonists - Drugs for Women		
<i>cetrorelix subcutaneous kit 0.25 mg</i>	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ganirelix acetate (Fyremadel Subcutaneous Syringe 250 Mcg/0.5 ml)	Tier 4	
ganirelix subcutaneous syringe 250 mcg/0.5 ml	Tier 4	
ORILISSA ORAL TABLET 150 MG, 200 MG (elagolix sodium)	Tier 2	PA
Menopausal Symptoms Suppressant - Hormonal Agents - Drugs for Women		
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (estradiol)	Tier 3	ST; QL (18 EA per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG (estradiol)	Tier 3	ST; QL (18 EA per 28 days)
INTRAROSA VAGINAL INSERT 6.5 MG (prasterone (dhea))	Tier 3	ST; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-Dual Neurokinin (NK) Receptor Antag - Drugs for Woman		
LYNKUET ORAL CAPSULE 60 MG (elinzanetant)	Tier 3	PA; QL (2 EA per 1 day)
Menopausal Symptoms Suppressant-Neurokinin 3 (NK3) Receptor Antagonist - Drugs for Woman		
VEOZAH ORAL TABLET 45 MG (fezolinetant)	Tier 3	
Menopausal Symptoms Suppressant-Selective Estrogen Receptor Modulators - Drugs for Women		
OSPHEHA ORAL TABLET 60 MG (ospemifene)	Tier 3	ST; QL (1 EA per 1 day)
Menopausal Symptoms Suppressant-SSRI Antidepressant Type - Drugs for Women		
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	Tier 1	ST; QL (1 EA per 1 day)
Mineralocorticoids - Drugs for Inflammation		
fludrocortisone oral tablet 0.1 mg	Tier 1	
Oxytocic - Ergot Alkaloids - Drugs for Women		
methylergonovine oral tablet 0.2 mg	Tier 1	QL (28 EA per 30 days)
Parathyroid Hormones and Analogs - Drugs for Menopause and Bone Loss		
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML (palopecteriparatide)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Progestins - Drugs for Women		
<i>norethindrone acetate</i> (Gallifrey Oral Tablet 5 Mg)	Tier 1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
RANK ligand (RANKL) inhibitor, MC Antibody - Drugs for Menopause and Bone Loss		
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (<i>denosumab-bmwo</i>)	Tier 4	PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (<i>denosumab</i>)	Tier 4	PA
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML (<i>denosumab-bmwo</i>)	Tier 4	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (<i>denosumab</i>)	Tier 4	PA
Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss		
<i>raloxifene oral tablet 60 mg</i>	\$0	EHB; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
Somatostatic Agents - Drugs for Growth		
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	Tier 4	PA
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG (<i>octreotide acetate</i>)	Tier 4	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	
<i>octreotide, microspheres intramuscular suspension, extended rel recon 10 mg, 20 mg, 30 mg</i>	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALSONIFY ORAL TABLET 20 MG, 30 MG (<i>paltusotine hcl</i>)	Tier 4	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	Tier 4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (<i>pasireotide diaspertate</i>)	Tier 4	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML (<i>lanreotide acetate</i>)	Tier 4	PA
Thyroid Eye Disease Agents - Drugs for Thyroid		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG (<i>teprotumumab-trbw</i>)	Tier 4	PA
Thyroid Hormones - Animal Source (Porcine) - Drugs for Thyroid		
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (<i>thyroid,pork</i>)	Tier 3	
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid,pork</i>)	Tier 3	ST
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid,pork</i>)	Tier 1	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid		
<i>liothyronine sodium</i> (Liomny Oral Tablet 25 Mcg, 5 Mcg, 50 Mcg)	Tier 1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid		
ERMEZA ORAL SOLUTION 30 MCG/ML (<i>levothyroxine sodium</i>)	Tier 1	PA
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	Tier 1	QL (2 EA per 1 day)
<i>levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	QL (2 EA per 1 day)
THYQUIDITY ORAL SOLUTION 20 MCG/ML (<i>levothyroxine sodium</i>)	Tier 3	ST; QL (20 ML per 1 day)
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG (<i>levothyroxine sodium</i>)	Tier 3	PA
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	Tier 3	PA
Gastrointestinal Therapy Agents - Drugs for the Stomach		
Agents to Treat CHAPLE Disease - Drugs to Relax Muscles		
VEOPOZ INJECTION SOLUTION 200 MG/ML (<i>pozelimab-bbfg</i>)	Tier 4	PA
Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea		
<i>loperamide oral capsule 2 mg</i>	Tier 1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs for Diarrhea		
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG (<i>crofelemer</i>)	Tier 2	ST; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs for Diarrhea		
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	Tier 4	PA
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	
Antidiarrheal Opioid Agents - Drugs for Diarrhea		
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Tier 1	
Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea		
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	Tier 1	
Antiemetic - Antihistamines - Drugs for Vomiting and Nausea		
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiemetic - Antihistamine-Vitamin Combinations - Drugs for Vomiting and Nausea		
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	Tier 1	QL (120 EA per 30 days)
Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	Tier 3	ST; QL (60 ML per 30 days)
Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea		
<i>trimethobenzamide oral capsule 300 mg</i>	Tier 1	
Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea		
<i>prochlorperazine</i> (Compro Rectal Suppository 25 Mg)	Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea		
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	ST; QL (8 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	QL (50 ML per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (<i>granisetron</i>)	Tier 3	ST; QL (1 EA per 7 days)
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea		
<i>aprepitant oral capsule 125 mg</i>	Tier 1	QL (1 EA per 21 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 1	QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 1	QL (2 EA per 21 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	Tier 1	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (<i>aprepitant</i>)	Tier 2	QL (3 EA per 21 days)
VARUBI ORAL TABLET 90 MG (<i>rolapitant hcl</i>)	Tier 3	QL (2 EA per 14 days)
Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (<i>netupitant/palonosetron hcl</i>)	Tier 2	QL (1 EA per 28 days)
Bile Acids - Drugs for the Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	Tier 4	PA
Chronic Idiopathic Const. Agents - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Constipation		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	Tier 2	QL (1 EA per 1 day)
Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach		
<i>lactulose</i> (Enulose Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose</i> (Generlac Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
Digestive Enzyme Mixtures - Drugs for the Stomach		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (<i>lipase/protease/amylase (porcine)</i>)	Tier 2	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT (<i>lipase/protease/amylase (porcine)</i>)	Tier 3	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT (<i>lipase/protease/amylase (porcine)</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (<i>lipase/protease/amylase (porcine)</i>)	Tier 3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT (<i>lipase/protease/amylase (porcine)</i>)	Tier 2	
Digestive Enzymes - Drugs for the Stomach		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (<i>sacrosidase</i>)	Tier 4	PA
Fecal Microbiota Transplantation (FMT) - Drugs for Stomach		
REBYOTA RECTAL ENEMA 150 ML (<i>fecal microbiota, live-jslm</i>)	Tier 4	PA
VOWST ORAL CAPSULE (<i>fecal microbiota spores, live-brpk</i>)	Tier 4	PA
Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach		
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	Tier 4	PA
CTEXLI ORAL TABLET 250 MG (<i>chenodiol</i>)	Tier 4	PA
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	Tier 1	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Tier 1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	
Gastric Acid Secretion Reducer - Potassium-Competitive Acid Blockers - Drugs for Ulcers and Stomach Acid		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOQUEZNA ORAL TABLET 10 MG, 20 MG (<i>vonoprazan fumarate</i>)	Tier 3	PA
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 5 MG (<i>rabeprazole sodium</i>)	Tier 3	ST; QL (1 EA per 1 day)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	Tier 1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i>	Tier 1	ST
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	Tier 1	ST
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 1	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	Tier 3	ST
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i>	Tier 1	ST; QL (1 EA per 1 day)
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	Tier 1	QL (1 EA per 1 day)
Gastric Acid Secretion Reducer-Proton Pump Inhibitor and Antacid Comb - Drugs for Ulcers and Stomach Acid		
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	Tier 1	ST; QL (1 EA per 1 day)
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs for the Stomach		
<i>prucalopride oral tablet 1 mg, 2 mg</i>	Tier 1	QL (1 EA per 1 day)
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (<i>metoclopramide hcl</i>)	Tier 4	PA
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	
GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (<i>hyoscyamine sulfate</i>)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (<i>hyoscyamine sulfate</i>)	Tier 1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (<i>hyoscyamine sulfate</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps		
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG (<i>glycopyrrolate</i>)	Tier 3	ST; QL (4 EA per 1 day); Age (Min 18 Years)
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML) (<i>glycopyrrolate/pf</i>)	Tier 3	
GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps		
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	
GI Antispasmodic and Benzodiazepine Combinations - Drugs for Stomach Cramps		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
GI Antispasmodic and Opioid Combinations - Drugs for Stomach Cramps		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
GI Antispasmodic Combinations Other - Drugs for Stomach Cramps		
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Tier 1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Tier 1	
H. Pylori Therapy - Bismuth and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
<i>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	Tier 1	
H. Pylori Therapy - Proton Pump Inhibitor and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (<i>omeprazole/clarithromycin/amoxicillin trihydrate</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (<i>omeprazole magnesium/amoxicillin trihydrate/rifabutin</i>)	Tier 3	QL (168 EA per 14 days); Age (Min 18 Years)
H.Pylori Therapy-Potassium-Competitive Acid Blocker and Antibiotics - Drugs for the Stomach		
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)-500 MG (84) (<i>vonoprazan fumarate/amoxicillin trihydrate</i>)	Tier 3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (<i>vonoprazan fumarate/amoxicillin trihydrate/clarithromycin</i>)	Tier 3	PA
IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome		
<i>lubiprostone oral capsule 24 mcg</i>	Tier 1	QL (2 EA per 1 day)
<i>lubiprostone oral capsule 8 mcg</i>	Tier 1	QL (4 EA per 1 day)
IBS Agent - Guanylate Cyclase-C (GC-C) Agonists - Drugs for Irritable Bowel Syndrome		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	Tier 2	QL (1 EA per 1 day)
IBS Agent - Mixed Opioid Receptor Agonist and Antagonist - Drugs for Irritable Bowel Syndrome		
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	Tier 2	
IBS Agent - Selective 5-HT3 Receptor Antagonists - Drugs for Irritable Bowel Syndrome		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1	
IBS Agent - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitor - Drugs for Irritable Bowel Syndrome		
IBSRELA ORAL TABLET 50 MG (<i>tenapanor hcl</i>)	Tier 3	PA
Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease		
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML (<i>ustekinumab-aekn</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (<i>ustekinumab</i>)	Tier 4	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (<i>ustekinumab</i>)	Tier 4	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML (<i>ustekinumab-kfce</i>)	Tier 4	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab-kfce</i>)	Tier 4	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML (<i>ustekinumab-kfce</i>)	Tier 4	PA
Inflammatory Bowel Agent - Interleukin-23 (IL-23) Inhibitor, MC Ab - Drugs for Inflammatory Bowel Disease		
OMVOH INTRAVENOUS SOLUTION 300 MG/15 ML (20 MG/ML) (<i>mirikizumab-mrkz</i>)	Tier 4	PA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) (<i>mirikizumab-mrkz</i>)	Tier 4	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) (<i>mirikizumab-mrkz</i>)	Tier 4	PA
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (<i>risankizumab-rzaa</i>)	Tier 4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (<i>risankizumab-rzaa</i>)	Tier 4	PA
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) (<i>guselkumab</i>)	Tier 4	PA
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	Tier 4	PA
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML (<i>guselkumab</i>)	Tier 4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (<i>guselkumab</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (<i>guselkumab</i>)	Tier 4	PA
Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease		
<i>balsalazide oral capsule 750 mg</i>	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	Tier 3	ST
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	Tier 1	
<i>mesalamine oral capsule, extended release 500 mg</i>	Tier 1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	Tier 1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	Tier 1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	Tier 1	
<i>mesalamine rectal suppository 1,000 mg</i>	Tier 1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	Tier 2	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease		
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	Tier 1	ST
<i>budesonide rectal foam 2 mg/actuation</i>	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (<i>hydrocortisone acetate</i>)	Tier 3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	
Inflammatory Bowel Agent - Integrin Receptor Antagonist, MC Antibody - Drugs for Inflammatory Bowel Disease		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG (<i>vedolizumab</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML (vedolizumab)	Tier 4	PA
Inflammatory Bowel Agent - Janus Kinase (JAK) Inhibitors - Drugs for Inflammatory Bowel Disease		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG (upadacitinib)	Tier 4	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (tofacitinib citrate)	Tier 4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (tofacitinib citrate)	Tier 4	PA
Inflammatory Bowel Agent - Sphingosine 1-Phosphate Receptor Modulator - Drugs for Irritable Bowel Syndrome		
VELSIPITY ORAL TABLET 2 MG (etrasimod arginine)	Tier 4	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hydrochloride)	Tier 4	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (ozanimod hydrochloride)	Tier 4	PA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (ozanimod hydrochloride)	Tier 4	PA
Inflammatory Bowel Agent - Tumor Necrosis Factor Alpha Blockers - Drugs for Inflammatory Bowel Disease		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 4	PA
adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 4	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (infliximab-axxq)	Tier 4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	Tier 4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab</i>)	Tier 4	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	Tier 4	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	Tier 4	PA
<i>infliximab intravenous recon soln 100 mg</i>	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	Tier 4	PA
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab-ryvk</i>)	Tier 4	PA
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML, 80 MG/0.8 ML (<i>adalimumab-ryvk</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (<i>golimumab</i>)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (<i>golimumab</i>)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (<i>infliximab-dyyb</i>)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (<i>infliximab-dyyb</i>)	Tier 4	PA
Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1	
<i>lubiprostone oral capsule 24 mcg</i>	Tier 1	QL (2 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lubiprostone oral capsule 8 mcg</i>	Tier 1	QL (4 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	Tier 2	
Keratinocyte Growth Factor (KGF) - Drugs for the Stomach		
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG (<i>palifermin</i>)	Tier 4	
Laxative - Saline and Osmotic - Drugs to Prevent Constipation		
<i>lactulose</i> (Constulose Oral Solution 10 Gram/15 MI)	Tier 1	
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	
Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i> (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
<i>sodium chloride/sodium bicarbonate/potassium chloride/peg</i> (Gavilyte-N Oral Recon Soln 420 Gram)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (1 EA per 1 FILL)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (<i>peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c</i>)	\$0	ST; EHB; \$0 COPAY IF QUANTITY LIMITED TO 3, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND AGE 45-75 YEARS; QL (3 EA per 1 FILL)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 354, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (354 ML per 1 FILL)
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM (<i>peg 3350/sodium sulfate,chloride/potassium chlor/magnesium</i>)	\$0	ST; EHB; \$0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 365 DAYS, TRIAL OF CLENPIQ, SUTAB, OR A GENERIC BOWEL PREP PRODUCT, AND AGE 45-75 YEARS; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM (<i>sodium sulfate/potassium chloride/magnesium sulfate</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 24, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (24 EA per 1 FILL)
Laxative - Stimulant and Saline/Osmotic Combinations - Drugs to Prevent Constipation		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (<i>sodium picosulfate/magnesium oxide/citric acid</i>)	\$0	EHB; \$0 COPAY IF QUANTITY LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (350 ML per 1 FILL)
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid		
<i>sucralfate oral suspension 100 mg/ml</i>	Tier 1	
<i>sucralfate oral tablet 1 gram</i>	Tier 1	
Short Bowel Syndrome (SBS) - glucagon-like peptide-2 (GLP-2) Analog - Drugs for the Stomach		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (<i>teduglutide</i>)	Tier 4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (<i>teduglutide</i>)	Tier 4	PA
Short Bowel Syndrome (SBS) Agents - Drugs for the Stomach		
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 4	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Tier 4	
<i>octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg</i>	Tier 4	PA
Genitourinary Therapy - Drugs for the Urinary System		
BPH Agent- 5-alpha Reductase Inhib and alpha-1 Adrenoceptor Antag Comb - Drugs for the Prostate		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	Tier 1	ST
BPH Agent- 5-alpha-Reductase and Phosphodiesterase-5 (PDE5) Inhibitors - Drugs for the Prostate		
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride/tadalafil</i>)	Tier 3	PA
Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	Tier 4	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	Tier 4	PA
G.U. Irrigants - Anti-infective - Drugs for the Urinary System		
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	
G.U. Irrigants - Drugs for the Urinary System		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>glycine urologic solution irrigation solution 1.5 %</i>	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (<i>citric acid/gluconolactone/magnesium carbonate</i>)	Tier 3	
<i>sorbitol irrigation solution 3 %</i>	Tier 1	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Tier 1	
Interstitial Cystitis Agents - Drugs for the Urinary System		
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	Tier 2	PA
Kidney Stone Agents - Drugs for the Urinary System		
THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG (<i>tiopronin</i>)	Tier 4	
<i>tiopronin oral tablet 100 mg</i>	Tier 4	
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	Tier 4	
<i>tiopronin</i> (Venxxiva Oral Tablet, Delayed Release (Dr/Ec) 100 Mg, 300 Mg)	Tier 4	
Overactive Bladder Agents - Beta -3 Adrenergic Receptor Agonist - Drugs for the Bladder		
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	Tier 3	ST; QL (1 EA per 1 day)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML (<i>mirabegron</i>)	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (<i>mirabegron</i>)	Tier 1	QL (1 EA per 1 day)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Oxalosis Agent - Oxalate Inhibitor, small interfering RNA Directed - Drugs for the Urinary System		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML (<i>lumasiran sodium</i>)	Tier 4	PA
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) (<i>nedosiran sodium</i>)	Tier 4	PA
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML (<i>nedosiran sodium</i>)	Tier 4	PA
Phosphate Binders - Calcium-based - Drugs for the Urinary System		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
Phosphate Binders - Drugs for the Urinary System		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	Tier 1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	Tier 1	
<i>ferric citrate oral tablet 210 mg iron</i>	Tier 1	ST; QL (12 EA per 1 day)
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (<i>lanthanum carbonate</i>)	Tier 3	ST; QL (3 EA per 1 day)
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	Tier 1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	Tier 1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	Tier 2	QL (6 EA per 1 day)
Phosphate Binders - Iron-based - Drugs for the Urinary System		
<i>ferric citrate oral tablet 210 mg iron</i>	Tier 1	ST; QL (12 EA per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	Tier 2	QL (6 EA per 1 day)
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs for the Urinary System		
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (<i>tolvaptan</i>)	Tier 4	PA
Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 1	
<i>tamsulosin oral capsule 0.4 mg</i>	Tier 1	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate		
<i>finasteride oral tablet 5 mg</i>	Tier 1	
Prostatic Hypertrophy Agent-Sel.cGMP Phosphodiesterase Type5 Inhibitor - Drugs for the Prostate		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA
Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate		
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	
Urinary Acidifier - Bacterial Urease Inhibitor - Drugs for Infections		
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	Tier 3	
Urinary Acidifier - Phosphates - Drugs for Infections		
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>sodium phosphate,monobasic/potassium phosphate,monobasic</i>)	Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (<i>potassium phosphate,monobasic</i>)	Tier 3	
Urinary Alkalinizer - Citrates - Drugs for Infections		
ORACIT ORAL SOLUTION 490-640 MG/5 ML (<i>citric acid/sodium citrate</i>)	Tier 3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 1	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Urinary Analgesics - Drugs for Infections		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	Tier 1	
Urinary Antibacterial - Methenamine and Salts - Drugs for Infections		
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (<i>methenamine mandelate/sodium phosphate,monobasic</i>)	Tier 3	
Urinary Antibacterial - Nitrofurantoin Derivatives - Drugs for Infections		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	PA
Urinary Antibacterials Other - Drugs for Infections		
<i>fosfomycin tromethamine oral packet 3 gram</i>	Tier 1	
Urinary Anti-infective Methenamine-Antispas-Analg Combinations - Drugs for Infections		
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 2	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (<i>methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine</i>)	Tier 1	
Urinary Anti-infective Methenamine-Antispasmodic Combinations - Drugs for Infections		
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	Tier 1	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (<i>methenamine/sod phosph,monobasic/methylene blue/hyoscyamine</i>)	Tier 1	
Urinary Antispasmodic - Antichol., M(3) Muscarinic Selective (Bladder) - Drugs for the Bladder		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>solifenacin oral tablet 10 mg, 5 mg</i>	Tier 1	
VESICARE LS ORAL SUSPENSION 1 MG/ML (<i>solifenacin succinate</i>)	Tier 3	PA
Urinary Antispasmodic - Anticholinergics, Non-Selective - Drugs for the Bladder		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (<i>hyoscyamine sulfate</i>)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (<i>hyoscyamine sulfate</i>)	Tier 1	
OSCIMIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (<i>hyoscyamine sulfate</i>)	Tier 3	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>flavoxate oral tablet 100 mg</i>	Tier 1	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (<i>oxybutynin</i>)	Tier 3	ST
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	Tier 1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	Tier 1	
<i>trospium oral tablet 20 mg</i>	Tier 1	
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
<i>colchicine oral capsule 0.6 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (4 EA per 1 day)
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (<i>colchicine</i>)	Tier 3	ST; QL (10 ML per 1 day)
Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs		
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	
Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type - Gout Drugs		
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50 ML, 8 MG/ML (<i>pegloticase</i>)	Tier 4	PA
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
<i>probenecid oral tablet 500 mg</i>	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 1	ST; QL (30 EA per 30 days)
Hematological Agents - Drugs for the Blood		
Agents to treat aTTP- anti von Willebrand Factor (vWF) A1 domain - Drugs for the Blood		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	Tier 4	PA
Agents to Treat Cold Agglutinin Disease (CAD) - Drugs for the Blood		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (<i>sutimlimab-jome</i>)	Tier 4	PA
Agents to Treat cTTP - anti vWF, ADAMTS13 Enzyme Therapy - Drugs to Prevent Blood Clots		
ADZYNMA INTRAVENOUS KIT 1,500 (+/-) UNIT, 500 (+/-) UNIT (<i>adamts13, recombinant-krhn</i>)	Tier 4	PA
Agents to Treat Paroxysmal Nocturnal Hemoglobinuria (PNH) - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (<i>pegcetacoplan</i>)	Tier 4	PA
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML (<i>eculizumab-aagh</i>)	Tier 4	PA
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	Tier 4	PA
PIASKY INJECTION SOLUTION 340 MG/2 ML (<i>crovalimab-akkz</i>)	Tier 4	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (<i>eculizumab</i>)	Tier 4	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (<i>ravulizumab-cwvz</i>)	Tier 4	PA
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (<i>danicopan</i>)	Tier 4	PA
Anticoagulants - Citrate-based - Drugs to Prevent Blood Clots		
<i>anticoag citrate phos dextrose solution 2.63-222 gram-mg/100ml</i>	Tier 1	
<i>sodium citrate in 0.9 % nacl solution 0.5 %</i>	Tier 1	
<i>sodium citrate intra-catheter solution 4 %</i>	Tier 1	
<i>sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)</i>	Tier 1	
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Tier 1	
Anticoagulants - Coumarin - Drugs to Prevent Blood Clots		
<i>warfarin sodium</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anti-Inhibitor Coagulation Complex - Drugs to Prevent Bleeding		
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT (<i>anti-inhibitor coagulant complex</i>)	Tier 4	
Antiporphyria Factors - Drugs for the Blood		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG (<i>hemin</i>)	Tier 4	
Blood Cell and Platelet Disorder Treatment-Tyrosine Kinase Inhibitors - Drugs for the Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	Tier 4	PA
WAYRILZ ORAL TABLET 400 MG (<i>rilzabrutinib</i>)	Tier 4	PA
C1 Esterase Inhibitor Agents - Drugs for the Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (<i>c1 esterase inhibitor</i>)	Tier 4	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (<i>c1 esterase inhibitor</i>)	Tier 4	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (<i>c1 esterase inhibitor</i>)	Tier 4	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (<i>c1 esterase inhibitor, recombinant</i>)	Tier 4	PA
CAD - Complement (C1) Inhibitors - Drugs for the Blood		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (<i>sutimlimab-jome</i>)	Tier 4	PA
CXCR4 Chemokine Receptor Antagonists - Drugs for the Blood		
<i>plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)</i>	Tier 4	PA
XOLREMDI ORAL CAPSULE 100 MG (<i>mavorixafor</i>)	Tier 4	PA
Direct Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (<i>apixaban</i>)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	Tier 2	QL (74 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) (<i>apixaban</i>)	Tier 2	QL (32 EA per 1 day)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG (<i>apixaban</i>)	Tier 2	QL (4 EA per 1 day)
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i>	Tier 1	QL (20 ML per 1 day)
<i>rivaroxaban oral tablet 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	Tier 3	ST; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (<i>rivaroxaban</i>)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (<i>rivaroxaban</i>)	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (<i>rivaroxaban</i>)	Tier 2	QL (2 EA per 1 day)
Erythropoietins - Drugs for the Blood		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa in polysorbate 80</i>)	Tier 4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML (<i>darbepoetin alfa in polysorbate 80</i>)	Tier 4	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa</i>)	Tier 4	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Tier 4	PA
Factor IX Complex (Prothrombin Complex Concentrate) Preparations - Drugs to Prevent Bleeding		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT (<i>human prothrombin complex concentrate-lans</i>)	Tier 4	
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT) (<i>human prothrombin complex concentrate 4-factor</i>)	Tier 4	
Factor IX Preparations - Drugs to Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (<i>factor ix</i>)	Tier 4	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (<i>factor ix recombinant, fc fusion protein</i>)	Tier 4	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (<i>factor ix human recombinant</i>)	Tier 4	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (<i>factor ix recombinant, albumin fusion protein</i>)	Tier 4	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT (<i>factor ix human recombinant, threonine 148</i>)	Tier 4	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (<i>factor ix complex, prothrombin complex conc no.4, 3-factor</i>)	Tier 4	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>factor ix (human) recombinant, pegylated</i>)	Tier 4	
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (<i>factor ix human recombinant</i>)	Tier 4	
Factor VII Preparations - Drugs to Prevent Bleeding		
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG) (<i>coagulation factor viia (recombinant)</i>)	Tier 4	
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG) (<i>coagulation factor viia recombinant-jncw</i>)	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Factor VIII Preparations (AHF) - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (fviii) recombinant,full length)	Tier 4	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (antihemophilic factor (fviii) recombinant, full length, peg)	Tier 4	
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (antihemophilic factor viii recomb,single-chn,b-dom truncated)	Tier 4	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML (antihemophilic factor, human/von willebrand factor,human)	Tier 4	
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor rfviil fc-vwf-xten,bdd-ehfl)	Tier 4	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (antihemophilic factor (fviii) recombinant, fc fusion protein)	Tier 4	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (antihemophilic factor (fviii) rec, b-dom truncated peg-exei)	Tier 4	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT (antihemophilic factor, human)	Tier 4	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT (antihemophilic factor, human)	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT (<i>antihemophilic factor, human</i>)	Tier 4	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT (<i>antihemophilic factor, human</i>)	Tier 4	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT (<i>antihemophilic factor, human/von willebrand factor, human</i>)	Tier 4	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (fviii) rec, b-domain deleted peg-aucl</i>)	Tier 4	
KOATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor, human</i>)	Tier 4	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (fviii) recombinant, full length</i>)	Tier 4	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (fviii) recombinant, full length</i>)	Tier 4	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor viii recombinant, b-domain truncated</i>)	Tier 4	
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (<i>antihemophilic factor viii rec hek cell, b-domain deleted</i>)	Tier 4	
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE (<i>antihemophilic factor viii, recombinant porcine sequence</i>)	Tier 4	
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor viii, human recombinant</i>)	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (<i>antihemophilic factor, human/von willebrand factor,human</i>)	Tier 4	
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>)	Tier 4	
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (<i>antihemophilic factor (factor viii) recomb,b-domain deleted</i>)	Tier 4	
Factor X Preparations - Drugs to Prevent Bleeding		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (<i>coagulation factor x</i>)	Tier 4	
Factor XIII Preparations - Drugs to Prevent Bleeding		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT (<i>factor xiii</i>)	Tier 4	
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT (<i>factor xiii a-subunit, recombinant</i>)	Tier 4	
Granulocyte Colony-Stimulating Factor (G-CSF) - Drugs for the Blood		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-jmdb</i>)	Tier 4	PA
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-pbbk</i>)	Tier 4	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (<i>tbo-filgrastim</i>)	Tier 4	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>tbo-filgrastim</i>)	Tier 4	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (<i>pegfilgrastim</i>)	Tier 4	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim</i>)	Tier 4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (<i>filgrastim</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim</i>)	Tier 4	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (<i>filgrastim-aafi</i>)	Tier 4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-aafi</i>)	Tier 4	PA
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-txid</i>)	Tier 4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-apgf</i>)	Tier 4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-ayow</i>)	Tier 4	PA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML (<i>eflapegrastim-xnst</i>)	Tier 4	PA
RYZNEUTA SUBCUTANEOUS SYRINGE 20 MG/ML (<i>efbemalenograstim alfa-vuxw</i>)	Tier 4	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-fpgk</i>)	Tier 4	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML (<i>pegfilgrastim-cbqv</i>)	Tier 4	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (<i>pegfilgrastim-cbqv</i>)	Tier 4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-cbqv</i>)	Tier 4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-sndz</i>)	Tier 4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-bmez</i>)	Tier 4	PA
Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) - Drugs for the Blood		
LEUKINE INJECTION RECON SOLN 250 MCG (<i>sargramostim</i>)	Tier 4	PA
Hematopoietic Agents - Erythroid (RBC) Maturation Agents - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (<i>luspatercept-aamt</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh - Drugs for the Blood		
VAFSEO ORAL TABLET 150 MG, 300 MG (<i>vadadustat</i>)	Tier 3	PA
Hematorheologic Agents - Drugs for the Blood		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	
Hemophilia Treatment Agents - Monoclonal Antibody - Drugs for the Blood		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML) (<i>concizumab-mtcī</i>)	Tier 4	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML (<i>emicizumab-kxwh</i>)	Tier 4	PA
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>marstacimab-hncq</i>)	Tier 4	PA
Hemophilia Treatment Agents - Small Interfering RNA (siRNA) - Drugs for the Blood		
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML (<i>fitusiran sodium</i>)	Tier 4	PA
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML (<i>fitusiran sodium</i>)	Tier 4	PA
Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Tier 1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Tier 1	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG), 2 GRAM (1,400 MG-2,600 MG) (<i>fibrinogen</i>)	Tier 4	
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Hemostatic Systemic- von Willebrand factor (vWF) Preparations - Drugs to Prevent Bleeding		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (<i>von willebrand factor (recombinant)</i>)	Tier 4	
Hemostatic Topical Agents - Drugs to Prevent Bleeding		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASTRINGYN TOPICAL SOLUTION 259 MG/G (<i>ferric subsulfate</i>)	Tier 3	
AVITENE FLOUR TOPICAL POWDER (<i>microfibrillar collagen</i>)	Tier 3	
AVITENE TOPICAL POWDER IN PACKET (<i>microfibrillar collagen</i>)	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM (<i>microfibrillar collagen</i>)	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM (<i>microfibrillar collagen</i>)	Tier 3	
GELFOAM JMI POWDER TOPICAL KIT 5,000 UNIT (<i>thrombin (bovine)/gelatin sponge,absorbable</i>)	Tier 3	
GELFOAM JMI SPONGE TOPICAL COMBO PACK 5,000 UNIT (<i>thrombin (bovine)/gelatin sponge,absorbable</i>)	Tier 3	
GELFOAM SPONGE SIZE 200 TOPICAL SPONGE 200 (<i>gelatin sponge,absorbable/porcine skin</i>)	Tier 3	
GELFOAM TOPICAL SPONGE 4 (<i>gelatin sponge,absorbable/porcine skin</i>)	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML (<i>ferric subsulfate</i>)	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT (<i>thrombin (recombinant)</i>)	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (<i>thrombin (recombinant)</i>)	Tier 3	
SYRINGE AVITENE TOPICAL POWDER (<i>microfibrillar collagen</i>)	Tier 3	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT (<i>thrombin (bovine)</i>)	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (<i>thrombin (bovine)</i>)	Tier 1	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT (<i>thrombin (bovine)</i>)	Tier 1	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT (<i>thrombin (bovine)</i>)	Tier 1	
Hemostatic Topical Combinations - Drugs to Prevent Bleeding		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EVICEL TOPICAL SOLUTION 800-1,200 UNIT /ML (1 ML X 2), 800-1,200 UNIT /ML(2ML X 2), 800-1,200 UNIT /ML(5 ML X 2) (<i>thrombin(human plasma derived)/fibrinogen/calcium chloride</i>)	Tier 3	
VISTASEAL-FIBRIN SEALANT TOPICAL SYRINGE 500 UNIT-80 MG /ML (10 ML), 500 UNIT-80 MG /ML (2 ML), 500 UNIT-80 MG /ML (4 ML) (<i>thrombin(human plasma derived)/fibrinogen/calcium chloride</i>)	Tier 3	
Heparin Flush Formulations - Drugs to Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (<i>heparin sodium,porcine/pf</i>)	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (<i>heparin sodium,porcine/pf</i>)	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	
Heparins - Drugs to Prevent Blood Clots		
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML (<i>heparin sodium,porcine/pf</i>)	Tier 1	
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)</i>	Tier 1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Tier 1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (<i>heparin sodium,porcine,pf</i>)	Tier 1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml</i>	Tier 1	
<i>heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Tier 1	
Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	Tier 4	QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	Tier 4	QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	Tier 4	QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	Tier 4	QL (18 ML per 30 days)
Low Molecular Weight Heparins - Drugs to Prevent Blood Clots		
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 4	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	Tier 4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (12 ML per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (<i>dalteparin sodium,porcine</i>)	Tier 4	QL (18 ML per 30 days)
Monoclonal Antibody - P-Selectin Inhibitors - Drugs for the Blood		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML (<i>crizanlizumab-tmca</i>)	Tier 4	PA
Plasma Proteins Which Facilitate Anticoagulation - Drugs for the Blood		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG (<i>plasminogen, human-tvmh</i>)	Tier 4	PA
Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood		
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	Tier 1	QL (2 EA per 1 day)
Platelet Aggregation Inhibitor Combinations - Drugs for the Blood		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Glycoprotein IIb/IIIa Receptor Inhib - Drugs for the Blood		
AGGRASTAT CONCENTRATE INTRAVENOUS CONCENTRATE 250 MCG/ML (<i>tirofiban hcl monohydrate</i>)	Tier 4	
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 12.5 MG/250 ML (50 MCG/ML), 5 MG/100 ML (50 MCG/ML) (<i>tirofiban hcl monohydrate in 0.9 % sodium chloride</i>)	Tier 4	
<i>eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml</i>	Tier 4	
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
<i>aspirin oral tablet 325 mg</i>	\$0	EHB
<i>aspirin oral tablet,chewable 81 mg</i>	\$0	EHB
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	\$0	EHB
BAYER ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	\$0	EHB
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (<i>aspirin</i>)	\$0	EHB
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (<i>aspirin</i>)	\$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (<i>aspirin</i>)	\$0	EHB
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood		
<i>clopidogrel oral tablet 300 mg</i>	Tier 1	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day)
Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist - Drugs for the Blood		
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	Tier 3	QL (1 EA per 1 day)
PNH - Complement (C3) Inhibitors - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (<i>pegcetacoplan</i>)	Tier 4	PA
PNH - Complement Factor B Inhibitors - Drugs for the Blood		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	Tier 4	PA
PNH - Complement Factor D Inhibitors - Drugs for the Blood		
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (<i>danicopan</i>)	Tier 4	PA
PNH - Human Monoclonal Antibody Complement (C5) Inhibitors - Drugs for the Blood		
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML (<i>eculizumab-aagh</i>)	Tier 4	PA
PIASKY INJECTION SOLUTION 340 MG/2 ML (<i>crovalimab-akkz</i>)	Tier 4	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (<i>eculizumab</i>)	Tier 4	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (<i>ravulizumab-cwvz</i>)	Tier 4	PA
Protein C Preparations - Drugs for the Blood		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (<i>protein c, human</i>)	Tier 4	
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (<i>protein c, human</i>)	Tier 4	
Pyruvate Kinase (PK) Activators - Drugs for the Blood		
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>)	Tier 4	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (<i>mitapivat sulfate</i>)	Tier 4	PA
Sickle Cell Anemia Agents, Others - Drugs for the Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM (<i>glutamine</i>)	Tier 4	PA
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	Tier 4	PA
SIKLOS ORAL TABLET 1,000 MG (<i>hydroxyurea</i>)	Tier 3	ST
SIKLOS ORAL TABLET 100 MG (<i>hydroxyurea</i>)	Tier 3	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML (<i>hydroxyurea</i>)	Tier 3	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots		
<i>argatroban in 0.9 % sod chlor intravenous solution 1 mg/ml</i>	Tier 4	
<i>argatroban intravenous solution 100 mg/ml</i>	Tier 4	
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	PA
Thrombin Inhibitor - Selective Direct and Reversible - Hirudin Type - Drugs to Prevent Blood Clots		
<i>bivalirudin intravenous recon soln 250 mg</i>	Tier 4	
<i>bivalirudin intravenous solution 250 mg/50 ml (5 mg/ml)</i>	Tier 4	
Thrombopoietin Receptor Agonists - Drugs for the Blood		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (<i>eltrombopag choline</i>)	Tier 4	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	Tier 4	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	Tier 4	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	Tier 4	PA
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG (<i>avatrombopag maleate</i>)	Tier 4	PA
<i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i>	Tier 4	PA
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i>	Tier 4	PA
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	Tier 4	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	Tier 4	PA
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	Tier 4	PA
Transforming Growth Factor (TGF) Ligands Agent - Drugs for the Blood		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (<i>luspatercept-aamt</i>)	Tier 4	PA
Hepatobiliary System Treatment Agents - Drugs for the Liver		
Agents to Treat Cerebrotendinous Xanthomatosis (CTX) - Drugs for the Liver		
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	Tier 4	PA
CTEXLI ORAL TABLET 250 MG (<i>chenodiol</i>)	Tier 4	PA
Farnesoid X Receptor (FXR) Agonist, Bile Acid Analog - Drugs for the Liver		
OICALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	Tier 4	PA
Ileal Bile Acid Transporter (IBAT) Inhibitor - Drugs for the Liver		
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (<i>odevixibat</i>)	Tier 4	PA
BYLVAY ORAL PELLETT 200 MCG, 600 MCG (<i>odevixibat</i>)	Tier 4	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (<i>maralixibat chloride</i>)	Tier 4	PA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (<i>maralixibat chloride</i>)	Tier 4	PA
Non-Alcoholic Steatohepatitis (NASH) Agents - THR-Beta Agonist - Drugs for the Liver		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (<i>resmetirom</i>)	Tier 4	PA
Peroxisome Proliferator-Activated Receptor (PPAR) Agonist - Drugs for the Liver		
IQIRVO ORAL TABLET 80 MG (<i>elafibranor</i>)	Tier 4	PA
LIVDELZI ORAL CAPSULE 10 MG (<i>seladelpar lysine</i>)	Tier 4	PA
Immunosuppressive Agents - Drugs for Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	Tier 3	ST
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	Tier 3	ST
<i>cyclosporine, modified</i> (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
<i>cyclosporine, modified</i> (Gengraf Oral Solution 100 Mg/ML)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	Tier 4	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine, modified</i>)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine, modified</i>)	Tier 2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	Tier 2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	Tier 2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	
Immunosuppressive - CD19 (B Lymphocyte) Monoclonal Antibody - Drugs for the Eye		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML (<i>inebilizumab-cdon</i>)	Tier 4	PA
Immunosuppressive - GCSF-R Antagonist, Monoclonal Antibody - Drugs for Organ Transplants		
NIKTIMVO INTRAVENOUS SOLUTION 50 MG/ML (<i>axatilimab-csfr</i>)	Tier 4	PA
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants		
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	Tier 1	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (<i>mycophenolate mofetil</i>)	Tier 3	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunosuppressive - Interferon Inhibitor, Monoclonal Antibody - Drugs for Organ Transplants		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML (<i>emapalumab-lzsg</i>)	Tier 4	PA
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML) (<i>anifrolumab-fnia</i>)	Tier 4	PA
Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs for Organ Transplants		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	Tier 4	PA
Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants		
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 1	
<i>sirolimus oral solution 1 mg/ml</i>	Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
Immunosuppressive - Monoclonal Antibody Inhib. T Lymphocyte Function - Drugs for Organ Transplants		
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG (<i>basiliximab</i>)	Tier 4	
Immunosuppressive - Purine Analogs - Drugs for Organ Transplants		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	
Immunosuppressive - Selective T-cell costimulation blocker - Drugs for Organ Transplants		
