OPTUMRx®

Your 2020 Western Health Advantage 4-Tier Preferred Drug List

Effective January 1, 2021

For the most current list of covered medications or if you have questions:

Call Member Services:
- **1-916-563-2250** or **1-888-563-2250**, toll free
- TDD/TYY, **1-888-877-5378**

Visit **optumrx.com** to:
- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.
- Find an electronic copy of the formulary.
- Get plan coverage information.

This PDL includes a list of medications covered by Western Health Advantage (WHA). This list is updated at least monthly and is subject to change. All previous versions are no longer in effect.

Updated January 1, 2021

Health Plan Products:
- Advantage WHA Bronze 6900 HDHP HMO
- Advantage WHA Silver 4100 HDHP HMO
- Capital 15 Platinum 90 HMO
- Capital 2000 Silver 70 HMO
- Capital 2250 Silver 70 HMO
- Capital 250 Gold 80 HMO
- Capital 2500 Silver 70 HDHP HMO
- Capital 30 Gold 80 HMO
- Capital 6000 Bronze 60 HDHP HMO
- Capital 6300 Bronze 60 HMO
- Gateway 1500 Silver 70 HDHP HMO
- Gateway 20 Platinum 90 HMO
- Gateway 2000 Gold 80 HDHP HMO
- Gateway 30 Platinum 90 HMO
- Gateway 4010 Gold 80 HMO
- Gateway 4020 Gold 80 HMO
- Gateway 5020 Silver 70 HMO
- Gateway 5200 Bronze 60 HDHP HMO
- Gateway 6500 Bronze 60 HDHP HMO
- Gateway 6900 Bronze 60 HDHP HMO
- Gateway 70 Platinum 90 HMO
- Sierra 2000 Gold 80 HDHP HMO
- Sierra 25 Platinum 90 HMO
- Sierra 40 Gold 80 HMO
- Sierra 4010 Gold 80 HMO
- Sierra 50 Silver 70 HMO
- Sierra 6500 Bronze 60 HDHP HMO
- Sierra 6900 Bronze 60 HDHP HMO
- WHA $0 Cost Share HMO AI-AN
- WHA Bronze 60 HDHP HMO
- WHA Bronze 60 HMO
- WHA Gold 80 HMO
- WHA Minimum Coverage HMO
- WHA Off Exchange Silver 70 HMO
- WHA Platinum 90 HMO
- WHA Silver 70 HMO
- WHA Silver 73 HMO
- WHA Silver 87 HMO
- WHA Silver 94 HMO

4-Tier Plan

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What if I have questions about my prescription drug benefit?

You can contact Member Services at the phone number listed on your Western Health Advantage (WHA) ID card or located on the cover of this booklet. Member Services can help you with these and other questions:

- Submitting prior authorization and step therapy exception requests
- Providing your cost share amount under your pharmacy benefit for drugs subject to a copayment or coinsurance
- Answering questions about medications that may be a part of your medical benefit, or you can also contact your doctor for more information.

About this PDL

Where differences between this PDL and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details. The presence of a prescription medication on the PDL does not guarantee an enrollee will be prescribed that drug by a provider for a particular medical condition.

What is a Preferred Drug List (PDL)?

A PDL is a list of prescribed medications chosen by your plan for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA). The drug list in this PDL is organized by the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification system.

Western Health Advantage is guided by the Pharmacy and Therapeutics Committee (a group of doctors, nurses, and pharmacists) who reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my PDL?

You and your doctor can use the PDL to help you choose the most cost-effective prescription medications. This PDL booklet tells you if a medication is generic or brand, and if special rules apply. Bring this PDL with you when you see your doctor or use website link located on the cover page. If your medication is not listed here, please visit the plan website or call the number on your member ID card.

You can find out if your medication is listed in the PDL and if it is covered by the plan by using the alphabetical index by its brand or generic name, or by using the Category list.

The index at the end of the PDL lists the names of drugs by both generic and brand name, in alphabetical order. Once you find the drug name, go to the page number listed to locate the coverage information.

Category List: Drugs are grouped into AHFS therapeutic categories, which are listed under the Table of Contents in the PDL. If you know what category your medication is in, refer to the Table of Contents to find the page.

If a generic equivalent for a brand name is not available on the market, the generic drug will not be listed separately. The presence of a drug on the PDL does not guarantee that your doctor will prescribe the drug for a particular medical condition.

Understanding your Preferred Drug List

What are tiers?
Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

When does the PDL change?
- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year. However, if new information about drug safety or effectiveness is released, or the drug is removed from the market, medications may move to a new tier immediately.

When a medication changes tiers, you may have to pay a different amount for that medication if:
- We add prior authorization, quantity limits and/or step therapy requirements.
- The medication moves to a higher tier.

Please note: We will notify you 60 days before the change becomes effective if you currently take the medication or at the time you request a refill (you will receive a 30-day supply).

Why are some medications excluded from coverage?
A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

What if I don't agree with a decision about an excluded medication?
You or your authorized representative and your doctor can ask for a coverage request by calling the number on your member ID card. WHA member services representatives can help guide you further.

What is the copay amount for oral anti-cancer drugs?
Oral anti-cancer drugs are subject to a maximum copayment for each 1-month supply, after any deductible has been met.

What is the difference between brand-name and generic medications?
Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

Over-the-counter medications
An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

What if my doctor writes a brand-name prescription?
If your doctor gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

What are my pharmacy options for filling a prescription?
WHA uses the OptumRx pharmacy network, which allows you to fill your prescription at one of the participating retail pharmacies. This includes most U.S. chain pharmacies and many independent pharmacies. To find a participating pharmacy near you, visit **mywha.org** and select pharmacy, or call WHA at the number on your member ID card or listed on the front cover of this booklet.

Can I use a mail order pharmacy?
For certain types of medications, you can save time and money by receiving a 90-day supply through OptumRx home delivery or by using the Select90 program at Walgreens or CVS Pharmacy. The medications available through home delivery or Select90 are drugs that you may be taking on a regular basis for a chronic or long-term medical condition.

What if I am taking a specialty medication?
Specialty medications are for rare or complex medical conditions. They are oral or injectable medications that can cost more than $600 for a 30-day supply. Please note, not all specialty medications are listed in this PDL. Most specialty medications require PA for coverage and all are limited to up to a 30-day supply through WHA's exclusive specialty pharmacy network.

Optum® Specialty Pharmacy can provide most of your specialty medications along with helpful programs and services. Call Optum Specialty Pharmacy at 1-855-427-4682 and have your prescriptions delivered right to your home. You may also contact NorthBay healthcare, UC Davis onsite pharmacies, or St. Joseph's McAuley pharmacy of Dignity Health. WHA will allow up to 2 initial fills at local retail pharmacies to make sure you get started on your medications in a timely manner. All other fills will be limited to WHA's exclusive specialty network, unless otherwise restricted by the manufacturer or FDA. Please refer to your Copayment Summary for specific copayment amounts.

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Definitions *continued*

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

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

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

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this PDL, a drug is listed alphabetically by its brand and generic name in its therapeutic category and class to which it belongs.

The generic drug name for a brand name drug is included after the brand name in parenthesis. If a generic equal for a brand name is both available and covered, the generic drug will be listed separately from the brand name in all **bold** and ***italicized lowercase*** letters.

Brand example:

SOVALDI ORAL TABLET 400 MG (***sofosbuvir***)	3	PA; SP; QL (30 day supply per 1 fill)

If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface in all CAPITAL letters.

Generic drug example:

triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	

Generic Drug Marketed Under A Proprietary Brand Name Example:

levothyroxine sodium (LEVOXYL) TABS	1	

Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

Drug Tier	Includes	Helpful Tips
Tier 1	Preferred generic and certain preferred brand-name medications	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	Preferred brand name and certain non-preferred generic medications	Use Tier 2 drugs instead of Tier 3 to help reduce your out-of-pocket costs.
Tier 3	Non-preferred (generic or brand) medications	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.
Tier 4	Specialty medications	
INF	Infertility medications	
OA	Office administered medications	May be considered under the medical benefit of the enrollee's contract. Contact your doctor for more information and refer to your Evidence of Coverage (EOC) for coverage information and exceptions.

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

AL	**Age Limit** – These medications may require prior authorization if your age does not fall within the drug manufacturer, Food and Drug Administration (FDA) or treatment guideline recommendations.
AC	**Anti-Cancer** – These oral anti-cancer drugs are subject to a maximum copayment for up to each 30-day supply, after any deductible has been met (per California State Law). This amount is listed in your WHA Copayment Summary.
PA	**Prior Authorization** – Your doctor is required to give Western Health Advantage more information to determine coverage.
QL	**Quantity Limit** – Medication may be limited to a certain number of doses or other limit on the amount that will be covered. Your doctor must request PA approval from WHA for a higher quantity of the drug.
ST	**Step Therapy** – Must try lower-cost medication(s) before a higher-cost medication can be covered.
PV	**Preventive Health Benefit** – Due to Health Care Reform this product may be available at zero copay through your pharmacy benefit.
SP	**Specialty Medication** – May require PA, limited to 30-day supply. Up to 2 initial fills allowed at local retail pharmacies. Exceptions may be allowed when manufacturer or FDA limits supply to select specialty pharmacies only.
*	Copayments waived for this medication; any plan deductible still applies.

How do I request a prior authorization?
If your medication requires prior authorization (PA), your doctor can fax a completed PA form (available at **westernhealth.com/provider**) to Western Health Advantage at **1-916-568-5280.** Should you or your doctor need additional information on how to request PA, please call the number on your member ID card. Once your doctor's request is received, we will notify your doctor of our decision within 72 hours. If WHA fails to respond to a completed PA or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved, and the health insurer may not deny the request thereafter.

If your doctor believes that waiting 72 hours for a standard decision could be harmful to your health, your doctor can ask for a fast decision. This applies only to requests for medications that you have not already received. We must make expedited decisions within 24 hours after we get your doctor's supporting statement.

In some cases, our plan requires you to first try certain medications to treat your medical condition before we will cover another drug for that condition. This is called step therapy. The required first step medication or preferred drug is a proven, cost-effective medication. Unless an exception is made, one or more preferred medications must be tried before progressing to a drug that is subject to step therapy.

A request for an exception to a step therapy requirement may be submitted by your doctor in the same manner as a request for PA. If a request for step therapy exception is denied, you or your doctor may appeal the denial. The denial documents provide more information on the appeal rights and procedures. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you are enrolled in your WHA plan, step therapy won't be required. Also, the medication will be approved for coverage when guidelines are met for being medically necessary.

If we approve your medication PA or step exception, the approval continues for the date range noted on the exception, which may be for a specified number of prescription fills and for a period up to a maximum of 1 year. To keep the exception in place, you must remain enrolled in our plan, your doctor must continue to prescribe your medication at the same dosage and frequency of use, and your drug must be safe for treating your condition.

Are all contraceptives covered?
Contraceptive benefits include coverage for a variety of FDA-approved prescription contraceptive methods. Refer to your Evidence of Coverage (EOC) and Copay Summary for coverage information and limitations. If your doctor determines that none of the covered methods on the PDL booklet or if a covered therapeutic equivalent of a drug, device, or product is not available, and it is medically necessary for you, coverage will be provided through the PA process. Prior authorization or step therapy may be required for some other FDA-approved prescription contraceptive drugs, devices, or products prescribed by your doctor. Contraceptive devices (including IUDs) and implantable contraceptives are not covered under the pharmacy benefit. They are covered under the medical benefit as described in your EOC.

What blood glucose supplies are covered?
Specific brands of blood glucose testing strips, lancets, and insulin syringes are covered as shown in this booklet. A prescription from your doctor is required to obtain these from a pharmacy using your pharmacy benefit. Other diabetes supplies, equipment, and services may be covered under your medical benefit, including blood glucose monitors, insulin pumps and supplies, ketone urine testing strips, and insulin pen delivery systems. Please refer to your EOC and Copay Summary for coverage information specifics and exceptions.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg, 6 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
dimenhydrinate injection solution 50 mg/ml	OA	
diphen oral elixir 12.5 mg/5ml	1	
DI-PHEN ORAL LIQUID 12.5 MG/5ML	3	
diphenhydramine hcl injection solution 50 mg/ml	1	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (***carbinoxamine maleate***)	3	
ryvent oral tablet 6 mg	1	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg, 6 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
dimenhydrinate injection solution 50 mg/ml	OA	
diphen oral elixir 12.5 mg/5ml	1	
DI-PHEN ORAL LIQUID 12.5 MG/5ML	3	

