SUTTER HEALTH PLUS FORMULARY

Drug List for HMO Members – Effective November 1, 2021

This formulary is the list of prescription drugs available to Sutter Health Plus members for all plans and products Sutter Health Plus offers.

This formulary is subject to change. All past versions of the formulary are no longer in use. Sutter Health Plus last updated the formulary on November 1, 2021. The current formulary is available to members on the Express Scripts custom website for Sutter Health Plus members at *express-scripts.com/shp*. It is also available on the Sutter Health Plus website at *sutterhealthplus.org/pharmacy*.

Members can find complete information about their prescription drug benefits, including cost sharing amounts in their *Evidence of Coverage and Disclosure Form* (*EOC*). The *EOC*'s are available on the Sutter Health Plus member portal at *https://shplus.org/memberportal* (registration required).

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This document is the Sutter Health Plus Formulary, a list of Food and Drug Administration (FDA)-approved generic and brand name drugs covered by Sutter Health Plus under your outpatient prescription drug benefit. The availability of a drug on the formulary does not mean your doctor will prescribe it for your condition. The formulary helps you and your doctor determine the right drug to prescribe to treat your needs. Sutter Health Plus covers drugs not listed on the formulary or (non-formulary drugs) if medically necessary. All non-formulary drugs require prior authorization.

The Express Scripts Pharmacy and Therapeutics (P&T) Committee assesses all drugs included in the formulary for tier placement, process requirements and coverage limitations. When necessary, the Sutter Health Plus P&T Committee reviews, approves, and modifies Express Scripts selections. Doctors and pharmacists make up both P&T Committees. They meet regularly to decide what drugs should be included in the formulary. The P&T Committees choose drugs based on their safety, effectiveness and value.

Updates to the Formulary

Express Scripts updates the drugs on a monthly basis and content may change. Changes to the drugs listed in this formulary may include:

- Removing a drug or dosage form of a drug
- Changing tier placement of a drug that results in a different cost share
- Adding or changing prior authorization and step therapy requirements for a drug

During your plan year, any changes to the formulary that benefit you, such as moving a drug to a lower tier for lower cost share, happen right away. Sutter Health Plus notifies you at least 60 days in advance of any changes that increase your cost share or impose new limits or processes on a drug you take.

You can get the most current formulary on the Sutter Health Plus website at *sutterhealthplus.org/pharmacy*, or the Express Scripts member portal at *express-scripts.com/shp*.

If you have questions about your pharmacy coverage or the list of drugs covered by Sutter Health Plus, call Sutter Health Plus Member Services at 1-855-315-5800. Member Services is available Monday through Friday, 8 a.m. to 7 p.m. Member Services can answer questions about your pharmacy benefits, including:

- The process for submitting a prior authorization (PA) request (exception request) for drugs that require PA or a step therapy exception
- Information about drugs covered under your medical benefit versus your pharmacy benefit
- Actual dollar amounts of your cost sharing (copays, coinsurance and deductibles)

How to Use the Formulary

Sutter Health Plus organizes the drugs by drug category and class based on the American Hospital Formulary Service (AHFS) drug classification system. The drugs in each category are in alphabetical order by their generic name or most common brand name. The formulary lists generic drugs in lowercase **bold** *italic* letters and brand names in all uppercase letters followed by the generic name in parentheses in lowercase **bold** *italics*.

Example:

Drug Type	How drug will appear in the categorical list
generic drug	***pravastatin***
brand drug	PRAVACHOL (***pravastatin)***

When a generic equivalent for a brand name drug is available and covered, Sutter Health Plus lists the generic drug separately from the brand name drug in all lowercase italicized letters.

When a generic equivalent for a brand name drug is not available or not covered, Sutter Health Plus does not list the generic drug separately.

When a manufacturer markets a generic drug under a proprietary, trademark-protected brand name, we list the brand name after the generic drug in parentheses with the first letter of each word capitalized. For example, digoxin (Digitek).

Members can search the formulary by using the index, either by generic or brand name and by therapeutic drug category. Brand names usually cost more and are not preferred over generic alternatives. Any drug not found in this list or any updates published by Express Scripts or Sutter Health Plus requires prior authorization.

Some drugs have certain process requirements or limitations for coverage. We identify these drugs on the formulary by the letters listed and explained below. Your Sutter Health Plus *EOC* explains the details of the process requirements and limitations and how you or your provider can ask for exceptions.

AG	Age Edit	Drug may not be recommended for some patients based on age
PA	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
ST	Step Therapy	Coverage may depend on previous use of another drug
OAC	Oral Anticancer	Orally administered anti-cancer drugs have a maximum limit on the copayment amount

Benefit Coverage and Limitations

This printed formulary does not provide information regarding the specific benefit coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, cost shares, or a lack of coverage, which the formulary does not reflect. For example, drugs for the treatment of infertility may not be covered. Refer to your specific plan documents for more information regarding your specific coverage.

Depending on a member's specific benefit, the following may apply:

1. ***Generic Substitution***

   When available, Sutter Health Plus uses the FDA-approved generic drugs in most situations, regardless of the brand name indicated. Members usually have lower cost share when they use generic drugs.

   If a member or the member's provider requests a brand name drug instead of an approved generic, the member, based on their coverage, is usually required to pay the additional amount of the difference between the pharmacy's contracted rate for the brand name drug and the allowed prescription drug amount. Doctors can request prior authorization if they determine that there is a medical need for the brand name drug.

2. ***Four-Tier Benefit***

   The formulary is a four-tier benefit design. Tiers are the different cost levels you pay for a drug. Each tier is assigned a member cost share. This is how much you pay when you fill a prescription. The four tiers are:

   - Tier 1 – Most generic drugs and low-cost preferred brand name drugs are covered at the lowest cost share
   - Tier 2 – Preferred brand name and non-preferred generic drugs are covered at the second lowest tier cost share
   - Tier 3 – Non-preferred brand name drugs or drugs that the Sutter Health Plus P&T committee recommends based on safety, effectiveness and cost. These drugs usually have alternatives available in Tier 1 or 2 at a lower cost
   - Tier 4 – Drugs that are biologics and drugs that the FDA or drug manufacturer requires be distributed through a specialty pharmacy, drugs that require the member to have special training or clinical monitoring for self-administration, or drugs that cost Sutter Health Plus more than $600 net of rebates for a one-month supply

Sutter Health Plus also uses the following abbreviations next to some drugs to help members identify certain drug categories.

CM	Contraceptive Management	Drugs used for contraceptive management
DM	Diabetes Management	Drugs used for diabetes management
PC	Preventive Health or Care	Those preventive care drugs with $0 cost share
SP	Specialty	Specialty Drugs are usually injectable, infused, oral or inhaled and require close supervision and therapy monitoring

If your drug is in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor. Member cost sharing for oral anti-cancer drugs will not exceed $250 per prescription for up to a 30-day supply. If your benefit plan is a high-deductible health plan (HDHP) compatible with a health savings account, this does not apply until after you meet your deductible.

It is important to note that drug costs change frequently. If you have a percent-of-cost coinsurance or deductible, you can confirm your cost share by calling Express Scripts or your pharmacy before picking up your prescription.

3. ***Preventive Care***

All preventive care drug categories have products that Sutter Health Plus covers with $0 cost share. Sutter Health Plus covers these preventive care drugs, including but not limited to, contraceptives and smoking cessation products at $0 when a participating doctor prescribes and you use a network pharmacy. We list preventive care drugs and products in the print formulary as Tier 0 to help differentiate this group of drugs that have a $0 cost share. Refer to your *EOC* for more information regarding coverage of preventive care drugs and products.

4. ***Contraceptive Coverage***

Sutter Health Plus covers select FDA-approved contraceptive drugs, devices and other products, including over-the-counter (OTC) at $0 cost share. If your doctor determines you need a drug, device, or product that Sutter Health Plus does not cover at $0 cost share, they can submit a prior authorization for coverage. If Express Scripts determines the request is medically necessary, Sutter Health Plus covers at $0 cost share. Sutter Health Plus covers up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives that a provider, pharmacist or location licensed or authorized to dispense drugs or supplies dispenses at one time to a member.

5. ***Diabetic Drug Coverage***

   Sutter Health Plus covers diabetes blood testing equipment, blood glucose meters and their supplies, such as test strips, lancets and lancet devices under the prescription drug benefit. A participating provider must prescribe the equipment and members must pick up at a participating retail or mail order pharmacy.

6. ***Medical Benefit Drug Coverage***

   The formulary only applies to outpatient drugs provided to members. It does not apply to drugs used in inpatient settings like the hospital or administered by a provider in a clinic or office setting. Sutter Health Plus covers drugs that require administration by a doctor or other clinician (such as a home health nurse) as a medical benefit, rather than a prescription drug benefit. These include chemotherapy, home infusion and injectable drugs (other than self-injectables). You can find complete information about the differences between drugs covered under your medical benefit and drugs covered under your prescription drug benefit in your *EOC*.

7. ***Prior Authorization***

   There are a number of drugs listed in the formulary that require prior authorization to ensure appropriate use based on criteria set by the P&T Committees. Examples include drugs used for complex or non-FDA-approved indications (off label use), specialty drugs, and drugs requiring step therapy. Prescription drugs not listed in the formulary (non-formulary) also require prior authorization to determine medical necessity. Express Scripts reviews each request on an individual patient need basis.

8. ***Drug Quantity Limits***

   Some drugs have quantity limits — drugs that Sutter Health Plus and Express Scripts cover for specific quantities per prescription or time periods. A member's doctor can request prior authorization for quantities that exceed these limits. Some drugs prescribed for sexual dysfunction, such as Cialis, Levitra or Viagra (or their generic equivalents) are limited to 8 doses per 30-day supply.

9. ***Step Therapy***

   Step therapy requires providers to prescribe certain prescription drugs for a particular medical condition before Sutter Health Plus covers other drugs with the same indications. When a drug is subject to step therapy, members may have to try one or more first-line drugs prior to Express Scripts approving a second-line drug. Sutter Health Plus and Express Scripts base step therapy requirements on national treatment guidelines, FDA recommendations, and the relative cost of treatment. Express Scripts reviews prior authorization requests for approving exceptions to step therapy requirements when such exceptions are medically necessary and/or clinically appropriate.

Requesting Prior Authorizations

Providers must submit a prior authorization request to Express Scripts for drugs that require prior authorization, step therapy or exceed the quantity limit. Express Scripts also reviews requests for medical necessity for non-formulary drugs through this same prior authorization process. Providers can submit a request to Express Scripts using one of the following methods:

1. Fax a completed Prescription Drug Prior Authorization or Step Therapy Exception Request Form to Express Scripts at 1-877-251-5896.

2. Call Express Scripts at 1-800-753-2851 and provide all necessary information requested.

3. Online at *express-path.com or covermymeds.com* (registration required).

Express Scripts processes and reaches a decision on prior authorization requests within a timeframe appropriate for the patient's condition, not to exceed 72 hours for non-urgent requests and 24 hours for urgent or exigent requests. Express Scripts notifies the member, or the member's authorized representative, and the prescribing provider of the decision within 24 hours for urgent or exigent requests, and within 72 hours for non-urgent requests. If Express Scripts does not respond within these timeframes, the prior authorization or step therapy request is considered approved. For non-urgent requests, Express Scripts authorizes coverage for the duration of the prescription, including refills. For urgent or exigent requests, Express Scripts authorizes coverage, including refills, for the duration of the exigency.

If Express Scripts denies the request, the member may file a grievance with Sutter Health Plus. For more information, refer to the Grievances section of your *EOC*.

Express Scripts may authorize continuation of coverage for a drug previously approved for a member's medical condition as long as the provider continues to prescribe for the same medical condition (as long as it remains a safe and effective treatment option).

Exigent circumstances exist when one of the following is true:

- A member is suffering from a health condition that may seriously jeopardize his or her life, health, or ability to regain maximum function
- A member is undergoing a current course of treatment using a non-formulary drug

An incomplete request may delay the authorization process or result in a denial. Additionally, if the prior authorization request does not meet established guidelines, Express Scripts may not approve it and may recommend a different drug. Refer to your *EOC* for more information regarding prior authorization timelines.

Locating a Retail Pharmacy

Except in emergency or urgent situations, Sutter Health Plus does not cover prescription drugs dispensed by non-participating pharmacies.

You can search for a participating retail pharmacy by accessing the Express Scripts guest website for Sutter Health Plus members at *express-scripts.com/shp*. Select a sample plan and the select the Find a Pharmacy box. You can search for a pharmacy by entering a ZIP code or a city and state.

You can also find a pharmacy by using the Express Scripts Find a Pharmacy tool on the Express Scripts member portal at express-scripts.com (registration required).

Mail Order with Express Scripts

Express Scripts Pharmacy℠ is Express Scripts mail order pharmacy. Mail order allows you to receive up to a 100-day supply, as your benefit plan allows, of your maintenance drugs.

If you currently receive your maintenance drug from a retail pharmacy, call Express Scripts Customer Service at 1-877-787-8661 and a representative can help you transfer your prescription to home delivery.

If you need to fill a new prescription for a maintenance drug, your doctor can complete a New Prescription Fax form and fax it along with a prescription for up to a 100-day supply to 1-800-837-0959 or send the prescription electronically.

You can also complete the Express Home Delivery Order form and mail it along with your hard-copy prescription and required copay to Express Scripts at P.O. Box 66567, St. Louis, MO 63166-6567.

Specialty Pharmacy Services

Specialty drugs are usually injectable, infused, oral or inhaled and require close supervision and therapy monitoring. The Sutter Health Plus Specialty Pharmacy Program focuses on patient safety, with requirements designed to assure that you know how to take these drugs correctly, that you receive safe, effective specialty drugs, and timely and convenient access to the specialty drugs you need. Express Scripts contracts with Accredo as the specialty pharmacy vendor.

Accredo provides mail order fulfillment of specialty prescription drugs to the member's home or place of business. Accredo also provides member programs and services, including access to specialty-trained pharmacists and nurses 24 hours a day, 7 days a week and online tools to help members manage their specialty drugs.

Contact Accredo at 1-877-787-8661 or visit their website at *express-scripts.com*. (Note: specialty drugs, regardless of tier, are not available through the mail order program.)

Definitions

Sutter Health Plus may use the following words and definitions throughout this formulary.

Brand name drug: A drug that a manufacturer markets under a proprietary, trademark protected name. The brand name drug is listed in all CAPITAL letters.

Coinsurance: A percentage of the charges that members must pay for covered services after the deductible, if a deductible applies.

Copayment: A specific dollar amount that members must pay for covered services after the deductible, if a deductible applies.

Cost Sharing: The amount members must pay for covered services, including deductibles, copayments and coinsurance. Cost Sharing is also referred to as out-of-pocket cost.

Deductible: The amount a member must pay for covered health care benefits before the member's health plan begins paying for all or part of the cost of the health care benefit under the terms of the policy.

Drug Tier: 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 member's portion of the cost for the drug.

Exception Request: A request for coverage of a prescription drug. If a member, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, Sutter Health Plus plan allows coverage of the prescription drug when the drug is determined to be medically necessary to treat the member's condition.

Exigent Circumstances: When a member is suffering from a health condition that may seriously jeopardize the member's life, health, or ability to regain maximum function, or when a member is undergoing a current course of treatment using a non-formulary drug.

Formulary: The complete list of self-administered, FDA-approved, outpatient prescription drugs evaluated by the Sutter Health Plus P&T Committee for use and eligible for coverage under the Sutter Health Plus health plan. Formulary is also known as a prescription drug list.

Generic Drug: The FDA approve 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.

Member: A member means a subscriber (defined below) or a qualified dependent family member enrolled in a health plan who is entitled to receive covered services.

Non-formulary drug: A self-administered, FDA-approved, outpatient prescription drug that is not listed on the formulary following evaluation by the Sutter Health Plus P&T Committee.

Participating provider: Is a participating provider group, participating physician, hospital, other licensed health professional, or licensed health facility or other health professional authorized under California law to practice in the State of California, who or which, at the time care is provided to a member, has a contract with Sutter Health Plus to provide covered services to members.

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

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

Prescription drug: A drug a member's provider prescribes that requires a prescription under applicable law.

Prior authorization: The requirement that the member's participating provider receives prior authorization for a prescription drug before Sutter Health Plus covers the drug. The health plan must grant a prior authorization when it is medically necessary for the member to obtain the drug.

Step therapy: Requires providers to prescribe certain prescription drugs for a particular medical condition before Sutter Health Plus covers other drugs with the same indications. When a drug is subject to step therapy, members may have to try one or more first-line drugs prior to approving a second-line drug.

Subscriber: A subscriber is a member who is eligible for membership on his or her own behalf and not by virtue of dependent status and who meets the eligibility requirements as a subscriber.

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI - INFECTIVES - DRUGS TO TREAT BACTERIA INFECTION		
CEPHALOSPORINS - CEPHALOSPORINS		
cefaclor oral capsule	T1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	T1	
cefaclor oral tablet extended release 12 hr	T1	
cefadroxil oral capsule	T1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	T1	
cefadroxil oral tablet	T1	
cefdinir	T1	
cefditoren pivoxil	T1	
cefixime	T1	
cefpodoxime	T1	
cefprozil	T1	
cefuroxime axetil oral tablet	T1	
cephalexin	T1	
KEFLEX ORAL CAPSULE 750 MG (***cephalexin***)	T3	
SPECTRACEF ORAL TABLET 400 MG (***cefditoren pivoxil***)	T3	
SUPRAX ORAL CAPSULE (***cefixime***)	T3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION (***cefixime***)	T3	
SUPRAX ORAL TABLET,CHEWABLE (***cefixime***)	T3	
ERYTHROMYCINS & OTHER MACROLIDES - ERYTHROMYCINS		
azithromycin oral	T1	
clarithromycin	T1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION (***fidaxomicin***)	T3	QL (1 per Rx)
DIFICID ORAL TABLET (***fidaxomicin***)	T3	QL (60 per Rx)
e.e.s. 400 oral tablet	T1	
E.E.S. GRANULES (***erythromycin ethylsuccinate***)	T3	
ERYPED 200 (***erythromycin ethylsuccinate***)	T3	
ERYPED 400 (***erythromycin ethylsuccinate***)	T3	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (***erythromycin base***)	T3	
erythrocin (as stearate) oral tablet 250 mg	T1	
erythromycin ethylsuccinate oral suspension for reconstitution	T1	
erythromycin ethylsuccinate oral tablet	T1	
erythromycin oral	T1	
ZITHROMAX ORAL PACKET (***azithromycin***)	T3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION (***azithromycin***)	T3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (***azithromycin***)	T3	
ZITHROMAX TRI-PAK (***azithromycin***)	T3	
ZITHROMAX Z-PAK (***azithromycin***)	T3	
MISCELLANEOUS ANTIINFECTIVES - OTHER DRUGS THAT TREAT INFECTIONS		
AEMCOLO (***rifamycin sodium***)	T3	QL (2 per Rx)
albendazole	T1	QL (120 per 30 days)
ALBENZA (***albendazole***)	T3	QL (120 per 30 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION (***nitazoxanide***)	T2	QL (360 per 30 days)
ALINIA ORAL TABLET (***nitazoxanide***)	T3	QL (14 per 30 days)
ARAKODA (***tafenoquine succinate***)	T3	QL (10 per 365 days)
ARIKAYCE (***amikacin sulfate liposomal with nebulizer accessories***)	T4	PA; ST; SP
atovaquone	T1	
atovaquone-proguanil oral tablet 250-100 mg	T1	QL (180 per 99 days)
atovaquone-proguanil oral tablet 62.5-25 mg	T1	QL (180 per 180 days)
BENZNIDAZOLE (***benznidazole***)	T2	QL (720 per 365 days)
BETHKIS (***tobramycin***)	T4	PA; ST; QL (2 per Rx); SP
BILTRICIDE (***praziquantel***)	T3	
CAYSTON (***aztreonam lysine***)	T4	QL (2 per Rx); SP
chloroquine phosphate	T1	
CLEOCIN HCL (***clindamycin hcl***)	T3	
CLEOCIN PEDIATRIC (***clindamycin palmitate hcl***)	T3	
clindamycin hcl	T1	
clindamycin pediatric	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COARTEM (***artemether/lumefantrine***)	T2	QL (24 per 30 days)
CYCLOSERINE	T3	
dapsone oral	T1	
DARAPRIM (***pyrimethamine***)	T4	PA; ST; SP
EMVERM (***mebendazole***)	T2	QL (6 per 30 days)
ethambutol	T1	
FLAGYL ORAL CAPSULE (***metronidazole***)	T3	
HUMATIN (***paromomycin sulfate***)	T4	OAC; SP
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG (***hydroxychloroquine sulfate***)	T3	
hydroxychloroquine oral tablet 200 mg	T1	
IMPAVIDO (***miltefosine***)	T2	QL (84 per 30 days)
isoniazid oral	T1	
ivermectin oral	T1	ST; QL (20 per 30 days)
KITABIS PAK (***tobramycin/nebulizer***)	T4	PA; ST; QL (280 per Rx); SP
KRINTAFEL (***tafenoquine succinate***)	T3	QL (2 per 30 days)
linezolid	T1	
MALARONE (***atovaquone/proguanil hcl***)	T3	QL (180 per 30 days)
MALARONE PEDIATRIC (***atovaquone/proguanil hcl***)	T3	QL (180 per 180 days)
mefloquine	T1	QL (13 per 30 days)
MEPRON (***atovaquone***)	T3	
metronidazole oral	T1	
MYAMBUTOL ORAL TABLET 400 MG (***ethambutol hcl***)	T3	
MYCOBUTIN (***rifabutin***)	T3	
NEBUPENT (***pentamidine isethionate***)	T3	QL (1 per 30 days)
neomycin	T1	
nitazoxanide	T1	QL (14 per 30 days)
paromomycin	T1	
PASER (***aminosalicylic acid***)	T3	
pentamidine inhalation	T1	QL (1 per 30 days)
PLAQUENIL (***hydroxychloroquine sulfate***)	T3	
praziquantel	T1	
PRETOMANID (***pretomanid***)	T3	PA; ST
PRIFTIN (***rifapentine***)	T2	
primaquine	T1	QL (120 per 30 days)