NULOJIX INTRAVENOUS RECON SOLN 250 MG (<i>belatacept</i>)	Tier 4	
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones		
Agents to Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>dichlorphenamide oral tablet 50 mg</i>	Tier 4	PA
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	Tier 4	PA
<i>dichlorphenamide</i> (Ormalvi Oral Tablet 50 Mg)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALS Agents - Antioxidants/Anti-inflammatories - Drugs for Nerves and Muscles		
<i>edaravone intravenous solution 30 mg/100 ml</i>	Tier 4	PA
<i>edaravone intravenous solution 60 mg/100 ml</i>	Tier 4	PA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML (<i>edaravone</i>)	Tier 4	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML (<i>edaravone</i>)	Tier 4	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (<i>edaravone</i>)	Tier 4	PA
ALS Agents - Antisense Oligonucleotide (ASO) - Drugs for Nerves and Muscles		
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML) (<i>tofersen</i>)	Tier 4	PA
Amyotrophic Lateral Sclerosis (ALS) Agents - Benzothiazoles - Drugs for Nerves and Muscles		
<i>riluzole oral tablet 50 mg</i>	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (<i>riluzole</i>)	Tier 4	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (<i>riluzole</i>)	Tier 4	PA
Antimyasthenic Agent - Neonatal Fc Receptor (FcRn) Inhibitor - Drugs for Nerves and Muscles		
IMAAVY INTRAVENOUS SOLUTION 185 MG/ML (<i>nipocalimab-aahu</i>)	Tier 4	PA
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML (<i>rozanolixizumab-noli</i>)	Tier 4	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML (<i>efgartigimod alfa-hyaluronidase-qvfc</i>)	Tier 4	PA
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML (<i>efgartigimod alfa-hyaluronidase-qvfc</i>)	Tier 4	PA
VYVGART INTRAVENOUS SOLUTION 20 MG/ML (<i>efgartigimod alfa-fcab</i>)	Tier 4	PA
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles		
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 1	
Antimyasthenic Agents Other - Drugs for Nerves and Muscles		
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	Tier 4	PA
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML (<i>zilucoplan sodium</i>)	Tier 4	PA
Duchenne Muscular Dystrophy - Exon Skipping Antisense Oligonucleotide - Drugs for Nerves and Muscles		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML (<i>casimersen</i>)	Tier 4	PA
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML (<i>eteplirsen</i>)	Tier 4	PA
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML (<i>viltolarsen</i>)	Tier 4	PA
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML (<i>golodirsen</i>)	Tier 4	PA
Duchenne Muscular Dystrophy - Histone Deacetylase (HDAC) Inhibitor - Drugs for Nerves and Muscles		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (<i>givinostat hydrochloride</i>)	Tier 4	PA
Fibrodysplasia Ossificans Progressiva-Retinoic Acid Receptor Agonists - Drugs for Nerves and Muscles		
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	Tier 4	PA
Friedreich Ataxia-Nuclear Factor Erythroid-rel.factor2(Nrf2) Activator - Drugs for Nerves and Muscles		
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	Tier 4	PA
Musculoskeletal Therapy Agent - Viscosupplements - Drugs for Muscles, Ligaments, Tendons, and Bones		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML (<i>hyaluronate sodium, stabilized</i>)	Tier 3	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (<i>hyaluronate sodium</i>)	Tier 2	PA
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML (<i>hyaluronate sod, cross-linked</i>)	Tier 3	PA
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML (<i>hyaluronate sodium</i>)	Tier 3	PA
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML (<i>hyaluronate sodium, modified, non-crosslinked</i>)	Tier 3	PA
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML (<i>hyaluronate sodium, stabilized</i>)	Tier 3	PA
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML (<i>hyaluronate sodium</i>)	Tier 3	PA
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
SYNOJOYNT INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (<i>hylan g-f 20</i>)	Tier 2	PA
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (<i>hylan g-f 20</i>)	Tier 2	PA
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	PA
Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme - Drugs for Muscles, Ligaments, Tendons, and Bones		
XIAFLEX INJECTION RECON SOLN 0.9 MG (<i>collagenase clostridium histolyticum</i>)	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Neuromuscular Blocker - Neurotoxins - Drugs for Nerves and Muscles		
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT (<i>onabotulinumtoxin</i>)	Tier 4	PA
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT (<i>daxibotulinumtoxin-lanm</i>)	Tier 4	PA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT (<i>abobotulinumtoxin</i>)	Tier 4	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (<i>rimabotulinumtoxinb</i>)	Tier 4	PA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxin</i>)	Tier 4	PA
Neuromuscular Therapy Agents - Barth Syndrome - Drugs for Muscles, Ligaments, Tendons, and Bones		
FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML (<i>elamipretide hcl</i>)	Tier 4	PA; QL (3.5 ML per 7 days)
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	Tier 1	QL (8 EA per 1 day)
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml</i>	Tier 1	PA
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	Tier 1	PA
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>baclofen oral tablet 5 mg</i>	Tier 1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Tier 1	
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	Tier 1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	Tier 1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 1	
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
Skeletal Muscle Relaxant - Opioid Analgesic Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Skeletal Muscle Relaxant, Salicylate, and Opioid Analgesic Comb. - Drugs for Muscles, Ligaments, Tendons, and Bones		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
Spinal Muscular Atrophy - Exon Inclusion Antisense Oligonucleotide - Drugs for Nerves and Muscles		
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML (<i>nusinersen sodium/pf</i>)	Tier 4	PA
Spinal Muscular Atrophy - Motor Neuron 2 (SMN2) Splicing Modifier - Drugs for Nerves and Muscles		
EVRYSDI ORAL RECON SOLN 0.75 MG/ML (<i>risdiplam</i>)	Tier 4	PA
EVRYSDI ORAL TABLET 5 MG (<i>risdiplam</i>)	Tier 4	PA
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment		
Medical Supplies and DME - Blood Collection Needles - Medical Supplies and Durable Medical Equipment		
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (<i>needles, blood collection</i>)	Tier 3	
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1" (<i>needles, blood collection</i>)	Tier 3	
Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK GUIDE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AGAMATRIX JAZZ TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARESENS S TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARETOUCH TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE MICRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY PLUS II TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY STEP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYGLUCO TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYMAX 15 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYMAX STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE PRO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE TALK TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE G2 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EZ SMART TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA G20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GE333 BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GM100 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
IHEALTH GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUTEK 2TEK TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
OPTIUM EZ STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
OPTIUM TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PLATINUM TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PREMIUM V10 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRODIGY NO CODING STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
QUINTET AC STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
REFUAH PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION ULTIMA STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SMARTEST TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TEST N'GO TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUETEST TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUETRACK TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRATRAK STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
UNISTRIPI TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
Medical Supplies and DME - Cervical Caps - Medical Supplies and Durable Medical Equipment		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical cap</i>)	\$0	CT; EHB
Medical Supplies and DME - COVID-19 Miscellaneous Testing Supplies - Medical Supplies and Durable Medical Equipment		
ADVIN COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
BINAXNOW COVD AG CARD HOME TST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
BINAXNOW COVID-19 AG SELF TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
CARESTART COVID-19 AG HOME TST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
CLINITEST COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
CORDX COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
COVID-19 AT-HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
ELLUME COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
FASTEP COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOWFLEX COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
GENABIO COVID-19 RAPID AT-HOME KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
GOTOKNOW COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
IHEALTH COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
INDICAID COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
INTELISWAB COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
LUCIRA CHECK-IT COVID HOME TST KIT (<i>covid-19 molecular nucleic acid test assay</i>)	\$0	
ON-GO COVID-19 AG AT HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
PILOT COVID-19 AT-HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
QUICKVUE AT-HOME COVID-19 TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
RAPID SARS-COV-2 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
SPEEDYSWAB COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (<i>diaphragms, contoured</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
Medical Supplies and DME - Digital Therapeutics, Software - Medical Supplies and Durable Medical Equipment		
NATURAL CYCLES DIGITAL APP (<i>digital therapeutics, fertility monitor</i>)	\$0	EHB
Medical Supplies and DME - Enteral Syringes - Medical Supplies and Durable Medical Equipment		
ENFIT MULTIFIL SYRINGE SYRINGE 10 ML (<i>syringe, enfit 10 ml, non-sterile</i>)	Tier 3	
ENFIT MULTIFIL SYRINGE SYRINGE 60 ML (<i>syringe, enfit 60 ml, non-sterile</i>)	Tier 3	
ENFIT THUMB CONTROL RING SYRIN SYRINGE 60 ML (<i>syringe, enfit 60 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (<i>syringe, enfit 1 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (<i>syringe, enfit 35 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (<i>syringe, enfit 6 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (<i>syringe, enfit 60 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE CAP (<i>syringe cap, enfit, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML (<i>syringe, enfit 1 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML (<i>syringe, enfit 12 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 3 ML (<i>syringe, enfit 3 ml, non-sterile</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ENFIT SYRINGE SYRINGE 35 ML (<i>syringe, enfit 35 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 6 ML (<i>syringe, enfit 6 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 60 ML (<i>syringe, enfit 60 ml, non-sterile</i>)	Tier 3	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (<i>syringe, enfit 60 ml, non-sterile</i>)	Tier 3	
<i>syringe cap, enfit, non-sterile</i>	Tier 3	
<i>syringe, enfit, non-sterile syringe 0.5 ml, 1 ml, 10 ml, 20 ml, 3 ml, 35 ml, 60 ml</i>	Tier 3	
<i>syringe, enfit, non-sterile syringe 5 ml</i>	Tier 3	
<i>syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml</i>	Tier 3	
<i>syringe, enfit, sterile syringe 10 ml</i>	Tier 3	
<i>syringe, enfit, sterile syringe 20 ml</i>	Tier 3	
<i>syringe, enfit, sterile syringe 5 ml</i>	Tier 3	
Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment		
FC2 FEMALE CONDOM (<i>condoms, female</i>)	\$0	CT; EHB
Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCET DRUM (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Tier 2	DD
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVANCED TRAVEL LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE LANCE 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
BD MICROTAINER LANCET 1.5 X 2 MM (<i>blade lancet, safety</i>)	Tier 2	DD
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
BLULINK BG SYSTEM REFILL KIT 32 GAUGE (<i>lancets with blood glucose test strips</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CAREONE ULTRA THIN LANCET (<i>lancets</i>)	Tier 2	DD
CARESENS LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
CEQUR SIMPLICITY INSERTER (<i>diabetic supplies, miscell</i>)	Tier 3	PA; DD
CHOSEN LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CHOSEN SAFETY LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
CLEVER CHEK LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
COAGUCHEK LANCETS (<i>lancets</i>)	Tier 2	DD
COLOR LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (<i>lancets</i>)	Tier 2	DD
DEXCOM G6 RECEIVER (<i>blood-glucose meter, receiver, continuous</i>)	Tier 2	ST; DD; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	ST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 2	ST; DD; QL (1 EA per 90 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G7 15 DAY SENSOR DEVICE (blood-glucose sensor)	Tier 2	ST; DD; QL (3 EA per 30 days)
DEXCOM G7 RECEIVER (blood-glucose meter, receiver, continuous)	Tier 2	ST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (blood-glucose sensor)	Tier 2	ST; DD; QL (3 EA per 30 days)
DROPLET LANCETS 30 GAUGE (lancets)	Tier 2	DD
DROPSAFE ACTI-LANCE 23 GAUGE (lancets)	Tier 2	DD
EASY COMFORT LANCETS 30 GAUGE (lancets)	Tier 2	DD
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 2	DD
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE (lancets)	Tier 2	DD
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 2	DD
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 2	DD
EMBRACE LANCETS 30 GAUGE (lancets)	Tier 2	DD
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (lancets)	Tier 2	DD
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE (glucose sensor,implantable,continuous/dexamethasone acetate)	Tier 3	PA; DD
EVERSENSE 365 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	PA; DD
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 2	DD
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 2	DD
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 2	DD
FINGERSTIX LANCETS (lancets)	Tier 2	DD
FORACARE LANCETS 30 GAUGE (lancets)	Tier 2	DD
FREESTYLE LANCETS 28 GAUGE (lancets)	Tier 2	DD
FREESTYLE LIBRE 14 DAY READER (flash glucose scanning reader)	Tier 2	ST; DD; QL (1 EA per 365 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 14 DAY SENSOR KIT (<i>flash glucose sensor</i>)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (<i>flash glucose scanning reader</i>)	Tier 2	ST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (<i>flash glucose sensor</i>)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (<i>blood-glucose meter, receiver, continuous</i>)	Tier 2	ST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 2	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
GOJJI LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
GUARDIAN 4 GLUCOSE SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 3	PA; DD
GUARDIAN 4 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
GUARDIAN SENSOR 3 DEVICE (<i>blood-glucose sensor</i>)	Tier 3	PA; DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INVACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 2	DD
LANCETS, SUPER THIN (<i>lancets</i>)	Tier 2	DD
LANCETS, THIN , 28 GAUGE (<i>lancets</i>)	Tier 2	DD
LANCETS, ULTRA THIN (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURE COMFORT SAFETY LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PUSH BUTTON SAFETY LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED LANCET 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RIGHTEST GL300 LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SAFETY LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SIMPLERA SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 3	PA; DD
SIMPLERA SYNC SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 3	PA; DD
SINGLE-LET (<i>lancets</i>)	Tier 2	DD
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
SMARTEST LANCET (<i>lancets</i>)	Tier 2	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
STERILANCE TL 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-TOUCH LANCET (<i>lancets</i>)	Tier 2	DD
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TEMPO REFILL KIT WITH GAUZE KIT (<i>lancets/blood glucose test strips/pen needles/gauze</i>)	Tier 2	DD
THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 2	DD
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (<i>lancets</i>)	Tier 2	DD
TRUE COMFORT LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
TWIST LANCETS 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET BASIC LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA TLC LANCETS (<i>lancets</i>)	Tier 2	DD
ULTRA-CARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET GP LANCET (<i>lancets</i>)	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 2 EXTRA LANCET 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 2 NORMAL LANCET 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
VIVAGUARD LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
Medical Supplies and DME - Insulin Needles-Syringes and Admin Supplies - Medical Supplies and Durable Medical Equipment		
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (<i>pen needle, diabetic, safety</i>)	Tier 2	DD
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>)	Tier 2	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>)	Tier 2	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	Tier 2	DD
<i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	DD
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	DD
OMNIPOD DASH PDM KIT (GEN 4) (insulin pump controller)	Tier 2	DD; QL (1 EA per 365 days)
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin 0.3 ml (half unit mark))	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (syringe with needle,insulin,0.3 ml)	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" (syringe with needle,insulin,0.5 ml)	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (syringe with needle,disposable,insulin 1 ml)	Tier 2	DD
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (pen needle, diabetic)	Tier 2	DD
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	DD
Medical Supplies and DME - Male Condoms - Medical Supplies and Durable Medical Equipment		
AIMSCO LATEX CONDOM DEVICE (condoms, latex, lubricated)	\$0	CT; EHB
DUREX AVANTI BARE REAL FEEL (condoms, non-latex, lubricated)	\$0	CT; EHB
DUREX EXTRA SENSITIVE CONDOM DEVICE (condoms, latex, lubricated)	\$0	CT; EHB
DUREX TROPICAL CONDOM DEVICE (condoms, latex, lubricated)	\$0	CT; EHB
FANTASY CONDOM DEVICE (condoms, latex, lubricated)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KIMONO LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN LARGE CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO TEXTURED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO THIN LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TROJAN BARESKIN DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TROJAN ULTRA RIBBED CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUE COVER CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment		
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (<i>ocular implant with insertion tool for ranibizumab</i>)	Tier 4	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Needles and Syringes - Medical Supplies and Durable Medical Equipment		
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 0.5 ml</i>)	Tier 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (<i>syring w-needl 0.5 ml,kit-tray</i>)	Tier 3	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (<i>syringe with cannula, disposable, 3 ml</i>)	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (<i>syringe, disposable, 5 ml</i>)	Tier 3	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2" (<i>needles, disposable</i>)	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 25 GAUGE X 1 1/2", 30 X 1/2 " (<i>needles, safety</i>)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1" (needles, safety)	Tier 3	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2" (needles, filter)	Tier 3	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (needles, filter)	Tier 3	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (needles, disposable)	Tier 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 ml)	Tier 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 ml)	Tier 3	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (syringe with cannula, disposable, 5 ml)	Tier 3	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (syringe with cannula, disposable, 10 ml)	Tier 3	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8" (needles, disposable)	Tier 3	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (syringe with needle,disposable, 1 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (syringe with needle,disposable, 10 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (syringe with needle,disposable, 3 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (syringe with needle,disposable, 5 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2" (needles, disposable)	Tier 3	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2", 27 GAUGE X 3/8" (needles, disposable)	Tier 3	
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8" (needles, disposable)	Tier 3	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2" (needles, disposable)	Tier 3	
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 5/8" (needles, safety)	Tier 3	
BD SAFETYGLIDE SHIELDING REG SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE SHIELDING REG SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,3 ml)	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 ml)	Tier 3	
BD SAFETYGLIDE SYRINGE SYRINGE 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 ml)	Tier 3	
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 ml)	Tier 3	
BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 20 GAUGE X 1" (needles, disposable)	Tier 3	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2", 19 GAUGE X 1" (needles, disposable)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2" (needles, disposable)	Tier 3	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
BD SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (syringe with needle and cannula, disposable, 10 ml)	Tier 3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 ml)	Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (syringe with needle,disposable, 0.5 ml)	Tier 3	
blunt needle, disposable needle 18 x 1 1/2 ", 22 x 1 1/2 ", 23 x 1 "	Tier 3	
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	
CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1" (needles, disposable)	Tier 3	
CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1" (syringe,safety with needle,1 ml)	Tier 3	
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (syringe,safety with needle,1 ml)	Tier 3	
CARETOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1" (needles, disposable)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 ml)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
DAVOL IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAVOL PISTON IRRIGATION SYRINGE (syringe disposable irrigation)	Tier 3	
DOVER BULB SYRINGE SYRINGE 60 ML (syringe disposable irrig,60 ml)	Tier 3	
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (needles, safety)	Tier 3	
EASY GLIDE CATHETER TIP SYRING SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31 GAUGE X 5/16" (needles, safety)	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 ml)	Tier 3	
EASY TOUCH FLIPLOCK SYRINGE SYRINGE 10 ML 18 GAUGE X 1 1/2", 10 ML 18 GAUGE X 1", 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH LUER LOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
EASY TOUCH LUER LOCK SYRINGE SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 10 ML 21 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1 1/2", 10 ML 25 GAUGE X 1" (syringe,safety with needle,10 ml)	Tier 3	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 ml)	Tier 3	
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" (syringe,safety with needle,5 ml)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (safety syringe with needle, disposable kit-tray, 1 ml)	Tier 3	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 ml)	Tier 3	
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 ml)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
EASYPPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8" (needles, safety)	Tier 3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8" (needles, safety)	Tier 3	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (syringe,safety with needle,3 ml)	Tier 3	
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle,disposable, 3 ml)	Tier 3	
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (needles, disposable)	Tier 3	
EXEL SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 ml)	Tier 3	
EXEL SYRINGE SYRINGE 30 ML (syringe, disposable, 30 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXEL SYRINGE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
filter needles needle 18 gauge x 1 1/2"	Tier 3	
FLOW-EZE VENTED NEEDLE NEEDLE (needles, disposable)	Tier 3	
huber safety needles (disp.) needle 22 x 3/4 "	Tier 3	
HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 26 GAUGE X 5/8" (needles, disposable)	Tier 3	
INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8" (needles, safety)	Tier 3	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (syringe,safety with needle,3 ml)	Tier 3	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (syringe with cannula, disposable, 10 ml)	Tier 3	
IRRIGATION SYRINGE SYRINGE (syringe disposable irrigation)	Tier 3	
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (needles, disposable)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1" (syringe with cannula, disposable, 1 ml)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 3 ML 18 X 1" (syringe with cannula, disposable, 3 ml)	Tier 3	
LUER LOCK SYRINGE SYRINGE 30 ML (syringe, disposable, 30 ml)	Tier 3	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
LUER-LOK TIP SYRINGE 30 ML (syringe, disposable, 30 ml)	Tier 3	
MAD NASAL ATOMIZER-3 ML SYRING NASAL COMBO PACK (syringe with cannula, disposable, 3 ml and atomizer)	Tier 3	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (syringe,safety with needle,1 ml)	Tier 3	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (syringe,safety with needle,1 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
MONOJECT 140CC PISTON SYRINGE SYRINGE (<i>syringe, disposable</i>)	Tier 3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (<i>syringe with needle 1 ml, disposable kit-tray</i>)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (<i>syring w-needl 0.5 ml,kit-tray</i>)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (<i>syringe with needle 1 ml, disposable kit-tray</i>)	Tier 3	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 " (<i>needles, filter</i>)	Tier 3	
MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2" (<i>needles, filter</i>)	Tier 3	
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 1", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2 ", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (<i>needles, disposable</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable)	Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (syringe, disposable, 12 ml)	Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
MONOJECT MAGELLAN SFTY SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 ml)	Tier 3	
MONOJECT MAGELLAN SFTY SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (syringe,safety with needle,3 ml)	Tier 3	
MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1 " (needles, pharmacy compound)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (syringe, disposable, 12 ml)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (syringe, disposable, 35 ml)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (syringe, disposable, 6 ml)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (syringe, disposable, 12 ml)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (syringe with needle,disposable, 12 ml)	Tier 3	
MONOJECT SYRINGE SYRINGE 140 ML (syringe, disposable, 140 ml)	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle,disposable, 3 ml)	Tier 3	
MONOJECT SYRINGE SYRINGE 6 ML (syringe, disposable, 6 ml)	Tier 3	
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (syringe with needle,disposable, 6 ml)	Tier 3	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (syringe, disposable, 60 ml)	Tier 3	
MONOJECT TB LUER LOK SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 ml)	Tier 3	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (<i>syringe with needle,disposable, 0.5 ml</i>)	Tier 3	
<i>needle (disp) 16 g needle 16 gauge x 1"</i>	Tier 3	
<i>needle (disp) 18 g needle 18 gauge x 1"</i>	Tier 3	
<i>needle (disp) 19 g needle 19 gauge x 1 1/2"</i>	Tier 3	
<i>needle (disp) 23 gauge needle 23 gauge x 1"</i>	Tier 3	
<i>needles, huber disposable needle 22 x 1 "</i>	Tier 3	
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
NORM-JECT SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
NORM-JECT SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
NORM-JECT TUBERKULIN SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
PERFECT POINT SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (<i>needles, safety</i>)	Tier 3	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (<i>syringe,needle,safety 1 ml,self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 10 ML (<i>syringe, safety 10 ml, self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (<i>syringe,safety needle 10 ml and self-contained disposal unit</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFESNAP SYRINGE SYRINGE 3 ML (syringe, safety 3 ml, self-contained disposal unit)	Tier 3	
SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe 3 ml with safety needle, self-contained disposal unit)	Tier 3	
SAFESNAP SYRINGE SYRINGE 5 ML (syringe, safety 5 ml, self-contained disposal unit)	Tier 3	
SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (syringe, safety needle 5 ml and self-contained disposal unit)	Tier 3	
safety needles needle 18 gauge x 1 1/2"	Tier 3	
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" (needles, safety)	Tier 3	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (syringe, safety with needle, 1 ml)	Tier 3	
SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (syringe, safety with needle, 10 ml)	Tier 3	
SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe, safety with needle, 3 ml)	Tier 3	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (syringe, safety with needle, 5 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml</i>	Tier 3	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
<i>syringe with needle syringe 1 ml 25 gauge x 1", 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 x 1"</i>	Tier 3	
SYRINGE WITHOUT NEEDLE SYRINGE (<i>syringe, disposable</i>)	Tier 3	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (<i>syringe with needle,disposable, 5 ml</i>)	Tier 3	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
TERUMO SYRINGE SYRINGE 30 ML (<i>syringe, disposable, 30 ml</i>)	Tier 3	
TOOMEY SYRINGE SYRINGE 70 ML (<i>syringe, disposable irrigation, 70 ml</i>)	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"	Tier 3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (syringe with needle,disposable, 3 ml)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (syringe, safety 3 ml)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 ml)	Tier 3	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 ml)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (syringe with needle,disposable, 1 ml)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,10 ml)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 ml)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (syringe,safety with needle,3 ml)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (syringe,safety with needle,5 ml)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 5 ml)	Tier 3	
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (<i>needles, disposable</i>)	Tier 3	
Medical Supplies and DME - Parenteral Therapy Supplies - Medical Supplies and Durable Medical Equipment		
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (<i>transfer device, closed system</i>)	Tier 3	
Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER MECHANICAL VENT SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER MINI SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER MV SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER2GO SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROTRACH PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROVENT PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREATHERITE MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
CLEVER CHOICE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
COMFORTSEAL LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMFORTSEAL SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMPACT SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASIVENT HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
EASIVENT MASK LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
EASIVENT MASK MEDIUM DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
EASIVENT MASK SMALL DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLEXICHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
INSPIRACHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER (<i>inhaler, assist device with large mask</i>)	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER (<i>inhaler, assist device with medium mask</i>)	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER (<i>inhaler, assist device with small mask</i>)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LITEAIRE MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
LITETOUCH-LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
MICROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
MICROSPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (<i>inhaler, assist device with large mask</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTICHAMBER DIAMOND VHC SPACER (<i>inhaler, assist devices</i>)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 3	
POCKET CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PRIMEAIRE SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
RITEFLO AEROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
SILICONE MASK - INFANT DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
THRESHOLD IMT TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
VORTEX VHC PEDIATRIC MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment		
CEQUR SIMPLICITY DEVICE 2 UNIT (<i>subcutaneous bolus insulin patch pump, 200 unit, disposable</i>)	Tier 3	PA; DD
ILET STARTER KIT CONTACT KIT (<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>)	Tier 3	DD
ILET STARTER KIT-INSET KIT (<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>)	Tier 3	DD
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,subcut automated dosing,bt,g6/l2</i>)	Tier 2	DD
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cart,automated dosing,bt,g6/g7 with controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,subcut automated dosing,bt,g6/g7</i>)	Tier 2	DD
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cart,automated dosing,bt,g6/l2 with controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous infusion,bt and controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,bluetooth</i>)	Tier 2	DD
V-GO 20 DEVICE (<i>sub-q insulin delivery device, 20 unit,disposable</i>)	Tier 2	DD
V-GO 30 DEVICE (<i>sub-q insulin delivery device, 30 unit, disposable</i>)	Tier 2	DD
V-GO 40 DEVICE (<i>sub-q insulin delivery device, 40 unit, disposable</i>)	Tier 2	DD
Medical Supplies and DME - Subcutaneous Insulin Pump - Medical Supplies and Durable Medical Equipment		
ILET INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
MINIMED 630G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINIMED 780G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
T:SLIM X2 CONTROL-IQ (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
TANDEM MOBI SYSTEM (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
Medical Supplies and DME - Urine Glucose Tests - Medical Supplies and Durable Medical Equipment		
DIASTIX STRIP (<i>urine glucose test strip</i>)	Tier 3	DD
Medical Supplies and DME - Urine Glucose-Acetone Combination Tests - Medical Supplies and Durable Medical Equipment		
KETO-DIASTIX STRIP (<i>urine glucose-acet test strip</i>)	Tier 3	DD
Medical Supplies and DME - Urine Ketone Tests - Medical Supplies and Durable Medical Equipment		
CHEK-STIX CONTROL STRIP (<i>urine multiple test strips</i>)	Tier 3	
KETONE CARE STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
KETONE URINE TEST STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
KETOSTIX STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
TRUEPLUS KETONE STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
Medical Supplies and DME- Blood Collection Sets with Local Anesthetics - Medical Supplies and Durable Medical Equipment		
CADIRA COMPLIANT BLOOD STAT KIT 21 GAUGE X 3/4" -2.5 %-2.5 % (<i>blood collection set/lidocaine/prilocaine</i>)	Tier 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 % (<i>blood collection set/lidocaine/prilocaine</i>)	Tier 3	
Medical Supplies and DME-Glucose Monitoring and Insulin Admin Supplies - Medical Supplies and Durable Medical Equipment		
ILET INFUSION KIT-INSET 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
ILET INFUSION KIT-INSET 32" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
Tissue Bulking Implants - Anorectal - Medical Supplies and Durable Medical Equipment		
SOLESTA IMPLANT GEL FOR IMPLANT IN SYRINGE 50-15 MG/ML (4) (<i>dextranomer microspheres/hyaluronate sod in 0.9 % sodium chl</i>)	Tier 4	
Medical Supply, FDB Superset		
Medical Supply, FDB Superset		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK FASTCLIX LANCET DRUM (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK GUIDE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK SAFE-T-PRO 23 GAUGE (<i>lancets</i>)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	Tier 2	DD
ACCUTREND GLUCOSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACE AEROSOL CLOUD ENHANCER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVANCED GLUC METER TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ADVANCED TRAVEL LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVIN COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ADVOCATE REDI-CODE PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AEROCHAMBER MECHANICAL VENT SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER MINI SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER MV SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS Z STAT SM MSK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROCHAMBER2GO SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROTRACH PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AEROVENT PLUS SPACER (<i>inhaler, assist devices</i>)	Tier 3	
AGAMATRIX AMP TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AGAMATRIX JAZZ TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (<i>lancets</i>)	Tier 2	DD
AIMSCO LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 0.5 ml</i>)	Tier 3	
ALLERGIST TRAY INTRADERMAL BEV SYRINGE 1 ML 26 GAUGE X 1/2", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE 4 STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE LANCE 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ASSURE PLATINUM TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE PRISM MULTI STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (pen needle, diabetic, safety)	Tier 2	DD
BD ALLERGIST TRAY REG BEVEL SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
BD ALLERGIST TRAY REG BEVEL TRAY 1/2 ML 27 X 1/2" (syring w-needl 0.5 ml,kit-tray)	Tier 3	
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML (syringe with cannula, disposable, 3 ml)	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
BD BULK SYRINGE SLIP TIP SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
BD ECCENTRIC TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2" (needles, disposable)	Tier 3	
BD ECLIPSE LUER-LOK NEEDLE 25 GAUGE X 1 1/2", 30 X 1/2 " (needles, safety)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 GAUGE X 1 1/2" (syringe,safety with needle,3 ml)	Tier 3	
BD ECLIPSE LUER-LOK SYRINGE 3 ML 23 X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 ml)	Tier 3	
BD ECLIPSE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1" (needles, safety)	Tier 3	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2" (needles, filter)	Tier 3	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 " (needles, filter)	Tier 3	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (needles, disposable)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (syringe with needle,disposable, 3 ml)	Tier 3	
BD INTEGRA SYRINGE SYRINGE 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 ml)	Tier 3	
BD INTERLINK BLUNT PLASTIC CAN SYRINGE 17 X 5 ML (syringe with cannula, disposable, 5 ml)	Tier 3	
BD INTERLINK SYRINGE SYRINGE 17 X 10 ML (syringe with cannula, disposable, 10 ml)	Tier 3	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8" (needles, disposable)	Tier 3	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1" (syringe with needle,disposable, 1 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2" (syringe with needle,disposable, 10 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 3 ML 26 X 5/8" (syringe with needle,disposable, 3 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
BD LUER-LOK SYRINGE SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1" (syringe with needle,disposable, 5 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE TB REG BEVEL SYRINGE 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
BD SAFETYGLIDE TUBERCULIN SYRINGE 1 ML 27 GAUGE X 3/8" (syringe with needle,disposable, 1 ml)	Tier 3	
BD SHORT BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 20 GAUGE X 1" (needles, disposable)	Tier 3	
BD SHORT BEVEL THIN WALL NEEDLE 19 GAUGE X 1 1/2", 19 GAUGE X 1" (needles, disposable)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 1 ML 26 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
B-D SLIP TIP SYRINGE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
BD SLIP TIP SYRINGE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2" (needles, disposable)	Tier 3	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
BD SYRINGE CATHETER TIP SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SYRINGE LUER-LOK STERILE SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML (<i>syringe, disposable, 50 ml</i>)	Tier 3	
BD SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE (<i>syringe with needle and cannula, disposable, 10 ml</i>)	Tier 3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1 ML 21 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
BD TUBERCULIN SYRINGE SYRINGE 1/2 ML 27 X 1/2 " (<i>syringe with needle,disposable, 0.5 ml</i>)	Tier 3	
BINAXNOW COVD AG CARD HOME TST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
BINAXNOW COVID-19 AG SELF TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
BIONIME RIGHTEST TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLULINK BG SYSTEM REFILL KIT 32 GAUGE (<i>lancets with blood glucose test strips</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
<i>blunt needle, disposable needle 18 x 1 1/2 ", 22 x 1 1/2 ", 23 x 1 "</i>	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREATHERITE MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CAREONE ULTRA THIN LANCET (<i>lancets</i>)	Tier 2	DD
CAREPOINT LUER LOCK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
CAREPOINT LUER SLIP SYRING-NDL SYRINGE 1 ML 25 GAUGE X 5/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
CAREPOINT PRECISION LUER LOCK SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
CAREPOINT PRECISION NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
CAREPOINT PRECISION SAFETY SYRINGE 1 ML 23 GAUGE X 1" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAREPOINT SAFETY LL SYR-NEEDLE SYRINGE 1 ML 25 GAUGE X 1" (syringe,safety with needle,1 ml)	Tier 3	
CARESENS LANCETS 30 GAUGE (lancets)	Tier 2	DD
CARESENS N TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARESENS S TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
CARESTART COVID-19 AG HOME TST KIT (covid-19 antigen immunoassay test)	\$0	
CARETOUCH HYPODERMIC NEEDLE NEEDLE 18 GAUGE X 1 1/2", 20 GAUGE X 1", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1" (needles, disposable)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
CARETOUCH LUER LOCK SYRINGE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 ml)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
CARETOUCH LUER SLIP SYRINGE SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE (lancets)	Tier 2	DD
CARETOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (<i>diaphragms, contoured</i>)	\$0	CT; EHB
CEQUR SIMPLICITY DEVICE 2 UNIT (<i>subcutaneous bolus insulin patch pump, 200 unit, disposable</i>)	Tier 3	PA; DD
CEQUR SIMPLICITY INSERTER (<i>diabetic supplies, miscell</i>)	Tier 3	PA; DD
CHEK-STIX CONTROL STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 10 MD STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 10/SG STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 2 GP STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 50B STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 7 STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHEMSTRIP 9 STRIP (<i>urine multiple test strips</i>)	Tier 3	
CHOICEDM CLARUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CHOSEN LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CHOSEN SAFETY LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
CLEVER CHEK LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
CLEVER CHOICE CHAMBER-LRG MASK SPACER (<i>inhaler, assist device with large mask</i>)	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (<i>inhaler, assist device with medium mask</i>)	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (<i>inhaler, assist device with small mask</i>)	Tier 3	
CLEVER CHOICE MICRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE VOICE PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLINITEST COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
COAGUCHEK LANCETS (<i>lancets</i>)	Tier 2	DD
COLOR LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
COMBISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (<i>lancets</i>)	Tier 2	DD
COMFORTSEAL LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMFORTSEAL SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
COMPACT SPACE CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
CONTOUR NEXT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
CORDX COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COVID-19 AT-HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
DAVOL IRRIGATION SYRINGE SYRINGE (<i>syringe disposable irrigation</i>)	Tier 3	
DAVOL PISTON IRRIGATION SYRINGE (<i>syringe disposable irrigation</i>)	Tier 3	
DEXCOM G6 RECEIVER (<i>blood-glucose meter, receiver, continuous</i>)	Tier 2	ST; DD; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	ST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 2	ST; DD; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER (<i>blood-glucose meter, receiver, continuous</i>)	Tier 2	ST; DD; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	ST; DD; QL (3 EA per 30 days)
DIASTIX STRIP (<i>urine glucose test strip</i>)	Tier 3	DD
DIATRUE PLUS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
DOVER BULB SYRINGE SYRINGE 60 ML (<i>syringe disposable irrig, 60 ml</i>)	Tier 3	
DROPLET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
DROPSAFE ACTI-LANCE 23 GAUGE (<i>lancets</i>)	Tier 2	DD
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (<i>needles, safety</i>)	Tier 3	
DUREX AVANTI BARE REAL FEEL (<i>condoms, non-latex, lubricated</i>)	\$0	CT; EHB
DUREX EXTRA SENSITIVE CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
DUREX TROPICAL CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
EASIVENT HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
EASIVENT MASK LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASIVENT MASK MEDIUM DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
EASIVENT MASK SMALL DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
EASY COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
EASY GLIDE CATHETER TIP SYRINGE SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
EASY GLIDE LUER SLIP TB SYRING SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
EASY PLUS II TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY STEP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31 GAUGE X 5/16" (<i>needles, safety</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