Tier 1: Preferred generic and certain preferred brand-name medications; Tier 2: Preferred brand name and certain non-preferred generic medications; Tier 3: Non-preferred (generic or brand) medications; Tier 4: Specialty medications; INF: Infertility medications; OA: Office administered medications; AL: Age Limit – These medications may require prior authorization if your age does not fall within the drug manufacturer, Food and Drug Administration (FDA) or treatment guideline recommendations; AC: Anti-Cancer – These oral anti-cancer drugs are subject to a maximum copayment for up to each 30-day supply, after any deductible has been met (per California State Law). This amount is listed in your WHA Copayment Summary; PA: Prior Authorization – Your doctor is required to give Western Health Advantage more information to determine coverage; QL: Quantity Limit – Medication may be limited to a certain quantity; ST: Step Therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered; PV: Due to Health Care Reform this product may be available at zero copay through your pharmacy benefit; SP: Specialty Medication – May require PA, limited to 30-day supply. Up to 2 initial fills allowed at local retail pharmacies. Exceptions may be allowed when manufacturer or FDA limits supply to select specialty pharmacies only; *: Copayments waived for this medication; any plan deductible still applies
Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diphenhydramine hcl injection solution 50 mg/ml	1	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (***carbinoxamine maleate***)	3	
RYCLORA ORAL SOLUTION 2 MG/5ML (***dexchlorpheniramine maleate***)	3	PA
ryvent oral tablet 6 mg	1	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (***promethazine hcl***)	OA	PA
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	OA	PA
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	1	
promethegan rectal suppository 50 mg	1	
PIPERAZINE DERIVATIVES - Drugs for Allergy		
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	OA	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
meclizine hcl oral tablet chewable 25 mg	1	
VISTARIL ORAL CAPSULE 25 MG, 50 MG (***hydroxyzine pamoate***)	3	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
hydrocodone polst-chlorphen polst er susp oral suspension extended release 10-8 mg/5ml	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (***phenylephrine-chlorphen-dm***)	3	
RYCLORA ORAL SOLUTION 2 MG/5ML (***dexchlorpheniramine maleate***)	3	PA
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG (***hydrocod polst-chlorphen polst***)	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (***chlorpheniramine-codeine***)	3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML (***codeine polst-chlorphen polst***)	3	PA
Z-TUSS AC ORAL LIQUID 2-9 MG/5ML (***chlorpheniramine-codeine***)	3	
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	1	
CLARINEX ORAL TABLET 5 MG (***desloratadine***)	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (***desloratadine-pseudoephedrine***)	3	
desloratadine oral tablet 5 mg	1	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	1	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	1	
levocetirizine dihydrochloride oral tablet 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML (***cetirizine hcl***)	OA	
SEMPREX-D ORAL CAPSULE 8-60 MG (***acrivastine-pseudoephedrine***)	3	
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	
cefadroxil oral tablet 1 gm	1	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-%, 3-0.9 GM/100ML-%	OA	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 300 gm, 500 mg	OA	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 GM/10ML, 2 GM/20ML	OA	
cefazolin sodium intravenous solution reconstituted 1 gm	OA	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	OA	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	OA	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG (***cephalexin***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefaclor er oral tablet extended release 12 hour 500 mg	1	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	1	
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (***cefotetan disodium***)	OA	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	OA	
cefotetan disodium-dextrose intravenous solution reconstituted 1-3.58 gm-%(50ml), 2-2.08 gm-%(50ml)	OA	
cefoxitin sodium injection solution reconstituted 10 gm	OA	
cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm	OA	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	OA	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg	OA	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	OA	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED 2.5 (2-0.5) GM (***ceftazidime-avibactam***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefixime oral capsule 400 mg	1	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg	OA	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	
ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	OA	
ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm	OA	
ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml	OA	
ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg	OA	
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	OA	
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	OA	
FORTAZ INJECTION SOLUTION RECONSTITUTED 1 GM, 500 MG (***ceftazidime***)	OA	
FORTAZ INTRAVENOUS SOLUTION RECONSTITUTED 2 GM (***ceftazidime***)	OA	
SUPRAX ORAL CAPSULE 400 MG (***cefixime***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML, 500 MG/5ML (***cefixime***)	3	
SUPRAX ORAL TABLET CHEWABLE 100 MG, 200 MG (***cefixime***)	3	
ceftazidime (Tazicef Injection Solution Reconstituted 1 Gm, 2 Gm, 6 Gm)	OA	
tazicef intravenous solution reconstituted 1 gm, 2 gm	OA	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM (***ceftolozane-tazobactam***)	OA	
4TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefepime hcl injection solution reconstituted 1 gm, 2 gm	OA	
cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml	OA	
cefepime hcl intravenous solution reconstituted 100 gm	OA	
cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)	OA	
5TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG (***ceftaroline fosamil***)	OA	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral syrup 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (***amantadine hcl***)	4	PA; SP; QL (30 day supply per 1 fill)
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG (***amantadine hcl***)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG (***amantadine hcl***)	3	PA
rimantadine hcl oral tablet 100 mg	1	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
terbinafine hcl oral tablet 250 mg	1	
AMEBICIDES - Drugs for the Mouth and Throat		
FLAGYL ORAL CAPSULE 375 MG (***metronidazole***)	3	
FLAGYL ORAL TABLET 500 MG (***metronidazole***)	3	
HELIDAC THERAPY ORAL (***metronid-tetracyc-bis subsal***)	3	
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.74 mg/100ml-%, 500-0.79 mg/100ml-%	OA	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
paromomycin sulfate oral capsule 250 mg	1	
PYLERA ORAL CAPSULE 140-125-125 MG (***bis subcit-metronid-tetracyc***)	3	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	OA	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (***amikacin sulfate liposome***)	4	PA; SP; QL (30 day supply per 1 fill)
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (***tobramycin***)	4	SP; QL (56 day supply per 1 fill)
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	OA	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	OA	
neomycin sulfate oral tablet 500 mg	1	
paromomycin sulfate oral capsule 250 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION 4-320 %-MCG/ML	OA	
streptomycin sulfate intramuscular solution reconstituted 1 gm	OA	
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML (***tobramycin***)	4	PA; SP; QL (56 day supply per 1 fill)
TOBI PODHALER INHALATION CAPSULE 28 MG (***tobramycin***)	4	SP; QL (56 day supply per 1 fill)
tobramycin inhalation nebulization solution 300 mg/4ml	4	SP; QL (56 day supply per 1 fill)
tobramycin nebulization solution 300 mg/5ml inhalation 300 mg/5ml	4	PA; SP; QL (56 day supply per 1 fill)
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION 300 MG/5ML	4	PA; SP; QL (56 day supply per 1 fill)
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml	OA	
tobramycin sulfate injection solution reconstituted 1.2 gm	OA	
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML (***plazomicin sulfate***)	OA	
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***omadacycline tosylate***)	OA	PA
NUZYRA ORAL TABLET 150 MG (***omadacycline tosylate***)	3	PA
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (***sarecycline hcl***)	3	PA
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
amoxicill-clarithro-lansopraz oral	1	
amoxicillin oral capsule 250 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg	OA	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	OA	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	OA	
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm	OA	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML (***amoxicillin-pot clavulanate***)	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (***amoxicillin-pot clavulanate***)	2	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML (***amoxicillin-pot clavulanate***)	3	
AUGMENTIN ORAL TABLET 500-125 MG (***amoxicillin-pot clavulanate***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMECLAMOX-PAK ORAL 500-500-20 MG (***amoxicill-clarithro-omeprazole***)	3	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (***amoxicill-rifabutin-omeprazole***)	3	
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM (***ampicillin-sulbactam sodium***)	OA	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM (***ampicillin-sulbactam sodium***)	OA	
ANTHELMINTICS - Drugs for Parasites		
albendazole oral tablet 200 mg	1	
ALBENZA ORAL TABLET 200 MG (***albendazole***)	3	
BILTRICIDE ORAL TABLET 600 MG (***praziquantel***)	3	
EGATEN ORAL TABLET 250 MG (***triclabendazole***)	3	
EMVERM ORAL TABLET CHEWABLE 100 MG (***mebendazole***)	3	
ivermectin oral tablet 3 mg	1	
praziquantel oral tablet 600 mg	1	
STROMECTOL ORAL TABLET 3 MG (***ivermectin***)	3	
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
griseofulvin microsize oral suspension 125 mg/5ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
iodine strong oral solution 5 %	1	
SSKI ORAL SOLUTION 1 GM/ML (***potassium iodide (expectorant)***)	3	
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA ORAL TABLET 100 MG (***tafenoquine succinate***)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	1	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
COARTEM ORAL TABLET 20-120 MG (***artemether-lumefantrine***)	3	
DARAPRIM ORAL TABLET 25 MG (***pyrimethamine***)	4	SP; QL (30 day supply per 1 fill)
HELIDAC THERAPY ORAL (***metronid-tetracyc-bis subsal***)	3	
hydroxychloroquine sulfate oral tablet 200 mg	1	
KRINTAFEL ORAL TABLET 150 MG (***tafenoquine succinate***)	3	PA
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (***atovaquone-proguanil hcl***)	3	
mefloquine hcl oral tablet 250 mg	1	
PLAQUENIL ORAL TABLET 200 MG (***hydroxychloroquine sulfate***)	3	
primaquine phosphate oral tablet 26.3 mg	1	
PYLERA ORAL CAPSULE 140-125-125 MG (***bis subcit-metronid-tetracyc***)	3	
pyrimethamine oral tablet 25 mg	4	SP; QL (30 day supply per 1 fill)
QUALAQUIN ORAL CAPSULE 324 MG (***quinine sulfate***)	3	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
quinine sulfate oral capsule 324 mg	1	
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	1	

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ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (***nitazoxanide***)	3	
ALINIA ORAL TABLET 500 MG (***nitazoxanide***)	3	
atovaquone oral suspension 750 mg/5ml	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL (60 EA per 365 days)
dapsone oral tablet 100 mg, 25 mg	1	
FLAGYL ORAL CAPSULE 375 MG (***metronidazole***)	3	
FLAGYL ORAL TABLET 500 MG (***metronidazole***)	3	
HELIDAC THERAPY ORAL (***metronid-tetracyc-bis subsal***)	3	
IMPAVIDO ORAL CAPSULE 50 MG (***miltefosine***)	2	
LAMPIT ORAL TABLET 120 MG, 30 MG (***nifurtimox***)	3	PA
MEPRON ORAL SUSPENSION 750 MG/5ML (***atovaquone***)	3	
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.74 mg/100ml-%, 500-0.79 mg/100ml-%	OA	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (***pentamidine isethionate***)	3	PA
nitazoxanide oral tablet 500 mg	1	
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG (***pentamidine isethionate***)	OA	PA
pentamidine isethionate inhalation solution reconstituted 300 mg	1	PA
pentamidine isethionate injection solution reconstituted 300 mg	OA	PA

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PYLERA ORAL CAPSULE 140-125-125 MG (***bis subcit-metronid-tetracyc***)	3	
SOLOSEC ORAL PACKET 2 GM (***secnidazole***)	2	PA
tinidazole oral tablet 250 mg, 500 mg	1	
ANTITUBERCULOSIS AGENTS - Antibiotics		
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	OA	
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM (***capreomycin sulfate***)	OA	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (***ciprofloxacin***)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (***ciprofloxacin hcl***)	3	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	OA	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
cycloserine oral capsule 250 mg	1	
ethambutol hcl oral tablet 100 mg, 400 mg	1	
isoniazid injection solution 100 mg/ml	OA	
isoniazid oral syrup 50 mg/5ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	OA	
levofloxacin intravenous solution 25 mg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	OA	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	OA	
moxifloxacin hcl oral tablet 400 mg	1	
MYAMBUTOL ORAL TABLET 400 MG (***ethambutol hcl***)	3	
MYCOBUTIN ORAL CAPSULE 150 MG (***rifabutin***)	3	
PASER ORAL PACKET 4 GM (***aminosalicylic acid***)	3	
PRETOMANID ORAL TABLET 200 MG	3	PA; QL (182 EA per 365 days); AL (Min 18 Years)
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	3	
pyrazinamide oral tablet 500 mg	1	
rifabutin oral capsule 150 mg	1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG (***rifampin***)	OA	
rifampin intravenous solution reconstituted 600 mg	OA	
rifampin oral capsule 150 mg, 300 mg	1	
SIRTURO ORAL TABLET 100 MG, 20 MG (***bedaquiline fumarate***)	2	PA
streptomycin sulfate intramuscular solution reconstituted 1 gm	OA	
TRECATOR ORAL TABLET 250 MG (***ethionamide***)	3	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML (***foscarnet sodium***)	OA	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML (***letermovir***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREVYMIS ORAL TABLET 240 MG, 480 MG (***letermovir***)	3	PA
VEKLURY INTRAVENOUS SOLUTION 100 MG/20ML (***remdesivir***)	OA	PA
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***remdesivir***)	OA	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG (***baloxavir marboxil***)	2	QL (1 EA per 180 days); AL (Min 12 Years)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG (***baloxavir marboxil***)	2	QL (1 EA per 180 days); AL (Min 12 Years)
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG (***isavuconazonium sulfate***)	OA	PA
CRESEMBA ORAL CAPSULE 186 MG (***isavuconazonium sulfate***)	3	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML (***fluconazole***)	3	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***fluconazole***)	3	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	OA	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
itraconazole oral capsule 100 mg	1	
itraconazole oral solution 10 mg/ml	1	
ketoconazole oral tablet 200 mg	1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML (***posaconazole***)	OA	
NOXAFIL ORAL SUSPENSION 40 MG/ML (***posaconazole***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (***posaconazole***)	3	
posaconazole oral tablet delayed release 100 mg	1	
SPORANOX ORAL CAPSULE 100 MG (***itraconazole***)	3	
SPORANOX ORAL SOLUTION 10 MG/ML (***itraconazole***)	3	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG (***itraconazole***)	3	
TOLSURA ORAL CAPSULE 65 MG	3	
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (***voriconazole***)	OA	PA
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (***voriconazole***)	3	PA
VFEND ORAL TABLET 200 MG, 50 MG (***voriconazole***)	3	PA
voriconazole intravenous solution reconstituted 200 mg	OA	PA
voriconazole oral suspension reconstituted 40 mg/ml	1	PA
voriconazole oral tablet 200 mg, 50 mg	1	PA
BACITRACIN ANTIBIOTICS - Antibiotics		
baciim intramuscular solution reconstituted 50000 unit	OA	
bacitracin intramuscular solution reconstituted 50000 unit	OA	
CARBAPENEM ANTIBIOTICS - Antibiotics		
ertapenem sodium injection solution reconstituted 1 gm	OA	
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	OA	
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM (***ertapenem sodium***)	OA	
meropenem intravenous solution reconstituted 1 gm, 500 mg	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML	OA	
MERREM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***meropenem***)	OA	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG (***imipenem-cilastatin***)	OA	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM (***imipenem-cilastatin-relebactam***)	OA	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM (***meropenem-vaborbactam***)	OA	
CEPHAMYCIN ANTIBIOTICS - Antibiotics		
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (***cefotetan disodium***)	OA	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	OA	
cefotetan disodium-dextrose intravenous solution reconstituted 1-3.58 gm-%(50ml), 2-2.08 gm-%(50ml)	OA	
cefoxitin sodium injection solution reconstituted 10 gm	OA	
cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm	OA	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	OA	
CHLORAMPHENICOL ANTIBIOTICS - Antibiotics		
chloramphenicol sod succinate intravenous solution reconstituted 1 gm	OA	
CYCLIC LIPOPEPTIDE ANTIBIOTICS - Antibiotics		
CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***daptomycin***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***daptomycin***)	OA	
daptomycin intravenous solution reconstituted 350 mg, 500 mg	OA	
ECHINOCANDIN ANTIFUNGALS - Drugs for Fungus		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG (***caspofungin acetate***)	OA	
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	OA	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (***anidulafungin***)	OA	
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	OA	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (***micafungin sodium***)	OA	
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (***erythromycin ethylsuccinate***)	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (***erythromycin ethylsuccinate***)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (***erythromycin ethylsuccinate***)	2	
erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***erythromycin lactobionate***)	OA	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (***erythromycin stearate***)	3	
erythromycin base oral capsule delayed release particles 250 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
erythromycin base oral tablet 250 mg, 500 mg	1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	1	
EXTENDED-SPECTRUM PENICILLINS - Antibiotics		
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	OA	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML (***piperacillin-tazobactam in dex***)	OA	
FLUOROCYCLINES - Antibiotics		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (***eravacycline dihydrochloride***)	OA	
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***dalbavancin hcl***)	OA	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (***vancomycin hcl***)	3	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED 400 MG (***oritavancin diphosphate***)	OA	
VANCOCIN HCL ORAL CAPSULE 125 MG (***vancomycin hcl***)	3	
VANCOCIN ORAL CAPSULE 250 MG (***vancomycin hcl***)	3	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.25-5 GM/250ML-%, 1.5-5 GM/250ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	OA	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	OA	
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION 1-0.9 GM/250ML-%, 1.25-0.9 GM/250ML-%, 1.5-0.9 GM/250ML-%, 1.75-0.9 GM/250ML-%, 2-0.9 GM/500ML-%	OA	
VANCOMYCIN HCL IN NACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS 750-0.9 MG/150ML-%	OA	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous 750-0.9 mg/150ml-%	OA	
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	OA	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 100 gm, 250 mg, 5 gm, 500 mg, 750 mg	OA	
vancomycin hcl oral capsule 125 mg, 250 mg	1	
vancomycin hcl oral solution reconstituted 250 mg/5ml	1	
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG (***telavancin hcl***)	OA	
GLYCYLCYCLINE ANTIBIOTICS - Antibiotics		
tigecycline intravenous solution reconstituted 50 mg	OA	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (***tigecycline***)	OA	
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (***sofosbuvir-velpatasvir***)	2	PA; SP; QL (30 day supply per 1 fill)

