Standard Drug Formulary

October 2026

Inland Empire Health Plan

This formulary was last updated on September 8, 2026. 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/en/browse-plans/covered-california/prescription-drugs.

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?....8
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....398

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.
- 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
enoxaparin inj 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, 18000UNT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 9500UNIT/3.8ML (***dalteparin sodium***)	**3**	

From the above example:
Generic Drug:
- ***enoxaparin inj***

Brand Drug:
- FRAGMIN INJ (***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. 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. 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, Independent Medical Review and Arbitration" 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, Independent Medical Review and Arbitration" 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 the specialty drugs to you. 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.

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 100-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.

Alternative Therapy - Vitamins and Minerals 14
Analgesic, Anti-inflammatory or Antipyretic - Drugs for Pain and Fever 14
Anesthetics - Drugs for Pain and Fever 29
Anorectal Preparations - Rectal Preparations 30
Antidotes and other Reversal Agents - Drugs for Overdose or Poisoning 31
Anti-Infective Agents - Drugs for Infections 32
Antineoplastics 50
Antineoplastics - Drugs for Cancer 50
Antiseptics and Disinfectants - Antiseptics and Disinfectants 76
Biologicals - Biological Agents 78
Cardiovascular Therapy Agents 92
Cardiovascular Therapy Agents - Drugs for the Heart 93
Central Nervous System Agents - Drugs for the Nervous System 112
Chemical Dependency, Agents to Treat - Drugs for Addiction 146
Chemicals-Pharmaceutical Adjuvants 148
Cognitive Disorder Therapy - Drugs for the Nervous System 149
Contraceptives - Drugs for Women 150
Dermatological 164
Dermatological - Drugs for the Skin 165
Diagnostic Agents 192
Drugs to treat Erectile Dysfunction - Drugs for the Urinary System 192
Electrolyte Balance-Nutritional Products - Drugs for Nutrition 193
Endocrine - Hormones 205
Gastrointestinal Therapy Agents - Drugs for the Stomach 228
Genitourinary Therapy - Drugs for the Urinary System 242
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever 247
Hematological Agents - Drugs for the Blood 248
Hepatobiliary System Treatment Agents - Drugs for the Liver 262
Immunosuppressive Agents 263
Immunosuppressive Agents - Drugs for Organ Transplants 263
Locomotor System 265
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones 265
Medical Supplies and Durable Medical Equipment (DME) - Medical Supplies and Durable Medical Equipment 270
Medical Supply, FDB Superset 314
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease 357

Metabolic Modifiers - Drugs that Alter Metabolism **360**
Mouth-Throat-Dental - Preparations - Drugs for the Mouth and Throat **362**
Multiple Sclerosis Agents - Drugs for the Nervous System **364**
Ophthalmic Agents - Drugs for the Eye **367**
Organ Preservation Solutions **380**
Organ Preservation Solutions - Drugs for the Heart **380**
Otic (Ear) - Drugs for the Ear **382**
Respiratory Therapy Agents - Drugs for the Lungs **382**
Vaginal Products - Drugs for Women **394**
Weight Loss/Gain Agents - Drugs for Eating Disorders **395**

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

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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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,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 (2 mg/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 2	ST; QL (2 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	
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 3	ST; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG (***oxycodone hcl***)	Tier 3	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	
tapentadol oral tablet 100 mg, 50 mg, 75 mg	Tier 1	QL (6 EA per 1 day)
tramadol oral solution 5 mg/ml	Tier 1	PA
tramadol oral tablet 50 mg	Tier 1	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol oral tablet extended release 24 hr 100 mg	Tier 1	ST; 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 2	ST; QL (2 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG (***oxycodone myristate***)	Tier 2	ST; QL (4 EA per 1 day)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG (***oxycodone myristate***)	Tier 2	ST; QL (8 EA per 1 day)
levorphanol tartrate (Xyvona Oral Tablet 2 Mg)	Tier 1	ST
Analgesic Opioid Codeine Combinations - Arthritis and Pain Drugs		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml	Tier 1	QL (150 ML per 1 day); Age (Min 12 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Analgesic Opioid Oxycodone and Non-Salicylate Combinations - Arthritis and Pain Drugs		
oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
oxycodone hcl/acetaminophen (Percocet Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Oxycodone Combinations - Arthritis and Pain Drugs		
oxycodone hcl/acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (12 EA per 1 day)
oxycodone hcl/acetaminophen (Percocet Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (12 EA per 1 day)
Analgesic Opioid Partial-Mixed Agonists - Arthritis and Pain Drugs		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (***buprenorphine hcl***)	Tier 2	ST; QL (2 EA per 1 day)
buprenorphine hcl injection solution 0.3 mg/ml	Tier 1	ST
buprenorphine hcl injection syringe 0.3 mg/ml	Tier 1	ST
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	Tier 1	ST; QL (4 EA per 28 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	Tier 1	
butorphanol nasal spray,non-aerosol 10 mg/ml	Tier 1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	Tier 1	
pentazocine-naloxone oral tablet 50-0.5 mg	Tier 1	
Analgesic Opioid Sufentanil Combinations - Arthritis and Pain Drugs		
sufentanil-ketamine nasal spray with pump 3 mcg-3 mg/ spray (0.05 ml), 9 mcg-9 mg/ spray (0.1 ml)	Tier 1	
Analgesic Opioid Tramadol and Non-Salicylate Combinations - Arthritis and Pain Drugs		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); Age (Min 12 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anti-inflammatory Tumor Necrosis Factor Inhibiting Agnts,TNF-alpha Sel - Arthritis and Pain Drugs		
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 4	PA
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 4	PA
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (***adalimumab-aaty***)	Tier 4	PA
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml	Tier 4	PA
adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 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 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	Tier 4	PA
infliximab intravenous recon soln 100 mg	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (***infliximab-dyyb***)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (***infliximab-dyyb***)	Tier 4	PA
DMARD - Anti-inflammatory Tumor Necrosis Factor Inhibiting Agents - Arthritis and Pain Drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 4	PA
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 4	PA
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (***adalimumab-aaty***)	Tier 4	PA
adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml	Tier 4	PA
adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 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 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	Tier 4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	Tier 4	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	Tier 4	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (***etanercept***)	Tier 4	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	Tier 4	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	Tier 4	PA
infliximab intravenous recon soln 100 mg	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	Tier 4	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	Tier 4	PA
DMARD - Antimalarials - Arthritis and Pain Drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydroxychloroquine oral tablet 100 mg	Tier 1	QL (180 EA per 30 days)
hydroxychloroquine oral tablet 200 mg	Tier 1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	Tier 1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg	Tier 1	QL (60 EA per 30 days)
SOVUNA ORAL TABLET 200 MG (***hydroxychloroquine sulfate***)	Tier 2	QL (100 EA per 30 days)
DMARD - Antimetabolites - Arthritis and Pain Drugs		
JYLAMVO ORAL SOLUTION 2 MG/ML (***methotrexate***)	Tier 3	PA; OCH
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	OCH
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML (***methotrexate/pf***)	Tier 2	QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML (***methotrexate/pf***)	Tier 2	QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML (***methotrexate/pf***)	Tier 2	QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML (***methotrexate/pf***)	Tier 2	QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML (***methotrexate/pf***)	Tier 2	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML (***methotrexate/pf***)	Tier 2	QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML (***methotrexate/pf***)	Tier 2	QL (2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML (***methotrexate/pf***)	Tier 2	QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML (***methotrexate/pf***)	Tier 2	QL (0.6 ML per 28 days)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	Tier 2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***)	Tier 3	PA; OCH; QL (120 ML per 60 days)
DMARD - Antinflammatory, Select. costimulation modulator,T-cell Inhib. - Arthritis and Pain Drugs		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mycophenolate mofetil oral tablet 500 mg	Tier 1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***)	Tier 2	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	Tier 2	
DMARD - Interleukin-1 Receptor Antagonist (IL-1Ra) - Arthritis and Pain Drugs		
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (***anakinra***)	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 (***tocilizumab***)	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) (***tocilizumab***)	Tier 4	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab***)	Tier 4	PA
AVTOZMA AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab-anoh***)	Tier 4	PA
AVTOZMA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab-anoh***)	Tier 4	PA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	Tier 4	PA
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML (***sarilumab***)	Tier 4	PA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab-aazg***)	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) (***tocilizumab-aazg***)	Tier 4	PA
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab-aazg***)	Tier 4	PA
DMARD - Janus Kinase (JAK) Inhibitors - Arthritis and Pain Drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***)	Tier 4	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML (***upadacitinib***)	Tier 4	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (***upadacitinib***)	Tier 4	PA
tofacitinib oral solution 1 mg/ml	Tier 4	PA
tofacitinib oral tablet 5 mg	Tier 4	PA
tofacitinib oral tablet extended release 24 hr 11 mg	Tier 4	PA
DMARD - Other - Arthritis and Pain Drugs		
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
penicillamine oral capsule 250 mg	Tier 4	PA
penicillamine oral tablet 250 mg	Tier 4	PA
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1	
DMARD - Phosphodiesterase-4 (PDE4) Inhibitors - Arthritis and Pain Drugs		
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	Tier 4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (***apremilast***)	Tier 4	PA
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG (***apremilast***)	Tier 4	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG (***apremilast***)	Tier 4	PA
DMARD - Pyrimidine Synthesis Inhibitors - Arthritis and Pain Drugs		
leflunomide oral tablet 10 mg, 20 mg	Tier 1	
Immunomodulator - Rho Kinase Inhibitor - Arthritis and Pain Drugs		
REZUROCK ORAL TABLET 200 MG (***belumosudil mesylate***)	Tier 4	PA
Immunomodulator B-Lymphocyte Stimulator (BLyS)-Specific Inhibitor MCAB - Arthritis and Pain Drugs		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG (***belimumab***)	Tier 4	PA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (***belimumab***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (***belimumab***)	Tier 4	PA
NSAID Analgesic and Prostaglandin Analog Combinations - Arthritis and Pain Drugs		
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	Tier 1	
NSAID Analgesic, Cyclooxygenase-2 (COX-2) Selective Inhibitors - Arthritis and Pain Drugs		
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	Tier 1	
VYSCOXA ORAL SUSPENSION 10 MG/ML (***celecoxib***)	Tier 3	PA; QL (40 ML per 1 day)
NSAID Analgesics (COX Non-Specific) - Anthranilic Acid Derivatives - Arthritis and Pain Drugs		
meclofenamate oral capsule 100 mg, 50 mg	Tier 1	
mefenamic acid oral capsule 250 mg	Tier 1	
NSAID Analgesics (COX Non-Specific) - Other - Arthritis and Pain Drugs		
ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)	Tier 1	
ketorolac injection solution 30 mg/ml	Tier 1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	Tier 1	
ketorolac intramuscular solution 60 mg/2 ml	Tier 1	
ketorolac intramuscular syringe 60 mg/2 ml	Tier 1	
ketorolac oral tablet 10 mg	Tier 1	QL (20 EA per 5 days)
nabumetone oral tablet 500 mg, 750 mg	Tier 1	
sulindac oral tablet 150 mg, 200 mg	Tier 1	
tolmetin oral capsule 400 mg	Tier 1	
tolmetin oral tablet 200 mg, 600 mg	Tier 1	
TORONOVA II SUIK KIT 30 MG/ML (***ketorolac/norflurane and pentafluoropropane (hfc 245fa)***)	Tier 3	
TORONOVA SUIK KIT 30 MG/ML (***ketorolac/norflurane and pentafluoropropane (hfc 245fa)***)	Tier 3	
NSAID Analgesics (COX Non-Specific) - Oxicam Derivatives - Arthritis and Pain Drugs		
meloxicam oral tablet 15 mg, 7.5 mg	Tier 1	
piroxicam oral capsule 10 mg, 20 mg	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
aspirin oral tablet,chewable 81 mg	$0	EHB
aspirin oral tablet,delayed release (dr/ec) 81 mg	$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
diflunisal oral tablet 500 mg	Tier 1	
salsalate oral tablet 500 mg, 750 mg	Tier 1	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
Anesthetics - Drugs for Pain and Fever		
Anesthetic, Non-Parenteral-Benzodiazepine-Anti-Emetic Combinations - Drugs for Sedation		
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (***midazolam/ketamine hcl/ondansetron hcl***)	Tier 1	
General Anesthetic - Inhalant Volatile - Drugs for Sedation		
desflurane inhalation liquid 100 %	Tier 1	
isoflurane inhalation liquid 99.9 %	Tier 1	
sevoflurane inhalation liquid 99.97 %	Tier 1	
isoflurane (Terrell Inhalation Liquid 99.9 %)	Tier 1	
General Anesthetic - Parenteral, Benzodiazepines - Drugs for Sedation		
midazolam (pf) injection solution 5 mg/ml	Tier 1	
midazolam injection solution 5 mg/ml	Tier 1	
General Anesthetic Adjuncts - Opioid - Drugs for Sedation		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fentanyl citrate (pf) intravenous patient control.analgesia soln 1,500 mcg/30 ml (50 mcg/ml)	Tier 1	
Local Anesthetic - Amides - Drugs for Sedation		
lidocaine hcl laryngotracheal solution 4 %	Tier 1	
MARVONA SUIK (PF) KIT 0.5 % (5 MG/ML) (***bupivacaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
MARVONA-25 SUIK (PF) KIT 0.25 % (2.5 MG/ML) (***bupivacaine hcl/pf/norflurane/pentafluoropropane (hfc 245fa)***)	Tier 3	
Anorectal Preparations - Rectal Preparations		
Anal Fissure Pain/Treatment Agents - Nitrates - Rectal Preparations		
nitroglycerin rectal ointment 0.4 % (w/w)	Tier 1	
Anorectal - Glucocorticoids - Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG (***hydrocortisone acetate***)	Tier 1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	Tier 1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	Tier 1	
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	Tier 1	
Anorectal - Hemorrhoidal Rectal Glucocorticoid-Local Anesthetic Comb - Rectal Preparations		
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G) (***hydrocortisone acetate/pramoxine hcl***)	Tier 1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
Antidote - Radioactive Agents - Drugs for Overdose or Poisoning		
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (***prussian blue (insoluble)***)	Tier 3	
Antidote Others - Drugs for Overdose or Poisoning		
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (***zinc acetate***)	Tier 3	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (***prussian blue (insoluble)***)	Tier 3	
Chelating Agents - Copper - Drugs for Overdose or Poisoning		
CUVRIOR ORAL TABLET 300 MG (***trientine tetrahydrochloride***)	Tier 4	PA
penicillamine oral capsule 250 mg	Tier 4	PA
penicillamine oral tablet 250 mg	Tier 4	PA
trientine oral capsule 250 mg	Tier 4	PA
trientine oral capsule 500 mg	Tier 4	PA
Chelating Agents - Iron - Drugs for Overdose or Poisoning		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	Tier 4	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	Tier 4	PA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	Tier 4	PA
deferiprone oral tablet 1,000 mg, 500 mg	Tier 4	PA
deferoxamine injection recon soln 2 gram, 500 mg	Tier 1	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (***deferiprone***)	Tier 4	PA
Chelating Agents - Lead Poisoning - Drugs for Overdose or Poisoning		
CHEMET ORAL CAPSULE 100 MG (***succimer***)	Tier 3	
Mu-Opioid Receptor Antagonists, Peripherally-Acting - Drugs for Overdose or Poisoning		
alvimopan oral capsule 12 mg	Tier 1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (***naloxegol oxalate***)	Tier 2	QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG (***methylnaltrexone bromide***)	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (***methylnaltrexone bromide***)	Tier 3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (***methylnaltrexone bromide***)	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	Tier 2	QL (1 EA per 1 day)
Opioid Reversal Agents - Opioid Antagonists - Drugs for Overdose or Poisoning		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION (***naloxone hcl***)	Tier 2	QL (4 EA per 30 days)
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	Tier 1	
naloxone nasal spray,non-aerosol 4 mg/actuation	Tier 1	QL (4 EA per 30 days)
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION (***nalmefene hcl***)	Tier 3	QL (4 EA per 30 days)
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (***naloxone hcl***)	Tier 3	QL (2 ML per 30 days)
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML (***nalmefene hcl***)	Tier 3	QL (2 ML per 30 days)
Anti-Infective Agents - Drugs for Infections		
Aminoglycoside Antibiotic - Antibiotics		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (***amikacin sulfate liposomal with nebulizer accessories***)	Tier 4	PA
neomycin oral tablet 500 mg	Tier 1	
Aminomethylcycline Antibiotics - Antibiotics		
NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***)	Tier 3	PA
Aminopenicillin Antibiotic - Antibiotics		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	Tier 1	
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	Tier 1	
ampicillin oral capsule 500 mg	Tier 1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (***amoxicillin***)	Tier 3	
PIVYA ORAL TABLET 185 MG (***pivmecillinam hcl***)	Tier 3	PA
Aminopenicillin Antibiotic - Beta-lactamase Inhibitor Combinations - Antibiotics		
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	Tier 1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	Tier 1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	Tier 1	
Anthelmintic Agents - Benzimidazole Derivatives - Drugs for Parasites		
albendazole oral tablet 200 mg	Tier 1	
EMVERM ORAL TABLET,CHEWABLE 100 MG (***mebendazole***)	Tier 2	PA
Anthelmintic Agents - Macrocyclic Lactones - Drugs for Parasites		
ivermectin oral tablet 3 mg, 6 mg	Tier 1	
Anthelmintic Agents Other - Drugs for Parasites		
praziquantel oral tablet 600 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antibacterial Folate Antagonist - Other Combinations - Antibiotics		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	Tier 1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (***sulfamethoxazole/trimethoprim***)	Tier 1	
Antibacterial Folate Antagonist Others - Antibiotics		
PRIMSOL ORAL SOLUTION 50 MG/5 ML (***trimethoprim***)	Tier 2	
trimethoprim oral tablet 100 mg	Tier 1	
Antibacterial Nitrofuran Derivatives - Antibiotics		
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Tier 1	PA
Antibacterial Other - Antibiotics		
fosfomycin tromethamine oral packet 3 gram	Tier 1	
Antifungal - Allylamines - Drugs for Fungus		
terbinafine hcl oral tablet 250 mg	Tier 1	
Antifungal - Amphoteric Polyene Macrolides - Drugs for Fungus		
nystatin oral tablet 500,000 unit	Tier 1	
Antifungal - Fluorinated Pyrimidine-type Agents - Drugs for Fungus		
flucytosine oral capsule 250 mg, 500 mg	Tier 1	
Antifungal - Imidazoles - Drugs for Fungus		
ketoconazole oral tablet 200 mg	Tier 1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (***miconazole***)	Tier 3	
Antifungal - Tetrazoles - Drugs for Fungus		
VIVJOA ORAL CAPSULE 150 MG (***oteseconazole***)	Tier 3	PA
Antifungal - Triazoles - Drugs for Fungus		
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (***isavuconazonium sulfate***)	Tier 3	PA
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
itraconazole oral capsule 100 mg	Tier 1	
itraconazole oral solution 10 mg/ml	Tier 1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG (***posaconazole***)	Tier 3	PA
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	Tier 1	PA
posaconazole oral tablet,delayed release (dr/ec) 100 mg	Tier 1	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	Tier 1	
voriconazole oral tablet 200 mg, 50 mg	Tier 1	
Antifungal other - Drugs for Fungus		
griseofulvin microsize oral suspension 125 mg/5 ml	Tier 1	
griseofulvin microsize oral tablet 500 mg	Tier 1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Tier 1	
Anti-Infective Immunologic Adjuvants - Interferons - Drugs for Infections		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (***interferon gamma-1b,recomb.***)	Tier 4	PA
Antileprotic - Immunomodulators - Antibiotics		
THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***)	Tier 4	PA; OCH
Antileprotic - Sulfone Agents - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	Tier 1	
Antimalarial Combinations - Drugs for Parasites		
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	Tier 1	
COARTEM ORAL TABLET 20-120 MG (***artemether/lumefantrine***)	Tier 3	
Antimalarials - Drugs for Parasites		
ARAKODA ORAL TABLET 100 MG (***tafenoquine succinate***)	Tier 3	
chloroquine phosphate oral tablet 250 mg	Tier 1	
chloroquine phosphate oral tablet 500 mg	Tier 1	
hydroxychloroquine oral tablet 100 mg	Tier 1	QL (180 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydroxychloroquine oral tablet 200 mg	Tier 1	QL (100 EA per 30 days)
hydroxychloroquine oral tablet 300 mg	Tier 1	QL (60 EA per 30 days)
hydroxychloroquine oral tablet 400 mg	Tier 1	QL (60 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG (***tafenoquine succinate***)	Tier 2	QL (2 EA per 1 FILL)
mefloquine oral tablet 250 mg	Tier 1	
primaquine oral tablet 26.3 mg (15 mg base)	Tier 2	
pyrimethamine oral tablet 25 mg	Tier 4	PA
quinine sulfate oral capsule 324 mg	Tier 1	
SOVUNA ORAL TABLET 200 MG (***hydroxychloroquine sulfate***)	Tier 2	QL (100 EA per 30 days)
Antiprotozoal Agents - Nitrofuran Derivatives - Drugs for Parasites		
LAMPIT ORAL TABLET 120 MG, 30 MG (***nifurtimox***)	Tier 3	
Antiprotozoal Agents - Nitroimidazole Derivatives - Drugs for Parasites		
benznidazole oral tablet 100 mg, 12.5 mg	Tier 1	
Antiprotozoal Agents - Other - Drugs for Parasites		
atovaquone oral suspension 750 mg/5 ml	Tier 1	
IMPAVIDO ORAL CAPSULE 50 MG (***miltefosine***)	Tier 2	PA
Antiprotozoal Agents (antiparasitic) - 5-Nitrothiazolyl Derivatives - Drugs for Parasites		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (***nitazoxanide***)	Tier 3	QL (50 ML per 1 day)
nitazoxanide oral tablet 500 mg	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 (***metronidazole***)	Tier 3	PA
metronidazole oral capsule 375 mg	Tier 1	
metronidazole oral tablet 250 mg, 500 mg	Tier 1	
Antiprotozoal-Antibacterial 2nd Generation 2-methyl-5-nitroimidazole - Drugs for Infections		
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (***secnidazole***)	Tier 3	ST; QL (1 EA per 30 days)
tinidazole oral tablet 250 mg, 500 mg	Tier 1	

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

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zidovudine oral tablet 300 mg	Tier 1	QL (2 EA per 1 day)
Antiretroviral - Nucleotide Analog Reverse Transcriptase Inhibitors - Drugs for Viral Infections		
tenofovir disoproxil fumarate oral tablet 300 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***)	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	Tier 2	QL (1 EA per 1 day)
Antiretroviral - Pre-Exposure Prophylaxis (PrEP) - Drugs for Infections		
YEZTUGO ORAL TABLET 300 MG (***lenacapavir sodium***)	Tier 2	
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***)	Tier 2	
Antiretroviral Combinations - Protease Inhibitors - Drugs for Viral Infections		
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	Tier 2	QL (1 EA per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 1	QL (10 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 1	QL (4 EA per 1 day)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG (***darunavir ethanolate/cobicistat***)	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 (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***)	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor,Nucleoside and Nucleotide RTIs Comb - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir sodium/emtricitabine/tenofovir alafenamide fumar***)	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***)	Tier 2	QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STRIBILD ORAL TABLET 150-150-200-300 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil***)	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 (***abacavir sulfate/dolutegravir sodium/lamivudine***)	Tier 2	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	Tier 2	QL (6 EA per 1 day)
Antiretroviral-Nucleoside Analogs and Non-Nucleoside RTIs Combinations - Drugs for Viral Infections		
IDVYNSO ORAL TABLET 100-0.25 MG (***doravirine/islatravir***)	Tier 2	QL (1 EA per 1 day)
Antiretroviral-Nucleoside Reverse Transcriptase Inhibitors (NRTI) Comb - Drugs for Viral Infections		
abacavir-lamivudine oral tablet 600-300 mg	Tier 1	QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	QL (2 EA per 1 day)
Antiretroviral-Nucleoside, Nucleotide Analogs and Non-Nucleoside RTI - Drugs for Viral Infections		
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirine/lamivudine/tenofovir disoproxil fumarate***)	Tier 3	QL (1 EA per 1 day)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	Tier 1	QL (1 EA per 1 day)
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1	QL (1 EA per 1 day)
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	Tier 1	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***)	Tier 2	QL (1 EA per 1 day)
Antitubercular - D-alanine Analogs - Antibiotics		
cycloserine oral capsule 250 mg	Tier 1	
Antitubercular - Diarylquinoline Antibiotics - Antibiotics		
SIRTURO ORAL TABLET 100 MG, 20 MG (***bedaquiline fumarate***)	Tier 4	PA

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefprozil oral tablet 250 mg, 500 mg	Tier 1	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	
Cephalosporin Antibiotics - 3rd Generation - Antibiotics		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	Tier 1	
cefpodoxime oral tablet 100 mg, 200 mg	Tier 1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML (***cefixime***)	Tier 2	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (***cefixime***)	Tier 2	
CMV Antiviral Agent - Nucleoside Analogs - Drugs for Viral Infections		
valganciclovir oral recon soln 50 mg/ml	Tier 1	
valganciclovir oral tablet 450 mg	Tier 1	
CMV Antiviral Agent - Protein Kinase Inhibitors - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (***maribavir***)	Tier 4	PA
CMV Antiviral Agent - Terminase Complex Inhibitors - Drugs for Viral Infections		
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG (***letermovir***)	Tier 3	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG (***letermovir***)	Tier 3	PA
Fluoroquinolone Antibiotics - Antibiotics		
BAXDELA ORAL TABLET 450 MG (***delafloxacin meglumine***)	Tier 3	PA
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (***ciprofloxacin***)	Tier 2	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	Tier 1	
levofloxacin oral solution 250 mg/10 ml	Tier 1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin oral tablet 400 mg	Tier 1	
ofloxacin oral tablet 400 mg	Tier 1	
Glycopeptide Antibiotics - Antibiotics		
vancomycin oral capsule 125 mg	Tier 1	QL (77 EA per 28 days)
vancomycin oral capsule 250 mg	Tier 1	QL (112 EA per 1 FILL)
vancomycin oral recon soln 25 mg/ml	Tier 1	QL (300 ML per 1 FILL)
vancomycin oral recon soln 50 mg/ml	Tier 1	QL (600 ML per 1 FILL)
Hepatitis B Treatment- Nucleoside Analogs (Antiviral) - Drugs for Viral Infections		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***)	Tier 4	QL (630 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	Tier 4	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	Tier 1	QL (1 EA per 1 day)
Hepatitis B Treatment- Nucleotide Analogs (Antiviral) - Drugs for Viral Infections		
adefovir oral tablet 10 mg	Tier 4	QL (1 EA per 1 day)
tenofovir disoproxil fumarate oral tablet 300 mg	$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 (***tenofovir alafenamide***)	Tier 4	QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***)	Tier 2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	Tier 2	QL (1 EA per 1 day)
Hepatitis C - Interferons - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	Tier 4	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (***peginterferon alfa-2a***)	Tier 4	PA
Hepatitis C - NS5A Inhibitor and NS3/4A Protease Inhibitor Combination - Drugs for Viral Infections		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVYRET ORAL PELLETS IN PACKET 50-20 MG (***glecaprevir/pibrentasvir***)	Tier 4	PA
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir/pibrentasvir***)	Tier 4	PA
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir/grazoprevir***)	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 (***sofosbuvir/velpatasvir/voxilaprevir***)	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 (***sofosbuvir/velpatasvir***)	Tier 4	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (***sofosbuvir/velpatasvir***)	Tier 4	PA
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG (***ledipasvir/sofosbuvir***)	Tier 4	PA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (***ledipasvir/sofosbuvir***)	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 (***sofosbuvir***)	Tier 4	PA
SOVALDI ORAL TABLET 200 MG, 400 MG (***sofosbuvir***)	Tier 4	PA
Hepatitis C - Nucleoside Analogs - Drugs for Viral Infections		
ribavirin oral capsule 200 mg	Tier 1	
ribavirin oral tablet 200 mg	Tier 1	
Hepatitis D - Sodium Taurocholate Co-transport Polypeptide (NTCP) Inh. - Drugs for Viral Infections		
HEPCLUDEX SUBCUTANEOUS RECON SOLN 8.5 MG (***bulevirtide acetate-gmod***)	Tier 4	PA; QL (1 EA per 1 day)
Herpes Antiviral Agent - Purine Analogs - Drugs for Viral Infections		
acyclovir oral capsule 200 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acyclovir oral suspension 200 mg/5 ml	Tier 1	
acyclovir oral tablet 400 mg, 800 mg	Tier 1	
valacyclovir oral tablet 1 gram, 500 mg	Tier 1	
Herpes Antiviral Agent - Thymidine Analogs - Drugs for Viral Infections		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	
Influenza Antiviral Agents - Neuraminidase Inhibitors - Drugs for Viral Infections		
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	Tier 1	
oseltamivir oral suspension for reconstitution 6 mg/ml	Tier 1	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (***zanamivir***)	Tier 3	QL (40 EA per 180 days)
Influenza Antiviral Agents - PA Endonuclease Inhibitor - Drugs for Viral Infections		
XOFLUZA ORAL TABLET 40 MG (***baloxavir marboxil***)	Tier 2	QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG (***baloxavir marboxil***)	Tier 2	QL (2 EA per 180 days)
Lincosamide Antibiotics - Antibiotics		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Tier 1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	Tier 1	
clindamycin palmitate hcl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	Tier 1	
Macrolide Antibiotics - Antibiotics		
azithromycin oral packet 1 gram	Tier 1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	Tier 1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	Tier 1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	Tier 1	
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
clarithromycin oral tablet extended release 24 hr 500 mg	Tier 1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML (***fidaxomicin***)	Tier 2	QL (10 ML per 1 day)
DIFICID ORAL TABLET 200 MG (***fidaxomicin***)	Tier 1	QL (20 EA per 10 days)
erythromycin ethylsuccinate (E.E.S. 400 Oral Tablet 400 Mg)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
erythromycin base (Ery-Tab Oral Tablet,Delayed Release (Dr/Ec) 250 Mg, 500 Mg)	Tier 1	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (***erythromycin stearate***)	Tier 1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	Tier 1	
erythromycin ethylsuccinate oral tablet 400 mg	Tier 1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	Tier 1	
erythromycin oral tablet 250 mg, 500 mg	Tier 1	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	Tier 1	
fidaxomicin oral tablet 200 mg	Tier 1	QL (20 EA per 10 days)
Misc Anti-Infective - Drugs for Infections		
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	Tier 1	
pentamidine inhalation recon soln 300 mg	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine mandelate/sodium phosphate,monobasic***)	Tier 3	
Misc Anti-Infective Combinations - Drugs for Infections		
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	Tier 1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 2	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG (***methenamine/sod phosph,monobasic/methylene blue/hyoscyamine***)	Tier 1	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	Tier 1	
Oxazolidinone Antibiotics - Antibiotics		
linezolid oral suspension for reconstitution 100 mg/5 ml	Tier 1	
linezolid oral tablet 600 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIVEXTRO ORAL TABLET 200 MG (***tedizolid phosphate***)	Tier 2	PA
Penem Antibiotic Combinations - Drugs for Infections		
ORLYNVAH ORAL TABLET 500-500 MG (***sulopenem etzadroxil/probenecid***)	Tier 3	PA; QL (2 EA per 1 day)
Penicillin Antibiotic - Natural - Antibiotics		
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	Tier 1	
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 1	
Penicillin Antibiotic - Penicillinase-resistant - Antibiotics		
dicloxacillin oral capsule 250 mg, 500 mg	Tier 1	
Pleuromutilin Antibiotics - Antibiotics		
XENLETA ORAL TABLET 600 MG (***lefamulin acetate***)	Tier 3	PA
Protease Inhibitors (Non-Peptidic) Antiretroviral - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (***tipranavir***)	Tier 2	QL (4 EA per 1 day)
darunavir oral tablet 600 mg	Tier 1	QL (2 EA per 1 day)
darunavir oral tablet 800 mg	Tier 1	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG (***darunavir ethanolate/cobicistat***)	Tier 3	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir***)	Tier 2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG (***darunavir***)	Tier 2	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (***darunavir***)	Tier 2	QL (16 EA per 1 day)
Protease Inhibitors (Peptidic) Antiretroviral - Drugs for Viral Infections		
atazanavir oral capsule 150 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
atazanavir oral capsule 300 mg	Tier 1	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	Tier 2	QL (1 EA per 1 day)
fosamprenavir oral tablet 700 mg	Tier 1	QL (4 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG (***ritonavir***)	Tier 2	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG (***atazanavir sulfate***)	Tier 2	QL (5 EA per 1 day)
ritonavir oral tablet 100 mg	Tier 1	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG (***nelfinavir mesylate***)	Tier 2	
Respiratory Syncytial Virus (RSV) Antiviral Agents - Drugs for Viral Infections		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ribavirin inhalation recon soln 6 gram	Tier 1	
Rifamycins and Related Derivative Antibiotics - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	Tier 3	
rifabutin oral capsule 150 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
rifapentine oral tablet 150 mg	Tier 1	
XIFAXAN ORAL TABLET 200 MG (***rifaximin***)	Tier 3	PA
XIFAXAN ORAL TABLET 550 MG (***rifaximin***)	Tier 2	QL (3 EA per 1 day)
SARS-CoV-2 Antiviral Agent - Main Protease (Mpro) Inhibitors - Drugs for Infections		
PAXLOVID 150-100 MG DOSE PACK (MODERATE RENAL DOSE) INNER 150 MG (10)- 100 MG (10) (***nirmatrelvir/ritonavir***)	$0	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID 150-100 MG DOSE PACK (MODERATE RENAL DOSE) OUTER 150 MG (10)- 100 MG (10) (***nirmatrelvir/ritonavir***)	$0	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID 300/150-100 MG DOSE PACK (SEVERE RENAL DOSE) 150 MG (6)- 100 MG (5) (***nirmatrelvir/ritonavir***)	$0	QL (11 EA per 28 days); Age (Min 12 Years)
PAXLOVID 300-100 MG DOSE PACK INNER 300 MG (150 MG X 2)-100 MG (***nirmatrelvir/ritonavir***)	$0	QL (30 EA per 28 days); Age (Min 12 Years)
PAXLOVID 300-100 MG DOSE PACK OUTER 300 MG (150 MG X 2)-100 MG (***nirmatrelvir/ritonavir***)	$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 (***molnupiravir***)	$0	QL (40 EA per 29 days); Age (Min 18 Years)
Sulfonamide Antibiotic - Antibiotics		
sulfadiazine oral tablet 500 mg	Tier 1	
Tetracycline Antibiotics - Antibiotics		
demeclocycline oral tablet 150 mg, 300 mg	Tier 1	
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 1	
doxycycline hyclate oral tablet 100 mg	Tier 1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	Tier 1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	Tier 1	ST
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	Tier 1	PA
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	Tier 1	
doxycycline monohydrate oral tablet 100 mg	Tier 1	QL (2 EA per 1 day)
doxycycline monohydrate oral tablet 150 mg	Tier 1	ST
doxycycline monohydrate oral tablet 50 mg, 75 mg	Tier 1	
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (***minocycline hcl***)	Tier 3	PA
minocycline oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	Tier 1	ST; QL (1 EA per 1 day)
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	Tier 1	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 75 Mg)	Tier 1	ST
NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***)	Tier 3	PA
tetracycline oral capsule 250 mg, 500 mg	Tier 1	
Variola (Smallpox) Virus Antiviral Agents - Drugs for Viral Infections		
TEMBEXA ORAL SUSPENSION 10 MG/ML (***brincidofovir***)	Tier 2	
TEMBEXA ORAL TABLET 100 MG (***brincidofovir***)	Tier 2	
Antineoplastics		
Antineoplastic - ER and CRBN Heterobifunctional Protein Degrader		
VEPPANU ORAL TABLET 100 MG, 200 MG (***vepdegestrant***)	Tier 4	PA; OCH; QL (1 EA per 1 day)
Antineoplastic - Glucocorticoid Receptor Antagonists		
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 150 MG/DAY(100 MG X1-25MG X2) (***relacorilant***)	Tier 4	PA; OCH
Antineoplastics - Drugs for Cancer		
ANP - Human Vascular Endothelial Growth Factor Inhib Rec-MC Antibody - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALYMSYS INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-maly***)	Tier 4	PA
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab***)	Tier 4	PA
MVASI INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-awwb***)	Tier 4	PA
VEGZELMA INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-adcd***)	Tier 4	PA
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab-bvzr***)	Tier 4	PA
Antineoplasic-Epiderm.Growth Factor-EGFR (ErbB1),HER-2 (ErbB2)R.Inhib - Drugs for Cancer		
lapatinib oral tablet 250 mg	Tier 4	PA; OCH
Antineoplastic - Bispecific EGFR and MET Recept Inhibitor MC Antibody - Drugs for Cancer		
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML (***amivantamab-hyaluronidase, human recombinant-lpuj***)	Tier 4	PA
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML (***amivantamab-vmjw***)	Tier 4	PA
Antineoplastic - CYP17 (17 alpha-hydroxylase/C17,20-lyase) inhibitor - Drugs for Cancer		
abiraterone oral tablet 250 mg, 500 mg	Tier 4	PA; OCH
abiraterone acetate (Abirtega Oral Tablet 250 Mg)	Tier 4	PA; OCH
YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***)	Tier 4	PA; OCH
Antineoplastic - 1st generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
erlotinib oral tablet 100 mg, 150 mg, 25 mg	Tier 4	PA; OCH
gefitinib oral tablet 250 mg	Tier 4	PA; OCH
Antineoplastic - 2nd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (***afatinib dimaleate***)	Tier 4	PA; OCH
NERLYNX ORAL TABLET 40 MG (***neratinib maleate***)	Tier 4	PA; OCH
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (***dacomitinib***)	Tier 4	PA; OCH
Antineoplastic - 3rd generation EGFR tyrosine kinase inhibitor - Drugs for Cancer		
LAZCLUZE ORAL TABLET 240 MG, 80 MG (***lazertinib mesylate***)	Tier 4	PA; OCH
TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib mesylate***)	Tier 4	PA; OCH
Antineoplastic - AKT (Protein Kinase B (PKB)) Inhibitor - Drugs for Cancer		
TRUQAP ORAL TABLET 160 MG, 200 MG (***capivasertib***)	Tier 4	PA; OCH
Antineoplastic - Alkylating Agent - Alkyl Sulfonates - Drugs for Cancer		
busulfan intravenous solution 60 mg/10 ml	Tier 4	
MYLERAN ORAL TABLET 2 MG (***busulfan***)	Tier 4	OCH
Antineoplastic - Alkylating Agent - Ethylenimines and Methylmelamines - Drugs for Cancer		
TEPADINA INJECTION RECON SOLN 100 MG (***thiotepa***)	Tier 4	
TEPADINA INJECTION SOLUTION 200 MG (***thiotepa***)	Tier 4	
thiotepa injection recon soln 100 mg, 15 mg	Tier 4	
Antineoplastic - Alkylating Agent - Methylhydrazines - Drugs for Cancer		
MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***)	Tier 4	OCH
Antineoplastic - Alkylating Agent - Nitrogen Mustards - Drugs for Cancer		
ALKERAN ORAL TABLET 2 MG (***melphalan***)	Tier 4	OCH
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	Tier 4	
cyclophosphamide intravenous solution 100 mg/ml, 200 mg/ml	Tier 4	
cyclophosphamide intravenous solution 500 mg/ml	Tier 4	
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 4	OCH
cyclophosphamide oral tablet 50 mg	Tier 4	OCH
EVOMELA INTRAVENOUS RECON SOLN 50 MG (***melphalan hcl/betadex sulfobutyl ether sodium***)	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ifosfamide intravenous recon soln 1 gram, 3 gram	Tier 4	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	Tier 4	
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	Tier 4	OCH
melphalan hcl intravenous recon soln 50 mg	Tier 4	
Antineoplastic - Alkylating Agent - Nitrosoureas - Drugs for Cancer		
carmustine intravenous recon soln 100 mg	Tier 4	
GLIADEL WAFER IMPLANT WAFER 7.7 MG (***carmustine in polifeprosan 20***)	Tier 4	
lomustine oral capsule 10 mg, 100 mg, 40 mg	Tier 4	PA; OCH
Antineoplastic - Alkylating Agent - Other - Drugs for Cancer		
bendamustine intravenous recon soln 100 mg, 25 mg	Tier 4	
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (***bendamustine hcl***)	Tier 4	
VIVIMUSTA INTRAVENOUS SOLUTION 25 MG/ML (***bendamustine hcl***)	Tier 4	
Antineoplastic - Alkylating Agent - Triazenes - Drugs for Cancer		
TEMODAR INTRAVENOUS RECON SOLN 100 MG (***temozolomide***)	Tier 4	PA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 4	PA; OCH
Antineoplastic - Anaplastic Lymphoma Kinase (ALK) Inhibitors - Drugs for Cancer		
ALECENSA ORAL CAPSULE 150 MG (***alectinib hcl***)	Tier 4	PA; OCH
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (***brigatinib***)	Tier 4	PA; OCH
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (***brigatinib***)	Tier 4	PA; OCH
ENSACOVE ORAL CAPSULE 100 MG, 25 MG (***ensartinib hydrochloride***)	Tier 4	PA; OCH
LORBRENA ORAL TABLET 100 MG, 25 MG (***lorlatinib***)	Tier 4	PA; OCH
XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***)	Tier 4	PA; OCH
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG (***crizotinib***)	Tier 4	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYKADIA ORAL TABLET 150 MG (***ceritinib***)	Tier 4	PA; OCH
Antineoplastic - Antiadrenals - Drugs for Cancer		
LYSODREN ORAL TABLET 500 MG (***mitotane***)	Tier 4	OCH
Antineoplastic - Antiandrogens - Drugs for Cancer		
abiraterone oral tablet 250 mg, 500 mg	Tier 4	PA; OCH
abiraterone acetate (Abirtega Oral Tablet 250 Mg)	Tier 4	PA; OCH
bicalutamide oral tablet 50 mg	Tier 1	OCH
ERLEADA ORAL TABLET 240 MG, 60 MG (***apalutamide***)	Tier 4	PA; OCH
nilutamide oral tablet 150 mg	Tier 4	OCH; QL (2 EA per 1 day)
NUBEQA ORAL TABLET 300 MG (***darolutamide***)	Tier 4	PA; OCH
XTANDI ORAL CAPSULE 40 MG (***enzalutamide***)	Tier 4	PA; OCH
XTANDI ORAL TABLET 40 MG, 80 MG (***enzalutamide***)	Tier 4	PA; OCH
YONSA ORAL TABLET 125 MG (***abiraterone acetate, submicronized***)	Tier 4	PA; OCH
Antineoplastic - Antibiotic and Antimetabolite Combinations - Drugs for Cancer		
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG (***daunorubicin/cytarabine liposomal***)	Tier 4	PA
Antineoplastic - Antibody-Drug Conjugates (ADCs) - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (***brentuximab vedotin***)	Tier 4	PA
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL) (***inotuzumab ozogamicin***)	Tier 4	PA
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (***mirvetuximab soravtansine-gynx***)	Tier 4	PA
EMRELIS INTRAVENOUS RECON SOLN 100 MG, 20 MG (***telisotuzumab vedotin-tllv***)	Tier 4	PA
ENHERTU INTRAVENOUS RECON SOLN 100 MG (***fam-trastuzumab deruxtecan-nxki***)	Tier 4	PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (***ado-trastuzumab emtansine***)	Tier 4	PA
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (***gemtuzumab ozogamicin***)	Tier 4	PA
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (***enfortumab vedotin-ejfv***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (***polatuzumab vedotin-piiq***)	Tier 4	PA
TIVDAK INTRAVENOUS RECON SOLN 40 MG (***tisotumab vedotin-tftv***)	Tier 4	PA
Antineoplastic - Anti-GD2 Ganglioside Monoclonal Antibody - Drugs for Cancer		
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML (***naxitamab-gqgk***)	Tier 4	PA
Antineoplastic - Antimetabolite - Folic Acid Analogs - Drugs for Cancer		
AXTLE INTRAVENOUS RECON SOLN 100 MG, 500 MG (***pemetrexed dipotassium***)	Tier 4	PA
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) (***pralatrexate***)	Tier 4	PA
JYLAMVO ORAL SOLUTION 2 MG/ML (***methotrexate***)	Tier 3	PA; OCH
methotrexate sodium (pf) injection recon soln 1 gram	Tier 1	
methotrexate sodium (pf) injection solution 25 mg/ml	Tier 1	
methotrexate sodium injection solution 25 mg/ml	Tier 1	
methotrexate sodium oral tablet 2.5 mg	Tier 1	OCH
pemetrexed disodium intravenous recon soln 1,000 mg, 750 mg	Tier 4	PA
pemetrexed disodium intravenous recon soln 100 mg, 500 mg	Tier 4	PA
pemetrexed disodium intravenous solution 25 mg/ml	Tier 4	PA
pemetrexed intravenous solution 25 mg/ml	Tier 4	PA
PEMFEXY INTRAVENOUS SOLUTION 25 MG/ML (***pemetrexed***)	Tier 4	PA
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML (***pemetrexed disodium***)	Tier 4	PA
pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)	Tier 4	PA
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	Tier 2	OCH
XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***)	Tier 3	PA; OCH; QL (120 ML per 60 days)
Antineoplastic - Antimetabolite - Purine Analogs - Drugs for Cancer		
cladribine intravenous solution 10 mg/10 ml	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clofarabine intravenous solution 1 mg/ml	Tier 4	
fludarabine intravenous recon soln 50 mg	Tier 4	
fludarabine intravenous solution 50 mg/2 ml	Tier 4	
mercaptopurine oral suspension 20 mg/ml	Tier 4	ST; OCH
mercaptopurine oral tablet 50 mg	Tier 1	OCH
nelarabine intravenous solution 5 mg/ml	Tier 4	
NIPENT INTRAVENOUS RECON SOLN 10 MG (***pentostatin***)	Tier 4	
TABLOID ORAL TABLET 40 MG (***thioguanine***)	Tier 4	OCH
Antineoplastic - Antimetabolite - Pyrimidine Analogs - Drugs for Cancer		
azacitidine injection recon soln 100 mg	Tier 4	
capecitabine oral tablet 150 mg, 500 mg	Tier 4	PA; OCH
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml	Tier 4	
cytarabine injection solution 20 mg/ml	Tier 4	
decitabine intravenous recon soln 50 mg	Tier 4	
floxuridine injection recon soln 0.5 gram	Tier 4	
gemcitabine intravenous recon soln 1 gram, 200 mg	Tier 4	
gemcitabine intravenous recon soln 2 gram	Tier 4	
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml)	Tier 4	
gemcitabine intravenous solution 100 mg/ml, 200 mg/5.26 ml (38 mg/ml)	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) (***gemcitabine hcl in 0.9 % sodium chloride***)	Tier 4	
INLEXZO INTRAVESICAL IMPLANT 225 MG (***gemcitabine hcl***)	Tier 3	
ONUREG ORAL TABLET 200 MG, 300 MG (***azacitidine***)	Tier 4	PA; OCH
Antineoplastic - Antimetabolite - Urea Derivatives - Drugs for Cancer		
hydroxyurea oral capsule 500 mg	Tier 1	OCH

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - CD19 Directed Antibody - Alkylating Agent Conjugate - Drugs for Cancer		
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG (***loncastuximab tesirine-lpyl***)	Tier 4	PA
Antineoplastic - CD19 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
MONJUVI INTRAVENOUS RECON SOLN 200 MG (***tafasitamab-cxix***)	Tier 4	PA
Antineoplastic - CD20 Specific Recombinant Monoclonal Antibody Agents - Drugs for Cancer		
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML (***obinutuzumab***)	Tier 4	PA
RIABNI INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-arrx***)	Tier 4	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) (***rituximab/hyaluronidase, human recombinant***)	Tier 4	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (***rituximab***)	Tier 4	PA
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-pvvr***)	Tier 4	PA
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML (***rituximab-abbs***)	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 (***daratumumab-hyaluronidase-fihj***)	Tier 4	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML (***daratumumab***)	Tier 4	PA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML (***isatuximab-irfc***)	Tier 4	PA
Antineoplastic - Claudin (CLDN) Directed Monoclonal Antibody - Drugs for Cancer		
VYLOY INTRAVENOUS RECON SOLN 100 MG, 300 MG (***zolbetuximab-clzb***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Cyclin-Dependent Kinase (CDK) 4/6 Inhibitors - Drugs for Cancer		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (***palbociclib***)	Tier 4	PA; OCH
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (***palbociclib***)	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) (***ribociclib succinate***)	Tier 4	PA; OCH
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***abemaciclib***)	Tier 4	PA; OCH
Antineoplastic - Cytotoxic T-Lymphocyte antigen (CTLA-4),R-MC Antibody - Drugs for Cancer		
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML (***tremelimumab-actl***)	Tier 4	PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) (***ipilimumab***)	Tier 4	PA
Antineoplastic - Epidermal Growth Factor Receptor-2 (HER2) inhibitor - Drugs for Cancer		
HERNEXEOS ORAL TABLET 60 MG (***zongertinib***)	Tier 4	PA; OCH; QL (3 EA per 1 day)
HYRNUO ORAL TABLET 10 MG (***sevabertinib***)	Tier 4	PA; OCH; QL (4 EA per 1 day)
TUKYSA ORAL TABLET 150 MG, 50 MG (***tucatinib***)	Tier 4	PA; OCH
Antineoplastic - Epipodophyllotoxins - Drugs for Cancer		
etoposide oral capsule 50 mg	Tier 1	OCH
Antineoplastic - Epothilones and Analogs - Drugs for Cancer		
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG (***ixabepilone***)	Tier 4	PA
Antineoplastic - Exportin-1 (XPO1) Inhibitors - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 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), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK) (***selinexor***)	Tier 4	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Fibroblast Growth Factor Receptor (FGFR) Kinase Inhib - Drugs for Cancer		
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (***erdafitinib***)	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) (***futibatinib***)	Tier 4	PA; OCH
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (***pemigatinib***)	Tier 4	PA; OCH
Antineoplastic - FMS-Like Tyrosine Kinase 3 (FLT3) Inhibitors - Drugs for Cancer		
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (***quizartinib dihydrochloride***)	Tier 4	PA; OCH
XOSPATA ORAL TABLET 40 MG (***gilteritinib fumarate***)	Tier 4	PA; OCH
Antineoplastic - Gamma-Secretase Inhibitor (GSI) - Drugs for Cancer		
OGSIVEO ORAL TABLET 100 MG, 150 MG (***nirogacestat hydrobromide***)	Tier 4	PA
Antineoplastic - Hedgehog Pathway Inhibitor - Drugs for Cancer		
DAURISMO ORAL TABLET 100 MG, 25 MG (***glasdegib maleate***)	Tier 4	PA; OCH
ERIVEDGE ORAL CAPSULE 150 MG (***vismodegib***)	Tier 4	PA; OCH
ODOMZO ORAL CAPSULE 200 MG (***sonidegib phosphate***)	Tier 4	PA; OCH
Antineoplastic - Histone deacetylase (HDAC) inhibitors - Drugs for Cancer		
BELEODAQ INTRAVENOUS RECON SOLN 500 MG (***belinostat***)	Tier 4	PA
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML (***romidepsin***)	Tier 4	PA
romidepsin intravenous recon soln 10 mg/2 ml	Tier 4	PA
romidepsin intravenous solution 5 mg/ml	Tier 4	PA
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	Tier 4	PA; OCH; QL (4 EA per 1 day)
Antineoplastic - Hypoxia Inducible Factor (HIF) Inhibitors - Drugs for Cancer		
WELIREG ORAL TABLET 40 MG (***belzutifan***)	Tier 4	PA; OCH
Antineoplastic - Interferons - Drugs for Cancer		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML (***ropeginterferon alfa-2b-njft***)	Tier 4	PA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML (***ropeginterferon alfa-2b-njft***)	Tier 4	PA
Antineoplastic - Interleukin-6 (IL-6) Inhibitors, Monoclonal Antibody - Drugs for Cancer		
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG (***siltuximab***)	Tier 4	PA
Antineoplastic - Interleukins - Drugs for Cancer		
LYMPHIR INTRAVENOUS RECON SOLN 300 MCG (***denileukin diftitox-cxdl***)	Tier 4	PA
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (***aldesleukin***)	Tier 4	
Antineoplastic - Janus Kinase (JAK) Inhibitors - Drugs for Cancer		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (***ruxolitinib phosphate***)	Tier 4	PA; OCH; QL (2 EA per 1 day)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG (***ruxolitinib phosphate***)	Tier 4	PA; OCH; QL (1 EA per 1 day)
Antineoplastic - Janus Kinase (JAK), ACVR1/ALK2 Inhibitors - Drugs for Cancer		
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (***momelotinib dihydrochloride***)	Tier 4	PA; OCH
Antineoplastic - Janus Kinase(JAK),FMS-like Tyrosine Kinase(FLT) Inhib - Drugs for Cancer		
INREBIC ORAL CAPSULE 100 MG (***fedratinib dihydrochloride***)	Tier 4	PA; OCH; QL (4 EA per 1 day)
VONJO ORAL CAPSULE 100 MG (***pacritinib citrate***)	Tier 4	PA; OCH; QL (4 EA per 1 day)
Antineoplastic - Kirsten Rat Sarcoma (KRAS) Protein Inhibitor - Drugs for Cancer		
KRAZATI ORAL TABLET 200 MG (***adagrasib***)	Tier 4	PA; OCH
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (***sotorasib***)	Tier 4	PA; OCH
Antineoplastic - LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Cancer		
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG (***leuprolide mesylate***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (***leuprolide acetate***)	Tier 4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (***leuprolide acetate***)	Tier 4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***)	Tier 4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (***leuprolide acetate***)	Tier 4	PA
leuprolide subcutaneous kit 1 mg/0.2 ml	Tier 4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG (***leuprolide acetate***)	Tier 4	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (***leuprolide acetate***)	Tier 4	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (***leuprolide acetate***)	Tier 4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (***leuprolide acetate***)	Tier 4	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG (***triptorelin pamoate***)	Tier 4	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (***goserelin acetate***)	Tier 4	PA
Antineoplastic - LHRH (GnRH) Antagonist Pituitary Suppressants - Drugs for Cancer		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG (***degarelix acetate***)	Tier 4	QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (***degarelix acetate***)	Tier 4	QL (1 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG (***relugolix***)	Tier 4	PA; OCH
Antineoplastic - Mast Cell Stabilizers - Drugs for Cancer		
cromolyn oral concentrate 100 mg/5 ml	Tier 1	
Antineoplastic - MEK Kinase Inhibitors - Drugs for Cancer		
COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***)	Tier 4	PA; OCH
GOMEKLI ORAL CAPSULE 1 MG, 2 MG (***mirdametinib***)	Tier 4	PA; OCH

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG (***mirdametinib***)	Tier 4	PA; OCH
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (***selumetinib sulfate***)	Tier 4	PA; OCH
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG (***selumetinib sulfate***)	Tier 4	PA; OCH
MEKINIST ORAL RECON SOLN 0.05 MG/ML (***trametinib dimethyl sulfoxide***)	Tier 4	PA; OCH
MEKINIST ORAL TABLET 0.5 MG, 2 MG (***trametinib dimethyl sulfoxide***)	Tier 4	PA; OCH
MEKTOVI ORAL TABLET 15 MG (***binimetinib***)	Tier 4	PA; OCH
Antineoplastic - Menin Inhibitors - Drugs for Cancer		
KOMZIFTI ORAL CAPSULE 200 MG (***ziftomenib***)	Tier 4	PA; OCH; QL (3 EA per 1 day)
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG (***revumenib citrate***)	Tier 4	PA; OCH
Antineoplastic - Microtubule Inhibitors - Drugs for Cancer		
eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)	Tier 4	PA
Antineoplastic - mTOR Kinase Inhibitors - Drugs for Cancer		
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 4	PA; OCH
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	Tier 4	PA; OCH
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG (***sirolimus protein-bound***)	Tier 4	PA
temsirolimus intravenous recon soln 25 mg/ml (dilute10mg/ml)	Tier 4	PA
everolimus (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 (***cabozantinib s-malate***)	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) (***cabozantinib s-malate***)	Tier 4	PA; OCH
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (***ponatinib hcl***)	Tier 4	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sorafenib oral tablet 200 mg	Tier 4	PA; OCH
STIVARGA ORAL TABLET 40 MG (***regorafenib***)	Tier 4	PA; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 1 (mIDH1) Inhibitors - Drugs for Cancer		
REZLIDHIA ORAL CAPSULE 150 MG (***olutasidenib***)	Tier 4	PA; OCH
TIBSOVO ORAL TABLET 250 MG (***ivosidenib***)	Tier 4	PA; OCH
Antineoplastic - Mutant Isocitrate Dehydrogenase 2 (mIDH2) Inhibitors - Drugs for Cancer		
IDHIFA ORAL TABLET 100 MG, 50 MG (***enasidenib mesylate***)	Tier 4	PA; OCH
Antineoplastic - Ornithine Decarboxylase (ODC) Inhibitors - Drugs for Cancer		
IWILFIN ORAL TABLET 192 MG (***eflornithine hcl***)	Tier 4	PA; OCH
Antineoplastic - Other - Drugs for Cancer		
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4 ML (***nogapendekin alfa inbakicept-pmln***)	Tier 4	PA
Antineoplastic - PARP Inhibitor and Antiandrogen Combinations - Drugs for Cancer		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (***niraparib tosylate/abiraterone acetate***)	Tier 4	PA; OCH
Antineoplastic - Peptide Receptor Radionuclide Therapy (PRRT) - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (***lutetium lu 177 dotatate***)	Tier 4	PA
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (***lutetium lu-177 vipivotide tetraxetan***)	Tier 4	PA
Antineoplastic - Phosphatidylinositol 3-Kinase (PI3K) Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***)	Tier 4	PA; OCH
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	Tier 4	PA; OCH
Antineoplastic - PI3K-alpha Inhibitors - Drugs for Cancer		
ITOVEBI ORAL TABLET 3 MG, 9 MG (***inavolisib***)	Tier 4	PA; OCH

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (***alpelisib***)	Tier 4	PA; OCH
Antineoplastic - PI3K-Delta and Gamma Inhibitors - Drugs for Cancer		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***)	Tier 4	PA; OCH
Antineoplastic - PI3K-delta Inhibitors - Drugs for Cancer		
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	Tier 4	PA; OCH
Antineoplastic - Platinum Complexes - Drugs for Cancer		
carboplatin intravenous recon soln 150 mg	Tier 4	
carboplatin intravenous solution 10 mg/ml	Tier 4	
cisplatin intravenous recon soln 50 mg	Tier 4	
cisplatin intravenous solution 1 mg/ml	Tier 4	
KEMOPLAT INTRAVENOUS SOLUTION 1 MG/ML (***cisplatin***)	Tier 4	
oxaliplatin intravenous recon soln 100 mg, 50 mg	Tier 4	
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	Tier 4	
Antineoplastic - Poly (ADP-ribose) polymerase (PARP) inhibitors - Drugs for Cancer		
LYNPARZA ORAL TABLET 100 MG, 150 MG (***olaparib***)	Tier 4	PA; OCH
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (***rucaparib camsylate***)	Tier 4	PA; OCH
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (***talazoparib tosylate***)	Tier 4	PA; OCH
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (***niraparib tosylate***)	Tier 4	PA; OCH
Antineoplastic - Progestins - Drugs for Cancer		
megestrol oral tablet 20 mg, 40 mg	Tier 1	OCH
Antineoplastic - Proteasome Enzyme Inhibitors - Drugs for Cancer		
bortezomib injection recon soln 1 mg, 2.5 mg	Tier 4	PA
bortezomib injection recon soln 3.5 mg	Tier 4	PA
bortezomib intravenous solution 2.5 mg/ml	Tier 4	PA
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG (***carfilzomib***)	Tier 4	PA