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

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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SHEATHLOCK SYRG-NDL SYRINGE 5 ML 21 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1 1/2", 5 ML 25 GAUGE X 1" (syringe,safety with needle,5 ml)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
EASY TOUCH SYR ALLERGY TRAY TRAY 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (safety syringe with needle, disposable kit-tray, 1 ml)	Tier 3	
EASY TOUCH SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (syringe with needle,disposable, 3 ml)	Tier 3	
EASY TOUCH TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH TUBERCULIN FLIPLOCK SYRINGE 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 ml)	Tier 3	
EASY TOUCH TUBERCULIN SHEATHLK SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 ml)	Tier 3	
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 2	DD
EASY TOUCH UNI-SLIP SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
EASY TOUCH UNI-SLIP SYRINGE 5 ML (syringe, disposable, 5 ml)	Tier 3	
EASY TRAK GLUCOSE TEST STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TWIST AND CAP LANCETS 28 GAUGE (lancets)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYGLUCO TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYMAX STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8" (<i>needles, safety</i>)	Tier 3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8" (<i>needles, safety</i>)	Tier 3	
ECLIPSE SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
ECLIPSE SYRINGE SYRINGE 3 ML 21 GAUGE X 1", 3 ML 25 GAUGE X 1" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
ELEMENT COMPACT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELLUME COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
EMBRACE PRO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
EMBRACE TALK TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENFIT MULTIFIL SYRINGE SYRINGE 10 ML (syringe, enfit 10 ml, non-sterile)	Tier 3	
ENFIT MULTIFIL SYRINGE SYRINGE 60 ML (syringe, enfit 60 ml, non-sterile)	Tier 3	
ENFIT THUMB CONTROL RING SYRIN SYRINGE 60 ML (syringe, enfit 60 ml, non-sterile)	Tier 3	
EVENCARE G2 STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVENCARE TEST STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
EVERSENSE 365 SENSOR SUBCUTANEOUS DEVICE (glucose sensor,implantable,continuous/dexamethasone acetate)	Tier 3	PA; DD
EVERSENSE 365 TRANSMITTER DEVICE (blood-glucose transmitter)	Tier 3	PA; DD
EVOLUTION TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
EXCEL SYRINGE SYRINGE 3 ML 23 X 1" (syringe with needle,disposable, 3 ml)	Tier 3	
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (needles, disposable)	Tier 3	
EXEL SYRINGE SYRINGE 10 ML (syringe, disposable, 10 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (syringe with needle, disposable, 3 ml)	Tier 3	
EXEL SYRINGE SYRINGE 30 ML (syringe, disposable, 30 ml)	Tier 3	
EXEL SYRINGE SYRINGE 50 ML (syringe, disposable, 50 ml)	Tier 3	
E-Z JECT LANCETS , 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (lancets)	Tier 2	DD
E-Z JECT THIN LANCETS 28 GAUGE (lancets)	Tier 2	DD
EZ SMART LANCETS 28 GAUGE (lancets)	Tier 2	DD
EZ SMART PLUS TEST STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
EZ SMART TEST STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
FANTASY CONDOM DEVICE (condoms, latex, lubricated)	\$0	CT; EHB
FASTEP COVID-19 AG HOME TEST KIT (covid-19 antigen immunoassay test)	\$0	
FC2 FEMALE CONDOM (condoms, female)	\$0	CT; EHB
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (cervical cap)	\$0	CT; EHB
filter needles needle 18 gauge x 1 1/2"	Tier 3	
FINGERSTIX LANCETS (lancets)	Tier 2	DD
FLEXICHAMBER SPACER (inhaler, assist devices)	Tier 3	
FLEXICHAMBER-LG CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
FLEXICHAMBER-SM ADULT MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
FLEXICHAMBER-SM CHILD MASK DEVICE (inhaler, assist devices, accessories)	Tier 3	
FLOW-EZE VENTED NEEDLE NEEDLE (needles, disposable)	Tier 3	
FLOWFLEX COVID-19 AG HOME TEST KIT (covid-19 antigen immunoassay test)	\$0	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA 6 CONNECT GLUCOSE STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA G20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD20 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
FREESTYLE LIBRE 14 DAY READER (<i>flash glucose scanning reader</i>)	Tier 2	ST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (<i>flash glucose sensor</i>)	Tier 2	ST; DD; QL (2 EA per 28 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (<i>flash glucose scanning reader</i>)	Tier 2	ST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (<i>flash glucose sensor</i>)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (<i>blood-glucose meter, receiver, continuous</i>)	Tier 2	ST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE LITE STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE UNISTIK 2 (<i>lancets</i>)	Tier 2	DD
GE100 BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GENABIO COVID-19 RAPID AT-HOME KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
GLUCO NAVII TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD VITAL TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
GM100 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOJJI LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
GOTOKNOW COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
GUARDIAN 4 GLUCOSE SENSOR DEVICE (<i>blood-glucose sensor</i>)	Tier 3	PA; DD
GUARDIAN 4 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (<i>blood-glucose transmitter</i>)	Tier 3	PA; DD
GUARDIAN SENSOR 3 DEVICE (<i>blood-glucose sensor</i>)	Tier 3	PA; DD
HARMONY GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
HEMA-COMBISTIX STRIP (<i>urine multiple test strips</i>)	Tier 3	
<i>huber safety needles (disp.) needle 22 x 3/4 "</i>	Tier 3	
HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 26 GAUGE X 5/8" (<i>needles, disposable</i>)	Tier 3	
IHEALTH COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
IHEALTH GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ILET INFUSION KIT-INSET 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ILET INFUSION KIT-INSET 32" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
ILET INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
ILET STARTER KIT CONTACT KIT (<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>)	Tier 3	DD
ILET STARTER KIT-INSET KIT (<i>insulin pump/insulin cartridge/infusion set/syringe/needle</i>)	Tier 3	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
INDICAID COVID-19 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
INFINITY TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>)	Tier 2	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>)	Tier 2	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin lispro</i>)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (<i>insulin pen, reusable, bluetooth for use with insulin aspart</i>)	Tier 2	DD
INSPIRACHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSPIRACHAMBER WITH MASK-LARGE SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"	Tier 2	DD
INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8" (<i>needles, safety</i>)	Tier 3	
INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
INTELISWAB COVID-19 HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (<i>syringe with cannula, disposable, 10 ml</i>)	Tier 3	
INVACARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
IRRIGATION SYRINGE SYRINGE (<i>syringe disposable irrigation</i>)	Tier 3	
KETO-DIASTIX STRIP (<i>urine glucose-acet test strip</i>)	Tier 3	DD
KETONE CARE STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
KETONE URINE TEST STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
KETOSTIX STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
KIMONO LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
KIMONO MICROTHIN LARGE CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO TEXTURED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
KIMONO THIN LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
LABSTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lancets , 21 gauge, 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Tier 2	DD
LANCETS, SUPER THIN (<i>lancets</i>)	Tier 2	DD
LANCETS, THIN , 28 GAUGE (<i>lancets</i>)	Tier 2	DD
LANCETS, ULTRA THIN (<i>lancets</i>)	Tier 2	DD
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 1 ML 18 GAUGE X 1" (<i>syringe with cannula, disposable, 1 ml</i>)	Tier 3	
LIFESHIELD BLUNT CANNULA SYRINGE 3 ML 18 X 1" (<i>syringe with cannula, disposable, 3 ml</i>)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LITEAIRE MDI CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
LITETOUCH-LARGE MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
LUCIRA CHECK-IT COVID HOME TST KIT (<i>covid-19 molecular nucleic acid test assay</i>)	\$0	
LUER LOCK SYRINGE SYRINGE 30 ML (<i>syringe, disposable, 30 ml</i>)	Tier 3	
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
LUER-LOK TIP SYRINGE 30 ML (<i>syringe, disposable, 30 ml</i>)	Tier 3	
MAD NASAL ATOMIZER-3 ML SYRING NASAL COMBO PACK (<i>syringe with cannula, disposable, 3 ml and atomizer</i>)	Tier 3	
MAGELLAN SAFETY SYRINGE SYRINGE 1 ML 23 GAUGE X 1" (<i>syringe, safety with needle, 1 ml</i>)	Tier 3	
MAGELLAN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2" (<i>syringe, safety with needle, 1 ml</i>)	Tier 3	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (<i>syringe, safety with needle, 1 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDISENSE THIN LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (<i>blade lancet, safety</i>)	Tier 2	DD
MICRO BLOOD GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRO THIN LANCETS 33 GAUGE (<i>lancets</i>)	Tier 2	DD
MICROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICROLET LANCET (<i>lancets</i>)	Tier 2	DD
MICROSPACER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
MINIMED 630G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
MINIMED 780G INSULIN PUMP (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
MOBILE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
MONOJECT 140CC PISTON SYRINGE SYRINGE (<i>syringe, disposable</i>)	Tier 3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (<i>syringe with needle 1 ml, disposable kit-tray</i>)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (<i>syring w-needl 0.5 ml,kit-tray</i>)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (<i>syringe with needle 1 ml, disposable kit-tray</i>)	Tier 3	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (<i>needles, blood collection</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (<i>syringe, enfit 1 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (<i>syringe, enfit 35 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (<i>syringe, enfit 6 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (<i>syringe, enfit 60 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE CAP (<i>syringe cap, enfit, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML (<i>syringe, enfit 1 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML (<i>syringe, enfit 12 ml, sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 3 ML (<i>syringe, enfit 3 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 35 ML (<i>syringe, enfit 35 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 6 ML (<i>syringe, enfit 6 ml, non-sterile</i>)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 60 ML (<i>syringe, enfit 60 ml, non-sterile</i>)	Tier 3	
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 " (<i>needles, filter</i>)	Tier 3	
MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2" (<i>needles, filter</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 14 GAUGE X 1", 14 GAUGE X 2", 15 GAUGE X 1 1/2", 16 GAUGE X 1 1/2", 16 GAUGE X 1", 16 GAUGE X 3/4", 16 GAUGE X 5/8", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 21 GAUGE X 2", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1 1/4", 25 GAUGE X 1", 25 GAUGE X 5/8", 25 X 2", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable)	Tier 3	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4" (needles, disposable)	Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML (syringe, disposable, 12 ml)	Tier 3	
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
MONOJECT MAGELLAN SFTY SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (syringe,safety with needle,1 ml)	Tier 3	
MONOJECT MAGELLAN SFTY SYRINGE SYRINGE 3 ML 20 GAUGE X 1" (syringe,safety with needle,3 ml)	Tier 3	
MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1" (needles, pharmacy compound)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML (syringe, disposable, 12 ml)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 20 ML (syringe, disposable, 20 ml)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 3 ML (syringe, disposable, 3 ml)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 35 ML (syringe, disposable, 35 ml)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT PHARMACY TRAY LUER SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY LUER SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML (<i>syringe, disposable, 12 ml</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (<i>syringe,safety with needle,12 ml</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (<i>syringe with needle,disposable, 6 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (<i>syringe with cannula,disposable 12 ml</i>)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (<i>syringe with cannula, disposable, 3 ml</i>)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML (<i>syringe with cannula, disposable, 6 ml</i>)	Tier 3	
MONOJECT SYRINGE CATHETER SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (<i>syringe, disposable, 35 ml</i>)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
MONOJECT SYRINGE REGULAR LUER SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
MONOJECT SYRINGE SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1" (<i>syringe with needle,disposable, 12 ml</i>)	Tier 3	
MONOJECT SYRINGE SYRINGE 140 ML (<i>syringe, disposable, 140 ml</i>)	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML (<i>syringe, disposable, 3 ml</i>)	Tier 3	
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
MONOJECT SYRINGE SYRINGE 6 ML (<i>syringe, disposable, 6 ml</i>)	Tier 3	
MONOJECT SYRINGE SYRINGE 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1", 6 ML 22 X 1 1/2" (<i>syringe with needle,disposable, 6 ml</i>)	Tier 3	
MONOJECT SYRINGE TOOMEY TYPE SYRINGE 60 ML (<i>syringe, disposable, 60 ml</i>)	Tier 3	
MONOJECT TB LUER LOK SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT TB REGULAR LUER TIP SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 ml)	Tier 3	
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1 ML 28 GAUGE X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
MONOJECT TUBERCULIN SYRINGE SYRINGE 1/2 ML 28 X 1/2" (syringe with needle,disposable, 0.5 ml)	Tier 3	
MONOLET LANCETS 21 GAUGE (lancets)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (lancets)	Tier 2	DD
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1" (needles, blood collection)	Tier 3	
MULTISTIX 10 SG STRIP (urine multiple test strips)	Tier 3	
MULTISTIX 5 STRIP (urine multiple test strips)	Tier 3	
MULTISTIX 7 STRIP (urine multiple test strips)	Tier 3	
MULTISTIX 8 SG STRIP (urine multiple test strips)	Tier 3	
MULTISTIX 9 SG STRIP (urine multiple test strips)	Tier 3	
MULTISTIX 9 STRIP (urine multiple test strips)	Tier 3	
MULTISTIX STRIP (urine multiple test strips)	Tier 3	
MYGLUCOHEALTH LANCETS 30 GAUGE (lancets)	Tier 2	DD
MYGLUCOHEALTH STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	DD
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (pen needle, diabetic)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATURAL CYCLES DIGITAL APP (<i>digital therapeutics,fertility monitor</i>)	\$0	EHB
<i>needle (disp) 16 g needle 16 gauge x 1"</i>	Tier 3	
<i>needle (disp) 18 g needle 18 gauge x 1"</i>	Tier 3	
<i>needle (disp) 19 g needle 19 gauge x 1 1/2"</i>	Tier 3	
<i>needle (disp) 23 gauge needle 23 gauge x 1"</i>	Tier 3	
<i>needles, huber disposable needle 22 x 1 "</i>	Tier 3	
NEUTEK 2TEK TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (<i>needles, disposable</i>)	Tier 3	
NORM-JECT SYRINGE 10 ML (<i>syringe, disposable, 10 ml</i>)	Tier 3	
NORM-JECT SYRINGE 20 ML (<i>syringe, disposable, 20 ml</i>)	Tier 3	
NORM-JECT TUBERKULIN SYRINGE 1 ML (<i>syringe, disposable, 1 ml</i>)	Tier 3	
NOVA MAX GLUCOSE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 2	DD
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,subcut automated dosing,bt,g6/l2</i>)	Tier 2	DD
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cart,automated dosing,bt,g6/g7 with controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,subcut automated dosing,bt,g6/g7</i>)	Tier 2	DD
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cart,automated dosing,bt,g6/l2 with controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous infusion,bt and controller</i>)	Tier 2	DD; QL (1 EA per 365 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD DASH PDM KIT (GEN 4) (<i>insulin pump controller</i>)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (<i>insulin pump cartridge,continuous subcut infusion,bluetooth</i>)	Tier 2	DD
ON CALL EXPRESS TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH ULTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ONETOUCH VERIO TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)
ON-GO COVID-19 AG AT HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
ON-THE-GO LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
OPTICHAMBER ADULT MASK-LARGE DEVICE (<i>inhaler, assist devices, accessories</i>)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (<i>inhaler, assist devices</i>)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER (<i>inhaler,assist device with small mask</i>)	Tier 3	
OPTIUM EZ STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
OPTIUM TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PERFECT POINT SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (<i>needles, safety</i>)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 3	
PHARMACIST CHOICE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (<i>transfer device, closed system</i>)	Tier 3	
PILOT COVID-19 AT-HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
PIP BLOOD GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PIP LANCET 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (<i>syringe, enfit 60 ml, non-sterile</i>)	Tier 3	
PLATINUM TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
POCKET CHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2" (<i>needles, disposable</i>)	Tier 3	
PRECISION PCX PLUS TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION PCX TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 2	DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMIER TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PREMIUM V10 STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PRIMEAIRE SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (<i>lancets</i>)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PRO VOICE V8-V9 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PROCARE SPACER WITH ADULT MASK SPACER (<i>inhaler,assist device with large mask</i>)	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER (<i>inhaler,assist device with medium mask</i>)	Tier 3	
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PRODIGY NO CODING STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRODIGY TWIST TOP LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
PURE COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
PUSH BUTTON SAFETY LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
QUICKVUE AT-HOME COVID-19 TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
QUINTET AC STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RAPID SARS-COV-2 AG HOME TEST KIT (<i>covid-19 antigen immunoassay test</i>)	\$0	
REFUAH PLUS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELIAMED LANCET 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RELION CONFIRM-MICRO STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION ULTIMA STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GL300 LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
RIGHTEST GS550 TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
RITEFLO AEROCHAMBER SPACER (<i>inhaler, assist devices</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (<i>syringe,needle,safety 1 ml,self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 10 ML (<i>syringe, safety 10 ml, self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (<i>syringe,safety needle 10 ml and self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 3 ML (<i>syringe, safety 3 ml, self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe 3 ml with safety needle,self-contained disposal unit</i>)	Tier 3	
SAFESNAP SYRINGE SYRINGE 5 ML (<i>syringe, safety 5 ml, self-contained disposal unit</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFESNAP SYRINGE SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 GAUGE X 1" (syringe, safety needle 5 ml and self-contained disposal unit)	Tier 3	
SAFETY LANCETS 21 GAUGE, 28 GAUGE (lancets)	Tier 2	DD
safety needles needle 18 gauge x 1 1/2"	Tier 3	
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	DD
SAFETY-LET LANCETS 30 GAUGE (lancets)	Tier 2	DD
SILICONE MASK - INFANT DEVICE (inhaler, assist devices, accessories)	Tier 3	
SIMPLERA SENSOR DEVICE (blood-glucose sensor)	Tier 3	PA; DD
SIMPLERA SYNC SENSOR DEVICE (blood-glucose sensor)	Tier 3	PA; DD
SINGLE-LET (lancets)	Tier 2	DD
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE (lancets)	Tier 2	DD
SMART SENSE TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
SMARTEST LANCET (lancets)	Tier 2	DD
SMARTEST TEST STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (lancets)	Tier 2	DD
SOLUS V2 TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
SPACE CHAMBER SPACER (inhaler, assist devices)	Tier 3	
SPACE CHAMBER WITH LARGE MASK SPACER (inhaler,assist device with large mask)	Tier 3	
SPACE CHAMBER WITH MEDIUM MASK SPACER (inhaler,assist device with medium mask)	Tier 3	
SPACE CHAMBER WITH SMALL MASK SPACER (inhaler,assist device with small mask)	Tier 3	
SPEEDYSWAB COVID-19 HOME TEST KIT (covid-19 antigen immunoassay test)	\$0	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STERILANCE TL 30 GAUGE, 32 GAUGE (<i>lancets</i>)	Tier 2	DD
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (<i>lancets</i>)	Tier 2	DD
SURE-TEST EASYPLUS MINI STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
SURE-TOUCH LANCET (<i>lancets</i>)	Tier 2	DD
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" (<i>needles, safety</i>)	Tier 3	
SURGUARD2 SAFETY SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 GAUGE X 1/2" (<i>syringe,safety with needle,1 ml</i>)	Tier 3	
SURGUARD2 SAFETY SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,10 ml</i>)	Tier 3	
SURGUARD2 SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
SURGUARD2 SAFETY SYRINGE 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1", 5 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,5 ml</i>)	Tier 3	
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (<i>ocular implant with insertion tool for ranibizumab</i>)	Tier 4	
<i>syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml</i>	Tier 3	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
<i>syringe cap, enfit,non-sterile</i>	Tier 3	
<i>syringe with needle syringe 1 ml 25 gauge x 1", 10 ml 20 x 1", 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2", 3 ml 23 x 1"</i>	Tier 3	
SYRINGE WITHOUT NEEDLE SYRINGE (<i>syringe, disposable</i>)	Tier 3	
<i>syringe, enfit, non-sterile syringe 0.5 ml, 1 ml, 10 ml, 20 ml, 3 ml, 35 ml, 60 ml</i>	Tier 3	
<i>syringe, enfit, non-sterile syringe 5 ml</i>	Tier 3	
<i>syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml</i>	Tier 3	
<i>syringe, enfit, sterile syringe 10 ml</i>	Tier 3	
<i>syringe, enfit, sterile syringe 20 ml</i>	Tier 3	
<i>syringe, enfit, sterile syringe 5 ml</i>	Tier 3	
T:SLIM X2 CONTROL-IQ (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM MOBI SYSTEM (<i>subcutaneous insulin pump</i>)	Tier 3	PA; DD
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (<i>infusion set for insulin pump/insulin pump cartridge</i>)	Tier 3	DD
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TELCARE TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TEMPO REFILL KIT WITH GAUZE KIT (<i>lancets/blood glucose test strips/pen needles/gauze</i>)	Tier 2	DD
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (<i>syringe with needle,disposable, 5 ml</i>)	Tier 3	
TERUMO SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
TERUMO SYRINGE SYRINGE 30 ML (<i>syringe, disposable, 30 ml</i>)	Tier 3	
TEST N'GO TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
THIN LANCETS 26 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THRESHOLD IMT TRAINER DEVICE (<i>spirometers and accessories</i>)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (<i>spirometers and accessories</i>)	Tier 3	
TOOMEY SYRINGE SYRINGE 70 ML (<i>syringe, disposable irrigation, 70 ml</i>)	Tier 3	
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE (<i>lancets</i>)	Tier 2	DD
TROJAN BARESKIN DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TROJAN ULTRA RIBBED CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUE COMFORT LANCET 30 GAUGE (<i>lancets</i>)	Tier 2	DD
TRUE COVER CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUE METRIX GLUCOSE TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUEPLUS KETONE STRIP (<i>urine acetone test strips</i>)	Tier 3	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
TRUETEST TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUETRACK TEST STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUSTEX LATEX CONDOM DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (<i>condoms, latex, lubricated</i>)	\$0	CT; EHB
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUBERCULIN SYRINGE SYRINGE 1 ML (syringe, disposable, 1 ml)	Tier 3	
TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
tuberculin-allergy syringes syringe 1 ml 26 gauge x 3/8"	Tier 3	
TWIST LANCETS 30 GAUGE, 32 GAUGE (lancets)	Tier 2	DD
ULTICARE LOW DEAD SPACE SYRING SYRINGE 1 ML 22 GAUGE X 1 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2" (syringe with needle,disposable, 3 ml)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML (syringe, safety 3 ml)	Tier 3	
ULTICARE SAFETY SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" (syringe,safety with needle,3 ml)	Tier 3	
ULTICARE SYRINGE 1 ML 25 GAUGE X 5/8" (syringe with needle,disposable, 1 ml)	Tier 3	
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (syringe,safety with needle,1 ml)	Tier 3	
ULILET BASIC LANCETS 30 GAUGE (lancets)	Tier 2	DD
ULILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	DD
ULILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	DD
ULILET SAFETY LANCETS 23 GAUGE (lancets)	Tier 2	DD
ULTIMA TEST STRIPS STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRA THIN II LANCETS 30 GAUGE (lancets)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE (lancets)	Tier 2	DD
ULTRA THIN PLUS LANCETS 33 GAUGE (lancets)	Tier 2	DD
ULTRA TLC LANCETS (lancets)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-CARE LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin 0.3 ml (half unit mark)</i>)	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin,0.3 ml</i>)	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin,0.5 ml</i>)	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" (<i>syringe with needle,disposable,insulin 1 ml</i>)	Tier 2	DD
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
ULTRATRAK STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	Tier 2	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET GP LANCET (<i>lancets</i>)	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 2 EXTRA LANCET 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 2 NORMAL LANCET 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (<i>lancets</i>)	Tier 2	DD

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK 3 GENTLE 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (<i>lancets</i>)	Tier 2	DD
UNISTRIP1 TEST STRIP STRIP (<i>blood sugar diagnostic</i>)	Tier 3	ST; DD; QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	Tier 2	DD
URISTIX 4 STRIP (<i>urine multiple test strips</i>)	Tier 3	
URISTIX REAGENT STRIP (<i>urine multiple test strips</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 1 ML 25 GAUGE X 1" (<i>syringe with needle,disposable, 1 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 10 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,10 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" (<i>syringe with needle,disposable, 3 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 3 ML 25 GAUGE X 1 1/2", 3 ML 27 GAUGE X 1 1/2" (<i>syringe,safety with needle,3 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1 1/2" (<i>syringe,safety with needle,5 ml</i>)	Tier 3	
VANISHPOINT SYRINGE SYRINGE 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2" (<i>syringe with needle,disposable, 5 ml</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANISHPOINT TUBERCULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 X 1/2" (syringe with needle,disposable, 1 ml)	Tier 3	
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (lancets)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (lancets)	Tier 2	DD
V-GO 20 DEVICE (sub-q insulin delivery device, 20 unit,disposable)	Tier 2	DD
V-GO 30 DEVICE (sub-q insulin delivery device, 30 unit, disposable)	Tier 2	DD
V-GO 40 DEVICE (sub-q insulin delivery device, 40 unit, disposable)	Tier 2	DD
VIVAGUARD INO TEST STRIP STRIP (blood sugar diagnostic)	Tier 3	ST; DD; QL (200 EA per 30 days)
VIVAGUARD LANCET 30 GAUGE (lancets)	Tier 2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (lancets)	Tier 2	DD
VORTEX HOLDING CHAMBER SPACER (inhaler, assist devices)	Tier 3	
VORTEX VHC PEDIATRIC MASK SPACER (inhaler,assist device with medium mask)	Tier 3	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (diaphragms, wide seal)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (diaphragms, wide seal)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (diaphragms, wide seal)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (diaphragms, wide seal)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (diaphragms, wide seal)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (diaphragms, wide seal)	\$0	CT; EHB
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (diaphragms, wide seal)	\$0	CT; EHB