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HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (***ledipasvir-sofosbuvir***)	2	PA; SP; QL (30 day supply per 1 fill)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (***ledipasvir-sofosbuvir***)	2	PA; SP; QL (30 day supply per 1 fill)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; SP; QL (30 day supply per 1 fill)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SP; QL (30 day supply per 1 fill)
SOVALDI ORAL PACKET 150 MG (***sofosbuvir***)	4	PA; SP; QL (30 day supply per 1 fill)
SOVALDI ORAL PACKET 200 MG (***sofosbuvir***)	2	PA; SP; QL (30 day supply per 1 fill)
SOVALDI ORAL TABLET 200 MG, 400 MG (***sofosbuvir***)	4	PA; SP; QL (30 day supply per 1 fill)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 &250 MG (***ombitas-paritapre-ritona-dasab***)	4	PA; SP; QL (30 day supply per 1 fill)
VOSEVI ORAL TABLET 400-100-100 MG (***sofosbuv-velpatasv-voxilaprev***)	2	PA; SP; QL (30 day supply per 1 fill)
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir-pibrentasvir***)	4	PA; SP; QL (30 day supply per 1 fill)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 &250 MG (***ombitas-paritapre-ritona-dasab***)	4	PA; SP; QL (30 day supply per 1 fill)
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir-grazoprevir***)	4	PA; SP; QL (30 day supply per 1 fill)
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (***sofosbuvir-velpatasvir***)	2	PA; SP; QL (30 day supply per 1 fill)

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HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (***ledipasvir-sofosbuvir***)	2	PA; SP; QL (30 day supply per 1 fill)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (***ledipasvir-sofosbuvir***)	2	PA; SP; QL (30 day supply per 1 fill)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; SP; QL (30 day supply per 1 fill)
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir-pibrentasvir***)	4	PA; SP; QL (30 day supply per 1 fill)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SP; QL (30 day supply per 1 fill)
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 &250 MG (***ombitas-paritapre-ritona-dasab***)	4	PA; SP; QL (30 day supply per 1 fill)
VOSEVI ORAL TABLET 400-100-100 MG (***sofosbuv-velpatasv-voxilaprev***)	2	PA; SP; QL (30 day supply per 1 fill)
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir-grazoprevir***)	4	PA; SP; QL (30 day supply per 1 fill)
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (***enfuvirtide***)	3	PA; QL (30 day supply per 1 fill)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	3	PA
SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***)	3	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG (***maraviroc***)	2	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML (***ibalizumab-uiyk***)	OA	QL (30 day supply per 1 fill)

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 50-200-25 MG (***bictegravir-emtricitab-tenofov***)	2	
DOVATO ORAL TABLET 50-300 MG (***dolutegravir-lamivudine***)	2	QL (1 EA per 1 day); AL (Min 18 Years)
GENVOYA ORAL TABLET 150-150-200-10 MG (***elviteg-cobic-emtricit-tenofaf***)	2	
ISENTRESS HD ORAL TABLET 600 MG (***raltegravir potassium***)	2	
ISENTRESS ORAL PACKET 100 MG (***raltegravir potassium***)	3	
ISENTRESS ORAL TABLET 400 MG (***raltegravir potassium***)	2	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (***raltegravir potassium***)	3	
JULUCA ORAL TABLET 50-25 MG (***dolutegravir-rilpivirine***)	3	PA
STRIBILD ORAL TABLET 150-150-200-300 MG (***elviteg-cobic-emtricit-tenofdf***)	3	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (***dolutegravir sodium***)	2	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (***dolutegravir sodium***)	2	
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir-dolutegravir-lamivud***)	2	
HIV NONNUCLEOSIDE REV.TRANSCRIP. INHIB. - Drugs for Viral Infections		
ATRIPLA ORAL TABLET 600-200-300 MG (***efavirenz-emtricitab-tenofovir***)	3	
COMPLERA ORAL TABLET 200-25-300 MG (***emtricitab-rilpivir-tenofovir***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirin-lamivudin-tenofov df***)	3	PA
EDURANT ORAL TABLET 25 MG (***rilpivirine hcl***)	2	
efavirenz oral capsule 200 mg, 50 mg	1	
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (***etravirine***)	2	
JULUCA ORAL TABLET 50-25 MG (***dolutegravir-rilpivirine***)	3	PA
nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg	1	
nevirapine oral suspension 50 mg/5ml	1	
nevirapine oral tablet 200 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitab-rilpivir-tenofov af***)	2	
PIFELTRO ORAL TABLET 100 MG (***doravirine***)	3	PA
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (***efavirenz***)	3	
SUSTIVA ORAL TABLET 600 MG (***efavirenz***)	3	
SYMFI LO ORAL TABLET 400-300-300 MG (***efavirenz-lamivudine-tenofovir***)	3	
SYMFI ORAL TABLET 600-300-300 MG (***efavirenz-lamivudine-tenofovir***)	3	
VIRAMUNE ORAL SUSPENSION 50 MG/5ML (***nevirapine***)	3	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG (***nevirapine***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
abacavir sulfate oral solution 20 mg/ml	1	
abacavir sulfate oral tablet 300 mg	1	
abacavir sulfate-lamivudine oral tablet 600-300 mg	1	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	1	
ATRIPLA ORAL TABLET 600-200-300 MG (***efavirenz-emtricitab-tenofovir***)	3	
BIKTARVY ORAL TABLET 50-200-25 MG (***bictegravir-emtricitab-tenofov***)	2	
CIMDUO ORAL TABLET 300-300 MG (***lamivudine-tenofovir***)	2	
COMBIVIR ORAL TABLET 150-300 MG (***lamivudine-zidovudine***)	3	
COMPLERA ORAL TABLET 200-25-300 MG (***emtricitab-rilpivir-tenofovir***)	2	
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirin-lamivudin-tenofov df***)	3	PA
DESCOVY ORAL TABLET 200-25 MG (***emtricitabine-tenofovir af***)	2	
didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg	1	
DOVATO ORAL TABLET 50-300 MG (***dolutegravir-lamivudine***)	2	QL (1 EA per 1 day); AL (Min 18 Years)
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	
emtricitabine oral capsule 200 mg	1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	PV
EMTRIVA ORAL CAPSULE 200 MG (***emtricitabine***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***)	2	
EPIVIR HBV ORAL SOLUTION 5 MG/ML (***lamivudine***)	3	
EPIVIR HBV ORAL TABLET 100 MG (***lamivudine***)	3	
EPIVIR ORAL SOLUTION 10 MG/ML (***lamivudine***)	3	
EPIVIR ORAL TABLET 150 MG, 300 MG (***lamivudine***)	3	
EPZICOM ORAL TABLET 600-300 MG (***abacavir sulfate-lamivudine***)	3	
GENVOYA ORAL TABLET 150-150-200-10 MG (***elviteg-cobic-emtricit-tenofaf***)	2	
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitab-rilpivir-tenofov af***)	2	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (***zidovudine***)	OA	
RETROVIR ORAL CAPSULE 100 MG (***zidovudine***)	3	
RETROVIR ORAL SYRUP 50 MG/5ML (***zidovudine***)	3	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	
STRIBILD ORAL TABLET 150-150-200-300 MG (***elviteg-cobic-emtricit-tenofdf***)	3	
SYMFI LO ORAL TABLET 400-300-300 MG (***efavirenz-lamivudine-tenofovir***)	3	
SYMFI ORAL TABLET 600-300-300 MG (***efavirenz-lamivudine-tenofovir***)	3	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darun-cobic-emtricit-tenofaf***)	2	ST
TEMIXYS ORAL TABLET 300-300 MG (***lamivudine-tenofovir***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tenofovir disoproxil fumarate oral tablet 300 mg	1	PV
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir-dolutegravir-lamivud***)	2	
TRIZIVIR ORAL TABLET 300-150-300 MG (***abacavir-lamivudine-zidovudine***)	3	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (***emtricitabine-tenofovir df***)	2	PV
TRUVADA ORAL TABLET 200-300 MG (***emtricitabine-tenofovir df***)	3	PV
VIREAD ORAL POWDER 40 MG/GM (***tenofovir disoproxil fumarate***)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	2	
VIREAD ORAL TABLET 300 MG (***tenofovir disoproxil fumarate***)	3	
ZIAGEN ORAL SOLUTION 20 MG/ML (***abacavir sulfate***)	3	
ZIAGEN ORAL TABLET 300 MG (***abacavir sulfate***)	3	
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 50 mg/5ml	1	
zidovudine oral tablet 300 mg	1	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (***tipranavir***)	2	
APTIVUS ORAL SOLUTION 100 MG/ML (***tipranavir***)	3	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	1	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG (***indinavir sulfate***)	2	
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir-cobicistat***)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fosamprenavir calcium oral tablet 700 mg	1	
INVIRASE ORAL TABLET 500 MG (***saquinavir mesylate***)	2	
KALETRA ORAL SOLUTION 400-100 MG/5ML (***lopinavir-ritonavir***)	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (***lopinavir-ritonavir***)	2	
LEXIVA ORAL SUSPENSION 50 MG/ML (***fosamprenavir calcium***)	2	
LEXIVA ORAL TABLET 700 MG (***fosamprenavir calcium***)	3	
lopinavir-ritonavir oral solution 400-100 mg/5ml	1	
NORVIR ORAL PACKET 100 MG (***ritonavir***)	3	
NORVIR ORAL SOLUTION 80 MG/ML (***ritonavir***)	2	
NORVIR ORAL TABLET 100 MG (***ritonavir***)	3	
PREZCOBIX ORAL TABLET 800-150 MG (***darunavir-cobicistat***)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir ethanolate***)	3	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (***darunavir ethanolate***)	2	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG (***atazanavir sulfate***)	3	
REYATAZ ORAL PACKET 50 MG (***atazanavir sulfate***)	3	
ritonavir oral tablet 100 mg	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darun-cobic-emtricit-tenofaf***)	2	ST
VIEKIRA PAK ORAL TABLET THERAPY PACK 12.5-75-50 &250 MG (***ombitas-paritapre-ritona-dasab***)	4	PA; SP; QL (30 day supply per 1 fill)
VIRACEPT ORAL TABLET 250 MG, 625 MG (***nelfinavir mesylate***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (***interferon alfa-n3***)	OA	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (***interferon alfa-2b***)	OA	QL (30 day supply per 1 fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (***interferon alfa-2b***)	OA	QL (30 day supply per 1 fill)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML, 180 MCG/ML (***peginterferon alfa-2a***)	4	PA; SP; QL (30 day supply per 1 fill)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML (***peginterferon alfa-2b***)	4	PA; SP; QL (30 day supply per 1 fill)
LINCOMYCIN ANTIBIOTICS - Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (***clindamycin hcl***)	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (***clindamycin palmitate hcl***)	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML (***clindamycin phosphate***)	OA	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	OA	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	OA	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 900 mg/6ml, 9000 mg/60ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LINCOCIN INJECTION SOLUTION 300 MG/ML (***lincomycin hcl***)	OA	
lincomycin hcl injection solution 300 mg/ml	OA	
MACROLIDE ANTIBIOTICS - Antibiotics		
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (***erythromycin ethylsuccinate***)	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (***erythromycin ethylsuccinate***)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (***erythromycin ethylsuccinate***)	2	
erythromycin base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***erythromycin lactobionate***)	OA	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (***erythromycin stearate***)	3	
erythromycin base oral capsule delayed release particles 250 mg	1	
erythromycin base oral tablet 250 mg, 500 mg	1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	1	
MONOBACTAM ANTIBIOTICS - Antibiotics		
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (***aztreonam***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aztreonam injection solution reconstituted 1 gm, 2 gm	OA	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (***aztreonam lysine***)	4	SP; QL (30 day supply per 1 fill)
MONOCLONAL ANTIBODY ANTIVIRALS - Drugs for Viral Infections		
BAMLANIVIMAB INTRAVENOUS SOLUTION 700 MG/20ML	OA	PA
CASIRIVIMAB INTRAVENOUS SOLUTION 1332 MG/11.1ML, 300 MG/2.5ML	OA	PA
IMDEVIMAB INTRAVENOUS SOLUTION 1332 MG/11.1ML, 300 MG/2.5ML	OA	PA
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (***palivizumab***)	OA	QL (30 day supply per 1 fill)
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML (***penicillin g benzathine & proc***)	OA	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML (***penicillin g benzathine & proc***)	OA	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML (***penicillin g benzathine***)	OA	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 20000 UNIT/ML, 40000 UNIT/ML, 60000 UNIT/ML	OA	
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	OA	
penicillin g procaine intramuscular suspension 600000 unit/ml	OA	
penicillin g sodium injection solution reconstituted 5000000 unit	OA	
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
penicillin v potassium oral tablet 250 mg, 500 mg	1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT (***penicillin g potassium***)	OA	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
oseltamivir phosphate oral capsule 30 mg	1	QL (20 EA per 180 days)
oseltamivir phosphate oral capsule 45 mg, 75 mg	1	QL (10 EA per 180 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	1	QL (180 ML per 180 days)
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML (***peramivir***)	OA	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER (***zanamivir***)	3	QL (20 EA per 180 days)
TAMIFLU ORAL CAPSULE 30 MG (***oseltamivir phosphate***)	3	QL (20 EA per 180 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (***oseltamivir phosphate***)	3	QL (10 EA per 180 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (***oseltamivir phosphate***)	3	QL (180 ML per 180 days)
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	OA	
adefovir dipivoxil oral tablet 10 mg	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***)	2	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (***entecavir***)	3	
cidofovir intravenous solution 75 mg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
entecavir oral tablet 0.5 mg, 1 mg	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250ML	OA	
ganciclovir sodium intravenous solution 500 mg/10ml	OA	
ganciclovir sodium intravenous solution reconstituted 500 mg	OA	
HEPSERA ORAL TABLET 10 MG (***adefovir dipivoxil***)	3	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML (***letermovir***)	OA	
PREVYMIS ORAL TABLET 240 MG, 480 MG (***letermovir***)	3	PA
ribavirin inhalation solution reconstituted 6 gm	1	PA; SP; QL (30 day supply per 1 fill)
ribavirin oral capsule 200 mg	1	PA; SP; QL (30 day supply per 1 fill)
ribavirin oral tablet 200 mg	1	PA; SP; QL (30 day supply per 1 fill)
SITAVIG BUCCAL TABLET 50 MG (***acyclovir***)	3	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darun-cobic-emtricit-tenofaf***)	2	ST
valacyclovir hcl oral tablet 1 gm, 500 mg	1	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (***valganciclovir hcl***)	3	
VALCYTE ORAL TABLET 450 MG (***valganciclovir hcl***)	3	
valganciclovir hcl oral solution reconstituted 50 mg/ml	1	
valganciclovir hcl oral tablet 450 mg	1	
VALTREX ORAL TABLET 1 GM, 500 MG (***valacyclovir hcl***)	3	
VEKLURY INTRAVENOUS SOLUTION 100 MG/20ML (***remdesivir***)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***remdesivir***)	OA	PA
VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide fumarate***)	2	PA
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM (***ribavirin***)	3	PA; SP; QL (30 day supply per 1 fill)
ZOVIRAX ORAL SUSPENSION 200 MG/5ML (***acyclovir***)	3	
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
amoxicill-clarithro-lansopraz oral	1	
azithromycin intravenous solution reconstituted 500 mg	OA	
azithromycin oral packet 1 gm	1	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (***fidaxomicin***)	3	PA
DIFICID ORAL TABLET 200 MG (***fidaxomicin***)	2	
OMECLAMOX-PAK ORAL 500-500-20 MG (***amoxicill-clarithro-omeprazole***)	3	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***azithromycin***)	OA	
ZITHROMAX ORAL PACKET 1 GM (***azithromycin***)	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (***azithromycin***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZITHROMAX ORAL TABLET 250 MG, 500 MG (***azithromycin***)	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (***azithromycin***)	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (***azithromycin***)	3	
OTHER MISC. ANTIBACTERIAL AGENTS - Antibiotics		
HELIDAC THERAPY ORAL (***metronid-tetracyc-bis subsal***)	3	
PYLERA ORAL CAPSULE 140-125-125 MG (***bis subcit-metronid-tetracyc***)	3	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	OA	
linezolid intravenous solution 600 mg/300ml	OA	
linezolid oral suspension reconstituted 100 mg/5ml	1	
linezolid oral tablet 600 mg	1	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (***tedizolid phosphate***)	OA	
SIVEXTRO ORAL TABLET 200 MG (***tedizolid phosphate***)	3	
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML (***linezolid***)	OA	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (***linezolid***)	3	
ZYVOX ORAL TABLET 600 MG (***linezolid***)	3	
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/100ML	OA	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	OA	
nafcillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML	OA	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	OA	
oxacillin sodium intravenous solution reconstituted 10 gm	OA	
PLEUROMUTILINS - Antibiotics		
XENLETA INTRAVENOUS SOLUTION 150 MG/15ML (***lefamulin acetate***)	OA	
XENLETA ORAL TABLET 600 MG (***lefamulin acetate***)	3	
POLYENE ANTIFUNGALS - Drugs for Fungus		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML (***amphotericin b lipid***)	OA	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG (***amphotericin b liposome***)	OA	
amphotericin b intravenous solution reconstituted 50 mg	OA	
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral tablet 500000 unit	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
colistimethate sodium (cba) injection solution reconstituted 150 mg	OA	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (***colistimethate sodium***)	OA	
polymyxin b sulfate injection solution reconstituted 500000 unit	OA	
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (***flucytosine***)	3	
flucytosine oral capsule 250 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QUINOLONE ANTIBIOTICS - Antibiotics		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***delafloxacin meglumine***)	OA	PA
BAXDELA ORAL TABLET 450 MG (***delafloxacin meglumine***)	3	PA
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (***ciprofloxacin***)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (***ciprofloxacin hcl***)	3	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1	
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	OA	
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	OA	
levofloxacin intravenous solution 25 mg/ml	OA	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	OA	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	OA	
moxifloxacin hcl oral tablet 400 mg	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (***rifamycin sodium***)	3	PA
MYCOBUTIN ORAL CAPSULE 150 MG (***rifabutin***)	3	
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	3	
rifabutin oral capsule 150 mg	1	