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	Tier 4	PA; OCH
pazopanib oral tablet 200 mg	Tier 4	PA; OCH
pazopanib oral tablet 400 mg	Tier 4	PA; OCH
PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (***dasatinib anhydrous***)	Tier 4	PA; OCH
QINLOCK ORAL TABLET 50 MG (***ripretinib***)	Tier 4	PA; OCH
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG (***vimseltinib***)	Tier 4	PA; OCH
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (***entrectinib***)	Tier 4	PA; OCH
ROZLYTREK ORAL PELLETS IN PACKET 50 MG (***entrectinib***)	Tier 4	PA; OCH
RYDAPT ORAL CAPSULE 25 MG (***midostaurin***)	Tier 4	PA; OCH
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG (***asciminib hydrochloride***)	Tier 4	PA; OCH
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 4	PA; OCH
TABRECTA ORAL TABLET 150 MG, 200 MG (***capmatinib hydrochloride***)	Tier 4	PA; OCH
TEPMETKO ORAL TABLET 225 MG (***tepotinib hcl***)	Tier 4	PA; OCH
TURALIO ORAL CAPSULE 125 MG (***pexidartinib hydrochloride***)	Tier 4	PA; OCH
Antineoplastic - Radiolabeled Prostate-Specific Membrane Antigen Inhib - Drugs for Cancer		
PLUVICTO INTRAVENOUS SOLUTION 27 MCI/ML (1,000 MBQ/ML) (***lutetium lu-177 vipivotide tetraxetan***)	Tier 4	PA
Antineoplastic - Radiolabeled Somatostatin Analogs - Drugs for Cancer		
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML) (***lutetium lu 177 dotatate***)	Tier 4	PA
Antineoplastic - Retinoids - Drugs for Cancer		
tretinoin (antineoplastic) oral capsule 10 mg	Tier 4	OCH
Antineoplastic - Selective Estrogen Receptor Degraders (SERDs) - Drugs for Cancer		
fulvestrant intramuscular syringe 250 mg/5 ml	Tier 4	PA
INLURIYO ORAL TABLET 200 MG (***imlunestrant tosylate***)	Tier 4	PA; OCH; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORSERDU ORAL TABLET 345 MG, 86 MG (***elacestrant hcl***)	Tier 4	PA; OCH
Antineoplastic - Selective Estrogen Receptor Modulators (SERMs) - Drugs for Cancer		
SOLTAMOX ORAL SOLUTION 20 MG/10 ML (***tamoxifen citrate***)	Tier 2	OCH
tamoxifen oral tablet 10 mg, 20 mg	$0	OCH; EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
toremifene oral tablet 60 mg	Tier 4	PA; OCH
Antineoplastic - Selective Inhibitiors of Nuclear Export (SINE) - Drugs for Cancer		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 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), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK) (***selinexor***)	Tier 4	PA; OCH
Antineoplastic - Selective RET Kinase Inhibitor - Drugs for Cancer		
GAVRETO ORAL CAPSULE 100 MG (***pralsetinib***)	Tier 4	PA; OCH
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG (***selpercatinib***)	Tier 4	PA; OCH
Antineoplastic - Selective Retinoid X Receptor Agonists - Drugs for Cancer		
bexarotene oral capsule 75 mg	Tier 4	PA; OCH
Antineoplastic - Systemic Enzyme Inhibitors Combinations - Drugs for Cancer		
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG (***avutometinib potassium/defactinib hydrochloride***)	Tier 4	PA; OCH
Antineoplastic - Taxanes - Drugs for Cancer		
BEIZRAY INTRAVENOUS SOLUTION 20 MG/ML (1 ML) (***docetaxel***)	Tier 4	
BEIZRAY-ALBUMIN INTRAVENOUS SOLUTION 20 MG/ML (***docetaxel/albumin, human***)	Tier 4	
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml)	Tier 4	
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5 ML (DILUTE10MG/ML) (***cabazitaxel***)	Tier 4	
paclitaxel intravenous concentrate 6 mg/ml	Tier 4	
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	Tier 4	PA
Antineoplastic - Telomerase Inhibitors - Drugs for Cancer		
RYTELO INTRAVENOUS RECON SOLN 188 MG, 47 MG (***imetelstat sodium***)	Tier 4	PA
Antineoplastic - Thalidomide Analogs - Drugs for Cancer		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 4	PA; OCH
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	Tier 4	PA; OCH
THALOMID ORAL CAPSULE 100 MG, 50 MG (***thalidomide***)	Tier 4	PA; OCH
Antineoplastic - Topoisomerase I Inhibitors - Drugs for Cancer		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (***topotecan hcl***)	Tier 4	OCH
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml	Tier 4	
irinotecan intravenous solution 500 mg/25 ml	Tier 4	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML (***irinotecan liposomal***)	Tier 4	PA
topotecan intravenous recon soln 4 mg	Tier 4	
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	Tier 4	
Antineoplastic - Tropomyosin Receptor Kinase (TRK) Inhibitor - Drugs for Cancer		
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (***larotrectinib sulfate***)	Tier 4	PA; OCH
VITRAKVI ORAL SOLUTION 20 MG/ML (***larotrectinib sulfate***)	Tier 4	PA; OCH
Antineoplastic - Vasc Endothelial Growth Factor Receptor (VEGFR) Antag - Drugs for Cancer		
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (***ramucirumab***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic - Vinca Alkaloids and Analogs - Drugs for Cancer		
vinblastine intravenous solution 1 mg/ml	Tier 4	
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	Tier 4	
Antineoplastic Antibiotic - Actinomycins - Drugs for Cancer		
dactinomycin intravenous recon soln 0.5 mg	Tier 4	
Antineoplastic Antibiotic - Anthracyclines - Drugs for Cancer		
daunorubicin intravenous solution 5 mg/ml	Tier 4	
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	Tier 4	
epirubicin intravenous recon soln 50 mg	Tier 4	
epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml	Tier 4	
idarubicin intravenous solution 1 mg/ml	Tier 4	
mitoxantrone intravenous concentrate 2 mg/ml	Tier 4	PA
valrubicin intravesical solution 40 mg/ml	Tier 4	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (***valrubicin***)	Tier 4	
Antineoplastic Antibiotic - Others - Drugs for Cancer		
bleomycin injection recon soln 15 unit, 30 unit	Tier 4	
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	Tier 4	
mitomycin (Mutamycin Intravenous Recon Soln 20 Mg, 40 Mg, 5 Mg)	Tier 4	
Antineoplastic-Alkylating Agent-Tetrahydroisoquinoline and Derivatives - Drugs for Cancer		
YONDELIS INTRAVENOUS RECON SOLN 1 MG (***trabectedin***)	Tier 4	PA
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG (***lurbinectedin***)	Tier 4	PA
Antineoplastic-Anti-Programmed Cell Death Ligand-1 (PD-L1) MC Antib. - Drugs for Cancer		
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML (***avelumab***)	Tier 4	PA
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML (***durvalumab***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1,875 MG-30,000 UNIT/15 ML (***atezolizumab-hyaluronidase-tqjs***)	Tier 4	PA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML) (***atezolizumab***)	Tier 4	PA
UNLOXCYT INTRAVENOUS SOLUTION 300 MG/5 ML (60 MG/ML) (***cosibelimab-ipdl***)	Tier 4	PA
Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1) MC Antib. - Drugs for Cancer		
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML (***dostarlimab-gxly***)	Tier 4	PA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML (***pembrolizumab***)	Tier 4	PA
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395 MG-4,800 UNIT/2.4 ML, 790 MG-9,600 UNIT/4.8 ML (***pembrolizumab-berahyaluronidase alfa-pmph***)	Tier 4	PA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML (***cemiplimab-rwlc***)	Tier 4	PA
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6 ML (40 MG/ML) (***toripalimab-tpzi***)	Tier 4	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML (***nivolumab***)	Tier 4	PA
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML (***nivolumab-hyaluronidase-nvhy***)	Tier 4	PA
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20 ML (***retifanlimab-dlwr***)	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) (***inotuzumab ozogamicin***)	Tier 4	PA
Antineoplastic-CD30 Directed Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		
ADCETRIS INTRAVENOUS RECON SOLN 50 MG (***brentuximab vedotin***)	Tier 4	PA
Antineoplastic-CD33 Specific Antibody and Cytoxic Antibiotic Conjugate - Drugs for Cancer		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (***gemtuzumab ozogamicin***)	Tier 4	PA
Antineoplastic-CD79b Direct Antibody-Microtubule Disrupting Conjugate - Drugs for Cancer		
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG (***polatuzumab vedotin-piiq***)	Tier 4	PA
Antineoplastic-FR alpha Directed Antibody-Microtubule Disrupting Conj - Drugs for Cancer		
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML (***mirvetuximab soravtansine-gynx***)	Tier 4	PA
Antineoplastic-HER2 Targeted Antibody-Microtubule Inhibitor Conjugate - Drugs for Cancer		
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG (***ado-trastuzumab emtansine***)	Tier 4	PA
Antineoplastic-HER2 Targeted Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
ENHERTU INTRAVENOUS RECON SOLN 100 MG (***fam-trastuzumab deruxtecan-nxki***)	Tier 4	PA
Antineoplastic-Isocitrate Dehydrogenase-1 and -2 (IDH1 and IDH2) Inhib - Drugs for Cancer		
VORANIGO ORAL TABLET 10 MG, 40 MG (***vorasidenib citrate***)	Tier 4	PA; OCH
Antineoplastic-Nectin-4 Targeted Antibody-Microtubule Inhib Conjugate - Drugs for Cancer		
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG (***enfortumab vedotin-ejfv***)	Tier 4	PA
Antineoplastic-Pyrimidine Analog and Cytidine Deaminase Inhibitor Comb - Drugs for Cancer		
INQOVI ORAL TABLET 35-100 MG (***decitabine/cedazuridine***)	Tier 4	PA; OCH
Antineoplastic-Tissue Factor Dir. Antibody-Microtubule Disrupting Conj - Drugs for Cancer		
TIVDAK INTRAVENOUS RECON SOLN 40 MG (***tisotumab vedotin-tftv***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic-TROP2 Directed Antibody-Topoisomerase I Inhib Conjugate - Drugs for Cancer		
DATROWAY INTRAVENOUS RECON SOLN 100 MG (***datopotamab deruxtecan-dlnk***)	Tier 4	PA
TRODELVY INTRAVENOUS RECON SOLN 180 MG (***sacituzumab govitecan-hziy***)	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) (***ziv-aflibercept***)	Tier 4	PA
Bispecific BCMA-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML (***elranatamab-bcmm***)	Tier 4	PA
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML (***linvoseltamab-gcpt***)	Tier 4	PA; QL (15 ML per 8 days)
LYNOZYFIC INTRAVENOUS SOLUTION 20 MG/ML (***linvoseltamab-gcpt***)	Tier 4	PA; QL (40 ML per 28 days)
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML (***teclistamab-cqyv***)	Tier 4	PA
Bispecific CD19-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
BLINCYTO INTRAVENOUS KIT 35 MCG (***blinatumomab***)	Tier 4	PA
Bispecific CD20-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML (***glofitamab-gxbm***)	Tier 4	PA
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML (***epcoritamab-bysp***)	Tier 4	PA
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML (***mosunetuzumab-axgb***)	Tier 4	PA
Bispecific DLL3-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
IMDELLTRA INTRAVENOUS RECON SOLN 1 MG, 10 MG (***tarlatamab-dlle***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bispecific GPRC5D-Directed CD3 T-cell Engager, Monoclonal Antibody - Drugs for Cancer		
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML (***talquetamab-tgvs***)	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) (***pertuzumab***)	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 (***cetuximab***)	Tier 4	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML) (***panitumumab***)	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 (***trastuzumab-hyaluronidase-oysk***)	Tier 4	PA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG (***trastuzumab***)	Tier 4	PA
HERCESSI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-strf***)	Tier 4	PA
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-pkrb***)	Tier 4	PA
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-anns***)	Tier 4	PA
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML (***margetuximab-cmkb***)	Tier 4	PA
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-dkst***)	Tier 4	PA
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-dttb***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML (***pertuzumab-trastuzumab-hyaluronidase-zzxf***)	Tier 4	PA
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG (***trastuzumab-qyyp***)	Tier 4	PA
Immune-Mobilizing Monoclonal TCR Against Cancer (ImmTAC) - Drugs for Cancer		
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML (***tebentafusp-tebn***)	Tier 4	PA
Methotrexate Rescue Agents - Carboxypeptidase G2 Type - Drugs for Cancer		
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (***glucarpidase***)	Tier 4	
Methotrexate Rescue Agents - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG (***levoleucovorin***)	Tier 4	
leucovorin calcium oral tablet 10 mg, 15 mg	Tier 1	OCH
leucovorin calcium oral tablet 25 mg, 5 mg	Tier 1	OCH
levoleucovorin calcium intravenous solution 10 mg/ml	Tier 4	
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT (***glucarpidase***)	Tier 4	
Methotrexate Rescue Agents - Folic Acid Antagonist Type - Drugs for Cancer		
KHAPZORY INTRAVENOUS RECON SOLN 175 MG (***levoleucovorin***)	Tier 4	
leucovorin calcium oral tablet 10 mg, 15 mg	Tier 1	OCH
leucovorin calcium oral tablet 25 mg, 5 mg	Tier 1	OCH
levoleucovorin calcium intravenous solution 10 mg/ml	Tier 4	
Otoprotective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML) (***sodium thiosulfate***)	Tier 4	
Urinary Tract Protective Agents used in conjunction with Chemotherapy - Drugs for Cancer		
mesna oral tablet 400 mg	Tier 1	OCH
Antiseptics and Disinfectants - Antiseptics and Disinfectants		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiseptic - Alcohols - Antiseptics and Disinfectants		
ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
alcohol swabs topical pads, medicated	Tier 3	DD
ALCOHOL WIPES TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
PRO-COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WEBCOL TOPICAL PADS, MEDICATED (***alcohol antiseptic pads***)	Tier 3	DD
Antiseptic - Chlorine Releasing - Antiseptics and Disinfectants		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (***hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water***)	Tier 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
RENOVAR TOPICAL SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
Antiseptic - Iodine/Iodophores - Antiseptics and Disinfectants		
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (***cadexomer iodine***)	Tier 3	
IODOSORB TOPICAL GEL 0.9 % (***cadexomer iodine***)	Tier 3	
LUGOLS TOPICAL SOLUTION 5-10 % (***iodine/potassium iodide***)	Tier 1	
STRONG IODINE TOPICAL SOLUTION 5-10 % (***iodine/potassium iodide***)	Tier 1	
Biologicals - Biological Agents		
Allergenic Extracts - Grass Pollen - Biological Agents		
GRASTEK SUBLINGUAL TABLET 2,800 BAU (***allergenic extract,grass pollen-timothy,standard***)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***)	Tier 2	PA
Allergenic Extracts - Mite Extracts - Biological Agents		
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (***allergenic extract, mite-d.farinae-d.pteronyssinus,standard***)	Tier 2	PA
Allergenic Extracts - Weed Pollen - Biological Agents		
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (***allergenic extract-weed pollen-short ragweed***)	Tier 2	PA
Antivenoms - Scorpion Antivenoms - Biological Agents		
ANASCORP INTRAVENOUS RECON SOLN 35 MG (***centruroides (scorpion) polyvalent antivenom***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antiviral Monoclonal Antibodies - Respiratory Syncytial Virus (RSV) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML (***nirsevimab-alip***)	$0	PA; EHB; $0 COPAY IF QUANTITY LIMITED TO 2, FILL OF 2 IN 120 DAYS, AND 19 MONTHS OF AGE OR YOUNGER
BEYFORTUS INTRAMUSCULAR SYRINGE 50 MG/0.5 ML (***nirsevimab-alip***)	$0	PA; EHB; $0 COPAY IF QUANTITY LIMITED TO 0.5, FILL OF 2 IN 120 DAYS AND 19 MONTHS OF AGE OR YOUNGER
Antiviral Monoclonal Antibodies - SARS-CoV-2 Coronavirus - Biological Agents		
PEMGARDA (EUA) INTRAVENOUS SOLUTION 125 MG/ML (***pemivibart***)	Tier 4	PA
Chemicals, foods, irritant/allergenic - Biological Agents		
T.R.U.E. TEST ALLERGEN TOPICAL ADHESIVE PATCH,MEDICATED (***chemical allergens***)	Tier 3	
Hepatitis A and Hepatitis B Vaccine Combinations - Vaccines		
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (***hepatitis a virus and hepatitis b virus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis A Vaccine - Single Agents - Vaccines		
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis B Vaccine Combinations - Vaccines		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Hepatitis B Vaccines - Single Agents - Vaccines		
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (***hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immune Globulin - Cytomegalovirus (CMV) - Biological Agents		
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML (***cytomegalovirus immune globulin (human)***)	Tier 4	
Immune Globulin - gamma globulin (IgG), human - Biological Agents		
ALYGLO INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)-stwk human***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASCENIV INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)-slra human***)	Tier 4	PA
BIVIGAM INTRAVENOUS SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	Tier 4	PA
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (***immune globulin,gamma(igg)-hipp human/maltose***)	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 %) (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	Tier 4	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % (***immune globulin,gamma (igg)/sorbitol/iga 0 to 50 mcg/ml***)	Tier 4	PA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (***immune globulin,gamma(igg)/glycine***)	Tier 4	PA
GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 % (***immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml***)	Tier 4	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (***immune globulin,gamm(igg)/glycine/iga greater than 50 mcg/ml***)	Tier 4	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM (***immune globulin,gamm(igg)/glycine/glucose/iga 0 to 50 mcg/ml***)	Tier 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 %) (***immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml***)	Tier 4	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % (***immune globulin,gamm(igg)/sorbitol/glycin/iga 0 to 50 mcg/ml***)	Tier 4	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)/glycine/iga 0 to 50 mcg/ml***)	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 %) (***immune globulin,gamma(igg)/glycine/iga average 46 mcg/ml***)	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***)	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 %) (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***)	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 %) (***immune globulin,gamma(igg) human/hyaluronidase, human recomb***)	Tier 4	PA
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % (***immune globulin,gamm(igg)/maltose/iga greater than 50 mcg/ml***)	Tier 4	PA
PANZYGA INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma(igg)-ifas human/glycine***)	Tier 4	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)/proline/iga 0 to 50 mcg/ml***)	Tier 4	PA
QIVIGY INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)-kthm human***)	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 %) (***immune globulin,gamma (igg)-klhw human***)	Tier 4	PA
YIMMUGO INTRAVENOUS SOLUTION 10 % (***immune globulin,gamma (igg)-dira human***)	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 (***rho(d) immune globulin/maltose***)	Tier 4	
Live Vaccine and Live Virus Formulations - Vaccines		
FLUMIST 2026-2027 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2026-2027 (2 yrs-49 yrs)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUMIST HOME 2026-2027 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2026-2027 (2 yrs-49 yrs)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (***smallpox and mpox vaccine, live, nonreplicating/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	Tier 3	
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (***typhoid vacc,live,attenuated***)	Tier 3	
Peanut Desensitization Agents - Biological Agents		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG (***peanut allergen powder-dnfp***)	Tier 4	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG (***peanut allergen powder-dnfp***)	Tier 4	PA
Toxoid Vaccine Combinations - Vaccines		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis(acellular),tetanus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis(acellular),tetanus vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis(acellular),tetanus vaccine***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML (***diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Bacterial - Toxin-Producing Bacilli - Vaccines		
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine, live***)	Tier 3	
Vaccine Mixed Combinations (Bacterial and Viral) - Vaccines		
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML (***diphtheria,pertus(acell),tetanus/hepb/polio/hib conj-meng/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - COVID (SARS-CoV-2) - Vaccines		
COMIRNATY 2026-2027(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML (***covid vacc 2026-2027 (5-11 years) (pfizer)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 2026-27 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML (***covid vaccine 2026-2027 (12 yrs up) (pfizer)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MNEXSPIKE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML (***covid vaccine 2026-2027 (12 years up) (moderna)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NUVAXOVID 2026-2027 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (***covid vaccine 2026-2027 (12 yrs up)/adjuvant-matrix/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2026-2027(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***covid vaccine 2026-2027 (12 years up) (moderna)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2026-27 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML (***covid vaccine 2026-2027 (6 months-11 years)(moderna)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Human Papillomavirus (HPV) Vaccines - Vaccines		
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Influenza A and B - Vaccines		
FLUAD 2026-2027 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza vaccine tvs 2026-27 (65 yr up)/adjuvant mf59c.1/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2026-2027(6 months and older)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK 2026-2027 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML (***influenza virus vaccine tv 2026-27(9 yrs and older)rcmb/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***flu vaccine tri 2026-2027(6 month and older)cell derived/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2026-2027(6 months and older)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST 2026-2027 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2026-2027 (2 yrs-49 yrs)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2026-2027 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine trivalent live 2026-2027 (2 yrs-49 yrs)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine tvs 2026-2027(6 months and older)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUZONE 2026-2027 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trivalent 2026-27 (6 mos and older)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2026-27 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (***influenza virus vaccine trival split 2026-2027(65 yr up)/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Measles - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Mpox - Vaccines		
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (***smallpox and mpox vaccine, live, nonreplicating/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Mumps and Related - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccine Viral - Poliomyelitis - Vaccines		
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (***poliomyelitis vaccine, killed***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Respiratory Syncytial Virus (RSV) - Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref a and b/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML (***respiratory syncytial virus vacc. antigen/as01e adjuvant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***respiratory syncytial virus vaccine, pref protein, mrna/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Rotavirus - Vaccines		
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vaccine, live oral pentavalent***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Rubella - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Smallpox - Vaccines		
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 (***smallpox and mpox vaccine, live, nonreplicating/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral - Varicella - Vaccines		
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine Viral Combinations - Vaccines		
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella, and varicella vaccine live/pf***)	$0	EHB; $0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Cardiovascular Therapy Agents		
Aldosterone Synthase Inhibitor (ASI)		
BAXFENDY ORAL TABLET 1 MG, 2 MG (***baxdrostat***)	Tier 3	PA; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - PCSK9 Inhibitor, Fusion Protein		
LEROCHOL SUBCUTANEOUS SYRINGE 300 MG/1.2 ML (***lerodalcibep-liga***)	Tier 3	ST
Cardiovascular Therapy Agents - Drugs for the Heart		
ACE Inhibitor and Calcium Channel Blocker Combinations - Drugs for High Blood Pressure		
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	Tier 1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	Tier 1	
ACE Inhibitor and Diuretic Combinations - Drugs for High Blood Pressure		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	Tier 1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	
ACE Inhibitors - Drugs for High Blood Pressure		
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	
enalapril maleate oral solution 1 mg/ml	Tier 1	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
moexipril oral tablet 15 mg, 7.5 mg	Tier 1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	Tier 1	
QBRELIS ORAL SOLUTION 1 MG/ML (***lisinopril***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Tier 1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	
Aldosterone Receptor Antagonists - Drugs for High Blood Pressure		
eplerenone oral tablet 25 mg, 50 mg	Tier 1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG (***finerenone***)	Tier 2	
spironolactone oral suspension 25 mg/5 ml	Tier 1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Alpha-Beta Blockers - Drugs for High Blood Pressure		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	QL (1 EA per 1 day)
labetalol oral tablet 100 mg, 200 mg, 300 mg	Tier 1	
labetalol oral tablet 400 mg	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker Comb. - Drugs for High Blood Pressure		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Tier 1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Calcium Channel Blocker-Diuretic - Drugs for High Blood Pressure		
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	Tier 1	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	Tier 1	
Angiotensin II Receptor Blocker (ARB)-Diuretic Combinations - Drugs for High Blood Pressure		
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (***azilsartan medoxomil/chlorthalidone***)	Tier 3	ST
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	Tier 1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	
Angiotensin II Receptor Blocker-Neprilysin Inhibitor Comb. (ARNi) - Drugs for High Blood Pressure		
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG (***sacubitril/valsartan***)	Tier 3	QL (8 EA per 1 day)
sacubitril-valsartan oral tablet 24-26 mg	Tier 1	QL (6 EA per 1 day)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	Tier 1	QL (2 EA per 1 day)
Angiotensin II Receptor Blockers (ARBs) - Drugs for High Blood Pressure		
ARBLI ORAL SUSPENSION 10 MG/ML (***losartan potassium***)	Tier 3	PA
azilsartan medoxomil oral tablet 40 mg, 80 mg	Tier 1	ST
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1	
losartan oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	Tier 1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	Tier 1	
Antianginal - Coronary Vasodilators (Nitrates) - Drugs for Angina		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	Tier 1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	Tier 1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nitroglycerin (Nitro-Bid Transdermal Ointment 2 %)	Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (***nitroglycerin***)	Tier 2	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	Tier 1	
nitroglycerin transdermal ointment 2 %	Tier 1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	Tier 1	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (***nitroglycerin***)	Tier 1	
Antianginal and Anti-ischemic Agents - Drugs for Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (***vericiguat***)	Tier 3	PA
Antianginal and Anti-ischemic Agents, Non-hemodynamic - Drugs for Angina		
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	Tier 1	
Antiarrhythmic - Class Ia - Drugs for Abnormal Heart Rhythms		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 1	
quinidine gluconate oral tablet extended release 324 mg	Tier 1	
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	
Antiarrhythmic - Class Ib - Drugs for Abnormal Heart Rhythms		
mexiletine oral capsule 150 mg, 200 mg, 250 mg	Tier 1	
Antiarrhythmic - Class Ic - Drugs for Abnormal Heart Rhythms		
flecainide oral tablet 100 mg, 150 mg, 50 mg	Tier 1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	Tier 1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	Tier 1	
Antiarrhythmic - Class II - Drugs for Abnormal Heart Rhythms		
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	Tier 3	ST; QL: 8 BOTTLES IN 30 DAYS
Antiarrhythmic - Class III - Drugs for Abnormal Heart Rhythms		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amiodarone oral tablet 100 mg, 200 mg, 400 mg	Tier 1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 1	
MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***)	Tier 2	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg)	Tier 1	
Antiarrhythmic - Class IV - Drugs for Abnormal Heart Rhythms		
CARDAMYST NASAL SPRAY,NON-AEROSOL 70 MG/2 SPRAY (***etripamil***)	Tier 3	QL (2 EA per 1 FILL)
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
Antihyperlipidemic - Angiopoietin-like 3 (ANGPTL3) Inhibitor, MAb - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML (***evinacumab-dgnb***)	Tier 4	PA
Antihyperlipidemic - apolipoprotein C-III Synthesis Inhibitors - Drugs for Diabetes		
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (***plozasiran sodium***)	Tier 4	PA; QL (0.5 ML per 90 days)
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML (***olezarsen sodium***)	Tier 4	PA
Antihyperlipidemic - Apolipoprotein Inhibitors - Drugs for Cholesterol		
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (***plozasiran sodium***)	Tier 4	PA; QL (0.5 ML per 90 days)
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML (***olezarsen sodium***)	Tier 4	PA
Antihyperlipidemic - ATP-Citrate Lyase (ACLY) Inhibitor - Drugs for Cholesterol		
NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***)	Tier 2	ST
Antihyperlipidemic - Bile Acid Sequestrants - Drugs for Cholesterol		
cholestyramine (with sugar) oral powder 4 gram	Tier 1	
cholestyramine (with sugar) oral powder in packet 4 gram	Tier 1	
cholestyramine (Cholestyramine Light Oral Powder 4 Gram)	Tier 1	
cholestyramine (Cholestyramine Light Oral Powder In Packet 4 Gram)	Tier 1	
colesevelam oral powder in packet 3.75 gram	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
colesevelam oral tablet 625 mg	Tier 1	
colestipol oral granules 5 gram	Tier 1	
colestipol oral packet 5 gram	Tier 1	
colestipol oral tablet 1 gram	Tier 1	
cholestyramine (Prevalite Oral Powder 4 Gram)	Tier 1	
cholestyramine (Prevalite Oral Powder In Packet 4 Gram)	Tier 1	
Antihyperlipidemic - Fibric Acid Derivatives - Drugs for Cholesterol		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	Tier 1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	Tier 1	
fenofibrate oral capsule 150 mg, 50 mg	Tier 1	
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	Tier 1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	Tier 1	
fenofibric acid oral tablet 105 mg, 35 mg	Tier 1	
gemfibrozil oral tablet 600 mg	Tier 1	
Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins) - Drugs for Cholesterol		
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (***atorvastatin calcium***)	Tier 3	PA
atorvastatin oral tablet 10 mg, 20 mg	$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
atorvastatin oral tablet 40 mg, 80 mg	Tier 1	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (***rosuvastatin calcium***)	Tier 3	PA; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (***simvastatin***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluvastatin oral capsule 20 mg	$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)
fluvastatin oral capsule 40 mg	$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)
fluvastatin oral tablet extended release 24 hr 80 mg	$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)
lovastatin oral tablet 10 mg, 20 mg	$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
lovastatin oral tablet 40 mg	$0	EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	$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)
pravastatin oral tablet 10 mg, 80 mg	$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
pravastatin oral tablet 20 mg, 40 mg	$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)
rosuvastatin oral tablet 10 mg, 5 mg	$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
rosuvastatin oral tablet 20 mg, 40 mg	Tier 1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$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
simvastatin oral tablet 80 mg	Tier 1	PA; QL (1 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - Nicotinic Acid Derivatives - Drugs for Cholesterol		
niacin oral tablet 500 mg	Tier 1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	Tier 1	
niacin (Niacor Oral Tablet 500 Mg)	Tier 1	
Antihyperlipidemic - Omega-3 Fatty Acid Type - Drugs for Cholesterol		
icosapent ethyl oral capsule 0.5 gram	Tier 1	QL (8 EA per 1 day)
icosapent ethyl oral capsule 1 gram	Tier 1	QL (4 EA per 1 day)
omega-3 acid ethyl esters oral capsule 1 gram	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 (***alirocumab***)	Tier 3	ST; QL (6 ML per 84 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML (***alirocumab***)	Tier 3	ST; QL (12 ML per 84 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***)	Tier 2	ST; QL (10.5 ML per 84 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***)	Tier 2	ST; QL (6 ML per 84 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***)	Tier 2	ST; QL (6 ML per 84 days)
Antihyperlipidemic - PCSK9 Inhibitors - Drugs for Cholesterol		
LEROCHOL SUBCUTANEOUS SYRINGE 300 MG/1.2 ML (***lerodalcibep-liga***)	Tier 3	ST
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***alirocumab***)	Tier 3	ST; QL (6 ML per 84 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 75 MG/ML (***alirocumab***)	Tier 3	ST; QL (12 ML per 84 days)
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***)	Tier 2	ST; QL (10.5 ML per 84 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***)	Tier 2	ST; QL (6 ML per 84 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***)	Tier 2	ST; QL (6 ML per 84 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperlipidemic - Selective Cholesterol Absorption Inhibitor - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic- ATP-Citrate Lyase and Cholesterol Absorption Inhib - Drugs for Cholesterol		
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid/ezetimibe***)	Tier 2	ST
Antihyperlipidemic HMG CoA Reduct Inhib and Calcium Channel Blocker - Drugs for Cholesterol		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	Tier 1	QL (1 EA per 1 day)
Antihyperlipidemic-HMG CoA Reduct Inhib and Cholesterol Absorp Inhibit - Drugs for Cholesterol		
ezetimibe-rosuvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-5 mg	Tier 1	QL (1 EA per 1 day)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	Tier 1	
ezetimibe-simvastatin oral tablet 10-80 mg	Tier 1	PA; QL (1 EA per 1 day)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (***ezetimibe/rosuvastatin calcium***)	Tier 3	QL (1 EA per 1 day)
Antihyperlipidemic-Microsomal Triglyceride Transfer Protein (MTP)Inhib - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (***lomitapide mesylate***)	Tier 4	PA
Beta Blockers Cardiac Selective - Drugs for High Blood Pressure		
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
betaxolol oral tablet 10 mg, 20 mg	Tier 1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	
bisoprolol fumarate oral tablet 2.5 mg	Tier 1	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol succinate***)	Tier 3	
LOPRESSOR ORAL SOLUTION 10 MG/ML (***metoprolol tartrate***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 100 mg, 50 mg	Tier 1	
metoprolol tartrate oral tablet 12.5 mg	Tier 3	QL (4 EA per 1 day)
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	Tier 1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	
Beta Blockers Cardiac Selective, Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
acebutolol oral capsule 200 mg, 400 mg	Tier 1	
Beta Blockers Non-Cardiac Select., Intrinsic Sympathomimetic Activity - Drugs for High Blood Pressure		
pindolol oral tablet 10 mg, 5 mg	Tier 1	
Beta Blockers Non-Cardiac Selective - Drugs for High Blood Pressure		
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (***propranolol hcl***)	Tier 3	ST; QL (360 ML per 30 days)
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	Tier 1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	Tier 1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	Tier 1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	Tier 3	ST; QL: 8 BOTTLES IN 30 DAYS
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
Bradykinin B2 Receptor Antagonists - Drugs for the Heart		
icatibant subcutaneous syringe 30 mg/3 ml	Tier 4	PA
icatibant acetate (Sajazir Subcutaneous Syringe 30 Mg/3 Ml)	Tier 4	PA
Calcium Channel Blockers - Benzothiazepines - Drugs for High Blood Pressure		
diltiazem hcl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	Tier 1	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Tier 1	
NORLIQVA ORAL SOLUTION 1 MG/ML (***amlodipine besylate***)	Tier 3	PA
Calcium Channel Blockers - Phenylakylamines - Drugs for High Blood Pressure		
CARDAMYST NASAL SPRAY,NON-AEROSOL 70 MG/2 SPRAY (***etripamil***)	Tier 3	QL (2 EA per 1 FILL)
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	Tier 1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	Tier 1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	Tier 1	
Cardiac Myosin Inhibitor - Drugs for the Heart		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (***mavacamten***)	Tier 4	PA
MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***aficamten***)	Tier 4	PA; QL (1 EA per 1 day)
Cardiac Selective Beta Blocker-Thiazide Diuretic and Related Comb. - Drugs for High Blood Pressure		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	Tier 1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	Tier 1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	
Cardiovascular Sympathomimetic - Anaphylaxis Therapy Single Agents - Drugs for Serious Allergic Reaction		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML (***epinephrine***)	Tier 2	QL (2 EA per 365 days)
epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	Tier 1	QL (4 EA per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEFFY NASAL SPRAY,NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML) (***epinephrine***)	Tier 2	QL (4 EA per 1 FILL)
Cardiovascular Sympathomimetics - Drugs for Serious Allergic Reaction		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 4	PA
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
Central Alpha-2 Receptor Agonists - Drugs for High Blood Pressure		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Tier 1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	Tier 1	
guanfacine oral tablet 1 mg, 2 mg	Tier 1	
JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML) (***clonidine hcl***)	Tier 3	PA; QL (120 ML per 1 day)
methyldopa oral tablet 250 mg, 500 mg	Tier 1	
Digitalis Glycosides - Drugs for the Heart		
digoxin 0.05 mg/ml solution 50 mcg/ml (0.05 mg/ml)	Tier 1	
digoxin 0.05 mg/ml solution 50 mcg/ml (0.05 mg/ml)	Tier 2	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	Tier 1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	Tier 1	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (***digoxin***)	Tier 2	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) (***digoxin***)	Tier 2	PA
Direct Acting Vasodilators - Drugs for High Blood Pressure		
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Non-selective - Drugs for High Blood Pressure		
spironolactone oral suspension 25 mg/5 ml	Tier 1	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
Diuretic - Aldosterone Receptor Antagonist, Selective - Drugs for High Blood Pressure		
eplerenone oral tablet 25 mg, 50 mg	Tier 1	
Diuretic - Carbonic Anhydrase Inhibitors - Drugs for High Blood Pressure		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acetazolamide oral capsule, extended release 500 mg	Tier 1	
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	
dichlorphenamide oral tablet 50 mg	Tier 4	PA
methazolamide oral tablet 25 mg, 50 mg	Tier 1	
Diuretic - Loop - Drugs for High Blood Pressure		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
ENBUMYST NASAL SPRAY,NON-AEROSOL 0.5 MG/SPRAY (0.1 ML) (***bumetanide***)	Tier 3	PA
ethacrynic acid oral tablet 25 mg	Tier 1	PA
FUROSCIX READYFLOW SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***furosemide***)	Tier 4	PA; QL (1 ML per 1 FILL)
FUROSCIX SUBCUTANEOUS KIT 80 MG/10 ML (***furosemide***)	Tier 4	PA
furosemide oral solution 10 mg/ml	Tier 1	
furosemide oral solution 40 mg/5 ml (8 mg/ml)	Tier 1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	
LASIX ONYU SUBCUTANEOUS KIT 80 MG/2.67 ML (***furosemide***)	Tier 4	PA; QL (1 EA per 1 FILL)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	
Diuretic - Potassium Sparing - Drugs for High Blood Pressure		
amiloride oral tablet 5 mg	Tier 1	
triamterene oral capsule 100 mg, 50 mg	Tier 1	
Diuretic - Potassium Sparing-Thiazide and Related Combinations - Drugs for High Blood Pressure		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	Tier 1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	Tier 1	
Diuretic - Selective Arginine Vasopressin V2 Receptor Antagonists - Drugs for High Blood Pressure		
tolvaptan oral tablet 15 mg	Tier 4	QL (30 EA per 365 days)
tolvaptan oral tablet 30 mg	Tier 4	QL (60 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Diuretic - Thiazides and Related - Drugs for High Blood Pressure		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5 ML (***chlorothiazide***)	Tier 3	
HEMICLOR ORAL TABLET 12.5 MG (***chlorthalidone***)	Tier 3	
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 12.5 mg	Tier 1	
hydrochlorothiazide oral tablet 25 mg, 50 mg	Tier 1	
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	
INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML (***hydrochlorothiazide***)	Tier 3	PA
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
THALITONE ORAL TABLET 15 MG (***chlorthalidone***)	Tier 3	
Endothelin Receptor Antagonists - Drugs for the Heart		
TRYVIO ORAL TABLET 12.5 MG (***aprocitentan***)	Tier 4	PA
VANRAFIA ORAL TABLET 0.75 MG (***atrasentan hydrochloride***)	Tier 4	PA
Endothelin-Angiotensin Receptor Antagonist - Drugs for the Heart		
FILSPARI ORAL TABLET 200 MG, 400 MG (***sparsentan***)	Tier 4	PA
Factor XII Inhibitors - Drugs to Prevent Bleeding		
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML (***garadacimab-gxii***)	Tier 4	PA
Ganglionic Blocking, Non-Depolarizing - Drugs for High Blood Pressure		
VECAMYL ORAL TABLET 2.5 MG (***mecamylamine hcl***)	Tier 4	PA
Hyperpolarization-Activated Cyclic Nucleotide-Gated Channel Inhibitors - Drugs for High Blood Pressure		
CORLANOR ORAL SOLUTION 5 MG/5 ML (***ivabradine hcl***)	Tier 2	QL (15 ML per 1 day)
ivabradine oral tablet 5 mg, 7.5 mg	Tier 1	ST; QL (2 EA per 1 day)
Muscarinic Receptor Antagonists (Anticholinergic) - Drugs for Abnormal Heart Rhythms		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML (***atropine sulfate***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAH Agents - Selective Prostacyclin Receptor (IP) Agonists - Drugs for High Blood Pressure		
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG (***selexipag***)	Tier 4	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 100 MCG, 150 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	Tier 4	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (***selexipag***)	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 (***macitentan/tadalafil***)	Tier 4	PA
Peripheral Alpha-1 Receptor Blockers - Drugs for High Blood Pressure		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (***doxazosin mesylate***)	Tier 3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	Tier 1	
phenoxybenzamine oral capsule 10 mg	Tier 4	PA
prazosin oral capsule 1 mg, 2 mg, 5 mg	Tier 1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
TEZRULY ORAL SOLUTION 1 MG/ML (***terazosin hcl***)	Tier 3	PA
Peripheral Vasodilators, Single Agents - Drugs for High Blood Pressure		
papaverine injection solution 30 mg/ml	Tier 1	
Pheochromocytoma, Agents to Treat - Drugs for High Blood Pressure		
metyrosine oral capsule 250 mg	Tier 4	PA
Plasma Kallikrein Inhibitor Agents, Antisense Oligonucleotide (ASO) - Drugs for the Heart		
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML (***donidalorsen sodium***)	Tier 4	PA; QL (0.8 ML per 28 days)
Plasma Kallikrein Inhibitor Agents, Recombinant Monoclonal Antibody - Drugs for the Heart		
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) (***lanadelumab-flyo***)	Tier 4	PA
Plasma Kallikrein Inhibitor Agents, Recombinant Protein - Drugs for the Heart		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) (***ecallantide***)	Tier 4	PA
Plasma Kallikrein Inhibitor Agents, Small Molecule - Drugs for the Heart		
EKTERLY ORAL TABLET 300 MG (***sebetralstat***)	Tier 4	PA; QL (4 EA per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hydrochloride***)	Tier 4	PA
ORLADEYO ORAL PELLETS IN PACKET 108 MG, 132 MG, 72 MG, 96 MG (***berotralstat hydrochloride***)	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) (***sotatercept-csrk***)	Tier 4	PA
Pulmonary Antihypertensive Agents - Prostacyclin-type - Drugs for High Blood Pressure		
epoprostenol intravenous recon soln 0.5 mg, 1.5 mg	Tier 4	PA
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42) (***treprostinil diolamine***)	Tier 4	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210) (***treprostinil diolamine***)	Tier 4	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG (***treprostinil diolamine***)	Tier 4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	Tier 4	PA
REMODULIN INJECTION SOLUTION 0.4 MG/ML, 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (***treprostinil sodium***)	Tier 4	PA
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	Tier 4	PA
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 48-80 MCG, 64 MCG, 80 MCG (***treprostinil***)	Tier 4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	Tier 4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil/nebulizer accessories***)	Tier 4	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	Tier 4	PA
VELETRI INTRAVENOUS RECON SOLN 0.5 MG (***epoprostenol sodium***)	Tier 4	PA
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG (***treprostinil sodium***)	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 (***riociguat***)	Tier 4	PA
Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists - Drugs for High Blood Pressure		
ambrisentan oral tablet 10 mg, 5 mg	Tier 4	PA
bosentan oral tablet 125 mg, 62.5 mg	Tier 4	PA
bosentan oral tablet for suspension 32 mg	Tier 4	PA
macitentan oral tablet 10 mg	Tier 4	PA
Pulmonary Arterial Hypertension - Selective cGMP-PDE5 Inhibitors - Drugs for High Blood Pressure		
tadalafil (Alyq Oral Tablet 20 Mg)	Tier 4	PA; QL (2 EA per 1 day)
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	Tier 1	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	Tier 1	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	Tier 4	PA; QL (2 EA per 1 day)
Renin Inhibitor, Direct - Drugs for High Blood Pressure		
aliskiren oral tablet 150 mg, 300 mg	Tier 1	
Vasodilator Combinations - Drugs for High Blood Pressure		
isosorbide-hydralazine oral tablet 20-37.5 mg	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Central Nervous System Agents - Drugs for the Nervous System		
Agents to Treat Episodic Cluster Headaches - Drugs for Migraine Headaches		
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (***galcanezumab-gnlm***)	Tier 2	PA; QL (3 ML per 28 days)
Antianxiety Agent - Antihistamine Type - Drugs for Anxiety		
hydroxyzine hcl oral solution 10 mg/5 ml	Tier 1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Antianxiety Agent - Benzodiazepines - Drugs for Anxiety		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (***alprazolam***)	Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	Tier 1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Tier 1	
diazepam oral concentrate 5 mg/ml	Tier 1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	Tier 1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	
lorazepam oral concentrate 2 mg/ml	Tier 1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	Tier 1	
Antianxiety Agent - Dicarbamate Type - Drugs for Anxiety		
meprobamate oral tablet 200 mg, 400 mg	Tier 1	
Antianxiety Agent - Non-Benzodiazepine - Drugs for Anxiety		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	
Anticonvulsant - AMPA-Type Glutamate Receptor Antagonists - Drugs for Seizures /Personality Disorder/Nerve Pain		
perampanel oral suspension 0.5 mg/ml	Tier 1	QL (680 ML per 28 days)
perampanel oral tablet 10 mg, 12 mg, 8 mg	Tier 1	QL (30 EA per 30 days)
perampanel oral tablet 2 mg	Tier 1	QL (120 EA per 30 days)
perampanel oral tablet 4 mg, 6 mg	Tier 1	QL (60 EA per 30 days)
Anticonvulsant - Barbiturates and Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	Tier 1	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	Tier 1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	Tier 1	
primidone oral tablet 125 mg	Tier 1	
primidone oral tablet 250 mg, 50 mg	Tier 1	
Anticonvulsant - Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
clobazam oral suspension 2.5 mg/ml	Tier 1	QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	Tier 1	QL (2 EA per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	Tier 1	
midazolam intramuscular auto-injector 10 mg/0.7 ml	Tier 3	QL (7 ML per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***)	Tier 2	PA; 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) (***diazepam***)	Tier 2	PA; QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type - Drugs for Seizures /Personality Disorder/Nerve Pain		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIDIOLEX ORAL SOLUTION 100 MG/ML (***cannabidiol (cbd)***)	Tier 4	ST
Anticonvulsant - Carbamates - Drugs for Seizures /Personality Disorder/Nerve Pain		
felbamate oral suspension 600 mg/5 ml	Tier 1	
felbamate oral tablet 400 mg, 600 mg	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 (***divalproex sodium***)	Tier 2	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (***divalproex sodium***)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***)	Tier 2	
divalproex oral capsule, delayed rel sprinkle 125 mg	Tier 1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
Anticonvulsant - Functionalized Amino Acid - Drugs for Seizures /Personality Disorder/Nerve Pain		
lacosamide oral solution 10 mg/ml	Tier 1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Tier 1	
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (***lacosamide***)	Tier 3	PA
Anticonvulsant - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	
gabapentin oral solution 250 mg/5 ml	Tier 1	PA; QL (72 ML per 1 day)
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	Tier 1	PA; QL (72 ML per 1 day)
gabapentin oral tablet 600 mg, 800 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	
pregabalin oral solution 20 mg/ml	Tier 1	PA; QL (30 ML per 1 day)
gabapentin (Relgaabi Oral Capsule 300 Mg, 400 Mg)	Tier 1	
Anticonvulsant - GABA Re-uptake Inhibitor, Nipecotic Acid Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
tiagabine oral tablet 12 mg, 2 mg, 4 mg	Tier 1	ST; QL (4 EA per 1 day)
tiagabine oral tablet 16 mg	Tier 1	ST; QL (3 EA per 1 day)
Anticonvulsant - GABA Transaminase (GABA-T) Inhibitor - Drugs for Seizures /Personality Disorder/Nerve Pain		
vigabatrin oral powder in packet 500 mg	Tier 4	PA
vigabatrin oral tablet 500 mg	Tier 4	PA
vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)	Tier 4	PA
vigabatrin (Vigadrone Oral Tablet 500 Mg)	Tier 4	PA
VIGAFYDE ORAL SOLUTION 100 MG/ML (***vigabatrin***)	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 200 Mg Capsule)	Tier 1	
phenytoin sodium extended (Phenytek 200 Mg Capsule)	Tier 2	
phenytoin sodium extended (Phenytek 300 Mg Capsule)	Tier 1	
phenytoin sodium extended (Phenytek 300 Mg Capsule)	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 300 MG (***carbamazepine***)	Tier 3	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG (***carbamazepine***)	Tier 2	
eslicarbazepine oral tablet 200 mg, 400 mg	Tier 1	QL (1 EA per 1 day)
eslicarbazepine oral tablet 600 mg, 800 mg	Tier 1	QL (2 EA per 1 day)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	Tier 1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg	Tier 1	ST; QL (3 EA per 1 day)
oxcarbazepine oral tablet extended release 24 hr 600 mg	Tier 1	ST; QL (4 EA per 1 day)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***)	Tier 2	
Anticonvulsant - Monosaccharide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
topiramate oral capsule, sprinkle 15 mg, 25 mg	Tier 1	
topiramate oral capsule, sprinkle 50 mg	Tier 1	
topiramate oral capsule,extended release 24hr 100 mg	Tier 1	QL (3 EA per 1 day)
topiramate oral capsule,extended release 24hr 200 mg	Tier 1	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
topiramate oral capsule,extended release 24hr 25 mg	Tier 1	QL (8 EA per 1 day)
topiramate oral capsule,extended release 24hr 50 mg	Tier 1	QL (7 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg	Tier 1	ST; QL (3 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	Tier 1	ST; QL (2 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 25 mg	Tier 1	ST; QL (1 EA per 1 day)
topiramate oral capsule,sprinkle,er 24hr 50 mg	Tier 1	ST; QL (7 EA per 1 day)
topiramate oral solution 25 mg/ml	Tier 1	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
Anticonvulsant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZTALMY ORAL SUSPENSION 50 MG/ML (***ganaxolone***)	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) (***lamotrigine***)	Tier 3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (***lamotrigine***)	Tier 3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (***lamotrigine***)	Tier 3	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	Tier 1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	Tier 1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	Tier 1	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUBVENITE ORAL SUSPENSION 10 MG/ML (***lamotrigine***)	Tier 3	PA
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 3	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 3	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 3	
lamotrigine (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		
brivaracetam oral solution 10 mg/ml	Tier 1	QL (600 ML per 30 days)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
levetiracetam oral solution 100 mg/ml	Tier 1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	Tier 1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	
Anticonvulsant - Succinimides - Drugs for Seizures /Personality Disorder/Nerve Pain		
ethosuximide oral capsule 250 mg	Tier 1	
ethosuximide oral solution 250 mg/5 ml	Tier 1	
methsuximide oral capsule 300 mg	Tier 1	
Anticonvulsant - Sulfonamide Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
ZONISADE ORAL SUSPENSION 100 MG/5 ML (***zonisamide***)	Tier 3	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Anticonvulsant - Triazole Derivatives - Drugs for Seizures /Personality Disorder/Nerve Pain		
rufinamide oral suspension 40 mg/ml	Tier 1	ST; QL (80 ML per 1 day)
rufinamide oral tablet 200 mg	Tier 1	ST; QL (16 EA per 1 day)
rufinamide oral tablet 400 mg	Tier 1	ST; QL (8 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anticonvulsant Others - Drugs for Seizures /Personality Disorder/Nerve Pain		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (***stiripentol***)	Tier 4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (***stiripentol***)	Tier 4	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML (***fenfluramine hcl***)	Tier 4	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) (***cenobamate***)	Tier 2	QL (2 EA per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG (***cenobamate***)	Tier 2	QL (1 EA per 1 day)
XCOPRI ORAL TABLET 200 MG (***cenobamate***)	Tier 2	QL (2 EA per 1 day)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) (***cenobamate***)	Tier 2	QL (1 EA per 1 day)
Antidepressant - Alpha-2 Receptor Antagonists (NaSSA) - Drugs for Depression		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	Tier 1	
mirtazapine oral tablet 7.5 mg	Tier 1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	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 (***gepirone hcl***)	Tier 3	PA; QL (1 EA per 1 day)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS) (***gepirone hcl***)	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 (***selegiline***)	Tier 3	ST; QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (***isocarboxazid***)	Tier 3	
phenelzine oral tablet 15 mg	Tier 1	
tranylcypromine oral tablet 10 mg	Tier 1	
Antidepressant - NDMA Receptor Antagonist and NDRI Combinations - Drugs for Depression		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG (***dextromethorphan hbr/bupropion hcl***)	Tier 3	
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK 30 MG-105 MG /45 MG-105 MG (***dextromethorphan hbr/bupropion hcl***)	Tier 3	QL (51 EA per 29 days)
Antidepressant - Neuroactive Steroid GABA-A Receptor Modulator - Drugs for Depression		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (***zuranolone***)	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) (***esketamine hcl***)	Tier 4	PA
Antidepressant - Selective Serotonin Reuptake Inhibitors (SSRIs) - Drugs for Depression		
citalopram oral capsule 30 mg	Tier 3	ST
citalopram oral solution 10 mg/5 ml	Tier 1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	Tier 1	
escitalopram oxalate oral solution 5 mg/5 ml	Tier 1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	Tier 1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	Tier 1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	Tier 1	
fluoxetine oral tablet 10 mg, 20 mg	Tier 1	
fluoxetine oral tablet 60 mg	Tier 1	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	Tier 1	ST; QL (2 EA per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	Tier 1	
paroxetine hcl oral suspension 10 mg/5 ml	Tier 1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	Tier 1	
sertraline oral capsule 150 mg, 200 mg	Tier 3	ST; QL (1 EA per 1 day)
sertraline oral concentrate 20 mg/ml	Tier 1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - Serotonin-2 Antagonist-Reuptake Inhibitors (SARIs) - Drugs for Depression		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	
RALDESY ORAL SOLUTION 10 MG/ML (***trazodone hcl***)	Tier 3	PA
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	Tier 1	
Antidepressant - Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) - Drugs for Depression		
desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg	Tier 1	ST; QL (1 EA per 1 day)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	Tier 1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (***duloxetine hcl***)	Tier 3	ST; QL (1 EA per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	
duloxetine oral capsule,delayed release(dr/ec) 40 mg	Tier 1	ST; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (***levomilnacipran hcl***)	Tier 2	QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (***levomilnacipran hcl***)	Tier 2	QL (1 EA per 1 day)
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	ST; QL (2 EA per 1 day)
milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)	Tier 1	ST; QL (2 EA per 1 day)
venlafaxine besylate oral tablet extended release 24hr 112.5 mg	Tier 1	ST; QL (2 EA per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	Tier 1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	Tier 1	
Antidepressant - SSRI and 5HT1A Partial Agonist - Drugs for Depression		
vilazodone oral tablet 10 mg, 20 mg, 40 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidepressant - SSRI and Serotonin (5-HT) Receptor Modulator - Drugs for Depression		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (***vortioxetine hydrobromide***)	Tier 2	QL (1 EA per 1 day)
Antidepressant - Tricyclic and Antipsychotic, Phenothiazine Comb - Drugs for Depression		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 1	
Antidepressant - Tricyclic-Benzodiazepine Combinations - Drugs for Depression		
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
Antidepressant- SSRI and Atypical Antipsych,Dopamine,Serotonin Antagon - Drugs for Depression		
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
Antidepressant-Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs) - Drugs for Depression		
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	Tier 1	
bupropion hcl oral tablet extended release 24 hr 450 mg	Tier 1	ST; QL (1 EA per 1 day)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	Tier 1	
Antidepressant-Tricyclics and Related (Non-Select Reuptake Inhibitors) - Drugs for Depression		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	Tier 1	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	Tier 1	
doxepin oral concentrate 10 mg/ml	Tier 1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	Tier 1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Tier 1	
nortriptyline oral solution 10 mg/5 ml	Tier 1	
protriptyline oral tablet 10 mg, 5 mg	Tier 1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Antiparkinson - Dopaminergic-Periph COMT-Dopa-decarboxylase Inhib Comb - Drugs for Parkinson		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	Tier 1	
Antiparkinson - Dopaminerg-Peripheral Dopa-decarboxylase Inhibit Comb - Drugs for Parkinson		
carbidopa-levodopa oral capsule, extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	Tier 1	ST; QL (10 EA per 1 day)
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG (***carbidopa/levodopa***)	Tier 3	ST; QL (4 EA per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 52.5-210 MG (***carbidopa/levodopa***)	Tier 3	ST; QL (10 EA per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 70-280 MG (***carbidopa/levodopa***)	Tier 3	ST; QL (7 EA per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 87.5-350 MG (***carbidopa/levodopa***)	Tier 3	ST; QL (6 EA per 1 day)
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (***carbidopa/levodopa***)	Tier 4	PA
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML (***foscarbidopa/foslevodopa***)	Tier 4	PA
Antiparkinson Adjuvant - Adenosine Receptor Antagonist - Drugs for Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (***istradefylline***)	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
Antiparkinson Adjuvant - Central/Peripheral COMT Inhibitors - Drugs for Parkinson		
tolcapone oral tablet 100 mg	Tier 1	ST; QL (3 EA per 1 day)
Antiparkinson Adjuvant - Peripheral COMT Inhibitors - Drugs for Parkinson		
entacapone oral tablet 200 mg	Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (***opicapone***)	Tier 3	PA
Antiparkinson Adjuvant - Peripheral Dopa-decarboxylase Inhibitors - Drugs for Parkinson		
carbidopa oral tablet 25 mg	Tier 1	
Antiparkinson Therapy - Anticholinergic Agents - Drugs for Parkinson		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
trihexyphenidyl oral elixir 0.4 mg/ml	Tier 1	
trihexyphenidyl oral tablet 2 mg, 5 mg	Tier 1	
Antiparkinson Therapy - Dopamine Precursors - Drugs for Parkinson		
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (***levodopa***)	Tier 4	PA
Antiparkinson Therapy - Ergot Alkaloids and Derivatives - Drugs for Parkinson		
bromocriptine oral capsule 5 mg	Tier 1	
bromocriptine oral tablet 2.5 mg	Tier 1	
Antiparkinson Therapy - Monoamine Oxidase Inhibitor(MAO-B) - Drugs for Parkinson		
rasagiline oral tablet 0.5 mg	Tier 1	QL (1 EA per 1 day)
rasagiline oral tablet 1 mg	Tier 1	
selegiline hcl oral capsule 5 mg	Tier 1	
selegiline hcl oral tablet 5 mg	Tier 1	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG (***selegiline hcl***)	Tier 3	ST; QL (2 EA per 1 day)
Antiparkinson Therapy - Non-ergot Dopamine Agonist Agents - Drugs for Parkinson		
amantadine hcl oral capsule 100 mg	Tier 1	
amantadine hcl oral solution 50 mg/5 ml	Tier 1	
amantadine hcl oral tablet 100 mg	Tier 1	
apomorphine subcutaneous cartridge 10 mg/ml	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (***rotigotine***)	Tier 2	ST; QL (1 EA per 1 day)
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML (***apomorphine hcl***)	Tier 4	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	Tier 1	ST; QL (1 EA per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 1	ST; QL (1 EA per 1 day)
Antipsychotic - Atyp Dopamine-Serotonin Antag Dibenzo-Oxepino Pyrroles - Drugs for Severe Mental Disorders		
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR (***asenapine***)	Tier 3	ST; QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisothiazolones - Drugs for Severe Mental Disorders		
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
Antipsychotic - Atypical Dopamine-Serotonin Antag- Benzisoxazole Deriv - Drugs for Severe Mental Disorders		
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML, 351 MG/2.25 ML (***paliperidone palmitate***)	Tier 2	QL (1 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (***paliperidone palmitate***)	Tier 2	QL (1.5 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (***iloperidone***)	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) (***iloperidone***)	Tier 3	ST; QL (8 EA per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) (***iloperidone***)	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) (***iloperidone***)	Tier 3	ST; QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML (***paliperidone palmitate***)	Tier 2	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML (***paliperidone palmitate***)	Tier 2	QL (5 ML per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML (***paliperidone palmitate***)	Tier 2	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML (***paliperidone palmitate***)	Tier 2	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML (***paliperidone palmitate***)	Tier 2	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML (***paliperidone palmitate***)	Tier 2	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML (***paliperidone palmitate***)	Tier 2	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML (***paliperidone palmitate***)	Tier 2	QL (0.88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML (***paliperidone palmitate***)	Tier 2	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML (***paliperidone palmitate***)	Tier 2	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML (***paliperidone palmitate***)	Tier 2	QL (2.63 ML per 70 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	Tier 1	QL (1 EA per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	Tier 1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG (***risperidone***)	Tier 3	QL (1 EA per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	Tier 1	QL (1 EA per 14 days)
risperidone oral solution 1 mg/ml	Tier 1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (***risperidone microspheres***)	Tier 2	QL (1 EA per 14 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML (***risperidone***)	Tier 2	QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML (***risperidone***)	Tier 2	QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML (***risperidone***)	Tier 2	QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML (***risperidone***)	Tier 2	QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML (***risperidone***)	Tier 2	QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML (***risperidone***)	Tier 2	QL (0.14 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML (***risperidone***)	Tier 2	QL (0.21 ML per 28 days)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Butyrophenone Deriv - Drugs for Severe Mental Disorders		
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (***lumateperone tosylate***)	Tier 2	QL (1 EA per 1 day)
Antipsychotic - Atypical Dopamine-Serotonin Antag-Dibenzodiazepine Der - Drugs for Severe Mental Disorders		
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	Tier 1	QL (3 EA per 1 day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (***clozapine***)	Tier 3	ST; QL (18 ML per 1 day)
Antipsychotic - Butyrophenone Derivatives - Drugs for Severe Mental Disorders		
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	
Antipsychotic - Dibenzoxazepine Derivatives - Drugs for Severe Mental Disorders		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (***loxapine***)	Tier 4	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Antipsychotic - Dihydroindolones - Drugs for Severe Mental Disorders		
molindone oral tablet 10 mg	Tier 1	QL (8 EA per 1 day)
molindone oral tablet 25 mg	Tier 1	QL (9 EA per 1 day)
molindone oral tablet 5 mg	Tier 1	
Antipsychotic - Diphenylbutylpiperidine Derivatives - Drugs for Severe Mental Disorders		
pimozide oral tablet 1 mg, 2 mg	Tier 1	
Antipsychotic - Muscarinic Agonist/Antagonist Combinations - Drugs for Severe Mental Disorders		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (***xanomeline tartrate/trospium chloride***)	Tier 3	ST; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG (***xanomeline tartrate/trospium chloride***)	Tier 3	ST
Antipsychotic - Phenothiazines, Aliphatic - Drugs for Severe Mental Disorders		
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	Tier 1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperazine - Drugs for Severe Mental Disorders		
fluphenazine hcl oral concentrate 5 mg/ml	Tier 1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	Tier 1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	
Antipsychotic - Phenothiazines, Piperidine - Drugs for Severe Mental Disorders		
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	
Antipsychotic - Thioxanthenes - Drugs for Severe Mental Disorders		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsychotic -Atypical Dopamine-Serotonin Antag-Dibenzothiazepine Der - Drugs for Severe Mental Disorders		
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine oral tablet 150 mg	Tier 1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	
Antipsychotic -Atypical Dopamine-Serotonin Antag-Thienobenzodiazepines - Drugs for Severe Mental Disorders		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***)	Tier 3	ST; QL (1 EA per 1 day)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG (***olanzapine pamoate***)	Tier 3	QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG (***olanzapine pamoate***)	Tier 3	QL (1 EA per 28 days)
Antipsychotic-Atyp Selective Serotonin 5-HT2A Inverse Agonists (SSIA) - Drugs for Severe Mental Disorders		
NUPLAZID ORAL CAPSULE 34 MG (***pimavanserin tartrate***)	Tier 4	PA
NUPLAZID ORAL TABLET 10 MG (***pimavanserin tartrate***)	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 (***aripiprazole***)	Tier 2	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML (***aripiprazole***)	Tier 2	QL (3.2 ML per 42 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG (***aripiprazole***)	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG (***aripiprazole***)	Tier 2	QL (2 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG (***aripiprazole***)	Tier 2	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 400 MG (***aripiprazole***)	Tier 2	QL (2 EA per 26 days)
aripiprazole oral solution 1 mg/ml	Tier 1	ST
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	ST; QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	ST; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML (***aripiprazole lauroxil, submicronized***)	Tier 2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML (***aripiprazole lauroxil***)	Tier 2	QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML (***aripiprazole lauroxil***)	Tier 2	QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML (***aripiprazole lauroxil***)	Tier 2	QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML (***aripiprazole lauroxil***)	Tier 2	QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (***aripiprazole***)	Tier 3	ST
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***brexpiprazole***)	Tier 2	QL (1 EA per 1 day)
Antipsychotic-Atypical,D3/D2 Receptor Partial Agonist-Serotonin Mixed - Drugs for Severe Mental Disorders		
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***)	Tier 2	QL (1 EA per 1 day)
Antipsychotics,Atypical,Dopamine,Serotonin Antag and Opioid Antag Comb - Drugs for Severe Mental Disorders		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***)	Tier 3	ST; QL (1 EA per 1 day)
Attention Deficit-Hyperact. Disorder (ADHD)- alpha-2 Receptor Agonist - Drugs for Attention Deficit Disorder		
clonidine hcl oral tablet extended release 12 hr 0.1 mg	Tier 1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML (***clonidine hcl***)	Tier 3	ST; QL (4 ML per 1 day)
Attention Deficit-Hyperactivity (ADHD) Therapy, Stimulant-Type - Drugs for Attention Deficit Disorder		
amphetamine oral tablet,disinteg er biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg	Tier 3	ST; QL (1 EA per 1 day)
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	QL (4 EA per 1 day)
ARYNTA ORAL SOLUTION 10 MG/ML (***lisdexamfetamine dimesylate***)	Tier 3	PA; QL (7 ML per 1 day)
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG (***serdexmethylphenidate chloride/dexmethylphenidate hcl***)	Tier 2	ST; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG (***methylphenidate***)	Tier 3	ST; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG (***methylphenidate***)	Tier 3	ST; QL (2 EA per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg	Tier 1	ST; QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 20 mg	Tier 1	ST; QL (3 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine sulfate oral tablet 30 mg	Tier 1	ST; QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (***amphetamine***)	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 (***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)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG (***methylphenidate hcl***)	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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 oral tablet,disinteg er biphase 24h 17.3 mg, 8.6 mg	Tier 1	ST; QL (1 EA per 1 day)
methylphenidate oral tablet,disinteg er biphase 24h 25.9 mg	Tier 1	ST; QL (2 EA per 1 day)
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)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG (***methylphenidate hcl***)	Tier 3	ST; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG (***methylphenidate hcl***)	Tier 3	ST; QL (2 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML) (***methylphenidate hcl***)	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) (***methylphenidate hcl***)	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) (***methylphenidate hcl***)	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) (***methylphenidate hcl***)	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 (***dextroamphetamine***)	Tier 3	ST; QL (1 EA per 1 day)
dextroamphetamine sulfate (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		
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	Tier 1	
atomoxetine oral solution 4 mg/ml	Tier 3	ST
ATONCY ORAL SOLUTION 4 MG/ML (***atomoxetine hcl***)	Tier 3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG (***viloxazine hcl***)	Tier 3	ST; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG (***viloxazine hcl***)	Tier 3	ST; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG (***viloxazine hcl***)	Tier 3	ST; QL (3 EA per 1 day)
Benzodiazepines - Drugs for Seizures /Personality Disorder/Nerve Pain		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (***alprazolam***)	Tier 2	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	Tier 1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 intramuscular auto-injector 10 mg/0.7 ml	Tier 3	QL (7 ML per 30 days)
midazolam oral syrup 2 mg/ml	Tier 1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***midazolam***)	Tier 2	PA; 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	
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) (***diazepam***)	Tier 2	PA; QL (10 EA per 30 days)
Bipolar Therapy Agents - Anticonvulsant Type - Drugs for Seizures /Personality Disorder/Nerve Pain		
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	Tier 1	
carbamazepine oral suspension 100 mg/5 ml	Tier 1	
carbamazepine oral tablet 200 mg	Tier 1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	Tier 1	
carbamazepine oral tablet,chewable 100 mg	Tier 1	
carbamazepine oral tablet,chewable 200 mg	Tier 1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	Tier 2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***)	Tier 2	
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (***divalproex sodium***)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***)	Tier 2	
divalproex oral capsule, delayed rel sprinkle 125 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	Tier 1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 300 MG (***carbamazepine***)	Tier 3	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 200 MG (***carbamazepine***)	Tier 2	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	Tier 1	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	Tier 1	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	Tier 3	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	Tier 3	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	Tier 3	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***)	Tier 2	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	Tier 2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***)	Tier 2	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	Tier 1	
valproic acid oral capsule 250 mg	Tier 1	
Bipolar Therapy Agents - Atypical Antipsychotics - Drugs for Severe Mental Disorders		
aripiprazole oral solution 1 mg/ml	Tier 1	ST
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	
aripiprazole oral tablet,disintegrating 10 mg	Tier 1	ST; QL (3 EA per 1 day)
aripiprazole oral tablet,disintegrating 15 mg	Tier 1	ST; QL (2 EA per 1 day)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (***olanzapine/samidorphan malate***)	Tier 3	ST; QL (1 EA per 1 day)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	Tier 1	
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	Tier 1	QL (1 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG (***aripiprazole***)	Tier 3	ST
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	
quetiapine oral tablet 150 mg	Tier 1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	
risperidone oral solution 1 mg/ml	Tier 1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
risperidone oral tablet,disintegrating 0.25 mg	Tier 1	
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	Tier 1	
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***)	Tier 2	QL (1 EA per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	
Bipolar Therapy Agents - Lithium - Drugs for Severe Mental Disorders		
lithium carbonate oral capsule 150 mg, 600 mg	Tier 1	
lithium carbonate oral capsule 300 mg	Tier 1	
lithium carbonate oral tablet 300 mg	Tier 1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	Tier 1	
lithium citrate oral solution 8 meq/5 ml	Tier 1	
Cannabis and Cannabinoids - Drugs for Seizures /Personality Disorder/Nerve Pain		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CNS Stimulant - Amphetamine Combinations - Drugs for Attention Deficit Disorder		
amphetamine oral tablet,disinteg er biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg	Tier 3	ST; QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	Tier 1	QL (2 EA per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Tier 1	QL (2 EA per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (***amphetamine***)	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 (***amphetamine***)	Tier 3	ST; QL (1 EA per 1 day)
CNS Stimulant - Amphetamines - Drugs for Attention Deficit Disorder		
amphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral capsule, extended release 15 mg	Tier 1	QL (120 EA per 30 days)
dextroamphetamine sulfate oral capsule, extended release 5 mg	Tier 1	QL (60 EA per 30 days)
dextroamphetamine sulfate oral solution 5 mg/5 ml	Tier 1	QL (1800 ML per 30 days)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	Tier 1	QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg	Tier 1	ST; QL (4 EA per 1 day)
dextroamphetamine sulfate oral tablet 20 mg	Tier 1	ST; QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 30 mg	Tier 1	ST; QL (2 EA per 1 day)
methamphetamine oral tablet 5 mg	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 (***dextroamphetamine***)	Tier 3	ST; QL (1 EA per 1 day)
dextroamphetamine sulfate (Zenzedi Oral Tablet 2.5 Mg, 7.5 Mg)	Tier 3	ST; QL (4 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CNS Stimulant - Analeptics, methylxanthine-type - Drugs for the Nervous System		
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	Tier 1	
Diabetic Peripheral Neuropathy Agents - Drugs for Seizures /Personality Disorder/Nerve Pain		
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	Tier 1	ST; QL (3 EA per 1 day)
pregabalin oral tablet extended release 24 hr 330 mg	Tier 1	ST; QL (2 EA per 1 day)
Fibromyalgia Agents - GABA Analogs - Drugs for Seizures /Personality Disorder/Nerve Pain		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Tier 1	
pregabalin oral solution 20 mg/ml	Tier 1	PA; QL (30 ML per 1 day)
Fibromyalgia Agents - Serotonin-Norepinephrine Reuptake-Inhib (SNRIs) - Drugs for Seizures /Personality Disorder/Nerve Pain		
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (***duloxetine hcl***)	Tier 3	ST; QL (1 EA per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	Tier 1	
duloxetine oral capsule,delayed release(dr/ec) 40 mg	Tier 1	ST; QL (1 EA per 1 day)
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	Tier 1	ST; QL (2 EA per 1 day)
milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)	Tier 1	ST; QL (2 EA per 1 day)
HSDD Agents-Mixed Serotonin Agonist/Antagonists - Drugs for the Nervous System		
ADDYI ORAL TABLET 100 MG (***flibanserin***)	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 (***bremelanotide acetate***)	Tier 3	PA
Hypnotics - Melatonin M1/M2 Receptor Agonists - Drugs for Insomnia		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (***tasimelteon***)	Tier 4	PA
ramelteon oral tablet 8 mg	Tier 1	ST
tasimelteon oral capsule 20 mg	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Migraine Therapy - Carboxylic Acid Derivatives - Drugs for Migraine Headaches		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***)	Tier 2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	Tier 1	
Migraine Therapy - CGRP Ligand Blocker, Monoclonal Antibody - Drugs for Migraine Headaches		
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML (***fremanezumab-vfrm***)	Tier 2	PA; QL (1.5 ML per 28 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (***fremanezumab-vfrm***)	Tier 2	PA; QL (1.5 ML per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	Tier 2	PA; QL (1 ML per 28 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (***galcanezumab-gnlm***)	Tier 2	PA; QL (1 ML per 28 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (***eptinezumab-jjmr***)	Tier 4	PA; QL (3 ML per 90 days)
Migraine Therapy - CGRP Receptor Blockers (gepants and mAb) - Drugs for Migraine Headaches		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (***erenumab-aooe***)	Tier 2	PA; QL (1 ML per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (***rimegepant sulfate***)	Tier 2	PA; QL (18 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (***atogepant***)	Tier 2	PA; QL (1 EA per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***)	Tier 2	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION (***zavegepant hcl***)	Tier 3	PA; QL (8 EA per 30 days)
Migraine Therapy - Ergot Alkaloids and Derivatives - Drugs for Migraine Headaches		
dihydroergotamine injection solution 1 mg/ml	Tier 1	ST; QL (15 ML per 14 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	Tier 1	ST; QL (8 ML per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG (***ergotamine tartrate***)	Tier 3	PA; QL (10 EA per 7 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUDHESA NASAL SPRAY,NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) (***dihydroergotamine mesylate***)	Tier 3	PA; QL (12 ML per 28 days)
Migraine Therapy - Ergot Combinations - Drugs for Migraine Headaches		
ergotamine-caffeine oral tablet 1-100 mg	Tier 1	ST; QL (10 EA per 7 days)
Migraine Therapy - NSAID Analgesics (Cyclooxygenase Inhibitor) - Drugs for Migraine Headaches		
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) (***celecoxib***)	Tier 3	PA
Migraine Therapy - Selective Serotonin Agonists 5-HT(1) - Drugs for Migraine Headaches		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	ST; QL (18 EA per 30 days)
eletriptan oral tablet 20 mg, 40 mg	Tier 1	ST; QL (18 EA per 30 days)
frovatriptan oral tablet 2.5 mg	Tier 1	ST; QL (18 EA per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	Tier 1	QL (18 EA per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	Tier 1	QL (27 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	Tier 1	QL (27 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	Tier 1	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	Tier 1	QL (36 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL (18 EA per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	Tier 1	QL (18 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	Tier 1	QL (18 ML per 30 days)
zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg	Tier 1	ST; QL (18 EA per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 1	ST; QL (18 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST; QL (18 EA per 30 days)
zolmitriptan (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 (***lasmiditan succinate***)	Tier 2	PA; QL (8 EA per 30 days)
Movement Disorder Drug Therapy - Drugs for the Nervous System		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUSTEDO ORAL TABLET 12 MG, 9 MG (***deutetrabenazine***)	Tier 4	PA; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG (***deutetrabenazine***)	Tier 4	PA; QL (2 EA per 1 day)
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; QL (1 EA per 1 day)
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; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 4	PA; QL (1 EA per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 4	PA; QL (1 EA per 1 day)
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, 9 MG (***deutetrabenazine***)	Tier 4	PA; QL (4 EA per 1 day)
AUSTEDO ORAL TABLET 6 MG (***deutetrabenazine***)	Tier 4	PA; QL (2 EA per 1 day)
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; QL (1 EA per 1 day)
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; QL (1 EA per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 4	PA; QL (1 EA per 1 day)
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, 9 MG (***deutetrabenazine***)	Tier 4	PA; QL (4 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUSTEDO ORAL TABLET 6 MG (***deutetrabenazine***)	Tier 4	PA; QL (2 EA per 1 day)
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; QL (1 EA per 1 day)
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; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 4	PA; QL (1 EA per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG (***valbenazine tosylate***)	Tier 4	PA; QL (1 EA per 1 day)
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 (***sodium oxybate***)	Tier 4	PA
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM (***sodium oxybate***)	Tier 4	PA
sodium oxybate oral solution 500 mg/ml	Tier 4	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML (***sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate***)	Tier 4	PA
Narcolepsy Therapy Agents - Dopamine and NE Reuptake Inhibitor (DNRI) - Drugs for Sleep Disorder		
SUNOSI ORAL TABLET 150 MG, 75 MG (***solriamfetol hcl***)	Tier 2	PA
Narcolepsy Therapy Agents - H3-Receptor Antagonist/Inverse Agonist - Drugs for Sleep Disorder		
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (***pitolisant hcl***)	Tier 4	PA
Narcolepsy Therapy Agents - Non-Sympathomimetic - Drugs for Sleep Disorder		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	Tier 1	QL (1 EA per 1 day)
armodafinil oral tablet 50 mg	Tier 1	QL (3 EA per 1 day)
modafinil oral tablet 100 mg, 200 mg	Tier 1	QL (2 EA per 1 day)