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	\$0	CT; EHB
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (<i>needles, disposable</i>)	Tier 3	
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease		
Drugs to Treat Neuronal Ceroid Lipofuscinosis type 2 (CLN2) - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (<i>cerliponase alfa</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Acid Sphingomyelinase Deficiency - Drugs for Metabolic Disease		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG (<i>olipudase alfa-rpcp</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Alpha-Mannosidosis - Drugs for Metabolic Disease		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG (<i>velmanase alfa-tycv</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Batten Disease - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (<i>cerliponase alfa</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Fabry's Disease - Drugs for Metabolic Disease		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML (<i>pegunigalsidase alfa-iwxj</i>)	Tier 4	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG (<i>agalsidase beta</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Gaucher's Disease - Drugs for Metabolic Disease		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT (<i>imiglucerase</i>)	Tier 4	PA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT (<i>taliglucerase alfa</i>)	Tier 4	PA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT (<i>velaglucerase alfa</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs for Metabolic Disease		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (<i>asfotase alfa</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Lysosomal Acid Lipase Deficiency - Drugs for Metabolic Disease		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML (<i>sebelipase alfa</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs for Metabolic Disease		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (<i>fosdenopterin hydrobromide</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis - Drugs for Metabolic Disease		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (<i>laronidase</i>)	Tier 4	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML (<i>idursulfase</i>)	Tier 4	
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML (<i>vestronidase alfa-vjbk</i>)	Tier 4	PA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML (<i>galsulfase</i>)	Tier 4	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) (<i>elosulfase alfa</i>)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Pompe Disease - Drugs for Metabolic Disease		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG (<i>alglucosidase alfa</i>)	Tier 4	PA
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG (<i>avalglucosidase alfa-ngpt</i>)	Tier 4	PA
POMBILITI INTRAVENOUS RECON SOLN 105 MG (<i>cipaglucosidase alfa-atga</i>)	Tier 4	PA
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs for Metabolic Disease		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (<i>elapegadomase-lvlr</i>)	Tier 4	PA
Metabolic Modifiers - Drugs that Alter Metabolism		
Hyperparathyroid Treatment Agents - Vitamin D Analog-Type - Drugs that Alter Metabolism		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 1	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG (<i>calcifediol</i>)	Tier 2	QL (2 EA per 1 day)
Metabolic Modifier - Carnitine Replenisher Agents - Drugs that Alter Metabolism		
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral solution 100 mg/ml</i>	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	
Metabolic Modifier - Gaucher's Disease, Type-1, Substrate Reduction Tx - Drugs that Alter Metabolism		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	Tier 4	
<i>miglustat oral capsule 100 mg</i>	Tier 4	PA
<i>miglustat</i> (Yargesa Oral Capsule 100 Mg)	Tier 4	PA
Metabolic Modifier - Hereditary Orotic Aciduria Treatment Agents - Drugs that Alter Metabolism		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (<i>uridine triacetate</i>)	Tier 4	PA
Metabolic Modifier - Homocystinuria Treatment Agents - Drugs that Alter Metabolism		
<i>betaine oral powder 1 gram/scoop</i>	Tier 4	PA
Metabolic Modifier - Neimann Pick Disease Type C (NPC) - Drugs that Alter Metabolism		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM (<i>levacetyleucine</i>)	Tier 4	PA
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (<i>arimoclomol citrate</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Metabolic Modifier - Phosphatidylinositol-3-Kinase (PI3K) Inhibitors - Drugs that Alter Metabolism		
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	Tier 4	PA
VIJOICE ORAL GRANULES IN PACKET 50 MG (<i>alpelisib</i>)	Tier 4	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (<i>alpelisib</i>)	Tier 4	PA
Metabolic Modifier - Pompe Disease - GCS inhibitor - Drugs that Alter Metabolism		
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat</i>)	Tier 4	PA
Metabolic Modifier - Tyrosine Metabolism Disorder Agents - Drugs that Alter Metabolism		
HARLIKU ORAL TABLET 2 MG (<i>nitisinone</i>)	Tier 4	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	Tier 4	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	Tier 4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	Tier 4	PA
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism		
<i>glycerol phenylbutyrate oral liquid 1.1 gram/ml</i>	Tier 4	PA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (<i>sodium phenylbutyrate</i>)	Tier 4	PA
PHEBURANE ORAL GRANULES 483 MG/GRAM (<i>sodium phenylbutyrate</i>)	Tier 4	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML (<i>glycerol phenylbutyrate</i>)	Tier 4	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Tier 4	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 4	PA
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (CPS 1) activator - Drugs that Alter Metabolism		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (<i>carglumic acid</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carglumic acid oral tablet, dispersible 200 mg</i>	Tier 4	PA
Pharmacoenhancer - Cytochrome P450 Inhibitors - Drugs that Alter Metabolism		
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	Tier 2	QL (1 EA per 1 day)
Pharmacological Chaperone Tx - alpha-galactosidase A enzyme stabilizer - Drugs that Alter Metabolism		
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	Tier 4	PA
Phenylketonuria(PKU) Tx Agents - Cofactor of Phenylalanine Hydroxylase - Drugs that Alter Metabolism		
<i>sapropterin dihydrochloride</i> (Javygtor Oral Powder In Packet 100 Mg, 500 Mg)	Tier 4	
<i>sapropterin dihydrochloride</i> (Javygtor Oral Tablet, Soluble 100 Mg)	Tier 4	
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	Tier 4	
<i>sapropterin oral tablet, soluble 100 mg</i>	Tier 4	
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG (<i>sepiapterin</i>)	Tier 4	PA
<i>sapropterin dihydrochloride</i> (Zelvysia Oral Powder In Packet 100 Mg, 500 Mg)	Tier 4	
Phenylketonuria(PKU) Tx Agents - Phenylalanine Ammonia Lyase - Drugs that Alter Metabolism		
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	Tier 4	PA
Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs that Alter Metabolism		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	Tier 4	PA
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat		
Dental Product - Fluoride Preparations - Drugs for the Mouth and Throat		
CLINPRO 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (<i>sodium fluoride/potassium nitrate</i>)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluoride (sodium) dental cream 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental gel 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental paste 1.1 %</i>	Tier 1	
<i>fluoride (sodium) dental solution 0.2 %</i>	Tier 1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	\$0	EHB; \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	\$0	EHB; \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (<i>sodium fluoride/potassium nitrate</i>)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (<i>sodium fluoride/potassium nitrate</i>)	Tier 3	
FRAICHE 5000 PREVI DENTAL GEL 1.1-3 % (<i>sodium fluoride/hydroxyapatite</i>)	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
SF DENTAL GEL 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride (sodium)</i>)	Tier 1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	Tier 1	
Mouth and Throat - Antifungals - Drugs for the Mouth and Throat		
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	
Mouth and Throat - Anti-infective Mixtures - Drugs for the Mouth and Throat		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (<i>sulfuric acid/sulfonated phenol</i>)	Tier 3	
Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	
<i>chlorhexidine gluconate</i> (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth and Throat - Artificial Saliva - Drugs for the Mouth and Throat		
NUMOISYN MUCOUS MEMBRANE LIQUID (<i>flaxseed</i>)	Tier 3	
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (<i>sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos</i>)	Tier 3	
Mouth and Throat - Glucocorticoids - Drugs for the Mouth and Throat		
<i>triamcinolone acetonide</i> (Oralene Dental Paste 0.1 %)	Tier 1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	
Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	Tier 1	
<i>lidocaine hcl</i> (Lidocaine Viscous Mucous Membrane Solution 2 %)	Tier 1	
Mouth and Throat - Mucositis-Stomatitis Agents - Drugs for the Mouth and Throat		
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (<i>potassium sorbate/maltodextrin/aloe vera/mann ps</i>)	Tier 3	
Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat		
<i>cevimeline oral capsule 30 mg</i>	Tier 1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat		
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 1	
Therapy for Drooling- primary or secondary sialorrhea-Anticholinergic - Drugs for the Mouth and Throat		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	Tier 1	
Multiple Sclerosis Agents - Drugs for the Nervous System		
Leukocyte adhesion inhibitors, alpha4-mediated, IgG4k mc antibody - Drugs for Multiple Sclerosis		
TYRUKO INTRAVENOUS SOLUTION 300 MG/15 ML (<i>natalizumab-sztn</i>)	Tier 4	PA
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML (<i>natalizumab</i>)	Tier 4	PA
Multiple Sclerosis Agent - CD20 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML (<i>ublituximab-xiyy</i>)	Tier 4	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (<i>ofatumumab</i>)	Tier 4	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML (<i>ocrelizumab</i>)	Tier 4	PA
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML (<i>ocrelizumab-hyaluronidase-ocsq</i>)	Tier 4	PA
Multiple Sclerosis Agent - CD52 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML (<i>alemtuzumab</i>)	Tier 4	PA
Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	Tier 4	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	Tier 4	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (<i>interferon beta-1a/albumin human</i>)	Tier 4	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	Tier 4	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a/albumin human</i>)	Tier 4	PA
Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis		
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG (<i>monomethyl fumarate</i>)	Tier 4	PA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	Tier 4	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	Tier 4	PA
<i>glatiramer acetate</i> (Glatopa Subcutaneous Syringe 20 Mg/ML, 40 Mg/ML)	Tier 4	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (<i>diroximel fumarate</i>)	Tier 4	PA
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	Tier 4	PA
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (<i>cladribine</i>)	Tier 4	PA
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 4	PA
Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis		
<i>fingolimod oral capsule 0.5 mg</i>	Tier 4	PA
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	Tier 4	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (<i>siponimod</i>)	Tier 4	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (<i>siponimod</i>)	Tier 4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (<i>siponimod</i>)	Tier 4	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (<i>ponesimod</i>)	Tier 4	PA
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	Tier 4	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG (<i>fingolimod lauryl sulfate</i>)	Tier 4	PA
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hydrochloride</i>)	Tier 4	PA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) (<i>ozanimod hydrochloride</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3) (<i>ozanimod hydrochloride</i>)	Tier 4	PA
Ophthalmic Agents - Drugs for the Eye		
Artificial Tears and Lubricant Single Agents - Drugs for the Eye		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (<i>chondroitin sulfate a sodium/pf</i>)	Tier 3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (<i>perfluorohexyloctane/pf</i>)	Tier 2	
Bispecific VEGF-A and Angiopoietin-2 (Ang-2) Inhibitors - Drugs for Cancer		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML (<i>faricimab-svoa</i>)	Tier 4	PA
VABYSMO INTRAVITREAL SYRINGE 6 MG/0.05 ML (<i>faricimab-svoa</i>)	Tier 4	PA
Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (<i>echothiophate iodide</i>)	Tier 4	
Miotics - Direct Acting - Drugs for Glaucoma		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	Tier 1	
Mydriatic and Cycloplegic Combinations - Drugs for the Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (<i>cyclopentolate hcl/phenylephrine hcl</i>)	Tier 3	
<i>cyclophen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	Tier 1	
<i>cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %</i>	Tier 1	
<i>cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %</i>	Tier 1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 % (<i>phenylephrine hcl/tropicamide</i>)	Tier 3	
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	Tier 1	
Ophth - Beta Blocker-Adrenergic-Carbonic Anhydrase Inhib-Prostaglandin Analog - Drugs for Glaucoma		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %</i>	Tier 1	
<i>timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %</i>	Tier 1	
<i>timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %</i>	Tier 1	
Ophthalmic - Adrenergic Receptor Agonist - Drugs for the Eye		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (<i>oxymetazoline hcl/pf</i>)	Tier 3	PA
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
<i>brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %</i>	Tier 1	
<i>brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %</i>	Tier 1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (<i>brinzolamide/brimonidine tartrate</i>)	Tier 2	
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhib-Prostaglandin Analog - Drugs for the Eye		
<i>brimonidine-dorzol-bimatoprost ophthalmic (eye) drops 0.1-2-0.01 %</i>	Tier 1	
Ophthalmic - Agents for Corneal Collagen Cross-Linking - Drugs for the Eye		
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % (<i>riboflavin 5-phosphate sodium in 20 % dextran</i>)	Tier 4	
Ophthalmic - Agents for Presbyopia - Drugs for the Eye		
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>	Tier 1	PA
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 % (<i>pilocarpine hcl</i>)	Tier 3	PA
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 % (<i>aceclidine hcl</i>)	Tier 3	QL (1 EA per 1 day)
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % (<i>sulfacetamide sodium/prednisolone acetate</i>)	Tier 2	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	
<i>neomycin sulfate/bacitracin zinc/polymyxin b/hydrocortisone</i> (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)	Tier 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % (<i>gentamicin sulfate/prednisolone acetate</i>)	Tier 3	
<i>prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %</i>	Tier 1	
<i>prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (<i>tobramycin/dexamethasone</i>)	Tier 2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (<i>tobramycin/dexamethasone</i>)	Tier 3	ST
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Tier 1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (<i>tobramycin/loteprednol etabonate</i>)	Tier 3	
Ophthalmic - Antibacterial-Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
<i>prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %</i>	Tier 1	
<i>prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %</i>	Tier 1	
Ophthalmic - Antibacterial-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
<i>moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %</i>	Tier 1	
Ophthalmic Antibiotic - Vancomycin and Derivatives - Anti-Infective/Anti-Inflammatories		
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
Ophthalmic - Anticholinergics - Drugs for the Eye		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	
<i>atropine ophthalmic (eye) drops 1 %</i>	Tier 1	
<i>atropine sulfate (pf) ophthalmic (eye) dropperette 1 %</i>	Tier 1	
<i>cyclopentolate hcl</i> (Cyclogyl Ophthalmic (Eye) Drops 0.5 %)	Tier 3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (<i>homatropine hbr</i>)	Tier 1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Tier 1	
Ophthalmic - Antifibrotic Agents - Drugs for the Eye		
<i>mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml</i>	Tier 4	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (<i>mitomycin</i>)	Tier 3	
Ophthalmic - Antihistamines - Drugs for Itchy Eye		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (12 ML per 30 days)
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	Tier 1	ST; QL (10 ML per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	Tier 1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	Tier 1	QL (3 ML per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Tier 1	ST; QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (<i>dexamethasone</i>)	Tier 3	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	Tier 1	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	Tier 3	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	Tier 3	ST; QL (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (<i>fluorometholone</i>)	Tier 3	ST; QL (10 ML per 14 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (<i>loteprednol etabonate</i>)	Tier 3	ST; QL (5.6 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (<i>loteprednol etabonate</i>)	Tier 2	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	Tier 1	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	Tier 1	ST; QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>dexamethasone</i>)	Tier 3	ST; QL (25 ML per 14 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	Tier 3	ST; QL (20 ML per 14 days)
<i>prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	QL (20 ML per 14 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	Tier 1	QL (20 ML per 14 days)
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML (<i>triamcinolone acetonide/pf</i>)	Tier 4	
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (<i>cyclosporine</i>)	Tier 3	ST; QL (60 EA per 30 days)
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % (<i>cyclosporine/chondroitin sulfate a sodium</i>)	Tier 1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (<i>cyclosporine</i>)	Tier 2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (<i>cyclosporine</i>)	Tier 1	QL (60 EA per 30 days)
VEVYE OPHTHALMIC (EYE) DROPS 0.1 % (<i>cyclosporine</i>)	Tier 3	PA
Ophthalmic - Anti-inflammatory, LFA-1 antagonists - Anti-Infective/Anti-Inflammatories		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (<i>lifitegrast</i>)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (<i>ketorolac tromethamine/pf</i>)	Tier 3	ST; QL (60 EA per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	Tier 1	ST; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.075 %</i>	Tier 1	ST; QL (5 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	Tier 1	ST; QL (3.4 ML per 16 days)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	Tier 1	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (<i>nepafenac</i>)	Tier 2	QL (3.4 ML per 16 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	Tier 1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	Tier 1	QL (20 ML per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>nepafenac</i>)	Tier 3	ST; QL (9 ML per 16 days)
Ophthalmic - Beta blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs for Glaucoma		
<i>timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %</i>	Tier 1	
Ophthalmic - Beta Blocker-Carbonic Anhydrase Inh-Prostaglandin Analog - Drugs for Glaucoma		
<i>timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %</i>	Tier 1	
<i>timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %</i>	Tier 1	
Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma		
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	Tier 1	
Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	Tier 1	ST; QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	Tier 1	
Ophthalmic - Beta blockers-Prostaglandin Analog Combinations - Drugs for Glaucoma		
<i>timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %</i>	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma		
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	Tier 1	
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Tier 1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	Tier 1	
Ophthalmic - Cystine Depleting Agents - Drugs for the Eye		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (<i>cysteamine hcl</i>)	Tier 4	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (<i>cysteamine hcl</i>)	Tier 4	PA
Ophthalmic - Decongestants - Drugs for Itchy Eye		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>timolol ophthalmic (eye) drops 0.5 %</i>	Tier 1	
Ophthalmic - Local Anesthetic Combinations - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (<i>benoxinate hcl/fluorescein sodium</i>)	Tier 1	
<i>fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %</i>	Tier 1	
Ophthalmic - Local Anesthetic Esters - Drugs for the Eye		
<i>proparacaine hcl</i> (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (<i>tetracaine hcl</i>)	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, GEL 3 % (<i>chloroprocaine hcl/pf</i>)	Tier 3	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Tier 1	
Ophthalmic - Local Anesthetic, Amides - Drugs for the Eye		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (<i>lidocaine hcl/pf</i>)	Tier 3	
Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents - Drugs for the Eye		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (<i>brolucizumab-dbli</i>)	Tier 4	PA
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml</i>	Tier 4	PA
<i>bevacizumab intravitreal syringe 2 mg/0.08 ml, 2.25 mg/0.09 ml, 2.5 mg/0.1 ml, 2.75 mg/0.11 ml, 3.25 mg/0.13 ml</i>	Tier 4	PA
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (<i>ranibizumab-nuna</i>)	Tier 4	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab-eqrn</i>)	Tier 4	PA
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (<i>aflibercept</i>)	Tier 4	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (<i>aflibercept</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (<i>aflibercept</i>)	Tier 4	PA
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (<i>avacincaptad pegol sodium/pf</i>)	Tier 4	PA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab</i>)	Tier 4	PA
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML (<i>aflibercept-ayyh</i>)	Tier 4	PA
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML (<i>aflibercept-ayyh</i>)	Tier 4	PA
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (<i>ranibizumab/needle, initial fill, filter</i>)	Tier 4	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (<i>ranibizumab</i>)	Tier 4	PA
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML (<i>pegcetacoplan/pf</i>)	Tier 4	PA
Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	Tier 1	QL (50 ML per 30 days)
Ophthalmic - Mydriatic-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (<i>tropicamide/proparacaine/phenylephrine/ketorolac in water</i>)	Tier 1	
Ophthalmic - Photodynamic Therapy Agents - Drugs for the Eye		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG (<i>verteporfin</i>)	Tier 4	
Ophthalmic - Rho Kinase Inhibitor and Prostaglandin Analog Combination - Drugs for Glaucoma		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (<i>netarsudil mesylate/latanoprost</i>)	Tier 3	ST; QL (2.5 ML per 25 days)
Ophthalmic - Surgical Aids Other - Drugs for the Eye		
GELFILM OPHTHALMIC (EYE) FILM (<i>gelatin</i>)	Tier 3	
Ophthalmic - TRPM8 Agonist - Drugs for the Eye		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRYPTYR OPTHALMIC (EYE) DROPPERETTE 0.003 % (<i>acoltremon</i>)	Tier 3	PA
Ophthalmic - Viscoelastic Agents - Drugs for the Eye		
AMVISC INTRAOCULAR SYRINGE 12 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
BIOLON INTRAOCULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML (<i>hyaluronate sodium</i>)	Tier 3	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML) (<i>hyaluronate sodium</i>)	Tier 3	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Tier 1	
<i>neomycin sulfate/bacitracin/polymyxin b</i> (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)	Tier 1	
<i>bacitracin/polymyxin b sulfate</i> (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	Tier 1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Tier 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>tobramycin-vancomycin ophthalmic (eye) drops 1.5-5 %</i>	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (<i>tobramycin</i>)	Tier 2	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	Tier 1	
Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories		
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	Tier 2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	Tier 1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	Tier 1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	Tier 1	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (<i>azithromycin</i>)	Tier 3	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Tier 1	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	Tier 1	
Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (<i>natamycin</i>)	Tier 3	
Ophthalmic Antifungals - Tetraene Polyene-type - Drugs for the Eye		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (<i>natamycin</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antiparasitics - Drugs for the Eye		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (<i>lotilaner</i>)	Tier 4	PA
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
<i>povidone-iodine ophthalmic (eye) solution 5 %</i>	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Tier 1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (<i>ganciclovir</i>)	Tier 3	ST
Ophthalmic Complement Inhibitors - Drugs for the Eye		
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (<i>avacincaptad pegol sodium/pf</i>)	Tier 4	PA
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML (<i>pegcetacoplan/pf</i>)	Tier 4	PA
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	Tier 1	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (<i>apraclonidine hcl</i>)	Tier 3	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	Tier 1	QL (2.5 ML per 25 days)
DURYSTA INTRACAMERAL IMPLANT 10 MCG (<i>bimatoprost</i>)	Tier 4	
IDOSE TR INTRACAMERAL IMPLANT 75 MCG (<i>travoprost</i>)	Tier 4	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 % (<i>latanoprost/pf</i>)	Tier 3	ST; QL (1 EA per 1 day)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (<i>bimatoprost</i>)	Tier 2	QL (2.5 ML per 25 days)
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	Tier 1	QL (1 EA per 1 day)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (<i>latanoprostene bunod</i>)	Tier 3	ST; QL (2.5 ML per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (<i>latanoprost</i>)	Tier 3	ST; QL (2.5 ML per 25 days)
Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs for Glaucoma		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (<i>netarsudil mesylate</i>)	Tier 3	ST; QL (2.5 ML per 30 days)
Vascular Endothelial Growth Factor (VEGF-A) Receptor Antagonists - Drugs for the Eye		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (<i>brolucizumab-dbl</i>)	Tier 4	PA
<i>bevacizumab intravitreal syringe 1.25 mg/0.05 ml</i>	Tier 4	PA
<i>bevacizumab intravitreal syringe 2 mg/0.08 ml, 2.25 mg/0.09 ml, 2.5 mg/0.1 ml, 2.75 mg/0.11 ml, 3.25 mg/0.13 ml</i>	Tier 4	PA
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (<i>ranibizumab-nuna</i>)	Tier 4	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab-eqrn</i>)	Tier 4	PA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (<i>ranibizumab</i>)	Tier 4	PA
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (<i>ranibizumab/needle, initial fill, filter</i>)	Tier 4	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (<i>ranibizumab</i>)	Tier 4	PA
Vascular Endothelial Growth Factor(VEGF-A and PIGF)Receptor Inhibitors - Drugs for the Eye		
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (<i>aflibercept</i>)	Tier 4	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (<i>aflibercept</i>)	Tier 4	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (<i>aflibercept</i>)	Tier 4	PA
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML (<i>aflibercept-ayyh</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML (<i>aflibercept-ayyh</i>)	Tier 4	PA
Organ Preservation Solutions		
Microplegic Solutions		
<i>microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)</i>	Tier 1	
Organ Preservation Solutions - Drugs for the Heart		
Cardioplegic Solutions - Drugs for the Heart		
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (<i>cardioplegic solution no.16</i>)	Tier 1	
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (<i>cardioplegic solution no.35</i>)	Tier 3	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.10</i>)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM) (<i>cardioplegic no.23 (induction 4:1)</i>)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM) (<i>cardioplegic solution no.18 (induction 8:1)</i>)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM) (<i>cardioplegic solution no.22 (induction 4:1)</i>)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM) (<i>cardioplegic solution no.20 (maintenance 4:1)</i>)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 36 MEQ/L (POTASSIUM) (<i>cardioplegic solution no.26 (maintenance 4:1)</i>)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM) (<i>cardioplegic no.21 (reperfusate 4:1)</i>)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM) (<i>cardioplegic solution no.33 (warm induction 4:1)</i>)	Tier 3	
<i>cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)</i>	Tier 1	
<i>cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)</i>	Tier 1	
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i>	Tier 1	
<i>cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)</i>	Tier 1	
DEL NIDO CARDIOPLEGIA PERFUSION SOLUTION 31 MEQ/1,052.8 ML (POTASSIUM) (<i>cardioplegic solution no.36</i>)	Tier 3	
Otic (Ear) - Drugs for the Ear		
Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % (<i>ciprofloxacin hcl/hydrocortisone</i>)	Tier 3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	Tier 1	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom</i>)	Tier 3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	
Otic (Ear) - Anti-infectives other - Antibiotics		
<i>acetic acid otic (ear) solution 2 %</i>	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	Tier 1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Tier 1	
Otic (Ear) - Pinna Combinations - Antibiotics		
CORTANE-B TOPICAL LOTION 1-1-0.1 % (<i>hydrocortisone/pramoxine hcl/chloroxylonol</i>)	Tier 3	
Respiratory Therapy Agents - Drugs for the Lungs		
1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	Tier 1	
1st Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs for Cough and Cold		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (<i>pseudoephedrine hcl/chlorpheniramine maleate/bellad alk</i>)	Tier 1	
2nd Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (<i>desloratadine/pseudoephedrine sulfate</i>)	Tier 3	ST
Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral suspension, extended rel 12 hr 4 mg/5 ml</i>	Tier 1	ST; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate</i> (Carbzah Oral Liquid 4 Mg/5 ML)	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>clemastine fumarate</i> (Clemasz Oral Tablet 2.68 Mg)	Tier 1	
<i>clemastine fumarate</i> (Clemsza Oral Tablet 2.68 Mg)	Tier 1	
<i>diphenhydramine hcl</i> (Diphen Oral Elixir 12.5 Mg/5 ML)	Tier 1	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML (<i>carbinoxamine maleate</i>)	Tier 3	ST; QL (960 ML per 30 days); Age (Min 2 Years)
Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1st Generation - Piperidines - Drugs for Allergies		
<i>ciproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>ciproheptadine oral tablet 4 mg</i>	Tier 1	
Antihistamines - 1st Generation - Drugs for Allergies		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml</i>	Tier 1	ST; QL (960 ML per 30 days); Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	Age (Min 2 Years)
<i>carbinoxamine maleate</i> (Carbzah Oral Liquid 4 Mg/5 MI)	Tier 1	Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	
<i>clemastine fumarate</i> (Clemasz Oral Tablet 2.68 Mg)	Tier 1	
<i>clemastine fumarate</i> (Clemsza Oral Tablet 2.68 Mg)	Tier 1	
<i>ciproheptadine oral syrup 2 mg/5 ml</i>	Tier 1	
<i>ciproheptadine oral tablet 4 mg</i>	Tier 1	
<i>diphenhydramine hcl</i> (Diphen Oral Elixir 12.5 Mg/5 MI)	Tier 1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (<i>carbinoxamine maleate</i>)	Tier 3	ST; QL (960 ML per 30 days); Age (Min 2 Years)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Tier 1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamines - 2nd Generation - Drugs for Allergies		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	ST
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
Antihistamines - 2nd Generation - Piperazines - Drugs for Allergies		
<i>cetirizine oral solution 1 mg/ml</i>	Tier 1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	ST
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	
Antihistamines - 2nd Generation - Piperidines - Drugs for Allergies		
<i>desloratadine oral tablet 5 mg</i>	Tier 1	
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	Tier 1	ST
Antitussives - Non-Opioid - Drugs for Allergies		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs for Asthma/COPD		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Tier 1	
Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb - Drugs for Asthma/COPD		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (<i>omalizumab</i>)	Tier 4	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (<i>omalizumab</i>)	Tier 4	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (<i>omalizumab</i>)	Tier 4	PA
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION (<i>ciclesonide</i>)	Tier 3	ST; QL (12.2 GM per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone furoate</i>)	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>mometasone furoate</i>)	Tier 3	ST; QL (13 GM per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (<i>mometasone furoate</i>)	Tier 3	ST; QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	Tier 1	QL (120 ML per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	Tier 1	QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	Tier 1	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	Tier 1	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	Tier 1	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (<i>budesonide</i>)	Tier 3	ST; QL (1 EA per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	Tier 3	ST; QL (21.2 GM per 30 days)
Asthma Therapy - Interleukin-4 (IL-4) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (<i>dupilumab</i>)	Tier 4	PA
Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAb - Drugs for Asthma/COPD		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML (<i>reslizumab</i>)	Tier 4	PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	Tier 4	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (<i>mepolizumab</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (<i>mepolizumab</i>)	Tier 4	PA
Asthma Therapy - Interleukin-5 (IL-5) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	Tier 4	PA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML (<i>benralizumab</i>)	Tier 4	PA
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD		
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	
<i>montelukast oral tablet 10 mg</i>	Tier 1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	
Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	
Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, MAb - Drugs for Asthma/COPD		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (<i>tezepelumab-ekko</i>)	Tier 4	PA
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) (<i>tezepelumab-ekko</i>)	Tier 4	PA
Asthma Therapy - Xanthines - Drugs for Asthma/COPD		
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline anhydrous</i>)	Tier 2	
<i>theophylline oral elixir 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	Tier 1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	
Asthma/COPD - Phosphodiesterase-3 and -4 (PDE3 and PDE4) Inhibitors - Drugs for Asthma/COPD		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML (<i>ensifentrine</i>)	Tier 3	PA
Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors - Drugs for Asthma/COPD		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 1	QL (1 EA per 1 day)
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (<i>umeclidinium bromide</i>)	Tier 3	ST; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (<i>tiotropium bromide</i>)	Tier 2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (<i>tiotropium bromide</i>)	Tier 1	QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (<i>aclidinium bromide</i>)	Tier 3	ST; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (<i>revefenacin</i>)	Tier 3	QL (90 ML per 30 days)
Asthma/COPD - Anticholinergic Agents, Inhaled Short Acting - Drugs for Asthma/COPD		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (<i>ipratropium bromide</i>)	Tier 2	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	
Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (<i>olodaterol hcl</i>)	Tier 2	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	Tier 1	ST; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	Tier 1	QL (120 ML per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (<i>salmeterol xinafoate</i>)	Tier 2	QL (60 EA per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	Tier 1	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	Tier 1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (<i>umeclidinium bromide/vilanterol trifenate</i>)	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (<i>glycopyrrolate/formoterol fumarate</i>)	Tier 3	ST; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium bromide/albuterol sulfate</i>)	Tier 2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION (<i>aclidinium bromide/formoterol fumarate</i>)	Tier 3	ST; QL (1 EA per 30 days)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (<i>tiotropium bromide/olodaterol hcl</i>)	Tier 2	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (<i>fluticasone propionate/salmeterol xinafoate</i>)	Tier 2	QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (<i>albuterol sulfate/budesonide</i>)	Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE (<i>fluticasone furoate/vilanterol trifenate</i>)	Tier 2	QL (60 EA per 30 days)
<i>budesonide/formoterol fumarate</i> (Breyna Inhalation Hfa Aerosol Inhaler 160-4.5 Mcg/Actuation, 80-4.5 Mcg/Actuation)	Tier 1	QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	Tier 1	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	Tier 3	ST; QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (<i>mometasone furoate/formoterol fumarate</i>)	Tier 3	ST; QL (13 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	Tier 3	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	Tier 1	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol xinafoate</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	QL (60 EA per 30 days)
Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb, - Drugs for Cystic Fibrosis		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (<i>budesonide/glycopyrrolate/formoterol fumarate</i>)	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>)	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (<i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i>)	Tier 2	QL (2 EA per 1 day)
Bronchiectasis Therapy Agents - Drugs for Cystic Fibrosis		
BRINSUPRI ORAL TABLET 10 MG, 25 MG (<i>brensocatib</i>)	Tier 4	PA; QL (1 EA per 1 day)
Cystic Fibrosis - Inhaled Aminoglycosides - Drugs for Cystic Fibrosis		
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (<i>tobramycin</i>)	Tier 4	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	PA
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	Tier 4	PA
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	Tier 4	PA
Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (<i>aztreonam lysine</i>)	Tier 4	PA
Cystic Fibrosis - Inhaled Osmotic Agents - Drugs for Cystic Fibrosis		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (<i>mannitol</i>)	Tier 4	ST; QL (20 EA per 1 day); Age (Min 18 Years)
Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator - Drugs for Cystic Fibrosis		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	Tier 4	PA
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	Tier 4	PA
Cystic Fib-Transmemb Conduct. Reg.(CFTR) Potentiator and Corrector Cmb - Drugs for Cystic Fibrosis		
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG (<i>vanzacaftor calcium/tezacaftor/deutivacaftor</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor/ivacaftor</i>)	Tier 4	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor/ivacaftor</i>)	Tier 4	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (<i>tezacaftor/ivacaftor</i>)	Tier 4	PA
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) (<i>ellexacaftor/tezacaftor/ivacaftor</i>)	Tier 4	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (<i>ellexacaftor/tezacaftor/ivacaftor</i>)	Tier 4	PA
Elastase Inhibitors - Drugs for Asthma/COPD		
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (<i>alpha-1-proteinase inhibitor</i>)	Tier 4	
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %) (<i>alpha-1-proteinase inhibitor</i>)	Tier 4	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (<i>alpha-1-proteinase inhibitor</i>)	Tier 4	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG (<i>alpha-1-proteinase inhibitor</i>)	Tier 4	
Lung Surfactants - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (<i>poractant alfa</i>)	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (<i>calfactant</i>)	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (<i>beractant</i>)	Tier 3	
Mucolytics - Drugs for the Lungs		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	Tier 4	PA
Nasal Anesthetics - Allergy		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cocaine nasal solution 4 %</i>	Tier 1	
NUMBRINO NASAL SOLUTION 4 % (<i>cocaine hcl</i>)	Tier 1	
Nasal Anticholinergics - Allergy		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	Tier 1	
Nasal Antihistamine and Anti-inflammatory Steroid Combinations - Allergy		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	Tier 1	ST; QL (23 GM per 30 days)
Nasal Antihistamines - Allergy		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	Tier 1	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	Tier 1	
Nasal Corticosteroids - Allergy		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	Tier 1	QL (25 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	Tier 1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	Tier 1	
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG (<i>ciclesonide</i>)	Tier 3	ST; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	Tier 2	ST; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (<i>beclomethasone dipropionate</i>)	Tier 2	ST; QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (<i>fluticasone propionate</i>)	Tier 2	ST; QL (32 ML per 30 days)
Nasal Preparations - Nicotinic Receptor Partial Agonist - Drugs for the Nose		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (<i>varenicline tartrate</i>)	Tier 2	PA
Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
<i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> (Bromfed Dm Oral Syrup 2-30-10 Mg/5 MI)	Tier 1	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	Tier 1	
Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold		
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	Tier 1	
Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold		
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (<i>chlorpheniramine maleate/codeine phosphate</i>)	Tier 3	ST; QL (2 EA per 1 day); Age (Min 18 Years)
Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold		
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
<i>hydrocodone bitartrate/homatropine methylbromide</i> (Hydromet Oral Solution 5-1.5 Mg/5 MI)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Pleural Sclerosing Agents - Drugs for the Lungs		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM (<i>talc</i>)	Tier 3	
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM (<i>talc</i>)	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM (<i>talc</i>)	Tier 3	
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs		
<i>pirfenidone oral capsule 267 mg</i>	Tier 4	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 4	PA
<i>pirfenidone oral tablet 534 mg</i>	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	Tier 4	PA
Pulmonary Fibrosis Treatment Agents - PDE4 Inhibitors - Drugs for Cystic Fibrosis		
JASCAYD ORAL TABLET 18 MG, 9 MG (<i>nerandomilast</i>)	Tier 4	PA; QL (2 EA per 1 day)
Vaginal Products - Drugs for Women		
Vaginal Antibacterial - Lincosamides - Drugs for Infections		
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	Tier 3	ST; QL (3 EA per 30 days)
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 % (<i>clindamycin phosphate</i>)	Tier 3	ST
Vaginal Antifungal - Imidazoles - Drugs for Infections		
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate</i>)	Tier 2	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (<i>miconazole nitrate</i>)	Tier 1	
Vaginal Antifungal - Triazoles - Drugs for Infections		
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections		
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (<i>metronidazole</i>)	Tier 3	
Vaginal Antiseptic Mixtures - Drugs for Infections		
FEM PH VAGINAL GEL 0.9-0.025 % (<i>acetic acid/oxyquinoline sulfate</i>)	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 % (<i>acetic acid/oxyquinoline sulfate</i>)	Tier 3	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (<i>oxyquinoline sulfate/sodium lauryl sulfate</i>)	Tier 3	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaginal Estrogens - Drugs for Women		
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Tier 1	
<i>estradiol vaginal tablet 10 mcg</i>	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (<i>estradiol</i>)	Tier 3	ST; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR (<i>estradiol acetate</i>)	Tier 3	ST; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (<i>estrogens, conjugated</i>)	Tier 2	
<i>estradiol</i> (Yuvaferm Vaginal Tablet 10 Mcg)	Tier 1	
Vaginal Progestins - Drugs for Women		
CRINONE VAGINAL GEL 4 % (<i>progesterone, micronized</i>)	Tier 2	
Weight Loss/Gain Agents - Drugs for Eating Disorders		
Anorexiant Combinations - Drugs for Eating Disorders		
<i>phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	Tier 1	PA
Anorexiant Nutritional Supplements (Diet Aids) - Drugs for Eating Disorders		
PLENITY (WELCOME KIT) ORAL CAPSULE 0.75 GRAM (<i>carboxymethylcellulose/citric acid</i>)	Tier 3	PA
PLENITY ORAL CAPSULE 0.75 GRAM (<i>carboxymethylcellulose/citric acid</i>)	Tier 3	PA
Anorexiants - Drugs for Eating Disorders		
<i>benzphetamine oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet 25 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>diethylpropion oral tablet extended release 75 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phentermine hcl</i> (Lomaira Oral Tablet 8 Mg)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral tablet 37.5 mg</i>	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
<i>phentermine oral tablet 8 mg</i>	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
Anti-Obesity - Dual GIP and GLP-1 Receptor Agonists - Drugs for Eating Disorders		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (<i>tirzepatide</i>)	Tier 2	PA
Anti-Obesity - Fat Absorption Decreasing Agents - Drugs for Eating Disorders		
<i>orlistat oral capsule 120 mg</i>	Tier 1	PA
Anti-Obesity - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Eating Disorders		
<i>liraglutide (weight loss) subcutaneous pen injector 3 mg/0.5 ml (18 mg/3 ml)</i>	Tier 1	PA
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (<i>semaglutide</i>)	Tier 2	PA
Anti-Obesity-Opioid Antag/Norepinephrine and Dopamine Reuptake Inhibit - Drugs for Eating Disorders		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG (<i>naltrexone hcl/bupropion hcl</i>)	Tier 3	PA
Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	ST; QL (2 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	Tier 3	ST; QL (60 ML per 30 days)
Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders		
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	Tier 1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	Tier 1	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	Tier 1	ST
Melanocortin 4 (MC4) Receptor Agonist - Drugs for Eating Disorders		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	Tier 4	PA
Treatment of Hyperphagia in Prader-Willi Syndrome (PWS) - Drugs for Eating Disorders		
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG (<i>diazoxide choline</i>)	Tier 4	PA