AGE = Age Limit; CM = Contraceptive Management; DM = Diabetes Management; OAC = Oral Anti-Cancer; PA = Prior Authorization; PC = Preventive Care; SP = Specialty; ST = Step Therapy; QL = Quantity Limit
Updated 11/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pyrazinamide	T1	
pyrimethamine	T4	PA; ST; SP
QUALAQUIN (***quinine sulfate***)	T3	QL (42 per 30 days)
quinine sulfate	T1	QL (42 per 30 days)
rifabutin	T1	
rifampin oral	T1	
SIRTURO (***bedaquiline fumarate***)	T2	PA; ST
SIVEXTRO ORAL (***tedizolid phosphate***)	T3	
SOLOSEC (***secnidazole***)	T2	QL (1 per Rx)
STROMECTOL (***ivermectin***)	T3	ST; QL (20 per 30 days)
tinidazole oral tablet 250 mg	T1	QL (40 per 30 days)
tinidazole oral tablet 500 mg	T1	QL (20 per 30 days)
TOBI (***tobramycin in 0.225 %sodium chloride***)	T4	PA; ST; QL (6 per Rx); SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE (***tobramycin***)	T4	PA; ST; QL (2 per Rx); SP
tobramycin in 0.225 % nacl	T4	PA; ST; QL (280 per Rx); SP
tobramycin inhalation	T4	PA; ST; QL (2 per Rx); SP
TOBRAMYCIN WITH NEBULIZER	T4	PA; ST; QL (280 per Rx); SP
TRECATOR (***ethionamide***)	T3	
XENLETA ORAL (***lefamulin acetate***)	T3	
XIFAXAN ORAL TABLET 200 MG (***rifaximin***)	T2	QL (19 per Rx)
XIFAXAN ORAL TABLET 550 MG (***rifaximin***)	T2	QL (60 per Rx)
ZYVOX ORAL (***linezolid***)	T3	
PENICILLINS - PENICILLINS		
amoxicillin oral capsule	T1	
amoxicillin oral suspension for reconstitution	T1	
amoxicillin oral tablet	T1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	T1	
amoxicillin-pot clavulanate	T1	
ampicillin oral capsule 500 mg	T1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (***amoxicillin/potassium clavulanate***)	T2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML (***amoxicillin/potassium clavulanate***)	T3	
AUGMENTIN XR (***amoxicillin/potassium clavulanate***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dicloxacillin	T1	
MOXATAG (***amoxicillin***)	T3	
penicillin v potassium	T1	
QUINOLONES - QUINOLONES		
BAXDELA ORAL (***delafloxacin meglumine***)	T2	QL (24 per Rx)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON (***ciprofloxacin***)	T3	
CIPRO ORAL TABLET 250 MG, 500 MG (***ciprofloxacin hcl***)	T3	
ciprofloxacin	T1	
ciprofloxacin hcl oral	T1	
FACTIVE (***gemifloxacin mesylate***)	T3	
levofloxacin oral	T1	
moxifloxacin oral	T1	
ofloxacin oral tablet 300 mg, 400 mg	T1	
SULFA'S & RELATED AGENTS - SULFAS		
BACTRIM (***sulfamethoxazole/trimethoprim***)	T3	
BACTRIM DS (***sulfamethoxazole/trimethoprim***)	T3	
sulfadiazine	T1	
sulfamethoxazole-trimethoprim oral	T1	
sulfatrim	T1	
TETRACYCLINES - TETRACYCLINES		
ACTICLATE (***doxycycline hyclate***)	T3	PA; ST
avidoxy	T1	
AVIDOXY DK (***doxycycline monohydrate/salicylic acid/octinoxate/zinc oxide***)	T3	PA; ST
coremino	T1	ST
demeclocycline	T1	
DORYX MPC (***doxycycline hyclate***)	T3	PA; ST
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG (***doxycycline hyclate***)	T3	PA; ST
doxycycline hyclate oral capsule	T1	
doxycycline hyclate oral tablet 100 mg, 20 mg	T1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	T1	ST
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	T1	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	T1	
doxycycline monohydrate oral capsule 150 mg	T1	ST
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	T3	PA; ST
doxycycline monohydrate oral suspension for reconstitution	T1	
doxycycline monohydrate oral tablet	T1	
minocycline oral capsule	T1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	T3	PA; ST
minocycline oral tablet	T1	
minocycline oral tablet extended release 24 hr	T1	PA; ST
MINOLIRA ER (***minocycline hcl***)	T3	PA; ST
mondoxyne nl oral capsule 100 mg, 75 mg	T1	
MONODOX (***doxycycline monohydrate***)	T3	PA; ST
MORGIDOX 1X 50 (***doxycycline hyclate/skin cleanser combination no.19***)	T3	PA; ST
MORGIDOX 2X100 (***doxycycline hyclate/skin cleanser combination no.19***)	T3	PA; ST
morgidox oral capsule 100 mg	T1	
NUZYRA ORAL (***omadacycline tosylate***)	T3	QL (30 per Rx)
ORACEA (***doxycycline monohydrate***)	T3	PA; ST
SEYSARA (***sarecycline hcl***)	T3	PA; ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (***minocycline hcl***)	T3	PA; ST
TARGADOX (***doxycycline hyclate***)	T3	PA; ST
tetracycline	T1	
VIBRAMYCIN ORAL CAPSULE 100 MG (***doxycycline hyclate***)	T3	PA; ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION (***doxycycline monohydrate***)	T3	ST
VIBRAMYCIN ORAL SYRUP (***doxycycline calcium***)	T3	ST
XIMINO (***minocycline hcl***)	T3	PA; ST
URINARY TRACT AGENTS - DRUGS TO TREAT BLADDER INFECTIONS		
fosfomycin tromethamine	T1	
FURADANTIN (***nitrofurantoin***)	T3	
HIPREX (***methenamine hippurate***)	T3	
MACROBID (***nitrofurantoin monohydrate/macrocrystals***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MACRODANTIN (***nitrofurantoin macrocrystal***)	T3	
methenamine hippurate	T1	
methenamine mandelate	T1	
MONUROL (***fosfomycin tromethamine***)	T3	
nitrofurantoin	T1	
nitrofurantoin macrocrystal	T1	
nitrofurantoin monohyd/m-cryst	T1	
PRIMSOL (***trimethoprim***)	T3	
trimethoprim	T1	
VANCOMYCIN - VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML (***vancomycin hcl***)	T3	PA; ST; QL (300 per Rx)
FIRVANQ ORAL RECON SOLN 50 MG/ML (***vancomycin hcl***)	T3	PA; ST; QL (450 per Rx)
VANCOCIN ORAL CAPSULE 125 MG (***vancomycin hcl***)	T3	QL (40 per Rx)
VANCOCIN ORAL CAPSULE 250 MG (***vancomycin hcl***)	T3	QL (80 per Rx)
vancomycin oral capsule 125 mg	T1	QL (40 per Rx)
vancomycin oral capsule 250 mg	T1	QL (80 per Rx)
vancomycin oral recon soln	T1	QL (450 per Rx)
ANTI - INFECTIVES - DRUGS TO TREAT FUNGUS INFECTIONS		
ANTIFUNGAL AGENTS - DRUGS TO TREAT FUNGUS INFECTIONS		
ANCOBON (***flucytosine***)	T3	
BREXAFEMME (***ibrexafungerp citrate***)	T3	PA; ST
clotrimazole mucous membrane	T1	
CRESEMBA ORAL (***isavuconazonium sulfate***)	T2	PA; ST
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION (***fluconazole***)	T3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG (***fluconazole***)	T3	
DIFLUCAN ORAL TABLET 150 MG (***fluconazole***)	T3	QL (2 per Rx)
fluconazole oral suspension for reconstitution	T1	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	T1	
fluconazole oral tablet 150 mg	T1	QL (2 per Rx)
flucytosine	T1	
griseofulvin microsize	T1	
griseofulvin ultramicrosize	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
itraconazole oral capsule	T1	QL (30 per Rx)
itraconazole oral solution	T1	
ketoconazole oral	T1	
NOXAFIL ORAL SUSPENSION (***posaconazole***)	T2	PA; ST
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) (***posaconazole***)	T3	PA; ST
nystatin oral	T1	
ORAVIG (***miconazole***)	T3	
posaconazole oral tablet,delayed release (dr/ec)	T1	PA; ST
SPORANOX ORAL SOLUTION (***itraconazole***)	T3	
SPORANOX PULSEPAK (***itraconazole***)	T3	QL (30 per Rx)
terbinafine hcl oral	T1	
TOLSURA (***itraconazole***)	T3	PA; ST; QL (60 per Rx)
VFEND (***voriconazole***)	T3	PA; ST
voriconazole oral	T1	PA; ST
ANTI - INFECTIVES - DRUGS TO TREAT VIRUS INFECTIONS		
ANTIVIRALS - DRUGS TO TREAT VIRUS INFECTIONS		
abacavir	T1	SP
abacavir-lamivudine	T1	SP
abacavir-lamivudine-zidovudine	T1	SP
acyclovir oral capsule	T1	
acyclovir oral suspension 200 mg/5 ml	T1	
acyclovir oral tablet	T1	
adefovir	T1	
amantadine hcl	T1	
APTIVUS (***tipranavir***)	T2	SP
atazanavir	T1	SP
ATRIPLA (***efavirenz/emtricitabine/tenofovir disoproxil fumarate***)	T3	SP
BARACLUDE ORAL SOLUTION (***entecavir***)	T2	
BARACLUDE ORAL TABLET (***entecavir***)	T3	
BIKTARVY (***bictegravir sodium/emtricitabine/tenofovir alafenamide fumar***)	T2	SP
CIMDUO (***lamivudine/tenofovir disoproxil fumarate***)	T2	SP
COMBIVIR (***lamivudine/zidovudine***)	T3	SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPLERA (***emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate***)	T3	PA; ST; SP
DELSTRIGO (***doravirine/lamivudine/tenofovir disoproxil fumarate***)	T3	PA; ST; SP
DESCOVY (***emtricitabine/tenofovir alafenamide fumarate***)	T2	SP
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	T1	SP
DOVATO (***dolutegravir sodium/lamivudine***)	T2	SP
EDURANT (***rilpivirine hcl***)	T2	SP
efavirenz	T1	SP
efavirenz-emtricitabin-tenofov	T1	SP
efavirenz-lamivu-tenofov disop	T1	SP
emtricitabine	T1	SP
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	T4	SP
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	T0	SP; PC
EMTRIVA ORAL CAPSULE (***emtricitabine***)	T3	SP
EMTRIVA ORAL SOLUTION (***emtricitabine***)	T2	SP
entecavir	T1	
EPCLUSA (***sofosbuvir/velpatasvir***)	T4	PA; ST; SP; QL (84 per 365 days)
EPIVIR (***lamivudine***)	T3	SP
EPIVIR HBV ORAL SOLUTION (***lamivudine***)	T2	
EPIVIR HBV ORAL TABLET (***lamivudine***)	T3	
EPZICOM (***abacavir sulfate/lamivudine***)	T3	SP
etravirine	T1	SP
EVOTAZ (***atazanavir sulfate/cobicistat***)	T3	SP
famciclovir oral tablet 125 mg, 500 mg	T1	QL (1 per Rx)
famciclovir oral tablet 250 mg	T1	QL (60 per Rx)
FLUMADINE ORAL TABLET (***rimantadine hcl***)	T3	
fosamprenavir	T1	SP
FUZEON SUBCUTANEOUS RECON SOLN (***enfuvirtide***)	T2	SP
GENVOYA (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***)	T2	SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG (***ledipasvir/sofosbuvir***)	T4	PA; ST; SP; QL (28 per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HARVONI ORAL PELLETS IN PACKET 45-200 MG (***ledipasvir/sofosbuvir***)	T4	PA; ST; SP; QL (56 per 365 days)
HARVONI ORAL TABLET 45-200 MG (***ledipasvir/sofosbuvir***)	T4	PA; ST; SP; QL (112 per 365 days)
HARVONI ORAL TABLET 90-400 MG (***ledipasvir/sofosbuvir***)	T4	PA; ST; SP; QL (28 per 365 days)
HEPSERA (***adefovir dipivoxil***)	T3	
INTELENCE (***etravirine***)	T2	SP
INVIRASE ORAL TABLET (***saquinavir mesylate***)	T2	SP
ISENTRESS (***raltegravir potassium***)	T2	SP
ISENTRESS HD (***raltegravir potassium***)	T2	SP
JULUCA (***dolutegravir sodium/rilpivirine hcl***)	T2	SP
KALETRA ORAL SOLUTION (***lopinavir/ritonavir***)	T3	SP
KALETRA ORAL TABLET (***lopinavir/ritonavir***)	T2	SP
lamivudine oral solution	T1	SP
lamivudine oral tablet 100 mg	T1	
lamivudine oral tablet 150 mg, 300 mg	T1	SP
lamivudine-zidovudine	T1	SP
LEDIPASVIR-SOFOSBUVIR	T4	PA; ST; SP; QL (56 per 365 days)
LEXIVA ORAL SUSPENSION (***fosamprenavir calcium***)	T2	SP
LEXIVA ORAL TABLET (***fosamprenavir calcium***)	T3	SP
lopinavir-ritonavir	T1	SP
MAVYRET (***glecaprevir/pibrentasvir***)	T4	PA; ST; SP; QL (84 per 365 days)
nevirapine	T1	SP
NORVIR ORAL POWDER IN PACKET (***ritonavir***)	T2	SP
NORVIR ORAL SOLUTION (***ritonavir***)	T2	SP
NORVIR ORAL TABLET (***ritonavir***)	T3	SP
ODEFSEY (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***)	T2	SP
oseltamivir oral capsule 30 mg	T1	QL (40 per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	T1	QL (20 per 365 days)
oseltamivir oral suspension for reconstitution	T1	QL (360 per 365 days)
PIFELTRO (***doravirine***)	T3	PA; ST; SP
PREVYMIS ORAL TABLET 240 MG (***letermovir***)	T2	QL (30 per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVYMIS ORAL TABLET 480 MG (***letermovir***)	T2	QL (100 per 365 days)
PREZCOBIX (***darunavir ethanolate/cobicistat***)	T3	PA; ST; SP
PREZISTA ORAL SUSPENSION (***darunavir ethanolate***)	T2	SP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (***darunavir ethanolate***)	T2	SP
RELENZA DISKHALER (***zanamivir***)	T3	QL (2 per 365 days)
RETROVIR ORAL CAPSULE (***zidovudine***)	T3	SP
RETROVIR ORAL SYRUP (***zidovudine***)	T3	SP
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG (***atazanavir sulfate***)	T3	SP
REYATAZ ORAL POWDER IN PACKET (***atazanavir sulfate***)	T2	SP
ribavirin inhalation	T1	
rimantadine	T1	
ritonavir	T1	SP
RUKOBIA (***fostemsavir tromethamine***)	T3	PA; ST; SP
SELZENTRY (***maraviroc***)	T2	SP
SITAVIG (***acyclovir***)	T3	PA; ST; QL (2 per Rx)
SOFOSBUVIR-VELPATASVIR	T4	PA; ST; SP; QL (84 per 365 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG (***sofosbuvir***)	T4	PA; ST; SP; QL (84 per 365 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG (***sofosbuvir***)	T4	PA; ST; SP; QL (168 per 365 days)
SOVALDI ORAL TABLET 200 MG (***sofosbuvir***)	T4	PA; ST; SP; QL (168 per 365 days)
SOVALDI ORAL TABLET 400 MG (***sofosbuvir***)	T4	PA; ST; SP; QL (84 per 365 days)
stavudine oral capsule 15 mg, 20 mg, 40 mg	T1	SP
STRIBILD (***elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil***)	T3	PA; ST; SP
SUSTIVA (***efavirenz***)	T3	SP
SYMFI (***efavirenz/lamivudine/tenofovir disoproxil fumarate***)	T2	SP
SYMFI LO (***efavirenz/lamivudine/tenofovir disoproxil fumarate***)	T2	SP
SYMTUZA (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***)	T2	SP
TAMIFLU ORAL CAPSULE 30 MG (***oseltamivir phosphate***)	T3	QL (40 per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (***oseltamivir phosphate***)	T3	QL (20 per 365 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION (***oseltamivir phosphate***)	T3	QL (360 per 365 days)
TEMIXYS (***lamivudine/tenofovir disoproxil fumarate***)	T2	SP
tenofovir disoproxil fumarate	T1	SP
TIVICAY (***dolutegravir sodium***)	T2	SP
TIVICAY PD (***dolutegravir sodium***)	T2	SP
TRIUMEQ (***abacavir sulfate/dolutegravir sodium/lamivudine***)	T2	SP
TRIZIVIR (***abacavir sulfate/lamivudine/zidovudine***)	T3	SP
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (***emtricitabine/tenofovir disoproxil fumarate***)	T3	SP
TRUVADA ORAL TABLET 200-300 MG (***emtricitabine/tenofovir disoproxil fumarate***)	T3	SP
TYBOST (***cobicistat***)	T3	SP
valacyclovir	T1	QL (30 per Rx)
VALCYTE (***valganciclovir hcl***)	T3	
valganciclovir	T1	
VALTREX (***valacyclovir hcl***)	T3	QL (30 per Rx)
VEMLIDY (***tenofovir alafenamide***)	T2	
VIEKIRA PAK (***ombitasvir/paritaprevir/ritonavir/dasabuvir sodium***)	T4	PA; ST; SP; QL (1 per 365 days)
VIRACEPT ORAL TABLET (***nelfinavir mesylate***)	T2	SP
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG (***nevirapine***)	T3	SP
VIRAZOLE (***ribavirin***)	T3	
VIREAD ORAL POWDER (***tenofovir disoproxil fumarate***)	T2	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	T2	SP
VIREAD ORAL TABLET 300 MG (***tenofovir disoproxil fumarate***)	T3	SP
VOSEVI (***sofosbuvir/velpatasvir/voxilaprevir***)	T4	PA; ST; SP; QL (84 per 365 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG (***baloxavir marboxil***)	T3	QL (4 per 365 days)
XOFLUZA ORAL TABLET 80 MG (***baloxavir marboxil***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPATIER (***elbasvir/grazoprevir***)	T4	PA; ST; SP; QL (84 per 365 days)
ZIAGEN (***abacavir sulfate***)	T3	SP
zidovudine	T1	SP
ZOVIRAX ORAL SUSPENSION (***acyclovir***)	T3	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS - DRUGS TO TREAT CANCER		
ADJUNCTIVE AGENTS - DRUGS USED WITH CANCER TREATMENT		
leucovorin calcium oral	T1	
MESNEX ORAL (***mesna***)	T2	
VISTOGARD (***uridine triacetate***)	T4	PA; ST; SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS - DRUGS TO TREAT CANCER OR SUPPRESS THE IMMUNE SYSTEM		
abiraterone	T4	PA; ST; OAC; SP
AFINITOR (***everolimus***)	T4	PA; ST; OAC; SP
AFINITOR DISPERZ (***everolimus***)	T4	PA; ST; OAC; SP
ALECENSA (***alectinib hcl***)	T4	PA; ST; OAC; SP
ALKERAN (***melphalan***)	T3	OAC
ALUNBRIG (***brigatinib***)	T4	PA; ST; OAC; SP
anastrozole	T1	OAC
ARIMIDEX (***anastrozole***)	T3	OAC
AROMASIN (***exemestane***)	T3	OAC
ASTAGRAF XL (***tacrolimus***)	T3	PA; ST; SP
AYVAKIT (***avapritinib***)	T3	PA; ST; OAC; SP
AZASAN (***azathioprine***)	T3	SP
azathioprine oral tablet 50 mg	T1	SP
BALVERSA (***erdafitinib***)	T2	PA; ST; OAC; SP
bexarotene	T4	PA; ST; OAC; SP
bicalutamide	T1	OAC
BOSULIF (***bosutinib***)	T4	PA; ST; OAC; SP
BRAFTOVI (***encorafenib***)	T3	PA; ST; OAC; SP
BRUKINSA (***zanubrutinib***)	T3	PA; ST; OAC; SP
CABOMETYX (***cabozantinib s-malate***)	T4	PA; ST; OAC; SP
CALQUENCE (***acalabrutinib***)	T4	PA; ST; OAC; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
capecitabine	T4	ST; OAC; SP
CAPRELSA (***vandetanib***)	T4	PA; ST; OAC; SP
CASODEX (***bicalutamide***)	T3	OAC
CELLCEPT (***mycophenolate mofetil***)	T3	SP
COMETRIQ (***cabozantinib s-malate***)	T4	PA; ST; OAC; SP
COPIKTRA (***duvelisib***)	T3	PA; ST; OAC; SP
COTELLIC (***cobimetinib fumarate***)	T4	PA; ST; OAC; SP
cyclophosphamide oral capsule	T1	OAC
CYCLOPHOSPHAMIDE ORAL TABLET	T3	OAC
cyclosporine modified	T1	SP
cyclosporine oral capsule	T1	SP
DAURISMO (***glasdegib maleate***)	T3	PA; ST; OAC; SP
DROXIA (***hydroxyurea***)	T2	
EMCYT (***estramustine phosphate sodium***)	T2	OAC
ENSPRYNG (***satralizumab-mwge***)	T4	PA; ST; SP
ENVARSUS XR (***tacrolimus***)	T3	PA; ST; SP
ERIVEDGE (***vismodegib***)	T4	PA; ST; OAC; SP
ERLEADA (***apalutamide***)	T4	PA; ST; OAC; SP
erlotinib	T4	PA; ST; OAC; SP
etoposide oral	T1	OAC
everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg	T4	PA; ST; OAC; SP
everolimus (immunosuppressive)	T1	OAC; SP
exemestane	T1	OAC
EXKIVITY (***mobocertinib succinate***)	T4	PA; ST; SP
FARESTON (***toremifene citrate***)	T3	OAC
FARYDAK (***panobinostat lactate***)	T4	PA; ST; OAC; SP
FEMARA (***letrozole***)	T3	OAC
flutamide	T1	OAC
FOTIVDA (***tivozanib hcl***)	T3	PA; ST; OAC; SP
GAVRETO (***pralsetinib***)	T2	PA; ST; OAC; SP
gengraf	T1	SP
GILOTRIF (***afatinib dimaleate***)	T4	PA; ST; OAC; SP
GLEEVEC (***imatinib mesylate***)	T4	PA; ST; OAC; SP
GLEOSTINE (***lomustine***)	T2	OAC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYCAMTIN ORAL (***topotecan hcl***)	T4	PA; ST; OAC; SP
HYDREA (***hydroxyurea***)	T3	OAC
hydroxyurea	T1	OAC
IBRANCE (***palbociclib***)	T4	PA; ST; OAC; SP
ICLUSIG (***ponatinib hcl***)	T4	PA; ST; OAC; SP
IDHIFA (***enasidenib mesylate***)	T4	PA; ST; OAC; SP
imatinib	T4	PA; ST; OAC; SP
IMBRUVICA (***ibrutinib***)	T4	PA; ST; OAC; SP
IMURAN (***azathioprine***)	T3	SP
INLYTA (***axitinib***)	T4	PA; ST; OAC; SP
INQOVI (***decitabine/cedazuridine***)	T3	PA; ST; OAC; SP
INREBIC (***fedratinib dihydrochloride***)	T3	PA; ST; OAC; SP
IRESSA (***gefitinib***)	T4	PA; ST; OAC; SP
JAKAFI (***ruxolitinib phosphate***)	T4	PA; ST; OAC; SP
KISQALI (***ribociclib succinate***)	T4	PA; ST; OAC; SP
KISQALI FEMARA CO-PACK (***ribociclib succinate/letrozole***)	T4	PA; ST; OAC; SP
KOSELUGO (***selumetinib sulfate/vitamin e tpgs***)	T3	PA; ST; OAC; SP
lapatinib	T4	PA; ST; OAC; SP
LENVIMA (***lenvatinib mesylate***)	T4	PA; ST; OAC; SP
letrozole	T1	OAC
LEUKERAN (***chlorambucil***)	T2	OAC
leuprolide subcutaneous kit	T4	PA; ST; SP
LONSURF (***trifluridine/tipiracil hcl***)	T4	PA; ST; OAC; SP
LORBRENA (***lorlatinib***)	T2	PA; ST; OAC; SP
LYNPARZA (***olaparib***)	T4	PA; ST; OAC; SP
LYSODREN (***mitotane***)	T2	OAC; SP
MATULANE (***procarbazine hcl***)	T4	OAC; SP
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	T1	
megestrol oral tablet	T1	OAC
MEKINIST (***trametinib dimethyl sulfoxide***)	T4	PA; ST; OAC; SP
MEKTOVI (***binimetinib***)	T3	PA; ST; OAC; SP
melphalan	T1	OAC
mercaptopurine	T4	OAC
methotrexate sodium (pf)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methotrexate sodium injection	T1	
methotrexate sodium oral	T1	OAC
MYCAPSSA (***octreotide acetate***)	T4	PA; ST; SP
mycophenolate mofetil	T1	SP
mycophenolate sodium	T1	SP
MYFORTIC (***mycophenolate sodium***)	T3	SP
MYLERAN (***busulfan***)	T2	OAC
NEORAL (***cyclosporine, modified***)	T3	SP
NERLYNX (***neratinib maleate***)	T4	PA; ST; OAC; SP
NEXAVAR (***sorafenib tosylate***)	T4	PA; ST; OAC; SP
NILANDRON (***nilutamide***)	T3	PA; ST; OAC
nilutamide	T1	PA; ST; OAC
NINLARO (***ixazomib citrate***)	T4	PA; ST; OAC; SP
NUBEQA (***darolutamide***)	T2	PA; ST; OAC; SP
octreotide acetate	T4	ST; SP
ODOMZO (***sonidegib phosphate***)	T4	PA; ST; OAC; SP
ONUREG (***azacitidine***)	T3	PA; ST; OAC; SP
ORGOVYX (***relugolix***)	T3	PA; ST; OAC; SP
PEMAZYRE (***pemigatinib***)	T3	PA; ST; OAC; SP
PIQRAY (***alpelisib***)	T3	PA; ST; OAC; SP
PROGRAF ORAL CAPSULE (***tacrolimus***)	T3	SP
PROGRAF ORAL GRANULES IN PACKET (***tacrolimus***)	T2	SP
PURIXAN (***mercaptopurine***)	T4	OAC; SP
QINLOCK (***ripretinib***)	T3	PA; ST; OAC; SP
RAPAMUNE (***sirolimus***)	T3	SP
RETEVMO (***selpercatinib***)	T3	PA; ST; OAC; SP
ROMIDEPSIN INTRAVENOUS SOLUTION (***romidepsin***)	T4	PA; ST; SP
ROZLYTREK (***entrectinib***)	T2	PA; ST; OAC; SP
RUBRACA (***rucaparib camsylate***)	T4	PA; ST; OAC; SP
RYDAPT (***midostaurin***)	T4	PA; ST; OAC; SP
RYLAZE (***asparaginase erwinia chrysanthemi (recombinant)-rywn***)	T4	PA; ST; SP
SANDIMMUNE ORAL CAPSULE (***cyclosporine***)	T3	SP
SANDIMMUNE ORAL SOLUTION (***cyclosporine***)	T2	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (***octreotide acetate***)	T4	ST; SP
SIGNIFOR (***pasireotide diaspartate***)	T4	PA; SP
SIKLOS (***hydroxyurea***)	T3	PA; ST
sirolimus	T1	SP
SOLTAMOX (***tamoxifen citrate***)	T3	OAC
SPRYCEL (***dasatinib***)	T4	PA; ST; OAC; SP
STIVARGA (***regorafenib***)	T4	PA; ST; OAC; SP
sunitinib	T1	PA; ST; OAC
SUTENT (***sunitinib malate***)	T4	PA; ST; OAC; SP
SYNRIBO (***omacetaxine mepesuccinate***)	T4	PA; ST; SP
TABLOID (***thioguanine***)	T3	OAC
TABRECTA (***capmatinib hydrochloride***)	T2	PA; ST; OAC; SP
tacrolimus oral	T1	SP
TAFINLAR (***dabrafenib mesylate***)	T4	PA; ST; OAC; SP
TAGRISSO (***osimertinib mesylate***)	T4	PA; ST; OAC; SP
TALZENNA (***talazoparib tosylate***)	T2	PA; ST; OAC; SP
tamoxifen	T1	OAC
TARCEVA (***erlotinib hcl***)	T4	PA; ST; OAC; SP
TARGRETIN ORAL (***bexarotene***)	T4	PA; ST; OAC; SP
TARGRETIN TOPICAL (***bexarotene***)	T4	PA; ST; SP
TASIGNA (***nilotinib hcl***)	T4	PA; ST; OAC; SP
TAZVERIK (***tazemetostat hydrobromide***)	T3	PA; ST; OAC; SP
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG (***temozolomide***)	T4	PA; OAC; SP
temozolomide	T4	PA; OAC; SP
TEPMETKO (***tepotinib hcl***)	T3	PA; ST; OAC; SP
THALOMID (***thalidomide***)	T4	PA; ST; SP
TIBSOVO (***ivosidenib***)	T2	PA; ST; OAC; SP
TIVDAK (***tisotumab vedotin-tftv***)	T4	PA; ST; SP
toremifene	T1	OAC
tretinoin (antineoplastic)	T1	OAC
TREXALL (***methotrexate sodium***)	T3	OAC
TUKYSA (***tucatinib***)	T3	PA; ST; OAC; SP
TURALIO (***pexidartinib hydrochloride***)	T3	PA; ST; OAC; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYKERB (***lapatinib ditosylate***)	T4	PA; ST; OAC; SP
UKONIQ (***umbralisib tosylate***)	T3	PA; ST; OAC; SP
VENCLEXTA (***venetoclax***)	T4	PA; ST; OAC; SP
VENCLEXTA STARTING PACK (***venetoclax***)	T4	PA; ST; OAC; SP
VERZENIO (***abemaciclib***)	T4	PA; ST; OAC; SP
VITRAKVI (***larotrectinib sulfate***)	T2	PA; ST; OAC; SP
VIZIMPRO (***dacomitinib***)	T2	PA; ST; OAC; SP
VOTRIENT (***pazopanib hcl***)	T4	PA; ST; OAC; SP
WELIREG (***belzutifan***)	T4	PA; ST; SP
XALKORI (***crizotinib***)	T4	PA; ST; OAC; SP
XATMEP (***methotrexate***)	T3	PA; ST; OAC
XELODA (***capecitabine***)	T4	ST; OAC; SP
XERMELO (***telotristat etiprate***)	T4	PA; SP
XOSPATA (***gilteritinib fumarate***)	T2	PA; ST; OAC; SP
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK), 80MG TWICE WEEK (160 MG/WEEK) (***selinexor***)	T3	PA; ST; OAC; SP
XTANDI (***enzalutamide***)	T4	PA; ST; OAC; SP
YONSA (***abiraterone acetate, submicronized***)	T4	PA; ST; OAC; SP
ZEJULA (***niraparib tosylate***)	T4	PA; ST; OAC; SP
ZELBORAF (***vemurafenib***)	T4	PA; ST; OAC; SP
ZOLINZA (***vorinostat***)	T4	PA; ST; OAC; SP
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG (***everolimus***)	T3	OAC; SP
ZORTRESS ORAL TABLET 1 MG (***everolimus***)	T2	OAC; SP
ZYDELIG (***idelalisib***)	T4	PA; ST; OAC; SP
ZYKADIA ORAL TABLET (***ceritinib***)	T4	PA; ST; OAC; SP
ZYTIGA (***abiraterone acetate***)	T4	PA; ST; OAC; SP
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH - DRUGS TO TREAT THE NERVOUS SYSTEM, SEIZURES, HEADACHE, OR FOR MENTAL HEALTH		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM (***eslicarbazepine acetate***)	T3	PA; ST
BANZEL ORAL SUSPENSION (***rufinamide***)	T3	PA; ST
BANZEL ORAL TABLET (***rufinamide***)	T2	PA; ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRIVIACT ORAL (***brivaracetam***)	T3	ST
carbamazepine oral capsule, er multiphase 12 hr	T1	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	T1	
carbamazepine oral tablet	T1	
carbamazepine oral tablet extended release 12 hr	T1	
carbamazepine oral tablet,chewable	T1	
CARBATROL (***carbamazepine***)	T3	
CELONTIN ORAL CAPSULE 300 MG (***methsuximide***)	T2	
clobazam	T1	PA; ST
clonazepam	T1	
DEPAKOTE (***divalproex sodium***)	T3	ST
DEPAKOTE ER (***divalproex sodium***)	T3	ST
DEPAKOTE SPRINKLES (***divalproex sodium***)	T3	ST
DIACOMIT (***stiripentol***)	T4	PA; ST; SP
DIASTAT (***diazepam***)	T3	
DIASTAT ACUDIAL (***diazepam***)	T3	
diazepam rectal	T1	
DILANTIN (***phenytoin sodium extended***)	T2	
DILANTIN EXTENDED (***phenytoin sodium extended***)	T3	
DILANTIN INFATABS (***phenytoin***)	T3	
DILANTIN-125 (***phenytoin***)	T3	
divalproex	T1	
EPIDIOLEX (***cannabidiol (cbd)***)	T4	PA; ST; SP
epitol	T1	
EQUETRO (***carbamazepine***)	T3	
ethosuximide	T1	
felbamate	T1	
FELBATOL (***felbamate***)	T3	
FINTEPLA (***fenfluramine hcl***)	T4	PA; ST; QL (360 per Rx); SP
FYCOMPA (***perampanel***)	T2	
gabapentin oral capsule	T1	
gabapentin oral solution 250 mg/5 ml	T1	
gabapentin oral solution 300 mg/6 ml (6 ml)	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GABITRIL (***tiagabine hcl***)	T3	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR (***gabapentin***)	T3	ST
KEPPRA ORAL (***levetiracetam***)	T3	ST
KEPPRA XR (***levetiracetam***)	T3	ST
KLONOPIN (***clonazepam***)	T3	
LAMICTAL ODT (***lamotrigine***)	T3	PA; ST
LAMICTAL ODT STARTER (BLUE) (***lamotrigine***)	T3	PA; ST
LAMICTAL ODT STARTER (GREEN) (***lamotrigine***)	T3	PA; ST
LAMICTAL ODT STARTER (ORANGE) (***lamotrigine***)	T3	PA; ST
LAMICTAL ORAL TABLET (***lamotrigine***)	T3	PA; ST
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG (***lamotrigine***)	T3	PA; ST
LAMICTAL STARTER (BLUE) KIT (***lamotrigine***)	T3	PA; ST
LAMICTAL STARTER (GREEN) KIT (***lamotrigine***)	T3	PA; ST
LAMICTAL STARTER (ORANGE) KIT (***lamotrigine***)	T3	PA; ST
LAMICTAL XR (***lamotrigine***)	T3	PA; ST
LAMICTAL XR STARTER (BLUE) (***lamotrigine***)	T3	PA; ST
LAMICTAL XR STARTER (GREEN) (***lamotrigine***)	T3	PA; ST
LAMICTAL XR STARTER (ORANGE) (***lamotrigine***)	T3	PA; ST
lamotrigine	T1	
levetiracetam oral	T1	
LYRICA (***pregabalin***)	T3	PA; ST
LYRICA CR (***pregabalin***)	T3	PA; ST
MYSOLINE (***primidone***)	T3	
NAYZILAM (***midazolam***)	T2	PA; ST; QL (2 per Rx)
NEURONTIN (***gabapentin***)	T3	ST
ONFI (***clobazam***)	T3	PA; ST
oxcarbazepine	T1	
OXTELLAR XR (***oxcarbazepine***)	T3	PA; ST
phenobarbital	T1	
PHENYTEK (***phenytoin sodium extended***)	T3	
phenytoin oral suspension	T1	
phenytoin oral tablet,chewable	T1	
phenytoin sodium extended	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pregabalin oral capsule	T1	
pregabalin oral solution	T1	
pregabalin oral tablet extended release 24 hr	T1	PA; ST
primidone	T1	
QUDEXY XR (***topiramate***)	T2	ST
roweepra	T1	
rufinamide	T1	PA; ST
SABRIL (***vigabatrin***)	T4	PA; ST; SP
SPRITAM (***levetiracetam***)	T3	ST
subvenite	T1	
subvenite starter (blue) kit	T1	
subvenite starter (green) kit	T1	
subvenite starter (orange) kit	T1	
SYMPAZAN (***clobazam***)	T3	PA; ST
TEGRETOL ORAL SUSPENSION (***carbamazepine***)	T3	
TEGRETOL ORAL TABLET (***carbamazepine***)	T3	
TEGRETOL XR (***carbamazepine***)	T3	
tiagabine	T1	
TOPAMAX (***topiramate***)	T3	ST
topiramate oral capsule, sprinkle	T1	
topiramate oral capsule,sprinkle,er 24hr	T2	PA; ST
topiramate oral tablet	T1	
TRILEPTAL (***oxcarbazepine***)	T3	PA; ST
TROKENDI XR (***topiramate***)	T3	ST
valproic acid	T1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	T1	
valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)	T1	
VALTOCO (***diazepam***)	T3	QL (2 per Rx)
vigabatrin	T4	PA; ST; SP
vigadrone	T4	PA; ST; SP
VIMPAT ORAL SOLUTION (***lacosamide***)	T2	
VIMPAT ORAL TABLET (***lacosamide***)	T2	
XCOPRI (***cenobamate***)	T3	QL (30 per Rx)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1) (***cenobamate***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1) (***cenobamate***)	T3	QL (56 per Rx)
XCOPRI TITRATION PACK (***cenobamate***)	T3	QL (56 per Rx)
ZARONTIN (***ethosuximide***)	T3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (***zonisamide***)	T3	
zonisamide	T1	
ANTIPARKINSONISM AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE		
APOKYN (***apomorphine hcl***)	T4	PA; ST; SP; QL (30 per 30 days)
AZILECT (***rasagiline mesylate***)	T3	ST
benztropine oral	T1	
bromocriptine	T1	
carbidopa	T1	
carbidopa-levodopa	T1	
carbidopa-levodopa-entacapone	T1	
COMTAN (***entacapone***)	T3	
DUOPA (***carbidopa/levodopa***)	T4	
entacapone	T1	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG (***amantadine hcl***)	T4	PA; ST; SP
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG (***amantadine hcl***)	T4	PA; ST; QL (30 per Rx); SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE (***levodopa***)	T4	PA; ST; QL (300 per Rx); SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (***apomorphine hcl***)	T2	PA; ST; QL (150 per 30 days)
LODOSYN (***carbidopa***)	T3	
MIRAPEX ER (***pramipexole di-hcl***)	T3	
NEUPRO (***rotigotine***)	T3	
NOURIANZ (***istradefylline***)	T4	PA; ST; QL (30 per Rx); SP
ONGENTYS ORAL CAPSULE 25 MG (***opicapone***)	T3	PA; ST; QL (30 per Rx)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG (***amantadine hcl***)	T4	PA; QL (30 per Rx); SP
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1) (***amantadine hcl***)	T4	PA; QL (60 per Rx); SP
PARLODEL (***bromocriptine mesylate***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pramipexole	T1	
rasagiline	T1	
ropinirole	T1	
RYTARY (***carbidopa/levodopa***)	T3	
selegiline hcl	T1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (***carbidopa/levodopa***)	T3	
STALEVO 100 (***carbidopa/levodopa/entacapone***)	T3	
STALEVO 125 (***carbidopa/levodopa/entacapone***)	T3	
STALEVO 150 (***carbidopa/levodopa/entacapone***)	T3	
STALEVO 200 (***carbidopa/levodopa/entacapone***)	T3	
STALEVO 50 (***carbidopa/levodopa/entacapone***)	T3	
STALEVO 75 (***carbidopa/levodopa/entacapone***)	T3	
TASMAR ORAL TABLET 100 MG (***tolcapone***)	T3	
tolcapone	T1	
trihexyphenidyl	T1	
XADAGO (***safinamide mesylate***)	T3	PA; ST
ZELAPAR (***selegiline hcl***)	T3	PA; ST
MIGRAINE & CLUSTER HEADACHE THERAPY - DRUGS TO TREAT MIGRAINE HEADACHE		
AIMOVIG AUTOINJECTOR (***erenumab-aooe***)	T2	PA; ST; QL (1 per 30 days)
AJOVY AUTOINJECTOR (***fremanezumab-vfrm***)	T2	PA; ST; QL (3 per 30 days)
AJOVY SYRINGE (***fremanezumab-vfrm***)	T2	PA; ST; QL (3 per 30 days)
almotriptan malate oral tablet 12.5 mg	T1	QL (24 per 30 days)
almotriptan malate oral tablet 6.25 mg	T1	QL (18 per 30 days)
AMERGE (***naratriptan hcl***)	T3	ST; QL (18 per 30 days)
CAFERGOT (***ergotamine tartrate/caffeine***)	T3	
D.H.E.45 (***dihydroergotamine mesylate***)	T3	
dihydroergotamine injection	T1	
dihydroergotamine nasal	T1	ST; QL (2 per 30 days)
eletriptan	T1	QL (18 per 30 days)
EMGALITY PEN (***galcanezumab-gnlm***)	T2	PA; ST; QL (1 per 30 days)
EMGALITY SYRINGE (***galcanezumab-gnlm***)	T2	PA; ST; QL (1 per 30 days)
ERGOMAR (***ergotamine tartrate***)	T3	
ergotamine-caffeine	T1	

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FROVA (***frovatriptan succinate***)	T3	ST; QL (27 per 30 days)
frovatriptan	T1	QL (27 per 30 days)
IMITREX NASAL SPRAY,NON-AEROSOL 20 MG/ACTUATION (***sumatriptan***)	T3	ST; QL (18 per 30 days)
IMITREX NASAL SPRAY,NON-AEROSOL 5 MG/ACTUATION (***sumatriptan***)	T3	ST; QL (108 per 30 days)
IMITREX ORAL (***sumatriptan succinate***)	T3	ST; QL (18 per 30 days)
IMITREX STATDOSE PEN (***sumatriptan succinate***)	T3	ST; QL (24 per 30 days)
IMITREX STATDOSE REFILL (***sumatriptan succinate***)	T3	ST; QL (24 per 30 days)
MAXALT ORAL TABLET 10 MG (***rizatriptan benzoate***)	T3	ST; QL (36 per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG (***rizatriptan benzoate***)	T3	ST; QL (36 per 30 days)
migergot	T1	
MIGRANAL (***dihydroergotamine mesylate***)	T3	ST; QL (2 per 30 days)
naratriptan	T1	QL (18 per 30 days)
NURTEC ODT (***rimegepant sulfate***)	T3	PA; ST; QL (16 per 30 days)
ONZETRA XSAIL (***sumatriptan succinate***)	T3	ST; QL (1 per 30 days)
RELPAX (***eletriptan hydrobromide***)	T3	ST; QL (18 per 30 days)
REYVOW ORAL TABLET 100 MG (***lasmiditan succinate***)	T3	PA; ST; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG (***lasmiditan succinate***)	T3	PA; ST; QL (8 per 30 days)
rizatriptan	T1	QL (36 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	T1	QL (18 per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	T1	QL (36 per 30 days)
sumatriptan succinate oral tablet 100 mg, 50 mg	T1	QL (54 per 30 days)
sumatriptan succinate oral tablet 25 mg	T1	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge	T1	QL (24 per 30 days)
sumatriptan succinate subcutaneous pen injector	T1	QL (24 per 30 days)
sumatriptan succinate subcutaneous solution	T1	QL (24 per 30 days)
sumatriptan-naproxen	T1	ST; QL (18 per 30 days)
TOSYMRA (***sumatriptan***)	T3	ST; QL (24 per 30 days)
TREXIMET ORAL TABLET 85-500 MG (***sumatriptan succinate/naproxen sodium***)	T3	ST; QL (18 per 30 days)
UBRELVY (***ubrogepant***)	T3	PA; ST; QL (20 per 30 days)
ZEMBRACE SYMTOUCH (***sumatriptan succinate***)	T3	ST; QL (2 per 30 days)
ZOLMITRIPTAN NASAL	T3	PA; ST; QL (1 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zolmitriptan oral	T1	QL (18 per 30 days)
ZOMIG NASAL (***zolmitriptan***)	T2	ST; QL (18 per 30 days)
ZOMIG ORAL (***zolmitriptan***)	T3	ST; QL (18 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY - OTHER		
AMPYRA (***dalfampridine***)	T4	PA; ST; QL (60 per Rx); SP
ARICEPT (***donepezil hcl***)	T3	PA; ST
AUSTEDO (***deutetrabenazine***)	T4	PA; ST; QL (60 per Rx); SP
dalfampridine	T4	PA; ST; QL (60 per Rx); SP
donepezil oral tablet 10 mg, 5 mg	T1	
donepezil oral tablet 23 mg	T1	PA; ST
donepezil oral tablet,disintegrating	T1	
EVRYSDI (***risdiplam***)	T4	PA; ST; SP; QL (240 per 30 days)
EXELON PATCH (***rivastigmine***)	T3	PA; ST
FIRDAPSE (***amifampridine phosphate***)	T4	PA; ST; SP
galantamine	T1	
HORIZANT (***gabapentin enacarbil***)	T3	ST
INGREZZA (***valbenazine tosylate***)	T4	PA; ST; QL (30 per Rx); SP
INGREZZA INITIATION PACK (***valbenazine tosylate***)	T4	PA; ST; QL (24 per Rx); SP
KEVEYIS (***dichlorphenamide***)	T4	PA; ST; SP
memantine oral capsule,sprinkle,er 24hr	T1	
memantine oral solution	T1	
memantine oral tablet	T1	
MEMANTINE ORAL TABLETS,DOSE PACK	T3	
NAMENDA ORAL TABLET (***memantine hcl***)	T3	ST
NAMENDA TITRATION PAK (***memantine hcl***)	T3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK (***memantine hcl***)	T3	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR (***memantine hcl***)	T3	ST
NAMZARIC (***memantine hcl/donepezil hcl***)	T2	PA; ST
NUEDEXTA (***dextromethorphan hbr/quinidine sulfate***)	T2	
RAZADYNE ER (***galantamine hbr***)	T3	PA; ST
rivastigmine	T1	
rivastigmine tartrate	T1	

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RUZURGI (***amifampridine***)	T4	PA; ST; SP
TEGSEDI (***inotersen sodium***)	T4	PA; ST; SP
tetrabenazine	T4	PA; ST; QL (60 per Rx); SP
XENAZINE (***tetrabenazine***)	T4	PA; ST; QL (60 per Rx); SP
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY - DRUGS TO TREAT MUSCLE SPASMS		
AMRIX (***cyclobenzaprine hcl***)	T3	PA; ST
baclofen oral	T1	
carisoprodol	T3	
carisoprodol-aspirin	T3	
carisoprodol-aspirin-codeine	T3	
chlorzoxazone	T1	
cyclobenzaprine	T1	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (***dantrolene sodium***)	T3	
dantrolene oral	T1	
FEXMID (***cyclobenzaprine hcl***)	T3	PA; ST
LORZONE (***chlorzoxazone***)	T3	PA; ST
meprobamate	T3	
MESTINON ORAL (***pyridostigmine bromide***)	T3	
MESTINON TIMESPAN (***pyridostigmine bromide***)	T3	
metaxalone	T1	
methocarbamol oral	T1	
NORGESIC FORTE (***orphenadrine citrate/aspirin/caffeine***)	T3	
orphenadrine citrate oral	T1	
orphenadrine-asa-caffeine	T1	
orphengesic forte	T1	
OZOBAX (***baclofen***)	T3	PA; ST
pyridostigmine bromide oral syrup	T1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG (***pyridostigmine bromide***)	T3	
pyridostigmine bromide oral tablet 60 mg	T1	
pyridostigmine bromide oral tablet extended release	T1	
SKELAXIN (***metaxalone***)	T3	
SOMA (***carisoprodol***)	T3	