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

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxepin oral tablet 3 mg, 6 mg	Tier 1	ST; QL (1 EA per 1 day)
Chemical Dependency, Agents to Treat - Drugs for Addiction		
Agents for Opioid Withdrawal, Central Alpha-2 Adrenergic Agonist-Type - Drugs for Opioid Addiction		
lofexidine oral tablet 0.18 mg	Tier 1	PA
Agents for Opioid Withdrawal, Opioid-Type - Drugs for Opioid Addiction		
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 (***buprenorphine***)	Tier 4	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	Tier 1	QL (3 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML (***buprenorphine***)	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 (***buprenorphine hcl/naloxone hcl***)	Tier 2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG (***buprenorphine hcl/naloxone hcl***)	Tier 2	QL (2 EA per 1 day)
Alcohol Abstinence Therapy - Glutamate and GABA System Type - Drugs for Alcohol Addiction		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	Tier 1	
Alcohol Abstinence Therapy - Opioid Receptor Antagonist-Type - Drugs for Alcohol Addiction		
naltrexone oral tablet 50 mg	Tier 1	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG (***naltrexone microspheres***)	Tier 4	
Alcohol Deterrents - Drugs for Alcohol Addiction		
disulfiram oral tablet 250 mg, 500 mg	Tier 1	
Smoking Deterrents - NE and Dopamine Reuptake Inhibitor (NDRI)-Type - Drugs for Smoking Addiction		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUIT 2 BUCCAL GUM 2 MG (***nicotine polacrilex***)	$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 (***nicotine polacrilex***)	$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 (***nicotine polacrilex***)	$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 (***nicotine polacrilex***)	$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 (***nicotine polacrilex***)	$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		
varenicline tartrate oral tablet 0.5 mg, 1 mg	$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)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	$0	EHB; $0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Chemicals-Pharmaceutical Adjuvants		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pharmaceutical Adjuvant - Inhalation Vehicles		
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (***sodium chloride for inhalation***)	Tier 3	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 % (***sodium chloride for inhalation***)	Tier 1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (***sodium chloride for inhalation***)	Tier 3	
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	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 (***donanemab-azbt***)	Tier 4	PA
LEQEMBI INTRAVENOUS SOLUTION 100 MG/ML (***lecanemab-irmb***)	Tier 4	PA
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML, 500 MG/2.5 ML (250MG/1.25MLX2) (***lecanemab-irmb***)	Tier 4	PA
Alzheimer's Disease Therapy - Cholinesterase Inhibitors - Drugs for Alzheimer's Disease		
donepezil oral tablet 10 mg, 23 mg, 5 mg	Tier 1	
donepezil oral tablet,disintegrating 10 mg, 5 mg	Tier 1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	Tier 1	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	Tier 1	PA; QL (200 ML per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	Tier 1	QL (60 EA per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	Tier 1	QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET,DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG (***benzgalantamine gluconate***)	Tier 3	ST; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alzheimer's Disease Therapy - NMDA Receptor Antagonists - Drugs for Alzheimer's Disease		
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	ST; QL (30 EA per 30 days)
memantine oral solution 2 mg/ml	Tier 1	QL (300 ML per 30 days)
memantine oral tablet 10 mg, 5 mg	Tier 1	QL (60 EA per 30 days)
memantine oral tablets,dose pack 5-10 mg	Tier 1	QL (49 EA per 28 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG (***memantine hcl***)	Tier 2	ST; QL (28 EA per 28 days)
Alzheimer's Thx - NMDA Receptor Antag. and Cholinesterase Inhib. Comb - Drugs for Alzheimer's Disease		
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	Tier 1	ST; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG (***memantine hcl/donepezil hcl***)	Tier 3	ST; QL (1 EA per 1 day)
Cognitive Disorder Therapy - Cerebral Vasodilators - Drugs for Alzheimer's Disease		
ergoloid oral tablet 1 mg	Tier 1	
Rett Syndrome Agents - Glypromate (GPE) Analogs - Drugs for Alzheimer's Disease		
DAYBUE ORAL SOLUTION 200 MG/ML (***trofinetide***)	Tier 4	PA
DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG, 8,000 MG (***trofinetide***)	Tier 4	PA
Contraceptives - Drugs for Women		
Contraceptive - Vaginal pH Modulator - Medical Supplies and Durable Medical Equipment		
PHEXX VAGINAL GEL 1.8-1-0.4 % (***lactic acid/citric acid/potassium bitartrate***)	$0	CT; EHB
Contraceptive Implant - Progestin - Birth Control Pills		
NEXPLANON SUBDERMAL IMPLANT 68 MG (***etonogestrel***)	$0	CT; EHB
Contraceptive Injectable - Progestin - Birth Control Pills		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (***medroxyprogesterone acetate***)	$0	CT; EHB

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

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) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
desogestrel-ethinyl estradiol/ethinyl estradiol (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	$0	CT; EHB
Contraceptive Oral - Monophasic - Birth Control Pills		
levonorgestrel/ethinyl estradiol (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

PA = Prior Authorization Required | QL = Quantity Limit | ST = Step Therapy | Age = Age Edit | SP = Specialty | EHB = USPSTF 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 (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
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (Gemmily Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Hailey Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Iclevia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	$0	CT; EHB
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
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
levonorgestrel/ethinyl estradiol (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	$0	CT; EHB
norethindrone acetate/ethinyl estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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
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 (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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
ethinyl estradiol/drospirenone (Syeda Oral Tablet 3-0.03 Mg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	$0	CT; EHB
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
YAZ (28) ORAL TABLET 3-0.02 MG (***ethinyl estradiol/drospirenone***)	$0	CT; EHB
ethinyl estradiol/drospirenone (Zarah Oral Tablet 3-0.03 Mg)	$0	CT; EHB
ethynodiol diacetate-ethinyl estradiol (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg)	$0	CT; EHB
ethinyl estradiol/drospirenone (Zumandimine (28) Oral Tablet 3-0.03 Mg)	$0	CT; EHB
Contraceptive Oral - Progestin - Birth Control Pills		
norethindrone (Camila Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Deblitane Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Emzahh Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Errin Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Heather Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Incassia Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Jencycla Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Lyleq Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Lyza Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Meleya Oral Tablet 0.35 Mg)	$0	CT; EHB
NORA-BE ORAL TABLET 0.35 MG (***norethindrone***)	$0	CT; EHB
norethindrone (contraceptive) oral tablet 0.35 mg	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPILL ORAL TABLET 0.075 MG (***norgestrel***)	$0	CT; EHB
norethindrone (Orquidea Oral Tablet 0.35 Mg)	$0	CT; EHB
norethindrone (Sharobel Oral Tablet 0.35 Mg)	$0	CT; EHB
SLYND ORAL TABLET 4 MG (28) (***drospirenone***)	$0	CT; EHB
norethindrone (Tulana Oral Tablet 0.35 Mg)	$0	CT; EHB
Contraceptive Oral - Quadraphasic - Birth Control Pills		
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (***estradiol valerate/dienogest***)	$0	CT; EHB
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	$0	CT; EHB
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Rosyrah Oral Tablets,Dose Pack,3 Month 0.15 Mg-20 Mcg/ 0.15 Mg-25 Mcg)	$0	CT; EHB
Contraceptive Oral - Triphasic - Birth Control Pills		
norethindrone-ethinyl estradiol (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	$0	CT; EHB
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
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	$0	CT; EHB
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
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-0.025 Mg)	$0	CT; EHB
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-0.035Mg (28))	$0	CT; EHB
desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	$0	CT; EHB
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Xarah Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	$0	CT; EHB
Contraceptive Transdermal Combinations - Estrogen and Progestin Comb. - Birth Control Pills		
GWYN LO TRANSDERMAL PATCH WEEKLY 220-20 MCG/24 HR (***norelgestromin/ethinyl estradiol***)	$0	CT; EHB
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (***levonorgestrel/ethinyl estradiol***)	$0	CT; EHB
norelgestromin/ethinyl estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)	$0	CT; EHB
norelgestromin/ethinyl estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	$0	CT; EHB
Contraceptives - Intravaginal, Systemic - Estrogen and Progestin Comb. - Birth Control Pills		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (***segesterone acetate/ethinyl estradiol***)	$0	CT; EHB
etonogestrel/ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	$0	CT; EHB
etonogestrel/ethinyl estradiol (Enilloring Vaginal Ring 0.12-0.015 Mg/24 Hr)	$0	CT; EHB
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	$0	CT; EHB
etonogestrel/ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24 Hr)	$0	CT; EHB
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (***etonogestrel/ethinyl estradiol***)	$0	CT; EHB
Emergency Contraceptives - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	$0	CT; EHB
levonorgestrel oral tablet 1.5 mg	$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLAN B ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
SHEWISE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
YOUR CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
Emergency Contraceptives - Progesterone Agonist/Antagonist Type - Birth Control Pills		
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	$0	CT; EHB
Emergency Contraceptives - Progestin Type - Birth Control Pills		
AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
levonorgestrel oral tablet 1.5 mg	$0	CT; EHB
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
PLAN B ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
SHEWISE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
YOUR CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	$0	CT; EHB
Spermicides - Birth Control Pills		
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	$0	CT; EHB
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	$0	CT; EHB
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (***nonoxynol 9***)	$0	CT; EHB
Dermatological		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, Others		
ICOTYDE ORAL TABLET 200 MG (***icotrokinra hcl***)	Tier 4	PA
Dermatological - Drugs for the Skin		
Acne Therapy Systemic - Retinoids and Derivatives - Drugs for the Skin		
isotretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	
Acne Therapy Systemic - Tetracycline antibiotic - Drugs for the Skin		
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	Tier 1	ST; QL (1 EA per 1 day)
Acne Therapy Topical - Androgen Receptor Inhibitors - Drugs for the Skin		
WINLEVI TOPICAL CREAM 1 % (***clascoterone***)	Tier 3	PA; QL (60 GM per 30 days)
Acne Therapy Topical - Anti-infective - Drugs for the Skin		
ABENOR HP TOPICAL LOTION 15-4 % (***sulfacetamide sodium/niacinamide***)	Tier 3	
AMZEEQ TOPICAL FOAM 4 % (***minocycline hcl***)	Tier 3	ST; Age (Min 9 Years)
azelaic acid topical gel 15 %	Tier 1	
AZELEX TOPICAL CREAM 20 % (***azelaic acid***)	Tier 3	PA
clindamycin phosphate topical foam 1 %	Tier 1	
clindamycin phosphate topical gel 1 %	Tier 1	
clindamycin phosphate topical gel, once daily 1 %	Tier 1	
clindamycin phosphate topical lotion 1 %	Tier 1	
clindamycin phosphate topical solution 1 %	Tier 1	QL (180 ML per 1 FILL)
clindamycin phosphate topical swab 1 %	Tier 1	
dapsone topical gel 5 %	Tier 1	
dapsone topical gel 7.5 %	Tier 1	
dapsone topical gel with pump 7.5 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
erythromycin base in ethanol (Ery Pads Topical Swab 2 %)	Tier 1	
erythromycin with ethanol topical gel 2 %	Tier 1	
erythromycin with ethanol topical solution 2 %	Tier 1	QL (180 ML per 1 FILL)
FINACEA TOPICAL FOAM 15 % (***azelaic acid***)	Tier 2	
MELZARA TOPICAL CREAM 10-6-2 % (***azelaic acid/tranexamic acid/niacinamide***)	Tier 3	
OXIAICE TOPICAL LOTION 15-4 % (***sulfacetamide sodium/niacinamide***)	Tier 3	
sulfacetamide sodium (acne) topical suspension 10 %	Tier 1	
Acne Therapy Topical - Anti-infective Combinations Other - Drugs for the Skin		
ADMIRAZOL DUAL TOPICAL CREAM 6-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
ADMIRAZOL HP DUAL TOPICAL CREAM 8.5-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
ADMIRAZOL HP TOPICAL CREAM 8.5-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
ADMIRAZOL TOPICAL CREAM 6-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
ALIXI HP TOPICAL CREAM 8.5-4 % (***dapsone/niacinamide***)	Tier 3	
ALIXI TOPICAL CREAM 6-4 % (***dapsone/niacinamide***)	Tier 3	
DIADIMAXIA TOPICAL CREAM 6-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
DIAOXIA TOPICAL CREAM 6-4 % (***dapsone/niacinamide***)	Tier 3	
DIASDIMAXIA TOPICAL CREAM 8.5-5-2 % (***dapsone/spironolactone/niacinamide***)	Tier 3	
DIASOXIA TOPICAL CREAM 8.5-4 % (***dapsone/niacinamide***)	Tier 3	
Acne Therapy Topical - Anti-infective-Keratolytic Combinations - Drugs for the Skin		
ARTILIS TOPICAL GEL 2.5-1-4 % (***benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 1	
CLEANSING WASH TOPICAL CLEANSER 10-4-10 % (***sulfacetamide sodium/sulfur/urea***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	Tier 1	
clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %, 1.2-2.5 %	Tier 1	ST
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	Tier 1	
erythromycin-benzoyl peroxide topical gel 3-5 %	Tier 1	
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 % (***clindamycin phosphate/benzoyl peroxide/emollient comb no.94***)	Tier 3	
clindamycin phosphate/benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	Tier 1	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W) (***sulfacetamide sodium/sulfur***)	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	Tier 1	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	Tier 1	QL (1419 GM per 1 FILL)
sulfacetamide sodium-sulfur topical cleanser 8-4 %	Tier 1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	Tier 1	
sulfacetamide sodium-sulfur topical suspension 8-4 %	Tier 1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	Tier 1	QL (1419 ML per 1 FILL)
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 % (***sulfacetamide sodium/sulfur***)	Tier 1	
Acne Therapy Topical - Anti-infective-Retinoid Combinations - Drugs for the Skin		
ADERMICA HP TOPICAL GEL 0.05-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
ALOMIRA HP TOPICAL GEL 0.1-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
ALUXOF DUAL TOPICAL GEL 0.025-5-1-2-2 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVIDORA HP TOPICAL CREAM 0.05-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
AVIDORA TOPICAL SOLUTION 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
AWANIS TOPICAL CREAM 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***)	Tier 3	
CABTREO TOPICAL GEL 0.15-3.1-1.2 % (***adapalene/benzoyl peroxide/clindamycin phosphate***)	Tier 3	PA
clindamycin-tretinoin topical gel 1.2-0.025 %	Tier 1	ST
DEOXIATAR TOPICAL SOLUTION 0.025-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
DEOXIAVAR TOPICAL CREAM 0.05-1-4 % (***tretinoin/clindamycin phosphate/niacinamide***)	Tier 3	
DIASAXIATAR TOPICAL CREAM 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***)	Tier 3	
DIASAXIATAR TOPICAL GEL 0.025-8.5-2 % (***tretinoin/dapsone/niacinamide***)	Tier 3	
INZDEAXIAVAR TOPICAL GEL 0.05-2.5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
ONZDEAXIADEMTAR TOPICAL GEL 0.025-5-1-2-2 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 3	
ONZDEAXIADEMVAR TOPICAL GEL 0.05-5-1-2-2 % (***tretinoin/benzoyl peroxide/clindamycin/spironolactone/niacin***)	Tier 3	
ONZDEAXIAZAR TOPICAL GEL 0.1-5-1-2 % (***tretinoin/benzoyl peroxide/clindamycin phosphate/niacinamide***)	Tier 3	
Acne Therapy Topical - Keratolytic - Drugs for the Skin		
benzoyl peroxide topical foam 9.8 %	Tier 1	
BPO TOPICAL GEL 8 % (***benzoyl peroxide***)	Tier 1	
PACNEX HP TOPICAL PADS, MEDICATED 7 % (***benzoyl peroxide***)	Tier 3	
PACNEX LP TOPICAL PADS, MEDICATED 4.25 % (***benzoyl peroxide***)	Tier 3	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (***benzoyl peroxide microspheres***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Acne Therapy Topical - Keratolytic-Glucocorticoid Combinations - Drugs for the Skin		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (***benzoyl peroxide/hydrocortisone***)	Tier 2	
Acne Therapy Topical - Retinoid Combinations Other - Drugs for the Skin		
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %	Tier 1	
ALURIS HP TOPICAL CREAM 0.1-4 % (***tretinoin/niacinamide***)	Tier 3	
IDYYXIATAR TOPICAL GEL 0.025-5 % (***tretinoin/niacinamide***)	Tier 3	
OXIAVARY TOPICAL CREAM 0.1-4 % (***tretinoin/niacinamide***)	Tier 3	
SIRVANA TOPICAL GEL 0.025-5 % (***tretinoin/niacinamide***)	Tier 3	
Acne Therapy Topical - Retinoids and Derivatives - Drugs for the Skin		
adapalene topical cream 0.1 %	Tier 1	
adapalene topical gel 0.3 %	Tier 1	
adapalene topical gel with pump 0.3 %	Tier 1	
adapalene topical lotion 0.1 %	Tier 1	Age (Max 39 Years)
AKLIEF TOPICAL CREAM 0.005 % (***trifarotene***)	Tier 3	ST; Age (Max 39 Years)
ALTRENO TOPICAL LOTION 0.05 % (***tretinoin***)	Tier 3	Age (Max 39 Years)
DIFFERIN TOPICAL LOTION 0.1 % (***adapalene***)	Tier 3	Age (Max 39 Years)
tretinoin microspheres topical gel 0.04 %, 0.1 %	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	Tier 1	Age (Max 39 Years)
tretinoin microspheres topical gel with pump 0.08 %	Tier 1	ST; Age (Max 39 Years)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	Tier 1	
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	Tier 1	
Antipsoriatic - Retinoid (Vitamin A Derivative) - Glucocorticoid - Drugs for the Skin		
DUOBRII TOPICAL LOTION 0.01-0.045 % (***halobetasol propionate/tazarotene***)	Tier 3	ST; QL (200 GM per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antipsoriatic - Vitamin D Analog - Glucocorticoid Combinations - Drugs for the Skin		
calcipotriene-betamethasone topical ointment 0.005-0.064 %	Tier 1	ST
calcipotriene-betamethasone topical suspension 0.005-0.064 %	Tier 1	ST
ENSTILAR TOPICAL FOAM 0.005-0.064 % (***calcipotriene/betamethasone dipropionate***)	Tier 2	
WYNZORA TOPICAL CREAM 0.005-0.064 % (***calcipotriene/betamethasone dipropionate***)	Tier 3	ST
Antipsoriatic Agents - Interleukin 12 and IL-23 Inhibitors,MC Antibody - Drugs for the Skin		
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab***)	Tier 4	PA
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-stba***)	Tier 4	PA
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-stba***)	Tier 4	PA
ustekinumab-aekn subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml	Tier 4	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-kfce***)	Tier 4	PA
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab-kfce***)	Tier 4	PA
Antipsoriatic Agents - Interleukin-23 (IL-23) Antagonist, MC Antibody - Drugs for the Skin		
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML (***tildrakizumab-asmn***)	Tier 4	PA
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***risankizumab-rzaa***)	Tier 4	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML (***risankizumab-rzaa***)	Tier 4	PA
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML (***guselkumab***)	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (***guselkumab***)	Tier 4	PA
Antipsoriatic Agents - Interleukin-36 (IL-36) Receptor Antagonist, MC - Drugs for the Skin		
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML (***spesolimab-sbzo***)	Tier 4	PA
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (***spesolimab-sbzo***)	Tier 4	PA
Antipsoriatic Agents - Tyrosine Kinase 2 (TYK2) Inhibitor - Drugs for the Skin		
SOTYKTU ORAL TABLET 6 MG (***deucravacitinib***)	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 (***bimekizumab-bkzx***)	Tier 4	PA
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML (***bimekizumab-bkzx***)	Tier 4	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***)	Tier 4	PA
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML (***secukinumab***)	Tier 4	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	Tier 4	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	Tier 4	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (***secukinumab***)	Tier 4	PA
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (***secukinumab***)	Tier 4	PA
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (***brodalumab***)	Tier 4	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 4	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	Tier 4	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML (***ixekizumab***)	Tier 4	PA
Dermatitis - Janus Kinase (JAK) Inhibitors - Drugs for the Skin		
ANZUPGO TOPICAL CREAM 2 % (***delgocitinib***)	Tier 3	PA; QL (60 GM per 30 days)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (***abrocitinib***)	Tier 4	PA
OPZELURA TOPICAL CREAM 1.5 % (***ruxolitinib phosphate***)	Tier 2	PA; QL (60 GM per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG (***upadacitinib***)	Tier 4	PA
Dermatitis Agents, Systemic - Interleukin-13 Inhibitors MAb - Drugs for the Skin		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML (***tralokinumab-ldrm***)	Tier 4	PA
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML (***tralokinumab-ldrm***)	Tier 4	PA
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML (***lebrikizumab-lbkz***)	Tier 4	PA
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML (***lebrikizumab-lbkz***)	Tier 4	PA
Dermatitis Agents,Systemic - IL-31 Receptor alpha Antagonist MAb - Drugs for the Skin		
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG (***nemolizumab-ilto***)	Tier 4	PA
Dermatitis Agents,Systemic-IL-4 Receptor alpha Antagonist (IL-4Ra) MAb - Drugs for the Skin		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 4	PA
Dermatitis or Eczema Agents, Topical - Phosphodiesterase-4 Inhibitors - Drugs for the Skin		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EUCRISA TOPICAL OINTMENT 2 % (***crisaborole***)	Tier 2	PA; QL (100 GM per 30 days)
ZORYVE TOPICAL CREAM 0.05 %, 0.15 % (***roflumilast***)	Tier 2	PA; QL (60 GM per 30 days)
Dermatological - Antibacterial Aminoglycosides - Drugs for the Skin		
gentamicin topical cream 0.1 %	Tier 1	QL (90 GM per 1 FILL)
gentamicin topical ointment 0.1 %	Tier 1	QL (90 GM per 1 FILL)
Dermatological - Antibacterial Other - Drugs for the Skin		
BASADROX TOPICAL GEL IN PACKET (***silver***)	Tier 3	
CENTANY AT TOPICAL OINTMENT KIT 2 % (***mupirocin***)	Tier 3	
mupirocin calcium topical cream 2 %	Tier 1	QL (90 GM per 1 FILL)
mupirocin topical ointment 2 %	Tier 1	QL (90 GM per 1 FILL)
NORMLGEL AG TOPICAL GEL 0.11 % (***silver carbonate***)	Tier 3	
silver nitrate topical solution 0.5 %	Tier 1	
silver nitrate topical solution 10 %, 25 %, 50 %	Tier 1	
Dermatological - Antibacterial Quinolones - Drugs for the Skin		
XEPI TOPICAL CREAM 1 % (***ozenoxacin***)	Tier 3	ST
Dermatological - Antibacterial,Antifungal Agent with Glucocorticoid - Drugs for the Skin		
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	Tier 1	
Dermatological - Anticholinergic Hyperhidrosis Treatment Agents - Drugs for the Skin		
QBREXZA TOPICAL TOWELETTE 2.4 % (***glycopyrronium tosylate***)	Tier 3	PA
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION) (***sofpironium bromide***)	Tier 3	PA
Dermatological - Antifungal Allylamines - Drugs for the Skin		
naftifine topical cream 1 %	Tier 1	
naftifine topical cream 2 %	Tier 1	QL (180 GM per 1 FILL)
naftifine topical gel 2 %	Tier 1	
Dermatological - Antifungal Amphoteric Polyene Macrolides - Drugs for the Skin		
nystatin (Klayesta Topical Powder 100,000 Unit/Gram)	Tier 1	
nystatin (Nyamyc Topical Powder 100,000 Unit/Gram)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nystatin topical cream 100,000 unit/gram	Tier 1	
nystatin topical ointment 100,000 unit/gram	Tier 1	QL (90 GM per 1 FILL)
nystatin topical powder 100,000 unit/gram	Tier 1	
nystatin (Nystop Topical Powder 100,000 Unit/Gram)	Tier 1	
Dermatological - Antifungal Combinations Other - Drugs for the Skin		
EXODERM TOPICAL LOTION 25-1 % (***sodium thiosulfate/salicylic acid***)	Tier 1	
FERVINA TOPICAL LOTION 3-5-20 % (***ciclopirox olamine/itraconazole/urea***)	Tier 3	
FIDILA TOPICAL SHAMPOO 2-2 % (***ketoconazole/salicylic acid***)	Tier 3	
HEXIOUNYL TOPICAL LOTION 3-5-20 % (***ciclopirox olamine/itraconazole/urea***)	Tier 3	
PHEDRAX TOPICAL SHAMPOO 2-2 % (***ketoconazole/salicylic acid***)	Tier 3	
Dermatological - Antifungal Hydroxypyridinone - Drugs for the Skin		
CICLODAN KIT TOPICAL COMBO PACK 0.77 % (***ciclopirox olamine/skin cleanser combination no.28***)	Tier 3	
ciclopirox topical cream 0.77 %	Tier 1	QL (180 GM per 1 FILL)
ciclopirox topical gel 0.77 %	Tier 1	
ciclopirox topical shampoo 1 %	Tier 1	
ciclopirox topical solution 8 %	Tier 1	QL (19.8 ML per 1 FILL)
ciclopirox topical suspension 0.77 %	Tier 1	QL (180 ML per 1 FILL)
ciclopirox-ure-camph-menth-euc topical solution 8 %	Tier 1	QL (19.8 ML per 1 FILL)
DAFILOR TOPICAL SHAMPOO 0.77-2 % (***ciclopirox olamine/salicylic acid***)	Tier 3	
FILOMA TOPICAL SOLUTION 8-1-1 % (***ciclopirox olamine/fluconazole/terbinafine hcl***)	Tier 3	
HAXDRAX TOPICAL SHAMPOO 0.77-2 % (***ciclopirox olamine/salicylic acid***)	Tier 3	
HIXDEFRIMA TOPICAL SOLUTION 8-1-1 % (***ciclopirox olamine/fluconazole/terbinafine hcl***)	Tier 3	
Dermatological - Antifungal Imidazole and Related Agents - Drugs for the Skin		
clotrimazole topical cream 1 %	Tier 1	
clotrimazole topical solution 1 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
econazole nitrate topical cream 1 %	Tier 1	QL (170 GM per 1 FILL)
EXELDERM TOPICAL CREAM 1 % (***sulconazole nitrate***)	Tier 2	
EXELDERM TOPICAL SOLUTION 1 % (***sulconazole nitrate***)	Tier 2	
ketoconazole topical cream 2 %	Tier 1	QL (180 GM per 1 FILL)
ketoconazole topical shampoo 2 %	Tier 1	QL (360 ML per 1 FILL)
KETODAN KIT TOPICAL COMBO PACK 2 % (***ketoconazole/skin cleanser combination no.28***)	Tier 3	
luliconazole topical cream 1 %	Tier 1	ST; QL (60 GM per 28 days)
miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %	Tier 1	
oxiconazole topical cream 1 %	Tier 1	QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 % (***oxiconazole nitrate***)	Tier 3	
sulconazole topical cream 1 %	Tier 1	
sulconazole topical solution 1 %	Tier 1	
Dermatological - Antifungal Oxaborole - Drugs for the Skin		
tavaborole topical solution with applicator 5 %	Tier 1	PA
Dermatological - Antifungal-Glucocorticoid Combinations - Drugs for the Skin		
clotrimazole-betamethasone topical cream 1-0.05 %	Tier 1	
clotrimazole-betamethasone topical lotion 1-0.05 %	Tier 1	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 % (***hydrocortisone/iodoquinol***)	Tier 3	
DIYRA TOPICAL SHAMPOO 0.77-0.05-0.2 % (***ciclopirox olamine/clobetasol propionate/pyrithione zinc***)	Tier 3	
DOREVI TOPICAL SHAMPOO 0.77-0.05-3-0.2 % (***ciclopirox olamine/clobetasol/salicylic acid/pyrithione zinc***)	Tier 3	
hydrocortisone-iodoquinol topical cream 1-1 %	Tier 1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	Tier 1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	Tier 1	QL (180 GM per 1 FILL)
Dermatological - Antineoplastic Alkylating Agents - Drugs for the Skin		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALCHLOR TOPICAL GEL 0.016 % (***mechlorethamine hcl***)	Tier 4	PA
Dermatological - Antineoplastic Antimetabolites - Drugs for the Skin		
fluorouracil topical cream 0.5 %	Tier 1	PA
fluorouracil topical cream 5 %	Tier 1	
fluorouracil topical solution 2 %, 5 %	Tier 1	
TOLAK TOPICAL CREAM 4 % (***fluorouracil***)	Tier 2	
Dermatological - Antineoplastic or Premalig. Lesions - Antimicrotubule - Drugs for the Skin		
KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % (***tirbanibulin***)	Tier 3	QL (5 EA per 1 FILL)
KLISYRI (350 MG) TOPICAL OINTMENT IN PACKET 1 % (***tirbanibulin***)	Tier 3	QL (5 EA per 1 FILL)
Dermatological - Antineoplastic or Premalignant Lesions - NSAID's - Drugs for the Skin		
diclofenac sodium topical gel 3 %	Tier 1	
Dermatological - Antineoplastic Retinoids - Drugs for the Skin		
PANRETIN TOPICAL GEL 0.1 % (***alitretinoin***)	Tier 4	QL (60 GM per 28 days)
Dermatological - Antineoplastic Selective Retinoid X Receptor Agonist - Drugs for the Skin		
bexarotene topical gel 1 %	Tier 4	PA
Dermatological - Antiperspirants - Drugs for the Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (***aluminum chloride***)	Tier 3	
DRYSOL TOPICAL SOLUTION 20 % (***aluminum chloride***)	Tier 3	
Dermatological - Antipsoriatic Agents Systemic, Photosensitizing - Drugs for the Skin		
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	Tier 1	
Dermatological - Antipsoriatic Agents Systemic, Vitamin A Derivatives - Drugs for the Skin		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 1	
Dermatological - Antipsoriatic Agents Topical - Drugs for the Skin		
calcipotriene scalp solution 0.005 %	Tier 1	ST
calcipotriene topical cream 0.005 %	Tier 1	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcipotriene topical foam 0.005 %	Tier 1	ST
calcipotriene topical ointment 0.005 %	Tier 1	ST
calcitriol topical ointment 3 mcg/gram	Tier 1	ST
DIOOXIA TOPICAL CREAM 0.005-4 % (***calcipotriene/niacinamide***)	Tier 3	
DRITHOCREME HP TOPICAL CREAM 1 % (***anthralin***)	Tier 2	ST
calcipotriene (Pellix Scalp Solution 0.005 %)	Tier 1	ST
PURAZIL TOPICAL CREAM 0.005-4 % (***calcipotriene/niacinamide***)	Tier 3	
SORILUX TOPICAL FOAM 0.005 % (***calcipotriene***)	Tier 3	ST
tazarotene topical cream 0.05 %	Tier 1	Age (Max 39 Years)
tazarotene topical cream 0.1 %	Tier 1	
tazarotene topical gel 0.05 %, 0.1 %	Tier 1	Age (Max 39 Years)
tazarotene (Trilitas Topical Gel 0.1 %)	Tier 1	Age (Max 39 Years)
VTAMA TOPICAL CREAM 1 % (***tapinarof***)	Tier 2	PA; QL (60 GM per 30 days)
ZITHRANOL TOPICAL SHAMPOO 1 % (***anthralin micronized***)	Tier 3	ST
ZORYVE TOPICAL CREAM 0.3 % (***roflumilast***)	Tier 2	PA; QL (60 GM per 30 days)
Dermatological - Antipsoriatics Systemic, Phosphodiesterase 4 Inhib. - Drugs for the Skin		
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	Tier 4	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) (***apremilast***)	Tier 4	PA
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG (***apremilast***)	Tier 4	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG (***apremilast***)	Tier 4	PA
Dermatological - Antiseborrheic - Drugs for the Skin		
selenium sulfide topical lotion 2.5 %	Tier 1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	Tier 1	
sulfacetamide sodium topical cleanser 10 %	Tier 1	
sulfacetamide sodium topical cleanser, gel 10 %	Tier 1	
sulfacetamide sodium topical shampoo 9.8 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZORYVE TOPICAL FOAM 0.3 % (***roflumilast***)	Tier 2	PA; QL (60 GM per 30 days)
Dermatological - Antiviral, Herpes - Drugs for the Skin		
acyclovir topical ointment 5 %	Tier 1	
Dermatological - Burn Products - Drugs for the Skin		
NEXOBRID TOPICAL GEL 8.8 % (***anacaulase-bcdb***)	Tier 3	
Dermatological - Burn Products Anti-infective - Drugs for the Skin		
silver sulfadiazine topical cream 1 %	Tier 1	
SSD TOPICAL CREAM 1 % (***silver sulfadiazine***)	Tier 1	
SULFAMYLON TOPICAL CREAM 85 MG/G (***mafenide acetate***)	Tier 3	
Dermatological - Calcineurin Inhibitors - Drugs for the Skin		
HOVYN TOPICAL SOLUTION 0.1 % (***tacrolimus***)	Tier 3	
NUJO TOPICAL SOLUTION 0.1 % (***tacrolimus***)	Tier 3	
pimecrolimus topical cream 1 %	Tier 1	ST
tacrolimus topical ointment 0.03 %, 0.1 %	Tier 1	ST
Dermatological - Depigmenting Agents - Drugs for the Skin		
hydroquinone topical cream 4 %	Tier 1	
OBAGI ELASTIDERM TOPICAL CREAM 4 % (***hydroquinone***)	Tier 1	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 % (***hydroquinone***)	Tier 1	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 % (***hydroquinone***)	Tier 1	
Dermatological - Depigmenting Combinations - Drugs for the Skin		
KATARAXAP TOPICAL EMULSION 4-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	Tier 3	
KATARVIA TOPICAL EMULSION 4-0.025 % (***hydroquinone/tretinoin***)	Tier 3	
KEVARAXAP TOPICAL EMULSION 6-0.05-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	Tier 3	
KEVARTIA TOPICAL EMULSION 6-0.05 % (***hydroquinone/tretinoin***)	Tier 3	
KOTARAXAP TOPICAL EMULSION 5-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KUTAR TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***)	Tier 3	
KUTARVIA TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***)	Tier 3	
MAVILO HP TOPICAL EMULSION 6-0.05-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	Tier 3	
MAVILO LP TOPICAL EMULSION 4-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	Tier 3	
MAVILO TOPICAL EMULSION 5-0.025-0.025 % (***hydroquinone/tretinoin/triamcinolone acetonide***)	Tier 3	
MOKURA LP TOPICAL EMULSION 4-0.025 % (***hydroquinone/tretinoin***)	Tier 3	
MOKURA MOD TOPICAL EMULSION 6-0.05 % (***hydroquinone/tretinoin***)	Tier 3	
MOKURA PLUS TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***)	Tier 3	
MOKURA TOPICAL EMULSION 8-0.025 % (***hydroquinone/tretinoin***)	Tier 3	
MOLEXI TOPICAL EMULSION 4-0.025-2.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 3	
OBAGI NU-DERM SUNFADER TOPICAL CREAM 4 %-SPF 15 (***hydroquinone/sunscreens (oxybenzone/octinoxate)***)	Tier 3	
OBAGI-C CLARIFYING SERUM TOPICAL LIQUID 4-10 % (***hydroquinone/ascorbic acid***)	Tier 3	
OBAGI-C THERAPY NIGHT TOPICAL CREAM 4 % (***hydroquinone/ascorbic acid/vit e acetate (d-alpha tocoph)***)	Tier 3	
TRI-LUMA TOPICAL CREAM 0.01-4-0.05 % (***fluocinolone acetonide/tretinoin/hydroquinone***)	Tier 3	
YOKATAR TOPICAL EMULSION 4-0.025-2.5 % (***hydroquinone/tretinoin/hydrocortisone***)	Tier 3	
Dermatological - Emollient Combinations Other - Drugs for the Skin		
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 % (***emol53/e.water/namgfs/naphos/nacl/hypochlorous acid/nahypocl***)	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Dermatological - Emollient Mixtures - Drugs for the Skin		
XCLAIR TOPICAL CREAM (***hyaluronate sodium/vit e/emollient no.12/allantoin/shea tree***)	Tier 3	
Dermatological - Emollients - Drugs for the Skin		
ammonium lactate topical cream 12 %	Tier 1	
ammonium lactate topical lotion 12 %	Tier 1	
KERASTAT TOPICAL GEL 5 % (***keratin***)	Tier 3	
Dermatological - Enzymes - Drugs for the Skin		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (***collagenase clostridium histolyticum***)	Tier 3	PA
Dermatological - Glucocorticoid - Drugs for the Skin		
hydrocortisone (Ala-Cort Topical Cream 1 %)	Tier 1	
hydrocortisone (Ala-Scalp Topical Lotion 2 %)	Tier 1	ST
alclometasone topical cream 0.05 %	Tier 1	
alclometasone topical ointment 0.05 %	Tier 1	
amcinonide topical cream 0.1 %	Tier 1	ST
betamethasone dipropionate topical cream 0.05 %	Tier 1	
betamethasone dipropionate topical lotion 0.05 %	Tier 1	
betamethasone dipropionate topical ointment 0.05 %	Tier 1	
betamethasone valerate topical cream 0.1 %	Tier 1	
betamethasone valerate topical foam 0.12 %	Tier 1	
betamethasone valerate topical lotion 0.1 %	Tier 1	
betamethasone valerate topical ointment 0.1 %	Tier 1	
betamethasone, augmented topical cream 0.05 %	Tier 1	
betamethasone, augmented topical gel 0.05 %	Tier 1	
betamethasone, augmented topical lotion 0.05 %	Tier 1	
betamethasone, augmented topical ointment 0.05 %	Tier 1	
CAPEX TOPICAL SHAMPOO 0.01 % (***fluocinolone acetonide***)	Tier 3	
clobetasol scalp solution 0.05 %	Tier 1	
clobetasol topical cream 0.05 %	Tier 1	
clobetasol topical foam 0.05 %	Tier 1	
clobetasol topical gel 0.05 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clobetasol topical lotion 0.05 %	Tier 1	
clobetasol topical ointment 0.05 %	Tier 1	
clobetasol topical shampoo 0.05 %	Tier 1	
clobetasol topical spray,non-aerosol 0.05 %	Tier 1	
clobetasol-emollient topical cream 0.05 %	Tier 1	
clobetasol-emollient topical foam 0.05 %	Tier 1	
clocortolone pivalate topical cream 0.1 %	Tier 1	ST
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 (***flurandrenolide***)	Tier 3	ST; QL (2 EA per 30 days)
desonide topical cream 0.05 %	Tier 1	
desonide topical gel 0.05 %	Tier 1	ST
desonide topical lotion 0.05 %	Tier 1	
desonide topical ointment 0.05 %	Tier 1	
desoximetasone topical cream 0.05 %, 0.25 %	Tier 1	
desoximetasone topical gel 0.05 %	Tier 1	
desoximetasone topical ointment 0.05 %, 0.25 %	Tier 1	
desoximetasone topical spray,non-aerosol 0.25 %	Tier 1	ST
hydrocortisone butyrate (Evesse Topical Lotion 0.1 %)	Tier 1	ST; QL (236 ML per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	Tier 1	
fluocinolone topical cream 0.01 %, 0.025 %	Tier 1	
fluocinolone topical oil 0.01 %	Tier 1	
fluocinolone topical ointment 0.025 %	Tier 1	
fluocinolone topical solution 0.01 %	Tier 1	
fluocinonide topical cream 0.05 %, 0.1 %	Tier 1	
fluocinonide topical gel 0.05 %	Tier 1	
fluocinonide topical ointment 0.05 %	Tier 1	
fluocinonide topical solution 0.05 %	Tier 1	
fluocinonide/emollient base (Fluocinonide-E Topical Cream 0.05 %)	Tier 1	
fluocinonide-emollient topical cream 0.05 %	Tier 1	
flurandrenolide topical cream 0.05 %	Tier 1	ST
flurandrenolide topical lotion 0.05 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flurandrenolide topical ointment 0.05 %	Tier 1	ST; QL (180 GM per 30 days)
fluticasone propionate topical cream 0.05 %	Tier 1	
fluticasone propionate topical lotion 0.05 %	Tier 1	
fluticasone propionate topical ointment 0.005 %	Tier 1	
halcinonide topical cream 0.1 %	Tier 1	ST
halcinonide topical solution 0.1 %	Tier 1	ST
halobetasol propionate topical cream 0.05 %	Tier 1	
halobetasol propionate topical ointment 0.05 %	Tier 1	
HALOG TOPICAL SOLUTION 0.1 % (***halcinonide***)	Tier 3	ST
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
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	
TELIORA 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	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WENIXRA TOPICAL OINTMENT 5-30 % (***fluorouracil/salicylic acid***)	Tier 3	
XIRUN TOPICAL GEL 10-40 % (***lactic acid/urea***)	Tier 3	
Dermatological - Keratolytic-Antimitotic Combinations - Drugs for the Skin		
silver nitrate applicators topical stick 75-25 %	Tier 1	
Dermatological - Keratolytic-Antimitotic Single Agents - Drugs for the Skin		
CEM-UREA TOPICAL GEL 45 % (***urea***)	Tier 1	
PODOCON TOPICAL LIQUID 25 % (***podophyllum resin***)	Tier 1	
podofilox topical gel 0.5 %	Tier 1	ST; QL (0.5 GM per 1 day)
podofilox topical solution 0.5 %	Tier 1	QL (0.5 ML per 1 day)
salicylic acid topical cream 6 %	Tier 1	
salicylic acid topical cream,extended release 6 %	Tier 1	
salicylic acid topical film forming liquid w/appl 27.5 %	Tier 1	
salicylic acid topical film-forming soln er w/ appl 28.5 %	Tier 1	
salicylic acid topical foam 6 %	Tier 1	
salicylic acid topical liquid 26 %	Tier 1	
salicylic acid topical lotion 6 %	Tier 1	
salicylic acid topical lotion,extended release 6 %	Tier 1	
salicylic acid topical shampoo 6 %	Tier 1	
SALIMEZ FORTE TOPICAL CREAM 10 % (***salicylic acid***)	Tier 3	
TRI-CHLOR TOPICAL SOLUTION 80 % (***trichloroacetic acid***)	Tier 3	
URAMAXIN TOPICAL FOAM 20 % (***urea***)	Tier 3	
UREA NAIL STICK TOPICAL SOLUTION 50 % (***urea***)	Tier 1	
urea topical cream 39 %, 40 %, 45 %, 50 %	Tier 1	
urea topical foam 35 %	Tier 1	
urea topical gel 45 %	Tier 1	
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (***salicylic acid***)	Tier 3	
YCANTH TOPICAL SOLUTION WITH APPLICATOR 0.7 % (***cantharidin***)	Tier 3	PA
Dermatological - Local Anesthetic Combinations - Drugs for the Skin		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC) (***tetracaine/benzocaine/butamben***)	Tier 3	
ENZNONUTY TOPICAL OINTMENT 10-10-20 % (***lidocaine/tetracaine/benzocaine***)	Tier 3	
lidocaine-prilocaine topical cream 2.5-2.5 %	Tier 1	
NOBELA TOPICAL OINTMENT 10-10-20 % (***lidocaine/tetracaine/benzocaine***)	Tier 3	
Dermatological - Local Anesthetic Gas Single Agents - Drugs for the Skin		
ethyl chloride topical aerosol,spray 100 %	Tier 1	
Dermatological - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for the Skin		
HYFTOR TOPICAL GEL 0.2 % (***sirolimus***)	Tier 4	PA
Dermatological - Miscellaneous Combinations - Drugs for the Skin		
KEFUNOVA TOPICAL CREAM 5-0.005 % (***fluorouracil/calcipotriene***)	Tier 3	
Dermatological - Miscellaneous Single Agents - Drugs for the Skin		
MUSCUSOLICE TOPICAL CREAM, METERED-DOSE APPLICATOR 2 %, 5 % (***baclofen***)	Tier 3	
NEURAPTINE TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***gabapentin***)	Tier 3	
SIVORA TOPICAL CREAM 0.3 % (***estriol***)	Tier 3	
Dermatological - Nitric Oxide Releasing Agents - Drugs for the Skin		
ZELSUVMI TOPICAL GEL 10.3 % (***berdazimer sodium***)	Tier 3	PA
Dermatological - NSAID Single Agents - Drugs for the Skin		
diclofenac epolamine transdermal patch 12 hour 1.3 %	Tier 1	
diclofenac sodium topical drops 1.5 %	Tier 1	QL (300 ML per 28 days)
diclofenac sodium topical gel 1 %	Tier 1	QL (900 GM per 28 days)
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	Tier 1	ST; QL (224 GM per 28 days)
Dermatological - Photodynamic Therapy Agents Topical - Drugs for the Skin		
AMELUZ TOPICAL GEL 10 % (***aminolevulinic acid hcl***)	Tier 3	
LEVULAN TOPICAL SOLUTION 20 % (***aminolevulinic acid hcl***)	Tier 3	
Dermatological - Protectant Combinations - Drugs for the Skin		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PR CREAM TOPICAL CREAM (***protectives combination no.2/ceramides 1,3,6-ii***)	Tier 1	
RECEDO TOPICAL GEL (***polydimethylsiloxanes/silicon dioxide***)	Tier 3	
WOUNDGELHA MATRIX TOPICAL GEL 2.5 % (***hyaluronate sodium/hydroxyethylcellulose/polyethylene glycol***)	Tier 3	
Dermatological - Protectants - Drugs for the Skin		
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET (***petrolatum,white***)	Tier 1	
Dermatological - Retinoids (Vitamin A Derivatives) - Topical Cosmetic - Drugs for the Skin		
tazarotene topical cream 0.1 %	Tier 1	
Dermatological - Rosacea Therapy, Systemic - Drugs for the Skin		
doxycycline monohydrate oral capsule,ir - delay rel,biphase 40 mg	Tier 1	PA
EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG (***minocycline hcl***)	Tier 3	PA
Dermatological - Rosacea Therapy, Topical - Drugs for the Skin		
AVEIDA TOPICAL GEL 1-1 % (***ivermectin/metronidazole***)	Tier 3	
azelaic acid topical gel 15 %	Tier 1	
AZELEX TOPICAL CREAM 20 % (***azelaic acid***)	Tier 3	PA
BAXONIL TOPICAL OINTMENT 1-2 % (***metronidazole/mupirocin***)	Tier 3	
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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
TISSEEL VHSD (APROTININ, SYN) TOPICAL SYRINGE 10 ML, 2 ML, 4 ML (***thrombin(hum plas)/fibrinogen/aprotinin,syn/calcium chloride***)	Tier 3	
Dermatological - Topical Local Anesthetic Amides - Drugs for the Skin		
ANASTIA TOPICAL LOTION 2.75 % (***lidocaine hcl***)	Tier 3	
lidocaine (Dermacinrx Lidocan Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
DERMACINRX LIDOGEL TOPICAL GEL 2.8 % (***lidocaine hcl***)	Tier 3	
DERMACINRX LIDOREX TOPICAL GEL 2.8 % (***lidocaine hcl***)	Tier 3	
lidocaine hcl (Glydo Mucous Membrane Jelly In Applicator 2 %)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.09-0.5 % (***lidocaine hcl/epinephrine bitartrate/tetracaine hcl***)	Tier 1	
L.E.T.(LIDO-EPINEPH BIT-TETRA) TOPICAL GEL 4-0.18-0.5 % (***lidocaine hcl/epinephrine bitartrate/tetracaine hcl***)	Tier 3	
L.E.T.(LIDO-RACEPINEPH-TETRA) TOPICAL GEL 4-0.05-0.5 % (***lidocaine hcl/racepinephrine hcl/tetracaine hcl***)	Tier 1	
L.E.T.(LIDO-RACEPINEPH-TETRA) TOPICAL SOLUTION 4-0.05-0.5 % (***lidocaine hcl/racepinephrine hcl/tetracaine hcl***)	Tier 1	
lidocaine hcl mucous membrane jelly 2 %	Tier 1	
lidocaine hcl mucous membrane jelly in applicator 2 %	Tier 1	
lidocaine hcl topical cream 3 %	Tier 1	
lidocaine topical adhesive patch,medicated 5 %	Tier 1	QL (90 EA per 30 days)
lidocaine topical ointment 5 %	Tier 1	QL (240 GM per 30 days)
lidocaine (Lidocan Iii Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
lidocaine (Lidocan Iv Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
lidocaine (Lidocan V Topical Adhesive Patch,Medicated 5 %)	Tier 1	QL (90 EA per 30 days)
LIDOPIN TOPICAL CREAM 3.25 % (***lidocaine hcl***)	Tier 3	
LIDTOPIC MAX TOPICAL CREAM, METERED-DOSE APPLICATOR 10 % (***lidocaine***)	Tier 3	
LIDTOPIC TOPICAL CREAM, METERED-DOSE APPLICATOR 7.5 % (***lidocaine***)	Tier 3	
NOLIRA TOPICAL CREAM 23-7 % (***lidocaine/tetracaine***)	Tier 3	
NUMBONEX TOPICAL LOTION 2.75 % (***lidocaine hcl***)	Tier 3	
NYNUTEY TOPICAL CREAM 23-7 % (***lidocaine/tetracaine***)	Tier 3	
REGENECARE TOPICAL GEL 2 % (***lidocaine hcl/collagen***)	Tier 3	
TRANZAREL TOPICAL GEL 4 % (***lidocaine***)	Tier 3	
Dermatological - Topical Local Anesthetic Esters - Drugs for the Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANACAINE TOPICAL OINTMENT 10 % (***benzocaine***)	Tier 3	
Dermatological - Topical Local Anesthetic Others - Drugs for the Skin		
PRAKETAMIDE TOPICAL CREAM, METERED-DOSE APPLICATOR 5 % (***ketamine hcl***)	Tier 3	
Hair Growth Agents - Kinase Inhibitor - Drugs for the Skin		
LEQSELVI ORAL TABLET 8 MG (***deuruxolitinib phosphate***)	Tier 4	PA
LITFULO ORAL CAPSULE 50 MG (***ritlecitinib tosylate***)	Tier 4	PA
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***)	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 (***human regenerative tissue matrix***)	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 (***human regenerative tissue matrix***)	Tier 3	
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 (***human regenerative tissue matrix***)	Tier 3	
GRAFIX XC TOPICAL SHEET 7.5 X 15 CM (***human regenerative tissue matrix***)	Tier 3	
STRAVIX TOPICAL SHEET 2 X 4 CM, 3 X 6 CM (***human regenerative tissue matrix***)	Tier 3	
TRUSKIN TOPICAL SHEET 2 X 4 CM, 4 X 8 CM (***human regenerative tissue matrix***)	Tier 3	
Nail Protectives - Drugs for the Skin		
GENADUR (WITH LEXINAL) KIT 2,500 MCG (***biotin/carbitol/equisetum xt/ethanol/hydroxypropyl chito/msm***)	Tier 3	
Porcine Skin Dressings, Non-Living - Drugs for the Skin		
MIRO3D FIBERS TOPICAL POWDER 100 MG, 500 MG, 700 MG (***extracellular matrix (ecm), porcine derived***)	Tier 3	
MIRO3D TOPICAL SHEET 10 X 2 X 2 CM, 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 2 X 2 CM, 5 X 5 X 2 CM, 6 X 5 X 2 CM, 7 X 5 X 2 CM, 8 X 5 X 2 CM (***extracellular matrix (ecm), porcine derived***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIRODERM FENESTRATED PLUS TOPICAL SHEET 3 X 3 CM, 5 X 5 CM, 8 X 15 CM, 8 X 8 CM (***extracellular matrix (ecm),porcine derived,fenestrated***)	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 (***extracellular matrix (ecm),porcine derived,fenestrated***)	Tier 3	
MIRODRY WOUND MATRIX TOPICAL SHEET 10 X 2 CM, 10 X 5 CM, 2 X 2 CM, 3 X 3 CM, 4 X 4 CM, 5 X 2 CM, 5 X 5 CM, 5 X 7 CM, 6 X 5 CM, 8 X 5 CM (***extracellular matrix (ecm), porcine derived***)	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 (***extracellular matrix (ecm), porcine derived***)	Tier 3	
Scabicide and Pediculicide Single Agents - Drugs for the Skin		
malathion topical lotion 0.5 %	Tier 1	
permethrin topical cream 5 %	Tier 1	
spinosad topical suspension 0.9 %	Tier 1	
ULESFIA TOPICAL LOTION 5 % (***benzyl alcohol***)	Tier 3	
Skin Replacement, Live Tissue Dressings - Drugs for the Skin		
APLIGRAF TOPICAL DISK (***cultured skin substitute,human and bovine***)	Tier 3	
Wound Care - Cleanser Combinations - Drugs for the Skin		
HYPOCYN ANTIPRURITIC TOPICAL SPRAY GEL 0.012 % (***hypochlorous acid/sodhypochlor/sod chlor/sodmagfluo/e.water***)	Tier 3	
RENOVAR IRRIGATION IRRIGATION SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
RENOVAR TOPICAL SOLUTION (***hypochlorous acid/sodium hypochlorite/sod chlorid/elec.water***)	Tier 3	
Wound Care - Cleansers - Drugs for the Skin		
VASHE IRRIGATION IRRIGATION SOLUTION 0.033 % (***sodium chloride irrigating solution/hypochlorous acid***)	Tier 3	
Wound Care - Dressings - Drugs for the Skin		
L-MESITRAN SOFT TOPICAL GEL 40 % (***honey***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OCM TOPICAL OINTMENT IN PACKET (***collagen, hydrolyzed/cod liver oil***)	Tier 3	
Wound Care Combinations Other - Drugs for the Skin		
FILSUVEZ TOPICAL GEL 10 % (***birch bark extract***)	Tier 4	PA
Diagnostic Agents		
Diagnostic - Multiple Urine Tests		
CHEK-STIX CONTROL STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 10 MD STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 10/SG STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 2 GP STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 50B STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 7 STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 9 STRIP (***urine multiple test strips***)	Tier 3	
COMBISTIX REAGENT STRIP (***urine multiple test strips***)	Tier 3	
HEMA-COMBISTIX STRIP (***urine multiple test strips***)	Tier 3	
LABSTIX REAGENT STRIP (***urine multiple test strips***)	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	
URISTIX 4 STRIP (***urine multiple test strips***)	Tier 3	
URISTIX REAGENT STRIP (***urine multiple test strips***)	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 (***alprostadil***)	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG (***alprostadil***)	Tier 3	QL (1 EA per 5 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG (***alprostadil***)	Tier 3	QL (1 EA per 5 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (***alprostadil***)	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 (***papaverine hcl/phentolamine mesylate in water***)	Tier 1	
Erectile Dysfunction (ED) Drugs-Prostaglandin, Peripheral Vasodilator - Drugs for Erectile Dysfunction		
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG (***papaverine hcl/phentolamine mesylate/alprostadil***)	Tier 3	
Erectile Dysfunction (ED) Drugs-Sel.cGMP Phosphodiesterase Type5 Inhib - Drugs for Erectile Dysfunction		
avanafil oral tablet 100 mg, 200 mg, 50 mg	Tier 1	ST; QL (1 EA per 5 days)
sildenafil oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 10 mg, 20 mg	Tier 1	QL (1 EA per 5 days)
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA; QL (1 EA per 1 day)
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	ST; QL (1 EA per 5 days)
vardenafil oral tablet,disintegrating 10 mg	Tier 1	ST; QL (1 EA per 5 days)
Electrolyte Balance-Nutritional Products - Drugs for Nutrition		
Amino Acid - Carnitine Derivatives - Drugs for Nutrition		
levocarnitine oral tablet 330 mg	Tier 1	
Amino Acids, Single Ingredient, Oral (non-injectable) - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	Tier 4	PA
glutamine (sickle cell) oral powder in packet 5 gram	Tier 4	PA
B-Complex Vitamins - Drugs for Nutrition		
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML (***thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine***)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML (***thiamine hcl/riboflavin/niacinamide/dexpanthenol/pyridoxine***)	Tier 1	
Diluents - Insulin Diluting Solutions - Drugs for Nutrition		
DILUTING MEDIUM FOR NOVOLOG INJECTION SOLUTION (***diluent for insulin aspart***)	Tier 3	
Diluents - Sodium Chloride - Drugs for Nutrition		
sodium chlor 0.9% bacteriostat injection solution 0.9 %	Tier 1	
sodium chloride 0.9 % injection solution	Tier 1	
sodium chloride injection syringe 0.9 %	Tier 1	
Electrolyte Depleters - Ion Exchange Resin - Drugs for Nutrition		
sodium polystyrene sulfonate (Kionex Oral Suspension 15 Gram/60 Ml)	Tier 1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM (***sodium zirconium cyclosilicate***)	Tier 2	QL (34 EA per 30 days)
LOKELMA ORAL POWDER IN PACKET 5 GRAM (***sodium zirconium cyclosilicate***)	Tier 2	QL (1 EA per 1 day)
sodium polystyrene sulfonate oral powder 15 gram	Tier 1	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	Tier 1	
sodium polystyrene sulfonate/sorbitol solution (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 Ml)	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 (***patiromer 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML (***ferric carboxymaltose***)	Tier 4	
Minerals and Electrolytes - Potassium, Oral - Drugs for Nutrition		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (***potassium bicarbonate/citric acid***)	Tier 3	
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ (***potassium bicarbonate/citric acid***)	Tier 1	
potassium chloride (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	Tier 1	
potassium chloride (Klor-Con M15 Oral Tablet,Er Particles/Crystals 15 Meq)	Tier 1	
potassium chloride (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	Tier 1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	Tier 1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	Tier 1	
potassium chloride oral packet 20 meq	Tier 1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	Tier 1	
potassium chloride oral tablet extended release 15 meq	Tier 1	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	Tier 1	
Minerals and Electrolytes - Trace Minerals - Drugs for Nutrition		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYCUBO SUBCUTANEOUS RECON SOLN 2.9 MG (***copper histidinate***)	Tier 4	PA; QL (1 EA per 1 day)
Multivitamins - Drugs for Nutrition		
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha***)	Tier 3	
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha***)	Tier 3	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (***multivitamin no.53/ferrous fum/folic acid/docusate/dha***)	Tier 1	
Nutritional Product - Lipid Others - Drugs for Nutrition		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML (***triheptanoin***)	Tier 4	PA
Nutritional Product - Medical Condition Specific Formulation - Drugs for Nutrition		
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	Tier 4	PA
glutamine (sickle cell) oral powder in packet 5 gram	Tier 4	PA
Prenatal Vitamins and Minerals - Drugs for Nutrition		
ATABEX ONE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 27 MG IRON- 1,000 MCG DFE (***prenatal vit no.203/iron bis-glycinate/methyltetrahyrofolate***)	$0	EHB
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG (***prenatal vit no.100/iron ps cplex,sod edta/folic acid/omega3***)	$0	EHB
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG (***prenatal vit no.81/iron ps,sod.feredetate/folic acid/omega-3***)	$0	EHB
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (***prenatal vitamins no.83/iron fumarate/folate no.6/dha***)	$0	EHB
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (***prenatal vits no.81/iron carbonyl,gluc/folic acid/docusate***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (***prenatal vit no.72/iron carbony,gluc/folic acid/docusate/dha***)	Tier 3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (***prenatal vit no.73/iron carbony,gluc/folic acid/docusate/dha***)	Tier 3	
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (***prenatal vits no.76/iron carbon,gluc/folic acid/docusate/dha***)	Tier 3	
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (***prenatal vitamin no.59/iron carb,fum/folic acid/docusate/dha***)	Tier 3	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG (***prenatal vitamins no.52/iron/folic acid/omega-3/dha***)	$0	EHB
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.14/ferrous fumarate/folic acid***)	$0	EHB
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha***)	Tier 3	
KPN ORAL TABLET 9 MG IRON- 267 MCG (***prenatal vits with calcium no.98/ferrous fumarate/folic acid***)	$0	EHB
MASONATAL PRENATAL ORAL TABLET 28 MG IRON-800 MCG (***prenatal vitamins no.159/ferrous fumarate/folic acid***)	$0	EHB
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG (***prenatal vitamins no.49/ferrous fumarate/folic acid***)	$0	EHB
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	$0	EHB
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG (***prenatal vit with calcium 15/iron/folic acid/docusate sodium***)	$0	EHB
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
MYNATAL ORAL TABLET 90-1-50 MG (***prenatal vitamins with calcium/iron,carb/docusate/folic acid***)	$0	EHB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	$0	EHB
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (***prenatal vitamins with calcium/ferrous fum/docusate/folic ac***)	$0	EHB
NEXA PLUS ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (***prenatal vits no.53/iron fum/folic acid/docusate calcium/dha***)	Tier 3	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG (***prenatal vits no.12/iron,carb/folic acid/docusate/omega-3***)	$0	EHB
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK,TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE (***prenatal vitamins no.12/iron carbonyl/levomefolate calc/dha***)	$0	EHB
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE (***prenatal vitamins no.12/iron,carbonyl/levomefolate calcium***)	$0	EHB
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (***prenatal vitamins no.127/iron,carbonyl/folic acid/docusate***)	$0	EHB
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***multivitamin no.39/iron bisgl,carb/methylfolate/docusate/dha***)	Tier 3	
ONE-A-DAY PRENATAL ADVANCED ORAL COMBO PACK 27 MG IRON-800 MCG-110 MG (***pnv168/iron,carb/folic ac/choline bit/om-3/dha/epa/fish oil***)	$0	EHB
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON-800 MCG-235 MG (***prenatal vitamins no.168/iron/folic acid/omega-3/dha/epa***)	$0	EHB
P2I PRENATAL WITH CHOLINE ORAL CAPSULE 4.25 MG IRON- 333.5 MCG DFE (***prenatal vitamin no.200/iron bis-glycinate/levomefolate calc***)	$0	EHB
pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron-800 mcg	$0	EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG (***prenatal vits no.115/iron fumarate/folic acid/docusate sod.***)	$0	EHB
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins no.119/iron fumarate/folic acid***)	$0	EHB
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vits with calcium no.115/iron fumarate/folic acid***)	$0	EHB
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (***prenatal vits with calcium no.21/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE (***prenatal vits no.173/iron bisglycinate/folate no.11***)	$0	EHB
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG (***prenatal vits with calcium no.93/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG (***prenatal vitamins no.116/iron fumarate/folic acid/dha***)	$0	EHB
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG (***prenatal vit with calcium no.122/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG (***prenatal vitamins no.40/ferrous fumarate/folic acid/dha***)	$0	EHB
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG (***prenatal vits no.151/iron fum/folic acid/omega3/dha/epa/fish***)	$0	EHB
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vit with calcium no.129/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	$0	EHB
PRENATAL ORAL TABLET 28-800 MG-MCG (***prenatal vits with calcium 133/ferrous fumarate/folic acid***)	$0	EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vits with calcium 118/ferrous fumarate/folic acid***)	$0	EHB
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins no.119/iron fumarate/folic acid***)	$0	EHB
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG (***prenatal vits, calcium no.102/ferrous fum/folic acid/dha/lut***)	$0	EHB
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG (***prenatal vitamins no.63/iron,carbonyl/folic acid/dha***)	$0	EHB
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG (***multivitamin no.53/ferrous fum/folic acid/docusate/dha***)	Tier 1	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG (***prenatal vitamins no.32/ferrous fumarate/folic acid/dha***)	$0	EHB
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG (***prenatal vitamins no.100/iron fumarate/folic acid/dha/epa***)	$0	EHB
THERANATAL ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins no.28/ferrous fumarate/folic acid***)	$0	EHB
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON-1 MG-300 MG (***prenatal vitamins no.74/ferrous fumarate/folic acid/dha***)	$0	EHB
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	$0	EHB
TRICARE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium 103/ferrous fumarate/folic acid***)	$0	EHB
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (***prenatal vitamin 27 with calcium/ferrous fumarate/folic acid***)	$0	EHB
TRINATE ORAL TABLET 28 MG IRON- 1 MG (***prenatal vits with calcium no.73/ferrous fumarate/folic acid***)	$0	EHB
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG (***prenatal vit no.166/iron/folic acid/omega-3/dha/epa/fish oil***)	$0	EHB