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Index of Drugs

A

abacavir 41
abacavir-lamivudine 43
ABENOR HP 169
Abigale 220
Abigale Lo 220
ABILIFY ASIMTUFII 132
ABILIFY MAINTENA 132
abiraterone 53, 55
ABRYSVO (PF) 94
acamprosate 149
acarbose 213
ACCU-CHEK AVIVA PLUS
TEST STRP 278, 324
ACCU-CHEK FASTCLIX
LANCET DRUM .. 289, 324
ACCU-CHEK GUIDE TEST
STRIPS 279, 324
ACCU-CHEK SAFE-T-PRO
..... 289, 324
ACCU-CHEK SAFE-T-PRO
PLUS 289, 324
ACCU-CHEK SMARTVIEW
TEST STRIP 279, 325
ACCU-CHEK SOFTCLIX
LANCETS 289, 325
Accutane 168
ACCUTREND GLUCOSE
TEST STRIPS 279, 325
ACE AEROSOL CLOUD
ENHANCER 318, 325
acebutolol 105
acetaminophen-codeine . 18
acetazolamide 109
acetic acid 249, 395
acetylcysteine 32, 405
ACIOXIA 187
ACIPHEX SPRINKLE 238
acitretin 180
ACTEMRA 26
ACTEMRA ACTPEN 26
ACTHAR 210
ACTHAR SELFJECT 210
ACTHIB (PF) 89

ACTI-LANCE LANCETS 289,
325
ACTIMMUNE 37
ACUVAIL (PF) 385
acyclovir 47, 48, 181
ADACEL(TDAP
ADOLESN/ADULT)(PF) 87
ADAKVEO 267
adalimumab-adaz 21, 22,
244
adapalene 172
adapalene-benzoyl
peroxide 172
ADASUVE 130
ADBRY 175
ADCETRIS 56, 75
ADDYI 142
adefovir 46
ADEMPAS 113
ADERMICA HP 171
ADLARITY 152
ADMELOG SOLOSTAR U-
100 INSULIN 228
ADMELOG U-100 INSULIN
LISPRO 228
ADMIRAZOL 169
ADMIRAZOL HP 169
ADTHYZA 233
ADULT ASPIRIN REGIMEN
..... 30, 267
ADULT LOW DOSE
ASPIRIN 30, 268
ADVAIR HFA 403
ADVANCED ALLERGY
COLLECT KIT 184
ADVANCED GLUC METER
TEST STRIP 279, 325
ADVANCED TRAVEL
LANCETS 289, 325
ADVATE 259
ADVIN COVID-19 AG HOME
TEST 286, 325
ADVOCATE LANCET 289,
325

ADVOCATE REDI-CODE
PLUS 279, 325
ADYNOVATE 259
ADZENYS XR-ODT 133, 140
ADZYNMA 255
AEROCHAMBER
MECHANICAL VENT . 318,
325
AEROCHAMBER MINI .. 318,
325
AEROCHAMBER MV 318,
325
AEROCHAMBER PLUS
FLOW-VU 318, 325
AEROCHAMBER PLUS
FLOW-VU,L MSK 318, 325
AEROCHAMBER PLUS
FLOW-VU,M MSK 318, 325
AEROCHAMBER PLUS
FLOW-VU,S MSK 318, 325
AEROCHAMBER PLUS Z
STAT 318, 326
AEROCHAMBER PLUS Z
STAT LG MSK 318, 325
AEROCHAMBER PLUS Z
STAT MD MSK 318, 325
AEROCHAMBER PLUS Z
STAT SM MSK 318, 326
AEROCHAMBER Z-STAT
PLUS-FLW SG 318, 326
AEROCHAMBER2GO ... 318,
326
AEROTRACH PLUS 318,
326
AEROVENT PLUS .. 318, 326
Afirmelle 155
AFLURIA 2025-2026 (3YR
UP)(PF) 91
AFLURIA 2025-2026 (6MO
UP) 91
AFREZZA 226
AFSTYLA 259
AFTER PILL 167, 168
AFTERA 167, 168

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

AGAMATRIX AMP TEST STRIPS	279, 326	ALLERGIST TRAY 1/2 ML 27GX3/8	299, 326	amcinonide	184
AGAMATRIX JAZZ TEST STRIPS	279, 326	ALLERGIST TRAY INTRADERMAL BEV .	299, 326	AMELUZ	191
AGAMATRIX PRESTO TEST STRIPS	279, 326	ALLERGIST TRAY REGULAR BEVEL	299, 326	Amethia	154
AGAMATRIX ULTRA-THIN LANCET	289, 326	ALLERGY SYRINGE	299, 326	Amethyst (28)	156
AGAMREE	222	allopurinol	254	amiloride	109
AGGRASTAT CONCENTRATE	267	almotriptan malate	144	amiloride-hydrochlorothiazide ..	109
AGGRASTAT IN SODIUM CHLORIDE	267	alogliptin	213	aminocaproic acid	263
AIMOVIG AUTOINJECTOR	143	alogliptin-metformin	216	amiodarone	99
AIMSCO LATEX CONDOM	297, 326	alogliptin-pioglitazone ..	216	amitriptyline	125
AIRSUPRA	403	ALOMIRA HP	171	amitriptyline-chlordiazepoxide 124, 137	
AJOVY AUTOINJECTOR	143	alosetron	241, 245	amlodipine	106
AJOVY SYRINGE	143	ALPHANATE	259	amlodipine-atorvastatin 104	
AKEEGA	67	ALPHANINE SD	258	amlodipine-benazepril ...	95
AKLIEF	172	alprazolam	114, 136	amlodipine-olmesartan ...	97
AKTEN (PF)	388	ALPRAZOLAM INTENSOL	114, 136	amlodipine-valsartan	97
AKYNZEO (NETUPITANT)	236	ALPROLIX	258	amlodipine-valsartan-hcthiacid	97
Ala-Cort	184	ALTABAX	176	ammonium lactate	183
Ala-Scalp	184	ALTACAINA	388	Amnesteem	168
albendazole	35	ALTAFLUOR BENOX	387, 388	AMONDYS-45	275
albuterol sulfate	402	Altavera (28)	156	amoxapine	125
Alcaine	388	ALTERNATE SITE LANCET	289, 326	amoxicil-clarithromy-lansopraz	240
alclometasone	184	ALTOPREV	101	amoxicillin	34
ALCOHOL PADS	79	ALTRENO	172	amoxicillin-pot clavulanate	35
ALCOHOL PREP PADS ...	79	ALTRIXA OB	208	amphetamine	134, 140
alcohol swabs	79	ALTUVIIIIO	259	amphetamine sulfate	134, 141, 147
ALCOHOL WIPES	79	ALUNBRIG	55	ampicillin	35
ALDURAZYME	371	ALURIS HP	172	AMVISC	390
ALECENSA	55	ALVAIZ	270	AMVISC PLUS	390
alendronate	218	ALVESCO	398	AMVUTTRA	212
ALFERON N	188	alvimopan	33	ANACAINE	194
alfuzosin	251	Alyacen 1/35 (28)	156	anagrelide	267
ALHEMO PEN	263	Alyacen 7/7/7 (28)	165	ANALPRAM-HC	187
ALINIA	38	ALYFTREK	404	ANASCORP	81
aliskiren	114	ALYGLO	83	ANASTIA	193
ALIXI	170	ALYMSYS	52	anastrozole	59
ALIXI HP	170	Alyq	114	ANDEMBRY AUTOINJECTOR	110
ALKINDI SPRINKLE	222	amantadine hcl	127	ANGELIQ	219
		ambrisentan	113	ANKTIVA	67

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

anticoag citrate phos		ASPARLAS	59	AVASTIN	52
dextrose.....	255	aspirin	30, 268	AVEIDA	191
ANUCORT-HC	31	ASPIRIN CHILDRENS	30,	AVERI	156
ANZUPGO	175	268		Aviane	156
APIDRA SOLOSTAR U-100		aspirin-dipyridamole	267	AVIDORA	171
INSULIN	228	ASSURE 4 STRIPS	279, 326	AVIDORA HP	171
APIDRA U-100 INSULIN	228	ASSURE LANCE ...	289, 326	AVITA	172
APLIGRAF	196	ASSURE LANCE PLUS	290,	AVITENE	264
apomorphine	127	326		AVITENE FLOUR	264
apraclonidine	392	ASSURE PLATINUM TEST		AVMAPKI-FAKZYNJA	71
aprepitant	235, 236	STRIP	279, 326	AVONEX	377
APRETUDE	39	ASSURE PRISM MULTI		AVSOLA	21, 22, 244
Apri	156	STRIP	279, 327	AWANIS	171
APTIVUS	50	ASTAGRAF XL	271	AXTLE	57
AQNEURSA	372	ASTRINGYN	264	Ayuna	156
ARAKODA	37	atazanavir	50	AYVAKIT	69
ARALAST NP	405	atenolol	104	azacitidine	58
Aranelle (28)	165	atenolol-chlorthalidone	107	AZASITE	391
ARANESP (IN		ATGAM	85	azathioprine	25, 273
POLYSORBATE)	257	atomoxetine	136	azelaic acid	169, 191
ARBLI	98	ATORVALIQ	101	azelastine	383, 406
ARCALYST	20	atorvastatin	101	azelastine-fluticasone ...	406
AREXVY (PF)	94	atovaquone	38	AZELEX	169, 191
arformoterol	401	atovaquone-proguanil	37	azithromycin	48
argatroban	270	ATROPEN	111	AZSTARYS	134
argatroban in 0.9 % sod		atropine	383	Azurette (28)	154
chlor	270	atropine sulfate (pf)	383	B	
ARIKAYCE	34	ATROVENT HFA	401	B COMPLEX 100	198
aripiprazole	132, 139	ATTRUBY	211	bacitracin	391
ARISTADA	133	Aubra	156	bacitracin-polymyxin b	390
ARISTADA INITIO	133	Aubra Eq	156	baclofen	277
armodafinil	146	AUGTYRO	69	BAFIERTAM	378
ARMOUR THYROID	233	auranofin	25	BAL-CARE DHA	201
ARNUITY ELLIPTA	398	Aurovela 1.5/30 (21)	156	BAL-CARE DHA	
arsenic trioxide	59	Aurovela 1/20 (21)	156	ESSENTIAL	201
ARTILIS	170	Aurovela 24 Fe	156	BALCOLTRA	156
ARTISS	192	Aurovela Fe 1.5/30 (28) ..	156	BALFAXAR	258
ASCENIV	83	Aurovela Fe 1-20 (28)	156	balsalazide	243
Ascomp With Codeine	18	AUSTEDO	144, 145	BALVERSA	63
ASCOR	209	AUSTEDO XR	145	Balziva (28)	156
ascorbic acid (vitamin c)		AUSTEDO XR TITRATION		BAQSIMI	211
.....	209	KT(WK1-4)	145, 146	BARACLUDE	46
asenapine maleate	127, 139	AUTOSHIELD DUO PEN		BASADROX	176
Ashlyna	154	NEEDLE	296, 327	BASAGLAR KWIKPEN U-	
ASMANEX HFA	398	AUVELITY	122	100 INSULIN	227
ASMANEX TWISTHALER		AUVI-Q	108	BAVENCIO	74
.....	399	avanafil	198	BAXDELA	45

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

BAXONIL 191
BAYER ASPIRIN 30, 268
BAYER LOW DOSE ASPIRIN 30, 268
B-COMPLEX INJECTION 198
BD ALLERGIST TRAY REG BEVEL 299, 327
BD ALLERGY SYRINGE 299, 327
BD BLUNT PLASTIC CANNULA 299, 327
BD BULK SYRINGE SLIP TIP 299, 327
BD ECCENTRIC TIP SYRINGE 299, 327
BD ECLIPSE 300, 327
BD ECLIPSE LUER-LOK 299, 327
BD FILTER NEEDLE 5-MICRON NOKO .. 300, 327
BD FILTER NEEDLE-5 MICRON 300, 327
BD INTEGRA NEEDLE . 300, 327
BD INTEGRA SYRINGE 300, 328
BD INTERLINK BLUNT PLASTIC CAN 300, 328
BD INTERLINK SYRINGE 300, 328
BD INTRADERMAL BEVEL NEEDLES 300, 328
BD LUER-LOK BULK SYRINGE 300, 328
BD LUER-LOK SYRINGE 300, 301, 328, 329
BD LUER-LOK TIP CONTROL SYRING ... 301, 329
BD MICROTAINER LANCET 290, 329
BD NOKOR ADMIX NEEDLE 301, 329
BD POSIFLUSH NORMAL SALINE 0.9 208

BD PRECISIONGLIDE .. 301, 329
BD PRECISIONGLIDE NON-STERILE 301, 329
BD REGULAR BEVEL NEEDLES 301, 329
BD SAFETYGLIDE ALLERGIST TRAY 301, 329
BD SAFETYGLIDE NEEDLE 301, 329
BD SAFETYGLIDE SHIELDING REG 301, 302, 329
BD SAFETYGLIDE SYRINGE 302, 329
BD SAFETYGLIDE TB REG BEVEL 302, 330
BD SAFETYGLIDE TUBERCULIN 302, 330
BD SHORT BEVEL NEEDLES 302, 330
BD SHORT BEVEL THIN WALL 302, 330
BD SLIP TIP SYRINGE . 302, 330
B-D SLIP TIP SYRINGE . 302
B-D SLIP TIP SYRINGE . 330
BD SPECIALTY USE NEEDLES 302, 330
BD SYRINGE 303, 331
BD SYRINGE CATH TIP NONSTERILE 302, 330
BD SYRINGE CATHETER TIP 302, 330
BD SYRINGE LUER-LOK NONSTERILE 302, 303, 330
BD SYRINGE LUER-LOK STERILE 303, 330, 331
BD SYRINGE SLIP TIP NONSTERILE 303, 331
BD SYRINGE-DUAL CANNULA 303, 331
BD TUBERCULIN SLIP-TIP 303, 331

BD TUBERCULIN SYRINGE 303, 331
BEIZRAY-ALBUMIN 72
BELEODAQ 63
belladonna alkaloids-opium 240
BELSOMRA 148
benazepril 96
benazepril-hydrochlorothiazide 95
bendamustine 55
BENDEKA 55
BENEFIX 258
BENLYSTA 27, 28
benzhydrocodone-acetaminophen 18
benznidazole 38
benzonatate 398
benzoyl peroxide 171
benzphetamine 409
benztropine 126
BEOVU 388, 393
bepotastine besilate 383
BERINERT 256
BESIVANCE 391
BESPONSA 56, 75
BESREMI 64
betaine 372
BETALOAN SUIK 222
betamethasone dipropionate 184
betamethasone valerate 184
betamethasone, augmented 184
BETASERON 377
betaxolol 104, 387
bethanechol chloride 254
BETIMOL 387
BETOPTIC S 387
bevacizumab 388, 393
BEVESPI AEROSPHERE 402
bexarotene 71, 180
BEXSERO 90
BEYAZ 157
BEYFORTUS 81
bicalutamide 56

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

BIJUVA 220
BIKTARVY 42
bimatoprost 392
BIMZELX 174
BIMZELX AUTOINJECTOR
..... 174
BINAXNOW COVID AG
CARD HOME TST..... 286,
331
BINAXNOW COVID-19 AG
SELF TEST 286, 331
BIOLON 390
BIONIME RIGHTEST TEST
STRIPS..... 279, 331
bismuth subcit k-
metronidz-tcn 240
bisoprolol fumarate..... 104,
105
bisoprolol-
hydrochlorothiazide .. 107
bivalirudin 270
BIVIGAM 83
bleomycin 73
BLEPHAMIDE S.O.P...... 382
BLINCYTO 77
Blisovi 24 Fe 157
Blisovi Fe 1.5/30 (28)..... 157
Blisovi Fe 1/20 (28) 157
BLOOD GLUCOSE TEST
..... 279, 331
BLUJEP 44
BLULINK BG SYSTEM
REFILL 290, 331
BLULINK GLUCOSE TEST
STRIP 279, 331
blunt needle, disposable
..... 303, 331
BOOSTRIX TDAP 87
bortezomib 68, 69
bosentan 114
BOSULIF 69
BOTOX 277
BPO 172
BRAFTOVI 60
BREATHERITE MDI
SPACER..... 319, 332

BREATHERITE SPACER-
MASK, NEO. 319, 332
BREATHERITE SPACER-
MASK,ADULT 319, 332
BREATHERITE SPACER-
MASK,CHILD 319, 332
BREATHERITE SPACER-
MASK,INFANT ... 319, 332
BREATHERITE SPACER-
MASK,S.CHLD ... 319, 332
BREATHERITE VALVED
MDI CHAMBER... 319, 332
BREATHERITE VALVED
MDI SPACER 319, 332
BRENZAVVY 215
BREO ELLIPTA 403
BREXAFEMME 36
Breyna 403
BREZTRI AEROSPHERE
..... 404
Briellyn 157
brimonidine 192, 392
brimonidine-dorzolamide
..... 381
brimonidine-dorzolamide
(pf) 381
brimonidine-dorzol-
bimatoprost 381
brimonidine-timolol 386
BRINEURA 370
BRINSUPRI 404
brinzolamide 386
BRIUMVI 377
BRIVIACT 120
BRIXADI 149
Bromfed Dm 406
bromfenac 385
bromocriptine 126
brompheniramine-
pseudoeph-dm 407
BRONCHITOL 404
BRUKINSA 60, 69
budesonide 243, 399
budesonide-formoterol 403
BULLSEYE MINI SAFETY
LANCETS..... 290, 332
bumetanide 109

buprenorphine 19
buprenorphine hcl... 19, 149
buprenorphine-naloxone
..... 149
bupropion hcl 124
bupropion hcl (smoking
deter) 150
buspirone 115
busulfan 54
butalbital-acetaminop-caf-
cod 18
butalbital-acetaminophen
..... 20
butalbital-acetaminophen-
caff 20
butalbital-aspirin-caffeine
..... 30
butorphanol 19
BUTTERFLY TOUCH
LANCET 290, 332
BYLVAY 271
BYOOVIZ 388, 393
C
CABENUVA 40
cabergoline 232
CABLIVI 254
CABOMETYX 66
CABTREO 171
CADEAU DHA 201
CADIRA COMPLIANT
BLOOD STAT 323
caffeine citrate 141
calcipotriene 180
calcipotriene-
betamethasone 173
calcitonin (salmon)..... 219
calcitriol 180, 209, 372
calcium acetate(phosphat
bind) 250
CALQUENCE
(ACALABRUTINIB MAL)
..... 60, 69
CAMCEVI (6 MONTH) 65
Camila 164
CAMPTOSAR 72
CAMRESE 155
CAMRESE LO 154

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

CAMZYOS	107	cardioplegic solution no.25		carisoprodol	277
candesartan	98		395	carisoprodol-aspirin	277
candesartan-		CARDURA XL	111	carisoprodol-aspirin-	
hydrochlorothiazid	97	CAREONE ULTRA THIN		codeine	278
cantharidin in acetone ..	189	LANCET	290, 332	carmustine	54
capecitabine	58	CAREPOINT LUER LOCK		carteolol	387
CAPEX	184	SYRINGE	303, 332	Cartia Xt	106
CAPLYTA	130	CAREPOINT LUER LOCK		carvedilol	96
CAPRELSA	69	SYR-NEEDLE	303, 332	carvedilol phosphate	97
captopril	96	CAREPOINT LUER SLIP		CAVERJECT	197
captopril-		SYRINGE	304, 332	CAVERJECT IMPULSE ..	197
hydrochlorothiazide	96	CAREPOINT LUER SLIP		CAYA CONTOURED	287,
CAPVAXIVE	90	SYRING-NDL	304, 332	334	
CARBAGLU	373	CAREPOINT PRECISION		CAYSTON	404
carbamazepine	118, 138	LUER LOCK	304, 332	Caziant (28)	165
CARBATROL	118, 138	CAREPOINT PRECISION		cefaclor	44
carbidopa	126	NEEDLE	304, 332	cefadroxil	44
carbidopa-levodopa	125	CAREPOINT PRECISION		cefdinir	45
carbidopa-levodopa-		SAFETY	304, 332	cefixime	45
entacapone	125	CAREPOINT SAFETY LL		cefpodoxime	45
carbinoxamine maleate	396,	SYR-NEEDLE	304, 333	cefprozil	45
397		CARESENS LANCETS ..	290,	cefuroxime axetil	45
carboplatin	68	333		celecoxib	28
Carbzah	396, 397	CARESENS N TEST		CEM-UREA	189
CARDIOPLEGIA DEL NIDO		STRIPS	279, 333	CENTANY AT	176
FORMULA	394	CARESENS S TEST STRIP		cephalexin	44
CARDIOPLEGIA DEL NIDO-		.....	279, 333	CEPROTIN (BLUE BAR)	269
ISOLYT S	394	CARESTART COVID-19 AG		CEPROTIN (GREEN BAR)	
CARDIOPLEGIA HIGH		HOME TST	286, 333	.....	269
POTASSIUM	394	CARETOUCH ALCOHOL		CEQUA	385
CARDIOPLEGIA IND 4/1		PREP PAD	79	CEQUR SIMPLICITY	322,
PLASMALYT	394	CARETOUCH		334	
CARDIOPLEGIA IND 8/1		HYPODERMIC NEEDLE		CEQUR SIMPLICITY	
NON-ENRCH	394	.....	304, 333	INSERTER	290, 334
CARDIOPLEGIA		CARETOUCH LUER LOCK		CERDELGA	372
INDUCTION 4/1	394	SYRINGE	304, 333	CEREZYME	370
CARDIOPLEGIA		CARETOUCH LUER LOCK		CERVIDIL	210
MAINTENANCE 4/1	394	SYR-NEEDLE	304, 333	CETACAINE	190
CARDIOPLEGIA		CARETOUCH LUER SLIP		cetirizine	397, 398
REPERFUSATE 4/1	394	SYRINGE	304, 333	cetrorelix	230
CARDIOPLEGIA WARM		CARETOUCH SAFETY		cevimeline	376
INDUCT 4/1	395	LANCETS	290, 333	Charlotte 24 Fe	157
cardioplegic no.17(induct		CARETOUCH TEST STRIP		Chateal Eq (28)	157
4/1)	395	.....	279, 333	CHEK-STIX CONTROL ..	196,
cardioplegic no.19 (maint		CARETOUCH TWIST		323, 334	
4/1)	395	LANCET	290, 334	CHEMET	33
cardioplegic soln	395	carglumic acid	374	CHEMSTRIP 10 MD	196, 334

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

CHEMSTRIP 10/SG 196, 334
CHEMSTRIP 2 GP .. 196, 334
CHEMSTRIP 50B .. 196, 334
CHEMSTRIP 7 196, 334
CHEMSTRIP 9 196, 334
CHENODAL 237, 271
CHILDREN'S ASPIRIN 30, 268
chlordiazepoxide hcl 115, 137
chlordiazepoxide-clidinium 137, 240
chlorhexidine gluconate 376
chloroquine phosphate .. 37
chlorpromazine 131
chlorthalidone 110
chlorzoxazone 277
CHOICEDM CLARUS 279, 334
CHOLBAM 236
cholestyramine (with sugar) 100
Cholestyramine Light ... 100
choline, magnesium salicylate 30
chorionic gonadotropin, human 225
CHOSEN LANCET . 290, 334
CHOSEN SAFETY LANCET 290, 334
CIBINQO 175
CICLODAN KIT 178
ciclopirox 178
ciclopirox-ure-camph-menth-euc 178
cilostazol 267
CILOXAN 391
CIMDUO 41
CIMERLI 388, 393
cimetidine 237
cimetidine hcl 237
CIMZIA 21, 22, 244
CIMZIA POWDER FOR RECONST 21, 22, 244
CIMZIA STARTER KIT 21, 22, 244
cinacalcet 218, 219

CINQAIR 399
CINRYZE 256
CIPRO 45
CIPRO HC 395
ciprofloxacin 46
ciprofloxacin hcl 46, 391, 395
ciprofloxacin-dexamethasone 395
ciprofloxacin-fluocinolone 395
cisplatin 68
citalopram 122
CITRANATAL (DUAL-IRON) 201
CITRANATAL 90 DHA (ALGAL OIL) 201
CITRANATAL ASSURE . 201
CITRANATAL DHA (ALGAL OIL) 201
CITRANATAL HARMONY (IRON FUM) 202
cladribine 57
Claravis 168
CLARINEX-D 12 HOUR .. 396
clarithromycin 48
CLEANSING WASH 170, 192
clemastine 396, 397
Clemasz 396, 397
Clemsza 396, 397
CLENPIQ 248
CLEOCIN 408
CLEVER CHEK LANCETS 290, 334
CLEVER CHOICE CHAMBER-LRG MASK 319, 334
CLEVER CHOICE CHAMBER-MED MASK 319, 334
CLEVER CHOICE CHAMBER-SM MASK 319, 334
CLEVER CHOICE MICRO TEST STRIP 280, 334
CLEVER CHOICE PRO . 280, 334

CLEVER CHOICE TALK TEST 280, 334
CLEVER CHOICE TEST STRIPS 280, 334
CLEVER CHOICE VOICE PLUS TEST 280, 335
CLIMARA PRO 220
clindamycin hcl 48
clindamycin palmitate hcl 48
Clindamycin Pediatric 48
clindamycin phosphate 169, 408
clindamycin-benzoyl peroxide 170
CLINDESSE 408
CLINITEST COVID-19 HOME TEST 286, 335
CLINPRO 5000 374
clobazam 116, 137
clobetasol 184, 384
clobetasol-emollient 184, 185
clocortolone pivalate 185
CLODAN KIT 188
clofarabine 57
clomiphene citrate 222
clomipramine 125
clonazepam 115, 116, 137
clonidine 108
clonidine hcl 108, 133
clopidogrel 268
clorazepate dipotassium 115, 137
clotrimazole 178, 375
clotrimazole-betamethasone 179
clozapine 130
COAGADEX 261
COAGUCHEK LANCETS 290, 335
COARTEM 37
COBENFY 130
COBENFY STARTER PACK 130
cocaine 406
codeine sulfate 14

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

codeine-butalbital-asa-caff
 18
colchicine..... 254
colesevelam..... 100
colestipol..... 100
COLOR LANCETS .. 290, 335
COLUMVI..... 77
COMBIPATCH..... 220
COMBISTIX REAGENT. 197,
 335
COMBIVENT RESPIMAT402
COMETRIQ..... 66
COMFORT EZ LANCETS
 290, 335
COMFORT TOUCH PLUS
SAFETY LANC .. 290, 335
COMFORT TOUCH ULT
THIN LANCETS .. 290, 335
COMFORTSEAL LARGE
MASK..... 319, 335
COMFORTSEAL MEDIUM
MASK..... 319, 335
COMFORTSEAL SMALL
MASK..... 319, 335
COMIRNATY 2025-2026(5-
11Y)(PF)..... 91
COMIRNATY 2025-26 (12Y
UP)(PF)..... 91
COMPACT SPACE
CHAMBER..... 319, 335
COMPACT SPACE
CHAMBER-LRG MASK
 319, 335
COMPACT SPACE
CHAMBER-MED MASK
 319, 335
COMPACT SPACE
CHAMBER-SM MASK319,
 335
COMPLERA..... 43
COMPLETE NATAL DHA
 202
COMPLETENATE 202
Compro 235
CONJUPRI..... 106
Constulose..... 246

CONTOUR NEXT TEST
STRIPS..... 280, 335
CONTOUR PLUS TEST
STRIP..... 280, 335
CONTOUR TEST STRIPS
 280, 335
CONTRACE..... 410
COPIKTRA 67, 68
CORDRAN TAPE LARGE
ROLL..... 185
CORDX COVID-19 AG
HOME TEST..... 286, 335
CORIFACT..... 261
CORLANOR 110
CORTANE-B..... 396
CORTIFOAM 243
cortisone..... 222
CORTISPORIN-TC 395
CORTROPHIN GEL 210, 211
COSENTYX 174, 175
COSENTYX (2 SYRINGES)
 174
COSENTYX PEN 174
COSENTYX PEN (2 PENS)
 174
COSENTYX UNOREADY
PEN..... 175
COTELLIC 66
COTEMPLA XR-ODT 134
COVARYX 219
COVARYX H.S. 219
COVID-19 AT-HOME TEST
 286, 336
CRENESSITY..... 219
CREON 236
CRESEMBA..... 36
CREXONT..... 125, 126
CRINONE..... 221, 409
cromolyn 65, 389, 400
CRYODOSE TA MEDIUM
STREAM SPR 190
CRYODOSE TA MIST
SPRAY 190
Cryselle (28)..... 157
CRYSVITA 222
CTEXLI 237, 271
CUPRIMINE 27, 33

CURITY ALCOHOL SWABS
 79
CUROSURF 405
CUTAQUIG 83
CUVITRU 83
CUVRIOR..... 33
cyanocobalamin (vitamin b-
12) 209
cyclobenzaprine 277
Cyclogyl 383
CYCLOMYDRIL 380
cyclopentolate 383
cyclopen-tropic-phenyleph-
watr 380
cyclopent-tropic-phen-ketr-
wat..... 380
cyclophosphamide.... 25, 54
cyclop-trop-propa-phen-
ket-wat 380
cycloserine 43
CYCLOSET..... 213
cyclosporine 25, 271, 385
CYCLOSPORINE IN
KLARITY 385
cyclosporine modified ... 25,
 271
cypheptadine..... 397
CYRAMZA 73
Cyred 157
Cyred Eq 157
CYSTADROPS 386
CYSTAGON 248
CYSTARAN 386
cytarabine 58
cytarabine (pf)..... 58
CYTOGAM..... 83
D
dabigatran etexilate..... 270
dactinomycin 73
DAFILOR 178
dalfampridine..... 378
danazol 224
dantrolene 278
DANYELZA 56
DANZITEN 69
dapsone 37, 169

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP =
 Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH =
 Orally Administered Anti-Cancer Drug

DAPTACEL (DTAP PEDIATRIC) (PF)	88	DEPO-ESTRADIOL	220	DIADIMAXIA	170
darifenacin	252	DEPO-PROVERA ...	153, 154	DIAOXIA	170
DARTISLA	240	DEPO-SUBQ PROVERA 104	154	DIASAXIATAR	171
darunavir	50	Dermacinrx Lidocan	193	DIASDIMAXIA	170
DARZALEX	61	DERMACINRX LIDOGEL	193	DIASOXIA	170
DARZALEX FASPRO	61	DERMACINRX LIDOREX	193	DIASTIX	323, 336
dasatinib	69	DERMAZENE	179	DIATRUE PLUS TEST STRIP	280, 336
Dasetta 1/35 (28)	157	DESCOVY	41	diazepam	115, 116, 137
Dasetta 7/7/7 (28)	165	desflurane	31	Diazepam Intensol	115, 137
DATROWAY	76	desipramine	125	diazoxide	211
daunorubicin	73	desloratadine	397, 398	dichlorphenamide	109, 273
DAURISMO	63	desmopressin	213	diclofenac epolamine	190
DAVOL IRRIGATION SYRINGE	304, 336	desog-e.estradiol/e.estradiol	155	diclofenac potassium	29
DAVOL PISTON IRRIGATION	305, 336	desonide	185	diclofenac sodium	29, 179, 191, 385
DAWNZERA	112	desoximetasone	185	diclofenac-misoprostol	28
DAXXIFY	277	desvenlafaxine	123	dicloxacillin	50
DAYBUE	153	desvenlafaxine succinate	123	dicyclomine	240
Daysee	155	dexamethasone	222, 223	diethylpropion	409
DAYVIGO	148	DEXAMETHASONE INTENSOL	222	DIFFERIN	172
DAZAVEIDAOXIA	192	dexamethasone sodium phosphate	384	DIFICID	49
DAZOMON	192	DEXCOM G6 RECEIVER	290, 336	diflunisal	30
DEBACTEROL	376	DEXCOM G6 SENSOR	290, 336	difluprednate	384
Deblitane	164	DEXCOM G6 TRANSMITTER	290, 336	Digitek	108
decitabine	58	DEXCOM G7 15 DAY SENSOR	291	digoxin	108
deferasirox	33	DEXCOM G7 RECEIVER	291, 336	dihydroergotamine	143
deferiprone	33	DEXCOM G7 SENSOR	291, 336	Dilantin	118
deferoxamine	33	dexlansoprazole	238	Dilantin Extended	118
deflazacort	222	dexmethylphenidate	134	Dilantin Infatabs	118
DEL NIDO CARDIOPLEGIA	395	DEXONTO	223	DILANTIN-125	118
DELSTRIGO	43	DEXTENZA	384	DILAUDID (PF)	14
demeclocycline	51	dextroamphetamine sulfate	134, 141, 147	diltiazem hcl	106
DEMEROL (PF)	14	dextroamphetamine-amphetamine	134, 140, 141, 147	DILT-XR	106
DENTA 5000 PLUS	374	DIACOMIT	121	DILUTING MEDIUM FOR NOVOLOG	198
DENTA 5000 PLUS SENSITIVE	374			dimethyl fumarate	378
DENTAGEL	374			DIOOXIA	180
DEOXIATAR	171			DIPENTUM	243
DEOXIAVAR	171			Diphen	396, 397
DEPAKOTE	116, 138			diphenoxylate-atropine	234
DEPAKOTE ER	116, 138, 142			dipyridamole	268
DEPAKOTE SPRINKLES	116, 138			disopyramide phosphate	99