AGE = Age Limit; CM = Contraceptive Management; DM = Diabetes Management; OAC = Oral Anti-Cancer; PA = Prior Authorization; PC = Preventive Care; SP = Specialty; ST = Step Therapy; QL = Quantity Limit
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tizanidine	T1	
vanadom	T3	
ZANAFLEX (***tizanidine hcl***)	T3	
NARCOTIC ANALGESICS - DRUGS TO TREAT PAIN		
acetaminophen-caff-dihydrocod	T1	
acetaminophen-codeine oral solution 120-12 mg/5 ml	T1	
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	T1	
acetaminophen-codeine oral tablet	T1	
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 400 MCG, 600 MCG (***fentanyl citrate***)	T3	ST; QL (270 per 90 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,600 MCG, 200 MCG, 800 MCG (***fentanyl citrate***)	T3	ST; QL (90 per 90 days)
ALLZITAL (***butalbital/acetaminophen***)	T3	PA; ST
APADAZ (***benzhydrocodone hcl/acetaminophen***)	T3	PA; ST
ascomp with codeine	T1	
BELBUCA (***buprenorphine hcl***)	T2	ST; QL (60 per Rx)
BENZHYDROCODONE-ACETAMINOPHEN	T3	PA; ST
BUPAP (***butalbital/acetaminophen***)	T3	PA; ST
buprenorphine	T1	ST
buprenorphine hcl sublingual	T1	
butalbital compound w/codeine	T1	
butalbital-acetaminop-caf-cod	T1	
butalbital-acetaminophen	T1	
butalbital-acetaminophen-caff	T1	
butalbital-aspirin-caffeine	T1	
BUTRANS (***buprenorphine***)	T3	ST
codeine sulfate	T1	
codeine-butalbital-asa-caff	T1	
DILAUDID (***hydromorphone hcl***)	T3	
diskets	T1	ST
DSUVIA (***sufentanil citrate***)	T3	
dvorah	T1	
endocet	T1	
ESGIC (***butalbital/acetaminophen/caffeine***)	T3	PA; ST
fentanyl	T1	ST; QL (15 per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 600 mcg, 800 mcg	T1	ST; QL (90 per 90 days)
fentanyl citrate buccal lozenge on a handle 1,600 mcg, 200 mcg, 400 mcg	T1	ST; QL (270 per 90 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 600 MCG, 800 MCG (***fentanyl citrate***)	T3	PA; ST; QL (90 per 90 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 400 MCG (***fentanyl citrate***)	T3	PA; ST; QL (270 per 90 days)
FIORICET (***butalbital/acetaminophen/caffeine***)	T3	PA; ST
FIORICET WITH CODEINE (***butalbital/acetaminophen/caffeine/codeine phosphate***)	T3	
hydrocodone bitartrate oral capsule, oral only, er 12hr	T1	ST; QL (90 per 30 days)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr	T1	PA; ST; QL (60 per 30 days)
hydrocodone-acetaminophen oral solution	T1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	T1	
hydrocodone-ibuprofen	T1	
hydromorphone oral liquid	T1	
hydromorphone oral tablet	T1	
hydromorphone oral tablet extended release 24 hr	T1	ST; QL (60 per 30 days)
hydromorphone rectal	T1	
HYSINGLA ER (***hydrocodone bitartrate***)	T2	ST; QL (60 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY (***fentanyl citrate***)	T3	PA; ST; QL (1 per 30 days)
levorphanol tartrate oral tablet 2 mg	T1	
levorphanol tartrate oral tablet 3 mg	T2	
LORTAB ELIXIR (***hydrocodone bitartrate/acetaminophen***)	T3	
meperidine oral solution	T3	
meperidine oral tablet 50 mg	T3	
methadone oral concentrate	T1	ST
methadone oral solution	T1	ST
methadone oral tablet	T1	ST
methadone oral tablet,soluble	T1	ST
methadose oral concentrate	T1	ST
methadose oral tablet,soluble	T1	ST
morphine concentrate oral solution	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine oral capsule, er multiphase 24 hr	T1	ST; QL (60 per 30 days)
morphine oral capsule,extend.release pellets	T1	ST; QL (90 per 30 days)
morphine oral solution	T1	
morphine oral tablet	T1	
morphine oral tablet extended release	T1	ST; QL (120 per 30 days)
morphine rectal	T1	
MS CONTIN (***morphine sulfate***)	T3	ST; QL (120 per 30 days)
NALOCET (***oxycodone hcl/acetaminophen***)	T3	
OXAYDO (***oxycodone hcl***)	T3	
oxycodone oral capsule	T1	
oxycodone oral concentrate	T1	
oxycodone oral solution	T1	
oxycodone oral tablet	T1	
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	T3	PA; ST; QL (90 per 30 days)
oxycodone-acetaminophen	T1	
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR (***oxycodone hcl***)	T2	ST; QL (90 per 30 days)
oxymorphone oral tablet	T1	
oxymorphone oral tablet extended release 12 hr	T1	ST; QL (90 per 30 days)
PERCOCET (***oxycodone hcl/acetaminophen***)	T3	
PRIMLEV (***oxycodone hcl/acetaminophen***)	T3	PA; ST
prolate oral tablet	T1	
ROXICODONE (***oxycodone hcl***)	T3	
SUBLOCADE (***buprenorphine***)	T4	PA; SP
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 600 MCG/SPRAY (***fentanyl***)	T3	PA; ST; QL (270 per 90 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 800 MCG/SPRAY (***fentanyl***)	T3	PA; ST; QL (90 per 90 days)
tencon	T1	
TREZIX (***acetaminophen/caffeine/dihydrocodeine bitartrate***)	T3	
vtol lq	T1	
XTAMPZA ER (***oxycodone myristate***)	T3	PA; ST; QL (90 per 30 days)
zebutal	T1	
ZOHYDRO ER (***hydrocodone bitartrate***)	T3	ST; QL (90 per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NON-NARCOTIC ANALGESICS - DRUGS TO TREAT SEVERE PAIN		
adult aspirin regimen	T0	PC
ANAPROX DS (***naproxen sodium***)	T3	ST
ARTHROTEC 50 (***diclofenac sodium/misoprostol***)	T3	ST
ARTHROTEC 75 (***diclofenac sodium/misoprostol***)	T3	ST
aspirin low dose	T0	PC
aspirin oral tablet	T0	PC
aspirin oral tablet,chewable	T0	PC
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	T0	PC
aspir-trin	T0	PC
bayer aspirin	T0	PC
BUNAVAIL BUCCAL FILM 4.2-0.7 MG (***buprenorphine hcl/naloxone hcl***)	T3	PA; ST; QL (60 per Rx)
BUNAVAIL BUCCAL FILM 6.3-1 MG (***buprenorphine hcl/naloxone hcl***)	T3	PA; ST
buprenorphine-naloxone sublingual film 12-3 mg	T1	
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	T1	QL (90 per Rx)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	T1	QL (90 per Rx)
buprenorphine-naloxone sublingual tablet 8-2 mg	T1	
butorphanol injection	T1	
butorphanol nasal	T1	QL (1 per 30 days)
CAMBIA (***diclofenac potassium***)	T3	ST; QL (9 per 30 days)
cataflam	T1	
CELEBREX (***celecoxib***)	T3	ST
celecoxib	T1	ST
children's aspirin	T0	PC
choline,magnesium salicylate	T1	
CONZIP (***tramadol hcl***)	T3	ST; QL (30 per Rx)
DAYPRO (***oxaprozin***)	T3	ST
DICLOFENAC EPOLAMINE	T3	PA; ST; QL (60 per Rx)
diclofenac potassium oral tablet 50 mg	T1	
diclofenac sodium oral	T1	
diclofenac sodium topical drops	T1	QL (1 per 30 days)
diclofenac sodium topical gel 1 %	T1	ST; QL (1 per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DICLOFENAC SUBMICRONIZED	T3	PA; ST
diclofenac-misoprostol	T1	
diflunisal	T1	
DISALCID (***salsalate***)	T3	
DUEXIS (***ibuprofen/famotidine***)	T3	ST
EC-NAPROSYN (***naproxen***)	T3	ST
ecotrin	T0	PC
ecotrin low strength	T0	PC
etodolac	T1	
FELDENE (***piroxicam***)	T3	ST
FENOPROFEN ORAL CAPSULE	T3	PA; ST
fenoprofen oral tablet	T1	ST
FENORTHO (***fenoprofen calcium***)	T3	PA; ST
FLECTOR (***diclofenac epolamine***)	T2	ST; QL (60 per Rx)
flurbiprofen oral tablet 100 mg	T1	
ibu	T1	
ibuprofen oral suspension	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
ibuprofen-famotidine	T1	ST
INDOCIN ORAL (***indomethacin***)	T3	ST
INDOCIN RECTAL (***indomethacin***)	T3	
indomethacin oral	T1	
INDOMETHACIN SUBMICRONIZED	T3	PA; ST; QL (90 per Rx)
ketoprofen oral capsule 25 mg	T1	ST
ketoprofen oral capsule 50 mg, 75 mg	T1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	T1	ST
KETOROLAC NASAL	T3	PA; ST; QL (5 per Rx)
ketorolac oral	T1	QL (60 per Rx)
KLOXXADO (***naloxone hcl***)	T3	QL (2 per 30 days)
LICART (***diclofenac epolamine***)	T2	ST; QL (30 per Rx)
LODINE ORAL TABLET (***etodolac***)	T3	ST
LUCEMYRA (***lofexidine hcl***)	T3	PA; ST; QL (224 per Rx)
meclofenamate	T1	
mefenamic acid	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
meloxicam oral tablet 15 mg	T1	
meloxicam oral tablet 7.5 mg	T1	QL (30 per Rx)
meloxicam submicronized oral capsule 10 mg	T1	ST
meloxicam submicronized oral capsule 5 mg	T1	ST; QL (30 per Rx); QL (99 per 99 days)
MOBIC ORAL TABLET 15 MG (***meloxicam***)	T3	ST
MOBIC ORAL TABLET 7.5 MG (***meloxicam***)	T3	ST; QL (30 per Rx)
nabumetone	T1	
NALFON ORAL CAPSULE 400 MG (***fenoprofen calcium***)	T3	PA; ST
NALFON ORAL TABLET (***fenoprofen calcium***)	T3	ST
naltrexone	T1	
NAPRELAN CR (***naproxen sodium***)	T3	ST
NAPROSYN ORAL SUSPENSION (***naproxen***)	T3	ST
NAPROSYN ORAL TABLET 500 MG (***naproxen***)	T3	ST
naproxen oral suspension	T1	ST
naproxen oral tablet	T1	
naproxen oral tablet,delayed release (dr/ec)	T1	
naproxen sodium oral tablet 275 mg, 550 mg	T1	
naproxen sodium oral tablet, er multiphase 24 hr 375 mg	T1	PA; ST
naproxen sodium oral tablet, er multiphase 24 hr 500 mg	T1	ST
NAPROXEN SODIUM ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	T3	ST
naproxen-esomeprazole	T1	ST
NARCAN (***naloxone hcl***)	T2	QL (2 per Rx)
NUCYNTA (***tapentadol hcl***)	T3	PA; ST; QL (1 per Rx)
NUCYNTA ER (***tapentadol hcl***)	T3	PA; ST; QL (60 per 30 days)
oxaprozin	T1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP (***diclofenac sodium***)	T3	PA; ST; QL (1 per 30 days)
pentazocine-naloxone	T3	
piroxicam	T1	
RELAFEN (***nabumetone***)	T3	ST
RELAFEN DS (***nabumetone***)	T3	PA; ST
salsalate	T1	
SPRIX (***ketorolac tromethamine***)	T4	ST; QL (5 per Rx); SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
st joseph aspirin	T0	PC
st. joseph aspirin	T0	PC
SUBOXONE SUBLINGUAL FILM 12-3 MG (***buprenorphine hcl/naloxone hcl***)	T3	
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG (***buprenorphine hcl/naloxone hcl***)	T3	QL (90 per Rx)
sulindac	T1	
TIVORBEX ORAL CAPSULE 20 MG (***indomethacin, submicronized***)	T3	PA; ST; QL (90 per Rx)
tolmetin oral capsule	T1	ST
tolmetin oral tablet 200 mg	T1	
tolmetin oral tablet 600 mg	T1	ST
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	T3	ST; QL (30 per Rx)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	T3	ST; QL (30 per Rx)
TRAMADOL ORAL TABLET 100 MG (***tramadol hcl***)	T3	
tramadol oral tablet 50 mg	T1	QL (280 per Rx)
tramadol oral tablet extended release 24 hr	T1	ST; QL (30 per Rx)
tramadol oral tablet, er multiphase 24 hr	T1	ST; QL (30 per Rx)
tramadol-acetaminophen	T1	QL (240 per Rx)
ULTRACET (***tramadol hcl/acetaminophen***)	T3	QL (240 per Rx)
ULTRAM (***tramadol hcl***)	T3	QL (240 per Rx)
VIMOVO (***naproxen/esomeprazole magnesium***)	T3	ST
VIVITROL (***naltrexone microspheres***)	T4	SP
VIVLODEX ORAL CAPSULE 10 MG (***meloxicam, submicronized***)	T3	PA; ST
VIVLODEX ORAL CAPSULE 5 MG (***meloxicam, submicronized***)	T3	PA; ST; QL (30 per Rx)
ZIPSOR (***diclofenac potassium***)	T3	PA; ST
ZORVOLEX ORAL CAPSULE 18 MG (***diclofenac submicronized***)	T3	PA; ST; QL (90 per Rx)
ZORVOLEX ORAL CAPSULE 35 MG (***diclofenac submicronized***)	T3	PA; ST
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 2.9-0.71 MG (***buprenorphine hcl/naloxone hcl***)	T2	QL (30 per Rx)
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG, 8.6-2.1 MG (***buprenorphine hcl/naloxone hcl***)	T2	QL (60 per Rx)

AGE = Age Limit; CM = Contraceptive Management; DM = Diabetes Management; OAC = Oral Anti-Cancer; PA = Prior Authorization; PC = Preventive Care; SP = Specialty; ST = Step Therapy; QL = Quantity Limit
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG (***buprenorphine hcl/naloxone hcl***)	T2	
PSYCHOTHERAPEUTIC DRUGS - DRUGS TO TREAT DEPRESSION, ANXIETY, BIPOLAR ILLNESS, OR PSYCHOSIS		
ABILIFY MAINTENA (***aripiprazole***)	T0	PA
ABILIFY MYCITE (***aripiprazole***)	T3	QL (30 per Rx)
ABILIFY MYCITE MAINTENANCE KIT (***aripiprazole***)	T3	QL (30 per Rx)
ABILIFY MYCITE STARTER KIT (***aripiprazole***)	T3	QL (30 per Rx)
ABILIFY ORAL TABLET (***aripiprazole***)	T3	QL (30 per Rx)
ADASUVE (***loxapine***)	T3	
ADDERALL (***dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate***)	T3	
ADDERALL XR (***dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate***)	T3	PA; ST
ADDYI (***flibanserin***)	T3	PA; ST
ADHANSIA XR (***methylphenidate hcl***)	T3	PA; ST
ADZENYS XR-ODT (***amphetamine***)	T3	PA; ST
alprazolam	T1	
alprazolam intensol	T1	
AMBIEN (***zolpidem tartrate***)	T3	ST; QL (15 per 30 days)
AMBIEN CR (***zolpidem tartrate***)	T3	PA; ST; QL (15 per 30 days)
amitriptyline	T1	
amitriptyline-chlordiazepoxide	T1	
amoxapine	T1	
AMPHETAMINE	T3	PA; ST
amphetamine sulfate	T1	
ANAFRANIL (***clomipramine hcl***)	T3	
APLENZIN (***bupropion hbr***)	T3	ST; QL (30 per Rx)
APTENSIO XR (***methylphenidate hcl***)	T3	PA; ST
aripiprazole oral solution	T1	
aripiprazole oral tablet	T1	QL (30 per Rx)
aripiprazole oral tablet,disintegrating	T1	QL (60 per Rx)
ARISTADA (***aripiprazole lauroxil***)	T0	PA
ARISTADA INITIO (***aripiprazole lauroxil, submicronized***)	T0	
armodafinil	T1	PA; ST; QL (30 per Rx)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
asenapine maleate	T1	QL (60 per Rx)
ATIVAN ORAL (***lorazepam***)	T3	
atomoxetine	T1	
AZSTARYS (***serdexmethylphenidate chloride/dexmethylphenidate hcl***)	T3	ST
BELSOMRA (***suvorexant***)	T3	ST; QL (15 per 30 days)
BRISDELLE (***paroxetine mesylate***)	T3	ST; QL (30 per Rx)
bupropion hcl oral tablet	T1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	T1	QL (30 per Rx)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	T3	ST; QL (30 per Rx)
bupropion hcl oral tablet sustained-release 12 hr	T1	QL (60 per Rx)
buspirone	T1	
CAPLYTA (***lumateperone tosylate***)	T3	PA; ST; QL (30 per Rx)
CELEXA ORAL TABLET (***citalopram hydrobromide***)	T3	ST; QL (30 per Rx)
chlordiazepoxide hcl	T1	
chlorpromazine oral	T1	
citalopram oral solution	T1	
citalopram oral tablet	T1	QL (30 per Rx)
clomipramine	T1	
clonidine hcl oral tablet extended release 12 hr	T1	
clorazepate dipotassium	T1	
clozapine	T1	
CLOZARIL (***clozapine***)	T3	
CONCERTA (***methylphenidate hcl***)	T3	PA; ST
COTEMPLA XR-ODT (***methylphenidate***)	T3	PA; ST
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 60 MG (***duloxetine hcl***)	T3	ST; QL (60 per Rx)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG (***duloxetine hcl***)	T3	ST; QL (30 per Rx)
DAYTRANA (***methylphenidate***)	T2	PA; ST
DAYVIGO (***lemborexant***)	T3	ST; QL (15 per 30 days)
desipramine	T1	
DESOXYN (***methamphetamine hcl***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR (***desvenlafaxine***)	T3	ST; QL (30 per Rx)
desvenlafaxine succinate	T1	ST; QL (30 per Rx)
DEXEDRINE SPANSULE (***dextroamphetamine sulfate***)	T3	PA; ST
dexmethylphenidate	T1	
dextroamphetamine	T1	
dextroamphetamine-amphetamine oral tablet	T1	
diazepam intensol	T1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	T1	
diazepam oral tablet	T1	
DORAL (***quazepam***)	T3	PA; ST; QL (15 per 30 days)
doxepin oral capsule	T1	
doxepin oral concentrate	T1	
doxepin oral tablet	T1	ST; QL (15 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG (***duloxetine hcl***)	T3	PA; ST; QL (60 per Rx)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG, 40 MG (***duloxetine hcl***)	T3	PA; ST; QL (30 per Rx)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	T1	QL (60 per Rx)
duloxetine oral capsule,delayed release(dr/ec) 30 mg	T1	QL (30 per Rx)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	T1	ST; QL (30 per Rx)
DYANAVEL XR (***amphetamine***)	T2	PA; ST
EDLUAR (***zolpidem tartrate***)	T3	ST; QL (15 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG (***venlafaxine hcl***)	T3	ST; QL (30 per Rx)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG (***venlafaxine hcl***)	T3	ST; QL (90 per Rx)
EMSAM (***selegiline***)	T3	
ergoloid	T1	
escitalopram oxalate oral solution	T1	
escitalopram oxalate oral tablet	T1	QL (30 per Rx)
estazolam	T1	QL (15 per 30 days)
eszopiclone	T1	QL (15 per 30 days)
EVEKEO (***amphetamine sulfate***)	T3	
EVEKEO ODT (***amphetamine sulfate***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FANAPT ORAL TABLET (***iloperidone***)	T3	QL (60 per Rx)
FANAPT ORAL TABLETS,DOSE PACK (***iloperidone***)	T3	QL (8 per Rx)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK (***levomilnacipran hcl***)	T2	ST; QL (24 per Rx)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR (***levomilnacipran hcl***)	T2	ST; QL (30 per Rx)
fluoxetine oral capsule 10 mg	T1	QL (30 per Rx)
fluoxetine oral capsule 20 mg	T1	
fluoxetine oral capsule 40 mg	T1	QL (60 per Rx)
fluoxetine oral capsule,delayed release(dr/ec)	T1	QL (2 per Rx)
fluoxetine oral solution	T1	
fluoxetine oral tablet 10 mg	T1	ST; QL (30 per Rx)
fluoxetine oral tablet 20 mg	T1	ST
fluoxetine oral tablet 60 mg	T1	ST
fluphenazine decanoate	T0	PA
fluphenazine hcl oral	T1	
flurazepam	T1	QL (15 per 30 days)
fluvoxamine oral capsule,extended release 24hr	T1	ST; QL (60 per Rx)
fluvoxamine oral tablet 100 mg	T1	QL (90 per Rx)
fluvoxamine oral tablet 25 mg	T1	QL (30 per Rx)
fluvoxamine oral tablet 50 mg	T1	QL (60 per Rx)
FOCALIN (***dexmethylphenidate hcl***)	T3	PA; ST
FOCALIN XR (***dexmethylphenidate hcl***)	T3	PA; ST
FORFIVO XL (***bupropion hcl***)	T3	ST; QL (30 per Rx)
GEODON ORAL (***ziprasidone hcl***)	T3	QL (60 per Rx)
guanfacine oral tablet extended release 24 hr	T1	
HALCION ORAL TABLET 0.25 MG (***triazolam***)	T3	QL (15 per 30 days)
HALDOL DECANOATE (***haloperidol decanoate***)	T0	PA
haloperidol	T1	
haloperidol decanoate	T0	PA
haloperidol lactate oral	T1	
HETLIOZ (***tasimelteon***)	T4	PA; ST; QL (30 per Rx); SP
HETLIOZ LQ (***tasimelteon***)	T4	PA; ST; QL (1 per Rx); SP
imipramine hcl	T1	
imipramine pamoate	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INTUNIV ER (***guanfacine hcl***)	T3	ST
INVEGA HAFYERA (***paliperidone palmitate***)	T0	PA
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG (***paliperidone***)	T3	QL (30 per Rx)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (***paliperidone***)	T3	QL (60 per Rx)
INVEGA SUSTENNA (***paliperidone palmitate***)	T0	PA
INVEGA TRINZA (***paliperidone palmitate***)	T0	PA
JORNAY PM (***methylphenidate hcl***)	T3	PA; ST
KAPVAY (***clonidine hcl***)	T3	ST
KETAMINE SUBLINGUAL (***ketamine hcl***)	T3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (***lurasidone hcl***)	T2	QL (30 per Rx)
LATUDA ORAL TABLET 80 MG (***lurasidone hcl***)	T2	QL (60 per Rx)
LEXAPRO ORAL TABLET (***escitalopram oxalate***)	T3	ST; QL (30 per Rx)
lithium carbonate	T1	
LITHOBID (***lithium carbonate***)	T3	
lorazepam intensol	T1	
lorazepam oral concentrate	T1	
lorazepam oral tablet	T1	
loxapine succinate	T1	
LUNESTA (***eszopiclone***)	T3	ST; QL (15 per 30 days)
maprotiline	T1	
MARPLAN (***isocarboxazid***)	T3	
methamphetamine	T1	
METHYLIN ORAL SOLUTION (***methylphenidate hcl***)	T3	
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	T1	ST
methylphenidate hcl oral capsule, er biphasic 30-70	T1	
methylphenidate hcl oral capsule,er biphasic 50-50	T1	
methylphenidate hcl oral solution	T1	
methylphenidate hcl oral tablet	T1	
methylphenidate hcl oral tablet extended release	T1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	T3	PA; ST
methylphenidate hcl oral tablet,chewable	T1	
midazolam oral syrup 2 mg/ml	T1	
mirtazapine	T1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) (***midazolam/ketamine hcl/ondansetron hcl***)	T3	
modafinil oral tablet 100 mg	T1	PA; ST; QL (30 per Rx)
modafinil oral tablet 200 mg	T1	PA; ST; QL (60 per Rx)
molindone	T1	
MYDAYIS (***dextroamphetamine sulf-saccharate/amphetamine sulf-aspartate***)	T2	PA; ST
NARDIL (***phenelzine sulfate***)	T3	
nefazodone	T3	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (***desipramine hcl***)	T3	
nortriptyline	T1	
NUPLAZID ORAL CAPSULE (***pimavanserin tartrate***)	T4	PA; ST; QL (30 per Rx); SP
NUPLAZID ORAL TABLET 10 MG (***pimavanserin tartrate***)	T4	PA; ST; QL (60 per Rx); SP
NUVIGIL (***armodafinil***)	T3	PA; ST; QL (30 per Rx)
olanzapine oral	T1	QL (30 per Rx)
olanzapine-fluoxetine	T1	
oxazepam	T3	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	T1	QL (30 per Rx)
paliperidone oral tablet extended release 24hr 6 mg	T1	QL (60 per Rx)
PAMELOR (***nortriptyline hcl***)	T3	
PARNATE (***tranylcypromine sulfate***)	T3	
paroxetine hcl oral tablet 10 mg, 40 mg	T1	QL (30 per Rx)
paroxetine hcl oral tablet 20 mg, 30 mg	T1	QL (60 per Rx)
paroxetine hcl oral tablet extended release 24 hr	T1	ST; QL (60 per Rx)
paroxetine mesylate(menop.sym)	T1	ST; QL (30 per Rx)
PAXIL CR (***paroxetine hcl***)	T3	ST; QL (60 per Rx)
PAXIL ORAL SUSPENSION (***paroxetine hcl***)	T3	ST
PAXIL ORAL TABLET 10 MG, 40 MG (***paroxetine hcl***)	T3	ST; QL (30 per Rx)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAXIL ORAL TABLET 20 MG, 30 MG (***paroxetine hcl***)	T3	ST; QL (60 per Rx)
perphenazine	T1	
perphenazine-amitriptyline	T1	
PERSERIS (***risperidone***)	T0	
PEXEVA ORAL TABLET 10 MG, 40 MG (***paroxetine mesylate***)	T3	PA; ST; QL (30 per Rx)
PEXEVA ORAL TABLET 20 MG, 30 MG (***paroxetine mesylate***)	T3	PA; ST; QL (60 per Rx)
phenelzine	T1	
pimozide	T1	
PRISTIQ (***desvenlafaxine succinate***)	T3	ST; QL (30 per Rx)
procentra	T1	
protriptyline	T1	
PROVIGIL ORAL TABLET 100 MG (***modafinil***)	T3	PA; ST; QL (30 per Rx)
PROVIGIL ORAL TABLET 200 MG (***modafinil***)	T3	PA; ST; QL (60 per Rx)
PROZAC ORAL CAPSULE 10 MG (***fluoxetine hcl***)	T3	ST; QL (30 per Rx)
PROZAC ORAL CAPSULE 20 MG (***fluoxetine hcl***)	T3	ST
PROZAC ORAL CAPSULE 40 MG (***fluoxetine hcl***)	T3	ST; QL (60 per Rx)
QUAZEPAM	T3	PA; ST; QL (15 per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T1	QL (90 per Rx)
quetiapine oral tablet 300 mg, 400 mg	T1	QL (60 per Rx)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	T1	QL (30 per Rx)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	T1	QL (60 per Rx)
QUILLICHEW ER (***methylphenidate hcl***)	T2	PA; ST
QUILLIVANT XR (***methylphenidate hcl***)	T2	PA; ST
ramelteon	T1	QL (15 per 30 days)
RELEXXII (***methylphenidate hcl***)	T3	PA; ST
REMERON ORAL TABLET 15 MG, 30 MG (***mirtazapine***)	T3	
REMERON SOLTAB (***mirtazapine***)	T3	
RESTORIL (***temazepam***)	T3	QL (15 per 30 days)
REXULTI (***brexpiprazole***)	T3	QL (30 per Rx)
RISPERDAL CONSTA (***risperidone microspheres***)	T0	PA
RISPERDAL ORAL SOLUTION (***risperidone***)	T3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***risperidone***)	T3	QL (60 per Rx)
risperidone oral solution	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risperidone oral tablet	T1	QL (60 per Rx)
risperidone oral tablet,disintegrating	T1	QL (60 per Rx)
RITALIN (***methylphenidate hcl***)	T3	
RITALIN LA (***methylphenidate hcl***)	T3	PA; ST
ROZEREM (***ramelteon***)	T3	ST; QL (15 per 30 days)
SAPHRIS (***asenapine maleate***)	T3	QL (60 per Rx)
seconal sodium	T1	QL (30 per Rx)
SECUADO (***asenapine***)	T3	QL (30 per Rx)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (***quetiapine fumarate***)	T3	QL (90 per Rx)
SEROQUEL ORAL TABLET 300 MG, 400 MG (***quetiapine fumarate***)	T3	QL (60 per Rx)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG (***quetiapine fumarate***)	T3	QL (30 per Rx)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG (***quetiapine fumarate***)	T3	QL (60 per Rx)
sertraline oral concentrate	T1	
sertraline oral tablet 100 mg, 50 mg	T1	QL (60 per Rx)
sertraline oral tablet 25 mg	T1	QL (45 per Rx)
SILENOR (***doxepin hcl***)	T3	ST; QL (15 per 30 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) (***esketamine hcl***)	T4	PA; ST; SP
STRATTERA (***atomoxetine hcl***)	T3	ST
SUNOSI (***solriamfetol hcl***)	T2	PA; ST; QL (30 per Rx)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (***olanzapine/fluoxetine hcl***)	T3	
temazepam	T3	QL (15 per 30 days)
thioridazine	T1	
thiothixene	T1	
TRANXENE T-TAB (***clorazepate dipotassium***)	T3	
tranylcypromine	T1	
trazodone	T1	
triazolam	T1	QL (15 per 30 days)
trifluoperazine	T1	
trimipramine	T1	
TRINTELLIX (***vortioxetine hydrobromide***)	T3	ST; QL (30 per Rx)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALIUM (***diazepam***)	T3	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	T1	QL (30 per Rx)
venlafaxine oral capsule,extended release 24hr 75 mg	T1	QL (90 per Rx)
venlafaxine oral tablet	T1	QL (90 per Rx)
venlafaxine oral tablet extended release 24hr	T1	ST; QL (30 per Rx)
VERSACLOZ (***clozapine***)	T3	
VIIBRYD ORAL TABLET (***vilazodone hcl***)	T2	PA; ST; QL (30 per Rx)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23) (***vilazodone hcl***)	T2	PA; ST; QL (30 per Rx)
VRAYLAR ORAL CAPSULE (***cariprazine hcl***)	T3	QL (30 per Rx)
VRAYLAR ORAL CAPSULE,DOSE PACK (***cariprazine hcl***)	T3	QL (1 per Rx)
VYLEESI (***bremelanotide acetate***)	T4	PA; ST; SP; QL (8 per 30 days)
VYVANSE (***lisdexamfetamine dimesylate***)	T2	PA; ST
WAKIX ORAL TABLET 17.8 MG (***pitolisant hcl***)	T4	PA; ST; QL (60 per Rx); SP
WAKIX ORAL TABLET 4.45 MG (***pitolisant hcl***)	T4	PA; ST; QL (30 per Rx); SP
WELLBUTRIN SR (***bupropion hcl***)	T3	ST; QL (60 per Rx)
WELLBUTRIN XL (***bupropion hcl***)	T3	ST; QL (30 per Rx)
XANAX (***alprazolam***)	T3	
XANAX XR (***alprazolam***)	T3	
XYREM (***sodium oxybate***)	T4	PA; ST; QL (540 per Rx); SP
XYWAV (***sodium oxybate/calcium oxybate/magnesium oxybate/pot oxybate***)	T4	PA; ST; QL (540 per Rx); SP
zaleplon	T1	QL (15 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	T1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (***dextroamphetamine sulfate***)	T3	
ziprasidone hcl	T1	QL (60 per Rx)
ZOLOFT ORAL CONCENTRATE (***sertraline hcl***)	T3	ST
ZOLOFT ORAL TABLET 100 MG, 50 MG (***sertraline hcl***)	T3	ST; QL (60 per Rx)
ZOLOFT ORAL TABLET 25 MG (***sertraline hcl***)	T3	ST; QL (45 per Rx)
zolpidem	T1	QL (15 per 30 days)
ZOLPIMIST (***zolpidem tartrate***)	T3	ST; QL (1 per 30 days)
ZYPREXA ORAL (***olanzapine***)	T3	QL (30 per Rx)
ZYPREXA RELPREVV (***olanzapine pamoate***)	T0	PA; QL (2 per 30 days)
ZYPREXA ZYDIS (***olanzapine***)	T3	QL (30 per Rx)