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RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG (***rifampin***)	OA	
rifampin intravenous solution reconstituted 600 mg	OA	
rifampin oral capsule 150 mg, 300 mg	1	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (***amoxicill-rifabutin-omeprazole***)	3	
XIFAXAN ORAL TABLET 200 MG, 550 MG (***rifaximin***)	3	PA
SIDEROPHORE CEPHALOSPORINS - Antibiotics		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (***cefiderocol sulfate tosylate***)	OA	
STREPTOGRAMIN ANTIBIOTICS - Antibiotics		
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG (***quinupristin-dalfopristin***)	OA	
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (***sulfasalazine***)	3	
AZULFIDINE ORAL TABLET 500 MG (***sulfasalazine***)	3	
BACTRIM DS ORAL TABLET 800-160 MG (***sulfamethoxazole-trimethoprim***)	3	
BACTRIM ORAL TABLET 400-80 MG (***sulfamethoxazole-trimethoprim***)	3	
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	OA	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfasalazine oral tablet 500 mg	1	

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sulfasalazine oral tablet delayed release 500 mg	1	
sulfamethoxazole-trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
ACTICLATE ORAL TABLET 150 MG, 75 MG (***doxycycline hyclate***)	3	
avidoxy oral tablet 100 mg	1	
minocycline hcl (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	1	PA
demeclocycline hcl oral tablet 150 mg, 300 mg	1	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (***doxycycline hyclate***)	2	PA
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG (***doxycycline hyclate***)	3	PA
doxycycline hyclate (Doxy 100 Intravenous Solution Reconstituted 100 Mg)	OA	
doxycycline hyclate intravenous solution reconstituted 100 mg	OA	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	PA
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	PA
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	1	PA
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	

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doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline oral capsule delayed release 40 mg	1	PA
HELIDAC THERAPY ORAL (***metronid-tetracyc-bis subsal***)	3	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***minocycline hcl***)	OA	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	3	PA
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	PA
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	PA
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (***minocycline hcl***)	3	PA
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	1	
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 75 Mg)	1	PA
doxycycline hyclate (Morgidox Oral Capsule 100 Mg)	1	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (***doxycycline***)	3	PA
PYLERA ORAL CAPSULE 140-125-125 MG (***bis subcit-metronid-tetracyc***)	3	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (***sarecycline hcl***)	3	PA
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (***minocycline hcl***)	3	PA
TARGADOX ORAL TABLET 50 MG (***doxycycline hyclate***)	3	
tetracycline hcl oral capsule 250 mg, 500 mg	1	

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VIBRAMYCIN ORAL CAPSULE 100 MG (***doxycycline hyclate***)	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (***doxycycline monohydrate***)	3	
VIBRAMYCIN ORAL SYRUP 50 MG/5ML (***doxycycline calcium***)	3	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (***minocycline hcl***)	3	PA
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
fosfomycin tromethamine oral packet 3 gm	1	
HIPREX ORAL TABLET 1 GM (***methenamine hippurate***)	3	
MACROBID ORAL CAPSULE 100 MG (***nitrofurantoin monohyd macro***)	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (***nitrofurantoin macrocrystal***)	3	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
methenamine hippurate oral tablet 1 gm	1	
methenamine mandelate oral tablet 0.5 gm	1	
MONUROL ORAL PACKET 3 GM (***fosfomycin tromethamine***)	3	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
meth-hyo-m bl-na phos-ph sal (Phosphasal Oral Tablet 81.6 Mg)	3	
PRIMSOL ORAL SOLUTION 50 MG/5ML (***trimethoprim hcl***)	2	
trimethoprim oral tablet 100 mg	1	
meth-hyo-m bl-na phos-ph sal (Urelle Oral Tablet 81 Mg)	3	

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meth-hyo-m bl-na phos-ph sal (Uretron D/S Oral Tablet 81.6 Mg)	1	
meth-hyo-m bl-na phos-ph sal (Uribel Oral Capsule 118 Mg)	3	
URIMAR-T ORAL TABLET 120 MG (***meth-hyo-m bl-na phos-ph sal***)	3	
urin ds oral tablet 81.6 mg	1	
URO-458 ORAL TABLET 81 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG (***methen-hyosc-meth blue-na phos***)	3	
uro-mp oral capsule 118 mg	1	
meth-hyo-m bl-na phos-ph sal (Ustell Oral Capsule 120 Mg)	3	
UTICAP ORAL CAPSULE 120 MG	3	
meth-hyo-m bl-na phos-ph sal (Utira-C Oral Tablet 81.6 Mg)	3	
meth-hyo-m bl-na phos-ph sal (Utrona-C Oral Tablet 81.6 Mg)	1	
meth-hyo-m bl-na phos-ph sal (Vilamit Mb Oral Capsule 118 Mg)	3	
meth-hyo-m bl-na phos-ph sal (Vilevev Mb Oral Tablet 81 Mg)	3	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
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abiraterone acetate oral tablet 250 mg	4	PA; SP; AC; QL (30 day supply per 1 fill)
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (***paclitaxel protein-bound part***)	OA	QL (30 day supply per 1 fill)
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (***brentuximab vedotin***)	OA	QL (30 day supply per 1 fill)
doxorubicin hcl (Adriamycin Intravenous Solution 2 Mg/Ml)	OA	
adriamycin intravenous solution reconstituted 10 mg	OA	
adriamycin intravenous solution reconstituted 50 mg	OA	

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (***everolimus***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (***everolimus***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ALECENSA ORAL CAPSULE 150 MG (***alectinib hcl***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (***interferon alfa-n3***)	OA	
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG (***pemetrexed disodium***)	OA	
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG (***copanlisib hcl***)	OA	QL (30 day supply per 1 fill)
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (***melphalan hcl***)	OA	
ALKERAN ORAL TABLET 2 MG (***melphalan***)	3	AC
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (***brigatinib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (***brigatinib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
anastrozole oral tablet 1 mg	1	AC
ARIMIDEX ORAL TABLET 1 MG (***anastrozole***)	3	AC
AROMASIN ORAL TABLET 25 MG (***exemestane***)	3	AC
ARRANON INTRAVENOUS SOLUTION 5 MG/ML (***nelarabine***)	OA	QL (30 day supply per 1 fill)
arsenic trioxide intravenous solution 10 mg/10ml, 12 mg/6ml	OA	
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML, 1000 MG/50ML (***ofatumumab***)	OA	QL (30 day supply per 1 fill)
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (***calaspargase pegol-mknl***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (***bevacizumab***)	OA	QL (30 day supply per 1 fill)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG (***avapritinib***)	4	PA; SP; AC; QL (1 EA per 1 day); AL (Min 18 Years)
azacitidine injection suspension reconstituted 100 mg	OA	QL (30 day supply per 1 fill)
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION 15 MCI/ML (***iobenguane i 131***)	OA	
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION 15 MCI/ML (***iobenguane i 131***)	OA	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (***erdafitinib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML (***avelumab***)	OA	QL (30 day supply per 1 fill)
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***belinostat***)	OA	QL (30 day supply per 1 fill)
BELRAPZO INTRAVENOUS SOLUTION 100 MG/4ML (***bendamustine hcl***)	OA	QL (30 day supply per 1 fill)
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML (***bendamustine hcl***)	OA	QL (30 day supply per 1 fill)
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG (***inotuzumab ozogamicin***)	OA	QL (30 day supply per 1 fill)
bexarotene oral capsule 75 mg	4	SP; AC; QL (30 day supply per 1 fill)
bicalutamide oral tablet 50 mg	1	AC
BICNU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***carmustine***)	OA	
BLENREP INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***belantamab mafodotin-blmf***)	OA	PA; SP
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG (***blinatumomab***)	OA	QL (30 day supply per 1 fill)
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED 3.5 MG	OA	QL (30 day supply per 1 fill)
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (***bosutinib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
BRAFTOVI ORAL CAPSULE 75 MG (***encorafenib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
BRUKINSA ORAL CAPSULE 80 MG (***zanubrutinib***)	3	PA; AC; QL (4 EA per 1 day); AL (Min 18 Years)
busulfan intravenous solution 6 mg/ml	OA	
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML (***busulfan***)	OA	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (***cabozantinib s-malate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
CALQUENCE ORAL CAPSULE 100 MG (***acalabrutinib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
CAMPATH INTRAVENOUS SOLUTION 30 MG/ML (***alemtuzumab***)	OA	
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML, 40 MG/2ML (***irinotecan hcl***)	OA	
capecitabine oral tablet 150 mg, 500 mg	4	SP; AC; QL (30 day supply per 1 fill)
CAPRELSA ORAL TABLET 100 MG, 300 MG (***vandetanib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
CARAC EXTERNAL CREAM 0.5 % (***fluorouracil***)	2	
carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	OA	
carmustine intravenous solution reconstituted 100 mg	OA	
CASODEX ORAL TABLET 50 MG (***bicalutamide***)	3	AC