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	Tier 1	
sodium chloride 0.9 % intravenous parenteral solution	Tier 1	
sodium chloride 0.9 % intravenous piggyback	Tier 1	
Vitamins - B-1, Thiamine and Derivatives - Drugs for Nutrition		
thiamine hcl (vitamin b1) injection solution 100 mg/ml	Tier 1	
Vitamins - B-12, Cyanocobalamin and derivatives - Drugs for Nutrition		
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	Tier 1	
cyanocobalamin (vitamin b-12) (Dodex Injection Solution 1,000 Mcg/Ml)	Tier 1	
hydroxocobalamin intramuscular solution 1,000 mcg/ml	Tier 1	
mecobalamin (vitamin b12) injection recon soln 10,000 mcg	Tier 1	
Vitamins - B-3, Niacin and Derivatives - Drugs for Nutrition		
niacin oral tablet 500 mg	Tier 1	
Vitamins - B-6, Pyridoxine and Derivatives - Drugs for Nutrition		
pyridoxine (vitamin b6) injection solution 100 mg/ml	Tier 1	
Vitamins - C, Ascorbic Acid and Derivatives - Drugs for Nutrition		
ASCOR INTRAVENOUS SOLUTION 500 MG/ML (***ascorbic acid***)	Tier 3	
Vitamins - D Derivatives - Drugs for Nutrition		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	
calcitriol oral solution 1 mcg/ml	Tier 1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	Tier 1	
ergocalciferol (vitamin d2) (Vitamin D2 Oral Capsule 1,250 Mcg (50,000 Unit))	Tier 1	
Vitamins - Folic Acid and Derivatives - Drugs for Nutrition		
folic acid injection solution 5 mg/ml	Tier 1	
folic acid oral tablet 1 mg	Tier 1	
folic acid oral tablet 400 mcg, 800 mcg	$0	EHB
PUREVITA FOLIC ACID ORAL TABLET 400 MCG (***folic acid***)	$0	EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vitamins - K, Phytonadione and Derivatives - Drugs for Nutrition		
phytonadione (vitamin k1) injection solution 10 mg/ml	Tier 1	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml	Tier 1	
phytonadione (vitamin k1) oral tablet 5 mg	Tier 1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (***phytonadione (vit k1)***)	Tier 1	
phytonadione (vit k1) (Vitamin K1 Injection Solution 10 Mg/Ml)	Tier 1	
Endocrine - Hormones		
Abortifacients or Cervical Ripening Agents - Prostaglandin Analogs - Drugs for Women		
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (***dinoprostone***)	Tier 3	
PREPIDIL VAGINAL GEL 0.5 MG/3 G (***dinoprostone***)	Tier 3	
Abortifacients- Progesterone Receptor Antagonist - Drugs for Women		
MIFEPREX ORAL TABLET 200 MG (***mifepristone***)	Tier 3	
mifepristone oral tablet 200 mg	Tier 1	
Adrenal Steroid Inhibitors - Hormones		
ISTURISA ORAL TABLET 1 MG, 5 MG (***osilodrostat phosphate***)	Tier 4	PA
RECORLEV ORAL TABLET 150 MG (***levoketoconazole***)	Tier 4	PA
Adrenocorticotrophic Hormones - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***)	Tier 4	PA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML (***corticotropin***)	Tier 4	PA
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML (***corticotropin***)	Tier 4	PA
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML (***corticotropin***)	Tier 4	PA
Agents to treat Hypoglycemia (Hyperglycemics) - Drugs for Diabetes		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (***glucagon***)	Tier 2	DD; QL (4 EA per 1 FILL)
diazoxide oral suspension 50 mg/ml	Tier 1	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (***glucagon hcl***)	Tier 3	ST; DD; QL (4 EA per 1 FILL)
glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	Tier 1	ST; DD; QL (4 EA per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (***glucagon***)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML (***glucagon***)	Tier 2	DD; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML (***glucagon***)	Tier 2	DD; QL (0.8 ML per 1 FILL)
Amyloidosis Agents- Transthyretin (TTR) Stabilizer - Hormones		
ATTRUBY ORAL TABLET 356 MG (***acoramidis hcl***)	Tier 4	PA
VYNDAMAX ORAL CAPSULE 61 MG (***tafamidis***)	Tier 4	PA
VYNDAQEL ORAL CAPSULE 20 MG (***tafamidis meglumine***)	Tier 4	PA
Amyloidosis Agents-TTR Suppression, Antisense Oligonucleotide-based - Hormones		
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML (***eplontersen sodium***)	Tier 4	PA
Amyloidosis Agents-TTR Suppression, RNA Interfering (RNAi) based - Hormones		
AMVUTTRA SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (***vutrisiran sodium***)	Tier 4	PA
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML (***patisiran sodium, lipid complex***)	Tier 4	PA
Androgen - Single Agents - Drugs for Men		
JATENZO ORAL CAPSULE 158 MG, 198 MG (***testosterone undecanoate***)	Tier 3	PA; QL (4 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JATENZO ORAL CAPSULE 237 MG (***testosterone undecanoate***)	Tier 3	PA; QL (2 EA per 1 day)
KYZATREX ORAL CAPSULE 150 MG, 200 MG (***testosterone undecanoate***)	Tier 3	PA; QL (4 EA per 1 day)
METHITEST ORAL TABLET 10 MG (***methyltestosterone***)	Tier 3	PA
methyltestosterone oral capsule 10 mg	Tier 1	PA
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION (***testosterone***)	Tier 3	PA; QL (22 GM per 30 days)
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	Tier 1	PA; QL (10 ML per 28 days)
testosterone enanthate intramuscular oil 200 mg/ml	Tier 1	PA; QL (5 ML per 28 days)
testosterone transdermal gel 50 mg/5 gram (1 %)	Tier 1	PA; QL (10 GM per 1 day)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	Tier 1	PA; QL (4 GM per 1 day)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	Tier 1	PA; QL (10 GM per 1 day)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	Tier 1	PA; QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)	Tier 1	PA; QL (5 GM per 1 day)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	Tier 1	PA; QL (10 GM per 1 day)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	Tier 1	PA; QL (1.25 GM per 1 day)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	Tier 1	PA; QL (6 ML per 1 day)
TLANDO ORAL CAPSULE 112.5 MG (***testosterone undecanoate***)	Tier 3	PA; QL (4 EA per 1 day)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (***testosterone enanthate***)	Tier 2	PA; QL (2 ML per 28 days)
Antidiabetic - CD3 Directed Monoclonal Antibody - Drugs for Diabetes		
TZIELD INTRAVENOUS SOLUTION 1 MG/ML (***teplizumab-mzwv***)	Tier 4	PA; DD
Antidiuretic and Vasopressor Hormones - Hormones		
desmopressin injection solution 4 mcg/ml	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	Tier 1	
desmopressin oral tablet 0.1 mg, 0.2 mg	Tier 1	
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (***desmopressin acetate***)	Tier 3	QL (1 EA per 1 day)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (***desmopressin acetate***)	Tier 3	QL (1 EA per 1 day)
Antihyperglycemic - Alpha-Glucosidase Inhibitors - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	Tier 1	DD
miglitol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	DD
Antihyperglycemic - Dipeptidyl Peptidase-4 (DPP-4) Inhibitors - Drugs for Diabetes		
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg	Tier 3	ST; DD; QL (1 EA per 1 day)
saxagliptin oral tablet 2.5 mg, 5 mg	Tier 1	ST; DD; QL (1 EA per 1 day)
sitagliptin oral tablet 100 mg, 25 mg, 50 mg	Tier 3	ST; DD; QL (1 EA per 1 day)
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	DD; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG (***linagliptin***)	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic - Dopamine Receptor Agonists - Drugs for Diabetes		
CYCLOSET ORAL TABLET 0.8 MG (***bromocriptine mesylate***)	Tier 3	ST; DD; QL (6 EA per 1 day)
Antihyperglycemic - Dual GIP and GLP-1 Receptor Agonists - Drugs for Diabetes		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***)	Tier 2	PA; DD; QL (0.5 ML per 7 days)
Antihyperglycemic - Dual SGLT1 and SGLT2 Inhibitors - Drugs for Diabetes		
INPEFA ORAL TABLET 200 MG (***sotagliflozin***)	Tier 3	ST; DD; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG (***sotagliflozin***)	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Diabetes		
exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml	Tier 1	PA; DD; QL (2.4 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml	Tier 1	PA; DD; QL (1.2 ML per 30 days)
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	Tier 1	PA; DD; QL (9 ML per 30 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG (***semaglutide***)	Tier 2	PA; DD; QL (1 EA per 1 day)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (***semaglutide***)	Tier 2	PA; DD; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (***semaglutide***)	Tier 2	PA; DD; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (***dulaglutide***)	Tier 2	PA; DD; QL (2 ML per 28 days)
Antihyperglycemic - Glucocorticoid (Cortisol) Receptor Blocker (GR-II) - Drugs for Diabetes		
KORLYM ORAL TABLET 300 MG (***mifepristone***)	Tier 4	PA; DD
mifepristone oral tablet 300 mg	Tier 4	PA; DD
Antihyperglycemic - Meglitinide Analogs - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	Tier 1	DD
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	DD
Antihyperglycemic - SGLT-2 Inhibitor and Biguanide Combinations - Drugs for Diabetes		
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-500 mg, 5-500 mg	Tier 1	DD; QL (1 EA per 1 day)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (***canagliflozin/metformin hcl***)	Tier 3	ST; DD; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (***canagliflozin/metformin hcl***)	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 (***ertugliflozin pidolate/metformin hcl***)	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 (***empagliflozin/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (***empagliflozin/metformin hcl***)	Tier 2	DD; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (***empagliflozin/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG (***dapagliflozin/metformin***)	Tier 2	DD; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (***dapagliflozin/metformin***)	Tier 2	DD; QL (2 EA per 1 day)
Antihyperglycemic - SGLT-2 Inhibitor and DPP-4 Inhibitor Combinations - Drugs for Diabetes		
dapagliflozin-saxagliptin oral tablet 10-5 mg	Tier 1	ST; DD; QL (1 EA per 1 day)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin/linagliptin***)	Tier 2	DD; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (***ertugliflozin pidolate/sitagliptin phosphate***)	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 (***bexagliflozin***)	Tier 3	ST; DD; QL (1 EA per 1 day)
dapagliflozin oral tablet 10 mg, 5 mg	Tier 1	DD; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG (***canagliflozin***)	Tier 3	ST; DD; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***)	Tier 2	DD; QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG (***ertugliflozin pidolate***)	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic - Sulfonylurea and Biguanide Combinations - Drugs for Diabetes		
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	DD
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	DD
Antihyperglycemic - Sulfonylurea Derivatives - Drugs for Diabetes		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	DD
glipizide oral tablet 10 mg, 5 mg	Tier 1	DD
glipizide oral tablet 2.5 mg	Tier 1	DD; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	Tier 1	DD
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	DD
Antihyperglycemic - Thiazolidinedione and Biguanide Combinations - Drugs for Diabetes		
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	Tier 1	ST; DD; QL (3 EA per 1 day)
Antihyperglycemic - Thiazolidinedione and Sulfonylurea Combinations - Drugs for Diabetes		
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	Tier 1	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic-Dipeptidyl Peptidase-4 Inhibit and Thiazolidinedione - Drugs for Diabetes		
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	Tier 3	ST; DD; QL (1 EA per 1 day)
Antihyperglycemic-Dipeptidyl Peptidase-4(DPP-4)Inhibitor and Biguanide - Drugs for Diabetes		
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	Tier 3	ST; DD; QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (***linagliptin/metformin hcl***)	Tier 3	ST; DD; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG (***linagliptin/metformin hcl***)	Tier 3	ST; DD; QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (***linagliptin/metformin hcl***)	Tier 3	ST; DD; QL (1 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	Tier 1	ST; DD; QL (2 EA per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	Tier 1	ST; DD; QL (1 EA per 1 day)
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	Tier 1	DD; QL (2 EA per 1 day)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	Tier 1	DD; QL (1 EA per 1 day)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	Tier 1	DD; QL (2 EA per 1 day)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihyperglycemic-Insulin, Long Acting and GLP-1 Receptor Agonist Comb - Drugs for Diabetes		
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (***insulin glargine,human recombinant analog/lixisenatide***)	Tier 2	DD; QL (15 ML per 25 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (***insulin degludec/liraglutide***)	Tier 2	DD; QL (15 ML per 28 days)
Antihyperglycemic-SGLT-2 inhibitor, DPP-4 inhibitor and Biguanide comb - Drugs for Diabetes		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***)	Tier 2	DD; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG (***empagliflozin/linagliptin/metformin hcl***)	Tier 2	DD; QL (2 EA per 1 day)
Antithyroid Agents, Thionamides - Imidazole Derivatives - Drugs for Thyroid		
methimazole oral tablet 10 mg, 5 mg	Tier 1	
Antithyroid Agents, Thionamides - Thiouracil Derivatives - Drugs for Thyroid		
propylthiouracil oral tablet 50 mg	Tier 1	
Bone Formation 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) (***romosozumab-aqqg***)	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 (***vosoritide***)	Tier 4	PA
YUVIWEL SUBCUTANEOUS RECON SOLN 1.3 MG, 2.8 MG (***navepegritide***)	Tier 4	PA; QL (1 EA per 28 days)
YUVIWEL SUBCUTANEOUS RECON SOLN 5.5 MG (***navepegritide***)	Tier 4	PA; QL (2 EA per 28 days)
Bone Formation Stimulating Agents - Parathyroid Hormone Rel Peptides - Drugs for Menopause and Bone Loss		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (***abaloparatide***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Bone Formation Stimulating Agents - Parathyroid Hormone-Type - Drugs for Menopause and Bone Loss		
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	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 (***alendronate sodium/cholecalciferol (vitamin d3)***)	Tier 3	QL (1 EA per 7 days)
Bone Resorption Inhibitors - Bisphosphonates - Drugs for Menopause and Bone Loss		
alendronate oral solution 70 mg/75 ml	Tier 1	QL (75 ML per 7 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	Tier 1	
ibandronate oral tablet 150 mg	Tier 1	
risedronate oral tablet 150 mg	Tier 1	ST; QL (1 EA per 30 days)
risedronate oral tablet 30 mg, 5 mg	Tier 1	ST; QL (1 EA per 1 day)
risedronate oral tablet 35 mg	Tier 1	ST; QL (1 EA per 7 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	Tier 1	ST; QL (1 EA per 7 days)
Calcimimetic, Parathyroid Calcium Receptor Sensitivity Enhancer - Drugs for Menopause and Bone Loss		
cinacalcet oral tablet 30 mg, 60 mg	Tier 4	
cinacalcet oral tablet 90 mg	Tier 4	QL (4 EA per 1 day)
PARSABIV INTRAVENOUS SOLUTION 5 MG/ML (***etelcalcetide hydrochloride***)	Tier 4	PA
Calcitonins - Drugs for Menopause and Bone Loss		
calcitonin (salmon) injection solution 200 unit/ml	Tier 1	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	Tier 1	
Corticotropin-Releasing Factor (CRF) Type 1 Receptor Antagonists - Hormones		
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG (***crinecerfont***)	Tier 4	PA
CRENESSITY ORAL SOLUTION 50 MG/ML (***crinecerfont***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Estrogen and Progestin with Antimineralocorticoid Activity,Combination - Drugs for Women		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (***drospirenone/estradiol***)	Tier 3	
Estrogen and Selective Estrogen Receptor Modulator (SERM) Combinations - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (***estrogens, conjugated/bazedoxifene acetate***)	Tier 2	
Estrogen-Androgen - Drugs for Women		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
COVARYX ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
EEMT HS ORAL TABLET 0.625-1.25 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
EEMT ORAL TABLET 1.25-2.5 MG (***estrogens,esterified/methyltestosterone***)	Tier 1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	Tier 1	
Estrogen-Progestin - Drugs for Women		
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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		
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Tier 1	
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)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
estradiol transdermal gel in metered-dose pump 1.25 gram/actuation	Tier 1	ST
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%)	Tier 1	QL (30 EA per 30 days)
estradiol transdermal gel in packet 1 mg/gram (0.1 %)	Tier 1	QL (30 GM per 30 days)
estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)	Tier 1	QL (37.5 GM per 30 days)
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	QL (2 EA per 7 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	Tier 1	QL (1 EA per 7 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	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)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (***estradiol***)	Tier 3	QL (1 EA per 7 days)
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		
clomiphene citrate oral tablet 50 mg	Tier 1	
clomiphene citrate (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 (***burosumab-twza***)	Tier 4	PA
Follicle-Stimulating and Luteinizing Hormones - Drugs for Women		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (***menotropins***)	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 (***follitropin beta,recombinant***)	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 (***follitropin alfa, recombinant***)	Tier 4	
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT (***follitropin alfa, recombinant***)	Tier 4	
Glucocorticoid Salt Combinations - Drugs for Inflammation		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETALOAN SUIK KIT 6 MG/ML (***betamethasone acetate and sodium phosph/norflurane/hfc 245fa***)	Tier 3	
Glucocorticoids - Drugs for Inflammation		
AGAMREE ORAL SUSPENSION 40 MG/ML (***vamorolone***)	Tier 4	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (***hydrocortisone***)	Tier 4	PA
cortisone oral tablet 25 mg	Tier 1	
deflazacort oral suspension 22.75 mg/ml	Tier 4	PA
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Tier 4	PA
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (***dexamethasone***)	Tier 3	
dexamethasone oral elixir 0.5 mg/5 ml	Tier 1	
dexamethasone oral solution 0.5 mg/5 ml	Tier 1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	Tier 1	
dexamethasone oral tablet 1 mg, 2 mg	Tier 1	
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 Suspension 22.75 Mg/Ml)	Tier 4	PA
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	
deflazacort (Kymbee Oral Suspension 22.75 Mg/Ml)	Tier 4	PA
deflazacort (Kymbee Oral Tablet 18 Mg, 30 Mg, 36 Mg, 6 Mg)	Tier 4	PA
MEDROL ORAL TABLET 2 MG (***methylprednisolone***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 25 mg/5 ml (5 mg/ml)	Tier 1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	Tier 1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (***prednisone***)	Tier 2	
prednisone oral solution 5 mg/5 ml	Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	
prednisone oral tablets,dose pack 10 mg, 5 mg	Tier 1	
deflazacort (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 (***hydrocortisone sodium succinate/pf***)	Tier 3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG (***budesonide***)	Tier 4	PA
triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml, 80 mg/ml	Tier 1	
TRILOAN II SUIK KIT 40 MG/ML (***triamcinolone/norflurane and pentafluoropropane (hfc 245fa)***)	Tier 3	
TRILOAN SUIK KIT 40 MG/ML (***triamcinolone/norflurane and pentafluoropropane (hfc 245fa)***)	Tier 3	
Gonadotropin Inhibitor Pituitary Suppressants - Drugs for Women		
danazol oral capsule 100 mg, 200 mg, 50 mg	Tier 1	
Growth Hormone Receptor Antagonists - Drugs for Growth		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (***pegvisomant***)	Tier 4	PA
Growth Hormone Releasing Hormones (GHRH) - Drugs for Growth		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG (***tesamorelin acetate***)	Tier 4	PA
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG (***tesamorelin acetate***)	Tier 4	PA
Growth Hormones - Drugs for Growth		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (***somatropin***)	Tier 4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (***somatropin***)	Tier 4	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) (***somatropin***)	Tier 4	PA
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 FLEXPRO 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) (***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
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
Human Insulins - Fixed Combinations - Drugs for Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 2	DD; QL (30 ML per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 2	DD; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	Tier 2	DD; QL (30 ML per 28 days)
Human Insulins - Intermediate Acting - Drugs for Diabetes		
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	Tier 2	DD; QL (30 ML per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	Tier 2	DD; QL (40 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	Tier 2	DD; QL (30 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	Tier 2	DD; QL (40 ML per 28 days)
Human Insulins - 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) (***insulin regular, human***)	Tier 3	PA; DD
Human Insulins - Short Acting - Drugs for Diabetes		
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	Tier 2	DD; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (***insulin regular, human***)	Tier 2	DD; QL (24 ML per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin regular, human***)	Tier 2	DD; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	Tier 2	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) (***insulin lispro protamine and insulin lispro***)	Tier 2	DD; QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	Tier 2	DD; QL (40 ML per 28 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	Tier 1	DD; QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (***insulin aspart protamine human/insulin aspart***)	Tier 2	DD; QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin aspart protamine human/insulin aspart***)	Tier 2	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) (***insulin glargine,human recombinant analog***)	Tier 3	ST; DD; QL (30 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	Tier 2	DD; QL (30 ML per 28 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	Tier 2	DD; QL (40 ML per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***)	Tier 3	ST; DD; QL (30 ML per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine,human recombinant analog***)	Tier 3	ST; DD; QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine-aglr***)	Tier 3	ST; DD; QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (***insulin glargine,human recombinant analog***)	Tier 2	DD; QL (18 ML per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (***insulin glargine,human recombinant analog***)	Tier 2	DD; QL (13.5 ML per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin degludec***)	Tier 2	DD; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin degludec***)	Tier 2	DD; QL (18 ML per 28 days)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin degludec***)	Tier 2	DD; QL (40 ML per 28 days)
Insulin Analogs - Rapid Acting - Drugs for Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro***)	Tier 3	ST; DD; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro***)	Tier 3	ST; DD; QL (40 ML per 28 days)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin glulisine***)	Tier 3	ST; DD; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glulisine***)	Tier 3	ST; DD; QL (40 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart (niacinamide)***)	Tier 2	DD; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) (***insulin aspart (niacinamide)***)	Tier 2	DD; QL (30 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) (***insulin aspart (niacinamide)/pump cartridge***)	Tier 2	DD; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart (niacinamide)***)	Tier 2	DD; QL (40 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro***)	Tier 2	DD; QL (12 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin lispro***)	Tier 2	DD; QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	Tier 1	DD; QL (30 ML per 28 days)
insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml	Tier 1	DD; QL (30 ML per 28 days)
insulin lispro subcutaneous solution 100 unit/ml	Tier 1	DD; QL (40 ML per 28 days)
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart-xjhz***)	Tier 3	ST; DD; QL (30 ML per 28 days)
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart-xjhz***)	Tier 3	ST; DD; QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro-aabc***)	Tier 2	DD; QL (30 ML per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin lispro-aabc***)	Tier 2	DD; QL (12 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro-aabc***)	Tier 2	DD; QL (40 ML per 28 days)
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart-szjj***)	Tier 3	ST; DD
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart-szjj***)	Tier 3	ST; DD
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart***)	Tier 2	DD; QL (30 ML per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin aspart***)	Tier 2	DD; QL (30 ML per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart***)	Tier 2	DD; QL (40 ML per 28 days)
Insulin Response Enhancers - Biguanides - Drugs for Diabetes		
metformin oral solution 500 mg/5 ml	Tier 1	PA; DD; QL (20 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metformin oral tablet 1,000 mg, 500 mg, 850 mg	Tier 1	DD
metformin oral tablet extended release 24 hr 500 mg, 750 mg	Tier 1	DD
Insulin Response Enhancers - Thiazolidinediones (PPAR-gamma agonists) - Drugs for Diabetes		
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	Tier 1	DD
Insulin-like Growth Factor-1 (IGF-1) - Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (***mecasermin***)	Tier 4	PA
Leptin Hormone Analogs - Hormones		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (***metreleptin***)	Tier 4	PA
LHRH (GnRH) Agonist Analog Pit Suppres - Central Precocious Puberty - Drugs for Women		
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***)	Tier 4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG (***leuprolide acetate***)	Tier 4	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (***leuprolide acetate***)	Tier 4	PA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG (***leuprolide acetate***)	Tier 4	PA
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY) (***histrelin acetate***)	Tier 4	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (***triptorelin pamoate***)	Tier 4	PA
LHRH (GnRH) Agonist Analog Pituitary Suppressants - Drugs for Women		
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (***leuprolide acetate***)	Tier 4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (***leuprolide acetate***)	Tier 4	PA
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (***nafarelin acetate***)	Tier 4	PA
LHRH (GnRH) Antagonist, Estrogen and Progestin Combinations - Drugs for Woman		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYFEMBREE ORAL TABLET 40-1-0.5 MG (***relugolix/estradiol/norethindrone acetate***)	Tier 2	PA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) (***elagolix sodium/estradiol/norethindrone acetate***)	Tier 2	PA
LHRH (GnRH) Antagonists - Drugs for Women		
cetrorelix subcutaneous kit 0.25 mg	Tier 4	
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		
OSPHENA 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		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (***palopegteriparatide***)	Tier 4	PA
Progestins - Drugs for Women		
norethindrone acetate (Gallifrey Oral Tablet 5 Mg)	Tier 1	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
norethindrone acetate oral tablet 5 mg	Tier 1	
progesterone intramuscular oil 50 mg/ml	Tier 1	
progesterone micronized oral capsule 100 mg, 200 mg	Tier 1	
Prolactin Inhibitor - Ergot Derivative Dopamine Receptor Agonists - Drugs for Women		
cabergoline oral tablet 0.5 mg	Tier 1	
RANK ligand (RANKL) inhibitor, MC Antibody - Drugs for Menopause and Bone Loss		
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (***denosumab-bmwo***)	Tier 4	PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (***denosumab***)	Tier 4	PA
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML (***denosumab-bmwo***)	Tier 4	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (***denosumab***)	Tier 4	PA
Selective Estrogen Receptor Modulators (SERMs) - Drugs for Menopause and Bone Loss		
raloxifene oral tablet 60 mg	$0	EHB; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
Somatostatic Agents - Drugs for Growth		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML) (***octreotide acetate***)	Tier 4	PA
lanreotide subcutaneous syringe 120 mg/0.5 ml	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (***octreotide acetate***)	Tier 4	PA
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 4	
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	Tier 4	PA
PALSONIFY ORAL TABLET 20 MG, 30 MG (***paltusotine hcl***)	Tier 4	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (***pasireotide pamoate***)	Tier 4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (***pasireotide diaspartate***)	Tier 4	PA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML (***lanreotide acetate***)	Tier 4	PA
Thyroid Eye Disease Agents - Drugs for Thyroid		
TEPEZZA INTRAVENOUS RECON SOLN 500 MG (***teprotumumab-trbw***)	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 (***thyroid,pork***)	Tier 3	ST
AMERITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG (***thyroid,pork***)	Tier 3	ST
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (***thyroid,pork***)	Tier 3	ST
EVEXITHROID ORAL TABLET 180 MG, 45 MG, 75 MG (***thyroid,pork***)	Tier 3	ST
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (***thyroid,pork***)	Tier 3	ST
RENTHYROID ORAL TABLET 45 MG, 75 MG (***thyroid,pork***)	Tier 3	ST
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Tier 3	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thyroid Hormones - Synthetic T3 (Triiodothyronine) - Drugs for Thyroid		
liothyronine sodium (Liomny Oral Tablet 25 Mcg, 5 Mcg, 50 Mcg)	Tier 1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	
Thyroid Hormones - Synthetic T4 (Thyroxine) - Drugs for Thyroid		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***)	Tier 1	
levothyroxine oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	ST; QL (2 EA per 1 day)
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	
THYQUIDITY ORAL SOLUTION 20 MCG/ML (***levothyroxine sodium***)	Tier 3	PA; QL (20 ML per 1 day)
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG (***levothyroxine sodium***)	Tier 3	ST; QL (2 EA per 1 day)
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (***levothyroxine sodium***)	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 (***pozelimab-bbfg***)	Tier 4	PA
Antidiarrheal - Antiperistaltic Agents - Drugs for Diarrhea		
loperamide oral capsule 2 mg	Tier 1	
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Antidiarrheal - Gastrointestinal Chloride Channel Inhibitors - Drugs for Diarrhea		
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG (***crofelemer***)	Tier 2	ST; QL (2 EA per 1 day)
Antidiarrheal - Tryptophan Hydroxylase Inhibitor - Drugs for Diarrhea		
XERMELO ORAL TABLET 250 MG (***telotristat etiprate***)	Tier 4	PA
Antidiarrheal Antiperistaltic-Anticholinergic Combinations - Drugs for Diarrhea		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	Tier 1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 1	
Antidiarrheal Opioid Agents - Drugs for Diarrhea		
opium tincture oral tincture 10 mg/ml (morphine)	Tier 1	
Antiemetic - Anticholinergics - Drugs for Vomiting and Nausea		
scopolamine base transdermal patch 3 day 1 mg over 3 days	Tier 1	
Antiemetic - Antihistamines - Drugs for Vomiting and Nausea		
meclizine oral tablet 12.5 mg, 25 mg	Tier 1	
meclizine oral tablet,chewable 25 mg	Tier 1	
Antiemetic - Antihistamine-Vitamin Combinations - Drugs for Vomiting and Nausea		
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	Tier 1	QL (120 EA per 30 days)
Antiemetic - Cannabinoid Type - Drugs for Vomiting and Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
Antiemetic - Dopamine (D2)/5-HT3 Antagonists - Drugs for Vomiting and Nausea		
trimethobenzamide oral capsule 300 mg	Tier 1	
Antiemetic - Phenothiazines - Drugs for Vomiting and Nausea		
prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	
prochlorperazine rectal suppository 25 mg	Tier 1	
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg	Tier 1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antiemetic - Selective Serotonin 5-HT3 Antagonists - Drugs for Vomiting and Nausea		
granisetron hcl oral tablet 1 mg	Tier 1	ST; QL (10 EA per 21 days)
ondansetron hcl oral solution 4 mg/5 ml	Tier 1	QL (150 ML per 21 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	Tier 1	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (***granisetron***)	Tier 3	ST; QL (1 EA per 21 days)
Antiemetic - Substance P-Neurokinin 1 (NK1) Receptor Antagonists - Drugs for Vomiting and Nausea		
aprepitant oral capsule 125 mg	Tier 1	QL (1 EA per 21 days)
aprepitant oral capsule 40 mg	Tier 1	QL (1 EA per 28 days)
aprepitant oral capsule 80 mg	Tier 1	QL (2 EA per 21 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	Tier 1	QL (3 EA per 21 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (***aprepitant***)	Tier 2	PA; QL (3 EA per 21 days)
VARUBI ORAL TABLET 90 MG (***rolapitant hcl***)	Tier 2	QL (2 EA per 21 days)
Antiemetic - Substance P-Neurokinin 1 and 5-HT3 Recept Antagonist Comb - Drugs for Vomiting and Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (***netupitant/palonosetron hcl***)	Tier 2	QL (1 EA per 21 days)
Bile Acids - Drugs for the Stomach		
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (***cholic acid***)	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 (***linaclotide***)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	Tier 2	QL (1 EA per 1 day)
Colonic Acidifier (Ammonia Inhibitor) - Drugs for the Stomach		
lactulose (Enulose Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose (Generlac Oral Solution 10 Gram/15 Ml)	Tier 1	
lactulose oral solution 10 gram/15 ml	Tier 1	
Digestive Enzyme Mixtures - Drugs for the Stomach		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (***lipase/protease/amylase (porcine)***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (***lipase/protease/amylase (porcine)***)	Tier 3	ST
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 (***lipase/protease/amylase (porcine)***)	Tier 3	ST
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (***lipase/protease/amylase (porcine)***)	Tier 3	ST
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT (***lipase/protease/amylase (porcine)***)	Tier 2	
Digestive Enzymes - Drugs for the Stomach		
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (***sacrosidase***)	Tier 4	PA
Fecal Microbiota Transplantation (FMT) - Drugs for Stomach		
REBYOTA RECTAL ENEMA 150 ML (***fecal microbiota, live-jslm***)	Tier 4	PA
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL (***fecal microbiota spores, live-brpk***)	Tier 4	PA; QL (12 EA per 3 days)
Gallstone Solubilizing (Litholysis) Agents - Drugs for the Stomach		
CTEXLI ORAL TABLET 250 MG (***chenodiol***)	Tier 4	PA
ursodiol oral capsule 300 mg	Tier 1	
ursodiol oral tablet 250 mg, 500 mg	Tier 1	
Gastric Acid Secretion Reducer - Histamine H2-Receptor Antagonists - Drugs for Ulcers and Stomach Acid		
cimetidine hcl oral solution 300 mg/5 ml	Tier 1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	Tier 1	
famotidine oral tablet 20 mg, 40 mg	Tier 1	
nizatidine oral capsule 150 mg, 300 mg	Tier 1	
Gastric Acid Secretion Reducer - Potassium-Competitive Acid Blockers - Drugs for Ulcers and Stomach Acid		
VOQUEZNA ORAL TABLET 10 MG, 20 MG (***vonoprazan fumarate***)	Tier 3	PA; QL (1 EA per 1 day)
Gastric Acid Secretion Reducer - Proton Pump Inhibitors (PPIs) - Drugs for Ulcers and Stomach Acid		
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG (***rabeprazole sodium***)	Tier 3	ST; QL (1 EA per 1 day)
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	Tier 1	ST; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	Tier 1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	Tier 1	QL (2 EA per 1 day)
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	Tier 1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	Tier 1	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	Tier 1	
pantoprazole oral granules dr for susp in packet 40 mg	Tier 1	ST
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	Tier 1	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG (***omeprazole magnesium***)	Tier 3	ST
rabeprazole oral capsule, delayed rel sprinkle 10 mg	Tier 1	ST; QL (1 EA per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	Tier 1	
Gastric Acid Secretion Reducer-Proton Pump Inhibitor and Antacid Comb - Drugs for Ulcers and Stomach Acid		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML (***omeprazole/sodium bicarbonate***)	Tier 3	PA
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	Tier 1	
omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg	Tier 1	PA
Gastric Mucosa - Cytoprotective Prostaglandin Analogs - Drugs for Ulcers and Stomach Acid		
misoprostol oral tablet 100 mcg, 200 mcg	Tier 1	
Gastrointestinal - Prokinetic Agents - 5-HT4 Receptor Agonists - Drugs for the Stomach		
prucalopride oral tablet 1 mg, 2 mg	Tier 1	QL (1 EA per 1 day)
Gastrointestinal Prokinetic Agents - D2 Antagonist/5-HT4 Agonists - Drugs for the Stomach		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY (***metoclopramide hcl***)	Tier 4	PA
metoclopramide hcl oral solution 5 mg/5 ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	
GI Antispasmodic - Belladonna Alkaloids - Drugs for Stomach Cramps		
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
hyoscyamine sulfate oral drops 0.125 mg/ml	Tier 1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	Tier 1	
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	Tier 1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	Tier 1	
hyoscyamine sulfate sublingual tablet 0.125 mg	Tier 1	
HYOSYNE ORAL DROPS 0.125 MG/ML (***hyoscyamine sulfate***)	Tier 1	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML (***hyoscyamine sulfate***)	Tier 1	
methscopolamine oral tablet 2.5 mg, 5 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OSCIMIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (***hyoscyamine sulfate***)	Tier 3	
GI Antispasmodic - Quaternary Ammonium Compounds - Drugs for Stomach Cramps		
DARTISLA ORAL TABLET,DISINTEGRATING 1.7 MG (***glycopyrrolate***)	Tier 3	ST; QL (4 EA per 1 day); Age (Min 18 Years)
glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)	Tier 1	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
GI Antispasmodic - Synthetic Tertiary Amines - Drugs for Stomach Cramps		
dicyclomine oral capsule 10 mg	Tier 1	
dicyclomine oral solution 10 mg/5 ml	Tier 1	
dicyclomine oral tablet 20 mg	Tier 1	
GI Antispasmodic and Benzodiazepine Combinations - Drugs for Stomach Cramps		
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	
GI Antispasmodic and Opioid Combinations - Drugs for Stomach Cramps		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 1	
GI Antispasmodic Combinations Other - Drugs for Stomach Cramps		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	Tier 1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	Tier 1	
H. Pylori Therapy - Bismuth and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	Tier 1	
H. Pylori Therapy - Proton Pump Inhibitor and Antibiotics Combinations - Drugs for Ulcers and Stomach Acid		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	Tier 1	QL (112 EA per 10 days)
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (***omeprazole/clarithromycin/amoxicillin trihydrate***)	Tier 3	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG (***omeprazole magnesium/amoxicillin trihydrate/rifabutin***)	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) (***vonoprazan fumarate/amoxicillin trihydrate***)	Tier 3	PA; QL (112 EA per 14 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG (***vonoprazan fumarate/amoxicillin trihydrate/clarithromycin***)	Tier 3	PA; QL (112 EA per 14 days)
IBS Agent - Gastrointestinal Chloride Channel Activator Agents - Drugs for Irritable Bowel Syndrome		
lubiprostone oral capsule 24 mcg	Tier 1	QL (2 EA per 1 day)
lubiprostone oral capsule 8 mcg	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 (***linaclotide***)	Tier 2	QL (1 EA per 1 day)
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	Tier 2	QL (1 EA per 1 day)
IBS Agent - Mixed Opioid Receptor Agonist and Antagonist - Drugs for Irritable Bowel Syndrome		
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	Tier 2	QL (2 EA per 1 day)
IBS Agent - Selective 5-HT3 Receptor Antagonists - Drugs for Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
IBS Agent - Sodium-Hydrogen Exchanger 3 (NHE3) Inhibitor - Drugs for Irritable Bowel Syndrome		
IBSRELA ORAL TABLET 50 MG (***tenapanor hcl***)	Tier 3	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Inflammatory Bowel Agent - Interleukin-12 and IL-23 Inhibitors, MC Ab - Drugs for Inflammatory Bowel Disease		
SELARSDI INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-aekn***)	Tier 4	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab***)	Tier 4	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***)	Tier 4	PA
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab***)	Tier 4	PA
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-stba***)	Tier 4	PA
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-stba***)	Tier 4	PA
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab-stba***)	Tier 4	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML (***ustekinumab-kfce***)	Tier 4	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab-kfce***)	Tier 4	PA
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML (***ustekinumab-kfce***)	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) (***mirikizumab-mrkz***)	Tier 4	PA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) (***mirikizumab-mrkz***)	Tier 4	PA
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2), 300MG/3ML(100MG /ML-200 MG/2ML) (***mirikizumab-mrkz***)	Tier 4	PA
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (***risankizumab-rzaa***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (***risankizumab-rzaa***)	Tier 4	PA
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML) (***guselkumab***)	Tier 4	PA
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***)	Tier 4	PA
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML (***guselkumab***)	Tier 4	PA
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (***guselkumab***)	Tier 4	PA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (***guselkumab***)	Tier 4	PA
Inflammatory Bowel Agent - Aminosalicylates and Related Agents - Drugs for Inflammatory Bowel Disease		
balsalazide oral capsule 750 mg	Tier 1	
DIPENTUM ORAL CAPSULE 250 MG (***olsalazine sodium***)	Tier 3	ST
mesalamine oral capsule (with del rel tablets) 400 mg	Tier 1	
mesalamine oral capsule, extended release 250 mg, 500 mg	Tier 1	
mesalamine oral capsule,extended release 24hr 0.375 gram	Tier 1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	Tier 1	
mesalamine rectal enema 4 gram/60 ml	Tier 1	
mesalamine rectal suppository 1,000 mg	Tier 1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	Tier 1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG (***mesalamine***)	Tier 3	
sulfasalazine oral tablet 500 mg	Tier 1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	Tier 1	
Inflammatory Bowel Agent - Glucocorticoids - Drugs for Inflammatory Bowel Disease		
budesonide oral capsule,delayed,extend.release 3 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
budesonide oral tablet,delayed and ext.release 9 mg	Tier 1	ST
budesonide rectal foam 2 mg/actuation	Tier 1	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (***hydrocortisone acetate***)	Tier 2	
hydrocortisone rectal enema 100 mg/60 ml	Tier 1	
Inflammatory Bowel Agent - Integrin Receptor Antagonist, MC Antibody - Drugs for Inflammatory Bowel Disease		
ENTYVIO INTRAVENOUS RECON SOLN 300 MG (***vedolizumab***)	Tier 4	PA
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
tofacitinib oral tablet 10 mg, 5 mg	Tier 4	PA
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	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-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml	Tier 4	PA
adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML (***adalimumab-aaty***)	Tier 4	PA
adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 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
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	Tier 4	PA
infliximab intravenous recon soln 100 mg	Tier 4	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	Tier 4	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (***golimumab***)	Tier 4	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (***golimumab***)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML (***infliximab-dyyb***)	Tier 4	PA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML (***infliximab-dyyb***)	Tier 4	PA
Irritable Bowel Syndrome (IBS) Agents - Drugs for Irritable Bowel Syndrome		
alosetron oral tablet 0.5 mg, 1 mg	Tier 1	
lubiprostone oral capsule 24 mcg	Tier 1	QL (2 EA per 1 day)
lubiprostone oral capsule 8 mcg	Tier 1	QL (4 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	Tier 2	QL (2 EA per 1 day)
Keratinocyte Growth Factor (KGF) - Drugs for the Stomach		
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG (***palifermin***)	Tier 4	
Laxative - Saline and Osmotic - Drugs to Prevent Constipation		
lactulose (Constulose Oral Solution 10 Gram/15 Ml)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lactulose oral solution 10 gram/15 ml	Tier 1	
Laxative - Saline/Osmotic Mixtures - Drugs to Prevent Constipation		
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (***peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
sodium chloride/sodium bicarbonate/potassium chloride/peg (Gavilyte-N Oral Recon Soln 420 Gram)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 1, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (1 EA per 1 FILL)
peg-electrolyte soln oral recon soln 420 gram	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 4000, FILL OF 2 IN 365 DAYS AND AGE 45-75 YEARS; QL (4000 ML per 1 FILL)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (***peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c***)	$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)
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	$0	EHB; $0 COPAY IF QUANTITY LIMTED 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 (***peg 3350/sodium sulfate,chloride/potassium chlor/magnesium***)	$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 (***sodium sulfate/potassium chloride/magnesium sulfate***)	$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		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML (***sodium picosulfate/magnesium oxide/citric acid***)	$0	EHB; $0 COPAY IF QUANTITY LIMITED TO 350, FILL OF 2 IN 365 DAYS, AND AGE 45-75 YEARS; QL (350 ML per 1 FILL)
Peptic Ulcer - Gastric Lumen Adherent Cytoprotectives - Drugs for Ulcers and Stomach Acid		
sucralfate oral suspension 100 mg/ml	Tier 1	
sucralfate oral tablet 1 gram	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Short Bowel Syndrome (SBS) - glucagon-like peptide-2 (GLP-2) Analog - Drugs for the Stomach		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	Tier 4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	Tier 4	PA
Short Bowel Syndrome (SBS) Agents - Drugs for the Stomach		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML) (***octreotide acetate***)	Tier 4	PA
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	Tier 4	
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	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		
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	Tier 1	ST
Cystinosis Therapy (Cystine Depleting Agents) - Drugs for the Urinary System		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (***cysteamine bitartrate***)	Tier 4	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG (***cysteamine bitartrate***)	Tier 4	PA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG (***cysteamine bitartrate***)	Tier 4	PA
G.U. Irrigants - Anti-infective - Drugs for the Urinary System		
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	Tier 1	
G.U. Irrigants - Drugs for the Urinary System		
acetic acid irrigation solution 0.25 %	Tier 1	
glycine urologic solution irrigation solution 1.5 %	Tier 1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (***citric acid/gluconolactone/magnesium carbonate***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sorbitol irrigation solution 3 %	Tier 1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml	Tier 1	
Interstitial Cystitis Agents - Drugs for the Urinary System		
ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***)	Tier 3	PA
Kidney Stone Agents - Drugs for the Urinary System		
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (***tiopronin***)	Tier 4	
tiopronin oral tablet 100 mg	Tier 4	
tiopronin oral tablet,delayed release (dr/ec) 100 mg, 300 mg	Tier 4	
tiopronin (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 (***vibegron***)	Tier 3	ST; QL (1 EA per 1 day)
mirabegron oral suspension,extended rel recon 8 mg/ml	Tier 1	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML (***mirabegron***)	Tier 2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (***mirabegron***)	Tier 1	QL (1 EA per 1 day)
Oxalosis Agent - Oxalate Inhibitor, small interfering RNA Directed - Drugs for the Urinary System		
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML (***lumasiran sodium***)	Tier 4	PA
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) (***nedosiran sodium***)	Tier 4	PA
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML (***nedosiran sodium***)	Tier 4	PA
Phosphate Binders - Calcium-based - Drugs for the Urinary System		
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Phosphate Binders - Drugs for the Urinary System		
calcium acetate(phosphat bind) oral capsule 667 mg	Tier 1	
calcium acetate(phosphat bind) oral tablet 667 mg	Tier 1	
ferric citrate oral tablet 210 mg iron	Tier 1	ST; QL (12 EA per 1 day)
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG (***lanthanum carbonate***)	Tier 3	ST; QL (3 EA per 1 day)
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	Tier 1	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	Tier 1	
sevelamer carbonate oral tablet 800 mg	Tier 1	
sevelamer hcl oral tablet 400 mg, 800 mg	Tier 1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	Tier 2	QL (6 EA per 1 day)
Phosphate Binders - Iron-based - Drugs for the Urinary System		
ferric citrate oral tablet 210 mg iron	Tier 1	ST; QL (12 EA per 1 day)
VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	Tier 2	QL (6 EA per 1 day)
Polycystic Kidney Disease - Vasopressin V2 Receptor Antagonists - Drugs for the Urinary System		
JYNARQUE ORAL TABLET 15 MG, 30 MG (***tolvaptan***)	Tier 4	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (***tolvaptan***)	Tier 4	PA
Prostatic Hypertrophy Agent - alpha-1-Adrenoceptor Antagonists - Drugs for the Prostate		
alfuzosin oral tablet extended release 24 hr 10 mg	Tier 1	
silodosin oral capsule 4 mg, 8 mg	Tier 1	
tamsulosin oral capsule 0.4 mg	Tier 1	
Prostatic Hypertrophy Agent - Type II 5-Alpha Reductase Inhibitors - Drugs for the Prostate		
finasteride oral tablet 5 mg	Tier 1	
Prostatic Hypertrophy Agent-Sel.cGMP Phosphodiesterase Type5 Inhibitor - Drugs for the Prostate		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tadalafil oral tablet 2.5 mg, 5 mg	Tier 1	PA; QL (1 EA per 1 day)
Prostatic Hypertrophy Agent-Type I and II 5-alpha Reductase Inhibitors - Drugs for the Prostate		
dutasteride oral capsule 0.5 mg	Tier 1	
Urinary Acidifier - Bacterial Urease Inhibitor - Drugs for Infections		
LITHOSTAT ORAL TABLET 250 MG (***acetohydroxamic acid***)	Tier 3	
Urinary Acidifier - Phosphates - Drugs for Infections		
K-PHOS NO 2 ORAL TABLET 305-700 MG (***sodium phosphate,monobasic/potassium phosphate,monobasic***)	Tier 3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (***potassium phosphate,monobasic***)	Tier 3	
Urinary Alkalinizer - Citrates - Drugs for Infections		
ORACIT ORAL SOLUTION 490-640 MG/5 ML (***citric acid/sodium citrate***)	Tier 3	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	Tier 1	
Urinary Analgesics - Drugs for Infections		
phenazopyridine oral tablet 100 mg, 200 mg	Tier 1	
Urinary Antibacterial - Methenamine and Salts - Drugs for Infections		
methenamine hippurate oral tablet 1 gram	Tier 1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	Tier 1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine mandelate/sodium phosphate,monobasic***)	Tier 3	
Urinary Antibacterial - Nitrofuran Derivatives - Drugs for Infections		
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	Tier 1	
nitrofurantoin oral suspension 25 mg/5 ml	Tier 1	PA
Urinary Antibacterials Other - Drugs for Infections		
fosfomycin tromethamine oral packet 3 gram	Tier 1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine sulfate***)	Tier 1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (***hyoscyamine sulfate***)	Tier 3	
Urinary Antispasmodic - Smooth Muscle Relaxants - Drugs for the Bladder		
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	Tier 1	QL (1 EA per 1 day)
flavoxate oral tablet 100 mg	Tier 1	
oxybutynin chloride oral syrup 5 mg/5 ml	Tier 1	
oxybutynin chloride oral tablet 2.5 mg	Tier 1	
oxybutynin chloride oral tablet 5 mg	Tier 1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	Tier 1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (***oxybutynin***)	Tier 3	ST
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	Tier 1	
tolterodine oral tablet 1 mg, 2 mg	Tier 1	
trospium oral capsule,extended release 24hr 60 mg	Tier 1	
trospium oral tablet 20 mg	Tier 1	
Urinary Retention Therapy - Parasympathomimetic Agents - Drugs for the Bladder		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	
Gout and Hyperuricemia Therapy - Drugs for Pain and Fever		
Gout Acute Therapy - Antimitotics - Gout Drugs		
colchicine oral capsule 0.6 mg	Tier 1	QL (2 EA per 1 day)
colchicine oral tablet 0.6 mg	Tier 1	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML (***colchicine***)	Tier 3	PA; QL (10 ML per 1 day)
Gout and Hyperuricemia - Antimitotic-Uricosuric Combinations - Gout Drugs		
probenecid-colchicine oral tablet 500-0.5 mg	Tier 1	
Hyperuricemia Therapy - Urate-Oxidase Enzyme-Type - Gout Drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/50 ML, 8 MG/ML (***pegloticase***)	Tier 4	PA
Hyperuricemia Therapy - Uricosurics - Gout Drugs		
probenecid oral tablet 500 mg	Tier 1	
Hyperuricemia Therapy - Xanthine Oxidase Inhibitors - Gout Drugs		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	
febuxostat oral tablet 40 mg, 80 mg	Tier 1	
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 (***caplacizumab-yhdp***)	Tier 4	PA
Agents to Treat Cold Agglutinin Disease (CAD) - Drugs for the Blood		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (***sutimlimab-jome***)	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 (***adamts13, recombinant-krhn***)	Tier 4	PA
Agents to Treat Paroxysmal Nocturnal Hemoglobinuria (PNH) - Drugs for the Blood		
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (***pegcetacoplan***)	Tier 4	PA
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab-aagh***)	Tier 4	PA
FABHALTA ORAL CAPSULE 200 MG (***iptacopan hcl***)	Tier 4	PA
PIASKY INJECTION SOLUTION 340 MG/2 ML (170 MG/ML) (***crovalimab-akkz***)	Tier 4	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab***)	Tier 4	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (***ravulizumab-cwvz***)	Tier 4	PA
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) (***danicopan***)	Tier 4	PA
Anticoagulants - Citrate-based - Drugs to Prevent Blood Clots		
sodium citrate in 0.9 % nacl solution 0.5 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium citrate intra-catheter solution 4 %	Tier 1	
sodium citrate intra-catheter syringe 4 % (3 ml), 4 % (5 ml)	Tier 1	
sodium citrate solution 4 gram /100 ml (4 %)	Tier 1	
Anticoagulants - Coumarin - Drugs to Prevent Blood Clots		
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 1	
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 (***anti-inhibitor coagulant complex***)	Tier 4	
Antiporphyria Factors - Drugs for the Blood		
PANHEMATIN INTRAVENOUS RECON SOLN 350 MG (***hemin***)	Tier 4	
Blood Cell and Platelet Disorder Treatment-Tyrosine Kinase Inhibitors - Drugs for the Blood		
TAVALISSE ORAL TABLET 100 MG, 150 MG (***fostamatinib disodium***)	Tier 4	PA
WAYRILZ ORAL TABLET 400 MG (***rilzabrutinib***)	Tier 4	PA
C1 Esterase Inhibitor Agents - Drugs for the Blood		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) (***c1 esterase inhibitor***)	Tier 4	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (***c1 esterase inhibitor***)	Tier 4	PA
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (***c1 esterase inhibitor***)	Tier 4	PA
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (***c1 esterase inhibitor, recombinant***)	Tier 4	PA
CAD - Complement (C1) Inhibitors - Drugs for the Blood		
ENJAYMO INTRAVENOUS SOLUTION 50 MG/ML (***sutimlimab-jome***)	Tier 4	PA
CXCR4 Chemokine Receptor Antagonists - Drugs for the Blood		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	Tier 4	PA
XOLREMDI ORAL CAPSULE 100 MG (***mavorixafor***)	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) (***apixaban***)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG (***apixaban***)	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG (***apixaban***)	Tier 2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) (***apixaban***)	Tier 2	QL (32 EA per 1 day)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG (***apixaban***)	Tier 2	QL (4 EA per 1 day)
rivaroxaban oral suspension for reconstitution 1 mg/ml	Tier 1	QL (20 ML per 1 day)
rivaroxaban oral tablet 2.5 mg	Tier 1	QL (2 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (***edoxaban tosylate***)	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) (***rivaroxaban***)	Tier 2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (***rivaroxaban***)	Tier 2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***)	Tier 2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (***rivaroxaban***)	Tier 2	QL (2 EA per 1 day)
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 (***darbepoetin alfa in polysorbate 80***)	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 (***darbepoetin alfa in polysorbate 80***)	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 (***epoetin alfa***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 (***epoetin alfa***)	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 (***epoetin alfa-epbx***)	Tier 4	PA
Factor IX Complex (Prothrombin Complex Concentrate) Preparations - Drugs to Prevent Bleeding		
BALFAXAR INTRAVENOUS RECON SOLN 1,000 UNIT, 500 UNIT (***human prothrombin complex concentrate-lans***)	Tier 4	
KCENTRA INTRAVENOUS RECON SOLN 1,000 UNIT (800-1240 UNIT), 500 UNIT (400-620 UNIT) (***human prothrombin complex concentrate 4-factor***)	Tier 4	
Factor IX Preparations - Drugs to Prevent Bleeding		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix***)	Tier 4	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (***factor ix recombinant, fc fusion protein***)	Tier 4	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant***)	Tier 4	
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix recombinant,albumin fusion protein***)	Tier 4	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant, threonine 148***)	Tier 4	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix complex, prothrombin complex conc no.4, 3-factor***)	Tier 4	
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***factor ix (human) recombinant, pegylated***)	Tier 4	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix human recombinant***)	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) (***coagulation factor viia (recombinant)***)	Tier 4	
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG) (***coagulation factor viia recombinant-jncw***)	Tier 4	
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	
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor rfviii fc-vwf-xten,bdd-ehtl***)	Tier 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	