AGE = Age Limit; CM = Contraceptive Management; DM = Diabetes Management; OAC = Oral Anti-Cancer; PA = Prior Authorization; PC = Preventive Care; SP = Specialty; ST = Step Therapy; QL = Quantity Limit
Updated 11/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOVASCULAR, HYPERTENSION & LIPIDS - DRUGS TO TREAT HEART CONDITIONS OR HIGH BLOOD PRESSURE		
ANTIARRHYTHMIC AGENTS - DRUGS TO TREAT HEART RHYTHM		
amiodarone oral	T1	
BETAPACE (***sotalol hcl***)	T3	ST
BETAPACE AF (***sotalol hcl***)	T3	ST
disopyramide phosphate oral capsule	T3	
dofetilide	T1	
flecainide	T1	
mexiletine	T1	
MULTAQ (***dronedarone hcl***)	T3	
NORPACE (***disopyramide phosphate***)	T3	
NORPACE CR (***disopyramide phosphate***)	T3	
pacerone oral tablet 100 mg, 200 mg, 400 mg	T1	
propafenone	T1	
quinidine gluconate oral	T1	
quinidine sulfate oral tablet	T1	
RYTHMOL SR (***propafenone hcl***)	T3	
sorine	T1	
sotalol af	T1	
sotalol oral	T1	
SOTYLIZE (***sotalol hcl***)	T2	
TIKOSYN (***dofetilide***)	T3	
ANTIHYPERTENSIVE THERAPY - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACCUPRIL (***quinapril hcl***)	T3	
ACCURETIC (***quinapril hcl/hydrochlorothiazide***)	T3	
acebutolol	T1	
ADALAT CC (***nifedipine***)	T3	ST
ALDACTAZIDE (***spironolactone/hydrochlorothiazide***)	T3	
ALDACTONE (***spironolactone***)	T3	
aliskiren	T1	
ALTACE (***ramipril***)	T3	
amiloride	T1	
amiloride-hydrochlorothiazide	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amlodipine	T1	
amlodipine-benazepril	T1	
amlodipine-olmesartan	T1	
amlodipine-valsartan	T1	
amlodipine-valsartan-hcthiazid	T1	
ATACAND (***candesartan cilexetil***)	T3	ST
ATACAND HCT (***candesartan cilexetil/hydrochlorothiazide***)	T3	ST
atenolol	T1	
atenolol-chlorthalidone	T1	
AVALIDE (***irbesartan/hydrochlorothiazide***)	T3	ST
AVAPRO (***irbesartan***)	T3	ST
AZOR (***amlodipine besylate/olmesartan medoxomil***)	T3	ST
benazepril	T1	
benazepril-hydrochlorothiazide	T1	
BENICAR (***olmesartan medoxomil***)	T3	ST
BENICAR HCT (***olmesartan medoxomil/hydrochlorothiazide***)	T3	ST
betaxolol oral	T1	
BIDIL (***isosorbide dinitrate/hydralazine hcl***)	T3	
bisoprolol fumarate	T1	
bisoprolol-hydrochlorothiazide	T1	
bumetanide oral	T1	
BYSTOLIC (***nebivolol hcl***)	T2	PA; ST
CALAN SR (***verapamil hcl***)	T3	ST
candesartan	T1	
candesartan-hydrochlorothiazid	T1	
captopril	T1	
captopril-hydrochlorothiazide	T1	
CARDIZEM CD (***diltiazem hcl***)	T3	
CARDIZEM LA (***diltiazem hcl***)	T3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (***diltiazem hcl***)	T3	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG (***doxazosin mesylate***)	T3	ST; QL (30 per Rx)
CARDURA ORAL TABLET 8 MG (***doxazosin mesylate***)	T3	ST; QL (60 per Rx)
CARDURA XL (***doxazosin mesylate***)	T3	ST; QL (30 per Rx)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAROSPIR (***spironolactone***)	T3	PA; ST
cartia xt	T1	
carvedilol	T1	
carvedilol phosphate	T1	
CATAPRES-TTS-1 (***clonidine***)	T3	QL (4 per 30 days)
CATAPRES-TTS-2 (***clonidine***)	T3	QL (4 per 30 days)
CATAPRES-TTS-3 (***clonidine***)	T3	QL (4 per 30 days)
chlorthalidone oral tablet 25 mg, 50 mg	T1	
clonidine	T1	QL (4 per 30 days)
clonidine hcl oral tablet	T1	
CONSENSI (***amlodipine besylate/celecoxib***)	T3	
COREG (***carvedilol***)	T3	ST
COREG CR (***carvedilol phosphate***)	T3	ST
CORGARD (***nadolol***)	T3	ST
COZAAR (***losartan potassium***)	T3	ST
DEMSER (***metyrosine***)	T3	PA; ST
DIBENZYLINE (***phenoxybenzamine hcl***)	T3	PA; ST
diltiazem hcl oral capsule,ext.rel 24h degradable	T1	
diltiazem hcl oral capsule,extended release 12 hr	T1	
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T1	
diltiazem hcl oral capsule,extended release 24hr	T1	
diltiazem hcl oral tablet	T1	
diltiazem hcl oral tablet extended release 24 hr	T1	
dilt-xr	T1	
DIOVAN (***valsartan***)	T3	ST
DIOVAN HCT (***valsartan/hydrochlorothiazide***)	T3	ST
DIURIL (***chlorothiazide***)	T3	
doxazosin oral tablet 1 mg, 2 mg, 4 mg	T1	QL (30 per Rx)
doxazosin oral tablet 8 mg	T1	QL (60 per Rx)
DUTOPROL (***metoprolol succinate/hydrochlorothiazide***)	T3	PA; ST
DYRENIUM (***triamterene***)	T3	
EDARBI (***azilsartan medoxomil***)	T2	PA; ST
EDARBYCLOR (***azilsartan medoxomil/chlorthalidone***)	T2	PA; ST
EDECRIN (***ethacrynic acid***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
enalapril maleate	T1	
enalapril-hydrochlorothiazide	T1	
EPANED (***enalapril maleate***)	T3	PA; ST
eplerenone	T1	
eprosartan	T1	
ethacrynic acid	T1	
EXFORGE (***amlodipine besylate/valsartan***)	T3	ST
EXFORGE HCT (***amlodipine besylate/valsartan/hydrochlorothiazide***)	T3	ST
felodipine	T1	
fosinopril	T1	
fosinopril-hydrochlorothiazide	T1	
furosemide oral solution 10 mg/ml	T1	
furosemide oral solution 40 mg/5 ml (8 mg/ml)	T1	
furosemide oral tablet	T1	
guanfacine oral tablet	T1	
HEMANGEOL (***propranolol hcl***)	T4	SP
hydralazine oral	T1	
hydrochlorothiazide	T1	
HYZAAR (***losartan potassium/hydrochlorothiazide***)	T3	ST
indapamide	T1	
INDERAL LA (***propranolol hcl***)	T3	ST
INDERAL XL (***propranolol hcl***)	T3	PA; ST
INNOPRAN XL (***propranolol hcl***)	T3	PA; ST
INSPRA (***eplerenone***)	T3	
irbesartan	T1	
irbesartan-hydrochlorothiazide	T1	
isradipine	T1	
KAPSPARGO SPRINKLE (***metoprolol succinate***)	T3	PA; ST
KATERZIA (***amlodipine benzoate***)	T3	PA; ST
KERENDIA (***finerenone***)	T3	PA; ST
labetalol oral	T1	
LASIX (***furosemide***)	T3	
lisinopril oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	T1	
lisinopril-hydrochlorothiazide	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOPRESSOR ORAL (***metoprolol tartrate***)	T3	ST
losartan	T1	
losartan-hydrochlorothiazide	T1	
LOTENSIN HCT (***benazepril hcl/hydrochlorothiazide***)	T3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (***benazepril hcl***)	T3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (***amlodipine besylate/benazepril hcl***)	T3	
matzim la	T1	
MAXZIDE (***triamterene/hydrochlorothiazide***)	T3	
MAXZIDE-25MG (***triamterene/hydrochlorothiazide***)	T3	
methyldopa	T1	
methyldopa-hydrochlorothiazide	T1	
metolazone	T1	
metoprolol succinate	T1	
metoprolol ta-hydrochlorothiaz	T1	
metoprolol tartrate oral	T1	
metyrosine	T1	PA; ST
MICARDIS (***telmisartan***)	T3	ST
MICARDIS HCT (***telmisartan/hydrochlorothiazide***)	T3	ST
MINIPRESS (***prazosin hcl***)	T3	
minoxidil oral	T1	
moexipril	T1	
nadolol	T1	
nadolol-bendroflumethiazide oral tablet 80-5 mg	T1	
nebivolol	T1	
nicardipine oral	T1	
nifedipine oral capsule	T3	
nifedipine oral tablet extended release	T1	
nifedipine oral tablet extended release 24hr	T1	
nimodipine	T1	
nisoldipine	T1	
NORVASC (***amlodipine besylate***)	T3	ST
NYMALIZE ORAL SOLUTION 60 MG/10 ML (***nimodipine***)	T3	
NYMALIZE ORAL SYRINGE (***nimodipine***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
olmesartan	T1	
olmesartan-amlodipin-hcthiazid	T1	
olmesartan-hydrochlorothiazide	T1	
ORENITRAM (***treprostinil diolamine***)	T4	PA; ST; SP
perindopril erbumine	T1	
phenoxybenzamine	T1	PA; ST
pindolol	T1	
prazosin	T1	
PRESTALIA (***perindopril arginine/amlodipine besylate***)	T3	ST
PRINIVIL ORAL TABLET 20 MG (***lisinopril***)	T3	
PROCARDIA XL (***nifedipine***)	T3	ST
propranolol oral	T1	
propranolol-hydrochlorothiazid	T1	
QBRELIS (***lisinopril***)	T3	PA; ST
quinapril	T1	
quinapril-hydrochlorothiazide	T1	
ramipril	T1	
spironolactone	T1	
spironolacton-hydrochlorothiaz	T1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG (***nisoldipine***)	T3	ST
taztia xt	T1	
TEKTURNA (***aliskiren hemifumarate***)	T3	
TEKTURNA HCT (***aliskiren hemifumarate/hydrochlorothiazide***)	T2	
telmisartan	T1	
telmisartan-amlodipine	T1	
telmisartan-hydrochlorothiazid	T1	
TENORETIC 100 (***atenolol/chlorthalidone***)	T3	ST
TENORETIC 50 (***atenolol/chlorthalidone***)	T3	ST
TENORMIN (***atenolol***)	T3	ST
terazosin oral capsule 1 mg, 2 mg, 5 mg	T1	QL (30 per Rx)
terazosin oral capsule 10 mg	T1	QL (60 per Rx)
tiadylt er	T1	
TIAZAC (***diltiazem hcl***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
timolol maleate oral	T1	
TOPROL XL (***metoprolol succinate***)	T3	ST
torsemide oral	T1	
trandolapril	T1	
trandolapril-verapamil	T1	
triamterene	T1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	T1	
triamterene-hydrochlorothiazid oral tablet	T1	
TRIBENZOR (***olmesartan medoxomil/amlodipine besylate/hydrochlorothiazide***)	T3	ST
UPTRAVI ORAL (***selexipag***)	T4	PA; ST; SP
valsartan	T1	
valsartan-hydrochlorothiazide	T1	
VASERETIC (***enalapril maleate/hydrochlorothiazide***)	T3	
VASOTEC (***enalapril maleate***)	T3	
verapamil oral	T1	
VERELAN (***verapamil hcl***)	T3	ST
VERELAN PM (***verapamil hcl***)	T3	ST
ZESTORETIC (***lisinopril/hydrochlorothiazide***)	T3	
ZESTRIL (***lisinopril***)	T3	
ZIAC (***bisoprolol fumarate/hydrochlorothiazide***)	T3	ST
CARDIAC GLYCOSIDES - OTHER DRUGS THAT TREAT HEART CONDITIONS		
digitek	T1	
digox	T1	
digoxin oral	T1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) (***digoxin***)	T3	
COAGULATION THERAPY - BLOOD THINNING MEDICINES		
AMICAR (***aminocaproic acid***)	T3	
aminocaproic acid oral	T1	
ARIXTRA (***fondaparinux sodium***)	T4	SP
aspirin-dipyridamole	T1	
ASPIRIN-OMEPRAZOLE	T3	PA; ST
BRILINTA (***ticagrelor***)	T2	
CABLIVI INJECTION KIT (***caplacizumab-yhdp***)	T4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cilostazol	T1	
clopidogrel	T1	
dipyridamole oral	T1	
DOPTELET (15 TAB PACK) (***avatrombopag maleate***)	T4	PA; QL (2 per Rx); SP
EFFIENT (***prasugrel hcl***)	T3	
ELIQUIS (***apixaban***)	T2	PA
ELIQUIS DVT-PE TREAT 30D START (***apixaban***)	T2	PA
enoxaparin	T4	SP
fondaparinux	T4	SP
FRAGMIN SUBCUTANEOUS SOLUTION (***dalteparin sodium,porcine***)	T4	SP
FRAGMIN SUBCUTANEOUS SYRINGE (***dalteparin sodium,porcine***)	T4	SP
hep flush-10 (pf)	T1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML) (***heparin sodium,porcine in 0.9 % sodium chloride***)	T3	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	T1	
heparin (porcine) in nacl (pf)	T1	
heparin (porcine) injection cartridge	T1	
heparin (porcine) injection solution	T1	
heparin (porcine) injection syringe 5,000 unit/ml	T1	
heparin flush(porcine)-0.9nacl	T1	
heparin lock flush (porcine)	T1	
heparin lockflush(porcine)(pf) intravenous syringe 100 unit/ml	T1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML (***heparin sodium,porcine in 0.45 % sodium chloride***)	T3	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	T1	
heparin, porcine (pf) injection solution 1,000 unit/ml	T1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML (***heparin sodium,porcine/pf***)	T3	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	T1	
heparin, porcine (pf) intravenous syringe	T1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS (***heparin sodium,porcine/pf***)	T3	
jantoven	T1	
LOVENOX (***enoxaparin sodium***)	T4	SP
MEPHYTON (***phytonadione (vit k1)***)	T3	QL (30 per Rx)
MULPLETA (***lusutrombopag***)	T4	PA; ST; QL (7 per Rx); SP
pentoxifylline	T1	
phytonadione (vitamin k1) injection solution	T1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE (***phytonadione (vit k1)***)	T2	
phytonadione (vitamin k1) oral tablet 5 mg	T1	QL (30 per Rx)
PLAVIX ORAL TABLET 75 MG (***clopidogrel bisulfate***)	T3	
PRADAXA (***dabigatran etexilate mesylate***)	T3	PA; ST
prasugrel	T1	
PROMACTA (***eltrombopag olamine***)	T4	PA; SP
SAVAYSA (***edoxaban tosylate***)	T3	PA; ST
TAVALISSE (***fostamatinib disodium***)	T4	PA; ST; QL (60 per Rx); SP
vitamin k	T1	
vitamin k1 injection	T1	
warfarin	T1	
XARELTO (***rivaroxaban***)	T2	PA
XARELTO DVT-PE TREAT 30D START (***rivaroxaban***)	T2	PA
YOSPRALA (***aspirin/omeprazole***)	T3	PA; ST
ZONTIVITY (***vorapaxar sulfate***)	T3	PA; ST
LIPID/CHOLESTEROL LOWERING AGENTS - DRUGS TO TREAT HIGH CHOLESTEROL		
ALTOPREV (***lovastatin***)	T3	PA; ST; QL (30 per Rx)
amlodipine-atorvastatin	T1	QL (30 per Rx)
ANTARA ORAL CAPSULE 30 MG, 90 MG (***fenofibrate,micronized***)	T3	ST
atorvastatin oral tablet 10 mg, 20 mg	T0	QL (30 per Rx); AGE; PC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
atorvastatin oral tablet 40 mg, 80 mg	T1	QL (30 per Rx)
CADUET (***amlodipine besylate/atorvastatin calcium***)	T3	ST; QL (30 per Rx)
cholestyramine (with sugar)	T1	
cholestyramine light	T1	
colesevelam	T1	
COLESTID (***colestipol hcl***)	T3	
COLESTID FLAVORED ORAL PACKET (***colestipol hcl***)	T3	
colestipol	T1	
CRESTOR (***rosuvastatin calcium***)	T3	ST; QL (30 per Rx)
EZALLOR SPRINKLE (***rosuvastatin calcium***)	T3	PA; ST; QL (30 per Rx)
ezetimibe	T1	
ezetimibe-simvastatin	T1	QL (30 per Rx)
fenofibrate micronized	T1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	T1	
FENOFIBRATE ORAL CAPSULE	T3	ST
fenofibrate oral tablet 120 mg, 40 mg	T1	ST
fenofibrate oral tablet 160 mg, 54 mg	T1	
fenofibric acid	T1	
fenofibric acid (choline)	T1	
FENOGLIDE (***fenofibrate***)	T3	ST
FIBRICOR (***fenofibric acid***)	T3	ST
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) (***simvastatin***)	T3	ST; QL (450 per Rx)
FLOLIPID ORAL SUSPENSION 40 MG/5 ML (8 MG/ML) (***simvastatin***)	T3	ST; QL (150 per Rx)
fluvastatin oral capsule 20 mg	T0	QL (30 per Rx); AGE; PC
fluvastatin oral capsule 40 mg	T0	QL (60 per Rx); AGE; PC
fluvastatin oral tablet extended release 24 hr	T0	QL (30 per Rx); AGE; PC
gemfibrozil	T1	
icosapent ethyl	T1	PA
JUXTAPID (***lomitapide mesylate***)	T4	PA; ST; SP
LESCOL XL (***fluvastatin sodium***)	T3	ST; QL (30 per Rx)
LIPITOR (***atorvastatin calcium***)	T3	ST; QL (30 per Rx)
LIPOFEN (***fenofibrate***)	T2	
LIVALO (***pitavastatin calcium***)	T2	ST; QL (30 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOPID (***gemfibrozil***)	T3	
lovastatin oral tablet 10 mg	T0	QL (30 per Rx); AGE; PC
lovastatin oral tablet 20 mg, 40 mg	T0	QL (60 per Rx); AGE; PC
LOVAZA (***omega-3 acid ethyl esters***)	T3	PA
NEXLETOL (***bempedoic acid***)	T2	PA; ST
NEXLIZET (***bempedoic acid/ezetimibe***)	T2	PA; ST
niacin oral tablet 500 mg	T1	
niacin oral tablet extended release 24 hr	T1	
NIACOR (***niacin***)	T3	
NIASPAN EXTENDED-RELEASE (***niacin***)	T3	
omega-3 acid ethyl esters	T1	PA
PRALUENT PEN (***alirocumab***)	T3	PA; ST; QL (2 per 30 days)
pravastatin	T0	QL (30 per Rx); AGE; PC
prevalite	T1	
QUESTRAN (***cholestyramine (with sugar)***)	T3	
QUESTRAN LIGHT (***cholestyramine/aspartame***)	T3	
REPATHA PUSHTRONEX (***evolocumab***)	T2	PA; ST; QL (1 per 30 days)
REPATHA SURECLICK (***evolocumab***)	T2	PA; ST; QL (1 per 30 days)
REPATHA SYRINGE (***evolocumab***)	T2	PA; ST; QL (1 per 30 days)
rosuvastatin oral tablet 10 mg, 5 mg	T0	QL (30 per Rx); AGE; PC
rosuvastatin oral tablet 20 mg, 40 mg	T1	QL (30 per Rx)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T0	QL (30 per Rx); AGE; PC
simvastatin oral tablet 80 mg	T1	QL (30 per Rx)
TRICOR (***fenofibrate nanocrystallized***)	T3	ST
TRILIPIX (***fenofibric acid (choline)***)	T3	ST
VASCEPA (***icosapent ethyl***)	T2	PA
VYTORIN 10-10 (***ezetimibe/simvastatin***)	T3	ST; QL (30 per Rx)
VYTORIN 10-20 (***ezetimibe/simvastatin***)	T3	ST; QL (30 per Rx)
VYTORIN 10-40 (***ezetimibe/simvastatin***)	T3	ST; QL (30 per Rx)
VYTORIN 10-80 (***ezetimibe/simvastatin***)	T3	ST; QL (30 per Rx)
WELCHOL (***colesevelam hcl***)	T3	
ZETIA (***ezetimibe***)	T3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (***simvastatin***)	T3	ST; QL (30 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (***pitavastatin magnesium***)	T3	ST; QL (30 per Rx)
MISCELLANEOUS CARDIOVASCULAR AGENTS - OTHER DRUGS THAT TREAT HEART CONDITIONS		
CORLANOR (***ivabradine hcl***)	T2	PA; ST
ENTRESTO (***sacubitril/valsartan***)	T2	QL (60 per Rx)
RANEXA (***ranolazine***)	T3	
ranolazine	T1	
VECAMYL (***mecamylamine hcl***)	T3	
VERQUVO (***vericiguat***)	T2	QL (30 per Rx)
VYNDAMAX (***tafamidis***)	T4	PA; ST; SP
VYNDAQEL (***tafamidis meglumine***)	T4	PA; ST; SP
NITRATES - OTHER DRUGS THAT TREAT HEART CONDITIONS		
GONITRO (***nitroglycerin***)	T3	
ISORDIL (***isosorbide dinitrate***)	T3	
ISORDIL TITRADOSE ORAL TABLET 5 MG (***isosorbide dinitrate***)	T3	
isosorbide dinitrate oral tablet	T1	
isosorbide mononitrate	T1	
MINITRAN (***nitroglycerin***)	T3	
nitro-bid	T1	
NITRO-DUR (***nitroglycerin***)	T3	
nitroglycerin sublingual	T1	
nitroglycerin transdermal patch 24 hour	T1	
nitroglycerin translingual	T1	
NITROLINGUAL (***nitroglycerin***)	T3	
NITROMIST (***nitroglycerin***)	T3	
NITROSTAT (***nitroglycerin***)	T3	
nitro-time	T1	
DERMATOLOGICALS/TOPICAL THERAPY - DRUGS TO TREAT SKIN CONDITIONS		
ANTIPSORIATIC / ANTISEBORRHEIC - DRUGS TO TREAT PSORIASIS		
acitretin	T1	
ANALPRAM-HC TOPICAL (***hydrocortisone acetate/pramoxine hcl***)	T3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcipotriene scalp	T1	QL (120 per 30 days)
calcipotriene topical cream	T1	QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM	T3	PA; ST; QL (120 per 30 days)
calcipotriene topical ointment	T1	QL (120 per 30 days)
calcipotriene-betamethasone topical ointment	T1	ST; QL (1 per 30 days)
calcitriol topical	T1	
COSENTYX (2 SYRINGES) (***secukinumab***)	T4	PA; ST; SP; QL (2 per 30 days)
COSENTYX PEN (***secukinumab***)	T4	PA; ST; SP; QL (2 per 30 days)
COSENTYX PEN (2 PENS) (***secukinumab***)	T4	PA; ST; SP; QL (2 per 30 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***)	T4	PA; ST; SP; QL (2 per 30 days)
DOVONEX TOPICAL (***calcipotriene***)	T3	ST; QL (120 per 30 days)
ENSTILAR (***calcipotriene/betamethasone dipropionate***)	T2	QL (1 per 30 days)
EPIFOAM (***hydrocortisone acetate/pramoxine hcl***)	T3	ST
hydrocortisone-pramoxine topical cream 2.5-1 %	T1	
OVACE (***sulfacetamide sodium***)	T3	
OVACE PLUS (***sulfacetamide sodium***)	T3	
OVACE PLUS SHAMPOO (***sulfacetamide sodium***)	T3	
OVACE PLUS WASH (***sulfacetamide sodium***)	T3	
PRAMOSONE (***hydrocortisone acetate/pramoxine hcl***)	T3	ST
selenium sulfide topical lotion	T1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	T1	
SELRX (***selenium sulfide***)	T3	
SILIQ (***brodalumab***)	T4	PA; ST; SP; QL (2 per 30 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR (***risankizumab-rzaa***)	T4	PA; ST; SP; QL (1 per 30 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (***risankizumab-rzaa***)	T4	PA; ST; SP; QL (1 per 30 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT (***risankizumab-rzaa***)	T4	PA; ST; SP; QL (1 per 30 days)
SORIATANE ORAL CAPSULE 10 MG, 25 MG (***acitretin***)	T3	
SORILUX (***calcipotriene***)	T3	ST; QL (120 per 30 days)
STELARA SUBCUTANEOUS (***ustekinumab***)	T4	PA; ST; SP; QL (1 per 90 days)
sulfacetamide sodium topical	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TACLONEX TOPICAL OINTMENT (***calcipotriene/betamethasone dipropionate***)	T3	ST; QL (1 per 30 days)
TACLONEX TOPICAL SUSPENSION (***calcipotriene/betamethasone dipropionate***)	T1	QL (1 per 30 days)
TALTZ AUTOINJECTOR (***ixekizumab***)	T4	PA; ST; SP; QL (1 per 30 days)
TALTZ AUTOINJECTOR (2 PACK) (***ixekizumab***)	T4	PA; ST; SP; QL (1 per 30 days)
TALTZ AUTOINJECTOR (3 PACK) (***ixekizumab***)	T4	PA; ST; SP; QL (1 per 30 days)
TALTZ SYRINGE (***ixekizumab***)	T4	PA; ST; SP; QL (1 per 30 days)
TERSI FOAM (***selenium sulfide***)	T3	
TREMFYA (***guselkumab***)	T4	PA; ST; SP; QL (1 per 30 days)
VECTICAL (***calcitriol***)	T3	
BURN THERAPY - DRUGS TO TREAT BURNS		
SILVADENE (***silver sulfadiazine***)	T3	
silver sulfadiazine	T1	
ssd	T1	
KERATOLYTICS - OTHER DRUGS THAT TREAT SKIN CONDITIONS		
INOVA 4-1 (***salicylic acid/benzoyl peroxide/vitamin e mixed***)	T3	ST
INOVA 8-2 (***salicylic acid/benzoyl peroxide/vitamin e mixed***)	T3	ST
MISCELLANEOUS DERMATOLOGICALS - OTHER DRUGS THAT TREAT SKIN CONDITIONS		
AMELUZ (***aminolevulinic acid hcl***)	T3	
CANTHARIDIN IN ACETONE (***cantharidin in acetone***)	T3	
CARAC (***fluorouracil***)	T3	PA; ST
CONDYLOX TOPICAL GEL (***podofilox***)	T3	ST; QL (1 per Rx)
CORTANE-B (***hydrocortisone/pramoxine hcl/chloroxylenol***)	T3	
diclofenac sodium topical gel 3 %	T1	PA; QL (1 per 30 days)
doxepin topical	T1	ST; QL (1 per 30 days)
DUPIXENT PEN (***dupilumab***)	T4	PA; ST; SP; QL (2 per 30 days)
DUPIXENT SYRINGE (***dupilumab***)	T4	PA; ST; SP; QL (2 per 30 days)
EFUDEX TOPICAL CREAM (***fluorouracil***)	T3	
ELIDEL (***pimecrolimus***)	T3	PA; ST; QL (1 per 30 days)
EUCRISA (***crisaborole***)	T3	PA; ST; QL (1 per 30 days)
FLUOROPLEX (***fluorouracil***)	T3	
FLUOROURACIL TOPICAL CREAM 0.5 %	T3	PA; ST
fluorouracil topical cream 5 %	T1	

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fluorouracil topical solution	T1	
iodine-sodium iodide topical tincture 2 %	T1	
IODOFLEX (***cadexomer iodine***)	T3	
IODOSORB (***cadexomer iodine***)	T3	
LEVULAN (***aminolevulinic acid hcl***)	T3	
methoxsalen	T1	
methyl salicylate	T1	
methyl salicylate topical liquid	T1	
PANRETIN (***alitretinoin***)	T3	
PICATO (***ingenol mebutate***)	T2	
pimecrolimus	T1	PA; ST; QL (1 per 30 days)
podofilox	T1	
PROTOPIC (***tacrolimus***)	T3	PA; ST; QL (1 per 30 days)
prudoxin	T1	ST; QL (1 per 30 days)
QBREXZA (***glycopyrronium tosylate***)	T3	PA; ST
REGRANEX (***becaplermin***)	T2	QL (15 per Rx); DM
tacrolimus topical	T1	PA; ST; QL (1 per 30 days)
TOLAK (***fluorouracil***)	T3	
VALCHLOR (***mechlorethamine hcl***)	T4	PA; ST; SP
VEREGEN (***sinecatechins***)	T3	PA; ST
wintergreen oil	T1	
ZONALON (***doxepin hcl***)	T3	ST; QL (1 per 30 days)
THERAPY FOR ACNE - DRUGS TO TREAT ACNE		
ABSORICA (***isotretinoin***)	T1	
ABSORICA LD (***isotretinoin, micronized***)	T3	
ACANYA TOPICAL GEL WITH PUMP (***clindamycin phosphate/benzoyl peroxide***)	T3	ST
accutane oral capsule 20 mg, 30 mg, 40 mg	T1	
ACZONE (***dapsone***)	T3	ST
adapalene topical cream	T1	
adapalene topical gel 0.3 %	T1	
adapalene topical gel with pump	T1	
ADAPALENE TOPICAL LOTION	T3	ST
adapalene topical solution	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adapalene topical swab	T1	ST
adapalene-benzoyl peroxide	T1	
AKLIEF (***trifarotene***)	T3	PA; ST
ALTRENO (***tretinoin***)	T3	PA; AGE
amnesteem	T1	
AMZEEQ (***minocycline hcl***)	T2	ST
ARAZLO (***tazarotene***)	T3	PA
ATRALIN (***tretinoin***)	T3	PA; AGE
AVAR LS (***sulfacetamide sodium/sulfur***)	T3	ST
avar topical cleanser	T1	
AVAR TOPICAL PADS, MEDICATED (***sulfacetamide sodium/sulfur***)	T3	ST
AVAR-E GREEN (***sulfacetamide sodium/sulfur***)	T3	ST
AVAR-E LS (***sulfacetamide sodium/sulfur***)	T3	ST
avita topical cream	T1	PA; AGE
AVITA TOPICAL GEL (***tretinoin***)	T3	PA; AGE
azelaic acid	T1	
AZELEX (***azelaic acid***)	T3	ST
BENZACLIN (***clindamycin phosphate/benzoyl peroxide***)	T3	ST
BENZACLIN PUMP (***clindamycin phosphate/benzoyl peroxide***)	T3	ST
BENZAMYCIN (***erythromycin base/benzoyl peroxide***)	T3	ST
BENZEPRO (MICROSPHERES) (***benzoyl peroxide microspheres***)	T3	ST
benzepro topical towelette	T1	
benzoyl peroxide topical cleanser 7 %	T1	
benzoyl peroxide topical foam 9.8 %	T1	
bp 10-1	T1	ST
claravis	T1	
CLEOCIN T TOPICAL LOTION (***clindamycin phosphate***)	T3	ST; QL (1 per 30 days)
CLINDACIN ETZ TOPICAL KIT (***clindamycin phosphate/skin cleanser comb no.19***)	T3	ST
clindacin p	T1	
CLINDACIN PAC (***clindamycin phosphate/skin cleanser comb no.19***)	T3	ST
CLINDAGEL (***clindamycin phosphate***)	T3	PA; ST; QL (1 per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin phosphate topical foam	T1	QL (1 per 30 days)
clindamycin phosphate topical gel	T1	QL (1 per 30 days)
clindamycin phosphate topical gel, once daily	T1	QL (1 per 30 days)
clindamycin phosphate topical lotion	T1	QL (1 per 30 days)
clindamycin phosphate topical solution	T1	QL (1 per 30 days)
clindamycin phosphate topical swab	T1	
clindamycin-benzoyl peroxide	T1	
clindamycin-tretinoin	T1	PA; AGE
dapsone topical	T1	
DIFFERIN TOPICAL CREAM (***adapalene***)	T3	ST
DIFFERIN TOPICAL GEL WITH PUMP (***adapalene***)	T3	ST
DIFFERIN TOPICAL LOTION (***adapalene***)	T3	ST
ENZOCLEAR (***benzoyl peroxide***)	T3	ST
EPIDUO FORTE (***adapalene/benzoyl peroxide***)	T3	PA; ST
ery pads	T1	
erygel	T1	
erythromycin with ethanol topical gel	T1	
erythromycin with ethanol topical solution	T1	
erythromycin-benzoyl peroxide	T1	
EVOCLIN (***clindamycin phosphate***)	T3	ST; QL (1 per 30 days)
FABIOR (***tazarotene***)	T3	PA
FINACEA TOPICAL FOAM (***azelaic acid***)	T2	ST
FINACEA TOPICAL GEL (***azelaic acid***)	T3	ST
INOVA (***benzoyl peroxide/vitamin e mixed***)	T3	ST
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T1	
METROCREAM (***metronidazole***)	T3	ST
METROGEL TOPICAL GEL 1 % (***metronidazole***)	T3	ST
metronidazole topical	T1	
MIRVASO TOPICAL GEL WITH PUMP (***brimonidine tartrate***)	T2	PA; ST
myorisan	T1	
neuac	T1	
NEUAC KIT (***clindamycin phosphate/benzoyl peroxide/emollient comb no.94***)	T3	ST
NORITATE (***metronidazole***)	T3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONEXTON TOPICAL GEL WITH PUMP (***clindamycin phosphate/benzoyl peroxide***)	T2	ST
PACNEX (***benzoyl peroxide***)	T3	ST
PLEXION (***sulfacetamide sodium/sulfur***)	T3	ST
PLEXION CLEANSING CLOTHS (***sulfacetamide sodium/sulfur***)	T3	ST
PR BENZOYL PEROXIDE (***benzoyl peroxide microspheres***)	T3	ST
RETIN-A (***tretinoin***)	T3	PA; AGE
RETIN-A MICRO (***tretinoin microspheres***)	T3	PA; AGE
RETIN-A MICRO PUMP (***tretinoin microspheres***)	T3	PA; AGE
RHOFADE (***oxymetazoline hcl***)	T3	PA; ST
rosadan topical cream	T1	
rosadan topical gel	T1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL (***metronidazole/skin cleanser combination no.23***)	T3	ST
ROSADAN TOPICAL KIT,CLEANSER AND CREAM (***metronidazole/skin cleanser combination no.23***)	T3	ST
ROSANIL (***sulfacetamide sodium/sulfur***)	T3	ST
ROSULA (***sulfacetamide sodium/sulfur***)	T3	ST
rosula cleansing cloths	T1	
SOOLANTRA (***ivermectin***)	T1	ST; QL (1 per 30 days)
sss 10-5	T1	
sulfacetamide sodium-sulfur	T1	
sulfacetamide-sulfur-cleansr23	T1	
sulfacleanse 8-4	T1	ST
SUMADAN (***sulfacetamide sodium/sulfur***)	T3	ST
SUMADAN XLT (***sulfacetamide sodium/sulfur/avobenzone/octinoxate/octyl sal***)	T3	ST
SUMAXIN (***sulfacetamide sodium/sulfur***)	T3	ST
SUMAXIN CP (***sulfacetamide sodium/sulfur/skin cleanser comb no.23***)	T3	ST
SUMAXIN TS (***sulfacetamide sodium/sulfur***)	T3	ST
tazarotene topical cream	T1	PA
TAZORAC TOPICAL CREAM 0.05 % (***tazarotene***)	T2	PA
TAZORAC TOPICAL CREAM 0.1 % (***tazarotene***)	T3	PA
TAZORAC TOPICAL GEL (***tazarotene***)	T2	PA

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tretinoin	T1	PA; AGE
tretinoin microspheres	T1	PA; AGE
VANOXIDE-HC (***benzoyl peroxide/hydrocortisone***)	T3	ST
VELTIN (***clindamycin phosphate/tretinoin***)	T3	PA; ST; AGE
zenatane	T1	
ZIANA (***clindamycin phosphate/tretinoin***)	T3	PA; ST; AGE
ZILXI (***minocycline hcl***)	T3	ST
TOPICAL ANESTHETICS - DRUGS FOR NUMBING		
COCAINE NASAL	T3	
glydo	T1	QL (1 per 30 days)
GOPRELTO (***cocaine hcl***)	T3	
lidocaine hcl laryngotracheal	T1	
lidocaine hcl mucous membrane jelly	T1	QL (1 per 30 days)
lidocaine hcl mucous membrane jelly in applicator	T1	QL (1 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	T1	
lidocaine hcl-hydrocortison ac topical	T1	
lidocaine topical adhesive patch,medicated 5 %	T1	PA; ST
lidocaine topical ointment	T1	QL (1 per 30 days)
lidocaine viscous	T1	
lidocaine-prilocaine topical cream	T1	QL (1 per 30 days)
lidocaine-prilocaine topical kit	T1	
LIDOCAINE-TETRACAINE	T3	PA; ST; QL (1 per 30 days)
lidocort	T1	
LIDODERM (***lidocaine***)	T3	PA; ST
lta pre-attached	T1	
NUMBRINO (***cocaine hcl***)	T3	
PLIAGLIS (***lidocaine/tetracaine***)	T3	PA; ST; QL (1 per 30 days)
SYNERA (***lidocaine/tetracaine***)	T3	ST
ZTLIDO (***lidocaine***)	T2	PA; ST
TOPICAL ANTIBACTERIALS - DRUGS TO TREAT SKIN INFECTIONS		
ALCORTIN A (***hydrocortisone acetate/iodoquinol/aloe polysaccharides no.2***)	T3	PA; ST
ALTABAX (***retapamulin***)	T3	ST; QL (30 per Rx)
CENTANY (***mupirocin***)	T3	ST; QL (30 per Rx)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CENTANY AT (***mupirocin***)	T3	ST; QL (1 per Rx)
gentamicin topical	T1	QL (1 per Rx)
KLARON (***sulfacetamide sodium***)	T3	ST
lugols topical	T1	
mafenide acetate	T1	
mupirocin	T1	QL (2 per Rx)
mupirocin calcium	T1	ST; QL (30 per Rx)
NEO-SYNALAR (***neomycin sulfate/fluocinolone acetonide***)	T3	
NEO-SYNALAR KIT (***neomycin sulfate/fluocinolone acetonide/emollient comb no.65***)	T3	
strong iodine topical	T1	
sulfacetamide sodium (acne)	T1	
SULFAMYLON TOPICAL CREAM (***mafenide acetate***)	T2	
SULFAMYLON TOPICAL PACKET (***mafenide acetate***)	T3	
XEPI (***ozenoxacin***)	T3	ST; QL (30 per Rx)
TOPICAL ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
CICLODAN KIT TOPICAL COMBO PACK (***ciclopirox olamine/skin cleanser combination no.28***)	T3	
CICLODAN KIT TOPICAL SOLUTION (***ciclopirox/urea/camphor/menthol/eucalyptol***)	T3	ST
ciclodan topical cream	T1	QL (1 per 30 days)
ciclodan topical solution	T1	
ciclopirox topical cream	T1	QL (1 per 30 days)
ciclopirox topical gel	T1	QL (1 per 30 days)
ciclopirox topical shampoo	T1	QL (1 per 30 days)
ciclopirox topical solution	T1	
ciclopirox topical suspension	T1	QL (1 per 30 days)
ciclopirox-ure-camph-menth-euc	T1	
clotrimazole-betamethasone	T1	QL (1 per 30 days)
econazole	T1	QL (1 per 30 days)
ECOZA (***econazole nitrate***)	T3	PA; ST; QL (1 per 30 days)
ERTACZO (***sertaconazole nitrate***)	T3	QL (1 per 30 days)
EXELDERM (***sulconazole nitrate***)	T3	QL (1 per 30 days)
EXTINA (***ketoconazole***)	T3	QL (1 per 30 days)
JUBLIA (***efinaconazole***)	T3	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KERYDIN (***tavaborole***)	T3	ST
ketoconazole topical	T1	QL (1 per 30 days)
ketodan	T1	QL (1 per 30 days)
ketodan kit	T1	
LOPROX (AS OLAMINE) (***ciclopirox olamine***)	T3	QL (1 per 30 days)
LOPROX KIT (***ciclopirox olamine/skin cleanser combination no.40***)	T3	QL (1 per 30 days)
LOPROX TOPICAL SHAMPOO (***ciclopirox***)	T3	QL (1 per 30 days)
LULICONAZOLE	T3	PA; ST; QL (1 per 30 days)
LUZU (***luliconazole***)	T3	QL (1 per 30 days)
MICONAZOLE NITRATE-ZINC OX-PET	T3	QL (1 per 30 days)
naftifine	T1	QL (1 per 30 days)
NAFTIN TOPICAL GEL (***naftifine hcl***)	T3	QL (1 per 30 days)
nyamyc	T1	QL (180 per Rx)
nystatin topical cream	T1	QL (1 per 30 days)
nystatin topical ointment	T1	QL (1 per 30 days)
nystatin topical powder	T1	QL (180 per Rx)
nystatin-triamcinolone	T1	QL (1 per 30 days)
nystop	T1	QL (180 per Rx)
oxiconazole	T1	QL (60 per 30 days)
OXISTAT (***oxiconazole nitrate***)	T3	QL (60 per 30 days)
SULCONAZOLE	T3	PA; ST; QL (1 per 30 days)
tavaborole	T1	ST
VUSION (***miconazole nitrate/zinc oxide/petrolatum,white***)	T3	QL (1 per 30 days)
XOLEGEL (***ketoconazole***)	T3	PA; ST; QL (1 per 30 days)
TOPICAL ANTIVIRALS - DRUGS TO TREAT VIRUS INFECTIONS		
acyclovir topical cream	T1	PA; ST; QL (5 per Rx)
acyclovir topical ointment	T1	PA; ST; QL (30 per Rx)
DENAVIR (***penciclovir***)	T3	
XERESE (***acyclovir/hydrocortisone***)	T3	
ZOVIRAX TOPICAL CREAM (***acyclovir***)	T3	PA; ST; QL (5 per Rx)
ZOVIRAX TOPICAL OINTMENT (***acyclovir***)	T3	PA; ST; QL (30 per Rx)
TOPICAL CORTICOSTEROIDS - STEROIDS		
ALA-SCALP (***hydrocortisone***)	T3	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
alclometasone	T1	
amcinonide topical cream	T1	ST
amcinonide topical lotion	T1	ST
apexicon e	T1	ST
beser	T1	ST
betamethasone dipropionate	T1	
betamethasone valerate topical cream	T1	
betamethasone valerate topical foam	T1	ST
betamethasone valerate topical lotion	T1	
betamethasone valerate topical ointment	T1	
betamethasone, augmented	T1	
BRYHALI (***halobetasol propionate***)	T3	ST
CAPEX (***fluocinolone acetonide***)	T3	ST
clobetasol scalp	T1	QL (1 per 30 days)
clobetasol topical cream	T1	QL (1 per 30 days)
clobetasol topical foam	T1	ST; QL (1 per 30 days)
clobetasol topical gel	T1	QL (1 per 30 days)
clobetasol topical lotion	T1	ST; QL (1 per 30 days)
clobetasol topical ointment	T1	QL (1 per 30 days)
clobetasol topical shampoo	T1	ST; QL (1 per 30 days)
clobetasol topical spray,non-aerosol	T1	ST; QL (1 per 30 days)
clobetasol-emollient topical cream	T1	QL (1 per 30 days)
clobetasol-emollient topical foam	T1	ST; QL (1 per 30 days)
CLOBEX TOPICAL SHAMPOO (***clobetasol propionate***)	T3	ST; QL (1 per 30 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL (***clobetasol propionate***)	T3	ST; QL (1 per 30 days)
CLOCORTOLONE PIVALATE	T3	PA; ST
clodan	T1	ST; QL (1 per 30 days)
CLODAN KIT (***clobetasol propionate/skin cleanser combination no.28***)	T3	ST
CLODERM (***clocortolone pivalate***)	T3	ST
CORDRAN TAPE LARGE ROLL (***flurandrenolide***)	T3	ST
CORDRAN TOPICAL CREAM (***flurandrenolide***)	T3	ST; QL (1 per 30 days)
CORDRAN TOPICAL LOTION (***flurandrenolide***)	T3	ST; QL (1 per 30 days)
CORDRAN TOPICAL OINTMENT (***flurandrenolide***)	T3	ST; QL (1 per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DERMA-SMOOTHE/FS BODY OIL (***fluocinolone acetonide***)	T3	ST
DERMA-SMOOTHE/FS SCALP OIL (***fluocinolone acetonide/shower cap***)	T3	ST
DESONATE (***desonide***)	T3	ST
desonide topical cream	T1	
desonide topical gel	T1	ST
desonide topical lotion	T1	ST
desonide topical ointment	T1	
DESOWEN TOPICAL LOTION (***desonide***)	T3	ST
desoximetasone	T1	ST
desrx	T1	ST
diflorasone	T1	ST; QL (1 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT (***betamethasone dipropionate/propylene glycol***)	T3	ST
DUOBRII (***halobetasol propionate/tazarotene***)	T3	ST; QL (1 per 30 days)
fluocinolone	T1	
fluocinolone and shower cap	T1	
fluocinonide topical cream 0.05 %	T1	QL (1 per 30 days)
fluocinonide topical cream 0.1 %	T1	ST; QL (1 per 30 days)
fluocinonide topical gel	T1	QL (1 per 30 days)
fluocinonide topical ointment	T1	QL (1 per 30 days)
fluocinonide topical solution	T1	QL (1 per 30 days)
fluocinonide-e	T1	QL (1 per 30 days)
flurandrenolide	T1	ST; QL (1 per 30 days)
fluticasone propionate topical cream	T1	
fluticasone propionate topical lotion	T1	ST
fluticasone propionate topical ointment	T1	
halcinonide	T1	ST
halobetasol propionate topical cream	T1	
HALOBETASOL PROPIONATE TOPICAL FOAM	T3	ST
halobetasol propionate topical ointment	T1	
HALOG (***halcinonide***)	T3	ST
hydrocortisone butyrate topical cream	T1	QL (1 per 30 days)
hydrocortisone butyrate topical lotion	T1	ST; QL (1 per 30 days)
hydrocortisone butyrate topical ointment	T1	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone butyrate topical solution	T1	ST; QL (1 per 30 days)
hydrocortisone butyr-emollient	T1	QL (1 per 30 days)
hydrocortisone topical cream 2.5 %	T1	
hydrocortisone topical lotion 2.5 %	T1	
hydrocortisone topical ointment 2.5 %	T1	
hydrocortisone valerate	T1	
IMPOYZ (***clobetasol propionate***)	T3	ST; QL (1 per 30 days)
KENALOG TOPICAL (***triamcinolone acetonide***)	T3	ST; QL (1 per 30 days)
LEXETTE (***halobetasol propionate***)	T3	ST
LOCOID LIPOCREAM (***hydrocortisone butyrate/emollient base***)	T3	PA; ST; QL (1 per 30 days)
LOCOID TOPICAL LOTION (***hydrocortisone butyrate***)	T3	PA; ST; QL (1 per 30 days)
LUXIQ (***betamethasone valerate***)	T3	ST
mometasone topical	T1	
nolix	T1	ST; QL (1 per 30 days)
NUCORT (***hydrocortisone acetate/aloe vera***)	T3	ST
OLUX (***clobetasol propionate***)	T3	ST; QL (1 per 30 days)
OLUX-E (***clobetasol propionate/emollient base***)	T3	ST; QL (1 per 30 days)
PANDEL (***hydrocortisone probutate***)	T3	ST
prednicarbate	T1	
PSORCON (***diflorasone diacetate***)	T3	ST; QL (1 per 30 days)
scalacort	T1	
SCALACORT DK (***hydrocortisone/salicylic acid/sulfur/shampoo no. 1***)	T3	ST
SERNIVO (***betamethasone dipropionate***)	T3	ST
SYNALAR (***fluocinolone acetonide***)	T3	ST
SYNALAR CREAM KIT (***fluocinolone acetonide/emollient combination no.65***)	T3	ST
SYNALAR OINTMENT KIT (***fluocinolone acetonide/emollient combination no.65***)	T3	ST
SYNALAR TS (***fluocinolone acetonide/skin cleanser comb no.28***)	T3	ST
TEMOVATE TOPICAL OINTMENT (***clobetasol propionate***)	T3	ST; QL (1 per 30 days)
TEXACORT (***hydrocortisone***)	T3	ST
TOPICORT (***desoximetasone***)	T3	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tovet emollient	T1	ST; QL (1 per 30 days)
triamcinolone acetonide topical aerosol	T1	ST; QL (1 per 30 days)
triamcinolone acetonide topical cream	T1	
triamcinolone acetonide topical lotion	T1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	T1	
triamcinolone acetonide topical ointment 0.05 %	T1	ST
trianex	T1	ST
triderm topical cream 0.1 %	T1	
triderm topical cream 0.5 %	T1	ST
TRIDESILON (***desonide***)	T3	ST
tritocin	T1	ST
ULTRAVATE TOPICAL LOTION (***halobetasol propionate***)	T3	ST
VANOS (***fluocinonide***)	T3	ST; QL (1 per 30 days)
VERDESO (***desonide***)	T3	PA; ST
TOPICAL ENZYMES - OTHER DRUGS THAT TREAT SKIN CONDITIONS		
SANTYL (***collagenase clostridium histolyticum***)	T2	QL (180 per Rx)
TOPICAL SCABICIDES / PEDICULICIDES - DRUGS TO TREAT HEAD LICE OR SCABIES		
crotan	T1	
ELIMITE (***permethrin***)	T3	
EURAX (***crotamiton***)	T3	
ivermectin topical lotion	T1	
lindane topical shampoo	T1	
malathion	T1	
NATROBA (***spinosad***)	T3	
OVIDE (***malathion***)	T3	
permethrin	T1	
spinosad	T1	
ULESFIA (***benzyl alcohol***)	T3	
DIAGNOSTICS & MISCELLANEOUS AGENTS - MISCELLANEOUS MEDICINES		
ANOREXIANTS - DRUG TO HELP SUPPRESS APPETITE		
ADIPEX-P (***phentermine hcl***)	T3	PA
benzphetamine oral tablet 50 mg	T1	PA