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	OA	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	OA	
cladribine intravenous solution 10 mg/10ml	OA	
clofarabine intravenous solution 1 mg/ml	OA	
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML (***clofarabine***)	OA	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (***cabozantinib s-malate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (***cabozantinib s-malate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (***cabozantinib s-malate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***)	4	SP; AC; QL (30 day supply per 1 fill)
COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG (***dactinomycin***)	OA	
COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	OA	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	OA	PA; SP
cyclophosphamide oral capsule 25 mg, 50 mg	1	AC
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (***ramucirumab***)	OA	QL (30 day supply per 1 fill)
cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml	OA	
cytarabine injection solution 20 mg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dacarbazine intravenous solution reconstituted 100 mg, 200 mg	OA	
DACOGEN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (***decitabine***)	OA	QL (30 day supply per 1 fill)
dactinomycin intravenous solution reconstituted 0.5 mg	OA	
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML (***naxitamab-gqgk***)	OA	PA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML (***daratumumab-hyaluronidase-fihj***)	OA	
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (***daratumumab***)	OA	QL (30 day supply per 1 fill)
daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml	OA	
DAURISMO ORAL TABLET 100 MG, 25 MG (***glasdegib maleate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
decitabine intravenous solution reconstituted 50 mg	OA	QL (30 day supply per 1 fill)
diclofenac sodium external gel 3 %	1	PA
docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml	OA	
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	OA	
DOXIL INTRAVENOUS INJECTABLE 2 MG/ML (***doxorubicin hcl liposomal***)	OA	
doxorubicin hcl intravenous solution 2 mg/ml	OA	
doxorubicin hcl liposomal intravenous injectable 2 mg/ml	OA	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	2	
EFUDEX EXTERNAL CREAM 5 % (***fluorouracil***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELIGARD SUBCUTANEOUS KIT 22.5 MG (***leuprolide acetate (3 month)***)	OA	QL (30 day supply per 1 fill)
ELIGARD SUBCUTANEOUS KIT 30 MG (***leuprolide acetate (4 month)***)	OA	QL (30 day supply per 1 fill)
ELIGARD SUBCUTANEOUS KIT 45 MG (***leuprolide acetate (6 month)***)	OA	QL (30 day supply per 1 fill)
ELIGARD SUBCUTANEOUS KIT 7.5 MG (***leuprolide acetate***)	OA	PA; QL (30 day supply per 1 fill)
ELLENCE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML (***epirubicin hcl***)	OA	
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML (***tagraxofusp-erzs***)	OA	QL (30 day supply per 1 fill)
EMCYT ORAL CAPSULE 140 MG (***estramustine phosphate sodium***)	2	AC
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG (***elotuzumab***)	OA	QL (30 day supply per 1 fill)
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***fam-trastuzumab deruxtec-nxki***)	OA	
epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml	OA	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML (***cetuximab***)	OA	QL (30 day supply per 1 fill)
ERIVEDGE ORAL CAPSULE 150 MG (***vismodegib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ERLEADA ORAL TABLET 60 MG (***apalutamide***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg	4	PA; SP; AC; QL (30 day supply per 1 fill)
ERWINAZE INJECTION SOLUTION RECONSTITUTED 10000 UNIT (***asparaginase erwinia chrysanth***)	OA	QL (30 day supply per 1 fill)

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ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***etoposide phosphate***)	OA	
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	OA	
etoposide oral capsule 50 mg	1	AC
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	4	PA; SP; AC; QL (30 day supply per 1 fill)
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (***melphalan hcl***)	OA	QL (30 day supply per 1 fill)
exemestane oral tablet 25 mg	1	AC
FARESTON ORAL TABLET 60 MG (***toremifene citrate***)	3	AC
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (***panobinostat lactate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML (***fulvestrant***)	OA	
FEMARA ORAL TABLET 2.5 MG (***letrozole***)	3	AC
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (PED) (***leuprolide acetate (6 month)***)	OA	PA; QL (30 day supply per 1 fill)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (***degarelix acetate***)	OA	QL (30 day supply per 1 fill)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (***degarelix acetate***)	OA	QL (30 day supply per 1 fill)
floxuridine injection solution reconstituted 0.5 gm	OA	
fludarabine phosphate intravenous solution 50 mg/2ml	OA	
fludarabine phosphate intravenous solution reconstituted 50 mg	OA	
FLUOROPLEX EXTERNAL CREAM 1 % (***fluorouracil***)	2	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	

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fluorouracil external solution 2 %, 5 %	1	
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	OA	
flutamide oral capsule 125 mg	1	AC
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML (***pralatrexate***)	OA	QL (30 day supply per 1 fill)
fulvestrant intramuscular solution 250 mg/5ml	OA	
GAVRETO ORAL CAPSULE 100 MG (***pralsetinib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML (***obinutuzumab***)	OA	QL (30 day supply per 1 fill)
gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml	OA	
gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg	OA	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (***afatinib dimaleate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
GLEEVEC ORAL TABLET 100 MG, 400 MG (***imatinib mesylate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (***lomustine***)	2	AC
GLIADEL WAFER IMPLANT WAFER 7.7 MG (***carmustine in polifeprosan***)	OA	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML (***eribulin mesylate***)	OA	QL (30 day supply per 1 fill)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML (***trastuzumab-hyaluronidase-oysk***)	OA	
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (***trastuzumab***)	OA	QL (30 day supply per 1 fill)

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HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (***trastuzumab-pkrb***)	OA	
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (***topotecan hcl***)	OA	QL (30 day supply per 1 fill)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (***topotecan hcl***)	4	SP; AC; QL (30 day supply per 1 fill)
HYDREA ORAL CAPSULE 500 MG (***hydroxyurea***)	3	AC
hydroxyurea oral capsule 500 mg	1	AC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (***palbociclib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (***palbociclib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ICLUSIG ORAL TABLET 15 MG, 45 MG (***ponatinib hcl***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IDAMYCIN PFS INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML (***idarubicin hcl***)	OA	
idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml	OA	
IDHIFA ORAL TABLET 100 MG, 50 MG (***enasidenib mesylate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 3 GM (***ifosfamide***)	OA	
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml	OA	
ifosfamide intravenous solution reconstituted 1 gm, 3 gm	OA	
imatinib mesylate oral tablet 100 mg, 400 mg	1	PA; SP; AC; QL (30 day supply per 1 fill)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (***ibrutinib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML (***durvalumab***)	OA	QL (30 day supply per 1 fill)
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML (***talimogene laherparepvec***)	OA	QL (30 day supply per 1 fill)
INFUGEM INTRAVENOUS SOLUTION 1200-0.9 MG/120ML-%, 1300-0.9 MG/130ML-%, 1400-0.9 MG/140ML-%, 1500-0.9 MG/150ML-%, 1600-0.9 MG/160ML-%, 1700-0.9 MG/170ML-%, 1800-0.9 MG/180ML-%, 1900-0.9 MG/190ML-%, 2000-0.9 MG/200ML-%, 2200-0.9 MG/220ML-% (***gemcitabine hcl-nacl***)	OA	
INLYTA ORAL TABLET 1 MG, 5 MG (***axitinib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
INQOVI ORAL TABLET 35-100 MG (***decitabine-cedazuridine***)	3	PA; AC
INREBIC ORAL CAPSULE 100 MG (***fedratinib hcl***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (***interferon alfa-2b***)	OA	QL (30 day supply per 1 fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (***interferon alfa-2b***)	OA	QL (30 day supply per 1 fill)
IRESSA ORAL TABLET 250 MG (***gefitinib***)	4	SP; AC; QL (30 day supply per 1 fill)
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml	OA	
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (***romidepsin***)	OA	SP; QL (30 day supply per 1 fill)
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG (***ixabepilone***)	OA	QL (30 day supply per 1 fill)

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JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (***ruxolitinib phosphate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG (***mitomycin***)	OA	
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML (***cabazitaxel***)	OA	QL (30 day supply per 1 fill)
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG (***ado-trastuzumab emtansine***)	OA	QL (30 day supply per 1 fill)
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (***trastuzumab-anns***)	OA	
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML (***pembrolizumab***)	OA	QL (30 day supply per 1 fill)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (***ribociclib succinate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (***ribociclib succinate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (***ribociclib succinate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (***ribociclib-letrozole***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (***ribociclib-letrozole***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (***ribociclib-letrozole***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (***selumetinib sulfate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KYMRIAH INTRAVENOUS SUSPENSION (***tisagenlecleucel***)	OA	QL (30 day supply per 1 fill)
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG (***carfilzomib***)	OA	QL (30 day supply per 1 fill)

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lapatinib ditosylate oral tablet 250 mg	4	SP; AC; QL (30 day supply per 1 fill)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (***lenvatinib mesylate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (***lenvatinib mesylate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (***lenvatinib mesylate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (***lenvatinib mesylate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (***lenvatinib mesylate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (***lenvatinib mesylate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (***lenvatinib mesylate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (***lenvatinib mesylate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
letrozole oral tablet 2.5 mg	1	AC
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	2	AC
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML (***cemiplimab-rwlc***)	OA	QL (30 day supply per 1 fill)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (***trifluridine-tipiracil***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LORBRENA ORAL TABLET 100 MG, 25 MG (***lorlatinib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED 1 MG (***moxetumomab pasudotox-tdfk***)	OA	QL (30 day supply per 1 fill)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (***leuprolide acetate***)	OA	PA; QL (30 day supply per 1 fill)

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LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (***leuprolide acetate (3 month)***)	OA	QL (30 day supply per 1 fill)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (***leuprolide acetate (4 month)***)	OA	QL (30 day supply per 1 fill)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (***leuprolide acetate (6 month)***)	OA	QL (30 day supply per 1 fill)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (***leuprolide acetate***)	OA	QL (30 day supply per 1 fill)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (***leuprolide acetate (3 month)***)	OA	QL (30 day supply per 1 fill)
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML (***lutetium lu 177 dotatate***)	OA	
LYNPARZA ORAL TABLET 100 MG, 150 MG (***olaparib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
LYSODREN ORAL TABLET 500 MG (***mitotane***)	2	AC
MARQIBO INTRAVENOUS SUSPENSION 5 MG/31ML (***vincristine sulfate liposome***)	OA	QL (30 day supply per 1 fill)
MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***)	4	SP; AC; QL (30 day supply per 1 fill)
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1	AC
megestrol acetate oral suspension 625 mg/5ml	1	
megestrol acetate oral tablet 20 mg, 40 mg	1	AC
MEKINIST ORAL TABLET 0.5 MG, 2 MG (***trametinib dimethyl sulfoxide***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
MEKTOVI ORAL TABLET 15 MG (***binimetinib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
melphalan hcl intravenous solution reconstituted 50 mg	OA	
melphalan oral tablet 2 mg	1	AC
mercaptopurine oral tablet 50 mg	1	AC

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methotrexate oral tablet 2.5 mg	1	AC
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	PA; QL (30 day supply per 1 fill)
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	PA; QL (30 day supply per 1 fill)
methotrexate sodium injection solution reconstituted 1 gm	OA	
methotrexate sodium oral tablet 2.5 mg	1	AC
mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg	OA	
MITOMYCIN INTRAVESICAL SOLUTION PREFILLED SYRINGE 20 MG/40ML	OA	
mitoxantrone hcl intravenous concentrate 20 mg/10ml, 30 mg/15ml	OA	
mitoxantrone hcl intravenous concentrate 25 mg/12.5ml	OA	QL (30 day supply per 1 fill)
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (***tafasitamab-cxix***)	OA	PA; SP
mitomycin (Mutamycin Intravenous Solution Reconstituted 20 Mg, 40 Mg, 5 Mg)	OA	
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (***bevacizumab-awwb***)	OA	
MYLERAN ORAL TABLET 2 MG (***busulfan***)	2	AC
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG (***gemtuzumab ozogamicin***)	OA	QL (30 day supply per 1 fill)
NAVELBINE INTRAVENOUS SOLUTION 10 MG/ML, 50 MG/5ML (***vinorelbine tartrate***)	OA	
NERLYNX ORAL TABLET 40 MG (***neratinib maleate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
NEXAVAR ORAL TABLET 200 MG (***sorafenib tosylate***)	4	SP; AC; QL (30 day supply per 1 fill)

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NILANDRON ORAL TABLET 150 MG (***nilutamide***)	3	AC
nilutamide oral tablet 150 mg	1	AC
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (***ixazomib citrate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (***pentostatin***)	OA	
NUBEQA ORAL TABLET 300 MG (***darolutamide***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ODOMZO ORAL CAPSULE 200 MG (***sonidegib phosphate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (***trastuzumab-dkst***)	OA	
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (***pegaspargase***)	OA	
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML (***irinotecan hcl liposome***)	OA	QL (30 day supply per 1 fill)
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (***trastuzumab-dttb***)	OA	
ONUREG ORAL TABLET 200 MG, 300 MG (***azacitidine***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 240 MG/24ML, 40 MG/4ML (***nivolumab***)	OA	QL (30 day supply per 1 fill)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (***methotrexate (anti-rheumatic)***)	3	PA; QL (30 day supply per 1 fill)
oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml	OA	
oxaliplatin intravenous solution reconstituted 100 mg, 50 mg	OA	

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paclitaxel intravenous concentrate 100 mg/16.67ml, 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	OA	PA; SP; QL (30 day supply per 1 fill)
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG (***enfortumab vedotin-ejfv***)	OA	
PANRETIN EXTERNAL GEL 0.1 % (***alitretinoin***)	2	PA
paraplatin intravenous solution 1000 mg/100ml	OA	
carboplatin (Paraplatin Intravenous Solution 150 Mg/15Ml, 450 Mg/45Ml, 50 Mg/5Ml, 600 Mg/60Ml)	OA	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (***pemigatinib***)	4	PA; SP; AC; QL (0.667 EA per 1 day)
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML (***pertuzumab***)	OA	QL (30 day supply per 1 fill)
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML (***pertuz-trastuz-hyaluron-zzxf***)	OA	PA; SP; QL (30 day supply per 1 fill)
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED 75 MG (***porfimer sodium***)	OA	
PICATO EXTERNAL GEL 0.015 %, 0.05 % (***ingenol mebutate***)	3	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG (***alpelisib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG (***alpelisib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG (***alpelisib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG, 30 MG (***polatuzumab vedotin-piiq***)	OA	PA; SP; QL (30 day supply per 1 fill)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML (***necitumumab***)	OA	QL (30 day supply per 1 fill)