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4 ML (***pegfilgrastim***)	Tier 4	PA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim***)	Tier 4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim***)	Tier 4	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim***)	Tier 4	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim-aafi***)	Tier 4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-aafi***)	Tier 4	PA
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-txid***)	Tier 4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-apgf***)	Tier 4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-ayow***)	Tier 4	PA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML (***eflapegrastim-xnst***)	Tier 4	PA
RYZNEUTA SUBCUTANEOUS SYRINGE 20 MG/ML (***efbemalenograstim alfa-vuxw***)	Tier 4	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-fpgk***)	Tier 4	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML (***pegfilgrastim-cbqv***)	Tier 4	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (***pegfilgrastim-cbqv***)	Tier 4	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-cbqv***)	Tier 4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-sndz***)	Tier 4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-bmez***)	Tier 4	PA
Granulocyte-Macrophage Colony-Stimulating Factor (GM-CSF) - Drugs for the Blood		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEUKINE INJECTION RECON SOLN 250 MCG (***sargramostim***)	Tier 4	PA
Hematopoietic Agents - Erythroid (RBC) Maturation Agents - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (***luspatercept-aamt***)	Tier 4	PA
Hematopoietic Agents - Hypoxia Inducible Factor Prolyl Hydroxylase Inh - Drugs for the Blood		
VAFSEO ORAL TABLET 150 MG, 300 MG (***vadadustat***)	Tier 3	PA
Hematorheologic Agents - Drugs for the Blood		
pentoxifylline oral tablet extended release 400 mg	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) (***concizumab-mtci***)	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 (***emicizumab-kxwh***)	Tier 4	PA
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/0.5 ML (***marstacimab-hncq***)	Tier 4	PA
Hemophilia Treatment Agents - Small Interfering RNA (siRNA) - Drugs for the Blood		
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML (***fitusiran sodium***)	Tier 4	PA
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML (***fitusiran sodium***)	Tier 4	PA
Hemostatic Systemic - Antifibrinolytic Agents - Drugs to Prevent Bleeding		
aminocaproic acid oral solution 250 mg/ml (25 %)	Tier 1	
aminocaproic acid oral tablet 1,000 mg, 500 mg	Tier 1	
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG- 1,300 MG), 2 GRAM (1,400 MG-2,600 MG) (***fibrinogen***)	Tier 4	
tranexamic acid oral tablet 650 mg	Tier 1	
Hemostatic Systemic- von Willebrand factor (vWF) Preparations - Drugs to Prevent Bleeding		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (***von willebrand factor (recombinant)***)	Tier 4	
Hemostatic Topical Agents - Drugs to Prevent Bleeding		
AVITENE FLOUR TOPICAL POWDER (***microfibrillar collagen***)	Tier 3	
AVITENE TOPICAL POWDER IN PACKET (***microfibrillar collagen***)	Tier 3	
AVITENE TOPICAL SHEET 35 X 35 MM, 70 X 35 MM, 70 X 70 MM (***microfibrillar collagen***)	Tier 3	
ENDO AVITENE TOPICAL SHEET 10 MM, 5 MM (***microfibrillar collagen***)	Tier 3	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML (***ferric subsulfate***)	Tier 1	
RECOTHROM SPRAY KIT TOPICAL RECON SOLN 20,000 UNIT (***thrombin (recombinant)***)	Tier 3	
RECOTHROM TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (***thrombin (recombinant)***)	Tier 3	
SYRINGE AVITENE TOPICAL POWDER (***microfibrillar collagen***)	Tier 3	
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT (***thrombin (bovine)***)	Tier 1	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT (***thrombin (bovine)***)	Tier 1	
THROMBIN-JMI TOPICAL SOLUTION 20,000 UNIT/20 ML, 5,000 UNIT/5 ML (***thrombin (bovine)***)	Tier 3	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT (***thrombin (bovine)***)	Tier 1	
THROMBIN-JMI TOPICAL SPRAY,NON-AEROSOL 20,000 UNIT (***thrombin (bovine)***)	Tier 1	
Hemostatic Topical Combinations - Drugs to Prevent Bleeding		
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) (***thrombin(human plasma derived)/fibrinogen/calcium chloride***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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) (***thrombin(human plasma derived)/fibrinogen/calcium chloride***)	Tier 3	
Heparin Flush Formulations - Drugs to Prevent Blood Clots		
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	Tier 1	
Heparins - Drugs to Prevent Blood Clots		
heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml), 5,000 unit/500 ml (10 unit/ml)	Tier 1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	Tier 1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	Tier 1	
heparin (porcine) injection syringe 5,000 unit/ml	Tier 1	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML (***heparin sodium,porcine/pf***)	Tier 1	
heparin, porcine (pf) injection solution 1,000 unit/ml	Tier 1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	Tier 1	
heparin, porcine (pf) intravenous syringe 10 unit/ml, 100 unit/ml	Tier 1	
Indirect Factor Xa Inhibitors - Drugs to Prevent Blood Clots		
fondaparinux subcutaneous syringe 10 mg/0.8 ml	Tier 1	QL (24 ML per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	Tier 1	QL (15 ML per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	Tier 1	QL (12 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	Tier 1	QL (18 ML per 30 days)
Low Molecular Weight Heparins - Drugs to Prevent Blood Clots		
enoxaparin subcutaneous solution 300 mg/3 ml	Tier 1	QL (30 ML per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	Tier 1	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 3	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 3	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	Tier 3	QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML (***dalteparin sodium,porcine***)	Tier 3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML (***dalteparin sodium,porcine***)	Tier 3	QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML (***dalteparin sodium,porcine***)	Tier 3	QL (43.2 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML (***dalteparin sodium,porcine***)	Tier 3	QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML (***dalteparin sodium,porcine***)	Tier 3	QL (18 ML per 30 days)
Monoclonal Antibody - P-Selectin Inhibitors - Drugs for the Blood		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML (***crizanlizumab-tmca***)	Tier 4	PA
Plasma Proteins Which Facilitate Anticoagulation - Drugs for the Blood		
RYPLAZIM INTRAVENOUS RECON SOLN 68.8 MG (***plasminogen, human-tvmh***)	Tier 4	PA
Platelet Aggregation Inhib - Cyclopentyl-triazolo-pyrimidines (CPTPs) - Drugs for the Blood		
ticagrelor oral tablet 60 mg	Tier 1	QL (2 EA per 1 day)
ticagrelor oral tablet 90 mg	Tier 1	
Platelet Aggregation Inhibitor Combinations - Drugs for the Blood		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	Tier 1	
Platelet Aggregation Inhibitors - Phosphodiesterase III Inhibitors - Drugs for the Blood		
cilostazol oral tablet 100 mg, 50 mg	Tier 1	
Platelet Aggregation Inhibitors - Quinazoline Agents - Drugs for the Blood		
anagrelide oral capsule 0.5 mg, 1 mg	Tier 1	
Platelet Aggregation Inhibitors - Salicylates - Drugs for the Blood		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
aspirin oral tablet,chewable 81 mg	$0	EHB
aspirin oral tablet,delayed release (dr/ec) 81 mg	$0	EHB
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG (***aspirin***)	$0	EHB
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG (***aspirin***)	$0	EHB
Platelet Aggregation Inhibitors - Thienopyridine Agents - Drugs for the Blood		
clopidogrel oral tablet 300 mg	Tier 1	QL (4 EA per 30 days)
clopidogrel oral tablet 75 mg	Tier 1	
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 1	
Platelet Aggregation Inhib-PDEsterase and Adenosine deaminase Inhibitr - Drugs for the Blood		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	
Platelet Aggregation Inhib-Protease-Activ.Receptor-1(PAR-1) Antagonist - Drugs for the Blood		
ZONTIVITY ORAL TABLET 2.08 MG (***vorapaxar sulfate***)	Tier 3	QL (1 EA per 1 day)
PNH - Complement (C3) Inhibitors - Drugs for the Blood		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML (***pegcetacoplan***)	Tier 4	PA
PNH - Complement Factor B Inhibitors - Drugs for the Blood		
FABHALTA ORAL CAPSULE 200 MG (***iptacopan hcl***)	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) (***danicopan***)	Tier 4	PA
PNH - Human Monoclonal Antibody Complement (C5) Inhibitors - Drugs for the Blood		
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab-aagh***)	Tier 4	PA
PIASKY INJECTION SOLUTION 340 MG/2 ML (170 MG/ML) (***crovalimab-akkz***)	Tier 4	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML (***eculizumab***)	Tier 4	PA
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML (***ravulizumab-cwvz***)	Tier 4	PA
Protein C Preparations - Drugs for the Blood		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (***protein c, human***)	Tier 4	
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (***protein c, human***)	Tier 4	
Pyruvate Kinase (PK) Activators - Drugs for the Blood		
AQVESME ORAL TABLET 100 MG (***mitapivat sulfate***)	Tier 4	PA; QL (2 EA per 1 day)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (***mitapivat sulfate***)	Tier 4	PA
PYRUKYND ORAL TABLETS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) (***mitapivat sulfate***)	Tier 4	PA
Sickle Cell Anemia Agents, Others - Drugs for the Blood		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	Tier 3	
ENDARI ORAL POWDER IN PACKET 5 GRAM (***glutamine***)	Tier 4	PA
glutamine (sickle cell) oral powder in packet 5 gram	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIKLOS ORAL TABLET 1,000 MG (***hydroxyurea***)	Tier 3	ST
SIKLOS ORAL TABLET 100 MG (***hydroxyurea***)	Tier 3	QL (2 EA per 1 day)
XROMI ORAL SOLUTION 100 MG/ML (***hydroxyurea***)	Tier 3	PA
Thrombin Inhibitor - Selective Direct and Reversible - Drugs to Prevent Blood Clots		
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (***dabigatran etexilate mesylate***)	Tier 3	PA
Thrombopoietin Receptor Agonists - Drugs for the Blood		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (***eltrombopag choline***)	Tier 4	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 4	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 4	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG (***avatrombopag maleate***)	Tier 4	PA
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG (***avatrombopag maleate***)	Tier 4	PA
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	Tier 4	PA
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	Tier 4	PA
MULPLETA ORAL TABLET 3 MG (***lusutrombopag***)	Tier 4	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG (***romiplostim***)	Tier 4	PA
Transforming Growth Factor (TGF) Ligands Agent - Drugs for the Blood		
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG (***luspatercept-aamt***)	Tier 4	PA
Hepatobiliary System Treatment Agents - Drugs for the Liver		
Agents to Treat Cerebrotendinous Xanthomatosis (CTX) - Drugs for the Liver		
CTEXLI ORAL TABLET 250 MG (***chenodiol***)	Tier 4	PA
Ileal Bile Acid Transporter (IBAT) Inhibitor - Drugs for the Liver		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG (***odevixibat***)	Tier 4	PA
BYLVAY ORAL PELLET 200 MCG, 600 MCG (***odevixibat***)	Tier 4	PA
LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML (***maralixibat chloride***)	Tier 4	PA
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG (***maralixibat chloride***)	Tier 4	PA
Non-Alcoholic Steatohepatitis (NASH) Agents - THR-Beta Agonist - Drugs for the Liver		
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG (***resmetirom***)	Tier 4	PA
Peroxisome Proliferator-Activated Receptor (PPAR) Agonist - Drugs for the Liver		
IQIRVO ORAL TABLET 80 MG (***elafibranor***)	Tier 4	PA
LIVDELZI ORAL CAPSULE 10 MG (***seladelpar lysine***)	Tier 4	PA
Immunosuppressive Agents		
Immunosuppressive - A Proliferation Inducing Ligand (APRIL) Inhibitor		
VOYXACT SUBCUTANEOUS SYRINGE 400 MG/2 ML (200 MG/ML) (***sibeprenlimab-szsi***)	Tier 4	PA; QL (2 ML per 28 days)
Immunosuppressive Agents - Drugs for Organ Transplants		
Immunosuppressive - Calcineurin Inhibitors - Drugs for Organ Transplants		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 5 MG (***tacrolimus***)	Tier 3	ST
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
cyclosporine modified oral solution 100 mg/ml	Tier 1	
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG (***tacrolimus***)	Tier 3	ST
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	
LUPKYNIS ORAL CAPSULE 7.9 MG (***voclosporin***)	Tier 4	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine, modified***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine, modified***)	Tier 2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	Tier 2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (***tacrolimus***)	Tier 2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	Tier 2	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	
tacrolimus oral capsule,extended release 24hr 0.5 mg, 1 mg, 5 mg	Tier 1	ST
Immunosuppressive - CD19 (B Lymphocyte) Monoclonal Antibody - Drugs for the Eye		
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML (***inebilizumab-cdon***)	Tier 4	PA
Immunosuppressive - Inosine Monophosphate Dehydrogenase Inhibitors - Drugs for Organ Transplants		
mycophenolate mofetil oral capsule 250 mg	Tier 1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	Tier 1	
mycophenolate mofetil oral tablet 500 mg	Tier 1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	Tier 1	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (***mycophenolate mofetil***)	Tier 3	PA
Immunosuppressive - Interferon Inhibitor, Monoclonal Antibody - Drugs for Organ Transplants		
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML (***emapalumab-lzsg***)	Tier 4	PA
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML) (***anifrolumab-fnia***)	Tier 4	PA
SAPHNELO PEN SUBCUTANEOUS AUTO-INJECTOR 120 MG/0.8 ML (***anifrolumab-fnia***)	Tier 4	PA; QL (3.2 ML per 28 days)
SAPHNELO SUBCUTANEOUS SYRINGE 120 MG/0.8 ML (***anifrolumab-fnia***)	Tier 4	PA; QL (3.2 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunosuppressive - Interleukin-6 (IL-6) Receptor Inhibitors - Drugs for Organ Transplants		
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML (***satralizumab-mwge***)	Tier 4	PA
Immunosuppressive - Mammalian Target of Rapamycin (mTOR) Inhibitors - Drugs for Organ Transplants		
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 1	
sirolimus oral solution 1 mg/ml	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
Immunosuppressive - Purine Analogs - Drugs for Organ Transplants		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	Tier 1	
Immunosuppressive - Selective T-cell costimulation blocker - Drugs for Organ Transplants		
NULOJIX INTRAVENOUS RECON SOLN 250 MG (***belatacept***)	Tier 2	
Locomotor System		
Neuromuscular Therapy Agents - Thymidine Kinase 2 Deficiency (TK2d)		
KYGEVVI ORAL POWDER IN PACKET 4 GRAM (***doxecitine/doxribtimine***)	Tier 4	PA
Locomotor System - Drugs for Muscles, Ligaments, Tendons, and Bones		
Agents to Treat Periodic Paralysis - Carbonic Anhydrase Inhibitors - Drugs for Muscles, Ligaments, Tendons, and Bones		
dichlorphenamide oral tablet 50 mg	Tier 4	PA
KEVEYIS ORAL TABLET 50 MG (***dichlorphenamide***)	Tier 4	PA
dichlorphenamide (Ormalvi Oral Tablet 50 Mg)	Tier 4	PA
ALS Agents - Antioxidants/Anti-inflammatories - Drugs for Nerves and Muscles		
edaravone intravenous solution 30 mg/100 ml	Tier 4	PA
edaravone intravenous solution 60 mg/100 ml	Tier 4	PA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML (***edaravone***)	Tier 4	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML (***edaravone***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML (***edaravone***)	Tier 4	PA
ALS Agents - Antisense Oligonucleotide (ASO) - Drugs for Nerves and Muscles		
QALSODY INTRATHECAL SOLUTION 100 MG/15 ML (6.7 MG/ML) (***tofersen***)	Tier 4	PA
Amyotrophic Lateral Sclerosis (ALS) Agents - Benzathiazoles - Drugs for Nerves and Muscles		
riluzole oral tablet 50 mg	Tier 1	
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***)	Tier 4	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***)	Tier 4	PA
Antimyasthenic Agent - Neonatal Fc Receptor (FcRn) Inhibitor - Drugs for Nerves and Muscles		
IMAAVY INTRAVENOUS SOLUTION 185 MG/ML (***nipocalimab-aahu***)	Tier 4	PA
RYSTIGGO SUBCUTANEOUS SOLUTION 140 MG/ML (***rozanolixizumab-noli***)	Tier 4	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 1,008 MG-11,200 UNIT/5.6 ML (***efgartigimod alfa-hyaluronidase-qvfc***)	Tier 4	PA
VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML (***efgartigimod alfa-hyaluronidase-qvfc***)	Tier 4	PA
VYVGART INTRAVENOUS SOLUTION 20 MG/ML (***efgartigimod alfa-fcab***)	Tier 4	PA
Antimyasthenic Agent - Reversible Cholinesterase Inhibitors - Drugs for Nerves and Muscles		
pyridostigmine bromide oral syrup 60 mg/5 ml	Tier 1	
pyridostigmine bromide oral tablet 30 mg	Tier 1	
pyridostigmine bromide oral tablet 60 mg	Tier 1	
pyridostigmine bromide oral tablet extended release 180 mg	Tier 1	
Antimyasthenic Agents Other - Drugs for Nerves and Muscles		
FIRDAPSE ORAL TABLET 10 MG (***amifampridine phosphate***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML (***zilucoplan sodium***)	Tier 4	PA
Duchenne Muscular Dystrophy - Exon Skipping Antisense Oligonucleotide - Drugs for Nerves and Muscles		
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML (***casimersen***)	Tier 4	PA
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML (***eteplirsen***)	Tier 4	PA
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML (***viltolarsen***)	Tier 4	PA
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML (***golodirsen***)	Tier 4	PA
Duchenne Muscular Dystrophy - Histone Deacetylase (HDAC) Inhibitor - Drugs for Nerves and Muscles		
DUVYZAT ORAL SUSPENSION 8.86 MG/ML (***givinostat hydrochloride***)	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 (***palovarotene***)	Tier 4	PA
Friedreich Ataxia-Nuclear Factor Erythroid-rel.factor2(Nrf2) Activator - Drugs for Nerves and Muscles		
SKYCLARYS ORAL CAPSULE 50 MG (***omaveloxolone***)	Tier 4	PA
Musculoskeletal Therapy Agent - Viscosupplements - Drugs for Muscles, Ligaments, Tendons, and Bones		
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML (***hyaluronate sodium, stabilized***)	Tier 3	PA; QL (6 ML per 180 days)
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (***hyaluronate sodium***)	Tier 2	PA; QL (12 ML per 180 days)
GEL-ONE INTRA-ARTICULAR SYRINGE 30 MG/3 ML (***hyaluronate sod, cross-linked***)	Tier 3	PA; QL (6 ML per 180 days)
GELSYN-3 INTRA-ARTICULAR SYRINGE 16.8 MG/2 ML (***hyaluronate sodium***)	Tier 3	PA; QL (12 ML per 180 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENVISC 850 INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA; QL (25 ML per 180 days)
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA; QL (20 ML per 180 days)
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA; QL (20 ML per 180 days)
HYMOVIS INTRA-ARTICULAR SYRINGE 24 MG/3 ML (***hyaluronate sodium, modified, non-crosslinked***)	Tier 3	PA; QL (12 ML per 180 days)
HYMOVIS ONE INTRA-ARTICULAR SYRINGE 32 MG/4 ML (***hyaluronate sodium, modified, non-crosslinked***)	Tier 3	PA; QL (8 ML per 180 days)
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML (***hyaluronate sodium, stabilized***)	Tier 3	PA; QL (8 ML per 180 days)
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML (***hyaluronate sodium***)	Tier 3	PA; QL (16 ML per 180 days)
SUPARTZ FX INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA; QL (25 ML per 180 days)
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML (***hylan g-f 20***)	Tier 2	PA; QL (12 ML per 180 days)
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML (***hylan g-f 20***)	Tier 2	PA; QL (12 ML per 180 days)
TRILURON INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA; QL (12 ML per 180 days)
TRIVISC INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA; QL (15 ML per 180 days)
VISCO-3 INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	PA; QL (15 ML per 180 days)
Musculoskeletal Tx Agent-Joint Contracture Therapy, Collagenase Enzyme - Drugs for Muscles, Ligaments, Tendons, and Bones		
XIAFLEX INJECTION RECON SOLN 0.9 MG (***collagenase clostridium histolyticum***)	Tier 4	
Neuromuscular Blocker - Neurotoxins - Drugs for Nerves and Muscles		
BOTOX INJECTION RECON SOLN 100 UNIT (***onabotulinumtoxina***)	Tier 4	PA; QL (4 EA per 90 days)
BOTOX INJECTION RECON SOLN 200 UNIT (***onabotulinumtoxina***)	Tier 4	PA; QL (1 EA per 90 days)
DAXXIFY INTRAMUSCULAR RECON SOLN 100 UNIT (***daxibotulinumtoxina-lanm***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	Tier 4	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (***rimabotulinumtoxinb***)	Tier 4	PA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	Tier 4	PA
Neuromuscular Therapy Agents - Barth Syndrome - Drugs for Muscles, Ligaments, Tendons, and Bones		
FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML (***elamipretide hcl***)	Tier 4	PA; QL (3.5 ML per 7 days)
Skeletal Muscle Relaxant - Analgesic Salicylate Combinations - Drugs for Muscles, Ligaments, Tendons, and Bones		
carisoprodol-aspirin oral tablet 200-325 mg	Tier 1	
Skeletal Muscle Relaxant - Central Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
ATMEKSI ORAL SUSPENSION 750 MG/5 ML (***methocarbamol***)	Tier 3	PA; QL (54 ML per 1 day)
baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml	Tier 1	PA
baclofen oral tablet 10 mg, 20 mg	Tier 1	
baclofen oral tablet 5 mg	Tier 1	
carisoprodol oral tablet 250 mg, 350 mg	Tier 1	
chlorzoxazone oral tablet 500 mg	Tier 1	
cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg	Tier 1	
metaxalone oral tablet 400 mg, 800 mg	Tier 1	
methocarbamol oral tablet 500 mg, 750 mg	Tier 1	
orphenadrine citrate oral tablet extended release 100 mg	Tier 1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	Tier 1	
tizanidine oral tablet 2 mg, 4 mg	Tier 1	
Skeletal Muscle Relaxant - Direct Muscle Relaxants - Drugs for Muscles, Ligaments, Tendons, and Bones		
dantrolene oral capsule 100 mg, 25 mg, 50 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Spinal Muscular Atrophy - Exon Inclusion Antisense Oligonucleotide - Drugs for Nerves and Muscles		
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML, 28 MG/5 ML, 50 MG/5 ML (***nusinersen sodium/pf***)	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 (***risdiplam***)	Tier 4	PA
EVRYSDI ORAL TABLET 5 MG (***risdiplam***)	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" (***needles, blood collection***)	Tier 3	
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***)	Tier 3	
Medical Supplies and DME - Blood Glucose Tests - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
AGAMATRIX JAZZ TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AGAMATRIX PRESTO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ASSURE TITANIUM TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
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)
CARETOUCH TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY PLUS II TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY STEP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
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)
EASYGLUCO TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYMAX STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE PRO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE TALK TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
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)
EVOLUTION TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
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)
FORA 6 CONNECT GLUCOSE STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA G20 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA TN'G VOICE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD20 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GM100 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
IHEALTH GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
MOBI BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
OPTIUM EZ STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIP BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PLATINUM TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PREMIUM V10 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRODIGY NO CODING STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
QUINTET AC STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
REFUAH PLUS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION ULTIMA STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
SMARTEST TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOLUS V2 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TELCARE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TEST N'GO TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUENESS GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUETEST TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUETRACK TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRATRAK STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
UNISTRIP1 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP (***blood sugar diagnostic***)	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 (***cervical cap***)	$0	CT; EHB
Medical Supplies and DME - COVID Miscellaneous Testing Supplies - Medical Supplies and Durable Medical Equipment		
ADVIN COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BINAXNOW COVD AG CARD HOME TST KIT (***covid-19 antigen immunoassay test***)	$0	
BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***)	$0	
CARESTART COVID-19 AG HOME TST KIT (***covid-19 antigen immunoassay test***)	$0	
CLINITEST COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
CORDX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
FASTEP COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
GENABIO COVID-19 RAPID AT-HOME KIT (***covid-19 antigen immunoassay test***)	$0	
IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
INDICAID COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***)	$0	
ON-GO COVID-19 AG AT HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
PILOT COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***)	$0	
RAPID SARS-COV-2 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
SPEEDYSWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Diaphragms - Medical Supplies and Durable Medical Equipment		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	$0	CT; EHB
Medical Supplies and DME - Digital Therapeutics, Software - Medical Supplies and Durable Medical Equipment		
NATURAL CYCLES DIGITAL APP (***digital therapeutics,fertility monitor***)	$0	EHB
Medical Supplies and DME - Enteral Syringes - Medical Supplies and Durable Medical Equipment		
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	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, sterile***)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, sterile***)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, sterile***)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE CAP (***syringe cap, enfit,non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ENFIT SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***)	Tier 3	
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 3	
syringe cap, enfit,non-sterile	Tier 3	
syringe, enfit, non-sterile syringe 0.5 ml, 1 ml, 10 ml, 20 ml, 3 ml, 35 ml, 60 ml	Tier 3	
syringe, enfit, non-sterile syringe 5 ml	Tier 3	
syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml	Tier 3	
syringe, enfit, sterile syringe 10 ml	Tier 3	
syringe, enfit, sterile syringe 20 ml	Tier 3	
syringe, enfit, sterile syringe 5 ml	Tier 3	
Medical Supplies and DME - Female Condoms - Medical Supplies and Durable Medical Equipment		
FC2 FEMALE CONDOM (***condoms, female***)	$0	CT; EHB
Medical Supplies and DME - Glucose Monitoring Test Supplies - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***)	Tier 2	DD
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	Tier 2	DD
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ADVANCED TRAVEL LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
ADVANTAGE SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE (***lancets***)	Tier 2	DD
ALTERNATE SITE LANCET 26 GAUGE (***lancets***)	Tier 2	DD
ASSURE LANCE 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXCOM G7 15 DAY SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	ST; DD; QL (2 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
DROPSAFE MEDLANCE PLUS 30 GAUGE (***lancets***)	Tier 2	DD
EASY COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EASY COMFORT SAFETY LANCET 30 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
EZ SMART LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
FINGERSTIX LANCETS (***lancets***)	Tier 2	DD
FONDCIRCLE LANCET 30 GAUGE (***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)
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	Tier 2	ST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	Tier 2	ST; DD; QL (2 EA per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (***blood-glucose meter, receiver, continuous***)	Tier 2	ST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE UNISTIK 2 (***lancets***)	Tier 2	DD
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
GOJJI LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
GUARDIAN 4 GLUCOSE SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
GUARDIAN 4 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
GUARDIAN SENSOR 3 DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
INVACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
lancets , 26 gauge, 28 gauge, 30 gauge, 33 gauge	Tier 2	DD
LANCETS,THIN 28 GAUGE (***lancets***)	Tier 2	DD
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (***blade lancet, safety***)	Tier 2	DD
MICRO THIN LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
MICROLET LANCET (***lancets***)	Tier 2	DD
MICROLET NEXT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
MINIMED APP MANAGER (***blood-glucose meter, receiver, continuous***)	Tier 3	DD; QL (1 EA per 365 days)
MINIMED INSTINCT SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOBILE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
MONOLET LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
MONOLET THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
MYGLUCOHEALTH LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
NOVA SUREFLEX LANCETS (***lancets***)	Tier 2	DD
ON CALL LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ON-THE-GO LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
PURE COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PUSH BUTTON SAFETY LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
RELIAMED LANCET 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
SAFETY LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFETY-LET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
SENSILANCE 21 GAUGE, 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
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
SMARTEST LANCET (***lancets***)	Tier 2	DD
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***)	Tier 2	DD
SURE-TOUCH LANCET (***lancets***)	Tier 2	DD
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
THIN LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
TRUE COMFORT LANCET 30 GAUGE (***lancets***)	Tier 2	DD
TRUE-COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
TWIST LANCETS 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
ULTILET BASIC LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN II LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA TLC LANCETS (***lancets***)	Tier 2	DD
ULTRA-CARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***)	Tier 2	DD
UNILET GP LANCET (***lancets***)	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
UNILET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 2 EXTRA LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 2 NORMAL LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 DUAL LANCET 18 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNIVERSAL 1 LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
VIVAGUARD LANCET 30 GAUGE (***lancets***)	Tier 2	DD
VIVAGUARD SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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" (***pen needle, diabetic, safety***)	Tier 2	DD
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"	Tier 2	DD
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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 31 GAUGE X 15/64" (***syringe with needle,insulin,0.5 ml***)	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 (***syringe with needle,disposable,insulin 1 ml***)	Tier 2	DD
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
KIMONO LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO THIN LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN BARESKIN DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROJAN ULTRA RIBBED CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUE COVER CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
Medical Supplies and DME - Miscellaneous Other - Medical Supplies and Durable Medical Equipment		
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (***ocular implant with insertion tool for ranibizumab***)	Tier 4	
Medical Supplies and DME - Needles and Syringes - Medical Supplies and Durable Medical Equipment		
ALLERGIST TRAY 1/2 ML 27GX3/8" SYRINGE 1/2 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 0.5 ml***)	Tier 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" (***syringe with needle,disposable, 1 ml***)	Tier 3	
ALLERGIST TRAY REGULAR BEVEL SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	Tier 3	
ALLERGY SYRINGE SYRINGE 1 ML 27 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD ALLERGY SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 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 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD SAFETYGLIDE ALLERGIST TRAY SYRINGE 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

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 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 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	
EASY TOUCH UNI-SLIP SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
EASYPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8" (***needles, safety***)	Tier 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	
EXEL SYRINGE SYRINGE 50 ML (***syringe, disposable, 50 ml***)	Tier 3	
filter needles needle 18 gauge x 1 1/2"	Tier 3	
huber safety needles (disp.) needle 22 x 3/4 "	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 3	
MONOJECT 140CC PISTON SYRINGE SYRINGE (***syringe, disposable***)	Tier 3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (***syring w-needl 0.5 ml,kit-tray***)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***)	Tier 3	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 " (***needles, filter***)	Tier 3	
MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2" (***needles, filter***)	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" (***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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT LUER-LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***)	Tier 3	
MONOJECT MAGELLAN SAFETY SYRNG 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	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (***syringe with needle,disposable, 3 ml***)	Tier 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	
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	
needle (disp) 16 g needle 16 gauge x 1"	Tier 3	
needle (disp) 18 g needle 18 gauge x 1 1/2", 18 gauge x 1"	Tier 3	
needle (disp) 19 g needle 19 gauge x 1 1/2"	Tier 3	
needle (disp) 23 gauge needle 23 gauge x 1"	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
needle (disp) 27 gauge needle 27 gauge x 1 1/2", 27 gauge x 1/2"	Tier 3	
needles, huber disposable needle 22 x 1 "	Tier 3	
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (***needles, disposable***)	Tier 3	
NORM-JECT SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
NORM-JECT SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
NORM-JECT TUBERKULIN SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
PERFECT POINT SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***)	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" (***needles, disposable***)	Tier 3	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (***syringe,needle,safety 1 ml,self-contained disposal unit***)	Tier 3	
SAFESNAP SYRINGE SYRINGE 10 ML (***syringe, safety 10 ml, self-contained disposal unit***)	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" (***syringe,safety needle 10 ml and self-contained disposal unit***)	Tier 3	
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	

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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 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	
syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml	Tier 3	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (***syringe with needle,disposable, 3 ml***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
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"	Tier 3	
SYRINGE WITHOUT NEEDLE SYRINGE (***syringe, disposable***)	Tier 3	
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	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" (***syringe with needle,disposable, 5 ml***)	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" (***syringe with needle,disposable, 3 ml***)	Tier 3	
TERUMO SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 3	
TOOMEY SYRINGE SYRINGE 70 ML (***syringe, disposable irrigation, 70 ml***)	Tier 3	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 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	
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (***needles, disposable***)	Tier 3	
Medical Supplies and DME - Parenteral Therapy Supplies - Medical Supplies and Durable Medical Equipment		
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (***transfer device, closed system***)	Tier 3	
Medical Supplies and DME - Respiratory Therapy Supplies - Medical Supplies and Durable Medical Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER MECHANICAL VENT SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER MINI SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER MV SPACER (***inhaler, assist devices***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER (***inhaler,assist device with large mask***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER (***inhaler,assist device with small mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT LG MSK SPACER (***inhaler,assist device with large mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT MD MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT SM MSK SPACER (***inhaler,assist device with small mask***)	Tier 3	
AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (***inhaler, assist devices***)	Tier 3	
AEROCHAMBER2GO SPACER (***inhaler, assist devices***)	Tier 3	
AEROTRACH PLUS SPACER (***inhaler, assist devices***)	Tier 3	
AEROVENT PLUS SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER (***inhaler,assist device with large mask***)	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (***inhaler, assist devices***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHOICE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
COMFORTSEAL LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
COMFORTSEAL SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
EASIVENT MASK LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
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	
INSPIRACHAMBER SPACER (***inhaler, assist devices***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***)	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***)	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***)	Tier 3	
LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
MICROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
MICROSPACER SPACER (***inhaler, assist devices***)	Tier 3	
OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
POCKET CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
PRIMEAIRE SPACER (***inhaler, assist devices***)	Tier 3	
PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
PROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SILICONE MASK - INFANT DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
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	
THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***)	Tier 3	
VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
VORTEX VHC PEDIATRIC MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
Medical Supplies and DME - Subcutaneous Insulin Delivery Devices - Medical Supplies and Durable Medical Equipment		
CEQUR SIMPLICITY DEVICE 1 UNIT (240 UNIT), 2 UNIT (240 UNIT) (***subcutaneous bolus insulin patch pump, 240 unit, disposable***)	Tier 2	DD; QL (4 EA per 30 days)
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT) (***subcutaneous bolus insulin patch pump, 200 unit, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
ILET STARTER KIT CONTACT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 3	DD
ILET STARTER KIT-INSET KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 3	DD
MODD1 PATIENT WELCOME KIT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 3	PA; DD
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,l2/l3***)	Tier 2	DD
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/g7 with controller***)	Tier 2	DD; QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/g7***)	Tier 2	DD
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,l2/l3 with controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous infusion,bt and controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,bluetooth***)	Tier 2	DD
PIVOT INSULIN PUMP STARTER KIT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 3	PA; DD; QL (1 EA per 365 days)
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT (***insulin pump cartridge/insulin infusion set/syringe/needle***)	Tier 2	DD
TWIIST STARTER KIT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 2	DD; QL (1 EA per 365 days)
V-GO 20 DEVICE (***sub-q insulin delivery device, 20 unit,disposable***)	Tier 2	DD
V-GO 30 DEVICE (***sub-q insulin delivery device, 30 unit, disposable***)	Tier 2	DD
V-GO 40 DEVICE (***sub-q insulin delivery device, 40 unit, disposable***)	Tier 2	DD
Medical Supplies and DME - Subcutaneous Insulin Pump - Medical Supplies and Durable Medical Equipment		
ILET INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
MINIMED 780G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
MINIMED FLEX (***subcutaneous insulin pump***)	Tier 3	PA; DD
T:SLIM X2 CONTROL-IQ (***subcutaneous insulin pump***)	Tier 3	PA; DD
TANDEM MOBI SYSTEM (***subcutaneous insulin pump***)	Tier 3	PA; DD
TANDEM T:SLIM X2 STARTER KIT (***subcutaneous insulin pump***)	Tier 3	PA; DD
Medical Supplies and DME - Urine Glucose Tests - Medical Supplies and Durable Medical Equipment		
DIASTIX STRIP (***urine glucose test strip***)	Tier 3	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Medical Supplies and DME - Urine Glucose-Acetone Combination Tests - Medical Supplies and Durable Medical Equipment		
KETO-DIASTIX STRIP (***urine glucose-acet test strip***)	Tier 3	DD
Medical Supplies and DME - Urine Ketone Tests - Medical Supplies and Durable Medical Equipment		
CHEK-STIX CONTROL STRIP (***urine multiple test strips***)	Tier 3	
KETONE CARE STRIP (***urine acetone test strips***)	Tier 3	DD
KETONE URINE TEST STRIP (***urine acetone test strips***)	Tier 3	DD
KETOSTIX STRIP (***urine acetone test strips***)	Tier 3	DD
TRUEPLUS KETONE STRIP (***urine acetone test strips***)	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 % (***blood collection set/lidocaine/prilocaine***)	Tier 3	
LIDO BDK KIT 21 GAUGE X 1"- 2.5 %-2.5 % (***blood collection set/lidocaine/prilocaine***)	Tier 3	
Medical Supplies and DME-Glucose Monitoring and Insulin Admin Supplies - Medical Supplies and Durable Medical Equipment		
ILET INFUSION KIT-FLEX 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION KIT-INSET 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION KIT-INSET 32" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
MODD1 SUPPLY KIT COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	PA; DD
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	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) (***dextranomer microspheres/hyaluronate sod in 0.9 % sodium chl***)	Tier 4	
Medical Supply, FDB Superset		
Medical Supply, FDB Superset		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK FASTCLIX LANCET DRUM (***lancets***)	Tier 2	DD
ACCU-CHEK GUIDE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE (***lancets***)	Tier 2	DD
ACCU-CHEK SMARTVIEW TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	Tier 2	DD
ACCUTREND GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8" (***needles, disposable***)	Tier 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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML 27 GAUGE X 3/8" (***syringe with needle,disposable, 1 ml***)	Tier 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	
BINAXNOW COVD AG CARD HOME TST KIT (***covid-19 antigen immunoassay test***)	$0	
BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***)	$0	
BIONIME RIGHTEST TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLULINK BG SYSTEM REFILL KIT 32 GAUGE (***lancets with blood glucose test strips***)	Tier 3	ST; DD; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
blunt needle, disposable needle 18 x 1 1/2 ", 22 x 1 1/2 ", 23 x 1 "	Tier 3	
BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE SPACER-MASK, NEO. SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE SPACER-MASK,ADULT SPACER (***inhaler,assist device with large mask***)	Tier 3	
BREATHERITE SPACER-MASK,CHILD SPACER (***inhaler,assist device with medium mask***)	Tier 3	
BREATHERITE SPACER-MASK,INFANT SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE SPACER-MASK,S.CHLD SPACER (***inhaler,assist device with small mask***)	Tier 3	
BREATHERITE VALVED MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
BREATHERITE VALVED MDI SPACER SPACER (***inhaler, assist devices***)	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
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
BUTTERFLY TOUCH LANCET 30 GAUGE (***lancets***)	Tier 2	DD
CAREONE ULTRA THIN LANCET (***lancets***)	Tier 2	DD
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	
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	$0	CT; EHB
CEQUR SIMPLICITY DEVICE 1 UNIT (240 UNIT), 2 UNIT (240 UNIT) (***subcutaneous bolus insulin patch pump, 240 unit, disposable***)	Tier 2	DD; QL (4 EA per 30 days)
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT) (***subcutaneous bolus insulin patch pump, 200 unit, disposable***)	Tier 2	DD; QL (10 EA per 30 days)
CEQUR SIMPLICITY INSERTER (***diabetic supplies,miscell***)	Tier 2	DD; QL (1 EA per 365 days)
CHEK-STIX CONTROL STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 10 MD STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 10/SG STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 2 GP STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 50B STRIP (***urine multiple test strips***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHEMSTRIP 7 STRIP (***urine multiple test strips***)	Tier 3	
CHEMSTRIP 9 STRIP (***urine multiple test strips***)	Tier 3	
CHOICEDM CLARUS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CHOSEN LANCET 30 GAUGE (***lancets***)	Tier 2	DD
CHOSEN SAFETY LANCET 28 GAUGE (***lancets***)	Tier 2	DD
CLEVER CHEK LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
CLEVER CHOICE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
CLEVER CHOICE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
CLEVER CHOICE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
CLEVER CHOICE MICRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
CLINITEST COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
COAGUCHEK LANCETS (***lancets***)	Tier 2	DD
COMBISTIX REAGENT STRIP (***urine multiple test strips***)	Tier 3	
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE (***lancets***)	Tier 2	DD
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE (***lancets***)	Tier 2	DD
COMFORTSEAL LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
COMFORTSEAL MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMFORTSEAL SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
COMPACT SPACE CHAMBER-LRG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
COMPACT SPACE CHAMBER-MED MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
COMPACT SPACE CHAMBER-SM MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
CONTOUR NEXT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
CORDX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
DAVOL IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***)	Tier 3	
DAVOL PISTON IRRIGATION SYRINGE (***syringe disposable irrigation***)	Tier 3	
DEXCOM G6 RECEIVER (***blood-glucose meter, receiver, continuous***)	Tier 3	ST; DD; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	ST; DD; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	ST; DD; QL (1 EA per 90 days)
DEXCOM G7 15 DAY SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	ST; DD; QL (2 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)
DIASTIX STRIP (***urine glucose test strip***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIATRUE PLUS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
DOVER BULB SYRINGE SYRINGE 60 ML (***syringe disposable irrig,60 ml***)	Tier 3	
DROPLET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
DROPSAFE ACTI-LANCE 23 GAUGE (***lancets***)	Tier 2	DD
DROPSAFE MEDLANCE PLUS 30 GAUGE (***lancets***)	Tier 2	DD
DROPSAFE SICURA SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***)	Tier 3	
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
EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
EASIVENT MASK LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASIVENT MASK MEDIUM DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASIVENT MASK SMALL DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
EASY COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EASY COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY PLUS II TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY STEP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TALK PLUS II TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP STRIP (***blood sugar diagnostic***)	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" (***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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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 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 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
EASYGLUCO TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EASYMAX 15 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYMAX STRIP (***blood sugar diagnostic***)	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" (***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	
ELEMENT COMPACT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELEMENT TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
EMBRACE PRO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
EMBRACE TALK TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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)
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	
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	
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)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
FONDCIRCLE LANCET 30 GAUGE (***lancets***)	Tier 2	DD
FORA 6 CONNECT GLUCOSE STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA G20 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA V10 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD20 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
FORACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***)	Tier 2	ST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	Tier 2	ST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT (***flash glucose sensor***)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER (***blood-glucose meter, receiver, continuous***)	Tier 2	ST; DD; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***)	Tier 2	ST; DD; QL (2 EA per 28 days)
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE UNISTIK 2 (***lancets***)	Tier 2	DD
GE100 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GENABIO COVID-19 RAPID AT-HOME KIT (***covid-19 antigen immunoassay test***)	$0	
GLUCO NAVII TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
GM100 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
GOJJI LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
GUARDIAN 4 GLUCOSE SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
GUARDIAN 4 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
GUARDIAN LINK 3 TRANSMITTER DEVICE (***blood-glucose transmitter***)	Tier 3	PA; DD
GUARDIAN SENSOR 3 DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
HARMONY GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALTHPRO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
HEMA-COMBISTIX STRIP (***urine multiple test strips***)	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	
IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
IHEALTH GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ILET INFUSION KIT-FLEX 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION KIT-INSET 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION KIT-INSET 32" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INFUSION-CONTACT DTCH 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
ILET INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
ILET STARTER KIT CONTACT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 3	DD
ILET STARTER KIT-INSET KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 3	DD
INCONTROL SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
INCONTROL ULTRA THIN LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
INDICAID COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
INFINITY TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin lispro***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN (***insulin pen, reusable, bluetooth for use with insulin aspart***)	Tier 2	DD
INSPIRACHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
INSPIRACHAMBER WITH MASK-LARGE SPACER (***inhaler,assist device with large mask***)	Tier 3	
INSPIRACHAMBER WITH MASK-MED SPACER (***inhaler,assist device with medium mask***)	Tier 3	
INSPIRACHAMBER WITH MASK-SMALL SPACER (***inhaler,assist device with small mask***)	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" (***needles, safety***)	Tier 3	
INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
INTERLINK SYRINGE AND CANNULA SYRINGE 15 X 10 ML (***syringe with cannula, disposable, 10 ml***)	Tier 3	
INVACARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
IRRIGATION SYRINGE SYRINGE (***syringe disposable irrigation***)	Tier 3	
KETO-DIASTIX STRIP (***urine glucose-acet test strip***)	Tier 3	DD
KETONE CARE STRIP (***urine acetone test strips***)	Tier 3	DD
KETONE URINE TEST STRIP (***urine acetone test strips***)	Tier 3	DD
KETOSTIX STRIP (***urine acetone test strips***)	Tier 3	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KIMONO LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
KIMONO THIN LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
LABSTIX REAGENT STRIP (***urine multiple test strips***)	Tier 3	
lancets , 26 gauge, 28 gauge, 30 gauge, 33 gauge	Tier 2	DD
LANCETS,THIN 28 GAUGE (***lancets***)	Tier 2	DD
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	
LITE TOUCH-MEDIUM MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
LITETOUCH-LARGE MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LITETOUCH-SMALL MASK DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***)	$0	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
MAGELLAN TUBERCULIN SAFETY SYR SYRINGE 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 3	
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM (***blade lancet, safety***)	Tier 2	DD
MICRO BLOOD GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRO THIN LANCETS 33 GAUGE (***lancets***)	Tier 2	DD
MICROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICRODOT XTRA BLOOD GLUCOSE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
MICROLET LANCET (***lancets***)	Tier 2	DD
MICROLET NEXT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
MICROSPACER SPACER (***inhaler, assist devices***)	Tier 3	
MINIMED 780G INSULIN PUMP (***subcutaneous insulin pump***)	Tier 3	PA; DD
MINIMED APP MANAGER (***blood-glucose meter, receiver, continuous***)	Tier 3	DD; QL (1 EA per 365 days)
MINIMED FLEX (***subcutaneous insulin pump***)	Tier 3	PA; DD
MINIMED INSTINCT SENSOR DEVICE (***blood-glucose sensor***)	Tier 3	PA; DD
MOBI BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
MOBILE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MODD1 PATIENT WELCOME KIT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 3	PA; DD
MODD1 SUPPLY KIT COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	PA; DD
MONOJECT 140CC PISTON SYRINGE SYRINGE (***syringe, disposable***)	Tier 3	
MONOJECT 35CC SYRINGE CATH TIP SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
MONOJECT ALLERGY TRAY DETACH TRAY 1 ML 27 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 0.5 ML 28 X 1/2" (***syring w-needl 0.5 ml,kit-tray***)	Tier 3	
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2" (***syringe with needle 1 ml, disposable kit-tray***)	Tier 3	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1" (***needles, blood collection***)	Tier 3	
MONOJECT CONTROL SYRINGE LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, sterile***)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, sterile***)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, sterile***)	Tier 3	
MONOJECT ENFIT STERILE SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE CAP (***syringe cap, enfit,non-sterile***)	Tier 3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT ENFIT SYRINGE SYRINGE 1 ML (***syringe, enfit 1 ml, non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 35 ML (***syringe, enfit 35 ml, non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***)	Tier 3	
MONOJECT ENFIT SYRINGE SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 3	
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 " (***needles, filter***)	Tier 3	
MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2" (***needles, filter***)	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" (***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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT MAGELLAN SAFETY SYRNG SYRINGE 1 ML 23 GAUGE X 1", 1 ML 25 GAUGE X 1", 1 ML 25 GAUGE X 5/8" (***syringe,safety with needle,1 ml***)	Tier 3	
MONOJECT MAGELLAN SAFETY SYRNG 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	
MONOJECT REG TIP NON-STERILE SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
MONOJECT REG TIP NON-STERILE SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	
MONOJECT REGULAR LUER SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML (***syringe, disposable, 3 ml***)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML (***syringe, disposable, 12 ml***)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 12 ML 20 X 1 1/2", 12 ML 21X 1 1/2" (***syringe,safety with needle,12 ml***)	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" (***syringe,safety with needle,3 ml***)	Tier 3	
MONOJECT SAFETY SYRINGES SYRINGE 6 ML (***syringe with needle,disposable, 6 ml***)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 12 ML (***syringe with cannula,disposable 12 ml***)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 3 ML (***syringe with cannula, disposable, 3 ml***)	Tier 3	
MONOJECT SMARTIP CANNULA SYRINGE 6 ML (***syringe with cannula, disposable, 6 ml***)	Tier 3	
MONOJECT SYRINGE CATHETER SYRINGE 60 ML (***syringe, disposable, 60 ml***)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML (***syringe, disposable, 35 ml***)	Tier 3	
MONOJECT SYRINGE LUER LOK SYRINGE 6 ML (***syringe, disposable, 6 ml***)	Tier 3	
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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4" (***syringe with needle,disposable, 3 ml***)	Tier 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	
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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
NATURAL CYCLES DIGITAL APP (***digital therapeutics,fertility monitor***)	$0	EHB
needle (disp) 16 g needle 16 gauge x 1"	Tier 3	
needle (disp) 18 g needle 18 gauge x 1 1/2", 18 gauge x 1"	Tier 3	
needle (disp) 19 g needle 19 gauge x 1 1/2"	Tier 3	
needle (disp) 23 gauge needle 23 gauge x 1"	Tier 3	
needle (disp) 27 gauge needle 27 gauge x 1 1/2", 27 gauge x 1/2"	Tier 3	
needles, huber disposable needle 22 x 1 "	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 12 ML (***syringe, enfit 12 ml, non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 3 ML (***syringe, enfit 3 ml,non-sterile***)	Tier 3	
NEOMED ENFIT SYRINGE SYRINGE 6 ML (***syringe, enfit 6 ml, non-sterile***)	Tier 3	
NEUTEK 2TEK TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1" (***needles, disposable***)	Tier 3	
NORM-JECT SYRINGE 10 ML (***syringe, disposable, 10 ml***)	Tier 3	
NORM-JECT SYRINGE 20 ML (***syringe, disposable, 20 ml***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORM-JECT TUBERKULIN SYRINGE 1 ML (***syringe, disposable, 1 ml***)	Tier 3	
NOVA MAX GLUCOSE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
NOVA SUREFLEX LANCETS (***lancets***)	Tier 2	DD
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,l2/l3***)	Tier 2	DD
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,g6/g7 with controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,subcut automated dosing,bt,g6/g7***)	Tier 2	DD
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE (***insulin pump cart,automated dosing,bt,l2/l3 with controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous infusion,bt and controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) (***insulin pump controller***)	Tier 2	DD; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge,continuous subcut infusion,bluetooth***)	Tier 2	DD
ON CALL EXPRESS TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON CALL LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH DELICA SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH ULTRA TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE (***lancets***)	Tier 2	DD
ONETOUCH VERIO TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
ON-GO COVID-19 AG AT HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
ON-THE-GO LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***)	Tier 3	
OPTICHAMBER DIAMOND LG MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***)	Tier 3	
OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***)	Tier 3	
OPTIUM EZ STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
PERFECT POINT SAFETY NEEDLE NEEDLE 25 GAUGE X 1" (***needles, safety***)	Tier 3	
PFLEX INSPIRATORY TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
PHARMACIST CHOICE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM (***transfer device, closed system***)	Tier 3	
PILOT COVID-19 AT-HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
PIP BLOOD GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PIP LANCET 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
PISTON SYRINGE WITH ENFIT SYRINGE 60 ML (***syringe, enfit 60 ml, non-sterile***)	Tier 3	
PIVOT INSULIN PUMP STARTER KIT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 3	PA; DD; QL (1 EA per 365 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLATINUM TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
POCKET CHAMBER SPACER (***inhaler, assist devices***)	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" (***needles, disposable***)	Tier 3	
PRECISION POINT OF CARE TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP (***blood sugar diagnostic***)	Tier 2	DD; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PREMIUM V10 STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRIMEAIRE SPACER (***inhaler, assist devices***)	Tier 3	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE (***lancets***)	Tier 2	DD
PRO COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
PRO VOICE V8-V9 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PROCARE SPACER WITH ADULT MASK SPACER (***inhaler,assist device with large mask***)	Tier 3	
PROCARE SPACER WITH CHILD MASK SPACER (***inhaler,assist device with medium mask***)	Tier 3	
PROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
PRODIGY NO CODING STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
PRODIGY TWIST TOP LANCET 28 GAUGE (***lancets***)	Tier 2	DD
PURE COMFORT LANCETS 30 GAUGE (***lancets***)	Tier 2	DD

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURE COMFORT SAFETY LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
PUSH BUTTON SAFETY LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***)	$0	
QUINTET AC STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RAPID SARS-COV-2 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	$0	
REFUAH PLUS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELIAMED LANCET 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
RELION CONFIRM-MICRO STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RELION ULTIMA STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GL300 LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
RIGHTEST GS550 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***)	Tier 3	
SAFESNAP SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" (***syringe,needle,safety 1 ml,self-contained disposal unit***)	Tier 3	
SAFESNAP SYRINGE SYRINGE 10 ML (***syringe, safety 10 ml, self-contained disposal unit***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAFESNAP SYRINGE SYRINGE 10 ML 20 GAUGE X 1 1/2", 10 ML 20 GAUGE X 1", 10 ML 21 GAUGE X 1 1/2", 10 ML 21 GAUGE X 1", 10 ML 22 GAUGE X 1 1/2", 10 ML 22 GAUGE X 1" (***syringe,safety needle 10 ml and self-contained disposal unit***)	Tier 3	
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 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
SENSILANCE 21 GAUGE, 26 GAUGE, 28 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 TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
SMARTEST LANCET (***lancets***)	Tier 2	DD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
STERILANCE TL 30 GAUGE, 32 GAUGE (***lancets***)	Tier 2	DD
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE , 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
SURE-LANCE ULTRA THIN 30 GAUGE (***lancets***)	Tier 2	DD
SURE-TEST EASYPLUS MINI STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
SURE-TOUCH LANCET (***lancets***)	Tier 2	DD
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2" (***needles, safety***)	Tier 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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
SUSVIMO IMPLANT AND INS. TOOL INTRAVITREAL IMPLANT (***ocular implant with insertion tool for ranibizumab***)	Tier 4	
syringe (disposable) syringe 10 ml, 20 ml, 3 ml, 30 ml, 5 ml	Tier 3	
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4" (***syringe with needle,disposable, 3 ml***)	Tier 3	
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1" (***syringe with needle,disposable, 3 ml***)	Tier 3	
syringe cap, enfit,non-sterile	Tier 3	
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"	Tier 3	
SYRINGE WITHOUT NEEDLE SYRINGE (***syringe, disposable***)	Tier 3	
syringe, enfit, non-sterile syringe 0.5 ml, 1 ml, 10 ml, 20 ml, 3 ml, 35 ml, 60 ml	Tier 3	
syringe, enfit, non-sterile syringe 5 ml	Tier 3	
syringe, enfit, sterile syringe 1 ml, 3 ml, 35 ml, 60 ml	Tier 3	
syringe, enfit, sterile syringe 10 ml	Tier 3	
syringe, enfit, sterile syringe 20 ml	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
syringe, enfit, sterile syringe 5 ml	Tier 3	
T:SLIM X2 CONTROL-IQ (***subcutaneous insulin pump***)	Tier 3	PA; DD
TANDEM MOBI AUTOSOFT 30 KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KIT 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT XC KT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFT30 14PK 23 COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFTXC 14PK 23 COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI AUTOSOFTXC 14PK 5" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM MOBI SYSTEM (***subcutaneous insulin pump***)	Tier 3	PA; DD
TANDEM MOBI TRUSTEEL KIT 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM ASFT 30 PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM ASFT 30 PK14 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM ASFT XC PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM ASFT XC PK14 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM TRUSTL PK10 23" COMBO PACK (***infusion set for insulin pump/insulin pump cartridge***)	Tier 3	DD
TANDEM T:SLIM X2 STARTER KIT (***subcutaneous insulin pump***)	Tier 3	PA; DD
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
TELCARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
TELCARE TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TERUMO ALLERGY SYRINGE SYRINGE 1 ML 27 X 1/2" (***syringe with needle,disposable, 1 ml***)	Tier 3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TERUMO HYPODERMIC NEEDLE/SYRIN SYRINGE 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" (***syringe with needle,disposable, 5 ml***)	Tier 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" (***syringe with needle,disposable, 3 ml***)	Tier 3	
TERUMO SYRINGE SYRINGE 30 ML (***syringe, disposable, 30 ml***)	Tier 3	
TEST N'GO TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
THIN LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
THRESHOLD IMT TRAINER DEVICE (***spirometers and accessories***)	Tier 3	
THRESHOLD PEP DEVICE DEVICE (***spirometers and accessories***)	Tier 3	
TOOMEY SYRINGE SYRINGE 70 ML (***syringe, disposable irrigation, 70 ml***)	Tier 3	
TROJAN BARESKIN DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TROJAN ULTRA RIBBED CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUE COMFORT LANCET 30 GAUGE (***lancets***)	Tier 2	DD
TRUE COVER CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUE METRIX GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUE-COMFORT SAFETY LANCET 30 GAUGE (***lancets***)	Tier 2	DD
TRUENESS GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUEPLUS KETONE STRIP (***urine acetone test strips***)	Tier 3	DD
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
TRUETEST TEST STRIPS STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUETRACK TEST STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	$0	CT; EHB
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	$0	CT; EHB
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	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT (***insulin pump cartridge/insulin infusion set/syringe/needle***)	Tier 2	DD
TWIIST STARTER KIT KIT (***insulin pump/insulin cartridge/infusion set/syringe/needle***)	Tier 2	DD; QL (1 EA per 365 days)
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	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE TB SAFETY SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2" (***syringe,safety with needle,1 ml***)	Tier 3	
ULTILET BASIC LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
ULTILET SAFETY LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
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 TLC LANCETS (***lancets***)	Tier 2	DD
ULTRA-CARE LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin 0.3 ml (half unit mark)***)	Tier 2	DD
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (***syringe with needle,insulin,0.3 ml***)	Tier 2	DD
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
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
ULTRA-THIN II LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
ULTRATRAK STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRATRAK ULTIMATE STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
UNIFINE PENTIPS NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	Tier 2	DD
UNILET COMFORTOUCH LANCET , 26 GAUGE (***lancets***)	Tier 2	DD
UNILET GP LANCET (***lancets***)	Tier 2	DD
UNILET LANCET 28 GAUGE, 33 GAUGE (***lancets***)	Tier 2	DD
UNILET LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNILET SUPER THIN LANCETS 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 2 EXTRA LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 2 NORMAL LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 COMFORT LANCET 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 DUAL LANCET 18 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 EXTRA LANCET 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 GENTLE 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK 3 NORMAL LANCET 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK COMFORT LANCETS 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK EXTRA LANCETS 21 GAUGE (***lancets***)	Tier 2	DD
UNISTIK NORMAL LANCETS 23 GAUGE (***lancets***)	Tier 2	DD
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE (***lancets***)	Tier 2	DD
UNISTIK SAFETY 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE (***lancets***)	Tier 2	DD
UNISTRIP1 TEST STRIP STRIP (***blood sugar diagnostic***)	Tier 3	ST; DD; QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS 26 GAUGE (***lancets***)	Tier 2	DD
URISTIX 4 STRIP (***urine multiple test strips***)	Tier 3	
URISTIX REAGENT STRIP (***urine multiple test strips***)	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	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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	
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	
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4" (***needles, disposable***)	Tier 3	
Metabolic Disease Enzyme Replacement Agents - Drugs for Metabolic Disease		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Drugs to Treat Neuronal Ceroid Lipofuscinosis type 2 (CLN2) - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (***cerliponase alfa***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Acid Sphingomyelinase Deficiency - Drugs for Metabolic Disease		
XENPOZYME INTRAVENOUS RECON SOLN 20 MG, 4 MG (***olipudase alfa-rpcp***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Alpha-Mannosidosis - Drugs for Metabolic Disease		
LAMZEDE INTRAVENOUS RECON SOLN 10 MG (***velmanase alfa-tycv***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Arginase Deficiency - Drugs for Metabolic Disease		
LOARGYS INJECTION SOLUTION 5 MG/ML (***pegzilarginase-nbln***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Batten Disease - Drugs for Metabolic Disease		
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2) (***cerliponase alfa***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Fabry's Disease - Drugs for Metabolic Disease		
ELFABRIO INTRAVENOUS SOLUTION 2 MG/ML (***pegunigalsidase alfa-iwxj***)	Tier 4	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG (***agalsidase beta***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Gaucher's Disease - Drugs for Metabolic Disease		
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT (***imiglucerase***)	Tier 4	PA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT (***taliglucerase alfa***)	Tier 4	PA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT (***velaglucerase alfa***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Hypophosphatasia - Drugs for Metabolic Disease		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (***asfotase alfa***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Lysosomal Acid Lipase Deficiency - Drugs for Metabolic Disease		
KANUMA INTRAVENOUS SOLUTION 2 MG/ML (***sebelipase alfa***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Molybdenum Cofactor Deficiency - Drugs for Metabolic Disease		
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG (***fosdenopterin hydrobromide***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Mucopolysaccharidosis - Drugs for Metabolic Disease		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (***laronidase***)	Tier 4	
AVLAYAH INTRAVENOUS RECON SOLN 150 MG (***tividenofusp alfa-eknm***)	Tier 4	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML (***idursulfase***)	Tier 4	
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML (***vestronidase alfa-vjbk***)	Tier 4	PA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML (***galsulfase***)	Tier 4	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML) (***elosulfase alfa***)	Tier 4	PA
Metabolic Disease Enzyme Replacement, Pompe Disease - Drugs for Metabolic Disease		
LUMIZYME INTRAVENOUS RECON SOLN 50 MG (***alglucosidase alfa***)	Tier 4	PA
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG (***avalglucosidase alfa-ngpt***)	Tier 4	PA
POMBILITI INTRAVENOUS RECON SOLN 105 MG (***cipaglucosidase alfa-atga***)	Tier 4	PA
Metabolic Dx Enzyme Replacement, Severe Combined Immune Deficiency - Drugs for Metabolic Disease		