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CONTRAVE (***naltrexone hcl/bupropion hcl***)	T3	PA
diethylpropion	T1	PA
IMCIVREE (***setmelanotide acetate***)	T4	PA; ST; SP; QL (6 per 30 days)
LOMAIRA (***phentermine hcl***)	T3	PA
phendimetrazine tartrate	T1	PA
phentermine	T1	PA
QSYMIA (***phentermine hcl/topiramate***)	T3	PA
SAXENDA (***liraglutide***)	T3	PA
WEGOVY (***semaglutide***)	T2	PA
XENICAL (***orlistat***)	T3	PA
IRRIGATING SOLUTIONS - IRRIGATING FLUIDS		
lactated ringers irrigation	T1	
neomycin-polymyxin b gu	T1	
PHYSIOLYTE (***physiological irrigating solution no.1***)	T3	
PHYSIOSOL IRRIGATION (***physiological irrigating solution no.1***)	T3	
ringer's irrigation	T1	
SORBITOL IRRIGATION SOLUTION 3 % (***sorbitol solution***)	T3	
SORBITOL-MANNITOL (***mannitol/sorbitol solution***)	T3	
tis-u-sol pentalyte	T1	
MISCELLANEOUS AGENTS - OTHER		
acamprosate	T1	
acetic acid irrigation	T1	
AGRYLIN (***anagrelide hcl***)	T3	
anagrelide	T1	
aqua care sodium chloride	T1	
aqua care sterile water	T1	
BUPHENYL (***sodium phenylbutyrate***)	T3	
caffeine citrate oral	T1	
CARBAGLU (***carglumic acid***)	T4	SP
CARNITOR (SUGAR-FREE) (***levocarnitine***)	T3	
CARNITOR ORAL (***levocarnitine***)	T3	
cevimeline	T1	
CHEMET (***succimer***)	T2	PA; ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
deferasirox	T4	PA; ST; SP
deferiprone	T4	PA; ST; SP
disulfiram	T1	
droxidopa	T4	PA; ST; SP
EMPAVELI (***pegcetacoplan***)	T4	PA; SP
ENDARI (***glutamine***)	T4	PA; ST; SP
EVOXAC (***cevimeline hcl***)	T3	
EXEM (***hydroxyethylcellulose/glycerin in sterile water***)	T3	
EXJADE (***deferasirox***)	T4	PA; ST; SP
FERRIPROX (***deferiprone***)	T4	PA; ST; SP
FERRLECIT (***sodium ferric gluconate complex in sucrose***)	T3	PA; ST
GLEOLAN (***aminolevulinic acid hcl***)	T3	
INCRELEX (***mecasermin***)	T4	PA; SP
INFASURF (***calfactant***)	T3	
JADENU (***deferasirox***)	T4	PA; ST; SP
JADENU SPRINKLE (***deferasirox***)	T4	PA; ST; SP
levocarnitine (with sugar)	T1	
levocarnitine oral solution 100 mg/ml	T1	
levocarnitine oral tablet	T1	
LITHOSTAT (***acetohydroxamic acid***)	T3	
METOPIRONE (***metyrapone***)	T3	
midodrine	T1	
nitisinone	T4	PA; ST; SP
NITYR (***nitisinone***)	T4	PA; ST; SP
NORTHERA (***droxidopa***)	T4	PA; ST; SP
ORFADIN (***nitisinone***)	T4	PA; ST; SP
OXBRYTA (***voxelotor***)	T4	PA; ST; QL (90 per Rx); SP
pilocarpine hcl oral tablet 5 mg	T1	
RADIOGARDASE (***prussian blue (insoluble)***)	T3	
RAVICTI (***glycerol phenylbutyrate***)	T4	SP
RILUTEK (***riluzole***)	T3	PA; ST
riluzole	T1	PA; ST
risedronate oral tablet 30 mg	T1	QL (30 per Rx)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG (***pilocarpine hcl***)	T3	

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sodium chloride 0.9 %	T1	
sodium chloride 0.9 % (flush) injection syringe	T1	
sodium chloride injection	T1	
sodium chloride irrigation	T1	
sodium ferric gluconat-sucrose	T1	PA; ST
sodium phenylbutyrate	T1	
SURVANTA (***beractant***)	T3	
SYPRINE (***trientine hcl***)	T3	PA; ST
THIOLA (***tiopronin***)	T4	SP
THIOLA EC (***tiopronin***)	T4	SP
TIGLUTIK (***riluzole***)	T3	PA; ST
tiopronin	T1	SP
trientine	T1	PA; ST
water for irrigation, sterile	T1	
XURIDEN (***uridine triacetate***)	T4	SP
ZOKINVY (***lonafarnib***)	T4	PA; ST; QL (120 per Rx); SP
SMOKING DETERRENTS - DRUGS TO HELP STOP SMOKING		
bupropion hcl (smoking deter)	T0	QL (180 day supply per 365 days; AGE; PC
NICODERM CQ (***nicotine***)	T0	QL (180 day supply per 365 days; AGE; PC
NICORETTE BUCCAL GUM 2 MG (***nicotine polacrilex***)	T0	QL (180 day supply per 365 days; AGE; PC
nicorette buccal gum 4 mg	T0	QL (180 day supply per 365 days; AGE; PC
NICORETTE BUCCAL LOZENGE (***nicotine polacrilex***)	T0	QL (180 day supply per 365 days; AGE; PC
NICORETTE BUCCAL MINI LOZENGE (***nicotine polacrilex***)	T0	QL (180 day supply per 365 days; AGE; PC
nicotine	T0	QL (180 day supply per 365 days; AGE; PC
nicotine (polacrilex)	T0	QL (180 day supply per 365 days; AGE; PC
NICOTROL (***nicotine***)	T0	QL (180 day supply per 365 days; AGE; PC
NICOTROL NS (***nicotine***)	T0	QL (180 day supply per 365 days; AGE; PC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quit 2	T0	QL (180 day supply per 365 days; AGE; PC
quit 4	T0	QL (180 day supply per 365 days; AGE; PC
stop smoking aid	T0	QL (180 day supply per 365 days; AGE; PC
varenicline	T1	AGE; PC; QL (180 per 365 days)
EAR, NOSE & THROAT MEDICATIONS - DRUGS TO TREAT THE EAR, NOSE AND THROAT		
MISCELLANEOUS AGENTS - OTHER DRUGS FOR EAR, NOSE OR THROAT CONDITIONS		
ARESTIN (***minocycline hcl microspheres***)	T4	SP
azelastine nasal aerosol,spray	T1	QL (60 per Rx)
azelastine nasal spray,non-aerosol	T1	
chlorhexidine gluconate mucous membrane	T1	
CLINPRO 5000 (***fluoride (sodium)***)	T3	
denta 5000 plus	T1	
dentagel	T1	
EPISIL (***oral mucositis and stomatitis anti-inflammatory agent comb 2***)	T3	
fluoride (sodium) dental	T1	
FLUORIDEX DAILY DEFENSE (***fluoride (sodium)***)	T3	
FLUORIDEX SENSITIVITY RELIEF (***sodium fluoride/potassium nitrate***)	T3	
GELCLAIR (***potassium sorbate/hydroxyethylcellulose/povidone/hyaluronic***)	T3	
GELX (***povidone/taurine/zinc gluconate/peg-40 castor oil***)	T3	
ipratropium bromide nasal	T1	QL (30 per Rx)
MUGARD (***glycerin/carbomer homopolymer type a/potassium hydroxide***)	T3	
olopatadine nasal	T1	QL (1 per Rx)
oralone	T1	
ORAMAGICRX (***potassium sorbate/maltodextrin/aloe vera/mann ps***)	T3	
paroex oral rinse	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PATANASE (***olopatadine hcl***)	T3	QL (1 per Rx)
PERIDEX (***chlorhexidine gluconate***)	T3	
periogard	T1	
pilocarpine hcl oral tablet 7.5 mg	T1	
PREVIDENT (***fluoride (sodium)***)	T3	
PREVIDENT 5000 BOOSTER PLUS (***fluoride (sodium)***)	T3	
PREVIDENT 5000 DRY MOUTH (***fluoride (sodium)***)	T3	
PREVIDENT 5000 ENAMEL PROTECT (***sodium fluoride/potassium nitrate***)	T3	
PREVIDENT 5000 ORTHO DEFENSE (***fluoride (sodium)***)	T3	
PREVIDENT 5000 PLUS (***fluoride (sodium)***)	T3	
PREVIDENT 5000 SENSITIVE (***sodium fluoride/potassium nitrate***)	T3	
PROTHELIAL (***sucralfate malate, polymerized***)	T4	SP
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG (***pilocarpine hcl***)	T3	
sf	T1	
sf 5000 plus	T1	
sodium fluoride 5000 dry mouth	T1	
sodium fluoride 5000 plus	T1	
sodium fluoride-pot nitrate	T1	
triamcinolone acetonide dental	T1	
MISCELLANEOUS OTIC PREPARATIONS - DRUGS TO TREAT EAR CONDITIONS		
acetic acid otic (ear)	T1	
ciprofloxacin hcl otic (ear)	T1	
DERMOTIC OIL (***fluocinolone acetonide oil***)	T3	
flac otic oil	T1	
fluocinolone acetonide oil	T1	
hydrocortisone-acetic acid	T1	
ofloxacin otic (ear)	T1	
OTIPRIO (***ciprofloxacin***)	T3	QL (1 per Rx)
OTIC STEROID / ANTIBIOTIC - DRUGS TO TREAT EAR CONDITIONS		
CIPRO HC (***ciprofloxacin hcl/hydrocortisone***)	T3	
CIPRODEX (***ciprofloxacin hcl/dexamethasone***)	T3	
ciprofloxacin-dexamethasone	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTISPORIN-TC (***neomycin sulf/colistin sul/hydrocortisone ac/thonzonium brom***)	T3	
neomycin-polymyxin-hc otic (ear)	T1	
OTOVEL (***ciprofloxacin hcl/fluocinolone acetonide***)	T2	
ENDOCRINE/DIABETES - DRUGS TO TREAT HORMONE CONDITIONS OR DIABETES		
ADRENAL HORMONES - HORMONES		
ACTHAR (***corticotropin***)	T4	PA; SP
CORTEF (***hydrocortisone***)	T3	
decadron oral tablet 0.5 mg	T1	
dexabliss	T1	PA; ST
dexamethasone intensol	T1	
dexamethasone oral elixir	T1	
dexamethasone oral solution	T1	
dexamethasone oral tablet	T1	
dexamethasone oral tablets,dose pack	T1	PA; ST
DXEVO (***dexamethasone***)	T3	PA; ST
EMFLAZA (***deflazacort***)	T4	PA; ST; SP
fludrocortisone	T1	
hidex	T1	PA; ST
hydrocortisone oral	T1	
MEDROL (***methylprednisolone***)	T3	
MEDROL (PAK) (***methylprednisolone***)	T3	
methylprednisolone	T1	
millipred dp	T1	
millipred oral tablet	T1	
ORAPRED ODT (***prednisolone sodium phosphate***)	T3	
prednisolone oral solution	T1	
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)	T1	
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	T1	
prednisolone sodium phosphate oral tablet,disintegrating	T1	
prednisone	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisone intensol	T1	
RAYOS (***prednisone***)	T3	PA; ST
TAPERDEX (***dexamethasone***)	T3	PA; ST
TRIESENCE (PF) (***triamcinolone acetonide/pf***)	T3	
ZCORT (***dexamethasone***)	T3	PA; ST
ANTITHYROID AGENTS - DRUGS TO TREAT THYROID CONDITIONS		
methimazole oral tablet 10 mg, 5 mg	T1	
propylthiouracil	T1	
SSKI (***potassium iodide***)	T3	
TAPAZOLE (***methimazole***)	T3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES - BLOOD SUGAR TESTING SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ACCU-CHEK GUIDE TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ACCUTREND GLUCOSE TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ADVANCED GLUC METER TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ADVOCATE REDI-CODE (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ADVOCATE TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
AGAMATRIX AMP TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ASSURE 4 STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ASSURE PLATINUM TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ASSURE PRISM MULTI STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
BIONIME RIGHTEST TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
BLOOD GLUCOSE TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARESENS N TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
CARETOUCH TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
CLEVER CHOICE MICRO TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
CLEVER CHOICE PRO STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
CLEVER CHOICE TALK TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
CLEVER CHOICE TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
CLEVER CHOICE VOICE+ TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
CONTOUR NEXT TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
CONTOUR TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
COOL GLUCOSE TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
DIATRUE PLUS TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EASY PLUS II TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EASY STEP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EASY TALK GLUCOSE TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EASY TOUCH TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EASY TRAK GLUCOSE TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EASY TRAK II TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EASYGLUCO PLUS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EASYGLUCO TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASYMAX (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ELEMENT COMPACT TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ELEMENT TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EMBRACE BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EMBRACE EVO TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EMBRACE PRO TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EMBRACE TALK TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EVENCARE G2 STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EVENCARE G3 TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EVENCARE MINI GLUCOSE TEST STR (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EVENCARE PROVIEW TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EVOLUTION TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EZ SMART PLUS TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
EZ SMART TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FIFTY50 TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORA 6 CONNECT GLUCOSE STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORA D15G STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORA D20 STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORA D40-G31 TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA G20 STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORA G30-PREMIUM V10 TEST STRP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORA GD50 TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORA GTEL GLUCOSE TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORA TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORA TN'G VOICE TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORA V10 STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORA V10-V12-D10-D20 STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORA V12 GLUCOSE (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORA V20 STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORACARE GD20 (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORACARE GD40 TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORTISCARE G1 TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FORTISCARE GLUCOSE TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	T2	DM; QL (200 per 30 days)
FREESTYLE INSULINX TEST STRIPS (***blood sugar diagnostic***)	T2	DM; QL (200 per 30 days)
FREESTYLE LITE STRIPS (***blood sugar diagnostic***)	T2	DM; QL (200 per 30 days)
FREESTYLE PRECISION NEO STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
FREESTYLE TEST (***blood sugar diagnostic***)	T2	DM; QL (200 per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
GENSTRIP TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCO NAVII TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
GLUCOCARD 01 SENSOR PLUS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
GLUCOCARD EXPRESSION STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
GLUCOCARD SHINE TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
GLUCOCARD VITAL SENSOR (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
GLUCOCARD VITAL TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
GLUCOCOM GLUCOSE (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
GM100 STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
HARMONY GLUCOSE TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
HEALTHPRO TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
IGLUCOSE TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
INFINITY TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
INFINITY VOICE TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
MICRO BLOOD GLUCOSE (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
MICRODOT XTRA BLOOD GLUCOSE (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
MYGLUCOHEALTH STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
NEUTEK 2TEK TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVA MAX GLUCOSE TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ON CALL EXPRESS TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ON CALL PLUS TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ON CALL VIVID TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ONETOUCH ULTRA TEST (***blood sugar diagnostic***)	T2	DM; QL (200 per 30 days)
ONETOUCH VERIO TEST STRIPS (***blood sugar diagnostic***)	T2	DM; QL (200 per 30 days)
OPTIUM EZ (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
OPTIUM TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
OPTUMRX STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
PHARMACIST CHOICE (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
PRECISION PCX PLUS TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
PRECISION PCX TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
PRECISION POINT OF CARE TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
PRECISION Q-I-D TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
PRECISION XTRA TEST (***blood sugar diagnostic***)	T2	DM; QL (200 per 30 days)
PREMIER TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
PREMIUM V10 STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
PRO VOICE V8-V9 TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
PRODIGY NO CODING (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
QUINTET AC STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
REFUAH PLUS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELION CONFIRM-MICRO (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
RELION PRIME TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
RELION ULTIMA (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
REVEAL TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
RIGHTEST GS550 TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
SMART SENSE TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
SMARTEST TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
SOLUS V2 TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
SURE-TEST EASYPLUS MINI STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
TELCARE TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
TEST N'GO TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
TRUE METRIX GLUCOSE TEST STRIP (***blood sugar diagnostic***)	T1	DM; QL (200 per 30 days)
TRUETEST TEST STRIPS (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
TRUETRACK TEST (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ULTRATRAK (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
ULTRATRAK ULTIMATE STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
UNISTRIP1 TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
VERASENS TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
VIVAGUARD INO TEST STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAVESENSE JAZZ (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
WAVESENSE PRESTO STRIP (***blood sugar diagnostic***)	T3	PA; ST; DM; QL (200 per 30 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT - DIABETIC SUPPLIES		
ACE AEROSOL CLOUD ENHANCER (***inhaler, assist devices***)	T2	
AEROCHAMBER MINI (***inhaler, assist devices***)	T2	
AEROCHAMBER PLUS FLOW-VU (***inhaler, assist devices***)	T2	
AEROCHAMBER PLUS Z STAT (***inhaler, assist devices***)	T2	
AEROTRACH PLUS (***inhaler, assist devices***)	T2	
AEROVENT PLUS (***inhaler, assist devices***)	T2	
BINAXNOW COVID-19 AG CARD (***covid-19 antigen immunoassay test***)	T0	
BREATHERITE MDI SPACER (***inhaler, assist devices***)	T2	
COMPACT SPACE CHAMBER (***inhaler, assist devices***)	T2	
EASIVENT HOLDING CHAMBER (***inhaler, assist devices***)	T2	
FLEXICHAMBER (***inhaler, assist devices***)	T2	
GLUCAGEN DIAGNOSTIC KIT (***glucagon***)	T2	DM
GLUCAGON HCL (***glucagon hcl***)	T3	DM
INSPIRACHAMBER (***inhaler, assist devices***)	T2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	T3	DM
LITEAIRE MDI CHAMBER (***inhaler, assist devices***)	T2	
MICROCHAMBER (***inhaler, assist devices***)	T2	
MICROSPACER (***inhaler, assist devices***)	T2	
OPTICHAMBER DIAMOND VHC (***inhaler, assist devices***)	T2	
POCKET CHAMBER (***inhaler, assist devices***)	T2	
PRIMEAIRE (***inhaler, assist devices***)	T2	
PROCHAMBER (***inhaler, assist devices***)	T2	
RITEFLO AEROCHAMBER (***inhaler, assist devices***)	T2	
SPACE CHAMBER (***inhaler, assist devices***)	T2	
TRIJARDY XR (***empagliflozin/linagliptin/metformin hcl***)	T2	ST; DM
VORTEX HOLDING CHAMBER (***inhaler, assist devices***)	T2	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI (***glucagon***)	T2	QL (2 per Rx); DM

AGE = Age Limit; CM = Contraceptive Management; DM = Diabetes Management; OAC = Oral Anti-Cancer; PA = Prior Authorization; PC = Preventive Care; SP = Specialty; ST = Step Therapy; QL = Quantity Limit
Updated 11/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diazoxide	T1	DM
GLUCAGEN HYPOKIT (***glucagon***)	T2	QL (2 per Rx); DM
GLUCAGON (HCL) EMERGENCY KIT (***glucagon hcl***)	T2	QL (2 per Rx); DM
glucagon emergency kit (human)	T1	QL (1 per Rx); DM
GVOKE HYPOPEN 2-PACK (***glucagon***)	T2	QL (2 per Rx); DM
GVOKE PFS 2-PACK SYRINGE (***glucagon***)	T2	QL (2 per Rx); DM
PROGLYCEM (***diazoxide***)	T3	DM
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU - INSULIN SUPPLIES		
AUTOJECT 2 INJECTION DEVICE (***insulin admin. supplies***)	T2	DM
AUTOPEN 1 TO 21 UNITS (***insulin admin. supplies***)	T2	DM
BD INTEGRA NEEDLE (***needles, disposable***)	T2	DM
BD MICROTAINER LANCET 30 GAUGE (***lancets***)	T2	DM
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" (***needles, disposable***)	T2	DM
BD ULTRA FINE LANCETS (***lancets***)	T2	DM
BD ULTRA-FINE NANO PEN NEEDLE (***pen needle, diabetic***)	T2	DM
EASY TOUCH BLU CTRL SOLN-L1,L3 (***blood glucose calibration control high and low***)	T3	DM
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2" (***needles, safety***)	T3	DM
FREESTYLE FREEDOM (***blood-glucose meter***)	T2	DM
FREESTYLE FREEDOM LITE (***blood-glucose meter***)	T2	DM
FREESTYLE INSULINX (***blood-glucose meter***)	T2	DM
FREESTYLE LITE METER (***blood-glucose meter***)	T2	DM
LANCETS 33 GAUGE	T2	DM
LANCING DEVICE	T2	DM
MEDISENSE GLUCOSE KETONE (***blood-glucose calib. control***)	T2	DM
ONETOUCH ULTRA2 METER (***blood-glucose meter***)	T2	DM
ONETOUCH ULTRAMINI (***blood-glucose meter***)	T2	DM
ONETOUCH VERIO FLEX METER (***blood-glucose meter***)	T2	DM
ONETOUCH VERIO IQ METER (***blood-glucose meter***)	T2	DM
ONETOUCH VERIO METER (***blood-glucose meter***)	T2	DM
ONETOUCH VERIO REFLECT METER (***blood-glucose meter***)	T2	DM
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	T3	DM

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION XTRA KETONE-GLUCOSE (***blood ketone and glucose monitor***)	T2	DM
PRECISION XTRA MONITOR (***blood-glucose meter***)	T2	DM
PREMIER CLASSIC GLUCOSE METER (***blood-glucose meter***)	T3	PA; ST
INSULIN THERAPY - INSULIN		
ADMELOG SOLOSTAR U-100 INSULIN (***insulin lispro***)	T3	PA; ST; DM
ADMELOG U-100 INSULIN LISPRO (***insulin lispro***)	T3	PA; ST; DM
AFREZZA (***insulin regular, human***)	T3	PA; ST; DM
APIDRA SOLOSTAR U-100 INSULIN (***insulin glulisine***)	T3	PA; ST; DM
APIDRA U-100 INSULIN (***insulin glulisine***)	T3	PA; ST; DM
BASAGLAR KWIKPEN U-100 INSULIN (***insulin glargine,human recombinant analog***)	T3	DM
FIASP FLEXTOUCH U-100 INSULIN (***insulin aspart (niacinamide)***)	T3	PA; ST; DM
FIASP PENFILL U-100 INSULIN (***insulin aspart (niacinamide)***)	T3	PA; ST; DM
FIASP U-100 INSULIN (***insulin aspart (niacinamide)***)	T3	PA; ST; DM
HUMALOG JUNIOR KWIKPEN U-100 (***insulin lispro***)	T2	DM
HUMALOG KWIKPEN INSULIN (***insulin lispro***)	T2	DM
HUMALOG MIX 50-50 INSULN U-100 (***insulin lispro protamine and insulin lispro***)	T2	DM
HUMALOG MIX 50-50 KWIKPEN (***insulin lispro protamine and insulin lispro***)	T2	DM
HUMALOG MIX 75-25 KWIKPEN (***insulin lispro protamine and insulin lispro***)	T2	DM
HUMALOG MIX 75-25(U-100)INSULN (***insulin lispro protamine and insulin lispro***)	T2	DM
HUMALOG U-100 INSULIN (***insulin lispro***)	T2	DM
HUMULIN 70/30 U-100 INSULIN (***insulin nph human isophane/insulin regular, human***)	T2	DM
HUMULIN 70/30 U-100 KWIKPEN (***insulin nph human isophane/insulin regular, human***)	T2	DM
HUMULIN N NPH INSULIN KWIKPEN (***insulin nph human isophane***)	T2	DM
HUMULIN N NPH U-100 INSULIN (***insulin nph human isophane***)	T2	DM

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R REGULAR U-100 INSULN (***insulin regular, human***)	T2	DM
HUMULIN R U-500 (CONC) INSULIN (***insulin regular, human***)	T2	DM
HUMULIN R U-500 (CONC) KWIKPEN (***insulin regular, human***)	T2	DM
INSULIN ASP PRT-INSULIN ASPART	T3	PA; ST; DM
INSULIN ASPART U-100	T3	PA; ST; DM
INSULIN LISPRO	T3	PA; ST; DM
INSULIN LISPRO PROTAMIN-LISPRO	T3	PA; ST; DM
LANTUS SOLOSTAR U-100 INSULIN (***insulin glargine,human recombinant analog***)	T2	DM
LANTUS U-100 INSULIN (***insulin glargine,human recombinant analog***)	T2	DM
LEVEMIR FLEXTOUCH U-100 INSULN (***insulin detemir***)	T2	DM
LEVEMIR U-100 INSULIN (***insulin detemir***)	T2	DM
LYUMJEV KWIKPEN U-100 INSULIN (***insulin lispro-aabc***)	T2	DM
LYUMJEV KWIKPEN U-200 INSULIN (***insulin lispro-aabc***)	T2	DM
LYUMJEV U-100 INSULIN (***insulin lispro-aabc***)	T2	DM
NOVOLIN 70-30 FLEXPEN U-100 (***insulin nph human isophane/insulin regular, human***)	T3	PA; ST; DM
NOVOLIN N FLEXPEN (***insulin nph human isophane***)	T3	PA; ST; DM
NOVOLIN R FLEXPEN (***insulin regular, human***)	T3	PA; ST; DM
NOVOLOG FLEXPEN U-100 INSULIN (***insulin aspart***)	T3	PA; ST; DM
NOVOLOG MIX 70-30 U-100 INSULN (***insulin aspart protamine human/insulin aspart***)	T3	PA; ST; DM
NOVOLOG MIX 70-30FLEXPEN U-100 (***insulin aspart protamine human/insulin aspart***)	T3	PA; ST; DM
NOVOLOG PENFILL U-100 INSULIN (***insulin aspart***)	T3	PA; ST; DM
NOVOLOG U-100 INSULIN ASPART (***insulin aspart***)	T3	PA; ST; DM
RELION NOVOLIN 70/30 (***insulin nph human isophane/insulin regular, human***)	T3	PA; ST; DM
RELION NOVOLIN N (***insulin nph human isophane***)	T3	PA; ST; DM
RELION NOVOLIN R (***insulin regular, human***)	T3	PA; ST; DM
SEMGLEE PEN U-100 INSULIN (***insulin glargine,human recombinant analog***)	T3	PA; ST; DM

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEMGLEE U-100 INSULIN (***insulin glargine,human recombinant analog***)	T3	PA; ST; DM
SOLIQUA 100/33 (***insulin glargine,human recombinant analog/lixisenatide***)	T2	QL (15 per Rx); DM
TOUJEO MAX U-300 SOLOSTAR (***insulin glargine,human recombinant analog***)	T2	DM
TOUJEO SOLOSTAR U-300 INSULIN (***insulin glargine,human recombinant analog***)	T2	DM
TRESIBA FLEXTOUCH U-100 (***insulin degludec***)	T2	DM
TRESIBA FLEXTOUCH U-200 (***insulin degludec***)	T2	DM
TRESIBA U-100 INSULIN (***insulin degludec***)	T2	DM
XULTOPHY 100/3.6 (***insulin degludec/liraglutide***)	T2	QL (15 per Rx); DM
MISCELLANEOUS HORMONES - OTHER HORMONES		
ANDRODERM (***testosterone***)	T2	PA; QL (30 per Rx)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP (***testosterone***)	T3	PA; QL (150 per Rx)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM) (***testosterone***)	T3	PA; QL (75 per Rx)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) (***testosterone***)	T3	PA; QL (300 per Rx)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM) (***testosterone***)	T3	PA; QL (30 per Rx)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM) (***testosterone***)	T3	PA; QL (60 per Rx)
cabergoline	T1	QL (8 per 30 days)
calcitonin (salmon) nasal	T1	
calcitriol intravenous solution 1 mcg/ml	T1	
calcitriol oral	T1	
CERDELGA (***eliglustat tartrate***)	T4	PA; ST; SP
cinacalcet	T1	
danazol	T1	
DDAVP NASAL SOLUTION (***desmopressin acetate***)	T2	
DDAVP ORAL (***desmopressin acetate***)	T3	
DEPO-TESTOSTERONE (***testosterone cypionate***)	T3	PA
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	T1	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	T4	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desmopressin oral	T1	
doxercalciferol oral	T1	
FORTESTA (***testosterone***)	T3	PA; QL (60 per Rx)
GALAFOLD (***migalastat hcl***)	T4	PA; ST; QL (15 per Rx); SP
ISTURISA ORAL TABLET 1 MG (***osilodrostat phosphate***)	T4	PA; ST; QL (240 per Rx); SP
ISTURISA ORAL TABLET 10 MG (***osilodrostat phosphate***)	T4	PA; ST; QL (2 per Rx); SP
ISTURISA ORAL TABLET 5 MG (***osilodrostat phosphate***)	T4	PA; ST; QL (60 per Rx); SP
JATENZO (***testosterone undecanoate***)	T3	QL (60 per Rx)
JYNARQUE ORAL TABLET 15 MG (***tolvaptan***)	T4	PA; QL (60 per Rx); SP
JYNARQUE ORAL TABLET 30 MG (***tolvaptan***)	T4	PA; QL (30 per Rx); SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM) (***tolvaptan***)	T4	PA; QL (56 per Rx); SP
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (***tolvaptan***)	T4	PA; QL (56 er Rx); SP
KORLYM (***mifepristone***)	T4	PA; ST; SP
KUVAN (***sapropterin dihydrochloride***)	T4	PA; SP
METHITEST (***methyltestosterone***)	T2	
methyltestosterone oral capsule	T1	
MIACALCIN INJECTION (***calcitonin,salmon,synthetic***)	T2	
miglustat	T4	PA; ST; SP
MYALEPT (***metreleptin***)	T4	PA; ST; SP
NATESTO (***testosterone***)	T2	PA; QL (2 per Rx)
NATPARA (***parathyroid hormone***)	T4	PA; ST; SP
NOCDURNA (MEN) (***desmopressin acetate***)	T3	PA; ST; QL (30 per Rx)
NOCDURNA (WOMEN) (***desmopressin acetate***)	T3	PA; ST; QL (30 per Rx)
NOCTIVA (***desmopressin acetate***)	T3	PA; ST; QL (2 per Rx)
ORILISSA ORAL TABLET 150 MG (***elagolix sodium***)	T2	PA; ST; QL (30 per 365 days)
ORILISSA ORAL TABLET 200 MG (***elagolix sodium***)	T2	PA; ST; QL (360 per 365 days)
oxandrolone	T1	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML (***pegvaliase-pqpz***)	T4	PA; QL (30 per Rx); SP
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML (***pegvaliase-pqpz***)	T4	PA; QL (8 per Rx); SP
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML (***pegvaliase-pqpz***)	T4	PA; QL (60 per Rx); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
paricalcitol intravenous	T1	
paricalcitol oral	T1	
RAYALDEE (***calcifediol***)	T3	
ROCALTROL (***calcitriol***)	T3	
SAMSCA ORAL TABLET 15 MG (***tolvaptan***)	T4	PA; QL (30 per Rx); SP
SAMSCA ORAL TABLET 30 MG (***tolvaptan***)	T4	PA; QL (60 per Rx); SP
sapropterin	T4	PA; SP
SENSIPAR (***cinacalcet hcl***)	T3	
SOMAVERT (***pegvisomant***)	T4	SP
STRENSIQ (***asfotase alfa***)	T4	PA; ST; SP
SYNAREL (***nafarelin acetate***)	T2	ST
TESTIM (***testosterone***)	T3	PA; QL (60 per Rx)
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	T1	PA
testosterone enanthate	T1	PA
testosterone transdermal gel	T1	PA; QL (60 per Rx)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	T1	PA; QL (60 per Rx)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	T1	PA; QL (26 per Rx)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	T1	PA; QL (150 per Rx)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	T1	PA; QL (75 per Rx)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	T1	PA; QL (300 per Rx)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	T1	PA; QL (30 per Rx)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	T1	PA; QL (60 per Rx)
testosterone transdermal solution in metered pump w/app	T1	PA; QL (300 per Rx)
tolvaptan oral tablet 30 mg	T4	PA; QL (60 per Rx); SP
VOGELXO TRANSDERMAL GEL (***testosterone***)	T3	PA; QL (60 per Rx)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP (***testosterone***)	T3	PA; QL (300 per Rx)
VOGELXO TRANSDERMAL GEL IN PACKET (***testosterone***)	T3	PA; QL (60 per Rx)
XYOSTED (***testosterone enanthate***)	T3	PA
ZAVESCA (***miglustat***)	T4	PA; ST; SP
ZEMPLAR INTRAVENOUS (***paricalcitol***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (***paricalcitol***)	T3	
NON-INSULIN HYPOGLYCEMIC AGENTS - DRUGS TO TREAT HIGH BLOOD SUGAR		
acarbose	T1	DM
ACTOPLUS MET (***pioglitazone hcl/metformin hcl***)	T3	ST; QL (90 per Rx); DM
ACTOS (***pioglitazone hcl***)	T3	ST; QL (30 per Rx); DM
ADLYXIN (***lixisenatide***)	T3	PA; ST; QL (6 per Rx); DM
ALOGLIPTIN	T3	PA; ST; QL (30 per Rx); DM
ALOGLIPTIN-METFORMIN	T3	PA; ST; QL (60 per Rx); DM
ALOGLIPTIN-PIOGLITAZONE	T3	PA; ST; QL (30 per Rx); DM
AMARYL (***glimepiride***)	T3	DM
BYDUREON BCISE (***exenatide microspheres***)	T2	PA; ST; QL (2 per Rx); DM
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML (***exenatide***)	T2	PA; ST; QL (3 per Rx); DM
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (***exenatide***)	T2	PA; ST; QL (2 per Rx); DM
CYCLOSET (***bromocriptine mesylate***)	T3	DM
DUETACT (***pioglitazone hcl/glimepiride***)	T3	ST; QL (30 per Rx); DM
FARXIGA (***dapagliflozin propanediol***)	T2	ST; QL (30 per Rx); DM
glimepiride	T1	DM
glipizide	T1	DM
glipizide-metformin	T1	DM
GLUCOTROL ORAL TABLET 10 MG (***glipizide***)	T3	DM
GLUCOTROL XL (***glipizide***)	T3	DM
GLUMETZA (***metformin hcl***)	T3	PA; ST; QL (60 per Rx); DM
glyburide	T1	DM
glyburide micronized	T1	DM
glyburide-metformin	T1	DM
GLYNASE (***glyburide,micronized***)	T3	DM
GLYXAMBI (***empagliflozin/linagliptin***)	T2	ST; QL (30 per Rx); DM
INVOKAMET (***canagliflozin/metformin hcl***)	T2	ST; QL (60 per Rx); DM
INVOKAMET XR (***canagliflozin/metformin hcl***)	T2	ST; QL (60 per Rx); DM
INVOKANA (***canagliflozin***)	T2	ST; QL (30 per Rx); DM
JANUMET (***sitagliptin phosphate/metformin hcl***)	T2	ST; QL (60 per Rx); DM
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG (***sitagliptin phosphate/metformin hcl***)	T2	ST; QL (30 per Rx); DM