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

<i>docetaxel</i>	72	<i>DROXIA</i>	269	<i>EASY GLIDE LUER SLIP TB</i>	
<i>Dodex</i>	209	<i>droxidopa</i>	108	<i>SYRING</i>	305, 337
<i>dofetilide</i>	99	<i>DRYSOL</i>	180	<i>EASY PLUS II TEST</i>	280, 337
<i>DOJOLVI</i>	201	<i>DRYSOL DAB-O-MATIC</i>	180	<i>EASY STEP</i>	280, 337
<i>Dolishale</i>	157	<i>DUAKLIR PRESSAIR</i>	402	<i>EASY TALK GLUCOSE</i>	
<i>donepezil</i>	152	<i>DUAVEE</i>	219	<i>TEST</i>	280, 337
<i>DOPTELET (10 TAB PACK)</i>		<i>DULERA</i>	403	<i>EASY TALK PLUS II TEST</i>	
.....	270	<i>duloxetine</i>	123, 142	<i>STRIP</i>	280, 337
<i>DOPTELET (15 TAB PACK)</i>		<i>DUOBRII</i>	173	<i>EASY TOUCH</i>	307, 340
.....	270	<i>DUODOTE</i>	32	<i>EASY TOUCH ALCOHOL</i>	
<i>DOPTELET (30 TAB PACK)</i>		<i>DUOPA</i>	126	<i>PREP PADS</i>	79
.....	270	<i>DUPIXENT PEN</i>	176, 399	<i>EASY TOUCH BLULINK</i>	
<i>DOPTELET SPRINKLE</i> ..	270	<i>DUPIXENT SYRINGE</i>	176, 399	<i>TEST STRIP</i>	280, 337
<i>dorzolamide</i>	386	<i>DUREX AVANTI BARE</i>		<i>EASY TOUCH FLIPLOCK</i>	
<i>dorzolamide (pf)</i>	386	<i>REAL FEEL</i>	297, 336	<i>NEEDLE</i>	305, 337
<i>dorzolamide-timolol</i>	386	<i>DUREX EXTRA SENSITIVE</i>		<i>EASY TOUCH FLIPLOCK</i>	
<i>dorzolamide-timolol (pf)</i>	386	<i>CONDOM</i>	297, 336	<i>SYRINGE</i>	305, 306, 338
<i>Dotti</i>	220	<i>DUREX TROPICAL</i>		<i>EASY TOUCH FLURINGE</i>	
<i>DOVATO</i>	40	<i>CONDOM</i>	297, 336	.....	306, 338
<i>DOVER BULB SYRINGE</i>		<i>DUROLANE</i>	275	<i>EASY TOUCH FLURINGE</i>	
.....	305, 336	<i>DURYSTA</i>	392	<i>FLIPLOCK</i>	306, 338
<i>doxazosin</i>	111	<i>dutasteride</i>	251	<i>EASY TOUCH FLURINGE</i>	
<i>doxepin</i>	125, 148	<i>dutasteride-tamsulosin</i>	248	<i>FLU TRAY</i>	306, 338
<i>doxercalciferol</i>	372	<i>DUVYZAT</i>	275	<i>EASY TOUCH FLURINGE</i>	
<i>doxorubicin, peg-liposomal</i>		<i>DYANAVEL XR</i>	134, 135, 141	<i>SHEATHLOCK</i>	306, 338
.....	73	<i>DYNOMA</i>	187	<i>EASY TOUCH</i>	
<i>doxycycline hyclate</i> .	51, 52, 376	<i>DYSPORT</i>	277	<i>HYPODERMIC NEEDLE</i>	
<i>doxycycline monohydrate</i>		E		.....	306, 339
.....	52, 191	<i>E.E.S. 400</i>	49	<i>EASY TOUCH LANCETS</i>	
<i>doxylamine-pyridoxine (vit</i>		<i>EASIVENT HOLDING</i>		.....	291, 339
<i>b6)</i>	235	<i>CHAMBER</i>	320, 336	<i>EASY TOUCH LUER LOCK</i>	
<i>D-PENAMINE</i>	27, 33	<i>EASIVENT MASK LARGE</i>		<i>SYRINGE</i>	306, 307, 339
<i>DRITHOCREME HP</i>	180	.....	320, 336	<i>EASY TOUCH SAFETY</i>	
<i>dronabinol</i>	140, 235, 410	<i>EASIVENT MASK MEDIUM</i>		<i>LANCETS</i>	291, 339
<i>DROPLET LANCETS</i>	291, 336	.....	320, 337	<i>EASY TOUCH</i>	
<i>DROPSAFE ACTI-LANCE</i>		<i>EASIVENT MASK SMALL</i>		<i>SHEATHLOCK SYRG-</i>	
.....	291, 336	.....	320, 337	<i>NDL</i>	307, 339, 340
<i>DROPSAFE ALCOHOL</i>		<i>EASY COMFORT</i>		<i>EASY TOUCH</i>	
<i>PREP PADS</i>	79	<i>ALCOHOL PAD</i>	79	<i>SHEATHLOCK SYRINGE</i>	
<i>DROPSAFE SICURA</i>		<i>EASY COMFORT LANCETS</i>		.....	307, 340
<i>SAFETY NEEDLE</i>	305, 336	.....	291, 337	<i>EASY TOUCH SYR</i>	
<i>drospirenone-e.estradiol-</i>		<i>EASY GLIDE CATHETER</i>		<i>ALLERGY TRAY</i> ..	307, 340
<i>Im.fa</i>	157	<i>TIP SYRING</i>	305, 337	<i>EASY TOUCH TEST STRIP</i>	
<i>drospirenone-ethinyl</i>		<i>EASY GLIDE LUER LOCK</i>		.....	280, 340
<i>estradiol</i>	157	<i>SYRINGE</i>	305, 337		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

EASY TOUCH
TUBERCULIN FLIPLOCK
 307, 340
EASY TOUCH
TUBERCULIN
SHEATHLK..... 308, 340
EASY TOUCH TWIST
LANCETS..... 291, 340
EASY TOUCH UNI-SLIP 308,
 340
EASY TRAK GLUCOSE
TEST 280, 340
EASY TRAK II TEST STRIP
 280, 340
EASY TWIST AND CAP
LANCETS..... 291, 340
EASYGLUCO TEST 280, 341
EASYMAX 281, 341
EASYMAX 15 TEST STRIPS
 281, 341
EASYPOINT NEEDLE... 308,
 341
EBGLYSS PEN..... 175
EBGLYSS SYRINGE..... 175
ECLIPSE NEEDLE . 308, 341
ECLIPSE SYRINGE 308, 341
econazole nitrate..... 178
ECONTRA EZ..... 167, 168
ECONTRA ONE-STEP .. 167,
 168
ECOTRIN..... 30, 268
ECOZA 178
edaravone 274
EDARBI 98
EDARBYCLOR..... 97
EDEX 197
ED-SPAZ 239, 253
EDURANT..... 40
EDURANT PED 40
EEMT 219
EEMT HS 219
efavirenz 40
efavirenz-emtricitabin-
tenofov..... 43
efavirenz-lamivu-tenofov
disop..... 43
EFFER-K..... 200

EGRIFTA SV..... 224
EGRIFTA WR 224
EKTERLY 112
ELAHERE 56, 75
ELAPRASE..... 371
ELELYSO 370
ELEMENT COMPACT TEST
STRIPS..... 281, 341
ELEMENT TEST STRIPS
 281, 341
ELESTRIN 220
eletriptan 144
ELFABRIO..... 370
ELIGARD..... 65
ELIGARD (3 MONTH)..... 65
ELIGARD (4 MONTH)..... 65
ELIGARD (6 MONTH)..... 65
Elinest 157
ELIQUIS..... 256, 257
ELIQUIS DVT-PE TREAT
30D START..... 256
ELIQUIS SPRINKLE..... 257
ELLA..... 167
ELLUME COVID-19 HOME
TEST 286, 341
ELMIRON..... 249
ELOCTATE..... 259
ELREXFIO 76
eltrombopag olamine.... 270
Eluryng..... 167
ELYXYB..... 144
ELZONRIS..... 75
EMBRACE BLOOD
GLUCOSE SYSTEM .. 281,
 341
EMBRACE EVO TEST
STRIPS..... 281, 341
EMBRACE LANCETS ... 291,
 341
EMBRACE PRO TEST
STRIPS..... 281, 341
EMBRACE SAFETY
LANCET 291, 341
EMBRACE TALK TEST
STRIPS..... 281, 341

EMBRACE WAVE
GLUCOSE TEST STRP
 281, 341
EMEND 236
EMFLAZA 223
EMGALITY PEN 143
EMGALITY SYRINGE.... 114,
 143
EMPAVELI..... 255, 268
EMPLICITI 59
EMRELIS 56
EMROSI 52, 191
EMSAM..... 122
emtricitabine..... 41
emtricitabine-tenofovir (tdf)
 41
emtricitabine-tenofovir (tdf)
 43
EMTRIVA 41
EMVERM 35
Emzahn 164
enalapril maleate 96
enalapril-
hydrochlorothiazide 96
ENBREL 20, 22
ENBREL MINI..... 20, 22
ENBREL SURECLICK 21, 23
ENDARI 198, 201, 269
ENDO AVITENE 264
Endocet..... 19
ENFIT MULTIFIL SYRINGE
 288, 342
ENFIT THUMB CONTROL
RING SYRIN..... 288, 342
ENERGIX-B (PF) 82, 83
ENERGIX-B PEDIATRIC
(PF)..... 83
ENHERTU 56, 76
Enilloring..... 167
ENJAYMO 255, 256
enoxaparin 266
Enpresse 165
ENSACOVE 55
Enskyce..... 157
ENSPRYNG 273
ENSTILAR 173
entacapone 126

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

ENTADFI..... 248
entecavir 46
ENTRESTO SPRINKLE ... 98
ENTYVIO 243
ENTYVIO PEN 244
Enulose 236
ENVARUSUS XR 272
ENZNONUTY 190
EOHILIA 223
EPCLUSA 47
EPIDIOLEX 116
EPIFIX AMNIOTIC
MEMBRANE 194
EPIFOAM 187
epinastine 383
epinephrine 108, 398
epirubicin 73
Epitol 118, 138
EPKINLY 77
eplerenone 96, 109
EPOGEN 257
epoprostenol 112
eprosartan 98
eptifibatide 267
EPYSQLI 255, 269
EQUETRO 118, 138
ERBITUX 77
ergocalciferol (vitamin d2)
..... 209
ergoloid 153
ERGOMAR 143
ergotamine-caffeine 143
eribulin 66
ERIVEDGE 63
ERLEADA 56
erlotinib 53
ERMEZA 233
Errin 164
Ery Pads 169
Ery-Tab 49
ERYTHROCIN (AS
STEARATE) 49
erythromycin 49, 391
erythromycin
ethylsuccinate 49
erythromycin with ethanol
..... 169

erythromycin-benzoyl
peroxide 170
ERZOFRI 128
escitalopram oxalate 122
eslicarbazepine 118
esomeprazole magnesium
..... 238
ESPEROCT 259
Estarylla 158
estazolam 137, 148
estradiol 221, 409
estradiol valerate 221
estradiol-norethindrone
acet 220
ESTRATEST F.S. 219
ESTRING 409
estrogens-
methyltestosterone 219
eszopiclone 148
ethacrynic acid 109
ethambutol 44
ethosuximide 121
ethyl chloride 190
ethynodiol diac-eth
estradiol 158
etodolac 29
etonogestrel-ethinyl
estradiol 167
etoposide 62
etravirine 40
EUCRISA 176
EUFLEXXA 276
EUTHYROX 233
EVAMIST 221
EVENCARE G2 281, 342
EVENCARE G3 TEST ... 281,
342
EVENCARE MINI GLUCOSE
TEST STR 281, 342
EVENCARE PROVUEW
TEST STRIP 281, 342
EVENCARE TEST .. 281, 342
EVENITY 218
everolimus (antineoplastic)
..... 66
everolimus
(immunosuppressive) 273

EVERSENSE 365 SENSOR
..... 291, 342
EVERSENSE 365
TRANSMITTER ... 291, 342
EVICEL 265
EVKEEZA 100
EVOLUTION TEST STRIPS
..... 281, 342
EVOMELA 54
EVOTAZ 42, 50
EVRYSDI 278
EXCEL SYRINGE ... 308, 342
EXEL HYPODERMIC
NEEDLES 308, 342
EXEL SYRINGE 308, 309,
342, 343
EXELDERM 178
exemestane 59
exenatide 214
EXODERM 177
EXONDYS-51 275
EXXUA 122
EYLEA 388, 389, 393
EYLEA HD 388, 393
EYSUVIS 384
E-Z JECT LANCETS 291,
343
E-Z JECT THIN LANCETS
..... 291, 343
EZ SMART LANCETS ... 291,
343
EZ SMART PLUS TEST 281,
343
EZ SMART TEST 281, 343
EZALLOR SPRINKLE ... 101
ezetimibe 104
ezetimibe-simvastatin ... 104
F
FABHALTA 255, 269
FABRAZYME 370
Falmina (28) 158
famciclovir 48
famotidine 237
FANAPT 128
FANAPT TITRATION PACK
A 128

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

FANAPT TITRATION PACK		FIDILA	177	flunisolide	406
B	128	FILOMA	178	fluocinolone	185
FANAPT TITRATION PACK		FILSPARI	110	fluocinolone acetonide oil	
C	128	FILSUVEZ	196	.....	396
FANTASY CONDOM	297,	filter needles	309, 343	fluocinolone and shower	
343		FINACEA	169, 192	cap	185
FARXIGA	215	finasteride	251	fluocinonide	185
FASENRA	400	FINGERSTIX LANCETS 291,		Fluocinonide-E	185
FASENRA PEN	400	343		fluocinonide-emollient ..	185
FASTEP COVID-19 AG		fingolimod	379	fluorescein-benoxinate 387,	
HOME TEST	286, 343	FINTEPLA	121	388	
FC2 FEMALE CONDOM 289,		Finzala	158	fluorescein-proparacaine	
343		Fioricet	20	.....	387
febuxostat	254	FIRDAPSE	275	fluoride (sodium)	375
FEIBA NF	256	FLAREX	384	FLUORIDEX DAILY	
Feirza	158	flavoxate	253	DEFENSE	375
felbamate	116	FLEBOGAMMA DIF	84	FLUORIDEX SENSITIVITY	
felodipine	107	flecainide	99	RELIEF	375
FEM PH	408	FLEXICHAMBER	320, 343	FLUORIMAX 5000	375
FEMCAP	286, 343	FLEXICHAMBER-LG CHILD		FLUORIMAX 5000	
FEMLYV	158	MASK	320, 343	SENSITIVE	375
FEMRING	409	FLEXICHAMBER-SM		fluorometholone	384
fenofibrate	101	ADULT MASK	320, 343	fluorouracil	179
fenofibrate micronized ..	100	FLEXICHAMBER-SM CHILD		fluoxetine	122, 123
fenofibrate		MASK	320, 343	FLUOXIA	187
nanocrystallized	101	FLOLIPID	101	fluphenazine hcl	131
fenofibric acid	101	FLOW-EZE VENTED		flurandrenolide	185
fenofibric acid (choline)	101	NEEDLE	309, 343	flurazepam	137, 148
FENSOLVI	230	FLOWFLEX COVID-19 AG		flurbiprofen	29
fentanyl	15	HOME TEST	287, 343	flurbiprofen sodium	385
fentanyl citrate	14	floxuridine	58	fluticasone propionate 185,	
fentanyl citrate (pf)	14, 31	FLUAD 2025-2026 (65 YR		399, 406	
fentanyl citrate (pf)-		UP)(PF)	92	fluticasone propion-	
0.9%nacl	14	FLUARIX 2025-2026 (PF) 92		salmeterol	403
ferric citrate	199, 250	FLUBLOK 2025-2026 (PF) 92		fluvastatin	101, 102
FERRIPROX	33	FLUCELVAX 2025-2026 ..	92	fluvoxamine	123
FERVINA	177	FLUCELVAX 2025-2026		FLUZONE 2025-2026	92
fesoterodine	253	(PF)	92	FLUZONE 2025-2026 (PF) 92	
FETZIMA	123	fluconazole	36	FLUZONE HIGH-DOSE	
FIASP FLEXTOUCH U-100		flucytosine	36	2025-26 (PF)	93
INSULIN	228	fludarabine	57	FML FORTE	384
FIASP PENFILL U-100		fludrocortisone	231	FOLATEXCEL	202
INSULIN	228	FLULAVAL 2025-2026 (PF)		FOLET ONE	200, 202
FIASP PUMPCART	228	.....	92	folic acid	210
FIASP U-100 INSULIN ...	228	FLUMIST 2025-2026 ..	85, 92	FOLLISTIM AQ	222
FIBRYGA	263	FLUMIST HOME 2025-2026		FOLOTYN	57
fidaxomicin	49	.....	85, 92	fondaparinux	266

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

FORA 6 CONNECT		FREESTYLE LIBRE 2 PLUS		GAMUNEX-C	84
GLUCOSE STRIP 281, 344		SENSOR	292, 345	ganirelix	231
FORA 6CONN-GTEL-TN'G		FREESTYLE LIBRE 2		GARDASIL 9 (PF)	91
ADV STRIP	282, 344	READER	292, 345	gatifloxacin	391
FORA D40-G31 TEST		FREESTYLE LIBRE 2		GATTEX 30-VIAL	248
STRIPS	282, 344	SENSOR	292, 345	GATTEX ONE-VIAL	248
FORA G20	282, 344	FREESTYLE LIBRE 3 PLUS		GAVILYTE-C	246
FORA GD50 TEST STRIPS		SENSOR	292, 345	Gavilyte-G	246
.....	282, 344	FREESTYLE LIBRE 3		Gavilyte-N	246
FORA GTEL GLUCOSE		READER	292, 345	GAVRETO	71
TEST STRIP	282, 344	FREESTYLE LIBRE 3		GAZYVA	61
FORA TEST STRIP 282, 344		SENSOR	292, 345	GE100 BLOOD GLUCOSE	
FORA TN'G ADVAN PRO		FREESTYLE LITE STRIPS		TEST STRIP	282, 345
TEST STRIP	282, 344	.....	282, 345	GE333 BLOOD GLUCOSE	
FORA TN'G VOICE TEST		FREESTYLE PRECISION		TEST STRIP	283, 345
STRIPS	282, 344	NEO STRIPS	282, 345	gefitinib	53
FORA V10	282, 344	FREESTYLE TEST 282, 345		GELFILM	389
FORA V10-V12-D10-D20		FREESTYLE UNISTIK 2 292,		GELFOAM	264
STRIPS	282, 344	345		GELFOAM JMI POWDER	
FORACARE GD20 282, 344		frovatriptan	144	.....	264
FORACARE GD40 TEST		FRUZAQLA	69	GELFOAM JMI SPONGE 264	
STRIPS	282, 344	FULPHILA	261	GELFOAM SPONGE SIZE	
FORACARE LANCETS 291,		fulvestrant	71	200	264
344		FUROSCIX	109	GEL-ONE	276
formoterol fumarate	401	furosemide	109	GELSYN-3	276
FORZINITY	277	FUZEON	39	gemcitabine	58
FOSAMAX PLUS D	218	FYARRO	66	gemfibrozil	101
fosamprenavir	50	Fyavolv	220	Gemmily	158
fosfomycin tromethamine		FYCOMPA	115	GEMTESA	249
.....	36, 252	FYLNETRA	261	GENABIO COVID-19 RAPID	
fosinopril	96	Fyremadel	231	AT-HOME	287, 345
fosinopril-		G		GENADUR (WITH LEXINAL)	
hydrochlorothiazide	96	gabapentin	117	.....	195
FOSRENOL	250	GALAFOLD	374	Generlac	236
FOTIVDA	69	galantamine	152	Gengraf	25, 272
FRAGMIN	266, 267	Galbriela	158	GENOTROPIN	224
FRAICHE 5000 PREVI ...	375	Gallifrey	232	GENOTROPIN MINQUICK	
FREESTYLE INSULINX 282,		GALZIN	33	.....	224
344		GAMASTAN	84	gentamicin	176, 390
FREESTYLE INSULINX		GAMIFANT	273	GENVISC 850	276
TEST STRIPS 282, 344		GAMMAGARD LIQUID	84	GENVOYA	42
FREESTYLE LANCETS 291,		GAMMAGARD S-D (IGA < 1		GILENYA	379
344		MCG/ML)	84	GILOTRIF	53
FREESTYLE LIBRE 14 DAY		GAMMAKED	84	GIMOTI	239
READER	291, 344	GAMMAPLEX	84	GLASSIA	405
FREESTYLE LIBRE 14 DAY		GAMMAPLEX (WITH		glatiramer	378
SENSOR	292, 344	SORBITOL)	84	Glatopa	378

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

GLEOSTINE	55	GONAL-F RFF REDI-JECT	222	HAVRIX (PF)	82
GLIADEL WAFER	55	GOTOKNOW COVID-19 AG	222	HAXDRAX	178
glimepiride	216	HOME TEST	287, 346	HEALON GV PRO	390
glipizide	216	GRAFIX CORE	194	HEALON PRO	390
glipizide-metformin	216	GRAFIX PRIME	195	HEALON5 PRO	390
GLOPERBA	254	GRAFIX XC	195	HEALTHPRO TEST STRIPS	283, 346
GLUCAGON (HCL)		granisetron hcl	235	Heather	164
EMERGENCY KIT	211	GRANIX	261	HEMA-COMBISTIX	197, 346
Glucagon Emergency Kit		GRASTEK	81	HEMANGEOL	105
(Human)	211	griseofulvin microsize	37	HEMICLOR	110
GLUCO NAVII TEST STRIP	283, 345	griseofulvin ultramicrosize	37	HEMLIBRA	263
GLUCOCARD 01 SENSOR		guanfacine	108, 133	HEMOFIL M HIGH	259
PLUS	283, 345	GUARDIAN 4 GLUCOSE		HEMOFIL M LOW	259
GLUCOCARD		SENSOR	292, 346	HEMOFIL M MID	260
EXPRESSION	283, 345	GUARDIAN 4		HEMOFIL M SUPER HIGH	260
GLUCOCARD SHINE TEST		TRANSMITTER ...	292, 346	HEP FLUSH-10 (PF)	265
STRIPS	283, 345	GUARDIAN LINK 3		heparin (porcine)	265
GLUCOCARD VITAL		TRANSMITTER ...	292, 346	heparin (porcine) in 0.9%	
SENSOR	283, 345	GUARDIAN SENSOR 3	292, 346	nacl	265
GLUCOCARD VITAL TEST		GVOKE	211	heparin (porcine) in 5 %	
STRIPS	283, 346	GVOKE HYPOPEN 1-PACK	211	dex	265
GLUCOCOM GLUCOSE	283, 346	GVOKE HYPOPEN 2-PACK	211	heparin lock flush (porcine)	265, 266
GLUCOCOM LANCETS	292, 346	GVOKE PFS 1-PACK	211	HEPARIN	
glutamine (sickle cell) ..	198, 201, 269	SYRINGE	211	LOCKFLUSH(PORCINE)(PF)	265, 266
glyburide	216	GVOKE PFS 2-PACK	211	heparin, porcine (pf)	265, 266
glyburide micronized	216	SYRINGE	211	HEPLISAV-B (PF)	83
glyburide-metformin	216	GYNAZOLE-1	408	HER STYLE	167, 168
glycerol phenylbutyrate ..	373	H		HERCEPTIN	77
glycine urologic solution	249	HAEGARDA	256	HERCEPTIN HYLECTA	77
glycopyrrolate	240, 377	Hailey	158	HERCESSI	78
glycopyrrolate (pf)	240	Hailey 24 Fe	158	HERNEXEOS	62
Glydo	193	Hailey Fe 1.5/30 (28)	158	HERZUMA	78
GLYRX-PF	240	Hailey Fe 1/20 (28)	158	HETLIOZ LQ	142
GLYXAMBI	215	halcinonide	185, 186	HEXIOUNYL	177
GM100	283, 346	halobetasol propionate ..	186	HIBERIX (PF)	89
GOJJI BLOOD GLUCOSE		Haloette	167	HIXDEFRIMA	178
TEST STRIP	283, 346	haloperidol	130	HIZENTRA	84
GOJJI LANCETS	292, 346	haloperidol lactate	130	HOMATROPAIRE	383
GOMEKLI	66	HARLIKU	373	HOVYN	182
GONAL-F	222	HARMONY GLUCOSE		huber safety needles	
GONAL-F RFF	222	TEST STRIP	283, 346	(disp.)	309, 346
		HARVONI	47		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

HUMALOG KWIKPEN		hydrocortisone 31, 186, 223,	icatibant 106
INSULIN 228		243	Iclevia 158
HUMALOG MIX 50-50		hydrocortisone acetate ... 31	ICLUSIG 67
KWIKPEN 227		hydrocortisone butyrate 186	icosapent ethyl 103
HUMALOG MIX 75-25(U-100)INSULN 227		hydrocortisone sod succinate 223	IDARAN 192
HUMALOG U-100 INSULIN 228		hydrocortisone valerate 186	idarubicin 73
HUMATE-P 260		hydrocortisone-acetic acid 396	IDELVION 258
HUMATROPE 224		hydrocortisone-iodoquinol 179	IDHIFA 67
HUMIRA 21, 23, 245		hydrocortisone-iodoquinol-aloe 176	IDOSE TR 392
HUMIRA PEN 21, 23, 245		hydrocortisone-pramoxine 32, 186, 187	IDYYXIATAR 172
HUMIRA(CF) 21, 23, 245		Hydromet 407	IFE-BIMIX 30/1 197
HUMIRA(CF) PEN 21, 23, 245		hydromorphone 15	ifosfamide 54
HUMIRA(CF) PEN		hydromorphone (pf) 15	IGALMI 148
CROHNS-UC-HS ... 21, 23, 245		hydromorphone (pf)-0.9 % nacl 15	IHEALTH COVID-19 AG HOME TEST 287, 346
HUMIRA(CF) PEN PSOR-UV-ADOL HS .. 21, 23, 245		hydroquinone 182	IHEALTH GLUCOSE TEST STRIP 283, 346
HUMULIN 70/30 U-100 INSULIN 226		hydroxocobalamin 209	IHEEZO (PF) 388
HUMULIN 70/30 U-100 KWIKPEN 226		hydroxychloroquine . 23, 24, 37	ILARIS (PF) 20
HUMULIN N NPH INSULIN KWIKPEN 226		hydroxyurea 58	ILET INFUSION KIT-INSET 23 323, 346
HUMULIN N NPH U-100 INSULIN 226		hydroxyzine hcl 114	ILET INFUSION KIT-INSET 32 323, 347
HUMULIN R REGULAR U-100 INSULN 226		hydroxyzine pamoate ... 114	ILET INFUSION-CONTACT DTCH 23 323, 347
HUMULIN R U-500 (CONC) INSULIN 226		HYFTOR 190	ILET INSULIN PUMP 322, 347
HUMULIN R U-500 (CONC) KWIKPEN 227		HYMOVIS 276	ILET STARTER KIT CONTACT 322, 347
HYALGAN 276		HYMPAVZI PEN 263	ILET STARTER KIT-INSET 322, 347
HYCAMTIN 72		hyoscyamine sulfate ... 239, 253	ILEVRO 385
hydralazine 108		HYOSYNE 239, 253	ILUMYA 174
hydrochlorothiazide 110		HYPER-SAL 152	IMAAVY 274
hydrocodone bitartrate ... 15		HYPOCYN ANTIPRURITIC 80, 196	imatinib 69
hydrocodone-acetaminophen 18, 19		HYPODERMIC NEEDLES 309, 346	IMBRUVICA 60, 69
hydrocodone-chlorpheniramine 407		HYQVIA 84	IMCIVREE 411
hydrocodone-homatropine 407		HYSINGLA ER 15	IMDELLTRA 77
hydrocodone-ibuprofen . 18, 19		I	IMFINZI 74
		ibandronate 218	imipenem-cilastatin 44
		IBRANCE 62	imipramine hcl 125
		IBSRELA 241	imipramine pamoate 125
		IBTROZI 69	imiquimod 188
		Ibu 29	IMJUDO 62
		ibuprofen 29	IMKELDI 69
			IMPAVIDO 38

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

IMVEXXY MAINTENANCE		
PACK	231	
IMVEXXY STARTER PACK		
.....	231	
INBRIJA	126	
Incassia	164	
INCONTROL ALCOHOL		
PADS	79	
INCONTROL SUPER THIN		
LANCETS	292, 347	
INCONTROL ULTRA THIN		
LANCETS	292, 347	
INCRELEX	230	
INCRUSE ELLIPTA	401	
indapamide	110	
INDICAID COVID-19 AG		
HOME TEST	287, 347	
indomethacin	30	
INFANRIX (DTAP) (PF)	88	
INFASURF	405	
INFINITY TEST STRIPS 283,		
347		
INFLECTRA	21, 23, 245	
infliximab	21, 23, 245	
INFUGEM	58	
INGREZZA	145, 146	
INGREZZA INITIATION		
PK(TARDIV)	145, 146	
INGREZZA SPRINKLE ..	145,	
146		
INJECT EASE LANCETS		
.....	292, 347	
INJECTAFER	200	
INLEXZO	58	
INLURIYO	71	
INLYTA	69	
INPEFA	214	
INPEN (FOR HUMALOG)		
BLUE	296, 347	
INPEN (FOR HUMALOG)		
GREY	296, 347	
INPEN (FOR HUMALOG)		
PINK	296, 347	
INPEN (NOVOLOG OR		
FIASP) BLUE	296, 347	
INPEN (NOVOLOG OR		
FIASP) GREY	296, 347	
INPEN (NOVOLOG OR		
FIASP) PINK	296, 347	
INQOVI	76	
INREBIC	64	
INSPIRACHAMBER 320, 347		
INSPIRACHAMBER WITH		
MASK-LARGE	320, 348	
INSPIRACHAMBER WITH		
MASK-MED	320, 348	
INSPIRACHAMBER WITH		
MASK-SMALL	320, 348	
insulin asp prt-insulin		
aspart	227	
insulin aspart u-100	229	
insulin glargine-yfgn	227	
insulin lispro	229	
insulin lispro protamin-		
lispro	227	
insulin u-500 syringe-		
needle	296, 348	
INTEGRA		
PRECISIONGLIDE		
NEEDLE	309, 348	
INTEGRA SYRINGE 309, 348		
INTELENCE	40	
INTELISWAB COVID-19		
HOME TEST	287, 348	
INTERLINK SYRINGE AND		
CANNULA	309, 348	
INTRAROSA	231	
Introvale	158	
INVACARE LANCETS ...	292,	
348		
INVEGA HAFYERA	128	
INVEGA SUSTENNA	128	
INVEGA TRINZA	128, 129	
INVELTYS	384	
INVOKAMET	214	
INVOKAMET XR	215	
INVOKANA	215	
INZDEAXIAVAR	171	
INZIRQO	110	
IODOFLEX	80	
IODOSORB	80	
IOPIDINE	392	
IPOL	93	
ipratropium bromide	401,	
406		
ipratropium-albuterol	403	
IQIRVO	271	
irbesartan	98	
irbesartan-		
hydrochlorothiazide	97	
irinotecan	72	
IRRIGATION SYRINGE .	309,	
348		
ISENTRESS	39, 40	
ISENTRESS HD	39	
Isibloom	158	
isoflurane	31	
isoniazid	44	
isosorbide dinitrate	98	
isosorbide mononitrate ..	98	
isosorbide-hydralazine .	114	
isotretinoin	168	
isradipine	107	
ISTODAX	64	
ISTURISA	210	
ITOVEBI	68	
itraconazole	36	
ivabradine	110	
ivermectin	35, 192	
IWILFIN	67	
IXEMPRA	62	
IXINITY	258	
IYUZEH (PF)	392	
IZERVAY (PF)	389, 392	
J		
Jaimiess	155	
JAKAFI	64	
Jantoven	255	
JANUMET	216	
JANUMET XR	217	
JANUVIA	213	
JARDIANCE	215	
JASCAYD	408	
Jasmiel (28)	159	
JATENZO	212	
Javygtor	374	
JAYPIRCA	60, 70	
Jaythari	223	
JEMPERLI	74	
Jencycla	164	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

JENTADUETO	217	KETODAN KIT	178	KLOXXADO	34
JENTADUETO XR	217	KETO-DIASTIX	323, 348	KOATE	260
JEVTANA	72	KETONE CARE	323, 348	KOGENATE FS	260
Jinteli	220	KETONE URINE TEST ..	323,	KORLYM	214
JIVI	260	348		KORSUVA	14, 15
JOENJA	373	ketoprofen	29	KOSELUGO	66
JOLESSA	159	ketorolac	28, 385	KOTARAXAP	182
JORNAY PM	135	KETOSTIX	323, 348	KOVALTRY	260
JOURNAVX	14	KEVARAXAP	182	K-PHOS NO 2	251
Joyeaux	159	KEVARTIA	182	K-PHOS ORIGINAL	251
Juleber	159	KEVEYIS	273	KPN	202
JULUCA	40	KEVZARA	26	KRAZATI	64
Junel 1.5/30 (21)	159	KEYTRUDA	74	KRINTAFEL	38
Junel 1/20 (21)	159	KEYTRUDA QLEX	74	KRYSTEXXA	254
Junel Fe 1.5/30 (28)	159	KHAPZORY	78, 79	Kurvelo (28)	159
Junel Fe 1/20 (28)	159	KIMMTRAK	78	KUTAR	182
Junel Fe 24	159	KIMONO LUBRICATED		KUTARVIA	182
JUST RIGHT 5000	375	CONDOMS	298, 348	KYLEENA	154
JUXTAPID	104	KIMONO MICROTHIN		KYPROLIS	69
JYLAMVO	24, 57	AQUA LUBE CON	298,	KYZATREX	212
JYNARQUE	250, 251	348		L	
K		KIMONO MICROTHIN		<i>l</i> norgest/e.estradiol-	
KADCYLA	56, 75	CONDOMS	298, 348	e.estrad	155, 164
Kaitlib Fe	159	KIMONO MICROTHIN		L.E.T. (LIDO-EPINEPH-	
KALBITOR	112	LARGE CONDOMS ...	298,	TETRA)	193
Kalliga	159	348		L.E.T.(LIDO-EPINEPH BIT-	
KALYDECO	404	KIMONO TEXTURED		TETRA)	193
KANJINTI	78	CONDOMS	298, 348	labetalol	97
KANUMA	371	KIMONO THIN		LABSTIX REAGENT	197,
KAPSPARGO SPRINKLE		LUBRICATED CONDOMS		348	
.....	105	.....	298, 348	lacosamide	117
KARBINAL ER	396, 397	KINERET	26	lactated ringers	199
Kariva (28)	155	KINRIX (PF)	88	lactulose	236, 246
KATARAXAP	182	Kionex (With Sorbitol) ...	199	LAGEVRIO (EUA)	51
KATARVIA	182	Kiprofen	29	LAMICTAL XR STARTER	
KCENTRA	258	KIRSTY	229	(BLUE)	119
KEFUNOVA	190	KIRSTY PEN	229	LAMICTAL XR STARTER	
Kelnor 1/35 (28)	159	KISQALI	62	(GREEN)	120
Kelnor 1/50 (28)	159	KISUNLA	152	LAMICTAL XR STARTER	
KEMOPLAT	68	KLARITY (CHONDROITIN)		(ORANGE)	120
KENALOG-80	223	(PF)	380	lamivudine	41, 46
KEPIVANCE	246	Klayesta	177	lamivudine-zidovudine ...	43
KERASTAT	183	KLISYRI (250 MG)	179	lamotrigine	120, 138, 139
KERENDIA	96	KLISYRI (350 MG)	179	LAMPIT	38
KERIDA	188	Klor-Con M10	200	LAMZEDE	370
KESIMPTA PEN	377	Klor-Con M15	200	lancets	292, 349
ketoconazole	36, 178	Klor-Con M20	200		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

LANCETS, SUPER THIN 292, 349
LANCETS, THIN 292, 349
LANCETS, ULTRA THIN 292, 349
LANOXIN 108
lanreotide 232
lansoprazole 238
lanthanum 250
lapatinib 53
Larin 1.5/30 (21) 159
Larin 1/20 (21) 159
Larin 24 Fe 160
Larin Fe 1.5/30 (28) 160
Larin Fe 1/20 (28) 160
latanoprost 392
LAYOLIS FE 160
LAZCLUZE 53
LEENA 28 165
leflunomide 27
LEMTRADA 377
lenalidomide 72
LENVIMA 70
LEQEMBI 152
LEQEMBI IQLIK 152
LEQSELVI 194
Lessina 160
letrozole 59
leucovorin calcium ... 78, 79
LEUKERAN 54
LEUKINE 262
leuprolide 65
leuprolide acetate (3 month) 65
levalbuterol hcl 402
levalbuterol tartrate 402
levamlodipine 107
levetiracetam 120
levobunolol 387
levocarnitine 198, 372
levocarnitine (with sugar) 372
levocetirizine 398
levofloxacin 46, 391
levoleucovorin calcium . 78, 79
Levonest (28) 165

levonorgest-eth.estradiol-iron 160
levonorgestrel 167, 168
levonorgestrel-ethinyl estrad 160
levonorg-eth estrad triphasic 165
Levora-28 160
levorphanol tartrate 15
levothyroxine 233, 234
LEVULAN 191
LIBTAYO 74
LICART 191
LIDO BDK 323
lidocaine 193
lidocaine hcl ... 31, 193, 376
lidocaine hcl-hydrocortison ac 32, 187
Lidocaine Viscous 376
lidocaine-hydrocortisone-aloe 32
lidocaine-prilocaine 190
lidocaine-racepinep-tetracaine 193
Lidocan Iii 193
Lidocan Iv 193
Lidocan V 194
LIDOPIN 194
LIDTOPIC 194
LIDTOPIC MAX 194
LIFESHIELD BLUNT CANNULA 309, 349
LIKMEZ 38
LILETTA 154
linezolid 50
LINZESS 236, 241
Liomny 233
liothyronine 233
liraglutide 214
liraglutide (weight loss) 410
lisdexamphetamine 135
lisinopril 96
lisinopril-hydrochlorothiazide 96
LITE TOUCH-MEDIUM MASK 320, 349