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

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 (***leniolisib phosphate***)	Tier 4	PA
VIJOICE ORAL GRANULES IN PACKET 50 MG (***alpelisib***)	Tier 4	PA; OCH
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG (***alpelisib***)	Tier 4	PA; OCH
Metabolic Modifier - Pompe Disease - GCS inhibitor - Drugs that Alter Metabolism		
OPFOLDA ORAL CAPSULE 65 MG (***miglustat***)	Tier 4	PA
Metabolic Modifier - Tyrosine Metabolism Disorder Agents - Drugs that Alter Metabolism		
HARLIKU ORAL TABLET 2 MG (***nitisinone***)	Tier 4	PA
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 4	PA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (***nitisinone***)	Tier 4	PA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (***nitisinone***)	Tier 4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (***nitisinone***)	Tier 4	PA
Metabolic Modifier - Urea Cycle Disorder Agents-Conjugating agents - Drugs that Alter Metabolism		
glycerol phenylbutyrate oral liquid 1.1 gram/ml	Tier 4	PA
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM (***sodium phenylbutyrate***)	Tier 4	PA
PHEBURANE ORAL GRANULES 483 MG/GRAM (***sodium phenylbutyrate***)	Tier 4	PA
RAVICTI ORAL LIQUID 1.1 GRAM/ML (***glycerol phenylbutyrate***)	Tier 4	PA
sodium phenylbutyrate oral powder 0.94 gram/gram	Tier 4	PA
sodium phenylbutyrate oral tablet 500 mg	Tier 4	PA
Metabolic Modifier-Carbamoyl Phosphate Synthetase 1 (CPS 1) activator - Drugs that Alter Metabolism		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (***carglumic acid***)	Tier 4	PA
carglumic acid oral tablet, dispersible 200 mg	Tier 4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Pharmacological Chaperone Tx - alpha-galactosidase A enzyme stabilizer - Drugs that Alter Metabolism		
GALAFOLD ORAL CAPSULE 123 MG (***migalastat hcl***)	Tier 4	PA
Phenylketonuria(PKU) Tx Agents - Cofactor of Phenylalanine Hydroxylase - Drugs that Alter Metabolism		
sapropterin dihydrochloride (Javygtor Oral Powder In Packet 100 Mg, 500 Mg)	Tier 4	
sapropterin dihydrochloride (Javygtor Oral Tablet,Soluble 100 Mg)	Tier 4	
sapropterin oral powder in packet 100 mg, 500 mg	Tier 4	
sapropterin oral tablet,soluble 100 mg	Tier 4	
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG (***sepiapterin***)	Tier 4	PA
sapropterin dihydrochloride (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 (***pegvaliase-pqpz***)	Tier 4	PA
Progeria Syndrome Treatment Agents - Farnyltransferase Inhibitor - Drugs that Alter Metabolism		
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (***lonafarnib***)	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 % (***fluoride (sodium)***)	Tier 3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	Tier 1	
DENTAGEL DENTAL GEL 1.1 % (***fluoride (sodium)***)	Tier 1	
fluoride (sodium) dental cream 1.1 %	Tier 1	
fluoride (sodium) dental gel 1.1 %	Tier 1	
fluoride (sodium) dental paste 1.1 %	Tier 1	
fluoride (sodium) dental solution 0.2 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	$0	EHB; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	$0	EHB; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	Tier 3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (***sodium fluoride/potassium nitrate***)	Tier 3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 3	
SF 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	
SF DENTAL GEL 1.1 % (***fluoride (sodium)***)	Tier 1	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 % (***fluoride (sodium)***)	Tier 1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	Tier 1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	Tier 1	
Mouth and Throat - Antifungals - Drugs for the Mouth and Throat		
clotrimazole mucous membrane troche 10 mg	Tier 1	
nystatin oral suspension 100,000 unit/ml	Tier 1	
Mouth and Throat - Anti-infective Mixtures - Drugs for the Mouth and Throat		
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (***sulfuric acid/sulfonated phenol***)	Tier 3	
Mouth and Throat - Antiseptics - Drugs for the Mouth and Throat		
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	Tier 1	
chlorhexidine gluconate (Periogard Mucous Membrane Mouthwash 0.12 %)	Tier 1	
Mouth and Throat - Artificial Saliva - Drugs for the Mouth and Throat		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUMOISYN MUCOUS MEMBRANE LIQUID (***flaxseed***)	Tier 3	
NUMOISYN MUCOUS MEMBRANE LOZENGE 0.3 GRAM (***sorbitol/saliva stimulant comb no. 1/malic acid/calcium phos***)	Tier 3	
Mouth and Throat - Glucocorticoids - Drugs for the Mouth and Throat		
triamcinolone acetonide (Oralone Dental Paste 0.1 %)	Tier 1	
triamcinolone acetonide dental paste 0.1 %	Tier 1	
Mouth and Throat - Local Anesthetic Amides - Drugs for the Mouth and Throat		
lidocaine hcl mucous membrane jelly 2 %	Tier 1	
lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)	Tier 1	
Mouth and Throat - Mucositis-Stomatitis Agents - Drugs for the Mouth and Throat		
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (***potassium sorbate/maltodextrin/aloe vera/mann ps***)	Tier 3	
Mouth and Throat - Saliva Stimulants - Drugs for the Mouth and Throat		
cevimeline oral capsule 30 mg	Tier 1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	
Periodontal Product - Tetracycline-Type, Collagenase Inhibitors - Drugs for the Mouth and Throat		
doxycycline hyclate oral tablet 20 mg	Tier 1	
Therapy for Drooling- primary or secondary sialorrhea-Anticholinergic - Drugs for the Mouth and Throat		
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	Tier 1	
Multiple Sclerosis Agents - Drugs for the Nervous System		
Leukocyte adhesion inhibitors, alpha4-mediated, IgG4k mc antibody - Drugs for Multiple Sclerosis		
TYRUKO INTRAVENOUS SOLUTION 300 MG/15 ML (***natalizumab-sztn***)	Tier 4	PA
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML (***natalizumab***)	Tier 4	PA
Multiple Sclerosis Agent - CD20 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML (***ublituximab-xiiy***)	Tier 4	PA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML (***ofatumumab***)	Tier 4	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML (***ocrelizumab***)	Tier 4	PA
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML (***ocrelizumab-hyaluronidase-ocsq***)	Tier 4	PA
Multiple Sclerosis Agent - CD52 Specific Monoclonal Antibody - Drugs for Multiple Sclerosis		
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML (***alemtuzumab***)	Tier 4	PA
Multiple Sclerosis Agent - Interferons - Drugs for Multiple Sclerosis		
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 4	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (***interferon beta-1a***)	Tier 4	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	Tier 4	PA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	Tier 4	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (***interferon beta-1a/albumin human***)	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) (***interferon beta-1a/albumin human***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***)	Tier 4	PA
Multiple Sclerosis Agent - Others - Drugs for Multiple Sclerosis		
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG (***monomethyl fumarate***)	Tier 4	PA
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	Tier 4	PA
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	Tier 4	PA
glatiramer acetate (Glatopa Subcutaneous Syringe 20 Mg/Ml, 40 Mg/Ml)	Tier 4	PA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG (***diroximel fumarate***)	Tier 4	PA
Multiple Sclerosis Agent - Potassium Channel Blocker - Drugs for Multiple Sclerosis		
dalfampridine oral tablet extended release 12 hr 10 mg	Tier 4	PA
Multiple Sclerosis Agent - Purine Nucleoside Analogs - Drugs for Multiple Sclerosis		
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	Tier 4	PA
Multiple Sclerosis Agent - Pyrimidine Synthesis Inhibitors - Drugs for Multiple Sclerosis		
teriflunomide oral tablet 14 mg, 7 mg	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Multiple Sclerosis Agent - Sphingosine 1-phosphate receptor modulator - Drugs for Multiple Sclerosis		
fingolimod oral capsule 0.5 mg	Tier 4	PA
GILENYA ORAL CAPSULE 0.25 MG (***fingolimod hcl***)	Tier 4	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (***siponimod***)	Tier 4	PA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) (***siponimod***)	Tier 4	PA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) (***siponimod***)	Tier 4	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) (***ponesimod***)	Tier 4	PA
PONVORY ORAL TABLET 20 MG (***ponesimod***)	Tier 4	PA
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG (***fingolimod lauryl sulfate***)	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
Ophthalmic Agents - Drugs for the Eye		
Artificial Tears and Lubricant Single Agents - Drugs for the Eye		
KLARITY (CHONDROITIN) (PF) OPHTHALMIC (EYE) DROPS 0.25 % (***chondroitin sulfate a sodium/pf***)	Tier 3	
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % (***perfluorohexyloctane/pf***)	Tier 2	
Bispecific VEGF-A and Angiopoietin-2 (Ang-2) Inhibitors - Drugs for Cancer		
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML (***faricimab-svoa***)	Tier 4	PA
VABYSMO INTRAVITREAL SYRINGE 6 MG/0.05 ML (***faricimab-svoa***)	Tier 4	PA
Miotics - Cholinesterase Inhibitors - Drugs for Glaucoma		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (***echothiophate iodide***)	Tier 4	
Miotics - Direct Acting - Drugs for Glaucoma		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	Tier 1	
Mydriatic and Cycloplegic Combinations - Drugs for the Eye		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (***cyclopentolate hcl/phenylephrine hcl***)	Tier 3	
cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %	Tier 1	
cyclopent-tropic-phen-ketr-wat ophthalmic (eye) drops 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %	Tier 1	
cyclop-trop-propa-phen-ket-wat ophthalmic (eye) drops 1 %-1 %-0.1 %- 2.5 %-0.4 %	Tier 1	
MYDCOMBI OPHTHALMIC (EYE) CARTRIDGE 2.5-1 % (***phenylephrine hcl/tropicamide***)	Tier 3	
phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %	Tier 1	
Ophth - Beta Blocker-Adrenerg-Carbonic Anhyd Inh-Prostaglandin Analog - Drugs for Glaucoma		
timol-brimon-dorzol-bimato(pf) ophthalmic (eye) drops 0.5 %-0.15 %- 2 %-0.01 %	Tier 1	
timolol-brimon-dorzol-bimatop ophthalmic (eye) drops 0.5-0.1-2-0.01 %	Tier 1	
timolol-brimonidine-dorzolamid ophthalmic (eye) drops 0.5-0.1-2 %	Tier 1	
Ophthalmic - Adrenergic Receptor Agonist - Drugs for the Eye		
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % (***oxymetazoline hcl/pf***)	Tier 3	PA
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
brimonidine-dorzolamide (pf) ophthalmic (eye) drops 0.15-2 %	Tier 1	
brimonidine-dorzolamide ophthalmic (eye) drops 0.1-2 %	Tier 1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (***brinzolamide/brimonidine tartrate***)	Tier 2	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Adrenergic-Carbonic Anhydrase Inhib-Prostaglandin Analog - Drugs for the Eye		
brimonidine-dorzol-bimatoprost ophthalmic (eye) drops 0.1-2-0.01 %	Tier 1	
Ophthalmic - Agents for Presbyopia - Drugs for the Eye		
pilocarpine hcl ophthalmic (eye) drops 1.25 %	Tier 1	QL (10 ML per 30 days)
QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 % (***pilocarpine hcl***)	Tier 3	ST; QL (2 EA per 1 day)
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 % (***aceclidine hcl***)	Tier 3	ST; QL (1 EA per 1 day)
YUVEZZI OPHTHALMIC (EYE) DROPPERETTE 2.75-0.1 % (***carbachol/brimonidine tartrate***)	Tier 3	ST; QL (1 EA per 1 day)
Ophthalmic - Antibacterial-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % (***sulfacetamide sodium/prednisolone acetate***)	Tier 2	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	Tier 1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	Tier 1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	Tier 1	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % (***gentamicin sulfate/prednisolone acetate***)	Tier 3	
prednisolone sod ph-moxiflox ophthalmic (eye) drops 1-0.5 %	Tier 1	
prednisolone-moxifloxacin hcl ophthalmic (eye) drops,suspension 1-0.5 %	Tier 1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	Tier 1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (***tobramycin/dexamethasone***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (***tobramycin/dexamethasone***)	Tier 3	ST
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	Tier 1	
tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %	Tier 1	
Ophthalmic - Antibacterial-Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
prednisoln sp-moxiflox-bromfen ophthalmic (eye) drops 1-0.5-0.075 %	Tier 1	
prednisolone-moxiflo-nepafenac ophthalmic (eye) drops,suspension 1-0.5-0.1 %	Tier 1	
prednisolone-moxiflox-bromfen ophthalmic (eye) drops,suspension 1-0.5-0.075 %	Tier 1	
prednisolon-moxiflox-ketorolac ophthalmic (eye) drops 1-0.5-0.5 %	Tier 1	
Ophthalmic - Antibacterial-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
moxifloxacin-bromfenac ophthalmic (eye) drops 0.5-0.075 %	Tier 1	
Ophthalmic Antibiotic - Vancomycin and Derivatives - Anti-Infective/Anti-Inflammatories		
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	Tier 1	
vancomycin in water ophthalmic (eye) drops 2.5 %	Tier 1	
Ophthalmic - Anticholinergics - Drugs for the Eye		
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %	Tier 1	
atropine ophthalmic (eye) drops 1 %	Tier 1	
atropine sulfate (pf) ophthalmic (eye) dropperette 1 %	Tier 1	
cyclopentolate hcl (Cyclogyl Ophthalmic (Eye) Drops 0.5 %)	Tier 3	
cyclopentolate ophthalmic (eye) drops 1 %	Tier 1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (***homatropine hbr***)	Tier 1	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Antifibrotic Agents - Drugs for the Eye		
mitomycin (pf) in water ophthalmic (eye) syringe 0.2 mg/ml, 0.4 mg/ml	Tier 4	
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (***mitomycin***)	Tier 3	
Ophthalmic - Antihistamines - Drugs for Itchy Eye		
azelastine ophthalmic (eye) drops 0.05 %	Tier 1	QL (12 ML per 30 days)
bepotastine besilate ophthalmic (eye) drops 1.5 %	Tier 1	ST; QL (10 ML per 30 days)
epinastine ophthalmic (eye) drops 0.05 %	Tier 1	QL (10 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	Tier 1	
olopatadine ophthalmic (eye) drops 0.2 %	Tier 1	QL (3 ML per 30 days)
Ophthalmic - Anti-Inflammatory, Glucocorticoids - Anti-Infective/Anti-Inflammatories		
clobetasol ophthalmic (eye) drops,suspension 0.05 %	Tier 1	ST; QL (3.5 ML per 14 days)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	Tier 1	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (***dexamethasone***)	Tier 3	
difluprednate ophthalmic (eye) drops 0.05 %	Tier 1	QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***loteprednol etabonate***)	Tier 2	QL (8.3 ML per 14 days)
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***fluorometholone acetate***)	Tier 3	ST; QL (15 ML per 14 days)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	Tier 1	QL (10 ML per 14 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***fluorometholone***)	Tier 3	ST; QL (10 ML per 14 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***loteprednol etabonate***)	Tier 3	ST; QL (5.6 ML per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (***loteprednol etabonate***)	Tier 2	QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (***loteprednol etabonate***)	Tier 2	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	Tier 1	QL (10 GM per 14 days)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	Tier 1	ST; QL (10 ML per 14 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	Tier 1	QL (20 ML per 14 days)
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***dexamethasone***)	Tier 3	ST; QL (25 ML per 14 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (***prednisolone acetate***)	Tier 3	ST; QL (20 ML per 14 days)
prednisolone acetate (pf) ophthalmic (eye) drops,suspension 1 %	Tier 1	QL (20 ML per 14 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	Tier 1	QL (20 ML per 14 days)
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	Tier 1	QL (20 ML per 14 days)
XIPERE (PF) SUPRACHOROIDAL SUSPENSION 40 MG/ML (***triamcinolone acetonide/pf***)	Tier 4	
Ophthalmic - Anti-Inflammatory, Immunomodulators - Anti-Infective/Anti-Inflammatories		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (***cyclosporine***)	Tier 3	ST; QL (60 EA per 30 days)
cyclosporine ophthalmic (eye) dropperette 0.05 %	Tier 1	QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (***cyclosporine***)	Tier 3	ST; QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (***cyclosporine***)	Tier 1	QL (60 EA per 30 days)
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 % (***cyclosporine***)	Tier 3	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 % (***cyclosporine***)	Tier 3	PA
Ophthalmic - Anti-inflammatory, LFA-1 antagonists - Anti-Infective/Anti-Inflammatories		
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (***lifitegrast***)	Tier 2	QL (60 EA per 30 days)
Ophthalmic - Anti-inflammatory, NSAIDs - Anti-Infective/Anti-Inflammatories		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (***ketorolac tromethamine/pf***)	Tier 3	ST; QL (60 EA per 15 days)
bromfenac ophthalmic (eye) drops 0.07 %	Tier 1	ST; QL (3 ML per 16 days)
bromfenac ophthalmic (eye) drops 0.075 %	Tier 1	ST; QL (5 ML per 16 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bromfenac ophthalmic (eye) drops 0.09 %	Tier 1	ST; QL (3.4 ML per 16 days)
diclofenac sodium ophthalmic (eye) drops 0.1 %	Tier 1	QL (10 ML per 14 days)
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	Tier 1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (***nepafenac***)	Tier 2	QL (3.4 ML per 16 days)
ketorolac ophthalmic (eye) drops 0.4 %	Tier 1	
ketorolac ophthalmic (eye) drops 0.5 %	Tier 1	QL (20 ML per 30 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***nepafenac***)	Tier 3	ST; QL (9 ML per 16 days)
Ophthalmic - Beta blocker-Adrenergic-Carbonic Anhydrase Inhibitor Comb - Drugs for Glaucoma		
timolol-brimonidi-dorzolam(pf) ophthalmic (eye) drops 0.5-0.15-2 %	Tier 1	
Ophthalmic - Beta Blocker-Carbonic Anhydrase Inh-Prostaglandin Analog - Drugs for Glaucoma		
timolol-dorzolam-bimatopro(pf) ophthalmic (eye) drops 0.5-2-0.01 %	Tier 1	
timolol-dorzolamide-bimatopros ophthalmic (eye) drops 0.5-2-0.01 %	Tier 1	
Ophthalmic - Beta blockers-Adrenergic Combinations - Drugs for Glaucoma		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	Tier 1	
Ophthalmic - Beta blockers-Carbonic Anhydrase Inhibitor Combinations - Drugs for Glaucoma		
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	Tier 1	ST; QL (2 EA per 1 day)
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	Tier 1	
Ophthalmic - Beta blockers-Prostaglandin Analog Combinations - Drugs for Glaucoma		
timolol-bimatoprost ophthalmic (eye) drops 0.5-0.01 %	Tier 1	
Ophthalmic - Carbonic Anhydrase Inhibitors - Drugs for Glaucoma		
brinzolamide ophthalmic (eye) drops,suspension 1 %	Tier 1	
dorzolamide (pf) ophthalmic (eye) drops 2 %	Tier 1	
dorzolamide ophthalmic (eye) drops 2 %	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic - Cystine Depleting Agents - Drugs for the Eye		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % (***cysteamine hcl***)	Tier 4	PA
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (***cysteamine hcl***)	Tier 4	PA
Ophthalmic - Decongestants - Drugs for Itchy Eye		
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	Tier 1	
Ophthalmic - Diagnostic Agents - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (***benoxinate hcl/fluorescein sodium***)	Tier 1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %	Tier 1	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	Tier 1	
Ophthalmic - Glucocorticoid-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
prednisolone acetate-bromfenac ophthalmic (eye) drops,suspension 1-0.075 %	Tier 1	
prednisolone acetate-nepafenac ophthalmic (eye) drops,suspension 1-0.1 %	Tier 1	
prednisolone sod ph-bromfenac ophthalmic (eye) drops 1-0.075 %	Tier 1	
Ophthalmic - Human Nerve Growth Factor (hNGF) - Drugs for the Eye		
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (***cenegermin-bkbj***)	Tier 4	PA
Ophthalmic - Intraocular Pressure Reducing Agents, Beta-blockers - Drugs for Glaucoma		
betaxolol ophthalmic (eye) drops 0.5 %	Tier 1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***betaxolol hcl***)	Tier 3	
carteolol ophthalmic (eye) drops 1 %	Tier 1	
levobunolol ophthalmic (eye) drops 0.5 %	Tier 1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	Tier 1	QL (2 EA per 1 day)
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	Tier 1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	Tier 1	
timolol ophthalmic (eye) drops 0.5 %	Tier 1	
Ophthalmic - Local Anesthetic Combinations - Drugs for the Eye		
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (***benoxinate hcl/fluorescein sodium***)	Tier 1	
fluorescein-benoxinate ophthalmic (eye) drops 0.3-0.4 %	Tier 1	
Ophthalmic - Local Anesthetic Esters - Drugs for the Eye		
proparacaine hcl (Alcaine Ophthalmic (Eye) Drops 0.5 %)	Tier 1	
ALTACAINE OPHTHALMIC (EYE) DROPS 0.5 % (***tetracaine hcl***)	Tier 1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE,GEL 3 % (***chloroprocaine hcl/pf***)	Tier 3	
proparacaine ophthalmic (eye) drops 0.5 %	Tier 1	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	Tier 1	
tetracaine hcl ophthalmic (eye) drops 0.5 %	Tier 1	
Ophthalmic - Local Anesthetic, Amides - Drugs for the Eye		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (***lidocaine hcl/pf***)	Tier 3	
Ophthalmic - Macular Degeneration, Age-Related, Therapy Agents - Drugs for the Eye		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (***brolucizumab-dbll***)	Tier 4	PA
bevacizumab intravitreal syringe 1.25 mg/0.05 ml	Tier 4	PA
bevacizumab intravitreal syringe 2.25 mg/0.09 ml, 2.75 mg/0.11 ml	Tier 4	PA
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (***ranibizumab-nuna***)	Tier 4	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab-eqrn***)	Tier 4	PA
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (***aflibercept***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept***)	Tier 4	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept***)	Tier 4	PA
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (***avacincaptad pegol sodium/pf***)	Tier 4	PA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	Tier 4	PA
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept-ayyh***)	Tier 4	PA
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept-ayyh***)	Tier 4	PA
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab/needle, initial fill, filter***)	Tier 4	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab***)	Tier 4	PA
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML (***pegcetacoplan/pf***)	Tier 4	PA
Ophthalmic - Mast Cell Stabilizers - Drugs for Itchy Eye		
cromolyn ophthalmic (eye) drops 4 %	Tier 1	QL (50 ML per 30 days)
Ophthalmic - Mydriatic-NSAID Combinations - Anti-Infective/Anti-Inflammatories		
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (***tropicamide/proparacaine/phenylephrine/ketorolac in water***)	Tier 1	
Ophthalmic - Photodynamic Therapy Agents - Drugs for the Eye		
VISUDYNE INTRAVENOUS RECON SOLN 15 MG (***verteporfin***)	Tier 4	
Ophthalmic - Rho Kinase Inhibitor and Prostaglandin Analog Combination - Drugs for Glaucoma		
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (***netarsudil mesylate/latanoprost***)	Tier 3	ST; QL (2.5 ML per 25 days)
Ophthalmic - TRPM8 Agonist - Drugs for the Eye		
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 % (***acoltremon***)	Tier 2	QL (2 EA per 1 day)
Ophthalmic - Viscoelastic Agents - Drugs for the Eye		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMVISC INTRAOCULAR SYRINGE 12 MG/ML (***hyaluronate sodium***)	Tier 3	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML (***hyaluronate sodium***)	Tier 3	
HEALON GV PRO INTRAOCULAR SYRINGE 18 MG/ML (***hyaluronate sodium***)	Tier 3	
HEALON PRO INTRAOCULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML (***hyaluronate sodium***)	Tier 3	
PROVISC INTRAOCULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	Tier 3	
TOTALVISC INTRAOCULAR SYRINGE 2.5 % (1 ML) 1 % (1 ML) (***hyaluronate sodium***)	Tier 3	
Ophthalmic Antibacterial Mixtures - Anti-Infective/Anti-Inflammatories		
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	Tier 1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	Tier 1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	Tier 1	
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	Tier 1	
Ophthalmic Antibiotic - Aminoglycosides - Anti-Infective/Anti-Inflammatories		
gentamicin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin ophthalmic (eye) drops 0.3 %	Tier 1	
tobramycin-vancomycin ophthalmic (eye) drops 1-2.5 %, 1.5-5 %	Tier 1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (***tobramycin***)	Tier 2	
Ophthalmic Antibiotic - Dehydropeptidase Inhibitors - Anti-Infective/Anti-Inflammatories		
bacitracin ophthalmic (eye) ointment 500 unit/gram	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ophthalmic Antibiotic - Fluoroquinolones - Anti-Infective/Anti-Inflammatories		
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (***besifloxacin hcl***)	Tier 2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (***ciprofloxacin hcl***)	Tier 2	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	Tier 1	
gatifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops 0.5 %	Tier 1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	Tier 1	
ofloxacin ophthalmic (eye) drops 0.3 %	Tier 1	
Ophthalmic Antibiotic - Macrolides - Anti-Infective/Anti-Inflammatories		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (***azithromycin***)	Tier 3	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	Tier 1	
Ophthalmic Antibiotic - Sulfonamides - Anti-Infective/Anti-Inflammatories		
sulfacetamide sodium ophthalmic (eye) drops 10 %	Tier 1	
Ophthalmic Antifungals - Anti-Infective/Anti-Inflammatories		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***)	Tier 3	
Ophthalmic Antifungals - Tetraene Polyene-type - Drugs for the Eye		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***)	Tier 3	
Ophthalmic Antiparasitics - Drugs for the Eye		
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % (***lotilaner***)	Tier 4	PA
Ophthalmic Antiseptics - Anti-Infective/Anti-Inflammatories		
povidone-iodine ophthalmic (eye) solution 5 %	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories		
trifluridine ophthalmic (eye) drops 1 %	Tier 1	ST
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (***ganciclovir***)	Tier 3	ST
Ophthalmic Complement Inhibitors - Drugs for the Eye		
IZERVAY (PF) INTRAVITREAL SOLUTION 2 MG/0.1 ML (***avacincaptad pegol sodium/pf***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYFOVRE (PF) INTRAVITREAL SOLUTION 15 MG /0.1 ML (***pegcetacoplan/pf***)	Tier 4	PA
Ophthalmic-Intraocular Press. Reducing, Sel. Alpha Adrenergic Agonists - Drugs for Glaucoma		
apraclonidine ophthalmic (eye) drops 0.5 %	Tier 1	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %	Tier 1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (***apraclonidine hcl***)	Tier 3	
Ophthalmic-Intraocular Pressure Reducing Agents, Prostaglandin Analogs - Drugs for Glaucoma		
bimatoprost (pf) ophthalmic (eye) drops 0.01 %	Tier 1	
bimatoprost ophthalmic (eye) drops 0.03 %	Tier 1	QL (2.5 ML per 25 days)
DURYSTA INTRACAMERAL IMPLANT 10 MCG (***bimatoprost***)	Tier 4	
IDOSE TR INTRACAMERAL IMPLANT 75 MCG (***travoprost***)	Tier 4	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 % (***latanoprost/pf***)	Tier 3	ST; QL (1 EA per 1 day)
latanoprost ophthalmic (eye) drops 0.005 %	Tier 1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (***bimatoprost***)	Tier 1	QL (2.5 ML per 25 days)
OMLONTI OPHTHALMIC (EYE) DROPS 0.002 % (***omidenepag isopropyl***)	Tier 3	ST; QL (2.5 ML per 25 days)
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	Tier 1	QL (1 EA per 1 day)
travoprost ophthalmic (eye) drops 0.004 %	Tier 1	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (***latanoprostene bunod***)	Tier 3	ST; QL (2.5 ML per 30 days)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (***latanoprost***)	Tier 3	ST; QL (2.5 ML per 25 days)
ZOLYMBUS OPHTHALMIC (EYE) DROPPERETTE,GEL 0.01 % (***bimatoprost/pf***)	Tier 3	ST; QL (1 EA per 1 day)
Ophthalmic-Intraocular Pressure Reducing Agents, Rho Kinase Inhibitors - Drugs for Glaucoma		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (***netarsudil mesylate***)	Tier 3	ST; QL (2.5 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vascular Endothelial Growth Factor (VEGF-A) Receptor Antagonists - Drugs for the Eye		
BEOVU INTRAVITREAL SYRINGE 6 MG/0.05 ML (***brolucizumab-dbll***)	Tier 4	PA
bevacizumab intravitreal syringe 1.25 mg/0.05 ml	Tier 4	PA
bevacizumab intravitreal syringe 2.25 mg/0.09 ml, 2.75 mg/0.11 ml	Tier 4	PA
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05 ML (***ranibizumab-nuna***)	Tier 4	PA
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab-eqrn***)	Tier 4	PA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	Tier 4	PA
SUSVIMO (INITIAL FILL) INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab/needle, initial fill, filter***)	Tier 4	PA
SUSVIMO INTRAVITREAL SOLUTION 10 MG/0.1 ML (***ranibizumab***)	Tier 4	PA
Vascular Endothelial Growth Factor(VEGF-A and PlGF)Receptor Inhibitors - Drugs for the Eye		
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML (***aflibercept***)	Tier 4	PA
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept***)	Tier 4	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept***)	Tier 4	PA
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept-ayyh***)	Tier 4	PA
PAVBLU INTRAVITREAL SYRINGE 2 MG/0.05 ML (***aflibercept-ayyh***)	Tier 4	PA
Organ Preservation Solutions		
Microplegic Solutions		
microplegic solution no.1 perfusion solution 7.84 %-8.56 % (0.92 molar)	Tier 1	
Organ Preservation Solutions - Drugs for the Heart		
Cardioplegic Solutions - Drugs for the Heart		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (***cardioplegic solution no.16***)	Tier 1	
CARDIOPLEGIA DEL NIDO-ISOLYT S PERFUSION SOLUTION 26 MEQ/1,052.8 ML (POTASSIUM) (***cardioplegic solution no.35***)	Tier 3	
CARDIOPLEGIA HIGH POTASSIUM PERFUSION SOLUTION 108 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.10***)	Tier 1	
CARDIOPLEGIA IND 4:1 PLASMALYT PERFUSION SOLUTION 30 MEQ/542 ML (POTASSIUM) (***cardioplegic no.23 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA IND 8:1 NON-ENRCH PERFUSION SOLUTION 70 MEQ/300 ML (POTASSIUM) (***cardioplegic solution no.18 (induction 8:1)***)	Tier 1	
CARDIOPLEGIA INDUCTION 4:1 PERFUSION SOLUTION 30 MEQ/415 ML (POTASSIUM) (***cardioplegic solution no.22 (induction 4:1)***)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 20 MEQ/810 ML (POTASSIUM) (***cardioplegic solution no.20 (maintenance 4:1)***)	Tier 1	
CARDIOPLEGIA MAINTENANCE 4:1 PERFUSION SOLUTION 36 MEQ/L (POTASSIUM) (***cardioplegic solution no.26 (maintenance 4:1)***)	Tier 1	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION 15 MEQ/477.5 ML (POTASSIUM) (***cardioplegic no.21 (reperfusate 4:1)***)	Tier 1	
CARDIOPLEGIA WARM INDUCT 4:1 PERFUSION SOLUTION 40 MEQ/500 ML (POTASSIUM) (***cardioplegic solution no.33 (warm induction 4:1)***)	Tier 3	
cardioplegic no.17(induct 4:1) perfusion solution 50 meq/500 ml (potassium)	Tier 1	
cardioplegic no.19 (maint 4:1) perfusion solution 40 meq/l (potassium)	Tier 1	
cardioplegic soln perfusion solution 16 meq/l (= k+)	Tier 1	
cardioplegic solution no.25 perfusion solution 29 mmol/l (potassium)	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEL NIDO CARDIOPLEGIA PERFUSION SOLUTION 31 MEQ/1,052.8 ML (POTASSIUM) (***cardioplegic solution no.36***)	Tier 3	
Otic (Ear) - Drugs for the Ear		
Otic (Ear) - Anti-infective-Glucocorticoid Combinations - Anti-Infective/Anti-Inflammatories		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	Tier 1	
ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)	Tier 1	
ciprofloxacin-hydrocortisone otic (ear) drops,suspension 0.2-1 %	Tier 1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (***neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom***)	Tier 3	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	Tier 1	
Otic (Ear) - Anti-infectives other - Antibiotics		
acetic acid otic (ear) solution 2 %	Tier 1	
Otic (Ear) - Fluoroquinolones - Antibiotics		
ciprofloxacin hcl otic (ear) dropperette 0.2 %	Tier 1	
ofloxacin otic (ear) drops 0.3 %	Tier 1	
XTORO OTIC (EAR) DROPS,SUSPENSION 0.3 % (***finafloxacin***)	Tier 3	ST; QL (8 ML per 7 days)
Otic (Ear) - Glucocorticoids - Anti-Infective/Anti-Inflammatories		
fluocinolone acetonide oil otic (ear) drops 0.01 %	Tier 1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	Tier 1	
Otic (Ear) - Pinna Combinations - Antibiotics		
CORTANE-B TOPICAL LOTION 1-1-0.1 % (***hydrocortisone/pramoxine hcl/chloroxylenol***)	Tier 3	
Respiratory Therapy Agents - Drugs for the Lungs		
1st Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	Tier 1	
1st Generation Antihistamine-Decongestant-Anticholinergic Combinations - Drugs for Cough and Cold		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (***pseudoephedrine hcl/chlorpheniramine maleate/bellad alk***)	Tier 1	
2nd Generation Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (***desloratadine/pseudoephedrine sulfate***)	Tier 3	ST
Antihistamine - 1st Generation - Ethanolamines - Drugs for Allergies		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml	Tier 1	ST; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
carbinoxamine maleate (Carbzah Oral Liquid 4 Mg/5 Ml)	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
clemastine fumarate (Clemsza Oral Tablet 2.68 Mg)	Tier 1	
diphenhydramine hcl (Diphen Oral Elixir 12.5 Mg/5 Ml)	Tier 1	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	Tier 1	
Antihistamine - 1st Generation - Phenothiazines - Drugs for Allergies		
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg	Tier 1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamine - 1st Generation - Piperidines - Drugs for Allergies		
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
Antihistamines - 1st Generation - Drugs for Allergies		
carbinoxamine maleate oral liquid 4 mg/5 ml	Tier 1	Age (Min 2 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbinoxamine maleate oral suspension,extended rel 12 hr 4 mg/5 ml	Tier 1	ST; QL (960 ML per 30 days); Age (Min 2 Years)
carbinoxamine maleate oral tablet 4 mg	Tier 1	Age (Min 2 Years)
carbinoxamine maleate (Carbzah Oral Liquid 4 Mg/5 Ml)	Tier 1	Age (Min 2 Years)
clemastine oral tablet 2.68 mg	Tier 1	
clemastine fumarate (Clemsza Oral Tablet 2.68 Mg)	Tier 1	
cyproheptadine oral syrup 2 mg/5 ml	Tier 1	
cyproheptadine oral tablet 4 mg	Tier 1	
diphenhydramine hcl (Diphen Oral Elixir 12.5 Mg/5 Ml)	Tier 1	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	Tier 1	
promethazine injection solution 25 mg/ml, 50 mg/ml	Tier 1	
promethazine oral syrup 6.25 mg/5 ml	Tier 1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	
promethazine rectal suppository 12.5 mg, 25 mg	Tier 1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	Tier 1	
Antihistamines - 2nd Generation - Drugs for Allergies		
cetirizine oral solution 1 mg/ml	Tier 1	
desloratadine oral tablet 5 mg	Tier 1	
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST
levocetirizine oral solution 2.5 mg/5 ml	Tier 1	ST
levocetirizine oral tablet 5 mg	Tier 1	
Antihistamines - 2nd Generation - Piperazines - Drugs for Allergies		
cetirizine oral solution 1 mg/ml	Tier 1	
levocetirizine oral solution 2.5 mg/5 ml	Tier 1	ST
levocetirizine oral tablet 5 mg	Tier 1	
Antihistamines - 2nd Generation - Piperidines - Drugs for Allergies		
desloratadine oral tablet 5 mg	Tier 1	
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	Tier 1	ST
Antitussives - Non-Opioid - Drugs for Allergies		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	Tier 1	
Asthma Therapy - Alpha/Beta Adrenergic Agents - Drugs for Asthma/COPD		
epinephrine injection syringe 0.1 mg/ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Immunoglobulin E (IgE) Inhibitors, MAb - Drugs for Asthma/COPD		
OMLYCLO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab-igec***)	Tier 4	PA
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***)	Tier 4	PA
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (***omalizumab***)	Tier 4	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML (***omalizumab***)	Tier 4	PA
Asthma Therapy - Inhaled Corticosteroids (Glucocorticoids) - Drugs for Asthma/COPD		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION (***ciclesonide***)	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 (***fluticasone furoate***)	Tier 2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***mometasone furoate***)	Tier 2	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (***mometasone furoate***)	Tier 2	QL (1 EA per 30 days)
beclomethasone dipropionate inhalation aerosol 40 mcg/actuation, 80 mcg/actuation	Tier 1	QL (17.4 GM per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	Tier 1	QL (120 ML per 30 days)
fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation	Tier 1	QL (60 EA per 30 days)
fluticasone propionate inhalation blister with device 250 mcg/actuation	Tier 1	QL (120 EA per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation	Tier 1	QL (12 GM per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation	Tier 1	QL (24 GM per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	Tier 1	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (***budesonide***)	Tier 3	ST; QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (***beclomethasone dipropionate***)	Tier 2	QL (21.2 GM per 30 days)
Asthma Therapy - Interleukin-4 (IL-4) Receptor Alpha Antagonists, MAb - Drugs for Asthma/COPD		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 4	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	Tier 4	PA
Asthma Therapy - Interleukin-5 (IL-5) Inhibitors, MAb - Drugs for Asthma/COPD		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML (***reslizumab***)	Tier 4	PA
EXDENSUR SUBCUTANEOUS SYRINGE 100 MG/ML (***depemokimab-ulaa***)	Tier 4	PA; QL (1 ML per 180 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	Tier 4	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (***mepolizumab***)	Tier 4	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (***mepolizumab***)	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 (***benralizumab***)	Tier 4	PA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML (***benralizumab***)	Tier 4	PA
Asthma Therapy - Leukotriene Receptor Antagonists - Drugs for Asthma/COPD		
montelukast oral granules in packet 4 mg	Tier 1	
montelukast oral tablet 10 mg	Tier 1	
montelukast oral tablet,chewable 4 mg, 5 mg	Tier 1	
zafirlukast oral tablet 10 mg, 20 mg	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Asthma Therapy - Mast Cell Stabilizers - Drugs for Asthma/COPD		
cromolyn inhalation solution for nebulization 20 mg/2 ml	Tier 1	
Asthma Therapy - Thymic Stromal Lymphopoietin Inhibitor, MAb - Drugs for Asthma/COPD		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) (***tezepelumab-ekko***)	Tier 4	PA
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) (***tezepelumab-ekko***)	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 (***theophylline anhydrous***)	Tier 2	
theophylline oral elixir 80 mg/15 ml	Tier 1	
theophylline oral solution 80 mg/15 ml	Tier 1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	Tier 1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	Tier 1	
Asthma/COPD - Phosphodiesterase-3 and -4 (PDE3 and PDE4) Inhibitors - Drugs for Asthma/COPD		
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML (***ensifentrine***)	Tier 4	PA
Asthma/COPD - Phosphodiesterase-4 (PDE4) inhibitors - Drugs for Asthma/COPD		
roflumilast oral tablet 250 mcg, 500 mcg	Tier 1	QL (1 EA per 1 day)
Asthma/COPD - Anticholinergic Agents, Inhaled Long Acting - Drugs for Asthma/COPD		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (***umeclidinium bromide***)	Tier 2	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (***tiotropium bromide***)	Tier 2	QL (4 GM per 30 days)
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	Tier 1	QL (30 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (***aclidinium bromide***)	Tier 3	ST; QL (1 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (***revefenacin***)	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 (***ipratropium bromide***)	Tier 2	QL (25.8 GM per 30 days)
ipratropium bromide inhalation solution 0.02 %	Tier 1	
Asthma/COPD - Beta 2-Adrenergic Agents, Inhaled, Ultra-Long Acting - Drugs for Asthma/COPD		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (***olodaterol hcl***)	Tier 2	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Long Acting - Drugs for Asthma/COPD		
arformoterol inhalation solution for nebulization 15 mcg/2 ml	Tier 1	ST; QL (120 ML per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	Tier 1	QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (***salmeterol xinafoate***)	Tier 2	QL (60 EA per 30 days)
Asthma/COPD Therapy - Beta 2-Adrenergic Agents, Inhaled, Short Acting - Drugs for Asthma/COPD		
albuterol hfa 90 mcg inhaler 90 mcg/actuation	Tier 1	18 GM INHALER; QL (54 GM per 30 days)
albuterol hfa 90 mcg inhaler 90 mcg/actuation	Tier 1	6.7 GM INHALER; QL (20.1 GM per 30 days)
albuterol hfa 90 mcg inhaler 90 mcg/actuation	Tier 1	8.5 GM INHALER; QL (25.5 GM per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	Tier 1	
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	Tier 1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	Tier 1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic Agents - Drugs for Asthma/COPD		
albuterol sulfate oral syrup 2 mg/5 ml	Tier 1	
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	
terbutaline oral tablet 2.5 mg, 5 mg	Tier 1	
Asthma/COPD Therapy - Beta Adrenergic-Anticholinergic Combinations - Drugs for Asthma/COPD		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (***umeclidinium bromide/vilanterol trifenatate***)	Tier 2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (***glycopyrrolate/formoterol fumarate***)	Tier 3	ST; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***)	Tier 2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION (***aclidinium bromide/formoterol fumarate***)	Tier 3	ST; QL (1 EA per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	Tier 1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***)	Tier 2	QL (4 GM per 30 days)
Asthma/COPD Therapy - Beta Adrenergic-Glucocorticoid Combinations - Drugs for Asthma/COPD		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (***fluticasone propionate/salmeterol xinafoate***)	Tier 2	QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION (***albuterol sulfate/budesonide***)	Tier 2	QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE (***fluticasone furoate/vilanterol trifenatate***)	Tier 2	QL (60 EA per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
budesonide/formoterol fumarate (Breyna Inhalation Hfa Aerosol Inhaler 160-4.5 Mcg/Actuation, 80-4.5 Mcg/Actuation)	Tier 1	QL (30.9 GM per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	Tier 1	QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	Tier 2	QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	Tier 2	QL (13 GM per 30 days)
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	Tier 1	QL (1 EA per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	Tier 1	QL (60 EA per 30 days)
fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	QL (60 EA per 30 days)
Asthma/COPD Tx - Beta-adrenergic-Anticholinergic-Glucocorticoid comb, - Drugs for Cystic Fibrosis		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION (***budesonide/glycopyrrolate/formoterol fumarate***)	Tier 2	QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	Tier 2	QL (60 EA per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	Tier 2	QL (2 EA per 1 day)
Bronchiectasis Therapy Agents - Drugs for Cystic Fibrosis		
BRINSUPRI ORAL TABLET 10 MG, 25 MG (***brensocatib***)	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 (***tobramycin***)	Tier 4	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	Tier 4	PA
tobramycin inhalation solution for nebulization 300 mg/4 ml	Tier 4	PA
tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml	Tier 4	PA
Cystic Fibrosis - Inhaled Monobactams - Drugs for Cystic Fibrosis		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (***aztreonam lysine***)	Tier 4	PA
Cystic Fibrosis - Inhaled Osmotic Agents - Drugs for Cystic Fibrosis		
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG (***mannitol***)	Tier 4	ST; QL (20 EA per 1 day)
Cystic Fibrosis-Transmembrane Conductance Regulator (CFTR) Potentiator - Drugs for Cystic Fibrosis		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (***ivacaftor***)	Tier 4	PA
KALYDECO ORAL TABLET 150 MG (***ivacaftor***)	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 (***vanzacaftor calcium/tezacaftor/deutivacaftor***)	Tier 4	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG (***lumacaftor/ivacaftor***)	Tier 4	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor/ivacaftor***)	Tier 4	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (***tezacaftor/ivacaftor***)	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) (***elexacaftor/tezacaftor/ivacaftor***)	Tier 4	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) (***elexacaftor/tezacaftor/ivacaftor***)	Tier 4	PA
Elastase Inhibitors - Drugs for Asthma/COPD		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG (***alpha-1-proteinase inhibitor***)	Tier 4	PA
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %) (***alpha-1-proteinase inhibitor***)	Tier 4	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML (***alpha-1-proteinase inhibitor***)	Tier 4	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG (***alpha-1-proteinase inhibitor***)	Tier 4	PA
Lung Surfactants - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (***poractant alfa***)	Tier 3	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (***calfactant***)	Tier 3	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (***beractant***)	Tier 3	
Mucolytics - Drugs for the Lungs		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	Tier 1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***)	Tier 4	PA
Nasal Anesthetics - Allergy		
cocaine nasal solution 4 %	Tier 1	
NUMBRINO NASAL SOLUTION 4 % (***cocaine hcl***)	Tier 1	
Nasal Anticholinergics - Allergy		
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	Tier 1	
Nasal Antihistamine and Anti-inflammatory Steroid Combinations - Allergy		
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	Tier 1	ST; QL (23 GM per 30 days)
Nasal Antihistamines - Allergy		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	Tier 1	
olopatadine nasal spray,non-aerosol 0.6 %	Tier 1	
Nasal Corticosteroids - Allergy		
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	Tier 1	QL (25 ML per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone propionate nasal spray,suspension 50 mcg/actuation	Tier 1	
mometasone nasal spray,non-aerosol 50 mcg/actuation	Tier 1	
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG (***ciclesonide***)	Tier 3	ST; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (***beclomethasone dipropionate***)	Tier 2	ST; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (***beclomethasone dipropionate***)	Tier 2	ST; QL (10.6 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (***fluticasone propionate***)	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 (***varenicline tartrate***)	Tier 2	PA
Non-Opioid Antitussive-1st Gen.Antihistamine-Decongestant Combinations - Drugs for Cough and Cold		
brompheniramine maleate/pseudoephedrine hcl/dextromethorphan (Bromfed Dm Oral Syrup 2-30-10 Mg/5 Ml)	Tier 1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	Tier 1	
Non-Opioid Antitussive-Antihistamine Combinations - Drugs for Cough and Cold		
promethazine-dm oral solution 6.25-15 mg/5 ml	Tier 1	
Opioid Antitussive-1st Generation Antihistamine Combinations - Drugs for Cough and Cold		
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	Tier 1	QL (10 ML per 1 day); Age (Min 18 Years)
promethazine-codeine oral syrup 6.25-10 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (***chlorpheniramine maleate/codeine phosphate***)	Tier 3	ST; QL (2 EA per 1 day); Age (Min 18 Years)
Opioid Antitussive-Anticholinergic Combinations - Drugs for Cough and Cold		
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-homatropine oral tablet 5-1.5 mg	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
hydrocodone bitartrate/homatropine methylbromide (Hydromet Oral Solution 5-1.5 Mg/5 Ml)	Tier 1	QL (30 ML per 1 day); Age (Min 18 Years)
Pleural Sclerosing Agents - Drugs for the Lungs		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GRAM (***talc***)	Tier 3	
sterile talc intrapleural suspension for reconstitution 5 gram	Tier 1	
STERITALC INTRAPLEURAL AEROSOL POWDER 3 GRAM (***talc***)	Tier 3	
STERITALC INTRAPLEURAL SUSPENSION FOR RECONSTITUTION 2 GRAM, 4 GRAM (***talc***)	Tier 3	
Pulmonary Fibrosis Treatment Agents - Antifibrotic Therapy - Drugs for the Lungs		
pirfenidone oral capsule 267 mg	Tier 4	PA
pirfenidone oral tablet 267 mg, 801 mg	Tier 4	PA
pirfenidone oral tablet 534 mg	Tier 4	PA
Pulmonary Fibrosis Treatment Agents - Multikinase Inhibitors - Drugs for the Lungs		
nintedanib oral capsule 100 mg, 150 mg	Tier 4	PA
Pulmonary Fibrosis Treatment Agents - PDE4 Inhibitors - Drugs for Cystic Fibrosis		
JASCAYD ORAL TABLET 18 MG, 9 MG (***nerandomilast***)	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 (***clindamycin phosphate***)	Tier 3	ST; QL (3 EA per 30 days)
clindamycin phosphate vaginal cream 2 %	Tier 1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % (***clindamycin phosphate***)	Tier 3	ST
XACIATO VAGINAL GEL 2 % (***clindamycin phosphate***)	Tier 3	ST
Vaginal Antifungal - Imidazoles - Drugs for Infections		
GYNAZOLE-1 VAGINAL CREAM 2 % (***butoconazole nitrate***)	Tier 2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (***miconazole nitrate***)	Tier 1	
Vaginal Antifungal - Triazoles - Drugs for Infections		
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 1	
Vaginal Antiprotozoal-Antibacterial - Nitroimidazole Derivatives - Drugs for Infections		
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	Tier 1	
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) (***metronidazole***)	Tier 3	ST
Vaginal Antiseptic Mixtures - Drugs for Infections		
FEM PH VAGINAL GEL 0.9-0.025 % (***acetic acid/oxyquinoline sulfate***)	Tier 3	
RELAGARD VAGINAL GEL 0.9-0.025 % (***acetic acid/oxyquinoline sulfate***)	Tier 3	
Vaginal Estrogens - Drugs for Women		
estradiol vaginal cream 0.01 % (0.1 mg/gram)	Tier 1	
estradiol vaginal tablet 10 mcg	Tier 1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (***estradiol***)	Tier 3	ST; QL (1 EA per 90 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR (***estradiol acetate***)	Tier 3	ST; QL (1 EA per 84 days)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (***estrogens, conjugated***)	Tier 2	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	Tier 1	
Vaginal Progestins - Drugs for Women		
CRINONE VAGINAL GEL 4 % (***progesterone, micronized***)	Tier 2	
Weight Loss/Gain Agents - Drugs for Eating Disorders		
Anorexiant Combinations - Drugs for Eating Disorders		
phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	Tier 1	PA
Anorexiant Nutritional Supplements (Diet Aids) - Drugs for Eating Disorders		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLENITY (WELCOME KIT) ORAL CAPSULE 0.75 GRAM (***carboxymethylcellulose/citric acid***)	Tier 3	PA
PLENITY ORAL CAPSULE 0.75 GRAM (***carboxymethylcellulose/citric acid***)	Tier 3	PA
Anorexiants - Drugs for Eating Disorders		
benzphetamine oral tablet 50 mg	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
diethylpropion oral tablet 25 mg	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
diethylpropion oral tablet extended release 75 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phentermine hcl (Lomaira Oral Tablet 8 Mg)	Tier 1	QL (3 EA per 1 day); Age (Min 18 Years)
phendimetrazine tartrate oral capsule, extended release 105 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phendimetrazine tartrate oral tablet 35 mg	Tier 1	QL (6 EA per 1 day); Age (Min 18 Years)
phentermine oral capsule 15 mg, 30 mg, 37.5 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phentermine oral tablet 37.5 mg	Tier 1	QL (1 EA per 1 day); Age (Min 18 Years)
phentermine oral tablet 8 mg	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 (***tirzepatide***)	Tier 2	PA; QL (2 ML per 28 days)
Anti-Obesity - Fat Absorption Decreasing Agents - Drugs for Eating Disorders		
orlistat oral capsule 120 mg	Tier 1	PA
Anti-Obesity - Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists - Drugs for Eating Disorders		
liraglutide (weight loss) subcutaneous pen injector 3 mg/0.5 ml (18 mg/3 ml)	Tier 1	PA; QL (0.5 ML per 1 day)
WEGOVY HD SUBCUTANEOUS PEN INJECTOR 7.2 MG/0.75 ML (***semaglutide***)	Tier 2	PA; QL (3 ML per 28 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML (***semaglutide***)	Tier 2	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (***semaglutide***)	Tier 2	PA; QL (3 ML per 28 days)
Anti-Obesity-Opioid Antag/Norepinephrine and Dopamine Reuptake Inhibit - Drugs for Eating Disorders		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG (***naltrexone hcl/bupropion hcl***)	Tier 3	PA
Appetite Stimulants - Cannabinoids - Drugs for Eating Disorders		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	QL (2 EA per 1 day)
Appetite Stimulants - Progestin Hormone Type - Drugs for Eating Disorders		
megestrol oral suspension 400 mg/10 ml (10 ml)	Tier 1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	Tier 1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	Tier 1	ST
Melanocortin 4 (MC4) Receptor Agonist - Drugs for Eating Disorders		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (***setmelanotide acetate***)	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 (***diazoxide choline***)	Tier 4	PA

A
abacavir 39
abacavir-lamivudine..... 41
ABENOR HP..... 165
Abigale 214
Abigale Lo..... 214
ABILIFY ASIMTUFII 129
ABILIFY MAINTENA 130
abiraterone..... 51, 54
Abirtega 51, 54
ABRYSVO (PF) 91
acamprosate..... 146
acarbose 208
ACCU-CHEK AVIVA PLUS TEST STRP..... 270, 314
ACCU-CHEK FASTCLIX LANCET DRUM .. 280, 314
ACCU-CHEK GUIDE TEST STRIPS..... 270, 314
ACCU-CHEK SAFE-T-PRO PLUS..... 280, 314
ACCU-CHEK SMARTVIEW TEST STRIP..... 270, 314
ACCU-CHEK SOFTCLIX LANCETS..... 280, 314
Accutane..... 165
ACCUTREND GLUCOSE TEST STRIPS 270, 314
ACE AEROSOL CLOUD ENHANCER 307, 315
acebutolol 103
acetaminophen-codeine 17, 18
acetazolamide..... 107
acetic acid..... 242, 382
acetylcysteine..... 31, 392
ACIOXIA 183
ACIPHEX SPRINKLE..... 232
acitretin 176
ACTEMRA 25
ACTEMRA ACTPEN 25
ACTHAR..... 205
ACTHAR SELFJECT..... 205
ACTHIB (PF)..... 86
ACTI-LANCE LANCETS280, 315
ACTIMMUNE 35
ACUVAIL (PF) 372
acyclovir 45, 46, 178
ADACEL(TDAP ADOLESN/ADULT)(PF) 85
ADAKVEO 259
adalimumab-aaty21, 22, 238
ADALIMUMAB-AATY(CF) AI CROHNS 21, 22, 239
adalimumab-adaz 21, 22
adalimumab-ryvk..... 21, 22, 239
adapalene..... 169
adapalene-benzoyl peroxide..... 169
ADASUVE..... 128
ADBRY 172
ADCETRIS..... 54, 72
ADDYI..... 139
adefovir 44
ADEMPAS 111
ADERMICA HP..... 167
ADMELOG SOLOSTAR U-100 INSULIN 222
ADMELOG U-100 INSULIN LISPRO 222
ADMIRAZOL..... 166
ADMIRAZOL DUAL..... 166
ADMIRAZOL HP..... 166
ADMIRAZOL HP DUAL.. 166
ADTHYZA 227
ADULT ASPIRIN REGIMEN 29, 260
ADULT LOW DOSE ASPIRIN..... 29, 260
ADVAIR HFA 389
ADVANCED GLUC METER TEST STRIP..... 270, 315
ADVANCED TRAVEL LANCETS..... 280, 315
ADVANTAGE SAFETY LANCET..... 280, 315
ADVATE 252
ADVIN COVID-19 AG HOME TEST 277, 315
ADVOCATE LANCET.... 280, 315
ADVOCATE REDI-CODE PLUS..... 270, 315
ADYNOVATE..... 252
ADZYNMA 248
AEROCHAMBER MECHANICAL VENT. 307, 315
AEROCHAMBER MINI.. 307, 315
AEROCHAMBER MV.... 307, 315
AEROCHAMBER PLUS FLOW-VU..... 308, 315
AEROCHAMBER PLUS FLOW-VU,L MSK 308, 315
AEROCHAMBER PLUS FLOW-VU,M MSK308, 315
AEROCHAMBER PLUS FLOW-VU,S MSK 308, 315
AEROCHAMBER PLUS Z STAT 308, 315
AEROCHAMBER PLUS Z STAT LG MSK 308, 315
AEROCHAMBER PLUS Z STAT MD MSK.... 308, 315
AEROCHAMBER PLUS Z STAT SM MSK.... 308, 315
AEROCHAMBER Z-STAT PLUS-FLW SG.... 308, 315
AEROCHAMBER2GO... 308, 316
AEROTRACH PLUS..... 308, 316
AEROVENT PLUS.. 308, 316
Afirmelle..... 152
AFREZZA 221
AFSTYLA..... 252
AFTER PILL 163, 164
AFTERA..... 163, 164
AGAMATRIX AMP TEST STRIPS..... 270, 316
AGAMATRIX JAZZ TEST STRIPS..... 270, 316
AGAMATRIX PRESTO TEST STRIPS..... 271, 316
AGAMATRIX ULTRA-THIN LANCET..... 280, 316
AGAMREE..... 217
AIMOVIG AUTOINJECTOR 140
AIMSCO LATEX CONDOM 288, 316
AIRSUPRA 389

AJOVY AUTOINJECTOR 140
AJOVY SYRINGE 140
AKEEGA 65
AKLIEF 169
AKTEN (PF) 375
AKYNZEO (NETUPITANT) 230
Ala-Cort 180
Ala-Scalp 180
albendazole 33
albuterol sulfate 388, 389
Alcaine 375
alclometasone 180
ALCOHOL PADS 77
ALCOHOL PREP PADS ... 77
alcohol swabs 77
ALCOHOL WIPES 77
ALDURAZYME 359
ALECENSA 53
alendronate 213
ALFERON N 184
alfuzosin 244
ALHEMO PEN 256
ALINIA 36
aliskiren 111
ALIXI 166
ALIXI HP 166
ALKERAN 52
ALKINDI SPRINKLE 217
ALLERGIST TRAY 1/2 ML 27GX3/8 ..... 289, 316
ALLERGIST TRAY INTRADERMAL BEV . 289, 316
ALLERGIST TRAY REGULAR BEVEL 289, 316
ALLERGY SYRINGE 289, 316
allopurinol 248
almotriptan malate 141
alogliptin 208
alogliptin-metformin 211
alogliptin-pioglitazone .. 211
ALOMIRA HP 167
alosetron 235, 239
ALPHANATE 252
ALPHANINE SD 251
alprazolam 112, 134
ALPRAZOLAM INTENSOL 112, 134
ALPROLIX 251
ALTACAINE 375
ALTAFLUOR BENOX 374, 375
Altavera (28) 152
ALTERNATE SITE LANCET 280, 316
ALTRENO 169
ALTUVIIIO 252
ALUNBRIG 53
ALURIS HP 169
ALUXOF DUAL 167
ALVAIZ 262
ALVESCO 385
alvimopan 32
Alyacen 1/35 (28) 152
Alyacen 7/7/7 (28) 161
ALYFTREK 391
ALYGLO 80
ALYMSYS 51
Alyq 111
amantadine hcl 124
ambrisentan 111
amcinonide 180
AMELUZ 186
AMERITHROID 227
Amethia 151
Amethyst (28) 153
amiloride 107
amiloride-hydrochlorothiazide .. 107
aminocaproic acid 256
amiodarone 97
amitriptyline 122
amitriptyline-chlordiazepoxide 122, 134
amlodipine 104
amlodipine-atorvastatin 102
amlodipine-benazepril 93
amlodipine-olmesartan ... 94
amlodipine-valsartan 94
amlodipine-valsartan-hcthiazid 94
ammonium lactate 180
Amnesteem 165
AMONDYS-45 267
amoxapine 122
amoxicil-clarithromy-lansopraz 235
amoxicillin 33
amoxicillin-pot clavulanate 33
amphetamine 131, 138
amphetamine sulfate 131, 138, 144
ampicillin 33
AMVISC 377
AMVISC PLUS 377
AMVUTTRA 206
AMZEEQ 165
ANACAINE 190
anagrelide 260
ANALPRAM-HC 183
ANALPRAM-HC SINGLES 30
ANASCORP 78
ANASTIA 188
anastrozole 57
ANDEMBRY AUTOINJECTOR 108
ANGELIQ 214
ANKTIVA 65
ANNOVERA 163
ANORO ELLIPTA 389
ANUCORT-HC 30
ANZUPGO 172
APIDRA SOLOSTAR U-100 INSULIN 222
APIDRA U-100 INSULIN 222
APLIGRAF 191
apomorphine 124
apraclonidine 379
aprepitant 230
APRETUDE 37
Apri 153
APTIVUS 48
AQNEURSA 360
AQVESME 261
ARAKODA 35
ARALAST NP 392
Aranelle (28) 161
ARANESP (IN POLYSORBATE) 250
ARBLI 95
ARCALYST 20
AREXVY (PF) 91
arformoterol 388