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POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML (***mogamulizumab-kpkc***)	OA	QL (30 day supply per 1 fill)
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (***aldesleukin***)	OA	QL (30 day supply per 1 fill)
PURIXAN ORAL SUSPENSION 2000 MG/100ML (***mercaptopurine***)	4	SP; AC; QL (30 day supply per 1 fill)
QINLOCK ORAL TABLET 50 MG (***ripretinib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (***methotrexate (anti-rheumatic)***)	3	PA; QL (30 day supply per 1 fill)
RETEVMO ORAL CAPSULE 40 MG, 80 MG (***selpercatinib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (***lenalidomide***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML (***rituximab-hyaluronidase human***)	4	SP; QL (30 day supply per 1 fill)
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (***rituximab***)	OA	QL (30 day supply per 1 fill)
ROMIDEPSIN INTRAVENOUS SOLUTION 27.5 MG/5.5ML	OA	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (***entrectinib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (***rucaparib camsylate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (***rituximab-pvvr***)	OA	
RYDAPT ORAL CAPSULE 25 MG (***midostaurin***)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML (***isatuximab-irfc***)	OA	
SIKLOS ORAL TABLET 100 MG, 1000 MG (***hydroxyurea***)	3	
SOLTAMOX ORAL SOLUTION 10 MG/5ML (***tamoxifen citrate***)	3	PV; AC
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (***dasatinib***)	4	SP; AC; QL (30 day supply per 1 fill)
STIVARGA ORAL TABLET 40 MG (***regorafenib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (***histrelin acetate (cpp)***)	OA	PA; QL (365 day supply per 1 fill)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (***sunitinib malate***)	4	SP; AC; QL (42 day supply per 1 fill)
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG (***siltuximab***)	OA	QL (30 day supply per 1 fill)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG (***omacetaxine mepesuccinate***)	OA	PA; QL (30 day supply per 1 fill)
TABLOID ORAL TABLET 40 MG (***thioguanine***)	2	AC
TABRECTA ORAL TABLET 150 MG, 200 MG (***capmatinib hcl***)	4	PA; SP; AC; QL (4 EA per 1 day)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (***dabrafenib mesylate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib mesylate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (***talazoparib tosylate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
tamoxifen citrate oral tablet 10 mg, 20 mg	1	PV; AC
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (***erlotinib hcl***)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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TARGRETIN EXTERNAL GEL 1 % (***bexarotene***)	4	SP; QL (30 day supply per 1 fill)
TARGRETIN ORAL CAPSULE 75 MG (***bexarotene***)	4	SP; AC; QL (30 day supply per 1 fill)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (***nilotinib hcl***)	4	SP; AC; QL (30 day supply per 1 fill)
TAXOTERE INTRAVENOUS CONCENTRATE 80 MG/4ML (***docetaxel***)	OA	
TAZVERIK ORAL TABLET 200 MG (***tazemetostat hbr***)	4	PA; SP; AC; QL (8 EA per 1 day)
TECARTUS INTRAVENOUS SUSPENSION (***brexucabtagene autoleucel***)	OA	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML (***atezolizumab***)	OA	QL (30 day supply per 1 fill)
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***temozolomide***)	OA	QL (30 day supply per 1 fill)
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (***temozolomide***)	4	SP; AC; QL (30 day supply per 1 fill)
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	4	SP; AC; QL (30 day supply per 1 fill)
temsirolimus intravenous solution 25 mg/ml	OA	QL (30 day supply per 1 fill)
teniposide intravenous solution 10 mg/ml	OA	
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG, 15 MG (***thiotepa***)	OA	
thiotepa injection solution reconstituted 100 mg, 15 mg	OA	
TIBSOVO ORAL TABLET 250 MG (***ivosidenib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (***bcg live***)	OA	

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TOLAK EXTERNAL CREAM 4 % (***fluorouracil***)	2	
etoposide (Toposar Intravenous Solution 1 Gm/50Ml, 100 Mg/5Ml, 500 Mg/25Ml)	OA	
topotecan hcl intravenous solution 4 mg/4ml	OA	QL (30 day supply per 1 fill)
topotecan hcl intravenous solution reconstituted 4 mg	OA	QL (30 day supply per 1 fill)
toremifene citrate oral tablet 60 mg	1	AC
TORISEL INTRAVENOUS SOLUTION 25 MG/ML (***temsirolimus***)	OA	QL (30 day supply per 1 fill)
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG (***trastuzumab-qyyp***)	OA	
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 25 MG (***bendamustine hcl***)	OA	QL (30 day supply per 1 fill)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (***triptorelin pamoate***)	OA	
tretinoin oral capsule 10 mg	1	AC
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	2	AC
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (***triptorelin pamoate***)	OA	QL (30 day supply per 1 fill)
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML (***arsenic trioxide***)	OA	
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG (***sacituzumab govitecan-hziy***)	OA	
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (***rituximab-abbs***)	OA	
TUKYSA ORAL TABLET 150 MG (***tucatinib***)	4	PA; SP; AC; QL (4 EA per 1 day)

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TUKYSA ORAL TABLET 50 MG (***tucatinib***)	4	PA; SP; AC; QL (8 EA per 1 day)
TURALIO ORAL CAPSULE 200 MG (***pexidartinib hcl***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TYKERB ORAL TABLET 250 MG (***lapatinib ditosylate***)	4	SP; AC; QL (30 day supply per 1 fill)
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML (***dinutuximab***)	OA	QL (30 day supply per 1 fill)
VALCHLOR EXTERNAL GEL 0.016 % (***mechlorethamine hcl (topical)***)	4	SP; QL (30 day supply per 1 fill)
valrubicin intravesical solution 40 mg/ml	OA	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (***valrubicin***)	OA	
VANTAS SUBCUTANEOUS KIT 50 MG (***histrelin acetate***)	OA	PA; QL (365 day supply per 1 fill)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (***panitumumab***)	OA	QL (30 day supply per 1 fill)
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG (***bortezomib***)	OA	QL (30 day supply per 1 fill)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (***venetoclax***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (***venetoclax***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***abemaciclib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG (***azacitidine***)	OA	QL (30 day supply per 1 fill)
vinblastine sulfate intravenous solution 1 mg/ml	OA	
vincristine sulfate intravenous solution 1 mg/ml	OA	

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vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	OA	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (***larotrectinib sulfate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VITRAKVI ORAL SOLUTION 20 MG/ML (***larotrectinib sulfate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (***dacomitinib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VOTRIENT ORAL TABLET 200 MG (***pazopanib hcl***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG (***daunorubicin-cytarabine lipo***)	OA	QL (30 day supply per 1 fill)
XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***)	3	AC
XELODA ORAL TABLET 150 MG, 500 MG (***capecitabine***)	4	SP; AC; QL (30 day supply per 1 fill)
XOSPATA ORAL TABLET 40 MG (***gilteritinib fumarate***)	4	PA; SP; AC; QL (56 day supply per 1 fill)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (***selinexor***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (***selinexor***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (***selinexor***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (***selinexor***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (***selinexor***)	4	PA; SP; AC; QL (30 day supply per 1 fill)

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XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (***selinexor***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (***selinexor***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
XTANDI ORAL CAPSULE 40 MG (***enzalutamide***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML (***ipilimumab***)	OA	QL (30 day supply per 1 fill)
YESCARTA INTRAVENOUS SUSPENSION (***axicabtagene ciloleucel***)	OA	QL (30 day supply per 1 fill)
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG (***trabectedin***)	OA	QL (30 day supply per 1 fill)
YONSA ORAL TABLET 125 MG (***abiraterone acetate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML (***ziv-aflibercept***)	OA	QL (30 day supply per 1 fill)
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (***streptozocin***)	OA	
ZEJULA ORAL CAPSULE 100 MG (***niraparib tosylate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ZELBORAF ORAL TABLET 240 MG (***vemurafenib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (***lurbinectedin***)	OA	PA; SP; QL (30 day supply per 1 fill)
ZEVALIN Y-90 INTRAVENOUS KIT 3.2 MG/2ML (***ibritumomab tiuxetan for y-90***)	OA	
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (***bevacizumab-bvzr***)	OA	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (***goserelin acetate***)	OA	QL (90 day supply per 1 fill)

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ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (***goserelin acetate***)	OA	QL (30 day supply per 1 fill)
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	4	SP; AC; QL (30 day supply per 1 fill)
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ZYKADIA ORAL TABLET 150 MG (***ceritinib***)	3	PA; SP; AC; QL (30 day supply per 1 fill)
ZYTIGA ORAL TABLET 250 MG, 500 MG (***abiraterone acetate***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM		
ACACIA SUBCUTANEOUS SOLUTION 1:20	OA	
ACREMONIUM SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
ALDER SUBCUTANEOUS SOLUTION 1:20	OA	
ALTERNARIA SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
AMERICAN BEECH SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN ELM SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN SYCAMORE SUBCUTANEOUS SOLUTION 1:20	OA	
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION 1:20	OA	
AUREOBASIDIUM SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
AUSTRALIAN PINE SUBCUTANEOUS SOLUTION 1:20	OA	
BAHIA SUBCUTANEOUS SOLUTION 1:20	OA	
BALD CYPRESS SUBCUTANEOUS SOLUTION 1:20	OA	

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BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION 1:20	OA	
BERMUDA GRASS SUBCUTANEOUS SOLUTION 10000 BAU/ML	OA	
BLACK WALNUT POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
BLACK WILLOW SUBCUTANEOUS SOLUTION 1:20	OA	
BOTRYTIS SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
BOX ELDER SUBCUTANEOUS SOLUTION 1:20	OA	
BROME SUBCUTANEOUS SOLUTION 1:20	OA	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION 1:20	OA	
CANDIDA ALBICANS EXTRACT SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION 10000 BAU/ML	OA	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	OA	
CEDAR ELM SUBCUTANEOUS SOLUTION 1:20	OA	
CLADOSPORIUM CLADOSPORIOIDES INTRADERMAL SOLUTION 1:20	OA	
CLADOSPORIUM CLADOSPORIOIDES SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
CLADOSPORIUM SPHAEROSPERMUM SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
COCKLEBUR SUBCUTANEOUS SOLUTION 1:20	OA	
CORN POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
CURVULARIA SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
DOG FENNEL SUBCUTANEOUS SOLUTION 1:20	OA	

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DRECHSLERA SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	PA
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION 1:20	OA	
ENGLISH PLANTAIN SUBCUTANEOUS SOLUTION 1:20	OA	
EPICOCCUM SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
FIRE ANT SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
FUSARIUM SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
GERMAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	OA	
GOLDENROD SUBCUTANEOUS SOLUTION 1:20	OA	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (***timothy grass pollen allergen***)	OA	
HACKBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG (***honey bee venom***)	OA	
HONEY BEE VENOM SUBCUTANEOUS SOLUTION RECONSTITUTED 1100 MCG, 120 MCG	OA	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
JOHNSON GRASS SUBCUTANEOUS SOLUTION 1:20	OA	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
KAPOK SUBCUTANEOUS SOLUTION 1:20	OA	
KOCHIA SUBCUTANEOUS SOLUTION 1:20	OA	
LAMBS QUARTERS SUBCUTANEOUS SOLUTION 1:20	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
MELALEUCA SUBCUTANEOUS SOLUTION 1:20	OA	
MESQUITE SUBCUTANEOUS SOLUTION 1:20	OA	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	
MIXED ASPERGILLUS SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
MIXED FEATHERS SUBCUTANEOUS SOLUTION 1:20	OA	
MIXED RAGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550-550-550 MCG	OA	
mixed vespid venom protein subcutaneous solution reconstituted 1100-1100-1100 mcg	OA	
MIXED VESPID VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED 120-120-120 MCG	OA	
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION 1:20	OA	
MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	OA	
MUCOR INTRADERMAL SOLUTION 1:20	OA	
MUCOR SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
MUGWORT SUBCUTANEOUS SOLUTION 1:20	OA	
OLIVE TREE SUBCUTANEOUS SOLUTION 1:20	OA	
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG (***peanut powder-dnfp***)	3	PA

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PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG (***peanut powder-dnfp***)	3	PA
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG (***peanut powder-dnfp***)	3	PA
PALFORZIA (20 MG DAILY DOSE) ORAL 20 MG (***peanut powder-dnfp***)	3	PA
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG (***peanut powder-dnfp***)	3	PA
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG (***peanut powder-dnfp***)	3	PA
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG (***peanut powder-dnfp***)	3	PA
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG (***peanut powder-dnfp***)	3	PA
PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG (***peanut powder-dnfp***)	3	PA
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG (***peanut powder-dnfp***)	3	PA
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG (***peanut powder-dnfp***)	3	PA
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG (***peanut powder-dnfp***)	3	PA
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (***peanut powder-dnfp***)	OA	PA
PECAN POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
PENICILLIUM NOTATUM SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
PERENNIAL RYE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	

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PHOMA EXIGUA SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
PRIVET SUBCUTANEOUS SOLUTION 1:20	OA	
QUEEN PALM SUBCUTANEOUS SOLUTION 1:20	OA	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
RED BIRCH SUBCUTANEOUS SOLUTION 1:20	OA	
RED CEDAR SUBCUTANEOUS SOLUTION 1:20	OA	
RED MAPLE SUBCUTANEOUS SOLUTION 1:20	OA	
RED MULBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
RHIZOPUS SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION 1:20	OA	
ROUGH PIGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION 1:20	OA	
SACCHAROMYCES CEREVISIAE SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
SAGEBRUSH SUBCUTANEOUS SOLUTION 1:20	OA	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION 1:20	OA	
SHEEP SORREL SUBCUTANEOUS SOLUTION 1:20	OA	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION 1:20	OA	
SORREL/DOCK MIX SUBCUTANEOUS SOLUTION 1:20	OA	
SPINY PIGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
SWEET GUM SUBCUTANEOUS SOLUTION 1:20	OA	

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SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
TALL RAGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 10000 BAU/ML, 100000 BAU/ML	OA	
TRICHOPHYTON SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
VIRGINIA LIVE OAK SUBCUTANEOUS SOLUTION 1:20	OA	
WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
WASP VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED 1100 MCG, 120 MCG	OA	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE ASH SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE BIRCH SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE FACED HORNET VENOM SUBCUTANEOUS SOLUTION RECONSTITUTED 1100 MCG, 120 MCG	OA	
WHITE MULBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE OAK SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE PINE SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED 550 MCG (***white faced hornet venom***)	OA	
YELLOW DOCK SUBCUTANEOUS SOLUTION 1:20	OA	
YELLOW HORNET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
YELLOW HORNET VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED 1100 MCG, 120 MCG	OA	
YELLOW JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	

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YELLOW JACKET VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MCG	OA	
ANTITOXINS AND IMMUNE GLOBULINS - Organ Transplant		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (***centruroides (scorpion) im fab***)	OA	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (***crotalidae immune fab (equine)***)	OA	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	OA	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	OA	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (***immune globulin (human)-slra***)	OA	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML (***immune globulin (human)***)	OA	QL (30 day supply per 1 fill)
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM (***immune globulin (human)***)	OA	QL (30 day supply per 1 fill)
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (***crotalidae polyval immune fab***)	OA	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (***immune globulin (human)-hipp***)	3	
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML (***cytomegalovirus immune glob***)	OA	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (***digoxin immune fab***)	OA	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (***immune globulin (human)***)	OA	QL (30 day supply per 1 fill)

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GAMASTAN INTRAMUSCULAR INJECTABLE (***immune globulin (human)***)	3	PA; QL (30 day supply per 1 fill)
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (***immune globulin (human)***)	OA	QL (30 day supply per 1 fill)
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (***immune globulin (human)***)	OA	QL (30 day supply per 1 fill)
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (***immune globulin (human)***)	OA	QL (30 day supply per 1 fill)
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (***immune globulin (human)***)	OA	QL (30 day supply per 1 fill)
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (***immune globulin (human)***)	OA	QL (30 day supply per 1 fill)
HEPAGAM B INJECTION SOLUTION (***hepatitis b immune globulin***)	OA	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (***immune globulin (human)***)	4	PA; SP; QL (30 day supply per 1 fill)
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (***immune globulin (human)***)	4	PA; SP; QL (30 day supply per 1 fill)
HYPERHEP B S/D INTRAMUSCULAR SOLUTION (***hepatitis b immune globulin***)	OA	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML (***rabies immune globulin***)	OA	
HYPERRAB S/D INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML (***rabies immune globulin***)	OA	