LITEAIRE MDI CHAMBER 320, 349
LITETOUCH-LARGE MASK 320, 349
LITETOUCH-SMALL MASK 320, 349
LITFULO 194
lithium carbonate 140
lithium citrate 140
LITHOSTAT 251
LIVDELZI 271
LIVMARLI 271
LIVTENCITY 45
L-MESITRAN SOFT 196
LO LOESTRIN FE 155
Loestrin 1.5/30 (21) 160
Loestrin 1/20 (21) 160
Loestrin Fe 1.5/30 (28-Day) 160
Loestrin Fe 1/20 (28-Day) 160
lofexidine 149
Lojaimiess 155
LOKELMA 199
Lomaira 409
LONSURF 59
loperamide 234
lopinavir-ritonavir 42
LOPRESSOR 105
LOQTORZI 74
lorazepam 115, 137
Lorazepam Intensol 115, 137
LORBRENA 55
Loryna (28) 160
losartan 98
losartan-hydrochlorothiazide ... 97
LOTEMAX 384
LOTEMAX SM 384
loteprednol etabonate ... 384
LOTREXONE 14
lovastatin 102
Low-Ogestrel (28) 160
loxapine succinate 130
Lo-Zumandimine (28) ... 160
lubiprostone .. 241, 245, 246

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

LUCENTIS 389, 393
LUCIRA CHECK-IT COVID HOME TST 287, 349
LUER LOCK SYRINGE . 309, 349
LUER SLIP TIP SYRINGE TRAY..... 309, 349
LUER-LOK TIP 309, 349
LUGOLS 80
Luizza 161
luliconazole..... 178
LUMAKRAS..... 64
LUMIGAN 392
LUMIZYME 371
LUMRYZ 146
LUMRYZ STARTER PACK 146
LUNSUMIO 77
LUPKYNIS 272
LUPRON DEPOT..... 65, 230
LUPRON DEPOT (3 MONTH) 65, 230
LUPRON DEPOT (4 MONTH) 65
LUPRON DEPOT (6 MONTH) 65
LUPRON DEPOT-PED ... 230
LUPRON DEPOT-PED (3 MONTH) 230
lurasidone 128
Lurbipr 29
Lurbiro 29
LUTATHERA 67, 70
Lutera (28)..... 161
LYBALVI..... 131, 133, 139
Lyleq..... 164
Lyllana..... 221
LYNKUET 231
LYNOZYFIC..... 76, 77
LYNPARZA..... 68
LYSODREN 55
LYTGOBI 63
LYUMJEV KWIKPEN U-100 INSULIN 229
LYUMJEV KWIKPEN U-200 INSULIN 229

LYUMJEV U-100 INSULIN 229
Lyza 164
M
MAD NASAL ATOMIZER-3 ML SYRING..... 309, 349
mafenide acetate 181
MAGELLAN SAFETY SYRINGE 309, 349
MAGELLAN SYRINGE.. 309, 349
MAGELLAN TUBERCULIN SAFETY SYR..... 310, 349
malathion 195
maraviroc 39
MARGENZA 78
Marlissa (28) 161
MARPLAN 122
MARVONA SUIK (PF) 31
MASONATAL PRENATAL 202
MATERVIA 208
MATULANE 54
Matzim La 106
MAVENCLAD (10 TABLET PACK) 378
MAVENCLAD (4 TABLET PACK) 378
MAVENCLAD (5 TABLET PACK) 379
MAVENCLAD (6 TABLET PACK) 379
MAVENCLAD (7 TABLET PACK) 379
MAVENCLAD (8 TABLET PACK) 379
MAVENCLAD (9 TABLET PACK) 379
MAVILO 182
MAVILO HP 182
MAVILO LP 182
MAVYRET 47
MAXIDEX 384
MAYZENT 379
MAYZENT STARTER(FOR 1MG MAINT) 379

MAYZENT STARTER(FOR 2MG MAINT) 379
MB HYDROGEL 183
meclizine 234
meclofenamate 28
mecobalamin (vitamin b12) 209
MEDISENSE THIN LANCETS..... 293, 350
MEDLANCE PLUS LANCETS..... 293, 350
MEDLANCE PLUS SPECIAL BLADE 293, 350
MEDROL..... 223
MEDROLOAN II SUIK ... 223
MEDROLOAN SUIK 223
medroxyprogesterone . 154, 232
mefenamic acid 28
mefloquine 38
megestrol 68, 410
MEKINIST 66
MEKTOVI..... 66
Meleya 164
meloxicam..... 29
melphalan hcl 54
MELZARA..... 169
memantine 153
memantine-donepezil... 153
MENEST 221
MENOPUR..... 222
MENOSTAR..... 221
MENQUADFI (PF)..... 89
MENVEO A-C-Y-W-135-DIP (PF)..... 89
meperidine 15
meperidine (pf) 15
meprobamate..... 115
MEPSEVII 371
mercaptapurine 57, 58
MERILOG 229
MERILOG SOLOSTAR... 229
Merzee 161
mesalamine..... 243
mesalamine with cleansing wipe..... 243
mesna 79

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Metadate Er	135	MICRO THIN LANCETS 293,	MIROTRACT	195
metaxalone	277	350	mirtazapine	121, 122
metformin	229	MICROCHAMBER ..	misoprostol	239
methadone	15, 16	320, 350	mitomycin	73
Methadone Intensol	15	MICRODOT BLOOD	mitomycin (pf) in water .	383
Methadose	16	GLUCOSE SYSTEM ..	MITOSOL	383
methamphetamine 135, 141		283,	mitoxantrone	73
methazolamide	109	350	MIUDELLA	154
methenamine hippurate .49,		MICRODOT XTRA BLOOD	MKO (MIDAZOLAM-	
252		GLUCOSE	KETAMINE-ONDAN)	31
methenamine mandelate 49,		283, 350	M-M-R II (PF) ..	85, 93, 94, 95
252		Microgestin 1.5/30 (21) ..	M-NATAL PLUS	202
methen-sod phos-meth		161	MNEXSPIKE 2025-2026 (PF)	
blue-hyos	49, 252	Microgestin 1/20 (21).....	.....	91
methimazole	217	161	MOBILE LANCETS 293, 350	
METHITEST	212	Microgestin Fe 1.5/30 (28)	modafinil	146
methocarbamol	277	.....	MODEYSO	60
methotrexate sodium 24, 57		161	moexipril	96
methotrexate sodium (pf)		MICROLET LANCET	MOKURA	183
.....	24, 57	293,	MOKURA LP	183
methoxsalen	180	350	MOKURA MOD	183
methscopolamine	239	microplegic solution no.1	MOKURA PLUS	183
methsuximide	121	.....	MOLEXI	183
methylropa	108	394	molindone	130
methylropa-		MICROSPACER	mometasone	186, 406
hydrochlorothiazide ..	108	320, 350	Mondoxyne NI	52
methylergonovine	231	midazolam	MONJUVI	61
methylphenidate	135	31, 137, 148	MONOJECT 140CC PISTON	
methylphenidate hcl	135,	midazolam (pf)	SYRINGE	310, 350
146, 147		31, 137	MONOJECT 35CC	
methylprednisolone	223	midodrine	SYRINGE CATH TIP ..	310,
methyltestosterone	212	108	350	
metoclopramide hcl	239	MIEBO (PF)	MONOJECT 3CC SYR	
metolazone	110	380	25GX1	310, 350
metoprolol succinate	105	MIFEPREX	MONOJECT ALLERGY	
metoprolol ta-		mifepristone	TRAY	310, 350
hydrochlorothiaz	107	210, 214	MONOJECT ALLERGY	
metoprolol tartrate	105	miglitol	TRAY DETACH ...	310, 350
metronidazole ..	38, 192, 408	213	MONOJECT BLOOD	
metyrosine	111	miglustat	COLLECTION	278, 350
mexiletine	99	372	MONOJECT CONTROL	
Mibelas 24 Fe	161	Mili	SYRINGE LUER ..	310, 351
miconazole nitrate-zinc ox-		161	MONOJECT DISPOSABLE	
pet	178	Milophene	SYRINGE	310, 351
MICONAZOLE-3	408	222	MONOJECT ECCENTRIC	
MICRO BLOOD GLUCOSE		Mimvey	NON-STERILE	310, 351
.....	283, 350	220		
		MINI PRENATAL		
		202		
		MINIMED 630G INSULIN		
		PUMP		
		322, 350		
		MINIMED 780G INSULIN		
		PUMP		
		323, 350		
		minocycline		
		27, 52		
		minoxidil		
		108		
		Minzoya		
		161		
		MIPLYFFA		
		372		
		MIRENA		
		154		
		MIRO3D		
		195		
		MIRO3D FIBERS		
		195		
		MIRODERM		
		FENESTRATED		
		195		
		MIRODERM		
		FENESTRATED PLUS		
		195		
		MIRODRY WOUND MATRIX		
				
		195		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

MONOJECT ENFIT
STERILE SYRINGE ... 288, 351
MONOJECT ENFIT
SYRINGE 288, 289, 351
MONOJECT ENFIT
SYRINGE CAP.... 288, 351
MONOJECT FILTER
ASPIRATOR 310, 351
MONOJECT FILTER
NEEDLE..... 310, 351
MONOJECT HYPODERMIC
NEEDLES..... 310, 352
MONOJECT HYPODERMIC
POLYPROPYL 311, 352
MONOJECT LUER-LOCK
TIP..... 311, 352
MONOJECT MAGELLAN
SFTY SYRINGE .. 311, 352
MONOJECT MEDICATION
TRANSF NDL..... 311, 352
MONOJECT PHARMACY
TRAY LUER 311, 352, 353
MONOJECT PHARMACY
TRAY REG TIP ... 311, 353
MONOJECT REG TIP NON-STERILE 311, 312, 353
MONOJECT REGULAR
LUER..... 312, 353
MONOJECT SAFETY LUER
LOCK TIP..... 312, 353
MONOJECT SAFETY
SYRINGES..... 312, 353
MONOJECT SMARTIP
CANNULA..... 312, 354
MONOJECT SYRINGE.. 313, 354
MONOJECT SYRINGE
CATHETER..... 312, 354
MONOJECT SYRINGE
LUER LOK .. 312, 313, 354
MONOJECT SYRINGE
REGULAR LUER 313, 354
MONOJECT SYRINGE
TOOMEY TYPE... 313, 354
MONOJECT TB..... 313, 355

MONOJECT TB LUER LOK
..... 313, 354
MONOJECT TB REGULAR
LUER TIP 313, 355
MONOJECT TB SAFETY
SYRINGE 313, 355
MONOJECT TUBERCULIN
SYRINGE 313, 314, 355
MONOLET LANCETS ... 293, 355
MONOLET THIN LANCETS
..... 293, 355
Mono-Linyah..... 161
MONOVISC..... 276
MONSEL'S..... 264
montelukast..... 400
morphine..... 16
morphine (pf)..... 16
morphine concentrate.... 16
morphine in 0.9 % sodium chlor..... 16
MOTPOLY XR 117
MOUNJARO 214
MOVANTIK..... 34
MOXATAG..... 35
moxifloxacin 46, 391
moxifloxacin-bromfenac
..... 383
MRESVIA (PF)..... 94
MULPLETA..... 270
MULTAQ..... 99
MULTI-DRAW NEEDLE 278, 355
MULTISTIX 197, 355
MULTISTIX 10 SG .. 197, 355
MULTISTIX 5 197, 355
MULTISTIX 7 197, 355
MULTISTIX 8 SG 197, 355
MULTISTIX 9 197, 355
MULTISTIX 9 SG 197, 355
mupirocin..... 176
mupirocin calcium 176
MUSCUSOLICE..... 190
Mutamycin 73
MVASI..... 53
MY CHOICE..... 167, 168
MY WAY 167, 168

MYALEPT 230
MYCAPSSA 232
mycophenolate mofetil .. 25, 26, 272
mycophenolate sodium 272
MYDCOMBI 380
MYDRIATIC4(TROP-PROPE-KTRLC) 389
MYFEMBREE 230
MYGLUCOHEALTH 283, 355
MYGLUCOHEALTH
LANCETS..... 293, 355
MYHIBBIN 272
MYLERAN 54
MYLOTARG..... 56, 75
MYNATAL..... 202
MYNATAL ADVANCE ... 202
MYNATAL PLUS 202
MYNATAL-Z 202
MYNATE 90 PLUS..... 203
MYOBLOC..... 277
MYRBETRIQ..... 249
MYTESI..... 234
N
nabumetone..... 28
nadolol 105
naftifine 177
NAGLAZYME..... 371
nalbuphine 19
naloxone 34
NALTREX 14
naltrexone 149
NAMENDA XR..... 153
NAMZARIC 153
NANO 2ND GEN PEN
NEEDLE..... 297, 355
NANO PEN NEEDLE.... 297, 355
naproxen 29
naproxen sodium 29
naratriptan 144
NATACYN..... 391
NATAZIA 164
nateglinide 214
NATESTO..... 212
NATURAL CYCLES
DIGITAL APP..... 288, 356

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

NAYZILAM..... 116, 137
nebivolol 105
NEBUSAL..... 152
Necon 0.5/35 (28)..... 161
needle (disp) 16 g.. 314, 356
needle (disp) 18 g.. 314, 356
needle (disp) 19 g.. 314, 356
needle (disp) 23 gauge 314, 356
needles, huber disposable 314, 356
nefazodone 123
NEFFY 108
nelarabine 58
NEMLUVIO 175
NENDRUX 188
neomycin 34
neomycin-bacitracin-poly-hc 382
neomycin-bacitracin-polymyxin..... 390
neomycin-polymyxin b gu 249
neomycin-polymyxin b-dexameth..... 382
neomycin-polymyxin-gramicidin 390
neomycin-polymyxin-hc 382, 395
Neo-Polycin 390
Neo-Polycin Hc..... 382
NEORAL..... 26, 272
NEO-SYNALAR..... 177
NEO-SYNALAR KIT..... 177
NEO-VITAL RX..... 203
NERLYNX..... 53
Neuac 170
NEULASTA..... 261
NEULASTA ONPRO 261
NEUPOGEN..... 261, 262
NEUPRO..... 127
NEURAPTINE..... 190
NEUTEK 2TEK TEST STRIPS..... 284, 356
NEVANAC 386
nevirapine 40
NEW DAY..... 167, 168

NEXA PLUS..... 203
NEXLETOL 100
NEXLIZET 104
NEXOBRID 181
NEXPLANON..... 153
NEXTSTELLIS..... 161
NEXVIAZYME..... 371
NGENLA 225
niacin..... 103
Niacor..... 103
nicardipine 107
nicotine 150
nicotine (polacrilex) 150
NICOTROL NS 150
nifedipine 107
Nikki (28)..... 161
NIKTIMVO..... 272
nilotinib hcl 70
nilutamide 56
nimodipine 106
NINLARO 69
NIPENT 58
nisoldipine 107
nitazoxanide 38
nitisinone 373
Nitro-Bid..... 98
NITRO-DUR..... 98
nitrofurantoin..... 36, 252
nitrofurantoin macrocrystal 35, 36, 252
nitrofurantoin monohyd/m-cryst..... 36, 252
nitroglycerin 31, 98
NITRO-TIME 99
NITYR 373
NIVESTYM..... 262
nizatidine..... 237
NOBELA 190
NOCDURNA (MEN) 213
NOCDURNA (WOMEN).. 213
NOKOR NEEDLE ... 314, 356
NOLIRA 194
NORA-BE 164
NORDITROPIN FLEXPEN 225
norelgestromin-ethin.estradiol 166

noreth-ethinyl estradiol-iron..... 161
norethindrone (contraceptive)..... 164
norethindrone acetate... 232
norethindrone ac-eth estradiol..... 162, 220
norethindrone-e.estradiol-iron..... 162
norgestimate-ethinyl estradiol..... 162, 165
NORLIQVA 107
NORMAL SALINE FLUSH 209
NORM-JECT 314, 356
NORM-JECT TUBERKULIN 314, 356
NORMLGEL AG 176
NORPACE CR 99
Nortrel 0.5/35 (28) 162
NORTREL 1/35 (21)..... 162
Nortrel 1/35 (28) 162
Nortrel 7/7/7 (28) 165
nortriptyline 125
NORVIR 51
NOURIANZ 126
NOVA MAX GLUCOSE TEST 284, 356
NOVA SAFETY LANCETS 293, 356
NOVA SUREFLEX LANCETS..... 293, 356
NOVAREL..... 225
NOVOEIGHT..... 260
NOVOLIN 70/30 U-100 INSULIN 226
NOVOLIN 70-30 FLEXPEN U-100..... 226
NOVOLIN N FLEXPEN... 226
NOVOLIN N NPH U-100 INSULIN 226
NOVOLIN R FLEXPEN... 227
NOVOLIN R REGULAR U100 INSULIN..... 227
NOVOSEVEN RT 258
NOXAFIL 36
NP THYROID 233

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

NPLATE..... 270
NUBEQA..... 56
NUCALA..... 399, 400
NUCORT..... 187
NUCYNTA..... 16
NUCYNTA ER..... 16
NUDEXTA..... 148
NUJO..... 182
NULIBRY..... 371
NULOJIX..... 273
NUMBONEX..... 194
NUMBRINO..... 406
NUMOISYN..... 14, 376
NUPLAZID..... 132
NURTEC ODT..... 143
NUTROPIN AQ NUSPIN 225
NUVARING..... 167
NUVAXOVID 2025-2026
 (PF)..... 91
NUVESSA..... 408
NUWIQ..... 260
NUZYRA..... 34, 52
Nyamyc..... 177
Nylia 1/35 (28)..... 162
Nylia 7/7/7 (28)..... 165
NYMALIZE..... 106
NYNUTEY..... 194
NYPOZI..... 262
nystatin..... 36, 177, 375
nystatin-triamcinolone.. 179
Nystop..... 177
NYVEPRIA..... 262
O
OBAGI ELASTIDERM.... 182
OBAGI NU-DERM
 BLENDER..... 182
OBAGI NU-DERM CLEAR
 182
OBAGI NU-DERM
 SUNFADER..... 183
OBAGI-C CLARIFYING
 SERUM..... 183
OBAGI-C THERAPY NIGHT
 183
OBIZUR..... 260
OBSTETRIX DHA..... 203

OBSTETRIX DHA
 PRENATAL DUO..... 203
OBSTETRIX EC..... 203
OBSTETRIX ONE... 201, 203
OCALIVA..... 271
OCELLA..... 162
OCM..... 196
OCREVUS..... 377
OCREVUS ZUNOVO..... 377
OCTAGAM..... 85
octreotide acetate . 232, 248
octreotide,microspheres
 232, 248
ODACTRA..... 81
ODEFSEY..... 43
ODOMZO..... 63
OFEV..... 70, 408
ofloxacin..... 46, 391, 395
OGIVRI..... 78
OGSIVEO..... 63
OHTUVAYRE..... 401
OJEMDA..... 60
OJJAARA..... 64
olanzapine..... 131, 139
olanzapine-fluoxetine... 124,
 131, 139
olmesartan..... 98
olmesartan-amlodipin-
 hcthiazid..... 97
olmesartan-
 hydrochlorothiazide 97
olopatadine..... 383, 406
OLPRUVA..... 373
OLUMIANT..... 26, 194
OMECLAMOX-PAK..... 240
omega-3 acid ethyl esters
 103
omeprazole..... 238
omeprazole-sodium
 bicarbonate..... 238
OMNARIS..... 406
OMNIPOD 5 (G6/LIBRE 2
 PLUS)..... 322, 356
OMNIPOD 5 G6-G7 INTRO
 KT(GEN5)..... 322, 356
OMNIPOD 5 G6-G7 PODS
 (GEN 5)..... 322, 356

OMNIPOD 5
 INTRO(G6/LIBRE2PLUS)
 322, 356
OMNIPOD DASH INTRO KIT
 (GEN 4)..... 322, 356
OMNIPOD DASH PDM KIT
 (GEN 4)..... 297, 357
OMNIPOD DASH PODS
 (GEN 4)..... 322, 357
OMNITROPE..... 225
OMVOH..... 242
OMVOH PEN..... 242
ON CALL EXPRESS TEST
 STRIP..... 284, 357
ON CALL LANCET..... 293, 357
ONAPGO..... 127
ONCASPAR..... 59
ondansetron..... 235
ondansetron hcl..... 235
ONE DAILY PRENATAL 203
ONE-A-DAY PRENATAL 208
ONE-A-DAY PRENATAL-1
 203
ONETOUCH DELICA PLUS
 LANCET..... 293, 357
ONETOUCH DELICA
 SAFETY LANCET..... 293, 357
ONETOUCH ULTRA TEST
 284, 357
ONETOUCH ULTRASOFT 2
 LANCET..... 293, 357
ONETOUCH VERIO TEST
 STRIPS..... 284, 357
ONGENTYS..... 126
ON-GO COVID-19 AG AT
 HOME TEST..... 287, 357
ONIVYDE..... 72
ONPATTRO..... 212
ON-THE-GO LANCETS..... 293,
 357
ONTRUZANT..... 78
ONUREG..... 58
ONYDA XR..... 133
ONZDEAXIADEMTAR.... 171
ONZDEAXIADEMVAR.... 171
ONZDEAXIAZAR..... 171

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

OPCICON ONE-STEP ... 167, 168	ORLADEYO 112	PACNEX HP 172
OPDIVO 74	orlistat 410	PACNEX LP 172
OPDIVO QVANTIG 74	ORLYNVAH 50	PADCEV 56, 76
OPDUALAG 59	Ormalvi 273	PALFORZIA (LEVEL 0) ... 86
OPFOLDA 373	orphenadrine citrate 277	PALFORZIA (LEVEL 1) ... 86
OPILL 164	orphenadrine-asa-caffeine 277	PALFORZIA (LEVEL 2) ... 86
OPIPZA 133, 139	Orquidea 164	PALFORZIA (LEVEL 3) ... 86
opium tincture 234	ORSERDU 71	PALFORZIA (LEVEL 4) ... 86
OPSUMIT 114	ORTHOVISC 276	PALFORZIA (LEVEL 5) ... 87
OPSYNVI 111	OSCIMIN 239, 253	PALFORZIA (LEVEL 6) ... 87
OPTICHAMBER ADULT	OSCIMIN SL 239, 253	PALFORZIA (LEVEL 7) ... 87
MASK-LARGE 320, 357	oseltamivir 48	PALFORZIA (LEVEL 8) ... 87
OPTICHAMBER DIAMOND	OSENVELT 232	PALFORZIA (LEVEL 9) ... 87
LG MASK 320, 357	OSPHERA 231	PALFORZIA (LEVEL 10) .. 87
OPTICHAMBER DIAMOND	OTEZLA 27, 181	PALFORZIA (LEVEL 11 UP-DOSE) 87
VHC 321, 357	OTEZLA STARTER .. 27, 181	PALFORZIA INITIAL (1-3 YRS) 87
OPTICHAMBER DIAMOND-MED MSK 321, 357	OTEZLA XR 27, 181	PALFORZIA INITIAL (4-17 YRS) 87
OPTICHAMBER DIAMOND-SML MASK 321, 357	OTEZLA XR INITIATION .27, 181	PALFORZIA LEVEL 11 MAINTENANCE 87
OPTION-2 167, 168	OVACE PLUS SHAMPOO 181	paliperidone 129
OPTIUM EZ 284, 357	OVIDREL 225	PALSONIFY 233
OPTIUM TEST 284, 357	oxaliplatin 68	PALYNZIQ 374
OPVEE 34	oxaprozin 29	PANCREAZE 236
OPZELURA 175	oxazepam 115, 137	PANDEL 186
ORACIT 251	oxcarbazepine 118, 119	PANHEMATIN 256
ORALAIR 81	OXERVATE 387	PANRETIN 180
Oralone 376	OXIAICE 169	pantoprazole 238
ORAMAGICRX 376	OXIAVARY 172	PANZYGA 85
ORAVIG 36	oxiconazole 178	papaverine 111
ORENCIA 25	OXISTAT 179	PARAGARD T 380A 154
ORENCIA (WITH MALTOSE) 24	OXLUMO 250	PARAGARD T380A (SINGLE HAND) 154
ORENCIA CLICKJECT 25	oxybutynin chloride 253	paricalcitol 372
ORENITRAM 113	oxycodone 16, 17	paroxetine hcl 123
ORENITRAM MONTH 1 TITRATION KT 112	oxycodone-acetaminophen 19	paroxetine mesylate(menop.sym) 231
ORENITRAM MONTH 2 TITRATION KT 112	OXYCONTIN 17	PARSABIV 219
ORENITRAM MONTH 3 TITRATION KT 112	oxymorphone 17	PAVBLU 389, 393, 394
ORFADIN 373	OXYTROL 254	PAXLOVID 51
ORGOVYX 65	OZEMPIC 214	pazopanib 70
ORIAHNN 230	P	PEDIARIX (PF) 82, 88
ORILISSA 231	P2I PRENATAL WITH CHOLINE 203	PEDMARK 79
ORKAMBI 405	Pacerone 99	PEDVAX HIB (PF) 89
	paclitaxel 72	peg 3350-electrolytes 246
	paclitaxel protein-bound .72	

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

<i>peg3350-sod sul-nacl-kcl-asb-c</i>	246	<i>phentermine</i>	410	PLENITY (WELCOME KIT)	409
PEGASYS	46, 47	<i>phentermine-topiramate</i>	409	PLENVU	247
<i>peg-electrolyte soln</i>	247	<i>phenylephrine hcl</i>	386	<i>plerixafor</i>	256
PEMAZYRE	63	<i>phenyleph-tropicamide in water</i>	380	PLUVICTO	67, 70
<i>pemetrexed</i>	57	Phenyleph	118	PNEUMOVAX-23	90
<i>pemetrexed disodium</i>	57	<i>phenytoin</i>	118	<i>pnv no.95-ferrous fumarate-fa</i>	203
PEMFEXY	57	<i>phenytoin sodium extended</i>	118	PNV-DHA + DOCUSATE	203
PEMGARDA (EUA)	81	PHEGO	78	PNV-SELECT	204
PEMRYDI RTU	57	PHEXXI	153	POCKET CHAMBER	321, 358
PENBRAYA (PF)	89	<i>Philith</i>	162	PODOCON	189
<i>penicillamine</i>	27, 33	PHOSPHOLINE IODIDE	380	<i>podofilox</i>	189
<i>penicillin v potassium</i>	50	PHOTREXA CROSS-LINKING KIT	381	POLIVY	56, 75
PENTACEL (PF)	88	PHYRAGO	70	POLY HUB NEEDLE	314, 358
<i>pentamidine</i>	49	PHYSIOLYTE	199	Polycin	390
PENTASA	243	PHYSIOSOL IRRIGATION	199	<i>polymyxin b sulf-trimethoprim</i>	390
<i>pentazocine-naloxone</i>	19	<i>phytonadione (vitamin k1)</i>	210	POMALYST	72
<i>pentoxifylline</i>	263	PIASKY	255, 269	POMBILITI	371
<i>perampanel</i>	115	PIFELTRO	40	PONVORY	379
Percocet	19	<i>pilocarpine hcl</i>	376, 380, 381	PONVORY 14-DAY STARTER PACK	379
PERFECT POINT SAFETY LANCETS	293, 358	PILOT COVID-19 AT-HOME TEST	287, 358	Portia 28	162
PERFECT POINT SAFETY NEEDLE	314, 358	<i>pimecrolimus</i>	182	<i>posaconazole</i>	37
<i>perindopril erbumine</i>	96	<i>pimozide</i>	130	<i>potassium chloride</i>	200
Periogard	376	<i>Pimtree (28)</i>	155	<i>potassium citrate</i>	251
PERJETA	77	<i>pindolol</i>	105	<i>potassium iodide</i>	199
<i>permethrin</i>	195	<i>pioglitazone</i>	229	POTELIGEO	61
<i>perphenazine</i>	131	<i>pioglitazone-glimepiride</i>	216	<i>povidone-iodine</i>	392
<i>perphenazine-amitriptyline</i>	124	<i>pioglitazone-metformin</i>	216	PR BENZOYL PEROXIDE	172
PERSERIS	129	PIP BLOOD GLUCOSE TEST STRIP	284, 358	PR CREAM	191
PERTZYE	236	PIP LANCET	293, 358	PR NATAL 400	204
PFLEX INSPIRATORY TRAINER	321, 358	PIQRAY	68	PR NATAL 400 EC	204
PHARMACIST CHOICE	284, 358	<i>pirfenidone</i>	407	PR NATAL 430	204
PHASEAL PROTECTOR	318, 358	<i>piroxicam</i>	29	PR NATAL 430 EC	204
PHEBURANE	373	PISTON SYRINGE WITH ENFIT	289, 358	PRADAXA	270
PHEDRAX	177	<i>pitavastatin calcium</i>	102	PRAKETAMIDE	194
<i>phenazopyridine</i>	252	PLAN B ONE-STEP	167, 168	<i>pralatrexate</i>	57
<i>phendimetrazine tartrate</i>	409, 410	PLATINUM TEST STRIP	284, 358	<i>pralidoxime</i>	32
<i>phenelzine</i>	122	PLEGRIDY	378	PRALUENT PEN	103, 104
<i>phenobarbital</i>	115, 148	PLENITY	409	<i>pramipexole</i>	127
<i>phenoxybenzamine</i>	111			PRAMOSONE	188
				<i>prasugrel hcl</i>	268

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

<i>pravastatin</i>	102	PREMIER TEST STRIP .	284, 359	prenatal vit-iron fum-folic ac	206
<i>praziquantel</i>	35	PREMIUM V10	284, 359	PRENATAL WITH DHA-FOLIC ACID	206
<i>prazosin</i>	111	PREMPHASE	220	PREPIDIL	210
PRECISION PCX PLUS TEST	284, 358	PREMPRO	220	PRESSURE ACTIVATED LANCETS	293, 359
PRECISION PCX TEST .	284, 358	PRENAISSANCE	204	<i>pretomanid</i>	44
PRECISION POINT OF CARE TEST	284, 358	PRENAISSANCE PLUS .	204	<i>Prevalite</i>	100
PRECISION Q-I-D TEST .	284, 358	PRENATA	204	PREVNAR 20 (PF)	90
PRECISION XTRA TEST	284, 358	PRENATABS FA	204	PREVYMIS	45
PRED MILD	384	PRENATABS RX	204	PREZCOBIX	42, 50
PRED-G S.O.P.	382	PRENATAL	205, 208	PREZISTA	50
<i>prednicarbate</i>	186	PRENATAL + DHA	204	PRIALT	14
<i>prednisoln sp-moxiflox-bromfen</i>	382	PRENATAL 19	204, 205	PRIFTIN	44, 51
<i>prednisolone</i>	223	PRENATAL 19 (WITH DOCUSATE)	204	PRIOSEC	238
<i>prednisolone acetate</i>	384	PRENATAL COMPLETE .	205	<i>primaquine</i>	38
<i>prednisolone acetate (pf)</i>	384	PRENATAL ESSENTIALS	205	PRIMEAIRE	321, 359
<i>prednisolone acetate-bromfenac</i>	387	PRENATAL FORMULA ..	205	<i>primidone</i>	115
<i>prednisolone acetate-nepafenac</i>	387	PRENATAL FORMULA-DHA	205	PRIMSOL	35
<i>prednisolone sod ph-bromfenac</i>	387	PRENATAL GUMMIES ..	208	PRIORIX (PF) ..	86, 93, 94, 95
<i>prednisolone sod ph-moxiflox</i>	382	PRENATAL GUMMIES(ZINC CHELATE)	200	PRIVIGEN	85
<i>prednisolone sodium phosphate</i>	223, 385	PRENATAL MULTI	205	PRO COMFORT ALCOHOL PADS	80
<i>prednisolone-moxiflo-nepafenac</i>	382	PRENATAL MULTI-DHA (ALGAL OIL)	205	PRO COMFORT LANCET	293, 359
<i>prednisolone-moxifloxacin hcl</i>	382	PRENATAL MULTI-DHA(WITH VIT K)	205	PRO COMFORT SAFETY LANCET	293, 359
<i>prednisolone-moxiflox-bromfen</i>	383	PRENATAL MULTIVITAMINS	205	PRO VOICE V8-V9 TEST STRIP	284, 359
<i>prednisolon-moxiflox-ketorolac</i>	383	PRENATAL ONE DAILY .	205	<i>probenecid</i>	254
<i>prednisone</i>	223, 224	PRENATAL PLUS	206	<i>probenecid-colchicine</i> ..	254
PREDNISON INTENSOL	223	PRENATAL PLUS (CALCIUM CARB)	205	PROCARE SPACER WITH ADULT MASK	321, 359
<i>pregabalin</i>	117, 142, 147	PRENATAL PLUS DHA .	206	PROCARE SPACER WITH CHILD MASK	321, 359
PREGNYL	225	PRENATAL PLUS VITAMIN-MINERAL	206	PROCHAMBER	321, 359
PREMARIN	221, 409	PRENATAL TABLET	206	<i>prochlorperazine</i>	235
		prenatal vit no.179-iron-folic	206	<i>prochlorperazine maleate</i>	131, 235
		PRENATAL VITAMIN	206	PROCORT	32
		PRENATAL VITAMIN PLUS LOW IRON	206	PROCRIT	257
		PRENATAL VITAMIN WITH MINERALS	206	PROCTOFOAM HC	32
				<i>Procto-Med Hc</i>	31, 186
				<i>Proctosol Hc</i>	32, 186
				<i>Proctozone-Hc</i>	32, 186
				PROCYSBI	249

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

PRODIGY LANCETS..... 293, 359
PRODIGY NO CODING . 285, 359
PRODIGY TWIST TOP
LANCET 293, 359
PROFILNINE 258
progesterone 232
progesterone micronized
..... 221, 232
PROGRAF 272
PROLASTIN-C 405
PROLEUKIN 64
PROLIA 232
PROMACTA 270
promethazine..... 235, 397
promethazine-codeine .. 407
promethazine-dm 407
promethazine-
phenylephrine 396
Promethegan 235, 397
PRONAL 188
propafenone 99
proparacaine..... 388
propranolol 105
propranolol-
hydrochlorothiazid 111
propylthiouracil 217
PROQUAD (PF)... 86, 93, 94, 95
protriptyline 125
PROVIDA OB 206
PROVISC..... 390
prucalopride 239
PULMICORT FLEXHALER
..... 399
PULMOZYME 405
PURAZIL..... 180
PURE COMFORT
ALCOHOL PADS 80
PURE COMFORT LANCETS
..... 293, 359
PURE COMFORT SAFETY
LANCETS..... 294, 359
PUREVITA FOLIC ACID 210
PURIXAN 58

PUSH BUTTON SAFETY
LANCETS..... 294, 359
Pyquvi 224
pyrazinamide 44
pyridostigmine bromide 32, 274, 275
pyridoxine (vitamin b6) . 209
pyrimethamine..... 38
PYRUKYND 269
Q
QALSODY 274
QBRELIS 96
QBREXZA..... 177
QELBREE..... 136
QFITLIA 263
QFITLIA PEN..... 263
QINLOCK..... 70
QLOSI 381
QNASL..... 406
QTERN..... 215
QUADRACEL (PF) 88
quazepam..... 137, 148
quetiapine 131, 139, 140
QUICKVUE AT-HOME
COVID-19 TEST .. 287, 359
QUIDROXZAR 188
QUILLICHEW ER 136
QUILLIVANT XR..... 136
quinapril 96
quinapril-
hydrochlorothiazide 96
quinidine gluconate 99
quinidine sulfate..... 99
quinine sulfate..... 38
QUINTET AC 285, 359
QUINTET GLUCOSE TEST
STRIPS..... 285, 359
QUIT 2..... 151
QUIT 4..... 151
QULIPTA 143
QUTENZA..... 194
QUVIVIQ 148
QVAR REDIHALER..... 399
R
rabeprazole 238
RADICAVA 274
RADICAVA ORS 274