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	T2	ST; QL (60 per Rx); DM
JANUVIA (***sitagliptin phosphate***)	T2	ST; QL (30 per Rx); DM
JARDIANCE (***empagliflozin***)	T2	ST; QL (30 per Rx); DM
JENTADUETO (***linagliptin/metformin hcl***)	T3	PA; ST; QL (60 per Rx); DM
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG (***linagliptin/metformin hcl***)	T3	PA; ST; QL (60 per Rx); DM
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG (***linagliptin/metformin hcl***)	T3	PA; ST; QL (30 per Rx); DM
KAZANO (***alogliptin benzoate/metformin hcl***)	T3	PA; ST; QL (60 per Rx); DM
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG (***saxagliptin hcl/metformin hcl***)	T3	PA; ST; QL (60 per Rx); DM
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG (***saxagliptin hcl/metformin hcl***)	T3	PA; ST; QL (30 per Rx); DM
metformin oral solution	T1	ST; DM
metformin oral tablet	T1	DM
metformin oral tablet extended release 24 hr	T1	QL (60 per Rx); DM
metformin oral tablet extended release 24hr 1,000 mg	T1	ST; QL (60 per Rx); DM
metformin oral tablet extended release 24hr 500 mg	T1	ST; QL (30 per Rx); DM
metformin oral tablet,er gast.retention 24 hr	T1	PA; ST; QL (60 per Rx); DM
miglitol	T1	DM
nateglinide	T1	DM
NESINA (***alogliptin benzoate***)	T3	PA; ST; QL (30 per Rx); DM
ONGLYZA (***saxagliptin hcl***)	T3	PA; ST; QL (30 per Rx); DM
OSENI (***alogliptin benzoate/pioglitazone hcl***)	T3	ST; QL (30 per Rx); DM
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML) (***semaglutide***)	T2	PA; ST; QL (1 per Rx); DM
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML) (***semaglutide***)	T2	PA; ST; QL (2 per Rx); DM
pioglitazone	T1	QL (30 per Rx); DM
pioglitazone-glimepiride	T1	QL (30 per Rx); DM
pioglitazone-metformin	T1	QL (90 per Rx); DM
PRECOSE (***acarbose***)	T3	DM
QTERN (***dapagliflozin propanediol/saxagliptin hcl***)	T3	PA; ST; DM
repaglinide	T1	DM

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
repaglinide-metformin	T1	QL (150 per Rx); DM
RIOMET (***metformin hcl***)	T3	ST; DM
RIOMET ER (***metformin hcl***)	T3	ST; DM
RYBELSUS (***semaglutide***)	T2	PA; ST; QL (30 per Rx); DM
SEGLUROMET (***ertugliflozin pidolate/metformin hcl***)	T2	ST; QL (60 per Rx); DM
STEGLATRO (***ertugliflozin pidolate***)	T2	ST; QL (30 per Rx); DM
STEGLUJAN (***ertugliflozin pidolate/sitagliptin phosphate***)	T2	ST; QL (30 per Rx); DM
SYMLINPEN 120 (***pramlintide acetate***)	T2	ST; QL (19 per Rx); DM
SYMLINPEN 60 (***pramlintide acetate***)	T2	ST; QL (1 per Rx); DM
SYNJARDY (***empagliflozin/metformin hcl***)	T2	ST; QL (60 per Rx); DM
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG (***empagliflozin/metformin hcl***)	T2	ST; QL (60 per Rx); DM
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG (***empagliflozin/metformin hcl***)	T2	ST; QL (30 per Rx); DM
TRADJENTA (***linagliptin***)	T3	PA; ST; QL (30 per Rx); DM
TRULICITY (***dulaglutide***)	T2	PA; ST; QL (2 per Rx); DM
VICTOZA 2-PAK (***liraglutide***)	T3	PA; ST; QL (6 per Rx); DM
VICTOZA 3-PAK (***liraglutide***)	T3	PA; ST; QL (9 per Rx); DM
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG (***dapagliflozin propanediol/metformin hcl***)	T2	ST; QL (30 per Rx); DM
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (***dapagliflozin propanediol/metformin hcl***)	T2	ST; QL (60 per Rx); DM
THYROID HORMONES - DRUGS TO TREAT THYROID CONDITIONS		
ARMOUR THYROID (***thyroid,pork***)	T2	
CYTOMEL (***liothyronine sodium***)	T3	
euthyrox	T1	
levo-t	T1	
levothyroxine oral tablet	T1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	T1	
liothyronine oral	T1	
np thyroid	T1	
SYNTHROID (***levothyroxine sodium***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIROSINT (***levothyroxine sodium***)	T3	PA; ST
TIROSINT-SOL (***levothyroxine sodium***)	T3	PA; ST
unithroid	T1	
westhroid	T1	
GASTROENTEROLOGY - DRUGS TO TREAT STOMACH OR BOWEL CONDITIONS		
ANTIDIARRHEALS & ANTISPASMODICS - DRUGS TO TREAT DIARRHEA AND OTHER BOWEL CONDITIONS		
anaspaz	T1	
belladonna alkaloids-opium	T1	
chlordiazepoxide-clidinium	T1	
CUVPOSA (***glycopyrrolate***)	T3	
dicyclomine oral capsule	T1	
dicyclomine oral solution	T1	
dicyclomine oral tablet	T1	
diphenoxylate-atropine	T1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML (***phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb***)	T3	
DONNATAL ORAL TABLET (***phenobarbital/hyoscyamine sulf/atropine sulf/scopolamine hb***)	T3	
ed-spaz	T1	
glycopyrrolate oral tablet 1 mg, 2 mg	T1	
hyoscyamine sulfate oral	T1	
hyoscyamine sulfate sublingual	T1	
hyosyne	T1	
LEVBID (***hyoscyamine sulfate***)	T3	
LEVSIN ORAL (***hyoscyamine sulfate***)	T3	
LEVSIN/SL (***hyoscyamine sulfate***)	T3	
LIBRAX (WITH CLIDINIUM) (***chlordiazepoxide/clidinium bromide***)	T3	
LOMOTIL (***diphenoxylate hcl/atropine sulfate***)	T3	
methscopolamine	T3	
MOTOFEN (***difenoxin hcl/atropine sulfate***)	T3	
MYTESI (***crofelemer***)	T3	PA; ST; SP
NULEV (***hyoscyamine sulfate***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
opium tincture	T1	
oscimin oral tablet	T1	
oscimin sl	T1	
oscimin sr	T1	
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	T1	
phenobarb-hyoscy-atropine-scop oral tablet	T1	
phenohytro oral elixir 16.2-0.1037 -0.0194 mg/5 ml	T1	
phenohytro oral tablet	T1	
SYMAX DUOTAB (***hyoscyamine sulfate***)	T3	
symax fastabs	T1	
symax-sl	T1	
symax-sr	T1	
MISCELLANEOUS GASTROINTESTINAL AGENTS - OTHER DRUGS TO TREAT STOMACH OR BOWEL CONDITIONS		
AKYNZEO (NETUPITANT) (***netupitant/palonosetron hcl***)	T3	PA; ST; QL (1 per Rx)
alophen (bisacodyl)	T0	AGE; PC
alosetron	T1	
alvimopan	T1	
AMITIZA (***lubiprostone***)	T3	PA; ST; QL (60 per Rx)
ANA-LEX KIT (***hydrocortisone acetate/lidocaine hcl/aloe vera***)	T3	
ANALPRAM-HC RECTAL CREAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	T3	
ANALPRAM-HC RECTAL CREAM 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	T3	ST
ANALPRAM-HC SINGLES (***hydrocortisone acetate/pramoxine hcl***)	T3	
ANTIVERT ORAL TABLET 50 MG (***meclizine hcl***)	T3	ST
anucort-hc	T1	
ANUSOL-HC RECTAL SUPPOSITORY (***hydrocortisone acetate***)	T3	ST
ANUSOL-HC TOPICAL (***hydrocortisone***)	T3	ST
aprepitant oral capsule 125 mg, 40 mg	T1	QL (1 per Rx)
aprepitant oral capsule 80 mg	T1	QL (2 per Rx)
aprepitant oral capsule,dose pack	T1	QL (3 per Rx)
APRISO (***mesalamine***)	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASACOL HD (***mesalamine***)	T3	
AURYXIA (***ferric citrate***)	T3	
AZULFIDINE (***sulfasalazine***)	T3	
AZULFIDINE EN-TABS (***sulfasalazine***)	T3	
balsalazide	T1	
bisacodyl oral	T0	AGE; PC
bisa-lax (bisacodyl)	T0	AGE; PC
BONJESTA (***doxylamine succinate/pyridoxine hcl (vitamin b6)***)	T3	QL (360 per 365 days)
budesonide oral capsule,delayed,extend.release	T1	
calcium acetate(phosphat bind)	T1	QL (360 per Rx)
CANASA (***mesalamine***)	T3	
CHENODAL (***chenodiol***)	T4	PA; SP
CHOLBAM ORAL CAPSULE 250 MG (***cholic acid***)	T4	PA; ST; SP
CHOLBAM ORAL CAPSULE 50 MG (***cholic acid***)	T4	PA; ST; QL (60 per Rx); SP
CIMZIA (***certolizumab pegol***)	T4	PA; ST; SP; QL (2 per 30 days)
CIMZIA POWDER FOR RECONST (***certolizumab pegol***)	T4	PA; ST; SP; QL (1 per 30 days)
citrate of magnesia	T0	AGE; PC
citroma	T0	AGE; PC
clearlax	T0	AGE; PC
CLENPIQ (***sodium picosulfate/magnesium oxide/citric acid***)	T0	PA; ST; AGE; PC
COLAZAL (***balsalazide disodium***)	T3	
COMPAZINE (***prochlorperazine maleate***)	T3	
compro	T1	
constulose	T1	
CORTENEMA (***hydrocortisone***)	T3	
CORTIFOAM (***hydrocortisone acetate***)	T3	PA; ST
CREON (***lipase/protease/amylase***)	T2	
cromolyn oral	T1	
CYSTADANE (***betaine***)	T4	SP
DELZICOL (***mesalamine***)	T3	
DICLEGIS (***doxylamine succinate/pyridoxine hcl (vitamin b6)***)	T1	QL (720 per 365 days)
DIPENTUM (***olsalazine sodium***)	T3	PA; ST
dronabinol	T1	PA; ST
dulcolax (magnesium hydroxide) oral suspension	T0	AGE; PC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMEND ORAL CAPSULE 80 MG (***aprepitant***)	T3	PA; ST; QL (2 per Rx)
EMEND ORAL CAPSULE,DOSE PACK (***aprepitant***)	T3	PA; ST; QL (3 per Rx)
EMEND ORAL SUSPENSION FOR RECONSTITUTION (***aprepitant***)	T3	PA; ST; QL (3 per Rx)
ENTEREG (***alvimopan***)	T3	
ENTOCORT EC (***budesonide***)	T3	
enulose	T1	
FOSRENOL ORAL POWDER IN PACKET (***lanthanum carbonate***)	T3	PA; ST; QL (90 per Rx)
FOSRENOL ORAL TABLET,CHEWABLE (***lanthanum carbonate***)	T3	QL (90 per Rx)
GASTROCROM (***cromolyn sodium***)	T3	
GATTEX 30-VIAL (***teduglutide***)	T4	SP
gavilax oral powder	T0	AGE; PC
gavilax oral powder in packet 8.5 gram	T1	
gavilyte-c	T0	AGE; PC
gavilyte-g	T0	AGE; PC
gavilyte-n	T0	AGE; PC
generlac	T1	
gentle laxative (bisacodyl) oral	T0	AGE; PC
gentlelax	T0	AGE; PC
GOLYTELY ORAL RECON SOLN (***peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride***)	T3	
granisetron hcl oral	T1	QL (6 per Rx)
healthylax	T0	AGE; PC
hemmorex-hc	T1	
hydrocortisone acetate rectal	T1	
hydrocortisone rectal	T1	
hydrocortisone topical cream with perineal applicator	T1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (4g)	T1	
hydrocortisone-pramoxine rectal cream 2.5-1 %	T1	ST
KRISTALOSE (***lactulose***)	T3	
lactulose oral packet	T1	
lactulose oral solution 10 gram/15 ml	T1	
lactulose oral solution 20 gram/30 ml	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lanthanum	T1	QL (90 per Rx)
laxaclear	T0	AGE; PC
laxative (bisacodyl) oral	T0	AGE; PC
laxative peg 3350	T0	AGE; PC
LIALDA (***mesalamine***)	T3	
lidocaine hcl-hydrocortison ac rectal cream	T1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL (***lidocaine hcl/hydrocortisone acetate***)	T3	
lidocaine hcl-hydrocortison ac rectal kit	T1	
lidocaine-hydrocortisone-aloe	T1	
LINZESS (***linaclotide***)	T2	QL (30 per Rx)
LOKELMA (***sodium zirconium cyclosilicate***)	T2	QL (30 per Rx)
LOTRONEX (***alosetron hcl***)	T3	
magnesium citrate oral solution	T0	AGE; PC
MARINOL (***dronabinol***)	T3	PA; ST
mesalamine oral capsule (with del rel tablets)	T1	
mesalamine oral tablet,delayed release (dr/ec)	T1	
mesalamine rectal	T1	
mesalamine with cleansing wipe	T1	
metoclopramide hcl oral	T1	
milk of magnesia	T0	AGE; PC
milk of magnesia concentrated	T0	AGE; PC
miralax oral powder in packet	T0	AGE; PC
MOTEGRITY (***prucalopride succinate***)	T3	QL (30 per Rx)
MOVANTIK (***naloxegol oxalate***)	T2	QL (30 per Rx)
MOVIPREP (***peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c***)	T3	
natura-lax	T0	AGE; PC
NULYTELY LEMON-LIME (***sodium chloride/sodium bicarbonate/potassium chloride/peg***)	T0	AGE; PC
OCALIVA (***obeticholic acid***)	T4	PA; QL (30 per Rx); SP
ondansetron	T1	QL (9 per Rx)
ondansetron hcl oral solution	T1	QL (100 per Rx)
ondansetron hcl oral tablet 4 mg, 8 mg	T1	QL (9 per Rx)
oral saline laxative oral liquid	T0	AGE; PC