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HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (***rho d immune globulin***)	OA	
HYPERTET S/D INTRAMUSCULAR INJECTABLE 250 UNIT/ML (***tetanus immune globulin***)	OA	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (***immune globulin-hyaluronidase***)	4	PA; SP; QL (30 day supply per 1 fill)
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML (***rabies immune globulin***)	OA	
KEDRAB INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	OA	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (***rho d immune globulin***)	OA	
NABI-HB INTRAMUSCULAR SOLUTION (***hepatitis b immune globulin***)	OA	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML (***immune globulin (human)***)	OA	QL (30 day supply per 1 fill)
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML (***immune globulin (human)***)	OA	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML (***immune globulin (human)-ifas***)	OA	
PANZYGA INTRAVENOUS SOLUTION 30 GM/300ML (***immune globulin (human)-ifas***)	OA	QL (30 day supply per 1 fill)
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (***immune globulin (human)***)	OA	QL (30 day supply per 1 fill)

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RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (***rho d immune globulin***)	OA	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (***rho d immune globulin***)	OA	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (***varicella-zoster immune glob***)	OA	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (***rho d immune globulin***)	OA	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (***immune globulin (human)-klhw***)	4	PA; SP; QL (30 day supply per 1 fill)
ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML (***bezlotoxumab***)	OA	
TOXOIDS - Vaccines		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	OA	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	OA	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (***diphth-acell pertussis-tetanus***)	OA	
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	OA	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (***diphth-acell pertussis-tetanus***)	OA	
PEDIARIX INTRAMUSCULAR SUSPENSION (***dtap-hepatitis b recomb-ipv***)	OA	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (***tetanus-diphtheria toxoids td***)	OA	

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TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (***tetanus-diphtheria toxoids td***)	OA	
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	OA	
VACCINES - Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (***haemophilus b polysac conj vac***)	OA	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (***influenza vac split quad***)	OA	PV; AL (Min 9 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML, 0.5 ML (***influenza vac split quad***)	OA	PV; AL (Min 9 Years)
BCG VACCINE INJECTION INJECTABLE	OA	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***meningococcal b recomb omv adj***)	OA	
BIOTHRAX INTRAMUSCULAR SUSPENSION (***anthrax vaccine adsorbed***)	OA	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML (***hepatitis b vac recombinant***)	OA	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza vac a&b surf ant adj***)	OA	PV; AL (Min 9 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza vac split quad***)	OA	PV; AL (Min 9 Years)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (***influenza vac recomb ha quad***)	OA	PV; AL (Min 9 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (***influenza vac subunit quad***)	OA	PV; AL (Min 9 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza vac subunit quad***)	OA	PV; AL (Min 9 Years)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza vac split quad***)	OA	PV; AL (Min 9 Years)
FLUMIST QUADRIVALENT NASAL SUSPENSION (***influenza virus vac live quad***)	OA	PA; PV; AL (Min 9 Years)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML (***influenza vac high-dose quad***)	OA	PV; AL (Min 9 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML (***influenza vac split quad***)	OA	PV; AL (Min 9 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***influenza vac split quad***)	OA	PV; AL (Min 9 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (***hpv 9-valent recomb vaccine***)	OA	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***hpv 9-valent recomb vaccine***)	OA	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (***hepatitis a vaccine***)	OA	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (***hepatitis b vac recomb adj***)	OA	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (***haemophilus b polysac conj vac***)	OA	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML (***rabies virus vaccine, hdc***)	OA	
IPOL INJECTION INJECTABLE (***poliovirus vaccine inactivated***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IXIARO INTRAMUSCULAR SUSPENSION (***japanese encephalitis vac inac***)	OA	
KINRIX INTRAMUSCULAR SUSPENSION (***dtap-ipv vaccine***)	OA	
MENACTRA INTRAMUSCULAR INJECTABLE (***meningococcal a c y&w-135 conj***)	OA	
MENQUADFI INTRAMUSCULAR INJECTABLE (***meningococcal a c y&w-135 conj***)	OA	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (***meningococcal a c y&w-135 olig***)	OA	
M-M-R II INJECTION SOLUTION RECONSTITUTED (***measles, mumps & rubella vac***)	OA	
PEDIARIX INTRAMUSCULAR SUSPENSION (***dtap-hepatitis b recomb-ipv***)	OA	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (***haemophilus b polysac conj vac***)	OA	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (***dtap-ipv-hib vaccine***)	OA	
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (***pneumococcal vac polyvalent***)	OA	
PREVNAR 13 INTRAMUSCULAR SUSPENSION (***pneumococcal 13-val conj vacc***)	OA	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (***measles-mumps-rubella-varicell***)	OA	
QUADRACEL INTRAMUSCULAR SUSPENSION (***dtap-ipv vaccine***)	OA	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (***rabies vaccine, pcec***)	OA	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (***hepatitis b vac recombinant***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (***zoster vac recomb adjuvanted***)	OA	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	OA	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (***bcg live***)	OA	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***meningococcal b vac (recomb)***)	OA	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (***hepatitis a-hep b recomb vac***)	OA	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML (***typhoid vi polysaccharide vacc***)	OA	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (***hepatitis a vaccine***)	OA	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML (***varicella virus vaccine live***)	OA	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (***typhoid vaccine***)	3	
YF-VAX SUBCUTANEOUS INJECTABLE (***yellow fever vaccine***)	OA	
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (***epinephrine***)	OA	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (***ephedrine sulfate (pressors)***)	OA	
articaine-epinephrine (Articadent Dental Injection Solution Cartridge 4 %-1:100000, 4 %-1:200000)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML (***epinephrine***)	3	PA; QL (30 day supply per 1 fill)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (***epinephrine***)	2	PA; QL (30 day supply per 1 fill)
pseudoeph-bromphen-dm (Bromfed Dm Oral Syrup 30-2-10 Mg/5Ml)	1	
bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% -1:200000	OA	
bupivacaine-epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000	OA	
CITANEST FORTE DENTAL INJECTION SOLUTION 4% - 1:200000 (***prilocaine-epinephrine***)	OA	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (***desloratadine-pseudoephedrine***)	3	
EMERPHED INTRAVENOUS SOLUTION 5 MG/ML (***ephedrine sulfate (pressors)***)	OA	
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE 25 MG/5ML, 50 MG/10ML, 50 MG/5ML	3	
ephedrine sulfate injection solution 50 mg/ml	OA	
ephedrine sulfate intravenous solution 50 mg/ml	OA	
EPHEDRINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	OA	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
epinephrine (anaphylaxis) injection solution 30 mg/30ml	OA	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL (30 day supply per 1 fill)
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	OA	
epinephrine pf injection solution 1 mg/ml	OA	
epinephrine solution prefilled syringe 1 mg/10ml injection 1 mg/10ml	OA	
EPINEPHRINE SOLUTION PREFILLED SYRINGE 1 MG/10ML INJECTION 1 MG/10ML	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 2-0.9 MG/250ML-%, 5-0.9 MG/250ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (***epinephrine***)	3	QL (30 day supply per 1 fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (***epinephrine***)	3	QL (30 day supply per 1 fill)
LEVOPHED INTRAVENOUS SOLUTION 1 MG/ML (***norepinephrine bitartrate***)	OA	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 1.5 %-1:200000, 2 %-1:100000, 2 %-1:200000, 2 %-1:50000	OA	
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (***bupivacaine-epinephrine***)	OA	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (***bupivacaine-epinephrine***)	OA	
norepinephrine bitartrate intravenous solution 1 mg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%, 8-5 MG/250ML-%, 8-5 MG/500ML-%	OA	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (***droxidopa***)	4	PA; SP; QL (30 day supply per 1 fill)
ORABLOC INJECTION SOLUTION CARTRIDGE 4 %-1:100000 (***articaine-epinephrine***)	OA	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
SEMPREX-D ORAL CAPSULE 8-60 MG (***acrivastine-pseudoephedrine***)	3	
bupivacaine-epinephrine (Sensorcaine/Epinephrine Injection Solution 0.25% -1:200000, 0.5% -1:200000)	OA	
bupivacaine-epinephrine (Sensorcaine-Mpf/Epinephrine Injection Solution 0.25% -1:200000, 0.5% -1:200000)	OA	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (***bupivacaine-epinephrine***)	3	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML (***epinephrine***)	3	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML (***epinephrine***)	3	QL (30 day supply per 1 fill)
lidocaine-epinephrine (Xylocaine Dental Injection Solution 2 %-1:100000, 2 %-1:50000)	OA	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000 (***lidocaine-epinephrine***)	OA	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000, 1.5 %-1:200000, 2 %-1:200000 (***lidocaine-epinephrine***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML (***phenylephrine hcl (pressors)***)	OA	
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG (***clonidine hcl***)	3	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (***clonidine***)	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (***clonidine***)	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (***clonidine***)	3	
clonidine hcl (analgesia) epidural solution 100 mcg/ml, 500 mcg/ml	OA	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
DURACLON EPIDURAL SOLUTION 100 MCG/ML (***clonidine hcl (analgesia)***)	OA	
GILPHEX TR ORAL TABLET 10-388 MG (***phenylephrine-guaifenesin***)	3	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (***clonidine hcl***)	3	
LUCEMYRA ORAL TABLET 0.18 MG (***lofexidine hcl***)	3	PA
methyldopa oral tablet 250 mg, 500 mg	1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (***phenylephrine-chlorphen-dm***)	3	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5 MG/5ML, 1 MG/10ML	OA	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 1 MG/10ML	OA	
phenylephrine hcl intravenous solution 10 mg/ml	OA	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.8 MG/10ML, 1 MG/10ML	OA	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	OA	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 20-0.9 MG/50ML-%	OA	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	
ROPIV-CLONIDINE-KETOROLAC SOLUTION PREFILLED SYRINGE 123-0.04-15 MG/50ML	3	
VAZCULEP INTRAVENOUS SOLUTION 10 MG/ML (***phenylephrine hcl (pressors)***)	OA	
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (***hyoscyamine sulfate***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (***umeclidinium-vilanterol***)	2	
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR 0.5 MG/0.7ML, 1 MG/0.7ML, 2 MG/0.7ML (***atropine sulfate***)	OA	
atropine sulfate injection solution 0.4 mg/ml, 1 mg/ml, 8 mg/20ml	OA	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 MG/2.5ML, 1.2 MG/3ML	OA	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (***ipratropium bromide hfa***)	2	
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML (***dicyclomine hcl***)	OA	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (***glycopyrrolate-formoterol***)	3	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	3	PA
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (***ipratropium-albuterol***)	3	
CUVPOSA ORAL SOLUTION 1 MG/5ML (***glycopyrrolate***)	3	
dicyclomine hcl intramuscular solution 10 mg/ml	OA	
dicyclomine hcl oral capsule 10 mg	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DONNATAL ORAL ELIXIR 16.2 MG/5ML (***pb-hyoscy-atropine-scopolamine***)	3	
DONNATAL ORAL TABLET 16.2 MG (***pb-hyoscy-atropine-scopolamine***)	3	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (***aclidinium br-formoterol fum***)	3	
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR 2.1-600 MG (***atropine-pralidoxime chloride***)	OA	
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	3	
GLYCATE ORAL TABLET 1.5 MG (***glycopyrrolate***)	1	
glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml	OA	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	OA	
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	OA	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	1	
glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml	OA	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML (***glycopyrrolate***)	OA	
HYCODAN ORAL SYRUP 5-1.5 MG/5ML (***hydrocodone-homatropine***)	3	
hydrocodone-homatropine oral syrup 5-1.5 mg/5ml	1	
hydrocodone-homatropine oral tablet 5-1.5 mg	1	
hydromet oral syrup 5-1.5 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	
hyoscyamine sulfate injection solution 0.5 mg/ml	OA	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral solution 0.125 mg/ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
hyosyne oral elixir 0.125 mg/5ml	1	
hyosyne oral solution 0.125 mg/ml	1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH (***umeclidinium bromide***)	2	
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (***hyoscyamine sulfate***)	3	
LEVSIN INJECTION SOLUTION 0.5 MG/ML (***hyoscyamine sulfate***)	OA	
LEVSIN ORAL TABLET 0.125 MG (***hyoscyamine sulfate***)	3	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (***hyoscyamine sulfate***)	3	
LIBRAX ORAL CAPSULE 5-2.5 MG (***chlordiazepoxide-clidinium***)	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG (***diphenoxylate-atropine***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML (***glycopyrrolate***)	3	ST
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION 25 MCG/ML (***glycopyrrolate***)	3	ST
methscopolamine bromide oral tablet 2.5 mg, 5 mg	1	
hyoscyamine sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)	3	
oscimin oral tablet 0.125 mg	1	
oscimin sr oral tablet extended release 12 hour 0.375 mg	1	
oscimin sublingual tablet sublingual 0.125 mg	1	
pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml	1	
pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg	1	
phenobarbital-belladonna alk oral elixir 16.2 mg/5ml	1	
phenobarbital-belladonna alk oral tablet 16.2 mg	1	
pb-hyoscy-atropine-scopolamine (Phenohytro Oral Elixir 16.2 Mg/5Ml)	3	
pb-hyoscy-atropine-scopolamine (Phenohytro Oral Tablet 16.2 Mg)	3	
propantheline bromide oral tablet 15 mg	1	
QBREXZA EXTERNAL PAD 2.4 % (***glycopyrronium tosylate***)	3	PA
SEEBRI NEOHALER INHALATION CAPSULE 15.6 MCG (***glycopyrrolate***)	3	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (***tiotropium bromide monohydrate***)	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (***tiotropium bromide monohydrate***)	3	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (***tiotropium bromide-olodaterol***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYMAX DUOTAB ORAL TABLET EXTENDED RELEASE 0.375 MG (***hyoscyamine sulfate***)	2	
hyoscyamine sulfate (Symax-SI Sublingual Tablet Sublingual 0.125 Mg)	3	
hyoscyamine sulfate (Symax-Sr Oral Tablet Extended Release 12 Hour 0.375 Mg)	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH (***fluticasone-umeclidin-vilant***)	2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (***aclidinium bromide***)	3	
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG (***indacaterol-glycopyrrolate***)	3	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (***revefenacin***)	2	
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
benztropine mesylate injection solution 1 mg/ml	OA	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
COGENTIN INJECTION SOLUTION 1 MG/ML (***benztropine mesylate***)	OA	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG (***varenicline tartrate***)	3	PV; QL (180 day supply per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (***varenicline tartrate***)	3	PV; QL (180 day supply per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42 (***varenicline tartrate***)	3	PV; QL (180 day supply per 365 days)
NICORETTE MOUTH/THROAT GUM 2 MG (***nicotine polacrilex***)	3	PV; QL (180 day supply per 365 days)
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	PV; QL (180 day supply per 365 days)
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	PV; QL (180 EA per 365 days)
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	1	PV; QL (180 day supply per 365 days)
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	1	PV; QL (180 day supply per 365 days)
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	1	PV; QL (180 day supply per 365 days)
NICOTROL INHALATION INHALER 10 MG (***nicotine***)	3	PV; QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (***nicotine***)	3	PV; QL (180 day supply per 365 days)
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT - Drugs for Relaxing Muscles		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (***cyclobenzaprine hcl***)	3	
carisoprodol oral tablet 250 mg, 350 mg	1	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1	PA
chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg	1	
FEXMID ORAL TABLET 7.5 MG (***cyclobenzaprine hcl***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
chlorzoxazone (Lorzone Oral Tablet 375 Mg, 750 Mg)	3	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol injection solution 1000 mg/10ml	OA	
methocarbamol oral tablet 500 mg, 750 mg	1	
ROBAXIN INJECTION SOLUTION 1000 MG/10ML (***methocarbamol***)	OA	
ROBAXIN-750 ORAL TABLET 750 MG (***methocarbamol***)	3	
SKELAXIN ORAL TABLET 800 MG (***metaxalone***)	3	
SOMA ORAL TABLET 250 MG, 350 MG (***carisoprodol***)	3	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet 2 mg, 4 mg	1	
carisoprodol (Vanadom Oral Tablet 350 Mg)	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (***tizanidine hcl***)	3	
ZANAFLEX ORAL TABLET 4 MG (***tizanidine hcl***)	3	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED 20 MG (***dantrolene sodium***)	OA	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (***dantrolene sodium***)	3	
dantrolene sodium intravenous solution reconstituted 20 mg	OA	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	1	
dantrolene sodium (Revonto Intravenous Solution Reconstituted 20 Mg)	OA	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED 250 MG (***dantrolene sodium***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml	OA	
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML (***baclofen***)	OA	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML (***baclofen***)	OA	
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/20ML, 10 MG/5ML, 40 MG/20ML (***baclofen***)	OA	
OZOBAX ORAL SOLUTION 5 MG/5ML (***baclofen***)	3	
NEUROMUSCULAR BLOCKING AGENTS - Drugs for Relaxing Muscles		
atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml	OA	
cisatracurium besylate (pf) intravenous solution 10 mg/5ml, 200 mg/20ml	OA	
cisatracurium besylate intravenous solution 20 mg/10ml	OA	
NIMBEX INTRAVENOUS SOLUTION 10 MG/5ML, 20 MG/10ML, 200 MG/20ML (***cisatracurium besylate***)	OA	
pancuronium bromide intravenous solution 1 mg/ml	OA	
rocuronium bromide intravenous solution 100 mg/10ml, 50 mg/5ml	OA	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 50 MG/5ML, 75 MG/7.5ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML, 140 MG/7ML, 200 MG/10ML	3	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/5ML, 140 MG/7ML, 200 MG/10ML	OA	
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/10ML	OA	
vecuronium bromide intravenous solution reconstituted 10 mg, 20 mg	OA	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (***sotalol hcl af***)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (***sotalol hcl***)	3	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (***nebivolol hcl***)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (***carvedilol phosphate***)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (***carvedilol***)	3	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (***nadolol***)	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (***propranolol hcl***)	4	SP; QL (30 day supply per 1 fill)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (***propranolol hcl***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	3	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	3	PA
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous 5 mg/ml	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS 5 MG/ML	OA	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl intravenous solution 1 mg/ml	OA	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	1	
sotalol hcl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
SOTALOL HCL INTRAVENOUS SOLUTION 150 MG/10ML	OA	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (***doxazosin mesylate***)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (***doxazosin mesylate***)	2	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (***prazosin hcl***)	3	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
CAFERGOT ORAL TABLET 1-100 MG (***ergotamine-caffeine***)	3	
D.H.E. 45 INJECTION SOLUTION 1 MG/ML (***dihydroergotamine mesylate***)	3	PA; QL (30 day supply per 1 fill)
DIBENZYLINE ORAL CAPSULE 10 MG (***phenoxybenzamine hcl***)	3	
dihydroergotamine mesylate injection solution 1 mg/ml	1	PA; QL (30 day supply per 1 fill)
dihydroergotamine mesylate nasal solution 4 mg/ml	1	QL (0.27 ML per 1 day)
ergoloid mesylates oral tablet 1 mg	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (***ergotamine tartrate***)	2	
ergotamine-caffeine oral tablet 1-100 mg	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine-caffeine***)	3	
MIGRANAL NASAL SOLUTION 4 MG/ML (***dihydroergotamine mesylate***)	3	QL (0.27 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
phenoxybenzamine hcl oral capsule 10 mg	1	
phentolamine mesylate injection solution reconstituted 5 mg	OA	
TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5-50 MG-MG-MCG	3	PA
NON-SELECTIVE BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
isoproterenol hcl injection solution 0.2 mg/ml	OA	
ISUPREL INJECTION SOLUTION 0.2 MG/ML (***isoproterenol hcl***)	OA	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (***donepezil hcl***)	3	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML (***neostigmine methylsulfate***)	OA	
cevimeline hcl oral capsule 30 mg	1	
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
EVOXAC ORAL CAPSULE 30 MG (***cevimeline hcl***)	3	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (***rivastigmine***)	3	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	
galantamine hydrobromide oral solution 4 mg/ml	1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	
GUANIDINE HCL ORAL TABLET 125 MG	1	