ARIKAYCE 33
aripiprazole 130, 136
ARISTADA 130
ARISTADA INITIO 130
armodafinil 143
ARMOUR THYROID 227
ARNUITY ELLIPTA 385
arsenic trioxide 57
ARTILIS 166
ARTISS 188
ARYNTA 131
ASCENIV 81
Ascomp With Codeine 18
ASCOR 204
asenapine maleate 125, 136
Ashlyna 151
ASMANEX HFA 385
ASMANEX TWISTHALER 385
ASPARLAS 57
aspirin 29, 260
ASPIRIN CHILDRENS 29, 260
aspirin-dipyridamole 260
ASSURE 4 STRIPS 271, 316
ASSURE LANCE 280, 316
ASSURE LANCE PLUS 281, 316
ASSURE PLATINUM TEST STRIP 271, 316
ASSURE PRISM MULTI STRIP 271, 316
ASSURE TITANIUM TEST STRIP 271, 316
ASTAGRAF XL 263
ATABEX ONE 196
atazanavir 48
atenolol 102
atenolol-chlorthalidone 105
ATMEKSI 269
atomoxetine 133
ATONCY 133
ATORVALIQ 98
atorvastatin 98
atovaquone 36
atovaquone-proguanil 35
ATROPEN 108
atropine 370
atropine sulfate (pf) 370
ATROVENT HFA 388
ATTRUBY 206
Aubra 153
Aubra Eq 153
AUGTYRO 67
auranofin 24
Aurovela 1.5/30 (21) 153
Aurovela 1/20 (21) 153
Aurovela 24 Fe 153
Aurovela Fe 1.5/30 (28) . 153
Aurovela Fe 1-20 (28) 153
AUSTEDO 142, 143
AUSTEDO XR 142, 143
AUSTEDO XR TITRATION KT(WK1-4) 142, 143
AUTOSHIELD DUO PEN NEEDLE 287, 316
AUVELITY 120
AUVI-Q 105
avanafil 193
AVASTIN 51
AVEIDA 187
AVERI 153
Aviane 153
AVIDORA 168
AVIDORA HP 168
AVITENE 257
AVITENE FLOUR 257
AVLAYAH 359
AVMAPKI-FAKZYNJA 69
AVONEX 365
AVSOLA 21, 22, 239
AVTOZMA 25
AVTOZMA AUTOINJECTOR 25
AWANIS 168
AXTLE 55
Ayuna 153
AYVAKIT 67
azacitidine 56
AZASITE 378
azathioprine 24, 265
azelaic acid 165, 187
azelastine 371, 392
azelastine-fluticasone ... 392
AZELEX 165, 187
azilsartan medoxomil 95
azithromycin 46
AZSTARYS 131
Azurette (28) 151

B

B COMPLEX 100 193
bacitracin 377
bacitracin-polymyxin b . 377
baclofen 269
BAFIERTAM 366
BAL-CARE DHA 196
BAL-CARE DHA ESSENTIAL 196
BALCOLTRA 153
BALFAXAR 251
balsalazide 237
BALVERSA 61
Balziva (28) 153
BAQSIMI 205
BARACLUDE 44
BASADROX 173
BASAGLAR KWIKPEN U-100 INSULIN 221
BAVENCIO 71
BAXDELA 43
BAXFENDY 92
BAXONIL 187
BAYER LOW DOSE ASPIRIN 29, 260
B-COMPLEX INJECTION 194
BD ALLERGIST TRAY REG BEVEL 289, 316, 317
BD ALLERGY SYRINGE 290, 317
BD BLUNT PLASTIC CANNULA 290, 317
BD BULK SYRINGE SLIP TIP 290, 317
BD ECCENTRIC TIP SYRINGE 290, 317
BD ECLIPSE 290, 317
BD ECLIPSE LUER-LOK 290, 317
BD FILTER NEEDLE 5-MICRON NOKO .. 290, 317
BD FILTER NEEDLE-5 MICRON 290, 317
BD INTERLINK BLUNT PLASTIC CAN 290, 317
BD INTERLINK SYRINGE 290, 317
BD INTRADERMAL BEVEL NEEDLES 290, 317
BD LUER-LOK BULK SYRINGE 290, 317
BD LUER-LOK SYRINGE 290, 291, 318

BD LUER-LOK TIP CONTROL SYRING ... 291, 318
BD MICROTAINER LANCET 281, 318
BD NOKOR ADMIX NEEDLE 291, 318
BD POSIFLUSH NORMAL SALINE 0.9 203
BD PRECISIONGLIDE .. 291, 318
BD PRECISIONGLIDE NON-STERILE 291, 319
BD REGULAR BEVEL NEEDLES..... 291, 319
BD SAFETYGLIDE ALLERGIST TRAY 292, 319
BD SAFETYGLIDE NEEDLE 292, 319
BD SAFETYGLIDE SHIELDING REG 292, 319
BD SAFETYGLIDE SYRINGE 292, 319
BD SAFETYGLIDE TB REG BEVEL..... 292, 319
BD SAFETYGLIDE TUBERCULIN 292, 319
BD SHORT BEVEL NEEDLES..... 292, 319
BD SHORT BEVEL THIN WALL 292, 319
BD SLIP TIP SYRINGE . 292, 319, 320
B-D SLIP TIP SYRINGE . 292
B-D SLIP TIP SYRINGE . 320
BD SPECIALTY USE NEEDLES..... 292, 320
BD SYRINGE..... 293, 320
BD SYRINGE CATH TIP NONSTERILE 293, 320
BD SYRINGE CATHETER TIP..... 293, 320
BD SYRINGE LUER-LOK NONSTERILE 293, 320
BD SYRINGE LUER-LOK STERILE 293, 320
BD SYRINGE SLIP TIP NONSTERILE 293, 320
BD SYRINGE-DUAL CANNULA..... 293, 320
BD TUBERCULIN SLIP-TIP 293, 320, 321
BD TUBERCULIN SYRINGE 293, 321
beclomethasone dipropionate..... 385
BEIZRAY 69
BEIZRAY-ALBUMIN..... 69
BELBUCA..... 19
BELEODAQ..... 61
belladonna alkaloids-opium 234
BELSOMRA..... 145
benazepril 93
benazepril-hydrochlorothiazide 93
bendamustine..... 53
BENDEKA 53
BENEFIX..... 251
BENLYSTA..... 26, 27
benznidazole..... 36
benzonatate 384
benzoyl peroxide..... 168
benzphetamine..... 396
benztropine..... 124
BEOVU 375, 380
bepotastine besilate..... 371
BERINERT..... 249
BESIVANCE 378
BESPONSA 54, 72
BESREMI..... 62
BESREMI PEN 62
betaine..... 360
BETALOAN SUIK..... 217
betamethasone dipropionate..... 180
betamethasone valerate 180
betamethasone, augmented 180
BETASERON..... 365
betaxolol 102, 374
bethanechol chloride 247
BETOPTIC S..... 374
bevacizumab..... 375, 380
BEVESPI AEROSPHERE 389
bexarotene..... 69, 176
BEXSERO..... 87
BEYAZ..... 153
BEYFORTUS..... 79
bicalutamide 54
BIJUVA..... 214
BIKTARVY..... 40
bimatoprost 379
bimatoprost (pf)..... 379
BIMZELX 171
BIMZELX AUTOINJECTOR 171
BINAXNOW COVD AG CARD HOME TST..... 278, 321
BINAXNOW COVID-19 AG SELF TEST 278, 321
BIONIME RIGHTEST TEST STRIPS..... 271, 321
bismuth subcit k-metronidz-tcn..... 234
bisoprolol fumarate..... 102
bisoprolol-hydrochlorothiazide .. 105
BIVIGAM..... 81
bleomycin 71
BLEPHAMIDE S.O.P...... 369
BLINCYTO..... 74
Blisovi 24 Fe 153
Blisovi Fe 1.5/30 (28)..... 154
Blisovi Fe 1/20 (28)..... 154
BLOOD GLUCOSE TEST 271, 321
BLUJEPA 42
BLULINK BG SYSTEM REFILL 281, 321
BLULINK GLUCOSE TEST STRIP 271, 321
blunt needle, disposable 293, 321
BOOSTRIX TDAP..... 85
bortezomib..... 66
bosentan 111
BOSULIF 67
bosutinib..... 67
BOTOX 268
BPO 168
BRAFTOVI..... 58
BREATHERITE MDI SPACER..... 308, 321
BREATHERITE SPACER-MASK, NEO. 308, 321

BREATHERITE SPACER-MASK,ADULT 308, 321
BREATHERITE SPACER-MASK,CHILD 308, 321
BREATHERITE SPACER-MASK,INFANT 308, 321
BREATHERITE SPACER-MASK,S.CHLD 308, 321
BREATHERITE VALVED MDI CHAMBER ... 308, 321
BREATHERITE VALVED MDI SPACER 308, 321
BRENZAVVY 210
BREO ELLIPTA 389
Breyna 390
BREZTRI AEROSPHERE 390
Briellyn 154
brimonidine 187, 379
brimonidine-dorzolamide 368
brimonidine-dorzolamide (pf) 368
brimonidine-dorzol-bimatoprost 369
brimonidine-timolol 373
BRINEURA 358
BRINSUPRI 390
brinzolamide 373
BRIUMVI 365
brivaracetam 118
BRIXADI 146
Bromfed Dm 393
bromfenac 372, 373
bromocriptine 124
brompheniramine-pseudoeph-dm 393
BRONCHITOL 391
BRUKINSA 58, 67
budesonide 237, 238, 385
budesonide-formoterol . 390
BULLSEYE MINI SAFETY LANCETS 281, 322
bumetanide 107
buprenorphine 19
buprenorphine hcl ... 19, 146
buprenorphine-naloxone 146
bupropion hcl 122
bupropion hcl (smoking deter) 147
buspirone 113
busulfan 52
butalbital-acetaminop-caf-cod 18
butalbital-acetaminophen 20
butalbital-acetaminophen-caff 20
butalbital-aspirin-caffeine 28
butorphanol 19
BUTTERFLY TOUCH LANCET 281, 322
BYLVAY 263
BYNFEZIA 226, 242
BYOOVIZ 375, 380
C
CABENUVA 38
cabergoline 226
CABLIVI 248
CABOMETYX 64
CABTREO 168
CADEAU DHA 196
CADIRA COMPLIANT BLOOD STAT 313
caffeine citrate 139
calcipotriene 176, 177
calcipotriene-betamethasone 170
calcitonin (salmon) 213
calcitriol 177, 204, 360
calcium acetate(phosphat bind) 243, 244
CALQUENCE (ACALABRUTINIB MAL) 58, 67
CAMCEVI (6 MONTH) 62
Camila 160
CAMRESE 152
CAMRESE LO 151
CAMZYOS 105
candesartan 95
candesartan-hydrochlorothiazid 94
capecitabine 56
CAPEX 180
CAPLYTA 127
CAPRELSA 67
captopril 93
captopril-hydrochlorothiazide 93
CAPVAXIVE (PF) 87
CARBAGLU 361
carbamazepine 116, 135
CARBATROL 116, 135
carbidopa 124
carbidopa-levodopa 123
carbidopa-levodopa-entacapone 123
carbinoxamine maleate 383, 384
carboplatin 66
Carbzah 383, 384
CARDAMYST 97, 105
CARDIOPLEGIA DEL NIDO FORMULA 381
CARDIOPLEGIA DEL NIDO-ISOLYT S 381
CARDIOPLEGIA HIGH POTASSIUM 381
CARDIOPLEGIA IND 4/1 PLASMALYT 381
CARDIOPLEGIA IND 8/1 NON-ENRCH 381
CARDIOPLEGIA INDUCTION 4/1 381
CARDIOPLEGIA MAINTENANCE 4/1 381
CARDIOPLEGIA REPERFUSATE 4/1 381
CARDIOPLEGIA WARM INDUCT 4/1 381
cardioplegic no.17(induct 4/1) 381
cardioplegic no.19 (maint 4/1) 381
cardioplegic soln 381
cardioplegic solution no.25 381
CARDURA XL 109
CAREONE ULTRA THIN LANCET 281, 322
CAREPOINT LUER LOCK SYRINGE 294, 322
CAREPOINT LUER LOCK SYR-NEEDLE 294, 322
CAREPOINT LUER SLIP SYRINGE 294, 322
CAREPOINT LUER SLIP SYRING-NDL 294, 322
CAREPOINT PRECISION LUER LOCK 294, 322

CAREPOINT PRECISION NEEDLE 294, 322
CAREPOINT PRECISION SAFETY 294, 322
CAREPOINT SAFETY LL SYR-NEEDLE 294, 322
CARESENS LANCETS . 281, 322
CARESENS N TEST STRIPS 271, 322
CARESENS S TEST STRIP 271, 322
CARESTART COVID-19 AG HOME TST 278, 322
CARETOUCH ALCOHOL PREP PAD 77
CARETOUCH HYPODERMIC NEEDLE 294, 322
CARETOUCH LUER LOCK SYRINGE 294, 322, 323
CARETOUCH LUER LOCK SYR-NEEDLE 294, 323
CARETOUCH LUER SLIP SYRINGE 294, 295, 323
CARETOUCH SAFETY LANCETS 281, 323
CARETOUCH TEST STRIP 271, 323
CARETOUCH TWIST LANCET 281, 323
carglumic acid 361
carisoprodol 269
carisoprodol-aspirin 269
carmustine 53
carteolol 374
Cartia Xt 103
carvedilol 94
carvedilol phosphate 94
CAVERJECT 192
CAVERJECT IMPULSE . 192
CAYA CONTOURED 279, 323
CAYSTON 391
Caziant (28) 161
cefaclor 42
cefadroxil 42
cefdinir 43
cefixime 43
cefpodoxime 43
cefprozil 43
cefuroxime axetil 43
celecoxib 27
CEM-UREA 185
CENTANY AT 173
cephalexin 42
CEPROTIN (BLUE BAR) 261
CEPROTIN (GREEN BAR) 261
CEQUA 372
CEQUR SIMPLICITY 311, 323
CEQUR SIMPLICITY INSERTER 281, 323
CERDELGA 360
CEREZYME 358
CERVIDIL 205
CETACAINE 186
cetirizine 384
cetrorelix 225
cevimeline 364
Charlotte 24 Fe 154
Chateal Eq (28) 154
CHEK-STIX CONTROL . 192, 313, 323
CHEMET 32
CHEMSTRIP 10 MD 192, 323
CHEMSTRIP 10/SG 192, 323
CHEMSTRIP 2 GP .. 192, 323
CHEMSTRIP 50B ... 192, 323
CHEMSTRIP 7 ..... 192, 324
CHEMSTRIP 9 ..... 192, 324
CHILDREN'S ASPIRIN 29, 260
chlordiazepoxide hcl 112, 134
chlordiazepoxide-clidinium 134, 234
chlorhexidine gluconate 363
chloroquine phosphate ... 35
chlorpromazine 128
chlorthalidone 108
chlorzoxazone 269
CHOICEDM CLARUS 271, 324
CHOLBAM 230
cholestyramine (with sugar) 97
Cholestyramine Light 97
chorionic gonadotropin, human 220
CHOSEN LANCET . 281, 324
CHOSEN SAFETY LANCET 281, 324
CIBINQO 172
CICLODAN KIT 174
ciclopirox 174
ciclopirox-ure-camph-menth-euc 174
cilostazol 260
CILOXAN 378
CIMDUO 39
CIMERLI 375, 380
cimetidine 231
cimetidine hcl 231
CIMZIA 21, 22, 239
CIMZIA POWDER FOR RECONST 21, 22, 239
CIMZIA STARTER KIT 21, 22, 239
cinacalcet 213
CINQAIR 386
CINRYZE 249
CIPRO 43
ciprofloxacin 44
ciprofloxacin hcl 43, 378, 382
ciprofloxacin-dexamethasone 382
ciprofloxacin-fluocinolone 382
ciprofloxacin-hydrocortisone 382
cisplatin 66
citalopram 120
CITRANATAL (DUAL-IRON) 196
CITRANATAL 90 DHA (ALGAL OIL) 197
CITRANATAL ASSURE . 197
CITRANATAL DHA (ALGAL OIL) 197
CITRANATAL HARMONY (IRON FUM) 197
cladribine 55
Claravis 165
CLARINEX-D 12 HOUR .. 383
clarithromycin 46
CLEANSING WASH 166, 187

clemastine 383, 384
Clemsza 383, 384
CLENPIQ 241
CLEOCIN 394
CLEVER CHEK LANCETS 281, 324
CLEVER CHOICE CHAMBER-LRG MASK 309, 324
CLEVER CHOICE CHAMBER-MED MASK 309, 324
CLEVER CHOICE CHAMBER-SM MASK 309, 324
CLEVER CHOICE MICRO TEST STRIP 271, 324
CLEVER CHOICE PRO . 271, 324
CLEVER CHOICE TALK TEST 271, 324
CLEVER CHOICE TEST STRIPS 271, 324
CLEVER CHOICE VOICE PLUS TEST 271, 324
CLIMARA PRO 214
clindamycin hcl 46
clindamycin palmitate hcl 46
Clindamycin Pediatric 46
clindamycin phosphate 165, 394
clindamycin-benzoyl peroxide 167
clindamycin-tretinoin 168
CLINDESSE 394
CLINITEST COVID-19 HOME TEST 278, 324
CLINPRO 5000 362
clobazam 113, 134
clobetasol 180, 181, 371
clobetasol-emollient 181
clocortolone pivalate 181
CLODAN KIT 184
clofarabine 56
clomiphene citrate 216
clomipramine 122
clonazepam 112, 113, 134
clonidine 106
clonidine hcl 106, 131
clopidogrel 260
clorazepate dipotassium 112, 134
clotrimazole 174, 363
clotrimazole-betamethasone 175
clozapine 127
COAGADEX 254
COAGUCHEK LANCETS 281, 324
COARTEM 35
COBENFY 128
COBENFY STARTER PACK 128
cocaine 392
codeine sulfate 14
codeine-butalbital-asa-caff 18
colchicine 247
colesevelam 97, 98
colestipol 98
COLUMVI 74
COMBIPATCH 214
COMBISTIX REAGENT . 192, 324
COMBIVENT RESPIMAT 389
COMETRIQ 64
COMFORT EZ LANCETS 281, 324
COMFORT TOUCH PLUS SAFETY LANC ... 281, 324
COMFORT TOUCH ULT THIN LANCETS .. 281, 324
COMFORTSEAL LARGE MASK 309, 324
COMFORTSEAL MEDIUM MASK 309, 324
COMFORTSEAL SMALL MASK 309, 325
COMIRNATY 2026-2027(5-11Y)(PF) 88
COMIRNATY 2026-27 (12Y UP)(PF) 88
COMPACT SPACE CHAMBER 309, 325
COMPACT SPACE CHAMBER-LRG MASK 309, 325
COMPACT SPACE CHAMBER-MED MASK 309, 325
COMPACT SPACE CHAMBER-SM MASK 309, 325
COMPLETE NATAL DHA 197
COMPLETENATE 197
Compro 229
conjugated estrogens ... 215
CONJUPRI 104
Constulose 239
CONTOUR NEXT TEST STRIPS 271, 325
CONTOUR PLUS TEST STRIP 272, 325
CONTOUR TEST STRIPS 272, 325
CONTRAVE 397
COPIKTRA 65, 66
CORDRAN TAPE LARGE ROLL 181
CORDX COVID-19 AG HOME TEST 278, 325
CORIFACT 254
CORLANOR 108
CORTANE-B 382
CORTIFOAM 238
cortisone 217
CORTISPORIN-TC 382
CORTROPHIN GEL 205
COSENTYX 171
COSENTYX (2 SYRINGES) 171
COSENTYX PEN 171
COSENTYX PEN (2 PENS) 171
COSENTYX UNOREADY PEN 171
COTELLIC 63
COTEMPLA XR-ODT 131
COVARYX 214
COVARYX H.S. 214
COVID-19 AT-HOME TEST 278, 325
CRENESSITY 213
CREON 230
CRESEMBA 34
CREXONT 123
CRINONE 216, 395
cromolyn 63, 376, 387
Cryselle (28) 154
CRYSVITA 216

CTEXLI 231, 262
CURITY ALCOHOL SWABS 77
CUROSURF 392
CUTAQUIG 81
CUVITRU 81
CUVRIOR 31
cyanocobalamin (vitamin b-12) 204
cyclobenzaprine 269
Cyclogyl 370
CYCLOMYDRIL 368
cyclopentolate 370
cyclopen-tropic-phenyleph-watr 368
cyclopent-tropic-phen-ketr-wat 368
cyclophosphamide 24, 52
cyclop-trop-propa-phen-ket-wat 368
cycloserine 41
CYCLOSET 208
cyclosporine 24, 263, 372
cyclosporine modified ... 24, 263
cyproheptadine 383, 384
CYRAMZA 70
Cyred 154
Cyred Eq 154
CYSTADROPS 374
CYSTAGON 242
CYSTARAN 374
cytarabine 56
cytarabine (pf) 56
CYTOGAM 80

D

dabigatran etexilate 262
dactinomycin 71
DAFILOR 174
dalfampridine 366
danazol 218
dantrolene 269
DANYELZA 55
DANZITEN 67
dapagliflozin 210
dapagliflozin-metformin 209
dapagliflozin-saxagliptin 210
dapsone 35, 165
DAPTACEL (DTAP PEDIATRIC) (PF) 85
darifenacin 246
DARTISLA 234
darunavir 48
DARZALEX 59
DARZALEX FASPRO 59
dasatinib 67
Dasetta 1/35 (28) 154
Dasetta 7/7/7 (28) 161
DATROWAY 74
daunorubicin 71
DAURISMO 61
DAVOL IRRIGATION SYRINGE 295, 325
DAVOL PISTON IRRIGATION 295, 325
DAWNZERA 109
DAXXIFY 268
DAYBUE 150
DAYBUE STIX 150
Daysee 152
DAYVIGO 145
DAZAVEIDAOXIA 187
DAZOMON 187
DEBACTEROL 363
Deblitane 160
decitabine 56
deferasirox 32
deferiprone 32
deferoxamine 32
deflazacort 217
DEL NIDO CARDIOPLEGIA 382
DELSTRIGO 41
demeclocycline 49
DEMEROL (PF) 14
DENTA 5000 PLUS 362
DENTA 5000 PLUS SENSITIVE 362
DENTAGEL 362
DEOXIATAR 168
DEOXIAVAR 168
DEPAKOTE 114, 135
DEPAKOTE ER 114, 135, 140
DEPAKOTE SPRINKLES 114, 135
DEPO-ESTRADIOL 215
DEPO-PROVERA ... 150, 151
DEPO-SUBQ PROVERA 104 151
Dermacinrx Lidocan 188
DERMACINRX LIDOGEL 188
DERMACINRX LIDOREX 188
DERMAZENE 175
DESCOVY 39
desflurane 29
desipramine 122
desloratadine 384
desmopressin 207, 208
desog-e.estradiol/e.estradiol 152
desonide 181
desoximetasone 181
desvenlafaxine 121
desvenlafaxine succinate 121
dexamethasone 217
DEXAMETHASONE INTENSOL 217
dexamethasone sodium phosphate 371
DEXCOM G6 RECEIVER 281, 325
DEXCOM G6 SENSOR .. 281, 325
DEXCOM G6 TRANSMITTER ... 281, 325
DEXCOM G7 15 DAY SENSOR 282, 325
DEXCOM G7 RECEIVER 282, 325
DEXCOM G7 SENSOR .. 282, 325
dexlansoprazole 232
dexmethylphenidate 131
DEXONTO 217
DEXTENZA 371
dextroamphetamine sulfate 131, 132, 138, 144
dextroamphetamine-amphetamine 132, 138, 144
dextromethorphan-quinidine 145
DIACOMIT 119
DIADIMAXIA 166
DIAOXIA 166
DIASAXIATAR 168

DIASDIMAXIA 166
DIASOXIA..... 166
DIASTIX..... 312, 325
DIATRUE PLUS TEST STRIP..... 272, 326
diazepam..... 112, 113, 134
Diazepam Intensol. 112, 134
diazoxide..... 205
dichlorphenamide . 107, 265
diclofenac epolamine.... 186
diclofenac potassium 28
diclofenac sodium.. 28, 176, 186, 373
diclofenac-misoprostol... 27
dicloxacillin..... 48
dicyclomine 234
diethylpropion 396
DIFFERIN..... 169
DIFICID 46
diflunisal 29
difluprednate 371
digoxin 106
dihydroergotamine..... 140
Dilantin..... 115
Dilantin Extended..... 115
Dilantin Infatabs 115
DILANTIN-125 115
DILAUDID (PF) 14
diltiazem hcl..... 104
DILT-XR..... 104
DILUTING MEDIUM FOR NOVOLOG 194
dimethyl fumarate 366
DIOOXIA..... 177
DIPENTUM 237
Diphen..... 383, 384
diphenhydramine hcl ... 383, 384
diphenoxylate-atropine. 229
dipyridamole..... 260
disopyramide phosphate 96
disulfiram..... 146
DIURIL 108
divalproex 114, 135, 136, 140
DIYRA..... 175
docetaxel..... 69, 70
Dodex 204
dofetilide 97
DOJOLVI 196
Dolishale 154
donepezil..... 149
DOPTELET (10 TAB PACK) 262
DOPTELET (15 TAB PACK) 262
DOPTELET (30 TAB PACK) 262
DOPTELET SPRINKLE.. 262
DOREVI 175
dorzolamide..... 373
dorzolamide (pf) 373
dorzolamide-timolol..... 373
dorzolamide-timolol (pf) 373
Dotti..... 215
DOVATO..... 38
DOVER BULB SYRINGE 295, 326
doxazosin..... 109
doxepin 122, 146
doxercalciferol..... 360
doxorubicin, peg-liposomal 71
doxycycline hyclate 49, 364
doxycycline monohydrate 50, 187
doxylamine-pyridoxine (vit b6) 229
DRITHOCREME HP..... 177
DRIZALMA SPRINKLE . 121, 139
dronabinol..... 137, 229, 397
DROPLET LANCETS 282, 326
DROPSAFE ACTI-LANCE 282, 326
DROPSAFE ALCOHOL PREP PADS..... 77
DROPSAFE MEDLANCE PLUS..... 282, 326
DROPSAFE SICURA SAFETY NEEDLE295, 326
drospirenone-e.estradiol-lm.fa 154
drospirenone-ethinyl estradiol..... 154
DROXIA 261
droxidopa..... 106
DRYSOL 176
DRYSOL DAB-O-MATIC 176
DUAKLIR PRESSAIR..... 389
DUAVEE 214
DULERA 390
duloxetine 121, 139
DUOBRII..... 169
DUODOTE 31
DUOPA 123
DUPIXENT PEN..... 172, 386
DUPIXENT SYRINGE.... 172, 386
DUREX AVANTI BARE REAL FEEL..... 288, 326
DUREX EXTRA SENSITIVE CONDOM 288, 326
DUREX TROPICAL CONDOM 288, 326
DUROLANE..... 267
DURYSTA..... 379
dutasteride..... 245
dutasteride-tamsulosin. 242
DUVYZAT 267
DYANAVEL XR..... 132, 138
DYNOMA 183
DYSPORT..... 269

E

E.E.S. 400 46
EASIVENT HOLDING CHAMBER 309, 326
EASIVENT MASK LARGE 309, 326
EASIVENT MASK MEDIUM 309, 326
EASIVENT MASK SMALL 309, 326
EASY COMFORT ALCOHOL PAD 77
EASY COMFORT LANCETS 282, 326
EASY COMFORT SAFETY LANCET 282, 326
EASY GLIDE CATHETER TIP SYRING 295, 326
EASY GLIDE LUER LOCK SYRINGE 295, 326
EASY GLIDE LUER SLIP TB SYRING..... 295, 326
EASY PLUS II TEST..... 272, 327
EASY STEP..... 272, 327
EASY TALK GLUCOSE TEST 272, 327
EASY TALK PLUS II TEST STRIP..... 272, 327

EASY TOUCH..... 297, 329
EASY TOUCH ALCOHOL PREP PADS..... 77
EASY TOUCH BLULINK TEST STRIP..... 272, 327
EASY TOUCH FLIPLOCK NEEDLE..... 295, 327
EASY TOUCH FLIPLOCK SYRINGE ... 295, 296, 327, 328
EASY TOUCH FLURINGE..... 296, 328
EASY TOUCH FLURINGE FLIPLOCK..... 296, 328
EASY TOUCH FLURINGE FLU TRAY..... 296, 328
EASY TOUCH FLURINGE SHEATHLOCK.... 296, 328
EASY TOUCH HYPODERMIC NEEDLE..... 297, 328
EASY TOUCH LUER LOCK SYRINGE 297, 328, 329
EASY TOUCH SAFETY LANCETS..... 282, 329
EASY TOUCH SYR ALLERGY TRAY. 297, 329
EASY TOUCH TEST STRIP..... 272, 329
EASY TOUCH TUBERCULIN FLIPLOCK..... 297, 329
EASY TOUCH TWIST LANCETS..... 282, 329
EASY TOUCH UNI-SLIP 297, 298, 329
EASY TRAK GLUCOSE TEST..... 272, 329
EASY TRAK II TEST STRIP..... 272, 329
EASY TWIST AND CAP LANCETS..... 282, 329
EASYGLUCO TEST 272, 329
EASYMAX..... 272, 330
EASYMAX 15 TEST STRIPS..... 272, 329
EASYPOINT NEEDLE... 298, 330
EBGLYSS PEN..... 172
EBGLYSS SYRINGE..... 172
ECLIPSE NEEDLE . 298, 330
ECLIPSE SYRINGE 298, 330
econazole nitrate..... 175
ECONTRA EZ..... 163, 164
ECONTRA ONE-STEP.. 163, 164
edaravone..... 265
EDARBYCLOR..... 95
EDEX..... 193
ED-SPAZ..... 233, 246
EDURANT PED..... 38
EEMT..... 214
EEMT HS..... 214
efavirenz..... 38
efavirenz-emtricitabin-tenofov..... 41
efavirenz-lamivu-tenofov disop..... 41
EFFER-K..... 195
EGRIFTA SV..... 219
EGRIFTA WR..... 219
EKTERLY..... 110
ELAHERE..... 54, 73
ELAPRASE..... 359
ELELYSO..... 358
ELEMENT COMPACT TEST STRIPS..... 272, 330
ELEMENT TEST STRIPS..... 272, 330
ELESTRIN..... 215
eletriptan..... 141
ELFABRIO..... 358
ELIGARD..... 63
ELIGARD (3 MONTH)..... 63
ELIGARD (4 MONTH)..... 63
ELIGARD (6 MONTH)..... 63
Elinest..... 154
ELIQUIS..... 250
ELIQUIS DVT-PE TREAT 30D START..... 250
ELIQUIS SPRINKLE..... 250
ELLA..... 163, 164
ELLUME COVID-19 HOME TEST..... 278, 330
ELMIRON..... 243
ELOCTATE..... 252
ELREXFIO..... 74
eltrombopag olamine.... 262
Eluryng..... 163
ELYXYB..... 141
EMBRACE BLOOD GLUCOSE SYSTEM.. 272, 330
EMBRACE EVO TEST STRIPS..... 272, 330
EMBRACE LANCETS... 282, 330
EMBRACE PRO TEST STRIPS..... 272, 330
EMBRACE SAFETY LANCET..... 282, 330
EMBRACE TALK TEST STRIPS..... 273, 330
EMBRACE WAVE GLUCOSE TEST STRP..... 273, 330
EMEND..... 230
EMFLAZA..... 217
EMGALITY PEN..... 140
EMGALITY SYRINGE.... 112, 140
EMPAVELI..... 248, 261
EMPLICITI..... 57
EMRELIS..... 54
EMROSI..... 50, 187
EMSAM..... 119
emtricitabine..... 39
emtricitabine-tenofovir (tdf)..... 39
emtricita-rilpivirine-tenof df..... 41
EMTRIVA..... 39
EMVERM..... 33
Emzahh..... 160
enalapril maleate..... 93
enalapril-hydrochlorothiazide.... 93
ENBREL..... 20, 22
ENBREL MINI..... 20, 22
ENBREL SURECLICK 20, 22
ENBUMYST..... 107
ENDARI..... 193, 196, 261
ENDO AVITENE..... 257
Endocet..... 19
ENFIT MULTIFIL SYRINGE..... 279, 330
ENFIT THUMB CONTROL RING SYRIN..... 279, 330
ENGERIX-B (PF)..... 80

ENGERIX-B PEDIATRIC (PF) 80
ENHERTU 54, 73
Enilloring 163
ENJAYMO 248, 249
enoxaparin 259
Enpresse 161
ENSACOVE 53
Enskyce 154
ENSPRYNG 265
ENSTILAR 170
entacapone 124
entecavir 44
ENTRESTO SPRINKLE ... 95
ENTYVIO 238
ENTYVIO PEN 238
Enulose 230
ENVARSUS XR 263
ENZNONUTY 186
EOHILIA 217
EPCLUSA 45
EPIDIOLEX 114
EPIFIX AMNIOTIC MEMBRANE 190
EPIFOAM 184
epinastine 371
epinephrine 105, 384
epirubicin 71
EPKINLY 74
eplerenone 94, 106
EPOGEN 250
epoprostenol 110
EPYSQLI 248, 261
EQUETRO 116, 136
ERBITUX 75
ergocalciferol (vitamin d2) 204
ergoloid 150
ERGOMAR 140
ergotamine-caffeine 141
eribulin 64
ERIVEDGE 61
ERLEADA 54
erlotinib 51
Errin 160
Ery Pads 166
Ery-Tab 47
ERYTHROCIN (AS STEARATE) 47
erythromycin 47, 378
erythromycin ethylsuccinate 47
erythromycin with ethanol 166
erythromycin-benzoyl peroxide 167
ERZOFRI 125
escitalopram oxalate 120
eslicarbazepine 116
esomeprazole magnesium 232
ESPEROCT 253
Estarylla 154
estazolam 134, 145
estradiol 215, 395
estradiol valerate 216
estradiol-norethindrone acet 214
ESTRING 395
estrogens-methyltestosterone 214
eszopiclone 145
ethacrynic acid 107
ethambutol 42
ethosuximide 118
ethyl chloride 186
ethynodiol diac-eth estradiol 154
etodolac 28
etonogestrel-ethinyl estradiol 163
etoposide 60
etravirine 38
EUCRISA 173
EUFLEXXA 267
EUTHYROX 228
EVAMIST 216
EVENCARE G2 ..... 273, 331
EVENCARE G3 TEST ... 273, 331
EVENCARE MINI GLUCOSE TEST STR 273, 331
EVENCARE PROVIEW TEST STRIP 273, 331
EVENCARE TEST .. 273, 331
EVENITY 212
everolimus (antineoplastic) 64
everolimus (immunosuppressive) 265
Evesse 181
EVEXITHROID 227
EVICEL 257
EVKEEZA 97
EVOLUTION TEST STRIPS 273, 331
EVOMELA 52
EVOTAZ 40, 48
EVRYSDI 270
EXCEL SYRINGE ... 298, 331
EXDENSUR 386
EXEL HYPODERMIC NEEDLES 298, 331
EXEL SYRINGE 298, 331
EXELDERM 175
exemestane 57
exenatide 208, 209
EXODERM 174
EXONDYS-51 267
EXXUA 119
EYLEA 376, 380
EYLEA HD 375, 380
EYSUVIS 371
EZ SMART LANCETS ... 282, 331
EZ SMART PLUS TEST 273, 331
EZ SMART TEST 273, 331
EZALLOR SPRINKLE 98
ezetimibe 102
ezetimibe-rosuvastatin . 102
ezetimibe-simvastatin ... 102
F
FABHALTA 248, 261
FABRAZYME 358
Falmina (28) 154
famciclovir 46
famotidine 232
FANAPT 125
FANAPT TITRATION PACK A 125
FANAPT TITRATION PACK B 126
FANAPT TITRATION PACK C 126
FANTASY CONDOM 288, 332
FASENRA 386
FASENRA PEN 386
FASTEP COVID-19 AG HOME TEST 278, 332

FC2 FEMALE CONDOM 280, 332
febuxostat 248
FEIBA NF 249
Feirza 155
felbamate 114
felodipine 104
FEM PH 395
FEMCAP 277, 332
FEMLYV 155
FEMRING 395
fenofibrate 98
fenofibrate micronized 98
fenofibrate nanocrystallized 98
fenofibric acid 98
fenofibric acid (choline) .. 98
FENSOLVI 224
fentanyl 15
fentanyl citrate 14
fentanyl citrate (pf) 14, 30
fentanyl citrate (pf)-0.9%nacl 14
ferric citrate 195, 244
FERRIPROX 32
FERVINA 174
fesoterodine 247
FETZIMA 121
FIASP FLEXTOUCH U-100 INSULIN 222
FIASP PENFILL U-100 INSULIN 222
FIASP PUMPCART 223
FIASP U-100 INSULIN ... 223
FIBRYGA 256
fidaxomicin 47
FIDILA 174
FILOMA 174
FILSPARI 108
FILSUVEZ 192
filter needles 298, 332
FINACEA 166, 187
finasteride 244
FINGERSTIX LANCETS 282, 332
fingolimod 367
FINTEPLA 119
Finzala 155
Fioricet 20
FIRDAPSE 266
FIRMAGON KIT W DILUENT SYRINGE 63
FLAREX 371
flavoxate 247
FLEBOGAMMA DIF 81
flecainide 96
FLEXICHAMBER 309, 332
FLEXICHAMBER-LG CHILD MASK 309, 332
FLEXICHAMBER-SM ADULT MASK 309, 332
FLEXICHAMBER-SM CHILD MASK 309, 332
FLOLIPID 98
FLOWFLEX COVID-19 AG HOME TEST 278, 332
floxuridine 56
FLUAD 2026-2027 (65 YR UP)(PF) 89
FLUARIX 2026-2027 (PF) . 89
FLUBLOK 2026-2027 (PF) 89
FLUCELVAX 2026-2027 (PF) 89
fluconazole 34, 35
flucytosine 34
fludarabine 56
fludrocortisone 225
FLULAVAL 2026-2027 (PF) 89
FLUMIST 2026-2027 ... 82, 89
FLUMIST HOME 2026-2027 ..... 83, 89
flunisolide 392
fluocinolone 181
fluocinolone acetonide oil 382
fluocinolone and shower cap 181
fluocinonide 181
Fluocinonide-E 181
fluocinonide-emollient .. 181
fluorescein-benoxinate 374, 375
fluorescein-proparacaine 374
fluoride (sodium) ... 362, 363
FLUORIDEX DAILY DEFENSE 363
FLUORIDEX SENSITIVITY RELIEF 363
FLUORIMAX 5000 363
FLUORIMAX 5000 SENSITIVE 363
fluorometholone 371
fluorouracil 176
fluoxetine 120
FLUOXIA 183
fluphenazine hcl 128
flurandrenolide 181, 182
flurazepam 134, 145
flurbiprofen 28
flurbiprofen sodium 373
fluticasone propionate . 182, 385, 386, 393
fluticasone propion-salmeterol 390
fluvastatin 99
fluvoxamine 120
FLUZONE 2026-2027 90
FLUZONE 2026-2027 (PF) 89
FLUZONE HIGH-DOSE 2026-27 (PF) 90
FML FORTE 371
FOLET ONE 196, 197
folic acid 204
FOLLISTIM AQ 216
FOLOTYN 55
fondaparinux 258, 259
FONDCIRCLE LANCET 282, 332
FORA 6 CONNECT GLUCOSE STRIP 273, 332
FORA 6CONN-GTEL-TN'G ADV STRIP 273, 332
FORA D40-G31 TEST STRIPS 273, 332
FORA G20 ..... 273, 332
FORA GD50 TEST STRIPS 273, 332
FORA GTEL GLUCOSE TEST STRIP 273, 332
FORA TEST STRIP 273, 332
FORA TN'G ADVAN PRO TEST STRIP 273, 332
FORA TN'G VOICE TEST STRIPS 274, 332
FORA V10 ..... 274, 333
FORA V10-V12-D10-D20 STRIPS 274, 333
FORACARE GD20 .. 274, 333

FORACARE GD40 TEST STRIPS 274, 333
FORACARE LANCETS . 282, 333
formoterol fumarate 388
FORZINITY 269
FOSAMAX PLUS D 213
fosamprenavir 48
fosfomycin tromethamine 34, 245
fosinopril 93
fosinopril-hydrochlorothiazide 93
FOSRENOL 244
FOTIVDA 67
FRAGMIN 259
FREESTYLE INSULINX 274, 333
FREESTYLE INSULINX TEST STRIPS 274, 333
FREESTYLE LANCETS 282, 333
FREESTYLE LIBRE 14 DAY READER 282, 333
FREESTYLE LIBRE 14 DAY SENSOR 282, 333
FREESTYLE LIBRE 2 PLUS SENSOR 282, 333
FREESTYLE LIBRE 2 READER 282, 333
FREESTYLE LIBRE 2 SENSOR 282, 333
FREESTYLE LIBRE 3 PLUS SENSOR 283, 333
FREESTYLE LIBRE 3 READER 283, 333
FREESTYLE LIBRE 3 SENSOR 283, 333
FREESTYLE LITE STRIPS 274, 333
FREESTYLE PRECISION NEO STRIPS 274, 333
FREESTYLE TEST . 274, 333
FREESTYLE UNISTIK 2 283, 334
frovatriptan 141
FRUZAQLA 67
FULPHILA 254
fulvestrant 68
FUROSCIX 107
FUROSCIX READYFLOW 107
furosemide 107
FYARRO 64
Fyavolv 214
FYLNETRA 254
Fyremadel 225
G
gabapentin 114
GALAFOLD 362
galantamine 149
Galbriela 155
Gallifrey 226
GALZIN 31
GAMASTAN 81
GAMIFANT 264
GAMMAGARD LIQUID 81
GAMMAGARD LIQUID ERC 81
GAMMAGARD S-D (IGA < 1 MCG/ML) 81
GAMMAKED 81
GAMMAPLEX 81
GAMMAPLEX (WITH SORBITOL) 81
GAMUNEX-C 81
ganirelix 225
GARDASIL 9 (PF) 88, 89
gatifloxacin 378
GATTEX 30-VIAL 242
GATTEX ONE-VIAL 242
GAVILYTE-C 240
Gavilyte-G 240
Gavilyte-N 240
GAVRETO 69
GAZYVA 59
GE100 BLOOD GLUCOSE TEST STRIP 274, 334
GE333 BLOOD GLUCOSE TEST STRIP 274, 334
gefitinib 51
GEL-ONE 267
GELSYN-3 267
gemcitabine 56
gemfibrozil 98
Gemmily 155
GEMTESA 243
GENABIO COVID-19 RAPID AT-HOME 278, 334
GENADUR (WITH LEXINAL) 190
Generlac 230
Gengraf 24, 263
GENOTROPIN 219
GENOTROPIN MINIQUICK 219
gentamicin 173, 377
GENVISC 850 268
GENVOYA 40
GILENYA 367
GILOTRIF 52
GIMOTI 233
GLASSIA 392
glatiramer 366
Glatopa 366
GLIADEL WAFER 53
glimepiride 210
glipizide 210, 211
glipizide-metformin 210
GLOPERBA 247
GLUCAGON (HCL) EMERGENCY KIT 206
Glucagon Emergency Kit (Human) 206
GLUCO NAVII TEST STRIP 274, 334
GLUCOCARD 01 SENSOR PLUS 274, 334
GLUCOCARD EXPRESSION 274, 334
GLUCOCARD SHINE TEST STRIPS 274, 334
GLUCOCARD VITAL SENSOR 274, 334
GLUCOCARD VITAL TEST STRIPS 274, 334
GLUCOCOM GLUCOSE 274, 334
GLUCOCOM LANCETS 283, 334
glutamine (sickle cell) .. 193, 196, 261
glyburide 211
glyburide-metformin 210
glycerol phenylbutyrate 361
glycine urologic solution 242
glycopyrrolate 234, 364
glycopyrrolate (pf) 234
Glydo 188
GLYXAMBI 210
GM100 ..... 275, 334

GOJJI BLOOD GLUCOSE TEST STRIP 275, 334
GOJJI LANCETS 283, 334
GOMEKLI 63, 64
GONAL-F 216
GONAL-F RFF REDI-JECT 216
GRAFIX CORE 190
GRAFIX PRIME 190
GRAFIX XC 190
granisetron hcl 229
GRANIX 254
GRASTEK 78
griseofulvin microsize 35
griseofulvin ultramicrosize 35
guanfacine 106, 131
GUARDIAN 4 GLUCOSE SENSOR 283, 334
GUARDIAN 4 TRANSMITTER ... 283, 334
GUARDIAN LINK 3 TRANSMITTER ... 283, 334
GUARDIAN SENSOR 3 . 283, 334
GVOKE 206
GVOKE HYPOPEN 1-PACK 206
GVOKE HYPOPEN 2-PACK 206
GVOKE PFS 1-PACK SYRINGE 206
GVOKE PFS 2-PACK SYRINGE 206
GWYN LO 162
GYNAZOLE-1 394

H

HAEGARDA 249
Hailey 155
Hailey 24 Fe 155
Hailey Fe 1.5/30 (28) 155
Hailey Fe 1/20 (28) 155
halcinonide 182
halobetasol propionate . 182
Haloette 163
HALOG 182
haloperidol 127
haloperidol lactate 127
HARLIKU 361
HARMONY GLUCOSE TEST STRIP 275, 334
HARVONI 45
HAVRIX (PF) 79
HAXDRAX 174
HEALON GV PRO 377
HEALON PRO 377
HEALON5 PRO 377
HEALTHPRO TEST STRIPS 275, 335
Heather 160
HEMA-COMBISTIX . 192, 335
HEMANGEOL 103
HEMICLOR 108
HEMLIBRA 256
HEMOFIL M HIGH 253
HEMOFIL M LOW 253
HEMOFIL M MID 253
HEMOFIL M SUPER HIGH 253
heparin (porcine) 258
heparin (porcine) in 0.9% nacl 258
heparin (porcine) in 5 % dex 258
HEPARIN LOCKFLUSH(PORCINE)(PF) 258
heparin, porcine (pf) 258
HEPCLUDEX 45
HEPLISAV-B (PF) 80
HERCEPTIN 75
HERCEPTIN HYLECTA 75
HERCESSI 75
HERNEXEOS 60
HERZUMA 75
HETLIOZ LQ 139
HEXIOUNYL 174
HIBERIX (PF) 86
HIXDEFRIMA 174
HIZENTRA 82
HOMATROPAIRE 370
HOVYN 178
huber safety needles (disp.) 298, 335
HUMALOG KWIKPEN INSULIN 223
HUMALOG MIX 50-50 KWIKPEN 221
HUMALOG MIX 75-25(U-100)INSULN 221
HUMALOG U-100 INSULIN 223
HUMATE-P 253
HUMATROPE 219
HUMULIN 70/30 U-100 INSULIN 220
HUMULIN 70/30 U-100 KWIKPEN 220
HUMULIN N NPH INSULIN KWIKPEN 220
HUMULIN N NPH U-100 INSULIN 220
HUMULIN R REGULAR U-100 INSULN 221
HUMULIN R U-500 (CONC) KWIKPEN 221
HYALGAN 268
HYCAMTIN 70
hydralazine 106
hydrochlorothiazide 108
hydrocodone bitartrate ... 15
hydrocodone-acetaminophen 18
hydrocodone-chlorpheniramine 393
hydrocodone-homatropine 393, 394
hydrocodone-ibuprofen .. 18
hydrocortisone 30, 182, 217, 238
hydrocortisone acetate ... 30
hydrocortisone butyrate 182
hydrocortisone sod succinate 217
hydrocortisone valerate 182
hydrocortisone-acetic acid 382
hydrocortisone-iodoquinol 175
hydrocortisone-iodoquinol-aloe 173
hydrocortisone-pramoxine 30, 182, 184
Hydromet 394
hydromorphone 15
hydromorphone (pf) 15
hydromorphone (pf)-0.9 % nacl 15

hydroquinone 178
hydroxocobalamin 204
hydroxychloroquine. 23, 35, 36
hydroxyurea..... 56
hydroxyzine hcl..... 112
hydroxyzine pamoate ... 112
HYFTOR 186
HYMOVIS..... 268
HYMOVIS ONE..... 268
HYMPAVZI PEN 256
hyoscyamine sulfate.... 233, 246
HYOSYNE..... 233, 246
HYPER-SAL 149
HYPOCYN ANTIPRURITIC 78, 191
HYPODERMIC NEEDLES 299, 335
HYQVIA 82
HYRNUO..... 60
HYSINGLA ER..... 15

I

ibandronate..... 213
IBRANCE..... 60
IBSRELA 235
IBTROZI..... 67
Ibu..... 28
ibuprofen..... 28
icatibant 103
Iclevia 155
ICLUSIG 64
icosapent ethyl..... 101
ICOTYDE 165
IDARAN 187
idarubicin..... 71
IDELVION..... 251
IDHIFA 65
IDOSE TR..... 379
IDVYNSO..... 41
IDYYXIATAR 169
IFE-BIMIX 30/1 193
ifosfamide..... 53
IGALMI 145
IHEALTH COVID-19 AG HOME TEST..... 278, 335
IHEALTH GLUCOSE TEST STRIP..... 275, 335
IHEEZO (PF)..... 375
ILARIS (PF) 20
ILET INFUSION KIT-FLEX 23..... 313, 335
ILET INFUSION KIT-INSET 23..... 313, 335
ILET INFUSION KIT-INSET 32..... 313, 335
ILET INFUSION-CONTACT DTCH 23..... 313, 335
ILET INSULIN PUMP..... 312, 335
ILET STARTER KIT CONTACT..... 311, 335
ILET STARTER KIT-INSET 311, 335
ILEVRO..... 373
ILUMYA 170
IMAAVY 266
imatinib 67
IMBRUVICA..... 58, 67
IMCIVREE..... 397
IMDELLTRA 74
IMFINZI 71
imipenem-cilastatin..... 42
imipramine hcl..... 122
imipramine pamoate 123
imiquimod..... 184
IMJUDO 60
IMKELDI 67
IMPAVIDO 36
IMVEXXY MAINTENANCE PACK 225
IMVEXXY STARTER PACK 225
INBRIJA..... 124
Incassia..... 160
INCONTROL ALCOHOL PADS..... 77
INCONTROL SUPER THIN LANCETS..... 283, 335
INCONTROL ULTRA THIN LANCETS..... 283, 335
INCRELEX..... 224
INCRUSE ELLIPTA..... 387
indapamide..... 108
INDICAID COVID-19 AG HOME TEST..... 278, 335
indomethacin..... 28
INFANRIX (DTAP) (PF).... 85
INFASURF..... 392
INFINITY TEST STRIPS 275, 335
INFLECTRA..... 21, 22, 239
infliximab 21, 22, 239
INFUGEM..... 56
INGREZZA..... 142, 143
INGREZZA INITIATION PK(TARDIV)..... 142, 143
INGREZZA SPRINKLE.. 142, 143
INJECT EASE LANCETS 283, 335
INJECTAFER..... 195
INLEXZO..... 56
INLURIYO..... 68
INLYTA 67
INPEFA..... 208
INPEN (FOR HUMALOG) BLUE..... 287, 335
INPEN (FOR HUMALOG) GREY 287, 336
INPEN (FOR HUMALOG) PINK..... 287, 336
INPEN (NOVOLOG OR FIASP) BLUE..... 287, 336
INPEN (NOVOLOG OR FIASP) GREY..... 287, 336
INPEN (NOVOLOG OR FIASP) PINK..... 287, 336
INQOVI..... 73
INREBIC 62
INSPIRACHAMBER309, 336
INSPIRACHAMBER WITH MASK-LARGE 310, 336
INSPIRACHAMBER WITH MASK-MED..... 310, 336
INSPIRACHAMBER WITH MASK-SMALL..... 310, 336
insulin glargine-yfgn..... 222
insulin lispro..... 223
insulin lispro protamin-lispro..... 221
insulin u-500 syringe-needle..... 287, 336
INTEGRA PRECISIONGLIDE NEEDLE..... 299, 336
INTELENCE..... 38
INTELISWAB COVID-19 HOME TEST..... 278, 336
INTERLINK SYRINGE AND CANNULA..... 299, 336
INTRAROSA..... 225

Introvale 155
INVACARE LANCETS .. 283, 336
INVEGA HAFYERA 126
INVEGA SUSTENNA..... 126
INVEGA TRINZA 126
INVELTYS..... 371
INVOKAMET..... 209
INVOKAMET XR..... 209
INVOKANA..... 210
INZDEAXIAVAR 168
INZIRQO 108
IODOFLEX..... 78
IODOSORB..... 78
IOPIDINE 379
IPOL..... 91
ipratropium bromide.... 388, 392
ipratropium-albuterol.... 389
IQIRVO 263
irbesartan..... 95
irbesartan-hydrochlorothiazide 95
irinotecan..... 70
IRRIGATION SYRINGE. 299, 336
ISENTRESS..... 37, 38
ISENTRESS HD..... 37
Isibloom 155
isoflurane..... 29
isoniazid..... 42
isosorbide dinitrate..... 95
isosorbide mononitrate .. 95
isosorbide-hydralazine. 111
isotretinoin..... 165
isradipine 104
ISTODAX 61
ISTURISA 205
ITOVEBI..... 65
itraconazole 35
ivabradine 108
ivermectin 33, 187
IWILFIN..... 65
IXEMPRA..... 60
IXINITY 251
IYUZEH (PF)..... 379
IZERVAY (PF)..... 376, 378

J

Jaimiess..... 152
JAKAFI..... 62
JAKAFI XR..... 62
Jantoven 249
JARDIANCE 210
JASCAYD..... 394
Jasmiel (28)..... 155
JATENZO 206, 207
JAVADIN 106
Javygtor..... 362
JAYPIRCA..... 58, 67
Jaythari 217
JEMPERLI..... 72
Jencycla..... 160
JENTADUETO..... 211
JENTADUETO XR..... 211
JEVTANA 70
Jinteli..... 215
JIVI..... 253
JOENJA..... 361
JOLESSA 155
JORNAY PM..... 132
JOURNAVX 14
Joyeaux..... 155
Juleber 156
JULUCA..... 38
Junel 1.5/30 (21) 156
Junel 1/20 (21) 156
Junel Fe 1.5/30 (28) 156
Junel Fe 1/20 (28) 156
Junel Fe 24..... 156
JUST RIGHT 5000..... 363
JUXTAPID 102
JYLAMVO..... 23, 55
JYNARQUE 244
JYNNEOS (PF) 83, 90, 92

K

KADCYLA..... 54, 73
Kaitlib Fe..... 156
KALBITOR..... 110
Kalliga 156
KALYDECO..... 391
KANJINTI..... 75
KANUMA 359
KAPSPARGO SPRINKLE 102
Kariva (28)..... 152
KATARAXAP..... 178
KATARVIA..... 178
KCENTRA..... 251
KEFUNOVA..... 186
Kelnor 1/35 (28) 156
KEMOPLAT..... 66
KENALOG-80..... 217
KEPIVANCE..... 239
KERASTAT..... 180
KERENDIA 94
KERIDA 184
KESIMPTA PEN 365
ketoconazole 34, 175
KETODAN KIT..... 175
KETO-DIASTIX..... 313, 336
KETONE CARE..... 313, 336
KETONE URINE TEST.. 313, 336
ketoprofen..... 28
ketorolac 27, 373
KETOSTIX 313, 336
KEVARAXAP..... 178
KEVARTIA..... 178
KEVEYIS..... 265
KEVZARA..... 25
KEYTRUDA 72
KEYTRUDA QLEX..... 72
KHAPZORY..... 76
KIMMTRAK..... 76
KIMONO LUBRICATED CONDOMS..... 288, 337
KIMONO MICROTHIN AQUA LUBE CON 288, 337
KIMONO MICROTHIN CONDOMS..... 288, 337
KIMONO MICROTHIN LARGE CONDOMS ... 288, 337
KIMONO TEXTURED CONDOMS..... 288, 337
KIMONO THIN LUBRICATED CONDOMS 288, 337
KINERET 25
KINRIX (PF) 85
Kionex 194
KIRSTY..... 223
KIRSTY PEN..... 223
KISQALI..... 60
KISUNLA 149
KLARITY (CHONDROITIN) (PF)..... 367
Klayesta 173
KLISYRI (250 MG)..... 176

KLISYRI (350 MG) 176
Klor-Con M10 195
Klor-Con M15 195
Klor-Con M20 195
KLOXXADO 32
KOATE 253
KOGENATE FS 253
KOMZIFTI 64
KONVOMEP 233
KORLYM 209
KORSUVA 14, 15
KOSELUGO 64
KOTARAXAP 178
KOVALTRY 253
K-PHOS NO 2 245
K-PHOS ORIGINAL 245
KPN 197
KRAZATI 62
KRINTAFEL 36
KRYSTEXXA 248
Kurvelo (28) 156
KUTAR 179
KUTARVIA 179
KYGEVVI 265
KYLEENA 151
Kymbee 217
KYPROLIS 66
KYZATREX 207

L

L.E.T.(LIDO-EPINEPH BIT-TETRA) 189
L.E.T.(LIDO-RACEPINEPH-TETRA) 189
labetalol 94
LABSTIX REAGENT 192, 337
lacosamide 114
lactated ringers 194
lactulose 230, 240
LAGEVRIO (EUA) 49
LAMICTAL XR STARTER (BLUE) 117
LAMICTAL XR STARTER (GREEN) 117
LAMICTAL XR STARTER (ORANGE) 117
lamivudine 39, 44
lamivudine-zidovudine ... 41
lamotrigine 117, 136
LAMPIT 36
LAMZEDE 358
lancets 283, 337
LANCETS,THIN 283, 337
LANOXIN 106
lanreotide 226
lansoprazole 232
lanthanum 244
LANTUS SOLOSTAR U-100 INSULIN 222
LANTUS U-100 INSULIN 222
lapatinib 51
Larin 1.5/30 (21) 156
Larin 1/20 (21) 156
Larin 24 Fe 156
Larin Fe 1.5/30 (28) 156
Larin Fe 1/20 (28) 156
LASIX ONYU 107
latanoprost 379
LAZCLUZE 52
leflunomide 26
LEMTRADA 365
lenalidomide 70
LENVIMA 67
LEQEMBI 149
LEQEMBI IQLIK 149
LEQSELVI 190
LEROCHOL 93, 101
Lessina 156
letrozole 57
leucovorin calcium 76
LEUKERAN 53
LEUKINE 256
leuprolide 63
levalbuterol hcl 388
levalbuterol tartrate 389
levamlodipine 104
levetiracetam 118
levobunolol 374
levocarnitine 193, 360
levocarnitine (with sugar) 360
levocetirizine 384
levofloxacin 44, 378
levoleucovorin calcium ... 76
Levonest (28) 161
levonorgest-eth.estradiol-iron 157
levonorgestrel 163, 164
levonorgestrel-ethinyl estrad 157
levonorg-eth estrad triphasic 161
levorphanol tartrate 15
levothyroxine 228
LEVULAN 186
LIBTAYO 72
LIDO BDK 313
lidocaine 189
lidocaine hcl 30, 189, 364
lidocaine hcl-hydrocortison ac 30, 184
lidocaine-hydrocortisone-aloe 30
lidocaine-prilocaine 186
Lidocan Iii 189
Lidocan Iv 189
Lidocan V 189
LIDOPIN 189
LIDTOPIC 189
LIDTOPIC MAX 189
LIFESHIELD BLUNT CANNULA 299, 337
LIFYORLI 50
LIKMEZ 36
LILETTA 151
linezolid 47
LINZESS 230, 235
Liomny 228
liothyronine 228
liraglutide 209
liraglutide (weight loss) 396
lisdexamfetamine 132
lisinopril 93
lisinopril-hydrochlorothiazide 93
LITE TOUCH-MEDIUM MASK 310, 337
LITEAIRE MDI CHAMBER 310, 337
LITETOUCH-LARGE MASK 310, 337
LITETOUCH-SMALL MASK 310, 337
LITFULO 190
lithium carbonate 137
lithium citrate 137
LITHOSTAT 245
LIVDELZI 263
LIVMARLI 263
LIVTENCITY 43
L-MESITRAN SOFT 191
LO LOESTRIN FE 152
LOARGYS 358

Loestrin 1.5/30 (21) 157
Loestrin 1/20 (21) 157
Loestrin Fe 1.5/30 (28-Day) 157
Loestrin Fe 1/20 (28-Day) 157
lofexidine 146
Lojaimiess 152
LOKELMA 194
Lomaira 396
lomustine 53
LONSURF 57
loperamide 228
lopinavir-ritonavir 40
LOPRESSOR 102
LOQTORZI 72
lorazepam 112, 134, 135
Lorazepam Intensol 112, 134
LORBRENA 53
Loryna (28) 157
losartan 95
losartan-hydrochlorothiazide 95
LOTEMAX 371
LOTEMAX SM 371
loteprednol etabonate .. 371, 372
LOTREXONE 14
lovastatin 99
Low-Ogestrel (28) 157
loxapine succinate 128
Lo-Zumandimine (28) 157
lubiprostone 235, 239
LUCENTIS 376, 380
LUCIRA CHECK-IT COVID HOME TST 278, 337
LUER LOCK SYRINGE . 299, 337
LUER SLIP TIP SYRINGE TRAY 299, 337
LUER-LOK TIP 299, 338
LUGOLS 78
Luizza 157
luliconazole 175
LUMAKRAS 62
LUMIGAN 379
LUMIZYME 359
LUMRYZ 143
LUMRYZ STARTER PACK 143
LUNSUMIO 74
LUPKYNIS 263
LUPRON DEPOT 63, 224
LUPRON DEPOT (3 MONTH) 63, 224
LUPRON DEPOT (4 MONTH) 63
LUPRON DEPOT (6 MONTH) 63
LUPRON DEPOT-PED ... 224
LUPRON DEPOT-PED (3 MONTH) 224
lurasidone 125
Lurbiro 28
LUTATHERA 65, 68
Lutera (28) 157
LYBALVI 129, 131, 137
Lyleq 160
Lyllana 216
LYMPHIR 62
LYNKUET 225
LYNOZYFIC 74
LYNPARZA 66
LYSODREN 54
LYTGOBI 61
LYUMJEV KWIKPEN U-100 INSULIN 223
LYUMJEV KWIKPEN U-200 INSULIN 223
LYUMJEV U-100 INSULIN 223
Lyza 160