AGE = Age Limit; CM = Contraceptive Management; DM = Diabetes Management; OAC = Oral Anti-Cancer; PA = Prior Authorization; PC = Preventive Care; SP = Specialty; ST = Step Therapy; QL = Quantity Limit
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORTIKOS (***budesonide***)	T3	
OSMOPREP (***sodium phosphate,monobasic/sodium phosphate,dibasic***)	T0	PA; ST; AGE; PC
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***)	T2	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	T0	AGE; PC
peg3350-sod sul-nacl-kcl-asb-c	T0	AGE; PC
peg-electrolyte soln	T0	AGE; PC
peg-prep	T0	AGE; PC
PENTASA (***mesalamine***)	T2	
PERTZYE (***lipase/protease/amylase***)	T3	PA; ST
PHOSLYRA (***calcium acetate***)	T2	QL (1 per Rx)
phosphate laxative	T0	AGE; PC
PLENVU (***peg 3350/sodium sulfate/sod chloride/kcl/ascorbate sod/vit c***)	T0	PA; ST; AGE; PC
polyethylene glycol 3350 oral powder	T0	AGE; PC
polyethylene glycol 3350 oral powder in packet 17 gram	T0	AGE; PC
powderlax	T0	AGE; PC
prochlorperazine	T1	
prochlorperazine maleate	T1	
PROCORT (***hydrocortisone acetate/pramoxine hcl***)	T3	
PROCTOCORT RECTAL (***hydrocortisone acetate***)	T3	ST
PROCTOFOAM HC (***hydrocortisone acetate/pramoxine hcl***)	T3	PA; ST
procto-med hc	T1	
procto-pak	T1	
proctosol hc topical	T1	
proctozone-hc	T1	
purelax	T0	AGE; PC
RECTIV (***nitroglycerin***)	T2	
REGLAN ORAL (***metoclopramide hcl***)	T3	
RELISTOR ORAL (***methylnaltrexone bromide***)	T2	ST
RELISTOR SUBCUTANEOUS SOLUTION (***methylnaltrexone bromide***)	T2	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELISTOR SUBCUTANEOUS SYRINGE (***methylnaltrexone bromide***)	T2	ST
RENAGEL ORAL TABLET 800 MG (***sevelamer hcl***)	T3	QL (180 per Rx)
RENVELA ORAL POWDER IN PACKET 0.8 GRAM (***sevelamer carbonate***)	T3	QL (180 per Rx)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM (***sevelamer carbonate***)	T3	QL (90 per Rx)
RENVELA ORAL TABLET (***sevelamer carbonate***)	T3	QL (270 per Rx)
ROWASA RECTAL ENEMA KIT (***mesalamine with cleansing wipes***)	T3	
SANCUSO (***granisetron***)	T3	QL (1 per Rx)
scopolamine base	T1	
sevelamer carbonate oral powder in packet 0.8 gram	T1	QL (180 packets Rx)
sevelamer carbonate oral powder in packet 2.4 gram	T1	QL (90 per Rx)
sevelamer carbonate oral tablet	T1	QL (270 per Rx)
sevelamer hcl oral tablet 400 mg	T1	QL (90 per Rx)
sevelamer hcl oral tablet 800 mg	T1	QL (180 per Rx)
SFROWASA (***mesalamine***)	T3	
smoothlax	T0	AGE; PC
sodium polystyrene sulfonate oral powder	T1	
sps (with sorbitol)	T1	
SUCRAID (***sacrosidase***)	T4	SP
sulfasalazine	T1	
SUPREP BOWEL PREP KIT (***sodium sulfate/potassium sulfate/magnesium sulfate***)	T0	PA; ST; AGE; PC
SUTAB (***sodium sulfate/potassium chloride/magnesium sulfate***)	T0	PA; ST; AGE; PC
SYMPROIC (***naldemedine tosylate***)	T2	
SYNDROS (***dronabinol***)	T3	PA; ST
TRANSDERM-SCOP (***scopolamine***)	T3	
trimethobenzamide oral	T1	
TRULANCE (***plecanatide***)	T2	
UCERIS ORAL (***budesonide***)	T1	
UCERIS RECTAL (***budesonide***)	T2	
URSO 250 (***ursodiol***)	T3	
URSO FORTE (***ursodiol***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ursodiol	T1	
VARUBI ORAL (***rolapitant hcl***)	T2	QL (2 per Rx)
VELPHORO (***sucroferric oxyhydroxide***)	T2	QL (1 per Rx)
VELTASSA (***patiromer calcium sorbitex***)	T3	PA; ST; QL (30 per Rx)
VIBERZI (***eluxadoline***)	T2	
VIOKACE (***lipase/protease/amylase***)	T2	
women's gentle laxative(bisac)	T0	AGE; PC
women's laxative (bisacodyl) oral tablet	T0	AGE; PC
ZELNORM (***tegaserod hydrogen maleate***)	T3	
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 (***lipase/protease/amylase***)	T2	
ZOFRAN ORAL TABLET 4 MG (***ondansetron hcl***)	T3	QL (9 per Rx)
ZUPLENZ (***ondansetron***)	T3	QL (30 per Rx)
ULCER THERAPY - DRUGS TO TREAT ULCERS		
ACIPHEX (***rabeprazole sodium***)	T3	ST
ACIPHEX SPRINKLE (***rabeprazole sodium***)	T3	PA; ST; QL (30 per Rx)
amoxicil-clarithromy-lansopraz	T1	QL (2 per Rx)
CARAFATE ORAL SUSPENSION (***sucralfate***)	T1	
CARAFATE ORAL TABLET (***sucralfate***)	T3	
cimetidine hcl oral	T1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	T1	
CYTOTEC (***misoprostol***)	T3	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG (***dexlansoprazole***)	T3	ST; QL (30 per Rx)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG (***dexlansoprazole***)	T3	ST
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	T1	QL (30 per Rx)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	T1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	T1	ST; QL (30 per Rx)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	T1	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESOMEPRAZOLE STRONTIUM (***esomeprazole strontium***)	T3	PA; ST
famotidine oral suspension	T1	
famotidine oral tablet 40 mg	T1	
HELIDAC (***bismuth subsalicylate/metronidazole/tetracycline hcl***)	T3	PA; ST
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	T1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg	T1	ST; QL (30 per Rx)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	T1	ST
misoprostol	T1	
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (***esomeprazole magnesium***)	T3	ST; QL (30 per Rx)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG (***esomeprazole magnesium***)	T3	ST
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG (***esomeprazole magnesium***)	T3	ST; QL (30 per Rx)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG (***esomeprazole magnesium***)	T3	PA; ST; QL (30 per Rx)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG (***esomeprazole magnesium***)	T3	ST
nizatidine	T1	
OMECLAMOX-PAK (***omeprazole/clarithromycin/amoxicillin trihydrate***)	T3	QL (80 per Rx)
omeprazole oral capsule,delayed release(dr/ec) 10 mg	T1	QL (30 per Rx)
omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg	T1	
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	T1	PA; ST
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	T1	PA; ST; QL (30 per Rx)
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	T1	PA; ST
pantoprazole oral granules dr for susp in packet	T1	ST
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	T1	QL (30 per Rx)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	T1	
PEPCID ORAL TABLET 40 MG (***famotidine***)	T3	
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG (***lansoprazole***)	T3	ST
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG (***lansoprazole***)	T3	ST; QL (30 per Rx)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG (***lansoprazole***)	T3	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG (***omeprazole magnesium***)	T3	PA; ST; QL (30 per Rx)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG (***omeprazole magnesium***)	T3	PA; ST; QL (60 per Rx)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET (***pantoprazole sodium***)	T3	ST
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG (***pantoprazole sodium***)	T3	ST; QL (30 per Rx)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG (***pantoprazole sodium***)	T3	ST
PYLERA (***colloidal bismuth subcitrate/metronidazole/tetracycline hcl***)	T3	PA; ST
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	T3	PA; ST; QL (30 per Rx)
rabeprazole oral tablet,delayed release (dr/ec)	T1	
sucralfate oral tablet	T1	
TALICIA (***omeprazole magnesium/amoxicillin trihydrate/rifabutin***)	T2	QL (168 per Rx)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM (***omeprazole/sodium bicarbonate***)	T3	PA; ST
ZEGERID ORAL PACKET 20-1,680 MG (***omeprazole/sodium bicarbonate***)	T3	PA; ST; QL (30 per Rx)
ZEGERID ORAL PACKET 40-1,680 MG (***omeprazole/sodium bicarbonate***)	T3	PA; ST
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY - DRUGS TO TREAT THE IMMUNE SYSTEM		
BIOTECHNOLOGY DRUGS - OTHER DRUGS TO TREAT IMMUNE CONDITIONS		
ARANESP (IN POLYSORBATE) INJECTION SYRINGE (***darbepoetin alfa in polysorbate 80***)	T4	PA; ST; SP
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***)	T4	PA; ST; SP
FULPHILA (***pegfilgrastim-jmdb***)	T4	PA; ST; SP; QL (2 per 30 days)
GRANIX (***tbo-filgrastim***)	T4	PA; ST; SP
LEUKINE INJECTION RECON SOLN (***sargramostim***)	T4	SP
MIRCERA (***methoxy polyethylene glycol-epoetin beta***)	T4	PA; ST; SP
NEULASTA (***pegfilgrastim***)	T4	PA; ST; SP; QL (2 per 30 days)
NEULASTA ONPRO (***pegfilgrastim***)	T4	PA; ST; SP; QL (2 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEUPOGEN INJECTION SYRINGE (***filgrastim***)	T4	PA; ST; SP
NIVESTYM (***filgrastim-aafi***)	T4	PA; ST; SP
NYVEPRIA (***pegfilgrastim-apgf***)	T4	PA; ST; SP; QL (2 per 30 days)
PROCRIT (***epoetin alfa***)	T4	PA; ST; SP
RETACRIT (***epoetin alfa-epbx***)	T4	PA; ST; SP
UDENYCA (***pegfilgrastim-cbqv***)	T4	PA; ST; SP; QL (2 per 30 days)
ZARXIO (***filgrastim-sndz***)	T4	PA; ST; SP
ZIEXTENZO (***pegfilgrastim-bmez***)	T4	PA; ST; SP
GROWTH HORMONES - GROWTH HORMONES		
EGRIFTA SV (***tesamorelin acetate***)	T4	PA; SP
GENOTROPIN (***somatropin***)	T4	PA; ST; SP
GENOTROPIN MINIQUICK (***somatropin***)	T4	PA; ST; SP
HUMATROPE (***somatropin***)	T4	PA; ST; SP
NORDITROPIN FLEXPRO (***somatropin***)	T4	PA; ST; SP
NUTROPIN AQ NUSPIN (***somatropin***)	T4	PA; ST; SP
OMNITROPE (***somatropin***)	T4	PA; ST; SP
SAIZEN (***somatropin***)	T4	PA; ST; SP
SAIZEN SAIZENPREP (***somatropin***)	T4	PA; ST; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (***somatropin***)	T4	PA; SP
ZOMACTON (***somatropin***)	T4	PA; ST; SP
INTERFERONS - OTHER DRUGS TO TREAT IMMUNE CONDITIONS		
AUBAGIO (***teriflunomide***)	T4	PA; ST; QL (30 per Rx); SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT (***interferon beta-1a***)	T4	PA; ST; SP; QL (4 per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT (***interferon beta-1a***)	T4	PA; ST; SP; QL (1 per 30 days)
BAFIERTAM (***monomethyl fumarate***)	T4	PA; ST; QL (120 per Rx); SP
BETASERON SUBCUTANEOUS KIT (***interferon beta-1b***)	T4	PA; ST; SP; QL (14 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (***glatiramer acetate***)	T4	PA; ST; SP; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (***glatiramer acetate***)	T4	PA; ST; SP; QL (1 per 30 days)
dimethyl fumarate	T4	PA; ST; QL (60 per Rx); SP
EXTAVIA (***interferon beta-1b***)	T4	PA; ST; SP; QL (1 per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GILENYA ORAL CAPSULE 0.5 MG (***fingolimod hcl***)	T4	PA; ST; QL (30 per Rx); SP
glatiramer subcutaneous syringe 20 mg/ml	T4	PA; ST; SP; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	T4	PA; ST; SP; QL (1 per 30 days)
glatopa subcutaneous syringe 20 mg/ml	T4	PA; ST; SP; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	T4	PA; ST; SP; QL (1 per 30 days)
KESIMPTA PEN (***ofatumumab***)	T4	PA; ST; SP; QL (1 per 30 days)
MAVENCLAD (10 TABLET PACK) (***cladribine***)	T4	PA; ST; SP; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK) (***cladribine***)	T4	PA; ST; SP; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK) (***cladribine***)	T4	PA; ST; SP; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK) (***cladribine***)	T4	PA; ST; SP; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK) (***cladribine***)	T4	PA; ST; SP; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK) (***cladribine***)	T4	PA; ST; SP; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK) (***cladribine***)	T4	PA; ST; SP; QL (36 per 720 days)
MAYZENT (***siponimod***)	T4	PA; ST; QL (30 per Rx); SP
PEGASYS (***peginterferon alfa-2a***)	T4	PA; SP; QL (2 per 30 days)
PLEGRIDY INTRAMUSCULAR (***peginterferon beta-1a***)	T4	PA; ST; SP; QL (1 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML (***peginterferon beta-1a***)	T4	PA; ST; SP; QL (1 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	T4	PA; ST; SP; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML (***peginterferon beta-1a***)	T4	PA; ST; SP; QL (1 per 30 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	T4	PA; ST; SP; QL (1 per 365 days)
POMALYST (***pomalidomide***)	T4	PA; ST; OAC; SP
REBIF (WITH ALBUMIN) (***interferon beta-1a/albumin human***)	T4	PA; ST; SP; QL (6 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML (***interferon beta-1a/albumin human***)	T4	PA; ST; SP; QL (6 per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***)	T4	PA; ST; SP; QL (5 per 30 days)
REBIF TITRATION PACK (***interferon beta-1a/albumin human***)	T4	PA; ST; SP; QL (5 per 30 days)
REVLIMID (***lenalidomide***)	T4	PA; ST; OAC; SP
ribavirin oral capsule	T4	PA; ST; SP
ribavirin oral tablet 200 mg	T4	ST; SP
TECFIDERA (***dimethyl fumarate***)	T4	PA; ST; QL (60 per Rx); SP
VUMERITY (***diroximel fumarate***)	T4	PA; ST; QL (120 per Rx); SP
ZEPOSIA (***ozanimod hydrochloride***)	T4	PA; ST; QL (30 per Rx); SP
ZEPOSIA STARTER KIT (***ozanimod hydrochloride***)	T4	PA; ST; QL (37 per Rx); SP
ZEPOSIA STARTER PACK (***ozanimod hydrochloride***)	T4	PA; ST; QL (7 per Rx); SP
INTERLEUKINS - OTHER DRUGS TO TREAT IMMUNE CONDITIONS		
ACTIMMUNE (***interferon gamma-1b,recomb.***)	T4	SP
ALDARA (***imiquimod***)	T3	
ALFERON N (***interferon alfa-n3***)	T2	
ARCALYST (***rilonacept***)	T4	PA; ST; SP
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	T3	PA; ST
imiquimod topical cream in packet	T1	
INTRON A INJECTION RECON SOLN (***interferon alfa-2b,recomb.***)	T4	SP
KINERET (***anakinra***)	T4	PA; ST; SP; QL (2 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP (***imiquimod***)	T3	PA; ST
ZYCLARA TOPICAL CREAM IN PACKET (***imiquimod***)	T3	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS - VACCINES		
ACTHIB (PF) (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***)	T0	AGE; PC
ADACEL(TDAP ADOLESN/ADULT)(PF) (***diphtheria,pertussis(acellular),tetanus vaccine/pf***)	T0	AGE; PC
AFLURIA QD 2021-22(3YR UP)(PF) (***influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf***)	T0	
AFLURIA QD 2021-22(6-35MO)(PF) (***influenza virus vaccine quadrival 2021-22 (6 mos-35 mos)/pf***)	T0	
AFLURIA QUAD 2021-2022(6MO UP) (***influenza virus vaccine quadrivalent 2021-22 (6 mos and up)***)	T0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BEXSERO (***meningococcal group b vaccine, 4-component***)	T0	AGE; PC
BOOSTRIX TDAP (***diphtheria,pertussis(acellular),tetanus vaccine***)	T0	AGE; PC
DAPTACEL (DTAP PEDIATRIC) (PF) (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***)	T0	AGE; PC
ENGERIX-B (PF) (***hepatitis b virus vaccine recombinant/pf***)	T0	PC
ENGERIX-B PEDIATRIC (PF) (***hepatitis b virus vaccine recombinant/pf***)	T0	PC
FLUAD QUAD 2021-22(65Y UP)(PF) (***influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf***)	T0	
FLUARIX QUAD 2021-2022 (PF) (***influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf***)	T0	
FLUBLOK QUAD 2021-2022 (PF) (***influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf***)	T0	
FLUCELVAX QUAD 2021-2022 (***flu vaccine quadriv 2021-2022(6 month and older)cell derived***)	T0	
FLUCELVAX QUAD 2021-2022 (PF) (***flu vaccine quad 2021-2022(6 month and older)cell derived/pf***)	T0	
FLULAVAL QUAD 2021-2022 (PF) (***influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf***)	T0	
FLUMIST QUAD 2021-2022 (***influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)***)	T0	PC
FLUZONE HIGHDOSE QUAD 21-22 PF (***influenza virus vaccine quadrival split 2021-22(65 yr up)/pf***)	T0	
FLUZONE QUAD 2021-2022 (***influenza virus vaccine quadrivalent 2021-22 (6 mos and up)***)	T0	
FLUZONE QUAD 2021-2022 (PF) (***influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf***)	T0	
GARDASIL 9 (PF) (***human papillomavirus vaccine, 9-valent/pf***)	T0	AGE; PC
GRASTEK (***allergenic extract,grass pollen-timothy,standard***)	T2	PA; ST
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE (***hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf***)	T0	AGE; PC
HIBERIX (PF) (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***)	T0	AGE; PC
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE (***diphtheria, pertussis (acell), tetanus pediatric vaccine/pf***)	T0	AGE; PC
IPOL (***poliomyelitis vaccine, killed***)	T0	PC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JANSSEN COVID-19 VACCINE (EUA) (***covid-19 vac, ad26.cov2.s (janssen)/pf***)	T0	AGE; PC
KINRIX (PF) INTRAMUSCULAR SYRINGE (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	T0	AGE; PC
MENACTRA (PF) INTRAMUSCULAR SOLUTION (***meningococcalvaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	T0	AGE; PC
MENQUADFI (PF) (***meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf***)	T0	AGE; PC
MENVEO A-C-Y-W-135-DIP (PF) (***meningococcalvaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	T0	AGE; PC
M-M-R II (PF) (***measles, mumps, and rubella vaccine live/pf***)	T0	AGE; PC
MODERNA COVID-19 VACCINE (EUA) (***covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf***)	T0	PC
ODACTRA (***allergenic extract, mite-d.farinae-d.pteronyssinus,standard***)	T2	PA; ST
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY (***grass pollen-orchard/sweet vernal/rye/kentucky/timothy, std.***)	T4	PA; ST; SP
PALFORZIA (LEVEL 1) (***peanut allergen powder-dnfp***)	T4	PA; ST; QL (45 per Rx); SP
PALFORZIA (LEVEL 2) (***peanut allergen powder-dnfp***)	T4	PA; ST; QL (90 per Rx); SP
PALFORZIA (LEVEL 3) (***peanut allergen powder-dnfp***)	T4	PA; ST; QL (45 per Rx); SP
PALFORZIA (LEVEL 4) (***peanut allergen powder-dnfp***)	T4	PA; ST; QL (15 per Rx); SP
PALFORZIA (LEVEL 5) (***peanut allergen powder-dnfp***)	T4	PA; ST; QL (30 per Rx); SP
PALFORZIA (LEVEL 6) (***peanut allergen powder-dnfp***)	T4	PA; ST; QL (60 per Rx); SP
PALFORZIA (LEVEL 7) (***peanut allergen powder-dnfp***)	T4	PA; ST; QL (30 per Rx); SP
PALFORZIA (LEVEL 8) (***peanut allergen powder-dnfp***)	T4	PA; ST; QL (60 per Rx); SP
PALFORZIA (LEVEL 9) (***peanut allergen powder-dnfp***)	T4	PA; ST; QL (30 per Rx); SP
PALFORZIA (LEVEL 10) (***peanut allergen powder-dnfp***)	T4	PA; ST; QL (60 per Rx); SP
PALFORZIA INITIAL DOSE (***peanut allergen powder-dnfp***)	T4	PA; ST; QL (3 per Rx); SP
PALFORZIA LEVEL 11 MAINTENANCE (***peanut allergen powder-dnfp***)	T4	PA; ST; QL (30 per Rx); SP
PEDIARIX (PF) (***hep b virus,rcmb/dipth,pertus(acell),tet,polio vaccine/pf***)	T0	AGE; PC
PEDVAX HIB (PF) (***haemophilus b conjugate vaccine (meningococcal prot.conj)/pf***)	T0	AGE; PC
PENTACEL (PF) (***diphtheria,pertussis(acell),tetanus,polio/haemophilus b/pf***)	T0	AGE; PC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENTACEL ACTHIB COMPONENT (PF) (***haemophilus b polysacc conj-tetanus tox,component 2 of 2/pf***)	T0	AGE; PC
PFIZER COVID-19 VACCINE (EUA) (***covid-19 vaccine, mrna, bnt162b2, lnp-s (pfizer)/pf***)	T0	PC
PNEUMOVAX-23 (***pneumococcal 23-valent polysaccharide vaccine***)	T0	AGE; PC
PREVNAR 13 (PF) (***pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf***)	T0	AGE; PC
PREVNAR 20 (PF) (***pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf***)	T0	PC
PROQUAD (PF) (***measles, mumps, rubella, and varicella vaccine live/pf***)	T0	AGE; PC
QUADRACEL (PF) (***diphtheria, pertussis(acell),tetanus,polio vaccine/pf***)	T0	AGE; PC
RAGWITEK (***allergenic extract-weed pollen-short ragweed***)	T2	PA; ST
RECOMBIVAX HB (PF) (***hepatitis b virus vaccine recombinant/pf***)	T0	PC
ROTARIX (***rotavirus vaccine, live oral attenuated,89-12 strain, g1p(8)***)	T0	AGE; PC
ROTATEQ VACCINE (***rotavirus vaccine, live oral pentavalent***)	T0	AGE; PC
SHINGRIX (PF) (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***)	T0	AGE; PC
TDVAX (***tetanus and diphtheria toxoids, adult***)	T0	AGE; PC
TENIVAC (PF) (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	T0	AGE; PC
TETANUS,DIPHTHERIA TOX PED(PF) (***tetanus,diphtheria toxoid ped/pf***)	T0	AGE; PC
TRUMENBA (***neisseria meningitidis group b, lipidated fhbp recombinant***)	T0	AGE; PC
TWINRIX (PF) (***hepatitis a virus and hepatitis b virus vaccine/pf***)	T0	AGE; PC
VARIVAX (PF) (***varicella virus vaccine live/pf***)	T0	AGE; PC
ZOSTAVAX (PF) (***zoster vaccine live/pf***)	T0	AGE; PC
MUSCULOSKELETAL & RHEUMATOLOGY - DRUGS TO TREAT MUSCLE AND BONE CONDITIONS		
GOUT THERAPY - DRUGS TO TREAT OR PREVENT GOUT PAIN		
allopurinol	T1	
COLCHICINE ORAL CAPSULE	T3	PA; ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
colchicine oral tablet	T1	
COLCRYS (***colchicine***)	T3	ST
febuxostat	T1	ST
GLOPERBA (***colchicine***)	T3	
MITIGARE (***colchicine***)	T2	
probenecid	T1	
probenecid-colchicine	T1	
ULORIC (***febuxostat***)	T3	ST
ZYLOPRIM ORAL TABLET 100 MG (***allopurinol***)	T3	
OSTEOPOROSIS THERAPY - DRUGS TO TREAT BONE CONDITIONS		
ACTONEL ORAL TABLET 150 MG (***risedronate sodium***)	T3	ST; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG (***risedronate sodium***)	T3	ST; QL (4 per 30 days)
alendronate oral solution	T1	QL (4 per 30 days)
alendronate oral tablet 10 mg, 5 mg	T1	QL (30 per Rx)
alendronate oral tablet 35 mg, 70 mg	T1	QL (4 per 30 days)
ATELVIA (***risedronate sodium***)	T3	ST; QL (4 per 30 days)
BINOSTO (***alendronate sodium***)	T3	ST; QL (4 per 30 days)
BONIVA ORAL (***ibandronate sodium***)	T3	ST; QL (1 per 30 days)
EVENITY (***romosozumab-aqqg***)	T4	PA; ST; QL (2 per Rx); SP
EVISTA (***raloxifene hcl***)	T3	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) (***teriparatide***)	T4	PA; ST; SP; QL (1 per 30 days)
FOSAMAX ORAL TABLET 70 MG (***alendronate sodium***)	T3	ST; QL (4 per 30 days)
FOSAMAX PLUS D (***alendronate sodium/cholecalciferol (vitamin d3)***)	T3	ST; QL (4 per 30 days)
ibandronate oral	T1	QL (1 per 30 days)
raloxifene	T1	
risedronate oral tablet 150 mg	T1	QL (1 per 30 days)
risedronate oral tablet 35 mg	T1	QL (4 per 30 days)
risedronate oral tablet 5 mg	T1	QL (30 per Rx)
risedronate oral tablet,delayed release (dr/ec)	T1	QL (4 per 30 days)
TERIPARATIDE	T4	PA; ST; SP; QL (1 per 30 days)
TYMLOS (***abaloparatide***)	T4	PA; ST; QL (1 per Rx); SP
OTHER RHEUMATOLOGICALS - DRUGS TO TREAT BONE OR JOINT CONDITIONS		
ACTEMRA ACTPEN (***tocilizumab***)	T4	PA; ST; SP; QL (2 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTEMRA SUBCUTANEOUS (***tocilizumab***)	T4	PA; ST; SP; QL (2 per 30 days)
ARAVA (***leflunomide***)	T3	QL (30 per Rx)
BENLYSTA SUBCUTANEOUS (***belimumab***)	T4	PA; ST; SP; QL (4 per 30 days)
CUPRIMINE (***penicillamine***)	T3	PA; ST
DEPEN TITRATABS (***penicillamine***)	T3	PA; ST
ENBREL MINI (***etanercept***)	T4	PA; ST; SP; QL (2 per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN (***etanercept***)	T4	PA; ST; SP; QL (8 per 30 days)
ENBREL SUBCUTANEOUS SOLUTION (***etanercept***)	T4	PA; ST; SP; QL (15 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) (***etanercept***)	T4	PA; ST; SP; QL (15 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) (***etanercept***)	T4	PA; ST; SP; QL (2 per 30 days)
ENBREL SURECLICK (***etanercept***)	T4	PA; ST; SP; QL (2 per 30 days)
HUMIRA PEN (***adalimumab***)	T4	PA; ST; SP; QL (2 per 30 days)
HUMIRA PEN CROHNS-UC-HS START (***adalimumab***)	T4	PA; ST; SP; QL (6 per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS (***adalimumab***)	T4	PA; ST; SP; QL (4 per 365 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	T4	PA; ST; SP; QL (2 per 30 days)
HUMIRA(CF) (***adalimumab***)	T4	PA; ST; SP; QL (2 per 30 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (***adalimumab***)	T4	PA; ST; SP; QL (3 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	T4	PA; ST; SP; QL (2 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS (***adalimumab***)	T4	PA; ST; SP; QL (3 per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC (***adalimumab***)	T4	PA; ST; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS (***adalimumab***)	T4	PA; ST; SP; QL (3 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (***adalimumab***)	T4	PA; ST; SP; QL (2 per 30 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML (***sarilumab***)	T4	PA; ST; SP; QL (1 per 30 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML (***sarilumab***)	T4	PA; ST; SP; QL (2 per 30 days)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML (***sarilumab***)	T4	PA; ST; SP; QL (1 per 30 days)
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML (***sarilumab***)	T4	PA; ST; SP; QL (2 per 30 days)
leflunomide	T1	QL (30 per Rx)
OLUMIANT (***baricitinib***)	T4	PA; ST; QL (30 per Rx); SP
ORENCIA (***abatacept***)	T4	PA; ST; SP; QL (4 per 30 days)
ORENCIA CLICKJECT (***abatacept***)	T4	PA; ST; SP; QL (4 per 30 days)
OTEZLA (***apremilast***)	T4	PA; ST; SP; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) (***apremilast***)	T4	PA; ST; SP; QL (55 per 30 days)
OTREXUP (PF) (***methotrexate/pf***)	T3	PA; ST
penicillamine	T1	PA; ST
RASUVO (PF) (***methotrexate/pf***)	T2	ST
RIDAURA (***auranofin***)	T2	
RINVOQ (***upadacitinib***)	T4	PA; ST; QL (30 per Rx); SP
SAVELLA ORAL TABLET (***milnacipran hcl***)	T2	ST; QL (60 per Rx)
SAVELLA ORAL TABLETS,DOSE PACK (***milnacipran hcl***)	T2	ST; QL (55 per Rx)
SIMPONI (***golimumab***)	T4	PA; ST; SP; QL (1 per 30 days)
XELJANZ ORAL SOLUTION (***tofacitinib citrate***)	T4	PA; ST; QL (300 per Rx); SP
XELJANZ ORAL TABLET (***tofacitinib citrate***)	T4	PA; ST; QL (60 per Rx); SP
XELJANZ XR (***tofacitinib citrate***)	T4	PA; ST; QL (30 per Rx); SP
OBSTETRICS & GYNECOLOGY - GYNECOLOGY MEDICINES		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES - DRUGS OR DEVICES FOR BIRTH CONTROL		
CAYA CONTOURED (***diaphragms, contoured***)	T0	CM; PC
FC2 FEMALE CONDOM (***condoms, female***)	T0	CM; PC
FEMCAP VAGINAL DEVICE 22 MM (***cervical cap***)	T0	CM; PC
WIDE-SEAL DIAPHRAGM (***diaphragms, wide seal***)	T0	CM; PC
ESTROGENS & PROGESTINS - ESTROGENS AND PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG (***estradiol/norethindrone acetate***)	T3	
ALORA (***estradiol***)	T3	QL (8 per 30 days)
amabelz	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANGELIQ (***drospirenone/estradiol***)	T3	
AYGESTIN (***norethindrone acetate***)	T3	
BIJUVA (***estradiol/progesterone***)	T3	PA; ST
camila	T0	CM; PC
CLIMARA (***estradiol***)	T3	QL (4 per 30 days)
CLIMARA PRO (***estradiol/levonorgestrel***)	T3	PA; ST; QL (4 per 30 days)
COMBIPATCH (***estradiol/norethindrone acetate***)	T2	
covaryx	T1	
covaryx h.s.	T1	
CRINONE VAGINAL GEL 4 % (***progesterone, micronized***)	T3	PA; ST
deblitane	T0	CM; PC
DELESTROGEN (***estradiol valerate***)	T3	
DEPO-ESTRADIOL (***estradiol cypionate***)	T2	
DIVIGEL (***estradiol***)	T2	PA; ST; QL (30 per Rx)
dotti	T1	QL (8 per 30 days)
DUAVEE (***estrogens, conjugated/bazedoxifene acetate***)	T2	
eemt	T1	
eemt hs	T1	
ELESTRIN (***estradiol***)	T3	PA; ST; QL (2 per Rx)
errin	T0	CM; PC
ESTRACE (***estradiol***)	T3	
estradiol oral	T1	
estradiol transdermal patch semiweekly	T1	QL (8 per 30 days)
estradiol transdermal patch weekly	T1	QL (4 per 30 days)
estradiol vaginal	T1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	T1	
estradiol-norethindrone acet	T1	
ESTRING (***estradiol***)	T2	PA; ST
ESTROGEL (***estradiol***)	T3	PA; ST; QL (50 per Rx)
estrogens-methyltestosterone	T1	
EVAMIST (***estradiol***)	T3	PA; ST; QL (7 per Rx)
FEMHRT LOW DOSE (***norethindrone acetate-ethinyl estradiol***)	T3	
FEMRING (***estradiol acetate***)	T3	PA; ST
fyavolv	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
heather	T0	CM; PC
IMVEXXY MAINTENANCE PACK (***estradiol***)	T3	PA; ST; QL (8 per 30 days)
IMVEXXY STARTER PACK (***estradiol***)	T3	PA; ST; QL (18 per 365 days)
incassia	T0	CM; PC
jencycla	T0	CM; PC
jinteli	T1	
lyleq	T0	AGE; CM; PC
lyllana	T1	QL (8 per 30 days)
lyza	T0	CM; PC
medroxyprogesterone oral	T1	
MENEST (***estrogens,esterified***)	T3	PA; ST
MENOSTAR (***estradiol***)	T3	QL (4 per 30 days)
mimvey	T1	
MINIVELLE (***estradiol***)	T3	QL (8 per 30 days)
nora-be	T0	CM; PC
norethindrone (contraceptive)	T0	CM; PC
norethindrone acetate	T1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	T1	
norlyda	T0	CM; PC
PREFEST (***estradiol/norgestimate***)	T3	
PREMARIN ORAL (***estrogens, conjugated***)	T2	PA; ST
PREMARIN VAGINAL (***estrogens, conjugated***)	T2	
PREMPHASE (***estrogens, conjugated/medroxyprogesterone acetate***)	T2	PA; ST
PREMPRO (***estrogens, conjugated/medroxyprogesterone acetate***)	T2	PA; ST
progesterone micronized	T1	
PROMETRIUM (***progesterone, micronized***)	T3	
PROVERA (***medroxyprogesterone acetate***)	T3	
sharobel	T0	CM; PC
tulana	T0	CM; PC
VAGIFEM (***estradiol***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (***estradiol***)	T3	QL (8 per 30 days)
yuvafem	T1	
MISCELLANEOUS OB/GYN - OTHER GYNECOLOGY MEDICINES		
ANNOVERA (***segesterone acetate/ethinyl estradiol***)	T3	PA; ST; CM; QL (1 per 30 days)
CERVIDIL (***dinoprostone***)	T3	
CLEOCIN VAGINAL (***clindamycin phosphate***)	T3	
clindamycin phosphate vaginal	T1	
CLINDESSE (***clindamycin phosphate***)	T3	
eluryng	T0	CM; PC
etonogestrel-ethinyl estradiol	T0	CM; PC
fem ph	T1	
GYNAZOLE-1 (***butoconazole nitrate***)	T3	
gynol ii	T0	CM; PC
INTRAROSA (***prasterone (dhea)***)	T3	PA; ST
isoxsuprine	T1	
LYSTEDA (***tranexamic acid***)	T3	
METROGEL VAGINAL (***metronidazole***)	T3	
metronidazole vaginal	T1	
miconazole-3 vaginal suppository	T1	
NUVESSA (***metronidazole***)	T3	
ORIAHNN (***elagolix sodium/estradiol/norethindrone acetate***)	T2	PA; ST
OSPHENA (***ospemifene***)	T3	PA; ST
PHEXXI (***lactic acid/citric acid/potassium bitartrate***)	T3	PA; ST; QL (12 per Rx); CM
PREPIDIL (***dinoprostone***)	T3	
RELAGARD (***acetic acid/oxyquinoline sulfate***)	T3	
terconazole	T1	
TODAY CONTRACEPTIVE SPONGE (***nonoxynol 9***)	T0	CM; PC
tranexamic acid oral	T1	
TRIMO-SAN JELLY (***oxyquinoline sulfate/sodium lauryl sulfate***)	T2	
TWIRLA (***levonorgestrel/ethinyl estradiol***)	T3	PA; ST; CM
vandazole	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VCF CONTRACEPTIVE FILM (***nonoxynol 9***)	T2	CM
VCF CONTRACEPTIVE GEL (***nonoxynol 9***)	T2	CM
xulane	T0	CM; PC
zafemy	T0	CM
ORAL CONTRACEPTIVES & RELATED AGENTS - DRUGS OR DEVICES FOR BIRTH CONTROL		
afirmelle	T0	CM; PC
after pill	T0	QL (1 per Rx); CM; PC
AFTERA (***levonorgestrel***)	T3	QL (1 per Rx); CM; PC
altavera (28)	T0	CM; PC
alyacen 1/35 (28)	T0	CM; PC
alyacen 7/7/7 (28)	T0	CM; PC
amethia	T0	CM; PC
amethyst (28)	T0	CM; PC
apri	T0	CM; PC
aranelle (28)	T0	CM; PC
ashlyna	T0	CM; PC
aubra	T0	CM; PC
aubra eq	T0	CM; PC
aurovela 1.5/30 (21)	T0	CM; PC
aurovela 1/20 (21)	T0	CM; PC
aurovela 24 fe	T0	CM; PC
aurovela fe 1.5/30 (28)	T0	CM; PC
aurovela fe 1-20 (28)	T0	CM; PC
aviane	T0	CM; PC
ayuna	T0	CM; PC
azurette (28)	T0	CM; PC
BALCOLTRA (***levonorgestrel/ethinyl estradiol/ferrous bisglycinate***)	T3	PA; ST; CM
balziva (28)	T0	CM; PC
BEYAZ (***drospirenone/ethinyl estradiol/levomefolate calcium***)	T3	ST; CM; PC
blisovi 24 fe	T0	CM; PC
blisovi fe 1.5/30 (28)	T0	CM; PC
blisovi fe 1/20 (28)	T0	CM; PC
briellyn	T0	CM; PC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
camrese	T0	CM; PC
camrese lo	T0	CM; PC
caziant (28)	T0	CM; PC
charlotte 24 fe	T0	CM; PC
chateal (28)	T0	CM; PC
chateal eq (28)	T0	CM; PC
cryselle (28)	T0	CM; PC
cyclafem 1/35 (28)	T0	CM; PC
cyclafem 7/7/7 (28)	T0	CM; PC
cyred	T0	CM; PC
cyred eq	T0	CM; PC
dasetta 1/35 (28)	T0	CM; PC
dasetta 7/7/7 (28)	T0	CM; PC
daysee	T0	CM; PC
desog-e.estradiol/e.estradiol	T0	CM; PC
desogestrel-ethinyl estradiol	T0	CM; PC
dolishale	T0	CM; PC
drospirenone-e.estradiol-lm.fa	T0	CM; PC
drospirenone-ethinyl estradiol	T0	CM; PC
econtra ez	T0	QL (1 per Rx); CM; PC
econtra one-step	T0	QL (1 per Rx); CM; PC
elinest	T0	CM; PC
ELLA (***ulipristal acetate***)	T0	QL (1 per Rx); CM; PC
emoquette	T0	CM; PC
enpresse	T0	CM; PC
enskyce	T0	CM; PC
estarylla	T0	CM; PC
ESTROSTEP FE-28 (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	T3	ST; CM; PC
ethynodiol diac-eth estradiol	T0	CM; PC
falmina (28)	T0	CM; PC
femynor	T0	CM; PC
gemmily	T0	CM; PC
GENERESS FE (***norethindrone-ethinyl estradiol/ferrous fumarate***)	T3	ST; CM; PC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hailey	T0	CM; PC
hailey 24 fe	T0	CM; PC
hailey fe 1.5/30 (28)	T0	CM; PC
hailey fe 1/20 (28)	T0	CM; PC
iclevia	T0	CM; PC
isibloom	T0	CM; PC
jaimiess	T0	CM; PC
jasmiel (28)	T0	CM; PC
jolessa	T0	CM; PC
juleber	T0	CM; PC
junel 1.5/30 (21)	T0	CM; PC
junel 1/20 (21)	T0	CM; PC
junel fe 1.5/30 (28)	T0	CM; PC
junel fe 1/20 (28)	T0	CM; PC
junel fe 24	T0	CM; PC
kaitlib fe	T0	CM; PC
kalliga	T0	CM; PC
kariva (28)	T0	CM; PC
kelnor 1/35 (28)	T0	CM; PC
kelnor 1-50 (28)	T0	CM; PC
kurvelo (28)	T0	CM; PC
l norgest/e.estradiol-e.estrad	T0	CM; PC
larin 1.5/30 (21)	T0	CM; PC
larin 1/20 (21)	T0	CM; PC
larin 24 fe	T0	CM; PC
larin fe 1.5/30 (28)	T0	CM; PC
larin fe 1/20 (28)	T0	CM; PC
larissia	T0	CM; PC
layolis fe	T0	CM; PC
leena 28	T0	CM; PC
lessina	T0	CM; PC
levonest (28)	T0	CM; PC
levonorgestrel	T0	QL (1 per Rx); CM; PC
levonorgestrel-ethinyl estrad	T0	CM; PC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorg-eth estrad triphasic	T0	CM; PC
levora-28	T0	CM; PC
lillow (28)	T0	CM; PC
LO LOESTRIN FE (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	T2	PA; ST; CM
LOESTRIN 1.5/30 (21) (***norethindrone acetate-ethinyl estradiol***)	T3	ST; CM; PC
LOESTRIN 1/20 (21) (***norethindrone acetate-ethinyl estradiol***)	T3	ST; CM; PC
LOESTRIN FE 1.5/30 (28-DAY) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	T3	ST; CM; PC
LOESTRIN FE 1/20 (28-DAY) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	T3	ST; CM; PC
lojaimiess	T0	CM; PC
loryna (28)	T0	CM; PC
LOSEASONIQUE (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	T3	ST; CM; PC
low-ogestrel (28)	T0	CM; PC
lo-zumandimine (28)	T0	CM; PC
lutera (28)	T0	CM; PC
marlissa (28)	T0	CM; PC
merzee	T0	AGE; CM; PC
mibelas 24 fe	T0	CM; PC
microgestin 1.5/30 (21)	T0	CM; PC
microgestin 1/20 (21)	T0	CM; PC
MICROGESTIN 24 FE (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	T3	ST; CM; PC
microgestin fe 1.5/30 (28)	T0	CM; PC
microgestin fe 1/20 (28)	T0	CM; PC
mili	T0	CM; PC
MINASTRIN 24 FE (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	T3	ST; CM; PC
MIRCETTE (28) (***desogestrel-ethinyl estradiol/ethinyl estradiol***)	T3	ST; CM; PC
mono-linyah	T0	CM; PC
my choice	T0	QL (1 per Rx); CM; PC
my way	T0	QL (1 per Rx); CM; PC
NATAZIA (***estradiol valerate/dienogest***)	T3	PA; ST; CM
necon 0.5/35 (28)	T0	CM; PC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
new day	T0	QL (1 per Rx); CM; PC
nikki (28)	T0	CM; PC
noreth-ethinyl estradiol-iron	T0	CM; PC
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T0	CM; PC
norethindrone-e.estradiol-iron oral capsule	T0	CM; PC
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	T0	CM; PC
norethindrone-e.estradiol-iron oral tablet,chewable	T0	CM; PC
norgestimate-ethinyl estradiol	T0	CM; PC
nortrel 0.5/35 (28)	T0	CM; PC
nortrel 1/35 (21)	T0	CM; PC
nortrel 1/35 (28)	T0	CM; PC
nortrel 7/7/7 (28)	T0	CM; PC
nylia 7/7/7 (28)	T0	AGE; CM; PC
nymyo	T0	CM; PC
ocella	T0	CM; PC
opcicon one-step	T0	QL (1 per Rx); CM; PC
option-2	T0	QL (1 per Rx); CM; PC
orsythia	T0	CM; PC
philith	T0	CM; PC
pimtrea (28)	T0	CM; PC
pirmella	T0	CM; PC
PLAN B ONE-STEP (***levonorgestrel***)	T2	QL (1 per Rx); CM; PC
portia 28	T0	CM; PC
previfem	T0	CM; PC
QUARTETTE (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	T3	ST; CM; PC
reclipsen (28)	T0	CM; PC
rivelsa	T0	CM; PC
SAFYRAL (***drospirenone/ethinyl estradiol/levomefolate calcium***)	T3	ST; CM; PC
SEASONIQUE (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	T3	ST; CM; PC
setlakin	T0	CM; PC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
simliya (28)	T0	CM; PC
simpesse	T0	CM; PC
SLYND (***drospirenone***)	T3	PA; ST; CM
sprintec (28)	T0	CM; PC
sronyx	T0	CM; PC
syeda	T0	CM; PC
TAKE ACTION (***levonorgestrel***)	T3	QL (1 per Rx); CM; PC
tarina 24 fe	T0	CM; PC
tarina fe 1/20 (28)	T0	CM; PC
taysofy	T0	PC
TAYTULLA (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	T3	ST; CM; PC
tilia fe	T0	CM; PC
tri femynor	T0	CM; PC
tri-estarylla	T0	CM; PC
tri-legest fe	T0	CM; PC
tri-linyah	T0	CM; PC
tri-lo-estarylla	T0	CM; PC
tri-lo-marzia	T0	CM; PC
tri-lo-mili	T0	CM; PC
tri-lo-sprintec	T0	CM; PC
tri-mili	T0	CM; PC
tri-nymyo	T0	AGE; CM; PC
tri-previfem (28)	T0	CM; PC
tri-sprintec (28)	T0	CM; PC
trivora (28)	T0	CM; PC
tri-vylibra	T0	CM; PC
tri-vylibra lo	T0	CM; PC
tydemy	T0	CM; PC
velivet triphasic regimen (28)	T0	CM; PC
vestura (28)	T0	CM; PC
vienva	T0	CM; PC
viorele (28)	T0	CM; PC
volnea (28)	T0	CM; PC
vyfemla (28)	T0	CM; PC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vylibra	T0	CM; PC
wera (28)	T0	CM; PC
wymzya fe	T0	CM; PC
YASMIN (28) (***ethinyl estradiol/drospirenone***)	T3	ST; CM; PC
YAZ (28) (***ethinyl estradiol/drospirenone***)	T3	ST; CM; PC
zarah	T0	CM; PC
zovia 1/35e (28)	T0	CM; PC
zumandimine (28)	T0	CM; PC
OXYTOCICS - OTHER GYNECOLOGY MEDICINES		
methergine	T1	PA; ST; QL (240 per Rx)
methylergonovine oral	T1	PA; ST; QL (240 per Rx)
OPHTHALMOLOGY - DRUGS TO TREAT EYE CONDITIONS		
ANTIBIOTICS - DRUGS TO TREAT EYE INFECTIONS		
ak-poly-bac	T1	
AZASITE (***azithromycin***)	T2	
bacitracin ophthalmic (eye)	T1	
bacitracin-polymyxin b ophthalmic (eye)	T1	
BESIVANCE (***besifloxacin hcl***)	T3	PA; ST
BETADINE OPHTHALMIC PREP (***povidone-iodine***)	T3	
CILOXAN OPHTHALMIC (EYE) DROPS (***ciprofloxacin hcl***)	T3	
CILOXAN OPHTHALMIC (EYE) OINTMENT (***ciprofloxacin hcl***)	T3	PA; ST
ciprofloxacin hcl ophthalmic (eye)	T1	
erythromycin ophthalmic (eye)	T1	
gatifloxacin	T1	
gentak ophthalmic (eye) ointment	T1	
gentamicin ophthalmic (eye) drops	T1	
levofloxacin ophthalmic (eye)	T1	
MOXEZA (***moxifloxacin hcl***)	T3	
MOXIFLOXACIN (PF)-BSS INTRAVITREAL SOLUTION (***moxifloxacin hcl in balanced salt solution no.2/pf***)	T3	
moxifloxacin ophthalmic (eye)	T1	
NATACYN (***natamycin***)	T2	
neomycin-bacitracin-polymyxin	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin-polymyxin-gramicidin	T1	
neo-polycin	T1	
OCUFLOX (***ofloxacin***)	T3	
ofloxacin ophthalmic (eye)	T1	
polycin	T1	
polymyxin b sulf-trimethoprim	T1	
POLYTRIM (***polymyxin b sulfate/trimethoprim***)	T3	
tobramycin ophthalmic (eye)	T1	
TOBREX (***tobramycin***)	T3	
VIGAMOX (***moxifloxacin hcl***)	T3	
ZYMAXID (***gatifloxacin***)	T3	
ANTIVIRALS - DRUGS TO TREAT EYE INFECTIONS		
trifluridine	T1	
ZIRGAN (***ganciclovir***)	T3	
BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
betaxolol ophthalmic (eye)	T1	
BETIMOL (***timolol***)	T3	PA; ST
BETOPTIC S (***betaxolol hcl***)	T3	
carteolol	T1	
ISTALOL (***timolol maleate***)	T3	
levobunolol ophthalmic (eye) drops 0.5 %	T1	
timolol maleate (pf)	T1	
timolol maleate ophthalmic (eye)	T1	
TIMOPTIC (***timolol maleate***)	T3	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 % (***timolol maleate/pf***)	T3	PA; ST
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 % (***timolol maleate/pf***)	T3	
TIMOPTIC-XE (***timolol maleate***)	T3	
CYCLOPLEGIC MYDRIATICS - OTHER DRUGS TO TREAT EYE CONDITIONS		
atropine ophthalmic (eye) drops	T1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION (***atropine sulfate***)	T3	
atropine ophthalmic (eye) ointment	T1	
CYCLOGYL (***cyclopentolate hcl***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclopentolate	T1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR	T3	
CYCLOPENT-TROPIC-PHEN-KETR-WAT (***cyclopentolate/tropicamide/phenylephrine/ketorolac in water***)	T3	
CYCLOP-TROP-PROPA-PHEN-KET-WAT (***cyclopent/tropicamide/proparacaine/phenyl/ketorolac in water***)	T3	
homatropaire	T1	
ISOPTO ATROPINE (***atropine sulfate***)	T3	
MYDRIACYL (***tropicamide***)	T3	
PAREMYD (***hydroxyamphetamine hbr/tropicamide***)	T3	
PHENYLEPH-TROPICAMIDE IN WATER (***phenylephrine hcl/tropicamide in sterile water***)	T3	
tropicamide	T1	
DIRECT ACTING MIOTICS - OTHER DRUGS TO TREAT EYE CONDITIONS		
ISOPTO CARPINE (***pilocarpine hcl***)	T3	
MIOCHOL-E (***acetylcholine chloride***)	T3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	T1	
MISCELLANEOUS OPHTHALMOLOGICS - OTHER DRUGS TO TREAT EYE CONDITIONS		
AKTEN (PF) (***lidocaine hcl/pf***)	T3	
ALCAINE (***proparacaine hcl***)	T3	
ALOCRIL (***nedocromil sodium***)	T3	PA; ST
ALOMIDE (***lodoxamide tromethamine***)	T3	PA; ST
altacaine	T1	
ALTAFLUOR BENOX (***benoxinate hcl/fluorescein sodium***)	T3	
azelastine ophthalmic (eye)	T1	
BEOVU (***brolucizumab-dbll***)	T4	PA; SP
bepotastine besilate	T1	
BEPREVE (***bepotastine besilate***)	T3	ST
BEVACIZUMAB INTRAVITREAL SYRINGE 2.5 MG/0.1 ML, 3.25 MG/0.13 ML (***bevacizumab***)	T3	
CEQUA (***cyclosporine***)	T3	PA
cromolyn ophthalmic (eye)	T1	
CYCLOSPORINE IN KLARITY (***cyclosporine/chondroitin sulfate a sodium***)	T3	
CYSTADROPS (***cysteamine hcl***)	T4	PA; ST; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYSTARAN (***cysteamine hcl***)	T4	SP
DEXAMET-MOXIFL-KETORO-NACL(PF) (***dexamethasone sod ph/moxifloxacin hcl/ketorolac/sod chlor/pf***)	T3	
epinastine	T1	
FLUORESCEIN-BENOXINATE (***benoxinate hcl/fluorescein sodium***)	T3	
fluorescein-proparacaine	T1	
KLARITY-A (AZITHRO-CHONDR)(PF) (***azithromycin/chondroitin sulfate a sodium/pf***)	T3	
KLARITY-B (BETAMETH-CHOND)(PF) (***betamethasone sodium phos/chondroitin sulfate a sodium/pf***)	T3	
KLARITY-L (LOTEPRED-CHOND)(PF) (***loteprednol etabonate/chondroitin sulfate a sodium/pf***)	T3	
LACRISERT (***hydroxypropyl cellulose***)	T3	ST
LASTACAFT (***alcaftadine***)	T3	PA; ST
LIDOCAINE-PHENYLEPHRIN-BSS(PF) (***lidocaine hcl/phenylephrine/balanced salt irrigation no.2/pf***)	T3	
lidocaine-phenylephrn in water	T1	
MYDRIATIC4(TROP-PROP-PE-KTRLC) (***tropicamide/proparacaine/phenylephrine/ketorolac in water***)	T3	
OMIDRIA (***phenylephrine hcl/ketorolac tromethamine***)	T3	
OXERVATE (***cenegermin-bkbj***)	T4	PA; SP
PHOTREXA CROSS-LINKING KIT (***riboflavin 5-phosphate sodium in 20 % dextran***)	T3	
PHOTREXA VISCOUS (***riboflavin 5-phosphate sodium in 20 % dextran***)	T3	
PREDNISOL ACE-GATIFLOX-BROMFEN (***prednisolone acetate/gatifloxacin/bromfenac sodium***)	T3	
PREDNISOLN SP-GATIFLOX-BROMFEN (***prednisolone sodium phosphate/gatifloxacin/bromfenac sodium***)	T3	
PREDNISOLN SP-MOXIFLOX-BROMFEN (***prednisolone sodium phosphate/moxifloxacin hcl/bromfenac sod***)	T3	
PREDNISOLONE ACETATE-NEPAFENAC (***prednisolone acetate/nepafenac***)	T3	
PREDNISOLONE-MOXIFLO-NEPAFENAC (***prednisolone acetate/moxifloxacin hcl/nepafenac***)	T3	
PREDNISOLONE-MOXIFLOX-BROMFEN (***prednisolone acetate/moxifloxacin hcl/bromfenac sodium***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
proparacaine	T1	
RACEPINEPH-LIDOCAINE-BSS 7(PF) (***racepinephrine hcl/lidocaine hcl/balanced salt soln no.7/pf***)	T3	
RESTASIS (***cyclosporine***)	T2	PA; QL (60 per Rx)
RESTASIS MULTIDOSE (***cyclosporine***)	T2	PA; QL (7 per Rx)
tetracaine hcl	T1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE) (***tetracaine hcl/pf***)	T3	
XIIDRA (***lifitegrast***)	T2	PA; ST; QL (60 per Rx)
ZERVIATE (***cetirizine hcl***)	T2	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION		
ACULAR (***ketorolac tromethamine***)	T3	ST
ACULAR LS (***ketorolac tromethamine***)	T3	ST
ACUVAIL (PF) (***ketorolac tromethamine/pf***)	T3	PA; ST
bromfenac	T1	
BROMSITE (***bromfenac sodium***)	T3	PA; ST
diclofenac sodium ophthalmic (eye)	T1	
flurbiprofen sodium	T1	
ILEVRO (***nepafenac***)	T3	ST
ketorolac ophthalmic (eye)	T1	
NEVANAC (***nepafenac***)	T3	PA; ST
PROLENSA (***bromfenac sodium***)	T3	ST
ORAL DRUGS FOR GLAUCOMA - DRUGS TO TREAT GLAUCOMA		
acetazolamide	T1	
methazolamide	T1	
OTHER GLAUCOMA DRUGS - DRUGS TO TREAT GLAUCOMA		
AZOPT (***brinzolamide***)	T3	
bimatoprost ophthalmic (eye)	T1	ST
BRIMONIDINE-DORZOLAMIDE (PF) (***brimonidine tartrate/dorzolamide hcl/pf***)	T3	
brinzolamide	T1	
COMBIGAN (***brimonidine tartrate/timolol maleate***)	T2	
COSOPT (***dorzolamide hcl/timolol maleate***)	T3	
COSOPT (PF) (***dorzolamide hcl/timolol maleate/pf***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dorzolamide	T1	
DORZOLAMIDE (PF) (***dorzolamide hcl/pf***)	T3	
dorzolamide-timolol	T1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	T1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS (***dorzolamide hcl/timolol maleate/pf***)	T3	
latanoprost	T1	ST
LATANOPROST (PF) (***latanoprost/pf***)	T3	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (***bimatoprost***)	T2	ST
miostat	T1	
MITOSOL (***mitomycin***)	T3	
RHOPRESSA (***netarsudil mesylate***)	T2	PA; ST
ROCKLATAN (***netarsudil mesylate/latanoprost***)	T3	PA; ST
SIMBRINZA (***brinzolamide/brimonidine tartrate***)	T3	
TIMOL-BRIMON-DORZO-LATANOP(PF) (***timolol malea/brimonidine tar/dorzolamide hcl/latanoprost/pf***)	T3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) (***timolol maleate/brimonidine tartrate/dorzolamide hcl/pf***)	T3	
TIMOLOL-DORZOLAMID-LATANOP(PF) (***timolol maleate/dorzolamide hcl/latanoprost/pf***)	T3	
TIMOLOL-LATANOPROST(PF) (***timolol maleate/latanoprost/pf***)	T3	
TRAVATAN Z (***travoprost***)	T3	ST
travoprost	T1	ST
TRUSOPT (***dorzolamide hcl***)	T3	
VYZULTA (***latanoprostene bunod***)	T3	ST
XALATAN (***latanoprost***)	T3	ST
XELPROS (***latanoprost***)	T3	PA; ST
ZIOPTAN (PF) (***tafluprost/pf***)	T2	ST
STEROID-ANTIBIOTIC COMBINATIONS - DRUGS TO TREAT EYE INFLAMMATION AND INFECTION		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO (***dexamethasone sod ph/moxifloxacin hcl in nacl,iso-osmotic/pf***)	T3	
MAXITROL (***neomycin/polymyxin b sulfate/dexamethasone***)	T3	
neomycin-bacitracin-poly-hc	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin-polymyxin b-dexameth	T1	
neomycin-polymyxin-hc ophthalmic (eye)	T1	
neo-polycin hc	T1	
PRED-G (***gentamicin sulfate/prednisolone acetate***)	T3	
PRED-G S.O.P. (***gentamicin sulfate/prednisolone acetate***)	T3	
PREDNISOLONE ACET-GATIFLOXACIN (***prednisolone acetate/gatifloxacin***)	T3	
PREDNISOLONE SOD PH-MOXIFLOX (***prednisolone sodium phosphate/moxifloxacin hcl***)	T3	
PREDNISOLONE-MOXIFLOXACIN HCL (***prednisolone acetate/moxifloxacin hcl***)	T3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION (***tobramycin/dexamethasone***)	T3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT (***tobramycin/dexamethasone***)	T2	
TOBRADEX ST (***tobramycin/dexamethasone***)	T2	PA; ST
tobramycin-dexamethasone	T1	
TRIAMCINOLON-MOXIFLOX-WATR(PF) (***triamcinolone acetonide/moxifloxacin hcl/water/pf***)	T3	
ZYLET (***tobramycin/loteprednol etabonate***)	T2	PA; ST
STEROIDS - DRUGS TO TREAT EYE INFLAMMATION		
ALREX (***loteprednol etabonate***)	T3	ST
dexamethasone sodium phosphate ophthalmic (eye)	T1	
DEXTENZA (***dexamethasone***)	T3	
DEXYCU (PF) (***dexamethasone/pf***)	T3	
difluprednate	T1	
DUREZOL (***difluprednate***)	T3	
EYSUVIS (***loteprednol etabonate***)	T3	ST; QL (1 per Rx)
FLAREX (***fluorometholone acetate***)	T3	PA; ST
fluorometholone	T1	
FML FORTE (***fluorometholone***)	T3	PA; ST
FML LIQUIFILM (***fluorometholone***)	T3	
FML S.O.P. (***fluorometholone***)	T3	PA; ST
INVELTYS (***loteprednol etabonate***)	T2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL (***loteprednol etabonate***)	T2	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION (***loteprednol etabonate***)	T3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT (***loteprednol etabonate***)	T2	
LOTEMAX SM (***loteprednol etabonate***)	T2	
loteprednol etabonate	T1	
MAXIDEX (***dexamethasone***)	T3	PA; ST
PRED FORTE (***prednisolone acetate***)	T3	
PRED MILD (***prednisolone acetate***)	T3	PA; ST
prednisolone acetate	T1	
PREDNISOLONE ACETATE (PF) (***prednisolone acetate/pf***)	T3	
prednisolone sodium phosphate ophthalmic (eye)	T1	
STEROID-SULFONAMIDE COMBINATIONS - DRUGS TO TREAT EYE INFLAMMATION AND INFECTION		
BLEPHAMIDE (***sulfacetamide sodium/prednisolone acetate***)	T3	
BLEPHAMIDE S.O.P. (***sulfacetamide sodium/prednisolone acetate***)	T3	
sulfacetamide-prednisolone	T1	
SULFONAMIDES - SULFA MEDICINES FOR EYE CONDITIONS		
BLEPH-10 (***sulfacetamide sodium***)	T3	
sulfacetamide sodium ophthalmic (eye)	T1	
SYMPATHOMIMETICS - OTHER MEDICINES FOR EYE CONDITIONS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % (***brimonidine tartrate***)	T2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 % (***brimonidine tartrate***)	T3	
apraclonidine	T1	
brimonidine	T1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE (***apraclonidine hcl***)	T3	
VASOCONSTRICTOR DECONGESTANTS - DECONGESTANTS		
CYCLOMYDRIL (***cyclopentolate hcl/phenylephrine hcl***)	T3	
phenylephrine hcl ophthalmic (eye)	T1	
UPNEEQ (PF) (***oxymetazoline hcl/pf***)	T3	PA; ST
RESPIRATORY, ALLERGY, COUGH & COLD - DRUGS TO TREAT BREATHING CONDITIONS		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIHISTAMINE & ANTIALLERGENIC AGENTS - DRUGS TO TREAT ALLERGIES AFFECTING THE EYE		
AUVI-Q (***epinephrine***)	T3	PA; ST; QL (2 per Rx)
carbinoxamine maleate oral liquid	T1	
carbinoxamine maleate oral tablet 4 mg	T1	
carbinoxamine maleate oral tablet 6 mg	T1	ST
CLARINEX ORAL TABLET (***desloratadine***)	T3	QL (30 per Rx)
clemastine oral syrup	T1	
clemastine oral tablet 2.68 mg	T1	
cyproheptadine	T1	
desloratadine	T1	QL (30 per Rx)
dexchlorpheniramine maleate oral solution	T1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	T3	PA; ST; QL (2 per Rx)
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	T1	QL (2 per Rx)
EPIPEN 2-PAK (***epinephrine***)	T2	QL (2 per Rx)
EPIPEN JR 2-PAK (***epinephrine***)	T2	QL (2 per Rx)
hydroxyzine hcl oral	T1	
hydroxyzine pamoate	T1	
KARBINAL ER (***carbinoxamine maleate***)	T3	ST
promethazine oral	T1	
promethazine rectal suppository 12.5 mg, 25 mg	T1	
promethegan	T1	
RYCLORA (***dexchlorpheniramine maleate***)	T3	
RYVENT (***carbinoxamine maleate***)	T3	ST
SYMJEPI (***epinephrine***)	T2	QL (2 per Rx)
VISTARIL (***hydroxyzine pamoate***)	T3	
COUGH & COLD THERAPY - DRUGS FOR COUGH AND COLD		
benzonatate	T1	
BROMFED DM (***brompheniramine maleate/pseudoephedrine hcl/dextromethorphan***)	T3	
brompheniramine-pseudoeph-dm	T1	
CAPCOF (***chlorpheniramine maleate/phenylephrine hcl/codeine phosphate***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLARINEX-D 12 HOUR (***desloratadine/pseudoephedrine sulfate***)	T3	QL (60 per Rx)
codeine-guaifenesin	T1	
CODITUSSIN AC (***codeine phosphate/guaifenesin***)	T3	
CODITUSSIN DAC (***pseudoephedrine hcl/codeine phosphate/guaifenesin***)	T3	
g tussin ac	T1	
guaiatussin ac	T1	
HISTEX-AC (***triprolidine hcl/phenylephrine hcl/codeine phosphate***)	T3	
HYCODAN (WITH HOMATROPINE) (***hydrocodone bitartrate/homatropine methylbromide***)	T3	
hydrocodone-chlorpheniramine	T1	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	T1	
hydrocodone-homatropine oral tablet	T1	
hydromet	T1	
MAR-COF CG (***codeine phosphate/guaifenesin***)	T3	
maxi-tuss ac	T1	
MAXI-TUSS CD (***chlorpheniramine maleate/phenylephrine hcl/codeine phosphate***)	T3	
m-clear wc	T1	
M-END PE (***brompheniramine maleate/phenylephrine hcl/codeine phosphate***)	T3	
NINJACOF-XG (***codeine phosphate/guaifenesin***)	T3	
OBREDON (***hydrocodone bitartrate/guaifenesin***)	T3	PA; ST
POLY-TUSSIN AC (***brompheniramine maleate/phenylephrine hcl/codeine phosphate***)	T3	
promethazine-codeine	T1	
promethazine-dm	T1	
promethazine-phenyleph-codeine	T1	
promethazine-phenylephrine	T1	
RESPA-AR (***pseudoephedrine hcl/chlorpheniramine maleate/bellad alk***)	T3	
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG (***hydrocodone polistirex/chlorpheniramine polistirex***)	T3	PA; ST
TUXARIN ER (***chlorpheniramine maleate/codeine phosphate***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUZISTRA XR (***codeine polistirex/chlorpheniramine polistirex***)	T3	PA; ST
virtussin ac	T1	
virtussin dac	T1	
PULMONARY AGENTS - OTHER MEDICINES FOR BREATHING CONDITIONS		
ACCOLATE (***zafirlukast***)	T3	
acetylcysteine	T1	
ADCIRCA (***tadalafil***)	T4	PA; ST; QL (60 per Rx); SP
ADEMPAS (***riociguat***)	T4	PA; ST; SP
ADRENALIN NASAL (***epinephrine hcl***)	T3	
ADVAIR DISKUS (***fluticasone propionate/salmeterol xinafoate***)	T1	PA; ST; QL (1 per Rx)
ADVAIR HFA (***fluticasone propionate/salmeterol xinafoate***)	T2	PA; ST; QL (1 per Rx)
AIRDUO DIGIHALER (***fluticasone propionate/salmeterol xinafoate***)	T3	PA; ST; QL (1 per Rx)
AIRDUO RESPICLICK (***fluticasone propionate/salmeterol xinafoate***)	T3	PA; ST; QL (1 per Rx)
albuterol sulfate	T1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION (***ciclesonide***)	T3	QL (3 per Rx)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION (***ciclesonide***)	T3	QL (19 per Rx)
alyq	T4	PA; ST; QL (60 per Rx); SP
ambrisentan	T4	PA; ST; SP
ANORO ELLIPTA (***umeclidinium bromide/vilanterol trifenatate***)	T2	QL (1 per Rx)
arformoterol	T1	
ARMONAIR DIGIHALER (***fluticasone propionate***)	T3	PA; ST; QL (1 per Rx)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION (***fluticasone furoate***)	T2	QL (1 per Rx)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION (***fluticasone furoate***)	T2	QL (30 per Rx)
ASMANEX HFA (***mometasone furoate***)	T2	QL (3 per Rx)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (***mometasone furoate***)	T2	QL (1 per Rx)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATROVENT HFA (***ipratropium bromide***)	T3	QL (26 per Rx)
azelastine-fluticasone	T1	ST; QL (3 per Rx)
BECONASE AQ (***beclomethasone dipropionate***)	T3	PA; ST; QL (50 per Rx)
BEVESPI AEROSPHERE (***glycopyrrolate/formoterol fumarate***)	T2	QL (1 per Rx)
bosentan	T4	PA; ST; SP
BREO ELLIPTA (***fluticasone furoate/vilanterol trifenatate***)	T2	PA; ST; QL (1 per Rx)
BREZTRI AEROSPHERE (***budesonide/glycopyrrolate/formoterol fumarate***)	T2	QL (1 per Rx)
BROVANA (***arformoterol tartrate***)	T3	QL (60 per Rx)
budesonide inhalation	T1	QL (60 per Rx)
BUDESONIDE-FORMOTEROL	T3	PA; ST; QL (1 per Rx)
COMBIVENT RESPIMAT (***ipratropium bromide/albuterol sulfate***)	T2	QL (8 per Rx)
cromolyn inhalation	T1	
CUROSURF (***poractant alfa***)	T3	
DALIRESP ORAL TABLET 250 MCG (***roflumilast***)	T2	PA; ST; QL (30 per Rx)
DALIRESP ORAL TABLET 500 MCG (***roflumilast***)	T2	PA; ST
DUAKLIR PRESSAIR (***aclidinium bromide/formoterol fumarate***)	T3	PA; ST; QL (1 per Rx)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	T2	PA; ST; QL (1 per Rx)
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	T2	PA; ST; QL (3 per Rx)
DYMISTA (***azelastine hcl/fluticasone propionate***)	T3	ST; QL (3 per Rx)
ELIXOPHYLLIN (***theophylline anhydrous***)	T3	
epinephrine hcl	T1	
ESBRIET ORAL CAPSULE (***pirfenidone***)	T4	PA; ST; QL (270 per Rx); SP
ESBRIET ORAL TABLET 267 MG (***pirfenidone***)	T4	PA; ST; QL (270 per Rx); SP
ESBRIET ORAL TABLET 801 MG (***pirfenidone***)	T4	PA; ST; SP
FASENRA PEN (***benralizumab***)	T4	PA; ST
FIRAZYR (***icatibant acetate***)	T4	PA; ST; SP
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION (***fluticasone propionate***)	T2	QL (1 per Rx)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION (***fluticasone propionate***)	T2	QL (2 per Rx)