RADICAVA ORS STARTER
KIT SUSP 274
RADIOGARDASE 33
RAGWITEK..... 81
RALDESY 123
raloxifene 232
ramelteon 142
ramipril 96
ranolazine 99
RAPID SARS-COV-2 AG
HOME TEST..... 287, 359
rasagiline 127
RASUVO (PF) 24
RAVICTI..... 373
RAYALDEE 372
REBIF (WITH ALBUMIN) 378
REBIF REBIDOSE..... 378
REBIF TITRATION PACK
..... 378
REBINYN 258
REBLOZYL 262, 271
REBYOTA..... 237
RECEDO 191
Reclipsen (28)..... 162
RECOMBIMATE..... 260
RECOMBIVAX HB (PF) 83
RECORLEV 210
RECOTHROM..... 264
RECOTHROM SPRAY KIT
..... 264
REFUAH PLUS..... 285, 359
REGENECARE 194
REGRANEX 196
RELAGARD 408
RELENZA DISKHALER ... 48
RELEUKO..... 262
RELIAMED LANCET 294, 360
RELIAMED SAFETY SEAL
LANCETS..... 294, 360
RELION CONFIRM-MICRO
..... 285, 360
RELION PRIME TEST
STRIPS..... 285, 360
RELION ULTIMA 285, 360
RELISTOR 34
REMODULIN 113

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

REMYDA	192	RINVOQ	27, 175, 244	RYZNEUTA	262
RENACIDIN	249	RINVOQ LQ	26	S	
RENFLEXIS	21, 23, 245	risedronate	218	SABRIL	117
RENOVAR	80, 196	risperidone	129, 140	sacubitril-valsartan	98
RENSOTI	192	risperidone microspheres		SAFESNAP SYRINGE ...	314,
repaglinide	214	.....	129	315, 360, 361	
REPATHA PUSHTRONEX		RITEFLO AEROCHAMBER		SAFETY LANCETS	294, 361
.....	103, 104	.....	321, 360	safety needles	315, 361
REPATHA SURECLICK	103,	ritonavir	51	SAFETY SEAL LANCETS	
104		RITUXAN	25, 61	.....	294, 361
REPATHA SYRINGE	103,	RITUXAN HYCELA	61	SAFETY-LET LANCETS	294,
104		rivaroxaban	257	361	
RESPA-AR	396	rivastigmine	152	SAFYRAL	162
RESTASIS	385	rivastigmine tartrate	152	SAIZEN SAIZENPREP ...	225
RESTASIS MULTIDOSE	385	RIVELSA	164	Sajazir	106
RESTIMO	192	RIVFLOZA	250	salicylic acid	189
RETACRIT	257	RIXUBIS	258	SALIMEZ FORTE	189
RETEVMO	71	rizatriptan	144	salsalate	30
RETIN-A MICRO PUMP	172	ROCELIX	192	SANCUSO	235
RETROVIR	41	ROCKLATAN	389	SANDIMMUNE	26, 272
REVCovi	372	roflumilast	401	SANTYL	184
REVEAL TEST STRIP ...	285,	ROLVEDON	262	SAPHNELO	273
360		romidepsin	64	sapropterin	374
REVUFORJ	66	ROMVIMZA	70	SARCLISA	61
REXULTI	133	ropinirole	127	SAVAYSA	257
REYATAZ	51	Rosadan	192	SAVELLA	123, 124, 142
REYVOW	144	ROSULA	170	saxagliptin	213
REZDIFFRA	271	rosuvastatin	103	saxagliptin-metformin ...	217
REZLIDHIA	67	Rosyrax	165	SCALACORT DK	186
REZUROCK	27	ROTARIX	86, 94	SCEMBLIX	70
REZVOGLAR KWIKPEN	227	ROTATEQ VACCINE ..	86, 94	SCLEROSOL	
RHAPSIDO	20	ROVIS	192	INTRAPLEURAL	407
RHOPRESSA	393	ROXYBOND	17	scopolamine base	234
RIABNI	25, 61	ROZLYTREK	70	SECUADO	127
ribavirin	47, 51	RUBRACA	68	SEGLUROMET	215
RIDAURA	25	RUCONEST	256	SELARSDI	173, 241
rifabutin	44, 51	rufinamide	121	selegiline hcl	127
rifampin	44, 51	RUKOBIA	39	selenium sulfide	181
RIGHTEST GL300		RUXIENCE	25, 61	SELZENTRY	39
LANCETS	294, 360	RYBELSUS	214	SEMGLEE(INSULIN	
RIGHTEST GS550 TEST		RYBREVANT	53	GLARGINE-YFGN)	227
STRIPS	285, 360	RYDAPT	70	SEMGLEE(INSULIN	
RIGHTEST GT333 TEST		RYLAZE	59	GLARG-YFGN)PEN ...	227
STRIP	285, 360	RYPLAZIM	267	SE-NATAL 19	207
riluzole	274	RYSTIGGO	274	SE-NATAL 19 CHEWABLE	
rimantadine	48	RYTARY	126	.....	206
ringer's	199	RYTELO	72	SEPHIENCE	374

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

SEREVENT DISKUS	402	sitagliptin	213	SOLIRIS	255, 269
SERNIVO	186	SIVEXTRO	50	SOLOSEC	38
SEROSTIM	225	SIVORA	190	SOLTAMOX	71
sertraline	123	SKYCLARYS	275	SOLU-CORTEF ACT-O-	
Setlakin	162	SKYLA	154	VIAL (PF)	224
sevelamer carbonate ...	250	SKYRIZI	174, 242	SOLUS V2 LANCETS	294,
sevelamer hcl	250	SKYTROFA	225	361	
SEVENFACT	258	SLYND	164	SOLUS V2 TEST STRIPS	
sevoflurane	31	SMART SENSE LANCETS		.....	285, 361
SF	375	.....	294, 361	SOMATULINE DEPOT ...	233
SF 5000 PLUS	375	SMART SENSE TEST		SOMAVERT	224
Sharobel	164	STRIPS	285, 361	sorafenib	67
SHINGRIX (PF)	95	SMARTEST LANCET	294,	sorbitol	249
SIGNIFOR	233	361		sorbitol-mannitol	249
SIGNIFOR LAR	233	SMARTEST TEST ..	285, 361	SORILUX	180
SIKLOS	269	sodium chlor 0.9%		sotalol	99, 105
sildenafil	198	bacteriostat	198, 209	Sotalol Af	99, 105
sildenafil		sodium chloride ...	152, 198,	SOTYKTU	174
(pulm.hypertension) ..	114	199		SOTYLIZE	99, 105
SILICONE MASK - INFANT		sodium chloride 0.45 %	209	SOVALDI	47
.....	321, 361	sodium chloride 0.9 % .	198,	SOVUNA	24, 38
SILIQ	175	209		SPACE CHAMBER .	321, 361
silodosin	251	sodium chloride 0.9 %		SPACE CHAMBER WITH	
silver nitrate	176	(flush)	209	LARGE MASK	321, 361
silver nitrate applicators		sodium citrate	255	SPACE CHAMBER WITH	
.....	189	sodium citrate in 0.9 % nacl		MEDIUM MASK ..	321, 361
silver sulfadiazine	181	.....	255	SPACE CHAMBER WITH	
SIMBRINZA	381	sodium citrate-citric acid		SMALL MASK	321, 361
SIMILAC PRENATAL	207	.....	251	SPEEDYSWAB COVID-19	
SIMLANDI(CF)	22, 23, 245	SODIUM FLUORIDE 5000		HOME TEST	287, 361
SIMLANDI(CF)		DRY MOUTH	375	SPEVIGO	174
AUTOINJECTOR ...	22, 23,	SODIUM FLUORIDE 5000		SPIKEVAX 2025-2026(12Y	
245		PLUS	375	UP)(PF)	91
Simliya (28)	155	sodium fluoride-pot nitrate		SPIKEVAX 2025-26 (6M-	
Simpesse	155	.....	375	11Y) (PF)	91
SIMPLERA SENSOR	294,	sodium oxybate	146	spinosad	195
361		sodium phenylbutyrate .	373	SPINRAZA (PF)	278
SIMPLERA SYNC SENSOR		sodium polystyrene		SPIRIVA RESPIMAT	401
.....	294, 361	sulfonate	199	SPIRIVA WITH	
SIMPONI	22, 23, 245	sodium,potassium,mag		HANDIHALER	401
SIMPONI ARIA	22, 23	sulfates	247	spironolactone	96, 109
SIMULECT	273	SOFDRA	177	spironolacton-	
simvastatin	103	SOGROYA	225	hydrochlorothiaz	109
SINGLE-LET	294, 361	SOHONOS	275	SPRAVATO	122
sirolimus	273	SOLESTA	324	SPRAY AND STRETCH .	190
SIRTURO	43	solifenacin	253	Sprintec (28)	162
SIRVANA	172	SOLQUA 100/33	217	Sps (With Sorbitol)	199

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

SPS (WITH SORBITOL) . 199
Sronyx..... 162
SSD..... 181
SSKI..... 199
ST JOSEPH ASPIRIN 30,
 268
ST. JOSEPH ASPIRIN 30,
 268
stavudine 42
STEGLATRO 216
STEGLUJAN 215
STELARA 173, 242
STERILANCE TL.... 294, 362
sterile talc 407
STERITALC 407
STIMUFEND 262
STIOLTO RESPIMAT 403
STIVARGA..... 67
STOBOCLO..... 232
STOP SMOKING AID 151
STRAVIX..... 195
STRENSIQ..... 371
STRIBILD..... 43
STRIVERDI RESPIMAT . 401
STRONG IODINE 80, 199
STUART ONE..... 207
SUBLOCADE 149
Subvenite..... 120
Subvenite Starter (Blue) Kit
 120, 139
Subvenite Starter (Green)
Kit..... 120, 139
Subvenite Starter (Orange)
Kit..... 120, 139
SUCRAID..... 237
sucrafate 248
SUFLAVE 247
sulconazole..... 179
sulfacetamide sodium . 181,
 391
sulfacetamide sodium
(acne)..... 169
sulfacetamide sodium-
sulfur 170
sulfacetamide sod-sulfur-
urea 170, 192

sulfacetamide-
prednisolone 382
sulfadiazine..... 51
sulfamethoxazole-
trimethoprim 35
SULFAMYLON 181
sulfasalazine..... 27, 243
SULFATRIM 35
sulindac..... 28
sumatriptan..... 144
sumatriptan succinate .. 144
sunitinib malate..... 70
SUNLENCA 39
SUNOSI 146
SUPARTZ FX..... 276
SUPER THIN LANCETS 294,
 362
SUPPRELIN LA 230
SUPRAX 45
SURE COMFORT
ALCOHOL PREP PADS 80
SURE COMFORT LANCETS
 294, 362
SURE-LANCE..... 294, 362
SURE-LANCE ULTRA THIN
 294, 362
SURE-PREP ALCOHOL
PREP PADS..... 80
SURE-TEST EASYPLUS
MINI..... 285, 362
SURE-TOUCH LANCET 294,
 362
SURGUARD2 SAFETY . 315,
 362
SURVANTA 405
SUSVIMO..... 389, 393
SUSVIMO (INITIAL FILL)
 389, 393
SUSVIMO IMPLANT AND
INS. TOOL..... 298, 362
SUTAB..... 247
Syeda..... 162
SYFOVRE (PF) 389, 392
SYLVANT 64
SYMAX DUOTAB .. 239, 253
SYMDEKO 405
SYMLINPEN 120 213

SYMLINPEN 60 213
SYMPROIC 34
SYMTUZA 42
SYNAGIS 81
SYNALAR CREAM KIT .. 187
SYNALAR OINTMENT KIT
 187
SYNALAR TS 188
SYNAREL 230
SYNDROS 140, 235, 410
SYNJARDY..... 215
SYNJARDY XR..... 215
SYNOJOYNT 276
SYNVISC 276
SYNVISC-ONE..... 276
syringe (disposable) 316,
 362
SYRINGE 3CC/20GX1 ... 316,
 362
SYRINGE 3CC/21GX1 ... 316,
 363
SYRINGE 3CC/21GX1-1/2
 316, 363
SYRINGE 3CC/22GX1 ... 316,
 363
SYRINGE 3CC/22GX3/4 316,
 363
SYRINGE 3CC/25GX1 ... 316,
 363
SYRINGE AVITENE..... 264
syringe cap, enfit, non-
sterile 289, 363
syringe with needle 316, 363
SYRINGE WITHOUT
NEEDLE 316, 363
syringe, enfit, non-sterile
 289, 363
syringe, enfit, sterile 289,
 363
T
T.R.U.E. TEST ALLERGEN
 81
T/SLIM X2 CONTROL-IQ
 323, 363
TABLOID 58
TABRECTA 70
tacrolimus 182, 272

<i>tadalafil</i>	198, 251	<i>Tarina 24 Fe</i>	163	<i>terconazole</i>	408
<i>tadalafil (pulm. hypertension)</i>	114	<i>Tarina Fe 1/20 (28)</i>	163	<i>teriflunomide</i>	379
<i>TAFINLAR</i>	60	<i>Tarina Fe 1-20 Eq (28)</i> ..	163	<i>teriparatide</i>	218
<i>tafluprost (pf)</i>	392	<i>TARON-PREX PRENATAL-DHA</i>	201, 207	<i>Terrell</i>	31
<i>TAGRISSE</i>	54	<i>TARPEYO</i>	224	TERUMO ALLERGY SYRINGE	316, 364
<i>TAKE ACTION</i>	167, 168	<i>TASCENSO ODT</i>	379	TERUMO HYPODERMIC NEEDLE/SYRIN ..	316, 364
<i>TAKHZYRO</i>	112	<i>tasimelteon</i>	142	TERUMO SYRINGE ..	316, 364
<i>TALICIA</i>	241	<i>tavaborole</i>	179	TEST N'GO TEST ..	285, 364
<i>TALTZ AUTOINJECTOR</i> ..	175	<i>TAVALISSE</i>	256	<i>testosterone</i>	212
<i>TALTZ AUTOINJECTOR (2 PACK)</i>	175	<i>TAVNEOS</i>	20	<i>testosterone cypionate</i> ..	212
<i>TALTZ AUTOINJECTOR (3 PACK)</i>	175	<i>TAYTULLA</i>	163	<i>testosterone enanthate</i> ..	212
<i>TALTZ SYRINGE</i>	175	<i>tazarotene</i>	180, 191	<i>tetrabenazine</i>	145
<i>TALZENNA</i>	68	<i>TAZVERIK</i>	63	<i>tetracaine hcl</i>	388
<i>tamoxifen</i>	71	<i>TECENTRIQ</i>	74	<i>tetracaine hcl (pf)</i>	388
<i>tamsulosin</i>	251	<i>TECENTRIQ HYBREZA</i> ..	74	<i>tetracycline</i>	52
<i>TANDEM MOBI AUTOSOFT 30 KT 23</i>	323, 363	<i>TECHLITE LANCETS</i> ..	294, 364	<i>TEVIMBRA</i>	75
<i>TANDEM MOBI AUTOSOFT XC KIT 5</i>	324, 363	<i>TEGLUTIK</i>	274	<i>Texacort</i>	187
<i>TANDEM MOBI AUTOSOFT XC KT 23</i>	324, 363	<i>TEGRETOL</i>	119, 139	<i>TEZRULY</i>	111
<i>TANDEM MOBI AUTOSOFT XC KT 23</i>	324, 363	<i>TEGRETOL XR</i>	119, 139	<i>TEZSPIRE</i>	400
<i>TANDEM MOBI AUTOSOFT30 14PK 23</i>	324, 363	<i>TELCARE LANCETS</i> ..	294, 364	<i>THALITONE</i>	110
<i>TANDEM MOBI AUTOSOFT30 14PK 23</i>	324, 363	TELCARE TEST STRIPS	285, 364	<i>THALOMID</i>	37, 72
<i>TANDEM MOBI AUTOSOFTXC 14PK 23</i>	324, 363	<i>TELIOA</i>	187	<i>THEO-24</i>	400
<i>TANDEM MOBI AUTOSOFTXC 14PK 5</i>	324, 364	<i>telmisartan</i>	98	<i>theophylline</i>	400
<i>TANDEM MOBI AUTOSOFTXC 14PK 5</i>	324, 364	<i>telmisartan-amlodipine</i> ..	97	<i>THERANATAL</i>	207
<i>TANDEM MOBI SYSTEM</i>	323, 364	<i>telmisartan-hydrochlorothiazid</i>	97	THERANATAL COMPLETE	207
<i>TANDEM MOBI TRUSTEEL KIT 23</i>	324, 364	<i>temazepam</i>	137, 148	THERANATAL ONE	207
<i>TANDEM T/SLIM ASFT 30 PK10 23</i>	324, 364	<i>TEMBEXA</i>	52	THERANATAL OVAVITE ..	208
<i>TANDEM T/SLIM ASFT 30 PK14 23</i>	324, 364	<i>TEMODAR</i>	55	THERANATAL PLUS	207
<i>TANDEM T/SLIM ASFT XC PK10 23</i>	324, 364	<i>temozolomide</i>	55	<i>thiamine hcl (vitamin b1)</i>	209
<i>TANDEM T/SLIM ASFT XC PK14 23</i>	324, 364	TEMPO REFILL KIT WITH GAUZE	294, 364	THIN LANCETS	294, 364
<i>TANDEM T/SLIM TRUSTL PK10 23</i>	324, 364	<i>temsirolimus</i>	66	<i>THIOLA EC</i>	249
		<i>Tencon</i>	20	<i>thioridazine</i>	131
		<i>TENIVAC (PF)</i>	88	<i>thiotepa</i>	54
		<i>tenofovir disoproxil fumarate</i>	42, 46	<i>thiothixene</i>	131
		<i>TEPADINA</i>	54	THRESHOLD IMT TRAINER	321, 365
		<i>TEPEZZA</i>	233	THRESHOLD PEP DEVICE	321, 365
		<i>TEPMETKO</i>	70	THRIVITE RX	207
		<i>terazosin</i>	111	THROMBIN-JMI	264
		<i>terbinafine hcl</i>	36	THYMOGLOBULIN	85
		<i>terbutaline</i>	402	THYQUIDITY	234
				thyroid (pork)	233

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

Tiadylt Er	106	TOLAK	179	TRESIBA FLEXTOUCH U-200	228
tiagabine	117	tolcapone	126	TRESIBA U-100 INSULIN	228
TIBSOVO	67	tolmetin	28	tretinoin	173
ticagrelor	267	tolterodine	254	tretinoin (antineoplastic)	71
TIGLUTIK	274	tolvaptan	110	tretinoin microspheres	173
Tilia Fe	165	TOOMEY SYRINGE	316, 365	TRETEN	261
timol-brimon-dorzol-bimato(pf)	381	TOPCARE UNIVERSAL1 LANCET	294, 365	TREXALL	24, 57
timolol	388	topiramate	119	triamcinolone acetonide	187, 224, 376
timolol maleate	105, 387	topotecan	72	triamterene	109
timolol maleate (pf)	387	toremifene	71	triamterene-hydrochlorothiazid	109
timolol-bimatoprost	386	TORONOVA II SUIK	28	triazolam	137, 148
timolol-brimon-dorzol-bimatop	381	TORONOVA SUIK	28	TRICARE	207
timolol-brimonidi-dorzolam(pf)	386	Torpenz	66	TRI-CHLOR	189
timolol-brimonidine-dorzolamid	381	torsemide	109	Triderm	187
timolol-dorzolam-bimatopro(pf)	386	TOTALVISC	390	trientine	33
timolol-dorzolamide-bimatopros	386	TOUJEO MAX U-300 SOLOSTAR	228	Tri-Estarylla	165
tinidazole	38	TOUJEO SOLOSTAR U-300 INSULIN	228	TRIFERIC	200
tiopronin	249	TPOXX (NATIONAL STOCKPILE)	52	trifluoperazine	131
TIROSINT	234	TRACLEER	114	trifluridine	392
TIROSINT-SOL	234	TRADJENTA	213	trihexyphenidyl	126
TISSEEL VHSD (APROTININ, SYN)	192, 193	tramadol	17	TRIJARDY XR	217
TIVDAK	56, 76	tramadol-acetaminophen	19, 20	TRIKAFTA	405
TIVICAY	40	trandolapril	96	Tri-Legest Fe	165
TIVICAY PD	40	trandolapril-verapamil	95	Tri-Linyah	165
tizanidine	278	tranexamic acid	263	TRILOAN II SUIK	224
TLANDO	212	tranylcypromine	122	TRILOAN SUIK	224
TOBI PODHALER	404	TRANZAREL	194	Tri-Lo-Estarylla	166
TOBRADEX	382	travoprost	392	Tri-Lo-Marzia	166
TOBRADEX ST	382	TRAZIMERA	78	Tri-Lo-Mili	166
tobramycin	391, 404	trazodone	123	Tri-Lo-Sprintec	166
tobramycin in 0.225 % nacl	404	TRECTOR	44	TRI-LUMA	183
tobramycin with nebulizer	404	TRELEGY ELLIPTA	404	TRILURON	276
tobramycin-dexamethasone	382	TRELSTAR	65	trimethobenzamide	235
tobramycin-vancomycin	383, 390, 391	TREMFYA	174, 242, 243	trimethoprim	35
TOBREX	391	TREMFYA ONE-PRESS	174, 242	Tri-Mili	166
		TREMFYA PEN	174, 242	trimipramine	125
		TREMFYA PEN INDUCTION PK(2PEN)	242	TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	198
		treprostinil sodium	113	TRIMO-SAN JELLY	408
		TRESIBA FLEXTOUCH U-100	228	TRINATAL RX 1	207
				TRINATE	207
				TRINTELLIX	124
				TRIPTODUR	230

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

TRISENOX	59	TRUSTEX-RIA		UDENYCA ONBODY	262
Tri-Sprintec (28)	166	LUB/SPERMICIDE	298, 365	ULESFIA	196
TRIUMEQ	43	TRUSTEX-RIA		ULTICARE	317, 366
TRIUMEQ PD	43	LUBRICATED CONDOMS		ULTICARE LOW DEAD	
TRIVISC	276	.....	298, 365	SPACE SYRINGE ..	317, 366
Trivora (28)	166	TRUSTEX-RIA NON-LUB		ULTICARE SAFETY	
Tri-Vylibra	166	CONDOMS	298, 365	SYRINGE	317, 366
Tri-Vylibra Lo	166	TRUXIMA	25, 61	ULTICARE TB SAFETY	
TRODELVY	76	TRYNGOLZA	100	SYRINGE	317, 366
TROGARZO	39	TRYPTYR	390	ULTILET ALCOHOL SWAB	
TROJAN BARESKIN	298, 365	TRYVIO	110	.....	80
TROJAN ULTRA RIBBED		TUBERCULIN SYRINGE		ULTILET BASIC LANCETS	
CONDOM	298, 365	.....	316, 366	.....	295, 366
tropicamide	383	tuberculin-allergy syringes		ULTILET CLASSIC	
tropium	254	.....	317, 366	LANCETS	295, 366
TRUDHESA	143	TUDORZA PRESSAIR ...	401	ULTILET LANCETS	295, 366
TRUE COMFORT		TUKYSA	62	ULTILET SAFETY	
ALCOHOL PADS	80	Tulana	164	LANCETS	295, 366
TRUE COMFORT LANCET		TURALIO	70	ULTIMA TEST STRIPS ..	286, 366
.....	294, 365	Turqoz (28)	163	ULTOMIRIS	255, 269
TRUE COMFORT PRO		TUXARIN ER	407	ULTRA PRENATAL PLUS	
ALCOHOL PADS	80	TWINRIX (PF)	82	DHA	207
TRUE COVER CONDOM		TWIRLA	166	ULTRA THIN II LANCETS	
.....	298, 365	TWIST LANCETS ...	295, 366	.....	295, 366
TRUE METRIX GLUCOSE		TYBLUME	163	ULTRA THIN LANCETS	295, 366
TEST STRIP	285, 365	TYBOST	374	.....	
TRUEPLUS KETONE	323, 365	Tydemy	163	ULTRA THIN PLUS	
TRUEPLUS LANCETS ..	295, 365	TYENNE	26	LANCETS	295, 366
TRUETEST TEST STRIPS		TYENNE AUTOINJECTOR		ULTRA TLC LANCETS ..	295, 366
.....	285, 365	.....	26	ULTRA-CARE LANCETS	
TRUETRACK TEST	286, 365	TYMLOS	218	.....	295, 367
TRULANCE	236, 241	TYRUKO	377	ULTRA-FINE INS SYR	
TRULICITY	214	TYRVAYA	406	(HALF UNIT)	297, 367
TRUMENBA	90	TYSABRI	377	ULTRA-FINE INSULIN	
TRUQAP	54	TYVASO	113	SYRINGE	297, 367
TRUSKIN	195	TYVASO DPI	113	ULTRA-FINE PEN NEEDLE	
TRUSTEX LATEX CONDOM		TYVASO INSTITUTIONAL		.....	297, 367
.....	298, 365	START KIT	113	ULTRALANCE LANCETS	
TRUSTEX LUBRICATED		TYVASO REFILL KIT	113	.....	295, 367
CONDOMS	298, 365	TYVASO STARTER KIT ..	113	ULTRASAL-ER	189
TRUSTEX NON-LUB		TZIELD	213	ULTRA-THIN II LANCETS	
CONDOMS	298, 365	U		.....	295, 367
		UBRELVY	143	ULTRATRAK	286, 367
		UDENYCA	262	ULTRATRAK ULTIMATE	
		UDENYCA AUTOINJECTOR		.....	286, 367
		.....	262		

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

UNIFINE PENTIPS . 297, 367
UNILET COMFORTOUCH
LANCET 295, 367
UNILET GP LANCET 295, 367
UNILET LANCET.... 295, 367
UNILET LANCETS . 295, 367
UNILET SUPER THIN
LANCETS..... 295, 367
UNISTIK 2 EXTRA LANCET
..... 295, 367
UNISTIK 2 NORMAL
LANCET 295, 367
UNISTIK 3 COMFORT
LANCET 295, 367
UNISTIK 3 EXTRA LANCET
..... 295, 367
UNISTIK 3 GENTLE 295, 368
UNISTIK 3 NORMAL
LANCET 295, 368
UNISTIK COMFORT
LANCETS..... 295, 368
UNISTIK CZT LANCET . 295, 368
UNISTIK EXTRA LANCETS
..... 295, 368
UNISTIK NORMAL
LANCETS..... 295, 368
UNISTIK PRO LANCET 296, 368
UNISTIK SAFETY... 296, 368
UNISTIK TOUCH LANCETS
..... 296, 368
UNISTRIP1 TEST STRIP
..... 286, 368
UNIVERSAL 1 LANCETS
..... 296, 368
UNLOXCYT 74
UPLIZNA..... 272
UPNEEQ (PF) 381
UPTRAVI 111
URAMAXIN 189
URAMAXIN GT 188
urea 189
UREA NAIL STICK 189
URETRON D-S 49, 252
URISTIX 4 197, 368

URISTIX REAGENT 197, 368
UROGESIC-BLUE 49, 252
URO-MP 50, 252
UROQID-ACID NO.2 49, 252
ursodiol 237
UZEDY 129
V
VABYSMO 380
VAFSEO 263
VAGINAL
CONTRACEPTIVE FILM
..... 168
valacyclovir 48
VALCHLOR 179
valganciclovir 45
valproic acid 117, 139
valproic acid (as sodium salt) 117, 139
valrubicin 73
valsartan 98
valsartan-
hydrochlorothiazide 98
VALSTAR 73
VALTOCO 116, 138
Valtya 163
vancomycin 46
VANFLYTA 63
VANISHPOINT SYRINGE
..... 317, 368
VANISHPOINT
TUBERCULIN SYRINGE
..... 317, 369
VANOXIDE-HC 172
VANRAFIA 110
VAQTA (PF) 82
vardenafil 198
varenicline tartrate 151
VARIVAX (PF) 86, 95
VARUBI 236
VASELINE WHITE
PETROLEUM 191
VASHE 196
VAXCHORA VACCINE... 86, 90
VAXELIS (PF) . 82, 88, 89, 90
VAXNEUVANCE (PF) 90

VCF CONTRACEPTIVE
FILM 168
VCF CONTRACEPTIVE GEL
..... 168
VECAMYL 110
VECTIBIX 77
VEGZELMA 53
VELETRI 113
Velivet Triphasic Regimen (28) 166
VELPHORO 250
VELSIPITY 244
VELTASSA 199
VEMLIDY 46
VENCLEXTA 59
VENCLEXTA STARTING
PACK 60
venlafaxine 124
VENTAVIS 113
Venxxiva 249
VEOPOZ 234
VEOZAH 231
verapamil 100, 107
VERIFINE SAFETY LANCET
MINI 296, 369
VERIFINE UNIVERSAL
LANCET 296, 369
VERQUVO 99
VERSACLOZ 130
VERZENIO 62
VESICARE LS 253
Vestura (28) 163
VEVYE 385
V-GO 20 322, 369
V-GO 30 322, 369
V-GO 40 322, 369
VIBERZI 241, 246
Vienna 163
vigabatrin 117
Vigadrone 117
VIGAFYDE 117
Vigpoder 118
VIJOICE 373
vilazodone 124
VILTEPSO 275
VIMIZIM 371
vinblastine 73

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

<i>vinorelbine</i>	73	<i>VPRIV</i>	370	WIDE-SEAL DIAPHRAGM	
VIOKACE	237	VRAYLAR	133, 140	90.....	288, 369
<i>Viorele (28)</i>	155	VTAMA	180	WIDE-SEAL DIAPHRAGM	
VIRACEPT	51	VUMERITY	378	95.....	288, 370
VIREAD	42, 46	VYALEV	126	WILATE	261
VISCO-3	276	VYEPTI	143	WINLEVI	169
VISTASEAL-FIBRIN		<i>Vyfemla (28)</i>	163	WINREVAIR	112
SEALANT.....	265	VYKAT XR	411	WINRHO SDF	85
VISUDYNE	389	VYLEESI	142	<i>Wixela Inhub</i>	403
VITAFOL FE+ (WITH		<i>Vylibra</i>	163	WOMEN'S PRENATAL	
DOCUSATE).....	208	VYLOY	62	PLUS DHA.....	208
VITAFOL GUMMIES	208	VYNDAMAX	211	WOUNDGELHA MATRIX	191
<i>Vitamin D2</i>	209	VYNDAQEL	211	<i>Wymzya Fe</i>	163
VITAMIN K	210	VYONDYS-53	275	WYNZORA	173
<i>Vitamin K1</i>	210	VYSCOX A.....	28	X	
VITRAKVI	73	VYVGART	274	XADAGO	127
VIVAGUARD INO TEST		VYVGART HYTRULO	274	XALIX	189
STRIP.....	286, 369	VYXEOS	56	XALKORI	55
VIVAGUARD LANCET ..	296,	VYZULTA	392	<i>Xarah Fe</i>	166
369		W		XARELTO	257
VIVAGUARD SAFETY		WAINUA	212	XARELTO DVT-PE TREAT	
LANCET.....	296, 369	WAKIX	146	30D START.....	257
VIVIMUSTA	55	<i>warfarin</i>	255	XATMEP	24, 57
VIVITROL	149	<i>water for irrigation, sterile</i>		XCLAIR	183
VIVJOA	36	.....	199	XCOPRI	121
VIVOTIF	86, 89	WAYRILZ	256	XCOPRI MAINTENANCE	
VIZIMPRO	53	WAYZEN	188	PACK.....	121
VIZZ	381	WEBCOL	80	XCOPRI TITRATION PACK	
<i>Volnea (28)</i>	155	WEGOVY	410	.....	121
VONJO	64	WELIREG	64	XDEMVY	392
VONVENDI	263	<i>Wera (28)</i>	163	XELJANZ	27, 244
VOQUEZNA	238	WESNATAL DHA		XELJANZ XR	27, 244
VOQUEZNA DUAL PAK	241	COMPLETE.....	208	XELPROS	393
VOQUEZNA TRIPLE PAK		WESTAB PLUS	208	<i>Xelria Fe</i>	163
.....	241	WIDE-SEAL DIAPHRAGM		XELSTRYM	136, 141
VORANIGO	76	60.....	287, 369	XEMBIFY	85
VORAXAZE	78	WIDE-SEAL DIAPHRAGM		XENLETA	50
<i>voriconazole</i>	37	65.....	287, 369	XENPOZYME	370
VORTEX HOLDING		WIDE-SEAL DIAPHRAGM		XEOMIN	277
CHAMBER.....	321, 369	70.....	287, 369	XEPI	176
VORTEX VHC PEDIATRIC		WIDE-SEAL DIAPHRAGM		XERMELO	234
MASK.....	321, 369	75.....	287, 369	XGEVA	232
VOSEVI	47	WIDE-SEAL DIAPHRAGM		XHANCE	406
VOWST	237	80.....	288, 369	XIAFLEX	276
VOXZOGO	218	WIDE-SEAL DIAPHRAGM		XIFAXAN	51
VOYDEYA	255, 269	85.....	288, 369	XIGDUO XR	215
VP-CH-PNV	208			XIIDRA	385

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF A & B | DD = Diabetes Drug or Device | CT = Contraceptives | OCH = Orally Administered Anti-Cancer Drug

XIPERE (PF)	385	YUPELRI	401	ZIIHERA	60
XIRUN	188	YUTREPIA	113	ZILBRYSQ	275
XOFLUZA	48	Yuvaferm	409	ZIMHI	34
XOLAIR	398	Z		ziprasidone hcl	128, 140
XOLREMDI	256	Zafemy	166	ZIRABEV	53
XOSPATA	63	zafirlukast	400	ZIRGAN	392
XPHOZAH	199	zaleplon	148	ZITHRANOL	180
XPOVIO	63, 71	ZALTRAP	76	ZOKINVY	374
XROMI	269	Zarah	164	ZOLADEX	65
XTAMPZA ER	17	ZARXIO	262	ZOLINZA	64
XTANDI	56	ZAVZPRET	143	zolmitriptan	144
Xulane	166	ZEGALOGUE		zolpidem	148
XULTOPHY 100/3.6	217	AUTOINJECTOR	211	ZOMACTON	225
XURIDEN	372	ZEGALOGUE SYRINGE	211	Zomig	144
XYNTHA	261	ZEJULA	68	ZONISADE	121
XYNTHA SOLOFUSE	261	ZELAPAR	127	zonisamide	121
XYOSTED	212	ZELBORAF	60	ZONTIVITY	268
XYWAV	146	ZELSUVMI	190	ZORYVE	176, 181
Y		Zelvysia	374	Zovia 1-35 (28)	164
YALE DISPOSABLE		ZEMAIRA	405	ZTALMY	119
NEEDLES	318, 370	Zenatane	169	ZUBSOLV	149
Yargesa	372	ZENPEP	237	Zumandimine (28)	164
YASMIN (28)	163	Zenedi	136, 141, 147	ZUNVEYL	152
YAZ (28)	164	ZEPATIER	47	ZURNAL	34
YCANTH	189	ZEPBOUND	410	ZURZUVAE	122
YERVOY	62	ZEPOSIA	244, 379	ZYDELIG	67, 68
YESINTEK	173, 242	ZEPOSIA STARTER KIT		ZYKADIA	55
YEZTUGO	39	(28-DAY)	244, 379	ZYLET	382
YIMMUGO	85	ZEPOSIA STARTER PACK		ZYMFENTRA	22, 245
YOKATAR	183	(7-DAY)	244, 380	ZYNLONTA	61
YONDELIS	74	ZEPZELCA	74	ZYNYZ	75
YONSA	53, 56	zidovudine	42	ZYPRAM	32
YORVIPATH	231	ZIEXTENZO	262	ZYPREXA RELPREVV ...	132