M

macitentan 111
MAD NASAL ATOMIZER-3 ML SYRING 299, 338
MAGELLAN SAFETY SYRINGE 299, 338
MAGELLAN SYRINGE .. 299, 338
MAGELLAN TUBERCULIN SAFETY SYR 299, 338
malathion 191
maraviroc 37
MARGENZA 75
Marlissa (28) 157
MARPLAN 119
MARVONA SUIK (PF) 30
MARVONA-25 SUIK (PF) . 30
MASONATAL PRENATAL 197
MATULANE 52
Matzim La 104
MAVENCLAD (10 TABLET PACK) 366
MAVENCLAD (4 TABLET PACK) 366
MAVENCLAD (5 TABLET PACK) 366
MAVENCLAD (6 TABLET PACK) 366
MAVENCLAD (7 TABLET PACK) 366
MAVENCLAD (8 TABLET PACK) 366
MAVENCLAD (9 TABLET PACK) 366
MAVILO 179
MAVILO HP 179
MAVILO LP 179
MAVYRET 45
MAXIDEX 372
MAYZENT 367
MAYZENT STARTER(FOR 1MG MAINT) 367
MAYZENT STARTER(FOR 2MG MAINT) 367
MB HYDROGEL 179
meclizine 229
meclofenamate 27
mecobalamin (vitamin b12) 204
MEDLANCE PLUS LANCETS 283, 338
MEDLANCE PLUS SPECIAL BLADE 283, 338
MEDROL 217
MEDROLOAN II SUIK 218
MEDROLOAN SUIK 218
medroxyprogesterone . 151, 226
mefenamic acid 27
mefloquine 36
megestrol 66, 397
MEKINIST 64
MEKTOVI 64
Meleya 160
meloxicam 27

melphalan hcl 53
MELZARA..... 166
memantine 150
memantine-donepezil ... 150
MENOPUR..... 216
MENOSTAR..... 216
MENQUADFI (PF) 86
MENVEO A-C-Y-W-135-DIP (PF) 86
meperidine..... 15
meperidine (pf) 15
meprobamate..... 112
MEPSEVII 359
mercaptopurine..... 56
MERILOG 223
MERILOG SOLOSTAR .. 223
mesalamine..... 237
mesalamine with cleansing wipe 237
mesna..... 76
METADATE ER 132
metaxalone 269
metformin..... 223, 224
methadone..... 15, 16
Methadone Intensol 15
Methadose 16
methamphetamine 132, 138
methazolamide 107
methenamine hippurate. 47, 245
methenamine mandelate47, 245
methen-sod phos-meth blue-hyos..... 47, 246
methimazole 212
METHITEST..... 207
methocarbamol 269
methotrexate sodium 23, 55
methotrexate sodium (pf) 23, 55
methoxsalen 176
methscopolamine..... 233
methsuximide..... 118
methyldopa..... 106
methylergonovine 226
methylphenidate..... 133
methylphenidate hcl 132, 133, 144
methylprednisolone..... 218
methyltestosterone..... 207
metoclopramide hcl..... 233
metolazone 108
metoprolol succinate 103
metoprolol ta-hydrochlorothiaz..... 105
metoprolol tartrate 103
metronidazole.. 36, 188, 395
metyrosine..... 109
mexiletine..... 96
Mibelas 24 Fe..... 157
miconazole nitrate-zinc ox-pet..... 175
MICONAZOLE-3..... 395
MICRO BLOOD GLUCOSE 275, 338
MICRO THIN LANCETS 283, 338
MICROCHAMBER.. 310, 338
MICRODOT BLOOD GLUCOSE SYSTEM.. 275, 338
MICRODOT XTRA BLOOD GLUCOSE..... 275, 338
Microgestin 1.5/30 (21).. 157
Microgestin 1/20 (21)..... 157
Microgestin Fe 1.5/30 (28) 158
Microgestin Fe 1/20 (28) 158
MICROLET LANCET..... 283, 338
MICROLET NEXT LANCET 283, 338
microplegic solution no.1 380
MICROSPACER..... 310, 338
midazolam 29, 113, 135, 145
midazolam (pf)..... 29, 135
midodrine..... 106
MIEBO (PF) 367
MIFEPREX..... 205
mifepristone..... 205, 209
miglitol 208
miglustat..... 360
Mili..... 158
milnacipran..... 121, 139
Milophene 216
Mimvey..... 215
MINI PRENATAL..... 197
MINIMED 780G INSULIN PUMP..... 312, 338
MINIMED APP MANAGER 283, 338
MINIMED FLEX..... 312, 338
MINIMED INSTINCT SENSOR 283, 338
minocycline 26, 50, 165
minoxidil 106
Minzoya..... 158
MIPLYFFA 360
mirabegron 243
MIRENA..... 151
MIRO3D 190
MIRO3D FIBERS..... 190
MIRODERM FENESTRATED..... 191
MIRODERM FENESTRATED PLUS 191
MIRODRY WOUND MATRIX 191
MIROTRACT..... 191
mirtazapine 119
misoprostol..... 233
mitomycin..... 71
mitomycin (pf) in water. 371
MITOSOL..... 371
mitoxantrone..... 71
MIUDELLA..... 151
MKO (MIDAZOLAM-KETAMINE-ONDAN) 29
M-M-R II (PF) .. 83, 90, 91, 92
M-NATAL PLUS 197
MNEXSPIKE 2026-2027 (PF) 88
MOBI BLOOD GLUCOSE TEST STRIP..... 275, 338
MOBILE LANCETS 284, 338
modafinil 143
MODD1 PATIENT WELCOME KIT ... 311, 339
MODD1 SUPPLY KIT 313, 339
MODEYSO..... 58
moexipril 93
MOKURA..... 179
MOKURA LP 179
MOKURA MOD..... 179
MOKURA PLUS..... 179
MOLEXI 179
molindone..... 128
mometasone..... 182, 393
Mondoxyne NL..... 50
MONJUVI..... 59

MONOJECT 140CC PISTON SYRINGE 299, 339
MONOJECT 35CC SYRINGE CATH TIP .. 299, 339
MONOJECT 3CC SYR 25GX1 ..... 299, 339
MONOJECT ALLERGY TRAY 300, 339
MONOJECT ALLERGY TRAY DETACH ... 300, 339
MONOJECT BLOOD COLLECTION 270, 339
MONOJECT CONTROL SYRINGE LUER .. 300, 339
MONOJECT DISPOSABLE SYRINGE 300, 339
MONOJECT ECCENTRIC NON-STERILE 300, 339
MONOJECT ENFIT STERILE SYRINGE ... 279, 339
MONOJECT ENFIT SYRINGE 279, 280, 340
MONOJECT ENFIT SYRINGE CAP 279, 339
MONOJECT FILTER ASPIRATOR 300, 340
MONOJECT FILTER NEEDLE 300, 340
MONOJECT HYPODERMIC NEEDLES 300, 340
MONOJECT HYPODERMIC POLYPROPYL 300, 340
MONOJECT LUER-LOCK TIP 300, 301, 340
MONOJECT MAGELLAN SAFETY SYRNG . 301, 341
MONOJECT MEDICATION TRANSF NDL 301, 341
MONOJECT PHARMACY TRAY LUER 301, 341
MONOJECT PHARMACY TRAY REG TIP ... 301, 341
MONOJECT REG TIP NON-STERILE 301, 341
MONOJECT REGULAR LUER 301, 302, 341
MONOJECT SAFETY LUER LOCK TIP 302, 342
MONOJECT SAFETY SYRINGES 302, 342
MONOJECT SMARTIP CANNULA 302, 342
MONOJECT SYRINGE .. 302, 303, 342, 343
MONOJECT SYRINGE CATHETER 302, 342
MONOJECT SYRINGE LUER LOK 302, 342
MONOJECT SYRINGE REGULAR LUER 302, 342
MONOJECT SYRINGE TOOMEY TYPE ... 303, 343
MONOJECT TB 303, 343
MONOJECT TB LUER LOK 303, 343
MONOJECT TB REGULAR LUER TIP 303, 343
MONOJECT TB SAFETY SYRINGE 303, 343
MONOJECT TUBERCULIN SYRINGE 303, 343
MONOLET LANCETS ... 284, 343
MONOLET THIN LANCETS 284, 343
Mono-Linyah 158
MONOVISC 268
MONSEL'S 257
montelukast 386
morphine 16
morphine (pf) 16
morphine concentrate 16
morphine in 0.9 % sodium chlor 16
MOTPOLY XR 114
MOUNJARO 208
MOVANTIK 32
MOXATAG 33
moxifloxacin 44, 378
moxifloxacin-bromfenac 370
MRESVIA (PF) 91
MULPLETA 262
MULTAQ 97
MULTI-DRAW NEEDLE 270, 343
MULTISTIX 192, 344
MULTISTIX 10 SG .. 192, 343
MULTISTIX 5 ..... 192, 343
MULTISTIX 7 ..... 192, 344
MULTISTIX 8 SG 192, 344
MULTISTIX 9 ..... 192, 344
MULTISTIX 9 SG 192, 344
mupirocin 173
mupirocin calcium 173
MUSCUSOLICE 186
Mutamycin 71
MVASI 51
MY CHOICE 163, 164
MY WAY 163, 164
MYALEPT 224
MYCAPSSA 227
mycophenolate mofetil .. 24, 25, 264
mycophenolate sodium 264
MYDCOMBI 368
MYDRIATIC4(TROP-PROP-PE-KTRLC) 376
MYFEMBREE 225
MYGLUCOHEALTH 275, 344
MYGLUCOHEALTH LANCETS 284, 344
MYHIBBIN 264
MYLERAN 52
MYLOTARG 54, 73
MYNATAL 197
MYNATAL ADVANCE 197
MYNATAL PLUS 198
MYNATAL-Z 198
MYNATE 90 PLUS 198
MYOBLOC 269
MYQORZO 105
MYRBETRIQ 243
MYTESI 228

N

nabumetone 27
nadolol 103
naftifine 173
NAGLAZYME 359
nalbuphine 19
naloxone 32
NALTREX 14
naltrexone 146
NAMENDA XR 150
NAMZARIC 150
NANO 2ND GEN PEN NEEDLE 287, 344

NANO PEN NEEDLE..... 287, 344
naproxen..... 28
naproxen sodium..... 28
naratriptan..... 141
NATACYN..... 378
NATAZIA..... 161
nateglinide..... 209
NATESTO..... 207
NATURAL CYCLES DIGITAL APP..... 279, 344
NAYZILAM..... 113, 135
nebivolol..... 103
NEBUSAL..... 149
Necon 0.5/35 (28)..... 158
needle (disp) 16 g.. 303, 344
needle (disp) 18 g.. 303, 344
needle (disp) 19 g.. 303, 344
needle (disp) 23 gauge 303, 344
needle (disp) 27 gauge 304, 344
needles, huber disposable..... 304, 344
nefazodone..... 121
NEFFY..... 106
nelarabine..... 56
NEMLUVIO..... 172
NENDRUX..... 184
NEOMED ENFIT SYRINGE..... 280, 344
neomycin..... 33
neomycin-bacitracin-poly-hc..... 369
neomycin-bacitracin-polymyxin..... 377
neomycin-polymyxin b gu..... 242
neomycin-polymyxin b-dexameth..... 369
neomycin-polymyxin-gramicidin..... 377
neomycin-polymyxin-hc..... 369, 382
NEORAL..... 25, 263, 264
NERLYNX..... 52
Neuac..... 167
NEUAC KIT..... 167
NEULASTA..... 255
NEULASTA ONPRO..... 254
NEUPOGEN..... 255
NEUPRO..... 125
NEURAPTINE..... 186
NEUTEK 2TEK TEST STRIPS..... 275, 344
NEVANAC..... 373
nevirapine..... 38
NEW DAY..... 163, 164
NEXA PLUS..... 198
NEXLETOL..... 97
NEXLIZET..... 102
NEXOBRID..... 178
NEXPLANON..... 150
NEXTSTELLIS..... 158
NEXVIAZYME..... 359
NGENLA..... 219
niacin..... 101, 204
Niacor..... 101
nicardipine..... 104
nicotine..... 147
nicotine (polacrilex)..... 147
NICOTROL NS..... 147
nifedipine..... 104, 105
Nikki (28)..... 158
nilotinib hcl..... 68
nilutamide..... 54
nimodipine..... 104
NINLARO..... 67
nintedanib..... 394
NIPENT..... 56
nisoldipine..... 105
nitazoxanide..... 36
nitisinone..... 361
Nitro-Bid..... 96
NITRO-DUR..... 96
nitrofurantoin..... 34, 245
nitrofurantoin macrocrystal..... 34, 245
nitrofurantoin monohyd/m-cryst..... 34, 245
nitroglycerin..... 30, 96
NITRO-TIME..... 96
NITYR..... 361
NIVESTYM..... 255
nizatidine..... 232
NOBELA..... 186
NOCDURNA (MEN)..... 208
NOCDURNA (WOMEN).. 208
NOKOR NEEDLE... 304, 344
NOLIRA..... 189
NORA-BE..... 160
NORDITROPIN FLEXPRO..... 219
norelgestromin-ethin.estradiol..... 162
noreth-ethinyl estradiol-iron..... 158
norethindrone (contraceptive)..... 160
norethindrone acetate... 226
norethindrone ac-eth estradiol..... 158, 215
norethindrone-e.estradiol-iron..... 158
norgestimate-ethinyl estradiol..... 158, 161
NORLIQVA..... 105
NORMAL SALINE FLUSH..... 203
NORM-JECT..... 304, 344
NORM-JECT TUBERKULIN..... 304, 345
NORMLGEL AG..... 173
Nortrel 0.5/35 (28)..... 158
NORTREL 1/35 (21)..... 158
Nortrel 1/35 (28)..... 158
Nortrel 7/7/7 (28)..... 161
nortriptyline..... 123
NORVIR..... 48
NOURIANZ..... 123
NOVA MAX GLUCOSE TEST..... 275, 345
NOVA SAFETY LANCETS..... 284, 345
NOVA SUREFLEX LANCETS..... 284, 345
NOVAREL..... 220
NOVOEIGHT..... 253
NOVOLIN 70/30 U-100 INSULIN..... 220
NOVOLIN 70-30 FLEXPEN U-100..... 220
NOVOLIN N FLEXPEN... 220
NOVOLIN N NPH U-100 INSULIN..... 221
NOVOLIN R FLEXPEN... 221
NOVOLIN R REGULAR U100 INSULIN..... 221
NOVOLOG FLEXPEN U-100 INSULIN..... 223
NOVOLOG MIX 70-30 U-100 INSULN..... 221

NOVOLOG MIX 70-30FLEXPEN U-100 221
NOVOLOG PENFILL U-100 INSULIN 223
NOVOLOG U-100 INSULIN ASPART 223
NOVOSEVEN RT 252
NOXAFIL 35
NP THYROID 227
NPLATE 262
NUBEQA 54
NUCALA 386
NUCORT 183
NUCYNTA ER 16
NUEDEXTA 145
NUJO 178
NULIBRY 359
NULOJIX 265
NUMBONEX 189
NUMBRINO 392
NUMOISYN 14, 364
NUPLAZID 129
NURTEC ODT 140
NUTROPIN AQ NUSPIN 219
NUVARING 163
NUVAXOVID 2026-2027 (PF) 88
NUVESSA 395
NUWIQ 253
NUZYRA 33, 50
Nyamyc 173
Nylia 1/35 (28) 158
Nylia 7/7/7 (28) 161
NYMALIZE 104
NYNUTEY 189
NYPOZI 255
nystatin 34, 174, 363
nystatin-triamcinolone .. 175
Nystop 174
NYVEPRIA 255

O

OBAGI ELASTIDERM 178
OBAGI NU-DERM BLENDER 178
OBAGI NU-DERM CLEAR 178
OBAGI NU-DERM SUNFADER 179
OBAGI-C CLARIFYING SERUM 179
OBAGI-C THERAPY NIGHT 179
OBIZUR 254
OBSTETRIX DHA 198
OBSTETRIX DHA PRENATAL DUO 198
OBSTETRIX EC 198
OBSTETRIX ONE ... 196, 198
OCM 192
OCREVUS 365
OCREVUS ZUNOVO 365
OCTAGAM 82
octreotide acetate . 227, 242
octreotide,microspheres 227, 242
ODACTRA 78
ODEFSEY 41
ODOMZO 61
ofloxacin 44, 378, 382
OGIVRI 75
OGSIVEO 61
OHTUVAYRE 387
OJEMDA 58
OJJAARA 62
olanzapine 129, 137
olanzapine-fluoxetine ... 122, 129, 137
olmesartan 95
olmesartan-amlodipin-hcthiazid 94
olmesartan-hydrochlorothiazide 95
olopatadine 371, 392
OLPRUVA 361
OLUMIANT 26, 190
OMECLAMOX-PAK 235
omega-3 acid ethyl esters 101
omeprazole 232
omeprazole-sodium bicarbonate 233
OMLONTI 379
OMLYCLO 385
OMNARIS 393
OMNIPOD 5 (LIBRE 2/3 PLUS) 311, 345
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 311, 345
OMNIPOD 5 G6-G7 PODS (GEN 5) 312, 345
OMNIPOD 5 INTRO (LIBRE2/3PLUS) . 312, 345
OMNIPOD DASH INTRO KIT (GEN 4) 312, 345
OMNIPOD DASH PDM KIT (GEN 4) 287, 345
OMNIPOD DASH PODS (GEN 4) 312, 345
OMNITROPE 219
OMVOH 236
OMVOH PEN 236
ON CALL EXPRESS TEST STRIP 275, 345
ON CALL LANCET . 284, 345
ONAPGO 125
ONCASPAR 57
ondansetron 230
ondansetron hcl 229, 230
ONE-A-DAY PRENATAL 203
ONE-A-DAY PRENATAL ADVANCED 198
ONE-A-DAY PRENATAL-1 198
ONETOUCH DELICA PLUS LANCET 284, 345
ONETOUCH DELICA SAFETY LANCET 284, 345
ONETOUCH ULTRA TEST 275, 345
ONETOUCH ULTRASOFT 2 LANCET 284, 346
ONETOUCH VERIO TEST STRIPS 275, 346
ONGENTYS 124
ON-GO COVID-19 AG AT HOME TEST 278, 346
ONIVYDE 70
ONPATTRO 206
ON-THE-GO LANCETS . 284, 346
ONTRUZANT 75
ONUREG 56
ONYDA XR 131
ONZDEAXIADEMTAR 168
ONZDEAXIADEMVAR 168
ONZDEAXIAZAR 168
OPCICON ONE-STEP ... 163, 164
OPDIVO 72
OPDIVO QVANTIG 72

OPDUALAG..... 57
OPFOLDA..... 361
OPILL 161
OPIPZA..... 130, 137
opium tincture 228, 229
OPSYNVI 109
OPTICHAMBER ADULT MASK-LARGE 310, 346
OPTICHAMBER DIAMOND LG MASK..... 310, 346
OPTICHAMBER DIAMOND VHC..... 310, 346
OPTICHAMBER DIAMOND-MED MSK..... 310, 346
OPTICHAMBER DIAMOND-SML MASK 310, 346
OPTION-2 ..... 163, 164
OPTIUM EZ..... 275, 346
OPVEE..... 32
OPZELURA 172
ORACIT 245
ORALAIR..... 78
Oralone 364
ORAMAGICRX 364
ORAVIG..... 34
ORENCIA..... 24
ORENCIA (WITH MALTOSE)..... 24
ORENCIA CLICKJECT 24
ORENITRAM 110
ORENITRAM MONTH 1 TITRATION KT..... 110
ORENITRAM MONTH 2 TITRATION KT..... 110
ORENITRAM MONTH 3 TITRATION KT..... 110
ORFADIN..... 361
ORGOVYX..... 63
ORIAHNN 225
ORILISSA 225
ORKAMBI..... 391
ORLADEYO..... 110
orlistat..... 396
ORLYNVAH..... 48
Ormalvi..... 265
orphenadrine citrate 269
Orquidea 161
ORSERDU 69
ORTHOVISC..... 268
OSCIMIN..... 234, 246
OSCIMIN SL 234, 247
oseltamivir 46
OSENVELT..... 226
OSPHENA 225
OTEZLA..... 26, 177
OTEZLA STARTER.. 26, 177
OTEZLA XR..... 26, 177
OTEZLA XR INITIATION. 26, 177
OVIDREL 220
oxaliplatin 66
oxaprozin 28
oxazepam..... 112, 135
oxcarbazepine 116
OXERVATE 374
OXIAICE 166
OXIAVARY 169
oxiconazole..... 175
OXISTAT..... 175
OXLUMO 243
oxybutynin chloride 247
oxycodone 16, 17
oxycodone-acetaminophen 19
OXYCONTIN..... 17
oxymorphone 17
OXYTROL..... 247
OZEMPIC..... 209

P

P2I PRENATAL WITH CHOLINE 198
Pacerone..... 97
paclitaxel..... 70
paclitaxel protein-bound. 70
PACNEX HP 168
PACNEX LP..... 168
PADCEV..... 54, 73
PALFORZIA (LEVEL 0)... 84
PALFORZIA (LEVEL 1)... 84
PALFORZIA (LEVEL 2)... 84
PALFORZIA (LEVEL 3)... 84
PALFORZIA (LEVEL 4)... 84
PALFORZIA (LEVEL 5)... 84
PALFORZIA (LEVEL 6)... 84
PALFORZIA (LEVEL 7)... 84
PALFORZIA (LEVEL 8)... 84
PALFORZIA (LEVEL 9)... 84
PALFORZIA (LEVEL 10).. 84
PALFORZIA (LEVEL 11 UP-DOSE) 84
PALFORZIA INITIAL (1-3 YRS) 84
PALFORZIA INITIAL (4-17 YRS) 84
PALFORZIA LEVEL 11 MAINTENANCE 84
paliperidone..... 126
PALSONIFY..... 227
PALYNZIQ..... 362
PANCREAZE..... 231
PANDEL 182
PANHEMATIN 249
PANRETIN..... 176
pantoprazole..... 232
PANZYGA..... 82
papaverine 109
PARAGARD T 380A..... 151
PARAGARD T380A (SINGLE HAND)..... 151
paricalcitol 360
paroxetine hcl..... 120
paroxetine mesylate(menop.sym)225
PARSABIV..... 213
PAVBLU 376, 380
PAXLOVID..... 49
pazopanib 68
PEDIARIX (PF) 80, 85
PEDMARK..... 76
PEDVAX HIB (PF) 86
peg 3350-electrolytes.... 240
peg3350-sod sul-nacl-kcl-asb-c 240
PEGASYS..... 44
peg-electrolyte soln 240
Pellix..... 177
PEMAZYRE 61
pemetrexed..... 55
pemetrexed disodium 55
PEMFEXY..... 55
PEMGARDA (EUA) 79
PEMRYDI RTU..... 55
PENBRAYA (PF) 87
penicillamine 26, 31
penicillin v potassium..... 48
PENMENVY MEN A-B-C-W-Y (PF) 87
PENTACEL (PF)..... 85
pentamidine..... 47
PENTASA..... 237
pentazocine-naloxone..... 19
pentoxifylline..... 256
perampanel..... 113

Percocet 19
PERFECT POINT SAFETY LANCETS 284, 346
PERFECT POINT SAFETY NEEDLE 304, 346
perindopril erbumine 93
Periogard 363
PERJETA 75
permethrin 191
perphenazine 128
perphenazine-amitriptyline 122
PERSERIS 126
PERTZYE 231
PFLEX INSPIRATORY TRAINER 310, 346
PHARMACIST CHOICE 275, 346
PHASEAL PROTECTOR 307, 346
PHEBURANE 361
PHEDRAX 174
phenazopyridine 245
phendimetrazine tartrate 396
phenelzine 119
phenobarbital 113, 145
phenoxybenzamine 109
phentermine 396
phentermine-topiramate 395
phenylephrine hcl 374
phenyleph-tropicamide in water 368
Phenytek 115
phenytoin 115
phenytoin sodium extended 115
PHESGO 76
PHEXX 150
Philith 159
PHOSPHOLINE IODIDE 368
PHYRAGO 68
PHYSIOLYTE 194
PHYSIOSOL IRRIGATION 194
phytonadione (vitamin k1) 205
PIASKY 248, 261
PIFELTRO 38
pilocarpine hcl 364, 368, 369
PILOT COVID-19 AT-HOME TEST 278, 346
pimecrolimus 178
pimozide 128
Pimtrea (28) 152
pindolol 103
pioglitazone 224
pioglitazone-glimepiride 211
pioglitazone-metformin 211
PIP BLOOD GLUCOSE TEST STRIP 276, 346
PIP LANCET 284, 346
PIQRAY 66
pirfenidone 394
piroxicam 27
PISTON SYRINGE WITH ENFIT 280, 346
pitavastatin calcium 100
PIVOT INSULIN PUMP STARTER KIT 312, 346
PIVYA 33
PLAN B ONE-STEP 164
PLATINUM TEST STRIP 276, 347
PLEGRIDY 365
PLENITY 396
PLENITY (WELCOME KIT) 396
PLENVU 241
plerixafor 250
PLUVICTO 65, 68
PNEUMOVAX-23 87
pnv no.95-ferrous fumarate-fa 198
PNV-DHA + DOCUSATE 199
PNV-SELECT 199
POCKET CHAMBER 310, 347
PODOCON 185
podofilox 185
POLIVY 55, 73
POLY HUB NEEDLE 304, 347
polymyxin b sulf-trimethoprim 377
pomalidomide 70
POMBILITI 359
PONVORY 367
PONVORY 14-DAY STARTER PACK 367
Portia 28 159
posaconazole 35
potassium chloride 195
potassium citrate 245
potassium iodide 195
POTELIGEO 58
povidone-iodine 378
PR BENZOYL PEROXIDE 168
PR CREAM 187
PR NATAL 400 199
PR NATAL 400 EC 199
PR NATAL 430 199
PR NATAL 430 EC 199
PRADAXA 262
PRAKETAMIDE 190
pralatrexate 55
pralidoxime 31
PRALUENT PEN 101
pramipexole 125
PRAMOSONE 184
prasugrel hcl 260
pravastatin 100
praziquantel 33
prazosin 109
PRECISION POINT OF CARE TEST 276, 347
PRECISION XTRA TEST 276, 347
PRED MILD 372
PRED-G S.O.P. 369
prednicarbate 182
prednisoln sp-moxiflox-bromfen 370
prednisolone 218
prednisolone acetate 372
prednisolone acetate (pf) 372
prednisolone acetate-bromfenac 374
prednisolone acetate-nepafenac 374
prednisolone sod ph-bromfenac 374
prednisolone sod ph-moxiflox 369
prednisolone sodium phosphate 218, 372
prednisolone-moxiflo-nepafenac 370

prednisolone-moxifloxacin hcl 369
prednisolone-moxiflox-bromfen 370
prednisolon-moxiflox-ketorolac 370
prednisone 218
PREDNISONE INTENSOL 218
pregabalin 115, 139, 144
PREGNYL 220
PREMARIN 395
PREMIER TEST STRIP . 276, 347
PREMIUM V10 ..... 276, 347
PREMPHASE 215
PREMPRO 215
PRENAISSANCE 199
PRENAISSANCE PLUS . 199
PRENATA 199
PRENATABS FA 199
PRENATABS RX 199
PRENATAL 200, 203
PRENATAL + DHA 199
PRENATAL 19 200
PRENATAL 19 (WITH DOCUSATE) 200
PRENATAL COMPLETE 200
PRENATAL ESSENTIALS 200
PRENATAL FORMULA .. 200
PRENATAL FORMULA-DHA 200
PRENATAL GUMMIES .. 203
PRENATAL MULTI 200
PRENATAL MULTI-DHA (ALGAL OIL) 200
PRENATAL MULTI-DHA(WITH VIT K) 200
PRENATAL MULTIVITAMINS 200
PRENATAL ONE DAILY 200
PRENATAL PLUS 201
PRENATAL PLUS (CALCIUM CARB) 201
PRENATAL PLUS DHA . 201
PRENATAL PLUS VITAMIN-MINERAL 201
PRENATAL TABLET 201
prenatal vit no.179-iron-folic 201
PRENATAL VITAMIN 201
PRENATAL VITAMIN PLUS LOW IRON 201
PRENATAL VITAMIN WITH MINERALS 201
prenatal vit-iron fum-folic ac 201
PRENATAL WITH DHA-FOLIC ACID 201
PREPIDIL 205
PRESSURE ACTIVATED LANCETS 284, 347
pretomanid 42
Prevalite 98
PREVNAR 20 (PF) 87
PREVYMIS 43
PREZCOBIX 40, 48
PREZISTA 48
PRIALT 14
PRIFTIN 42, 49
PRILOSEC 232
primaquine 36
PRIMEAIRE 310, 347
primidone 113
PRIMSOL 34
PRIORIX (PF) . 83, 90, 91, 92
PRIVIGEN 82
PRO COMFORT ALCOHOL PADS 77
PRO COMFORT LANCET 284, 347
PRO COMFORT SAFETY LANCET 284, 347
PRO VOICE V8-V9 TEST STRIP 276, 347
probenecid 248
probenecid-colchicine .. 247
PROCARE SPACER WITH ADULT MASK 310, 347
PROCARE SPACER WITH CHILD MASK 310, 347
PROCHAMBER 310, 347
prochlorperazine 229
prochlorperazine maleate 128, 229
PRO-COMFORT ALCOHOL PADS 77
PROCORT 31
PROCRIT 251
PROCTOFOAM HC 31
Procto-Med Hc 30, 182
Proctosol Hc 30, 182
Proctozone-Hc 30, 183
PROCYSBI 242
PRODIGY LANCETS 284, 347
PRODIGY NO CODING . 276, 347
PRODIGY TWIST TOP LANCET 284, 347
PROFILNINE 251
progesterone 226
progesterone micronized 216, 226
PROGRAF 264
PROLASTIN-C 392
PROLEUKIN 62
PROLIA 226
promethazine . 229, 383, 384
promethazine-codeine .. 393
promethazine-dm 393
promethazine-phenylephrine 383
Promethegan . 229, 383, 384
PRONAL 184
propafenone 96
proparacaine 375
propranolol 103
propylthiouracil 212
PROQUAD (PF) 83, 90, 92
protriptyline 123
PROVIDA OB 201
PROVISC 377
prucalopride 233
PULMICORT FLEXHALER 386
PULMOZYME 392
PURAZIL 177
PURE COMFORT ALCOHOL PADS 77
PURE COMFORT LANCETS 284, 347
PURE COMFORT SAFETY LANCETS 284, 348
PUREVITA FOLIC ACID . 204
PUSH BUTTON SAFETY LANCETS 284, 348
Pyquvi 218
pyrazinamide 42
pyridostigmine bromide 31, 266
pyridoxine (vitamin b6) . 204

pyrimethamine..... 36
PYRUKYND..... 261
Q
QALSODY..... 266
QBRELIS..... 93
QBREXZA..... 173
QELBREE..... 134
QFITLIA..... 256
QFITLIA PEN..... 256
QINLOCK..... 68
QIVIGY..... 82
QLOSI..... 369
QNASL..... 393
QUADRACEL (PF)..... 85
quazepam..... 135, 145
quetiapine..... 129, 137
QUICKVUE AT-HOME COVID-19 TEST.. 278, 348
QUIDROXZAR..... 184
QUILLICHEW ER..... 133
QUILLIVANT XR..... 133
quinapril..... 94
quinapril-hydrochlorothiazide.... 93
quinidine gluconate..... 96
quinidine sulfate..... 96
quinine sulfate..... 36
QUINTET AC..... 276, 348
QUINTET GLUCOSE TEST STRIPS..... 276, 348
QUIT 2..... 148
QUIT 4..... 148
QULIPTA..... 140
QUVIVIQ..... 145
QVAR REDIHALER..... 386
R
rabeprazole..... 232
RADICAVA..... 265
RADICAVA ORS..... 265
RADICAVA ORS STARTER KIT SUSP..... 266
RADIOGARDASE..... 31
RAGWITEK..... 78
RALDESY..... 121
raloxifene..... 226
ramelteon..... 139
ramipril..... 94
ranolazine..... 96
RAPID SARS-COV-2 AG HOME TEST..... 278, 348
rasagiline..... 124
RASUVO (PF)..... 23
RAVICTI..... 361
RAYALDEE..... 360
REBIF (WITH ALBUMIN) 365
REBIF REBIDOSE..... 365
REBIF TITRATION PACK..... 366
REBINYN..... 251
REBLOZYL..... 256, 262
REBYOTA..... 231
RECEDO..... 187
Reclipsen (28)..... 159
RECOMBINATE..... 254
RECOMBIVAX HB (PF).... 80
RECORLEV..... 205
RECOTHROM..... 257
RECOTHROM SPRAY KIT..... 257
REDEMPLO..... 97
REFUAH PLUS..... 276, 348
REGENECARE..... 189
RELAGARD..... 395
RELENZA DISKHALER... 46
RELEUKO..... 255
Relgaabi..... 115
RELIAMED LANCET..... 284, 348
RELIAMED SAFETY SEAL LANCETS..... 284, 348
RELION CONFIRM-MICRO..... 276, 348
RELION PRIME TEST STRIPS..... 276, 348
RELION ULTIMA.... 276, 348
RELISTOR..... 32
REMODULIN..... 110
REMYDA..... 188
RENACIDIN..... 242
RENFLEXIS..... 21, 22, 239
RENOVAR..... 78, 191
RENSOTI..... 188
RENTHYROID..... 227
repaglinide..... 209
REPATHA PUSHTRONEX..... 101
REPATHA SURECLICK. 101
REPATHA SYRINGE..... 101
RESPA-AR..... 383
RESTASIS..... 372
RESTASIS MULTIDOSE 372
RESTIMO..... 188
RETACRIT..... 251
RETEVMO..... 69
RETROVIR..... 39
REVCOVI..... 360
REVEAL TEST STRIP... 276, 348
REVUFORJ..... 64
REXULTI..... 130
REYATAZ..... 48
REYVOW..... 141
REZDIFFRA..... 263
REZLIDHIA..... 65
REZUROCK..... 26
REZVOGLAR KWIKPEN 222
RHAPSIDO..... 20
RHOPRESSA..... 379
RIABNI..... 24, 59
ribavirin..... 45, 49
RIDAURA..... 24
rifabutin..... 42, 49
rifampin..... 42, 49
rifapentine..... 42, 49
RIGHTEST GL300 LANCETS..... 284, 348
RIGHTEST GS550 TEST STRIPS..... 276, 348
RIGHTEST GT333 TEST STRIP..... 276, 348
rilpivirine hcl..... 38
riluzole..... 266
ringer's..... 195
RINVOQ..... 26, 172, 238
RINVOQ LQ..... 26
risedronate..... 213
risperidone..... 126, 127, 137
risperidone microspheres..... 126
RITEFLO AEROCHAMBER..... 310, 348
ritonavir..... 48
RITUXAN..... 24, 59
RITUXAN HYCELA..... 59
rivaroxaban..... 250
rivastigmine..... 149
rivastigmine tartrate..... 149
RIVELSA..... 161
RIVFLOZA..... 243
RIXUBIS..... 252

rizatriptan 141
ROCELIX 188
ROCKLATAN 376
roflumilast 387
ROLVEDON 255
romidepsin 61
ROMVIMZA 68
ropinirole 125
Rosadan 188
rosuvastatin 100
Rosyrah 161
ROSZET 102
ROTARIX 83, 91
ROTATEQ VACCINE . 83, 91
ROVIS 188
ROXYBOND 17
ROZLYTREK 68
RUBRACA 66
RUCONEST 249
rufinamide 118
RUKOBIA 37
RUXIENCE 24, 59
RYBELSUS 209
RYBREVANT 51
RYBREVANT FASPRO 51
RYDAPT 68
RYKINDO 127
RYLAZE 57
RYPLAZIM 259
RYSTIGGO 266
RYTELO 70
RYZNEUTA 255

S

sacubitril-valsartan 95
SAFESNAP SYRINGE .. 304, 305, 348, 349
SAFETY LANCETS 284, 349
safety needles 305, 349
SAFETY SEAL LANCETS 284, 349
SAFETY-LET LANCETS 285, 349
SAFYRAL 159
Sajazir 103
salicylic acid 185
SALIMEZ FORTE 185
salsalate 29
SANCUSO 230
SANDIMMUNE 25, 264
SANTYL 180
SAPHNELO 264
SAPHNELO PEN 264
sapropterin 362
SARCLISA 59
SAVAYSA 250
saxagliptin 208
saxagliptin-metformin ... 211
SCALACORT DK 183
SCEMBLIX 68
SCLEROSOL INTRAPLEURAL 394
scopolamine base 229
SECUADO 125
SEGLUROMET 209
SELARSDI 236
selegiline hcl 124
selenium sulfide 177
SELZENTRY 37
SE-NATAL 19 202
SE-NATAL 19 CHEWABLE 202
SENSILANCE 285, 349
SEPHIENCE 362
SEREVENT DISKUS 388
SERNIVO 183
SEROSTIM 219
sertraline 120
Setlakin 159
sevelamer carbonate 244
sevelamer hcl 244
SEVENFACT 252
sevoflurane 29
SF 363
SF 5000 PLUS 363
Sharobel 161
SHEWISE 164
SHINGRIX (PF) 92
SIGNIFOR 227
SIGNIFOR LAR 227
SIKLOS 262
sildenafil 193
sildenafil (pulm.hypertension) .. 111
SILICONE MASK - INFANT 311, 349
SILIQ 171
silodosin 244
silver nitrate 173
silver nitrate applicators 185
silver sulfadiazine 178
SIMBRINZA 368
SIMILAC PRENATAL 202
Simliya (28) 152
Simpesse 152
SIMPLERA SENSOR 285, 349
SIMPLERA SYNC SENSOR 285, 349
SIMPONI 21, 22, 239
SIMPONI ARIA 21, 22
simvastatin 100
SINGLE-LET 285, 349
sirolimus 265
SIRTURO 41
SIRVANA 169
sitagliptin 208
sitagliptin phos-metformin 211
sitagliptin phosphate 208
SIVEXTRO 48
SIVORA 186
SKYCLARYS 267
SKYLA 151
SKYRIZI 170, 236, 237
SKYTROFA 219
SLYND 161
SMART SENSE TEST STRIPS 276, 349
SMARTEST LANCET 285, 349
SMARTEST TEST .. 276, 350
sodium chlor 0.9% bacteriostat 194, 203
sodium chloride 149, 194, 195
sodium chloride 0.45 % 204
sodium chloride 0.9 % . 194, 203, 204
sodium chloride 0.9 % (flush) 203
sodium citrate 249
sodium citrate in 0.9 % nacl 248
SODIUM FLUORIDE 5000 DRY MOUTH 363
SODIUM FLUORIDE 5000 PLUS 363
sodium fluoride-pot nitrate 363
sodium oxybate 143
sodium phenylbutyrate . 361

sodium polystyrene sulfonate 194
sodium,potassium,mag sulfates 241
SOFDRA 173
SOGROYA 220
SOHONOS 267
SOLESTA 314
solifenacin 246
SOLIQUA 100/33 212
SOLIRIS 248, 261
SOLOSEC 36
SOLTAMOX 69
SOLU-CORTEF ACT-O-VIAL (PF) 218
SOLUS V2 LANCETS 285, 350
SOLUS V2 TEST STRIPS 277, 350
SOMATULINE DEPOT 227
SOMAVERT 219
sorafenib 65
sorbitol 243
sorbitol-mannitol 243
SORILUX 177
sotalol 96, 103
Sotalol Af 96, 103
SOTYKTU 171
SOTYLIZE 96, 103
SOVALDI 45
SOVUNA 23, 36
SPACE CHAMBER 311, 350
SPACE CHAMBER WITH LARGE MASK 311, 350
SPACE CHAMBER WITH MEDIUM MASK 311, 350
SPACE CHAMBER WITH SMALL MASK 311, 350
SPEEDYSWAB COVID-19 HOME TEST 278, 350
SPEVIGO 171
SPIKEVAX 2026-2027(12Y UP)(PF) 88
SPIKEVAX 2026-27 (6M-11Y) (PF) 88
spinosad 191
SPINRAZA (PF) 270
SPIRIVA RESPIMAT 387
spironolactone 94, 106
spironolacton-hydrochlorothiaz 107
SPRAVATO 120
Sprintec (28) 159
Sps (With Sorbitol) 194
SPS (WITH SORBITOL) 194
SSD 178
SSKI 195
SSS 10-5 167
ST JOSEPH ASPIRIN 29, 260
ST. JOSEPH ASPIRIN 29, 260
stavudine 39
STEGLATRO 210
STEGLUJAN 210
STELARA 170, 236
STEQEYMA 170, 236
STERILANCE TL 285, 350
sterile talc 394
STERITALC 394
STIMUFEND 255
STIOLTO RESPIMAT 389
STIVARGA 65
STOBOCLO 226
STOP SMOKING AID 148
STRAVIX 190
STRENSIQ 359
STRIBILD 41
STRIVERDI RESPIMAT 388
STRONG IODINE 78, 195
STUART ONE 202
SUBLOCADE 146
Subvenite 118
SUBVENITE 118
Subvenite Starter (Blue) Kit 118, 136
Subvenite Starter (Green) Kit 118, 136
Subvenite Starter (Orange) Kit 118, 136
SUCRAID 231
sucralfate 241
sufentanil-ketamine 19
SUFLAVE 241
sulconazole 175
sulfacetamide sodium 177, 378
sulfacetamide sodium (acne) 166
sulfacetamide sodium-sulfur 167
sulfacetamide sod-sulfur-urea 167, 188
sulfacetamide-prednisolone 369
SULFACLEANSE 8-4 167
sulfadiazine 49
sulfamethoxazole-trimethoprim 34
SULFAMYLON 178
sulfasalazine 26, 237
SULFATRIM 34
sulindac 27
sumatriptan 141
sumatriptan succinate 141
sunitinib malate 68
SUNLENCA 37
SUNOSI 143
SUPARTZ FX 268
SUPER THIN LANCETS 285, 350
SUPPRELIN LA 224
SUPRAX 43
SURE COMFORT ALCOHOL PREP PADS 77
SURE COMFORT LANCETS 285, 350
SURE-LANCE 285, 350
SURE-LANCE ULTRA THIN 285, 350
SURE-PREP ALCOHOL PREP PADS 77
SURE-TEST EASYPLUS MINI 277, 350
SURE-TOUCH LANCET 285, 350
SURGUARD2 SAFETY 305, 350, 351
SURVANTA 392
SUSVIMO 376, 380
SUSVIMO (INITIAL FILL) 376, 380
SUSVIMO IMPLANT AND INS. TOOL 289, 351
SUTAB 241
Syeda 159
SYFOVRE (PF) 376, 379
SYLVANT 62
SYMAX DUOTAB 234, 247

SYMDEKO 391
SYMPROIC 32
SYMTUZA 40
SYNALAR CREAM KIT .. 183
SYNALAR OINTMENT KIT 183
SYNALAR TS 184
SYNAREL 224
SYNJARDY 209
SYNJARDY XR 210
SYNVISC 268
SYNVISC-ONE 268
syringe (disposable) 305, 351
SYRINGE 3CC/20GX1 ... 305, 351
SYRINGE 3CC/21GX1 ... 305, 351
SYRINGE 3CC/21GX1-1/2 ..... 305, 351
SYRINGE 3CC/22GX1 ... 305, 351
SYRINGE 3CC/22GX3/4 305, 351
SYRINGE 3CC/25GX1 ... 306, 351
SYRINGE AVITENE 257
syringe cap, enfit,non-sterile 280, 351
syringe with needle 306, 351
SYRINGE WITHOUT NEEDLE 306, 351
syringe, enfit, non-sterile 280, 351
syringe, enfit, sterile 280, 351, 352

T

T.R.U.E. TEST ALLERGEN 79
T/SLIM X2 CONTROL-IQ 312, 352
TABLOID 56
TABRECTA 68
tacrolimus 178, 264
tadalafil 193, 245
tadalafil (pulm. hypertension) 111
TAFINLAR 58
tafluprost (pf) 379
TAGRISSO 52
TAKE ACTION 164
TAKHZYRO 109
TALICIA 235
TALTZ AUTOINJECTOR 172
TALTZ AUTOINJECTOR (2 PACK) 171
TALTZ AUTOINJECTOR (3 PACK) 172
TALTZ SYRINGE 172
TALVEY 75
TALZENNA 66
tamoxifen 69
tamsulosin 244
TANDEM MOBI AUTOSOFT 30 KT 23 ..... 313, 352
TANDEM MOBI AUTOSOFT XC KIT 5 ..... 313, 352
TANDEM MOBI AUTOSOFT XC KT 23 ..... 313, 352
TANDEM MOBI AUTOSOFT30 14PK 23 ..... 314, 352
TANDEM MOBI AUTOSOFTXC 14PK 23 ..... 314, 352
TANDEM MOBI AUTOSOFTXC 14PK 5 ..... 314, 352
TANDEM MOBI SYSTEM 312, 352
TANDEM MOBI TRUSTEEL KIT 23 ..... 314, 352
TANDEM T/SLIM ASFT 30 PK10 23 ..... 314, 352
TANDEM T/SLIM ASFT 30 PK14 23 ..... 314, 352
TANDEM T/SLIM ASFT XC PK10 23 ..... 314, 352
TANDEM T/SLIM ASFT XC PK14 23 ..... 314, 352
TANDEM T/SLIM TRUSTL PK10 23 ..... 314, 352
TANDEM T/SLIM X2 STARTER KIT 312, 352
tapentadol 17
Tarina 24 Fe 159
Tarina Fe 1/20 (28) 159
Tarina Fe 1-20 Eq (28) ... 159
TARON-PREX PRENATAL-DHA 196, 202
TARPEYO 218
TASCENSO ODT 367
tasimelteon 139
tavaborole 175
TAVALISSE 249
TAVNEOS 20
TAYTULLA 159
tazarotene 177, 187
TECENTRIQ 72
TECENTRIQ HYBREZA ... 72
TECHLITE LANCETS 285, 352
TECVAYLI 74
TEGLUTIK 266
TEGRETOL 116, 136
TEGRETOL XR 116, 136
TELCARE LANCETS 285, 352
TELCARE TEST STRIPS 277, 352
TELIORA 183
telmisartan 95
telmisartan-amlodipine ... 94
telmisartan-hydrochlorothiazid 95
temazepam 135, 145
TEMBEXA 50
TEMODAR 53
temozolomide 53
temsirolimus 64
Tencon 20
TENIVAC (PF) 86
tenofovir disoproxil fumarate 40, 44
TEPADINA 52
TEPEZZA 227
TEPMETKO 68
terazosin 109
terbinafine hcl 34
terbutaline 389
terconazole 395
teriflunomide 366
teriparatide 213
Terrell 29
TERUMO ALLERGY SYRINGE 306, 352
TERUMO HYPODERMIC NEEDLE/SYRIN .. 306, 353
TERUMO SYRINGE 306, 353
TEST N'GO TEST ... 277, 353
testosterone 207
testosterone cypionate . 207
testosterone enanthate . 207

tetrabenazine 142
tetracaine hcl 375
tetracaine hcl (pf) 375
tetracycline 50
TEZRULY 109
TEZSPIRE 387
THALITONE 108
THALOMID 35, 70
THEO-24 387
theophylline 387
THERANATAL 202
THERANATAL COMPLETE 202
THERANATAL ONE 202
THERANATAL OVAVITE 203
THERANATAL PLUS 202
thiamine hcl (vitamin b1) 204
THIN LANCETS 285, 353
THIOLA EC 243
thioridazine 128
thiotepa 52
thiothixene 128
THRESHOLD IMT TRAINER 311, 353
THRESHOLD PEP DEVICE 311, 353
THRIVITE RX 202
THROMBIN-JMI 257
THYQUIDITY 228
thyroid (pork) 227
Tiadylt Er 104
tiagabine 115
TIBSOVO 65
ticagrelor 259
TIGLUTIK 266
Tilia Fe 162
timol-brimon-dorzol-bimato(pf) 368
timolol 375
timolol maleate 103, 374, 375
timolol maleate (pf) 374
timolol-bimatoprost 373
timolol-brimon-dorzol-bimatop 368
timolol-brimonidi-dorzolam(pf) 373
timolol-brimonidine-dorzolamid 368
timolol-dorzolam-bimatopro(pf) 373
timolol-dorzolamide-bimatopros 373
tinidazole 36
tiopronin 243
tiotropium bromide 387
TIROSINT 228
TIROSINT-SOL 228
TISSEEL VHSD (APROTININ, SYN) 188
TIVDAK 55, 73
TIVICAY 38
TIVICAY PD 38
tizanidine 269
TLANDO 207
TOBI PODHALER 390
TOBRADEX 369
TOBRADEX ST 370
tobramycin 377, 391
tobramycin in 0.225 % nacl 391
tobramycin with nebulizer 391
tobramycin-dexamethasone 370
tobramycin-lotepred 370
tobramycin-vancomycin 370, 377
TOBREX 377
tofacitinib 26, 238
TOLAK 176
tolcapone 124
tolmetin 27
tolterodine 247
tolvaptan 107
TOOMEY SYRINGE 306, 353
topiramate 116, 117
topotecan 70
toremifene 69
TORONOVA II SUIK 27
TORONOVA SUIK 27
Torpenz 64
torsemide 107
TOTALVISC 377
TOUJEO MAX U-300 SOLOSTAR 222
TOUJEO SOLOSTAR U-300 INSULIN 222
TRADJENTA 208
tramadol 17
tramadol-acetaminophen 19, 20
trandolapril 94
trandolapril-verapamil 93
tranexamic acid 256
tranylcypromine 119
TRANZAREL 189
travoprost 379
TRAZIMERA 76
trazodone 121
TRELEGY ELLIPTA 390
TRELSTAR 63
TREMFYA 171, 237
TREMFYA ONE-PRESS 170, 237
TREMFYA PEN 171, 237
TREMFYA PEN INDUCTION PK(2PEN) 237
treprostinil sodium 110
TRESIBA FLEXTOUCH U-100 222
TRESIBA FLEXTOUCH U-200 222
TRESIBA U-100 INSULIN 222
tretinoin 169
tretinoin (antineoplastic) 68
tretinoin microspheres . 169
TRETTEN 254
TREXALL 23, 55
triamcinolone acetonide 183, 218, 364
triamterene 107
triamterene-hydrochlorothiazid 107
triazolam 135, 145
TRICARE 202
TRI-CHLOR 185
Triderm 183
trientine 31
Tri-Estarylla 162
trifluoperazine 128
trifluridine 378
trihexyphenidyl 124
TRIJARDY XR 212
TRIKAFTA 391
Tri-Legest Fe 162
Tri-Linyah 162
Trilitas 177

TRILOAN II SUIK..... 218
TRILOAN SUIK..... 218
Tri-Lo-Estarylla..... 162
Tri-Lo-Marzia..... 162
Tri-Lo-Mili..... 162
Tri-Lo-Sprintec 162
TRI-LUMA..... 179
TRILURON..... 268
trimethobenzamide 229
trimethoprim..... 34
Tri-Mili 162
trimipramine 123
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) 193
TRINATAL RX 1 202
TRINATE..... 202
TRINTELLIX 122
TRIPTODUR 224
TRISENOX..... 57
Tri-Sprintec (28)..... 162
TRIUMEQ..... 41
TRIUMEQ PD..... 41
TRIVISC..... 268
Tri-Vylibra 162
Tri-Vylibra Lo..... 162
TRODELVY..... 74
TROGARZO..... 37
TROJAN BARESKIN..... 288, 353
TROJAN ULTRA RIBBED CONDOM..... 289, 353
tropicamide..... 370
trospium..... 247
TRUDHESA 141
TRUE COMFORT ALCOHOL PADS..... 77
TRUE COMFORT LANCET 285, 353
TRUE COMFORT PRO ALCOHOL PADS..... 77
TRUE COVER CONDOM 289, 353
TRUE METRIX GLUCOSE TEST STRIP..... 277, 353
TRUE METRIX PRO TEST STRIP..... 277, 353
TRUE-COMFORT SAFETY LANCET..... 285, 353
TRUENESS GLUCOSE TEST STRIP..... 277, 353
TRUEPLUS KETONE.... 313, 353
TRUEPLUS LANCETS.. 285, 353
TRUETEST TEST STRIPS 277, 353
TRUETRACK TEST 277, 354
TRULANCE 230, 235
TRULICITY 209
TRUMENBA..... 87
TRUQAP..... 52
TRUSKIN 190
TRUSTEX LATEX CONDOM 289, 354
TRUSTEX LUBRICATED CONDOMS..... 289, 354
TRUSTEX NON-LUB CONDOMS..... 289, 354
TRUSTEX-RIA LUB/SPERMICIDE..... 289, 354
TRUSTEX-RIA LUBRICATED CONDOMS 289, 354
TRUSTEX-RIA NON-LUB CONDOMS..... 289, 354
TRUXIMA..... 24, 59
TRYNGOLZA..... 97
TRYPTYR 376
TRYVIO..... 108
TUBERCULIN SYRINGE 306, 354
tuberculin-allergy syringes 306, 354
TUDORZA PRESSAIR ... 388
TUKYSA 60
Tulana..... 161
TURALIO 68
Turqoz (28)..... 159
TUXARIN ER 393
TWIIST RFL(INFUS-CSST-NDL-SYR) 312, 354
TWIIST STARTER KIT .. 312, 354
TWINRIX (PF) 79
TWIRLA 163
TWIST LANCETS ... 285, 354
TYBLUME..... 159
Tydemy..... 159
TYENNE..... 25
TYENNE AUTOINJECTOR 25
TYMLOS 212
TYRUKO..... 364
TYRVAYA 393
TYSABRI 364
TYVASO 110
TYVASO DPI 110
TYVASO INSTITUTIONAL START KIT..... 111
TYVASO REFILL KIT..... 111
TYVASO STARTER KIT. 111
TZIELD..... 207

U

UBRELVY..... 140
UDENYCA 255
UDENYCA AUTOINJECTOR 255
UDENYCA ONBODY..... 255
ULESFIA..... 191
ULTICARE..... 306, 354
ULTICARE LOW DEAD SPACE SYRING.. 306, 354
ULTICARE SAFETY SYRINGE 306, 354
ULTICARE TB SAFETY SYRINGE 307, 355
ULTILET ALCOHOL SWAB 77
ULTILET BASIC LANCETS 285, 355
ULTILET CLASSIC LANCETS..... 285, 355
ULTILET LANCETS 285, 355
ULTILET SAFETY LANCETS..... 285, 355
ULTIMA TEST STRIPS.. 277, 355
ULTOMIRIS 248, 261
ULTRA PRENATAL PLUS DHA..... 202
ULTRA THIN II LANCETS 285, 355
ULTRA THIN LANCETS 285, 355
ULTRA TLC LANCETS. 286, 355
ULTRA-CARE LANCETS 286, 355
ULTRA-FINE INS SYR (HALF UNIT) 287, 355

ULTRA-FINE INSULIN SYRINGE 287, 288, 355
ULTRA-FINE PEN NEEDLE 288, 355
ULTRALANCE LANCETS 286, 355
ULTRA-THIN II LANCETS 286, 355
ULTRATRAK 277, 355
ULTRATRAK ULTIMATE 277, 356
UNIFINE PENTIPS . 288, 356
UNILET COMFORTOUCH LANCET 286, 356
UNILET GP LANCET 286, 356
UNILET LANCET 286, 356
UNILET LANCETS . 286, 356
UNILET SUPER THIN LANCETS 286, 356
UNISTIK 2 EXTRA LANCET 286, 356
UNISTIK 2 NORMAL LANCET 286, 356
UNISTIK 3 COMFORT LANCET 286, 356
UNISTIK 3 DUAL LANCET 286, 356
UNISTIK 3 EXTRA LANCET 286, 356
UNISTIK 3 GENTLE 286, 356
UNISTIK 3 NORMAL LANCET 286, 356
UNISTIK COMFORT LANCETS 286, 356
UNISTIK CZT LANCET . 286, 356
UNISTIK EXTRA LANCETS 286, 356
UNISTIK NORMAL LANCETS 286, 356
UNISTIK PRO LANCET 286, 356
UNISTIK SAFETY ... 286, 356
UNISTIK TOUCH LANCETS 286, 356
UNISTRIP1 TEST STRIP 277, 356
UNIVERSAL 1 LANCETS 286, 356
UNLOXCYT 72
UPLIZNA 264
UPNEEQ (PF) 368
UPTRAVI 109
URAMAXIN 185
URAMAXIN GT 184
urea 185
UREA NAIL STICK 185
URETRON D-S 47, 246
URISTIX 4 ..... 192, 356
URISTIX REAGENT 192, 356
UROGESIC-BLUE 47, 246
URO-MP 47, 246
UROQID-ACID NO.2 . 47, 245
ursodiol 231
ustekinumab-aekn 170
UZEDY 127
V
VABYSMO 367
VAFSEO 256
VAGINAL CONTRACEPTIVE FILM 164
valacyclovir 46
VALCHLOR 176
valganciclovir 43
valproic acid 114, 136
valproic acid (as sodium salt) 114, 136
valrubicin 71
valsartan 95
valsartan-hydrochlorothiazide 95
VALSTAR 71
VALTOCO 113, 135
Valtya 159
vancomycin 44
vancomycin in water 370
VANFLYTA 61
VANISHPOINT SYRINGE 307, 356, 357
VANISHPOINT TUBERCULIN SYRINGE 307, 357
VANOXIDE-HC 169
VANRAFIA 108
VAQTA (PF) 79
vardenafil 193
varenicline tartrate 148
VARIVAX (PF) 83, 92
VARUBI 230
VASELINE WHITE PETROLEUM 187
VASHE 191
VAXCHORA VACCINE 83, 88
VAXELIS (PF) 80, 86, 88
VAXNEUVANCE (PF) 87
VCF CONTRACEPTIVE FILM 164
VCF CONTRACEPTIVE GEL 164
VECAMYL 108
VECTIBIX 75
VEGZELMA 51
VELETRI 111
Velivet Triphasic Regimen (28) 162
VELPHORO 244
VELSIPITY 238
VELTASSA 194
VEMLIDY 44
VENCLEXTA 58
VENCLEXTA STARTING PACK 58
venlafaxine 121
venlafaxine besylate 121
Venxxiva 243
VEOPOZ 228
VEOZAH 225
VEPPANU 50
verapamil 97, 105
VERIFINE SAFETY LANCET MINI 286, 357
VERIFINE UNIVERSAL LANCET 286, 357
VERKAZIA 372
VERQUVO 96
VERSACLOZ 127
VERZENIO 60
Vestura (28) 159
VEVYE 372
V-GO 20 ..... 312, 357
V-GO 30 ..... 312, 357
V-GO 40 ..... 312, 357
VIBERZI 235, 239
Vienva 160
vigabatrin 115
Vigadrone 115
VIGAFYDE 115

VIJOICE 361
vilazodone 121
VILTEPSO 267
VIMIZIM 359
vinblastine 71
vinorelbine 71
VIOKACE 231
Viorele (28) 152
VIRACEPT 48
VIREAD 40, 44
VISCO-3 268
VISTASEAL-FIBRIN SEALANT 258
VISUDYNE 376
VITAFOL FE+ (WITH DOCUSATE) 203
VITAFOL GUMMIES 203
Vitamin D2 204
VITAMIN K 205
Vitamin K1 205
VITRAKVI 70
VIVAGUARD INO TEST STRIP 277, 357
VIVAGUARD LANCET .. 286, 357
VIVAGUARD SAFETY LANCET 286, 357
VIVIMUSTA 53
VIVITROL 146
VIVJOA 34
VIVOTIF 83, 86
VIZIMPRO 52
VIZZ 369
Volnea (28) 152
VONJO 62
VONVENDI 257
VOQUEZNA 232
VOQUEZNA DUAL PAK 235
VOQUEZNA TRIPLE PAK 235
VORANIGO 73
VORAXAZE 76
voriconazole 35
VORTEX HOLDING CHAMBER 311, 357
VORTEX VHC PEDIATRIC MASK 311, 357
VOSEVI 45
VOWST 231
VOXZOGO 212
VOYDEYA 248, 261
VOYXACT 263
VP-CH-PNV 203
VPRIV 358
VRAYLAR 130, 137
VTAMA 177
VUMERITY 366
VYALEV 123
VYEPTI 140
Vyfemla (28) 160
VYKAT XR 397
VYLEESI 139
Vylibra 160
VYLOY 59
VYNDAMAX 206
VYNDAQEL 206
VYONDYS-53 267
VYSCOXA 27
VYVGART 266
VYVGART HYTRULO 266
VYXEOS 54
VYZULTA 379

W

WAINUA 206
WAKIX 143
warfarin 249
water for irrigation, sterile 195
WAYRILZ 249
WAYZEN 184
WEBCOL 78
WEGOVY 397
WEGOVY HD 396
WELIREG 61
WENIXRA 185
Wera (28) 160
WESTAB PLUS 203
WILATE 254
WINLEVI 165
WINREVAIR 110
WINRHO SDF 82
Wixela Inhub 390
WOMEN'S PRENATAL PLUS DHA 203
WOUNDGELHA MATRIX 187
Wymzya Fe 160
WYNZORA 170

X

XACIATO 394
XALIX 185
XALKORI 53
Xarah Fe 162
XARELTO 250
XARELTO DVT-PE TREAT 30D START 250
XATMEP 23, 55
XCLAIR 180
XCOPRI 119
XCOPRI MAINTENANCE PACK 119
XCOPRI TITRATION PACK 119
XDEMVY 378
XELPROS 379
Xelria Fe 160
XELSTRYM 133, 138
XEMBIFY 82
XENLETA 48
XENPOZYME 358
XEOMIN 269
XEPI 173
XERMELO 228
XGEVA 226
XHANCE 393
XIAFLEX 268
XIFAXAN 49
XIGDUO XR 210
XIIDRA 372
XIPERE (PF) 372
XIRUN 185
XOFLUZA 46
XOLAIR 385
XOLREMDI 250
XOSPATA 61
XPHOZAH 194
XPOVIO 60, 69
XROMI 262
XTAMPZA ER 17
XTANDI 54
XTORO 382
Xulane 163
XULTOPHY 100/3.6 212
XURIDEN 360
XYNTHA 254
XYNTHA SOLOFUSE 254
XYOSTED 207
Xyvona 17
XYWAV 143

Y

YALE DISPOSABLE NEEDLES 307, 357
Yargesa 360
YASMIN (28) 160

YAZ (28) 160
YCANTH 185
YERVOY 60
YESINTEK 170, 236
YEZTUGO 37, 40
YIMMUGO 82
YOKATAR 179
YONDELIS 71
YONSA 51, 54
YORVIPATH 226
YOUR CHOICE 164
YUPELRI 388
YUTREPIA 111
Yuvafem 395
YUVEZZI 369
YUVIWEL 212
Z
Zafemy 163
zafirlukast 386
zaleplon 145
ZALTRAP 74
Zarah 160
ZARXIO 255
ZAVZPRET 140
ZEJULA 66
ZELAPAR 124
ZELBORAF 58
ZELSUVMI 186
Zelvysia 362
ZEMAIRA 392
Zenatane 165
ZENPEP 231
Zenzedi 133, 138, 144
ZEPATIER 45
ZEPBOUND 396
ZEPOSIA 238, 367
ZEPOSIA STARTER KIT (28-DAY) 238, 367
ZEPOSIA STARTER PACK (7-DAY) 238, 367
ZEPZELCA 71
zidovudine 39, 40
ZIEXTENZO 255
ZIIHERA 58
ZILBRYSQ 267
ZIMHI 32
ziprasidone hcl 125, 137
ZIRABEV 51
ZIRGAN 378
ZITHRANOL 177
ZOKINVY 362
ZOLADEX 63
ZOLINZA 61
zolmitriptan 141
zolpidem 145
ZOLYMBUS 379
ZOMACTON 220
Zomig 141
ZONISADE 118
zonisamide 118
ZONTIVITY 260
ZORYVE 173, 177, 178
Zovia 1-35 (28) 160
ZTALMY 117
ZUBSOLV 146
Zumandimine (28) 160
ZUNVEYL 149
ZURNAI 32
ZURZUVAE 120
ZYCUBO 196
ZYDELIG 65, 66
ZYKADIA 54
ZYMFENTRA 21, 239
ZYNLONTA 59
ZYNYZ 72
ZYPREXA RELPREVV ... 129