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION (***fluticasone propionate***)	T2	QL (60 per Rx)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION (***fluticasone propionate***)	T2	QL (2 per Rx)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION (***fluticasone propionate***)	T2	QL (1 per Rx)
flunisolide	T1	ST; QL (50 per Rx)
fluticasone propionate nasal	T1	QL (16 per Rx)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	T3	PA; ST; QL (1 per Rx)
formoterol fumarate	T1	
HAEGARDA (***c1 esterase inhibitor***)	T4	PA; ST; SP
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 % (***sodium chloride for inhalation***)	T3	
icatibant	T4	PA; ST; SP
INCRUSE ELLIPTA (***umeclidinium bromide***)	T2	QL (1 per Rx)
ipratropium bromide inhalation	T1	
ipratropium-albuterol	T1	QL (540 per Rx)
KALYDECO ORAL GRANULES IN PACKET 25 MG (***ivacaftor***)	T4	PA; SP
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG (***ivacaftor***)	T4	PA; QL (56 er Rx); SP
KALYDECO ORAL TABLET (***ivacaftor***)	T4	PA; QL (60 per Rx); SP
LETAIRIS (***ambrisentan***)	T4	PA; ST; SP
levalbuterol hcl	T1	
LEVALBUTEROL TARTRATE	T3	PA; ST; QL (1 per 30 days)
LONHALA MAGNAIR REFILL (***glycopyrrolate/nebulizer accessories***)	T3	QL (60 per Rx)
LONHALA MAGNAIR STARTER (***glycopyrrolate/nebulizer and accessories***)	T3	QL (60 per Rx)
metaproterenol oral syrup	T1	
mometasone nasal	T1	ST; QL (1 per Rx)
montelukast	T1	
NASONEX (***mometasone furoate***)	T3	ST; QL (1 per Rx)
nebusal inhalation solution for nebulization 3 %	T1	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (***sodium chloride for inhalation***)	T3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR (***mepolizumab***)	T4	PA; ST; QL (1 per 30 days)
NUCALA SUBCUTANEOUS SYRINGE (***mepolizumab***)	T4	PA; ST; QL (1 per 30 days)
OFEV (***nintedanib esylate***)	T4	PA; ST; QL (60 per Rx); SP
OMNARIS (***ciclesonide***)	T3	PA; ST; QL (3 per Rx)
OPSUMIT (***macitentan***)	T4	PA; ST; SP
ORKAMBI ORAL GRANULES IN PACKET (***lumacaftor/ivacaftor***)	T4	PA; ST; QL (56 per Rx); SP
ORKAMBI ORAL TABLET (***lumacaftor/ivacaftor***)	T4	PA; ST; QL (2 per Rx); SP
ORLADEYO (***berotralstat hydrochloride***)	T4	PA; ST; SP
PERFOROMIST (***formoterol fumarate***)	T2	QL (60 per Rx)
PROAIR DIGIHALER (***albuterol sulfate***)	T3	PA; ST; QL (2 per Rx)
PROAIR HFA (***albuterol sulfate***)	T3	QL (1 per Rx)
PROAIR RESPICLICK (***albuterol sulfate***)	T3	PA; ST; QL (2 per Rx)
PROVENTIL HFA (***albuterol sulfate***)	T3	QL (1 per Rx)
PULMICORT (***budesonide***)	T3	QL (60 per Rx)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION (***budesonide***)	T2	PA; ST; QL (2 per Rx)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION (***budesonide***)	T2	PA; ST; QL (1 per Rx)
pulmosal	T1	
PULMOZYME (***dornase alfa***)	T4	SP
QNASL (***beclomethasone dipropionate***)	T2	PA; ST; QL (1 per Rx)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION (***beclomethasone dipropionate***)	T2	QL (1 per Rx)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION (***beclomethasone dipropionate***)	T2	QL (2 per Rx)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION (***sildenafil citrate***)	T4	PA; ST; QL (2 per Rx); SP
REVATIO ORAL TABLET (***sildenafil citrate***)	T4	PA; ST; QL (90 per Rx); SP
sajazir	T4	PA; ST; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEREVENT DISKUS (***salmeterol xinafoate***)	T2	QL (1 per Rx)
sildenafil (pulm.hypertension) oral suspension for reconstitution	T4	PA; ST; QL (2 per Rx); SP
sildenafil (pulm.hypertension) oral tablet	T4	PA; QL (90 per Rx); SP
SINGULAIR (***montelukast sodium***)	T3	
sodium chloride inhalation	T1	
SPIRIVA RESPIMAT (***tiotropium bromide***)	T2	QL (2 per Rx)
SPIRIVA WITH HANDIHALER (***tiotropium bromide***)	T2	QL (30 per Rx)
STIOLTO RESPIMAT (***tiotropium bromide/olodaterol hcl***)	T2	QL (2 per Rx)
STRIVERDI RESPIMAT (***olodaterol hcl***)	T3	PA; ST; QL (2 per Rx)
SYMBICORT (***budesonide/formoterol fumarate***)	T2	PA; ST; QL (1 per Rx)
SYMDEKO (***tezacaftor/ivacaftor***)	T4	PA; ST; QL (56 per Rx); SP
tadalafil (pulm. hypertension)	T4	PA; ST; QL (60 per Rx); SP
terbutaline oral	T1	
THEO-24 (***theophylline anhydrous***)	T3	
theophylline oral elixir	T1	
theophylline oral solution	T1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	T1	
theophylline oral tablet extended release 24 hr	T1	
TRACLEER ORAL TABLET (***bosentan***)	T4	PA; ST; SP
TRACLEER ORAL TABLET FOR SUSPENSION (***bosentan***)	T4	PA; SP
TRELEGY ELLIPTA (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	T2	QL (1 per Rx)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N) (***elexacaftor/tezacaftor/ivacaftor***)	T4	PA; ST; QL (84 per Rx); SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N) (***elexacaftor/tezacaftor/ivacaftor***)	T4	PA; ST; OAC; SP
TUDORZA PRESSAIR (***aclidinium bromide***)	T3	PA; ST; QL (1 per Rx)
TYVASO (***treprostinil***)	T4	PA; SP
TYVASO REFILL KIT (***treprostinil/nebulizer accessories***)	T4	PA; SP
TYVASO STARTER KIT (***treprostinil/nebulizer and accessories***)	T4	PA; SP
VENTAVIS (***iloprost tromethamine***)	T4	PA; ST; SP
VENTOLIN HFA (***albuterol sulfate***)	T3	PA; ST; QL (1 per Rx)
XHANCE (***fluticasone propionate***)	T3	ST; QL (2 per Rx)
XOPENEX (***levalbuterol hcl***)	T3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOPENEX CONCENTRATE (***levalbuterol hcl***)	T3	
XOPENEX HFA (***levalbuterol tartrate***)	T3	PA; ST; QL (1 per 30 days)
YUPELRI (***revefenacin***)	T2	QL (30 per Rx)
zafirlukast	T1	
ZETONNA (***ciclesonide***)	T3	PA; ST; QL (7 per Rx)
zileuton	T1	PA; ST
ZYFLO (***zileuton***)	T3	PA; ST
UROLOGICALS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
ANTICHOLINERGICS & ANTISPASMODICS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
darifenacin	T1	
DETROL (***tolterodine tartrate***)	T3	ST
DETROL LA (***tolterodine tartrate***)	T3	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG (***oxybutynin chloride***)	T3	ST
flavoxate	T1	
GELNIQUE TRANSDERMAL GEL IN PACKET (***oxybutynin chloride***)	T2	QL (30 per Rx)
GEMTESA (***vibegron***)	T3	
MYRBETRIQ (***mirabegron***)	T2	
oxybutynin chloride	T1	
OXYTROL (***oxybutynin***)	T3	ST; QL (8 per 30 days)
solifenacin	T1	
tolterodine	T1	
TOVIAZ (***fesoterodine fumarate***)	T2	
trospium	T1	
VESICARE (***solifenacin succinate***)	T3	ST
VESICARE LS (***solifenacin succinate***)	T3	PA; ST
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY - DRUGS TO TREAT PROSTATE CONDITIONS		
alfuzosin	T1	
AVODART (***dutasteride***)	T3	ST
CIALIS ORAL TABLET 2.5 MG (***tadalafil***)	T3	PA; ST; QL (30 per Rx)
CIALIS ORAL TABLET 5 MG (***tadalafil***)	T3	PA; ST; QL (8 per 30 days)
dutasteride	T1	ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dutasteride-tamsulosin	T1	ST
finasteride oral tablet 5 mg	T1	
FLOMAX (***tamsulosin hcl***)	T3	ST
JALYN (***dutasteride/tamsulosin hcl***)	T3	ST
PROSCAR (***finasteride***)	T3	ST
RAPAFLO (***silodosin***)	T3	PA; ST
silodosin	T1	
tadalafil oral tablet 2.5 mg	T1	QL (30 per Rx)
tadalafil oral tablet 5 mg	T1	QL (8 per 30 days)
tamsulosin	T1	
UROXATRAL (***alfuzosin hcl***)	T3	ST
CHOLINERGIC STIMULANTS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
bethanechol chloride	T1	
MISCELLANEOUS UROLOGICALS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
CAVERJECT (***alprostadil***)	T2	PA; QL (8 per 30 days)
CAVERJECT IMPULSE (***alprostadil***)	T2	PA; QL (8 per 30 days)
CIALIS ORAL TABLET 10 MG, 20 MG (***tadalafil***)	T3	PA; ST; QL (8 per 30 days)
CYSTAGON (***cysteamine bitartrate***)	T4	SP
EDEX (***alprostadil***)	T3	PA; QL (8 per 30 days)
ELMIRON (***pentosan polysulfate sodium***)	T2	
hyophen	T1	
IFE-BIMIX 30/1 (***papaverine hcl/phentolamine mesylate in water***)	T3	
IFE-PG20 (***alprostadil in bacteriostatic sodium chloride***)	T3	
K-PHOS NO 2 (***sodium phosphate,monobasic/potassium phosphate,monobasic***)	T3	
K-PHOS ORIGINAL (***potassium phosphate,monobasic***)	T2	
methen-sod phos-meth blue-hyos	T1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG, 500 MCG (***alprostadil***)	T2	PA; QL (8 per 30 days)
ORACIT (***citric acid/sodium citrate***)	T3	
phosphasal	T1	
potassium citrate	T1	
PROCYSBI (***cysteamine bitartrate***)	T4	PA; ST; SP

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RENACIDIN (***citric acid/gluconolactone/magnesium carbonate***)	T2	
sildenafil	T1	QL (8 per 30 days)
STENDRA (***avanafil***)	T3	QL (8 per 30 days)
tadalafil oral tablet 10 mg, 20 mg	T1	QL (8 per 30 days)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) (***papaverine hcl/phentolamine mesylate/alprostadil***)	T3	
URELLE (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	T3	
uretron d-s	T1	
URIBEL (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	T3	
urimar-t	T1	
uro-458	T1	
UROCIT-K 10 (***potassium citrate***)	T3	
UROCIT-K 15 (***potassium citrate***)	T3	
UROCIT-K 5 (***potassium citrate***)	T3	
urogesic-blue	T1	
uro-mp	T1	
UROQID-ACID NO.2 (***methenamine mandelate/sodium phosphate,monobasic***)	T3	
uryl	T1	
ustell	T1	
utira-c	T1	
vardenafil	T1	QL (8 per 30 days)
VIAGRA (***sildenafil citrate***)	T3	QL (8 per 30 days)
URINARY ANESTHETICS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
phenazopyridine oral tablet 100 mg, 200 mg	T1	
PYRIDIUM (***phenazopyridine hcl***)	T3	
VITAMINS, HEMATINICS & ELECTROLYTES - VITAMINS AND MINERALS		
ELECTROLYTES - DRUGS TO REPLACE ELECTROLYTES AND MINERALS		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (***potassium bicarbonate/citric acid***)	T3	
effer-k oral tablet, effervescent 25 meq	T1	
GALZIN (***zinc acetate***)	T3	
klor-con	T1	

AGE = Age Limit; CM = Contraceptive Management; DM = Diabetes Management; OAC = Oral Anti-Cancer; PA = Prior Authorization; PC = Preventive Care; SP = Specialty; ST = Step Therapy; QL = Quantity Limit
Updated 11/01/2021

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
klor-con 10	T1	
klor-con 8	T1	
klor-con m10	T1	
klor-con m15	T1	
klor-con m20	T1	
klor-con/ef	T1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ (***potassium chloride***)	T3	
k-tab oral tablet extended release 8 meq	T1	
lugols oral	T1	
POTABA (***potassium aminobenzoate***)	T3	
potassium chloride oral	T1	
strong iodine oral	T1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES - OTHER VITAMINS AND MINERALS		
DOJOLVI (***triheptanoin***)	T4	PA; ST; SP
VITAMINS & HEMATINICS - VITAMINS AND IRON THERAPY		
b complex 1 (with folic acid)	T0	AGE; PC
b complex-vitamin b12	T0	AGE; PC
b complex-vitamin c-folic acid oral tablet	T0	AGE; PC
balanced b-100 complex	T0	AGE; PC
balanced b-100 oral tablet	T0	AGE; PC
balanced b-50	T0	AGE; PC
bal-care dha	T1	
BAL-CARE DHA ESSENTIAL (***prenatal vit no.100/iron sod edta,ps cplex/folic acid/omega3***)	T3	
b-complex with vitamin c oral tablet	T0	AGE; PC
CITRANATAL B-CALM (FE GLUC) (***prenatal vitamin no.48/iron,carbonyl,gluconate/folic acid/b6***)	T3	
classic prenatal	T0	AGE; PC
c-nate dha	T1	
complete natal dha	T1	
complex b-100 oral tablet extended release	T0	AGE; PC
CONCEPT DHA (***mv-min 75/ferrous fum/iron ps cplx/folic ac/omega-3/dha/epa***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONCEPT OB (***mv-mins no.74/ferrous fumarate/iron ps cplx/folic acid***)	T3	
cyanocobalamin (vitamin b-12) injection	T1	
dialyvite 800 oral tablet	T0	AGE; PC
DRISDOL (***ergocalciferol (vitamin d2)***)	T3	
DUET DHA BALANCED (***prenatal vits no.117/sod feredet.-iron ps/folic/om3/dha/epa***)	T3	
DUET DHA WITH OMEGA-3 (***prenatal vits 106/sod feredetate-iron ps/folic acid/omega-3s***)	T3	
elite-ob	T1	
ENBRACE HR (***multivit no.41/iron cysteine glycinat/folate no.8/phosph-dha***)	T3	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	T1	
FERAHEME (***ferumoxytol***)	T2	PA; ST
FLORIVA (FLUORIDE-VITAMIN D3) (***sodium fluoride/cholecalciferol (vitamin d3)***)	T3	
fluoride (sodium) oral drops	T0	AGE; PC
fluoride (sodium) oral tablet,chewable	T0	AGE; PC
folic acid injection	T1	
folic acid oral tablet 1 mg	T1	
folic acid oral tablet 400 mcg, 800 mcg	T0	AGE; PC
folivane-ob	T1	
foltabs 800	T0	AGE; PC
full spectrum b-vitamin c	T0	AGE; PC
hydroxocobalamin	T1	
INFED (***iron dextran complex***)	T2	PA; ST
INJECTAFER (***ferric carboxymaltose***)	T3	PA; ST
kobee	T0	AGE; PC
KOSHER PRENATAL PLUS IRON (***prenatal vitamins no.108/iron,carbonyl/folic acid***)	T3	
kpn oral tablet	T0	AGE; PC
ludent fluoride	T0	AGE; PC
MARNATAL-F (***prenatal vits with calcium no.65/iron polysacchar/folic acid***)	T3	
m-natal plus	T1	
MONOFERRIC (***ferric derisomaltose***)	T3	PA; ST

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
multi-vitamin with fluoride	T0	AGE; PC
multivitamins with fluoride	T0	AGE; PC
mvc-fluoride	T0	AGE; PC
mynatal	T1	
mynatal plus	T1	
mynatal-z	T1	
NASCOBAL (***cyanocobalamin (vitamin b-12)***)	T2	ST; QL (90 per Rx)
NATACHEW (FE BIS-GLYCINATE) (***prenatal vitamin no.55/iron fumarate,bisglycinate/folic acid***)	T3	
natural b-100 complex	T0	AGE; PC
NEEVODHA (WITH ALGAL OIL) (***multivit no.37/iron/l-mefolate calc./algal oil/soy lecithin***)	T3	
NEONATAL COMPLETE (***prenatal vitamins no.175/ferrous fumarate/folic acid***)	T3	
NEONATAL FE (***iron,carbonyl/ascorbic acid/cyanocobalamin/folic acid***)	T3	
NEONATAL-DHA (***prenatal vit no.175/iron fum/folic acid/dha/schiz. algal oil***)	T3	
NESTABS (***prenatal vitamin no.86/iron bis-glycinate/folic acid***)	T3	
NESTABS ABC (***prenatal vitamin comb no.86/iron ps cmplx/folic acid/dha/epa***)	T3	
NESTABS DHA (***prenatal vits with calcium no.87/iron bisgly/folic acid/dha***)	T3	
NESTABS ONE (***multivit 42/iron carbonyl,b-g che/methyltetrahydrofolate/dha***)	T3	
newgen	T1	
OB COMPLETE (***multivitamin with minerals no.69/iron,carbonyl/folic acid***)	T3	
OB COMPLETE ONE (***prenatal vit no.85/iron carb,asp.gly/folic acid/dha/fish oil***)	T3	
OB COMPLETE PETITE (***prenatal no56/iron carbonyl,asparto glycinate/folic acid/dha***)	T3	
OB COMPLETE PREMIER (***prenatal vits no.83/iron,carbonyl,iron aspart.gly/folic acid***)	T3	
OB COMPLETE WITH DHA (***prenatal vit no.30/iron carbonyl,asp glyc/folic acid/omega-3***)	T3	
one daily prenatal	T0	AGE; PC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
perry prenatal	T0	AGE; PC
pnv 29-1	T1	
pnv-dha	T1	
pnv-omega	T1	
pnv-select	T1	
pr natal 400	T1	
pr natal 400 ec	T1	
pr natal 430	T1	
pr natal 430 ec	T1	
prena1 chew	T1	
prena1 pearl	T1	
prena1 true	T1	
PRENATA (***prenatal vitamins no.37/ferrous fumarate/folic acid***)	T3	
prenatabs fa	T1	
prenatabs rx	T1	
prenatal complete	T0	AGE; PC
prenatal multi-dha (algal oil)	T0	AGE; PC
prenatal multivitamins	T0	AGE; PC
prenatal one daily	T0	AGE; PC
prenatal oral tablet 28 mg iron- 800 mcg	T0	AGE; PC
prenatal plus	T1	
prenatal plus (calcium carb)	T1	
PRENATAL PLUS DHA ORAL COMBO PACK (***pnv no.72/ferrous fumarate/folic acid/omega-3/dha***)	T3	
prenatal vitamin oral tablet 27 mg iron- 0.8 mg	T0	CM; PC
prenatal vitamin plus low iron	T1	
prenatal vitamin with minerals	T0	AGE; PC
prenatal vits96-iron fum-folic	T0	AGE; PC
prenatal-u	T1	
PRENATE AM (***multivit no.38/methyltetrahydfolate glucos,folic acid/ginger***)	T3	
PRENATE CHEWABLE (***multivitamin no.36/methyltetrahydrofolate gluc,folic acid***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATE DHA (FERR ASP GLYCIN) (***prenatal vitamins no.78/iron asparto glycin/folate no.1/dha***)	T3	
PRENATE ELITE (IRON ASP GLYC) (***prenatal vits no.114/ferrous aspart glycinate/folate no.1***)	T3	
PRENATE ENHANCE (***prenatal vitamins no.68/iron fumarate/folate no.6/dha***)	T3	
PRENATE ESSENTIAL(IRON-ASP-GL) (***multivitamin no.40/iron asparto glycinate/folate no.1/dha***)	T3	
PRENATE MINI (FERR ASP GLYCIN) (***prenatal vits no.87/iron carb-asp.glycinate/folate no.1/dha***)	T3	
PRENATE PIXIE (***prenatal vitamins no.85/iron asparto glycin/folate no.1/dha***)	T3	
PRENATE RESTORE (***prenatal vitamins no.69/iron fumarate/folate comb no.6/dha***)	T3	
PRENATE STAR (***prenatal vitamins no.77/ferrous asparto glycinate/folic acid***)	T3	
preplus	T1	
pretab	T1	
PRIMACARE (***prenatal vits no.118/iron asparto glycinate/folate no.6/dha***)	T3	
PROVIDA OB (***prenatal vits no.65/iron fumarate,polysac complex/folic acid***)	T3	
PUREFE OB PLUS (***multivit-mins no.73/iron fumarate,polysacc comp/folic acid***)	T3	
rena-vite	T0	AGE; PC
R-NATAL OB (***prenatal vitamins no.66/iron,carbonyl/folic acid/dha***)	T3	
SELECT-OB (***prenatal vitamin no.13/iron polysaccharides/folate comb no.1***)	T3	
SELECT-OB (FOLIC ACID) (***prenatal vit no.128/iron polysaccharide complex/folic acid***)	T3	
SELECT-OB + DHA (***prenatal vitamins no.33/iron polysach complex/folic acid/dha***)	T3	
se-natal 19 chewable	T1	
se-natal-19	T1	
stress formula	T0	AGE; PC
stress formula with iron	T0	AGE; PC
stress formula with iron(sulf)	T0	AGE; PC

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
super b complex-vitamin c	T0	AGE; PC
super b maxi complex	T0	AGE; PC
super quints	T0	AGE; PC
super quints b-50	T0	AGE; PC
taron-c dha	T1	
THRIVITE RX (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	T3	
TRICARE (***prenatal vits with calcium 103/ferrous fumarate/folic acid***)	T3	
TRIFERIC (***ferric pyrophosphate citrate***)	T3	
trinatal rx 1	T1	
trinate	T1	
TRINAZ (***prenatal vitamins no.162/ferrous gluconate/folic acid***)	T3	PA; ST
TRISTART DHA (***prenatal vitamins no.93/iron carbonyl/folate comb no.9/dha***)	T3	
tri-vitamin with fluoride	T0	AGE; PC
VENOFER (***iron sucrose complex***)	T2	PA; ST
virt-c dha	T1	
virt-nate dha	T1	
virt-pn dha	T1	
virt-pn plus	T1	
VITAFOL FE PLUS (***prenatal vits no.102/iron polysacch/folate no.1/dha***)	T3	
VITAFOL GUMMIES (***prenatal vit no.112/iron phosph/folic acid/omega-3s/dha/epa***)	T3	
VITAFOL NANO (***prenatal vitamins no.75/ferrous fumarate/folate comb. no.1***)	T3	
VITAFOL ULTRA (***prenatal vit no.67/iron polysaccharides/folate comb.no.1/dha***)	T3	
VITAFOL-OB (***prenatal vits with calcium no.10/ferrous fumarate/folic acid***)	T3	
VITAFOL-OB+DHA (***prenatal vits with calcium no.10/ferrous fum/folic acid/dha***)	T3	
VITAFOL-ONE (***prenatal vits no.26/iron polysaccharide cplex/folic acid/dha***)	T3	
VITAMED MD ONE RX (***prenatal vits no.25/ferrous fumarate/folate comb. no.6/dha***)	T3	

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAMEDMD REDICHEW RX (***prenatal vitamins combination no.42/folic acid***)	T3	
vitamin b complex oral tablet	T0	AGE; PC
vitamin b complex-folic acid oral tablet	T0	AGE; PC
vitamins a,c,d and fluoride	T0	AGE; PC
VITAPEARL (***prenatal vit no.71/iron fum-sodium feredetate/folic acid/dha***)	T3	
VITATRUE (***prenatal vits no.105/iron amino acid chelate/folic acid/dha***)	T3	
VP-PNV-DHA (***prenatal vitamins no.52/ferrous fumarate/folic acid/dha***)	T3	
westab plus	T1	
westgel dha	T1	
zatean-pn dha	T1	
zatean-pn plus	T1	
zingiber	T1	

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