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MESTINON ORAL SOLUTION 60 MG/5ML (***pyridostigmine bromide***)	3	
MESTINON ORAL TABLET 60 MG (***pyridostigmine bromide***)	3	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (***pyridostigmine bromide***)	3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG (***memantine hcl-donepezil hcl***)	3	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (***memantine hcl-donepezil hcl***)	3	PA
neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml	OA	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 5 MG/5ML	OA	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 3 MG/3ML, 4 MG/4ML, 5 MG/5ML	OA	
PHYSOSTIGMINE SALICYLATE INJECTION SOLUTION 1 MG/ML	OA	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
pyridostigmine bromide er oral tablet extended release 180 mg	1	
pyridostigmine bromide oral solution 60 mg/5ml	1	
pyridostigmine bromide oral tablet 30 mg, 60 mg	1	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG (***galantamine hydrobromide***)	3	
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML (***pyridostigmine bromide***)	OA	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (***pilocarpine hcl***)	3	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (***carvedilol phosphate***)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (***carvedilol***)	3	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG (***tamsulosin hcl***)	3	
JALYN ORAL CAPSULE 0.5-0.4 MG (***dutasteride-tamsulosin hcl***)	3	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous 5 mg/ml	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS 5 MG/ML	OA	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (***silodosin***)	3	PA
silodosin oral capsule 4 mg, 8 mg	1	PA
tamsulosin hcl oral capsule 0.4 mg	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (***alfuzosin hcl***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SELECTIVE BETA-1-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
dobutamine hcl intravenous solution 250 mg/20ml	OA	
dobutamine in d5w intravenous solution 1-5 mg/ml-%, 2 mg/ml, 4-5 mg/ml-%	OA	
dopamine hcl intravenous solution 40 mg/ml	OA	
dopamine in d5w intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%	OA	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (***fluticasone-salmeterol***)	2	QL (0.4 GM per 1 day)
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation 108 (90 base) mcg/act	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation 108 (90 base) mcg/act	1	QL (1.2 GM per 1 day)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION 108 (90 BASE) MCG/ACT	2	QL (1.2 GM per 1 day)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION (5 MG/ML) 0.5%	3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation (5 mg/ml) 0.5%	1	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (***umeclidinium-vilanterol***)	2	
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG (***indacaterol maleate***)	3	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (***glycopyrrolate-formoterol***)	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (***fluticasone furoate-vilanterol***)	2	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	3	PA
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (***arformoterol tartrate***)	3	QL (4 ML per 1 day)
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	2	QL (0.34 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (***ipratropium-albuterol***)	3	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (***aclidinium br-formoterol fum***)	3	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (***mometasone furo-formoterol fum***)	3	QL (0.44 GM per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (2 EA per 1 day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (2 EA per 1 day)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (***formoterol fumarate***)	3	QL (4 ML per 1 day)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT (***albuterol sulfate***)	3	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (***albuterol sulfate***)	3	QL (0.6 GM per 1 day)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (***albuterol sulfate***)	2	QL (2 EA per 25 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (***albuterol sulfate***)	3	QL (0.5 GM per 1 day)

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SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (***salmeterol xinafoate***)	2	QL (2 EA per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (***tiotropium bromide-olodaterol***)	2	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (***budesonide-formoterol fumarate***)	2	QL (0.34 GM per 1 day)
terbutaline sulfate injection solution 1 mg/ml	OA	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH (***fluticasone-umeclidin-vilant***)	2	
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG (***indacaterol-glycopyrrolate***)	3	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (***albuterol sulfate***)	2	QL (1.2 GM per 1 day)
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	1	QL (2 EA per 1 day)
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML (***levalbuterol hcl***)	3	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (***levalbuterol tartrate***)	3	
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML (***levalbuterol hcl***)	3	
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	

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betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (***esmolol hcl-sodium chloride***)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (***esmolol hcl***)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (***esmolol hcl-sodium chloride***)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (***esmolol hcl-sodium chloride***)	OA	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG (***metoprolol-hydrochlorothiazide***)	3	
esmolol hcl intravenous solution 100 mg/10ml	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	OA	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol succinate***)	3	
LOPRESSOR HCT ORAL TABLET 50-25 MG (***metoprolol-hydrochlorothiazide***)	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (***metoprolol tartrate***)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate intravenous solution 5 mg/5ml	OA	

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metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
TENORETIC 100 ORAL TABLET 100-25 MG (***atenolol-chlorthalidone***)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (***atenolol-chlorthalidone***)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (***atenolol***)	3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol succinate***)	3	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (***bisoprolol-hydrochlorothiazide***)	3	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (***onabotulinumtoxina (cosmetic)***)	OA	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (***onabotulinumtoxina***)	OA	QL (168 day supply per 1 fill)
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	OA	QL (90 day supply per 1 fill)
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (***rimabotulinumtoxinb***)	OA	QL (30 day supply per 1 fill)
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	PA
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
orphenadrine citrate injection solution 30 mg/ml	OA	
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	3	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	OA	QL (90 day supply per 1 fill)
BLOOD DERIVATIVES - Drugs for the Blood		
BLOOD DERIVATIVES - Drugs for the Blood		
albumin human (Albuked 25 Intravenous Solution 25 %)	OA	
albumin human (Albuked 5 Intravenous Solution 5 %)	OA	
albumin human intravenous solution 25 %, 5 %	OA	
ALBUMINEX INTRAVENOUS SOLUTION 25 %, 5 % (***albumin human-kjda***)	OA	
alburx intravenous solution 5 %	OA	
albumin human (Albutein Intravenous Solution 25 %, 5 %)	OA	
albumin human (Flexbumin Intravenous Solution 25 %, 5 %)	OA	
albumin human (Human Albumin Grifols Intravenous Solution 25 %)	OA	
kedbumin intravenous solution 25 %	OA	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (***plasma human***)	OA	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (***plasma human***)	OA	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (***plasma human***)	OA	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (***plasma human***)	OA	
albumin human (Plasbumin-25 Intravenous Solution 25 %)	OA	
albumin human (Plasbumin-5 Intravenous Solution 5 %)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLASMANATE INTRAVENOUS SOLUTION 5 % (***plasma protein fraction***)	OA	
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG (***luspatercept-aamt***)	OA	
ANTICOAGULANTS - Drugs to Prevent Blood Clots		
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (***anticoagulant sodium citrate***)	3	
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD FORMULA A IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML	3	
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (***anticoagulant cit dext soln a***)	3	
anticoagulant cit dext soln a in vitro solution 0.8-2.45-2.2 gm/100ml	1	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 GM/100ML	3	
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (***fondaparinux sodium***)	4	SP; QL (30 day supply per 1 fill)
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (***protein c concentrate (human)***)	OA	QL (30 day supply per 1 fill)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	4	SP; QL (30 day supply per 1 fill)
SODIUM CITRATE IN VITRO SOLUTION PREFILLED SYRINGE 4 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE 120 MG/3ML	OA	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION 4-320 %-MCG/ML	OA	
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (***antithrombin iii (human)***)	OA	
TRISODIUM CITRATE/CRRT INTRAVENOUS SOLUTION	OA	
ANTIHEMORRHAGIC AGENTS, MISCELLANEOUS - Drugs to Prevent Bleeding		
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (***coag fact xa inactivated-zhzo***)	OA	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GM/50ML (***idarucizumab***)	OA	
ANTIHEPARIN AGENTS - Drugs to Prevent Bleeding		
protamine sulfate intravenous solution 10 mg/ml	OA	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (***caplacizumab-yhdp***)	4	PA; SP; QL (30 day supply per 1 fill)
DEFITELIO INTRAVENOUS SOLUTION 200 MG/2.5ML (***defibrotide sodium***)	OA	
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML (***crizanlizumab-tmca***)	OA	
OXBRYTA ORAL TABLET 500 MG (***voxelotor***)	4	PA; SP; QL (30 day supply per 1 fill)
TAVALISSE ORAL TABLET 100 MG, 150 MG (***fostamatinib disodium***)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (***fondaparinux sodium***)	4	SP; QL (30 day supply per 1 fill)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (***apixaban***)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (***apixaban***)	2	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	4	SP; QL (30 day supply per 1 fill)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (***edoxaban tosylate***)	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (***rivaroxaban***)	2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (***rivaroxaban***)	3	
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***bivalirudin trifluoroacetate***)	OA	
argatroban in sodium chloride intravenous solution 50-0.9 mg/50ml-%	OA	
argatroban intravenous solution 250 mg/2.5ml, 50 mg/50ml	OA	
BIVALIRUDIN RTU INTRAVENOUS SOLUTION 250 MG/50ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bivalirudin trifluoroacetate intravenous solution reconstituted 250 mg	OA	
BIVALIRUDIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 250-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	OA	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (***dabigatran etexilate mesylate***)	2	
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (***darbepoetin alfa***)	4	PA; SP; QL (30 day supply per 1 fill)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (***darbepoetin alfa***)	4	PA; SP; QL (30 day supply per 1 fill)
DOPTELET ORAL TABLET 20 MG (***avatrombopag maleate***)	4	PA; SP; QL (30 day supply per 1 fill)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (***epoetin alfa***)	4	PA; SP; QL (30 day supply per 1 fill)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-jmdb***)	4	PA; SP; QL (30 day supply per 1 fill)
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (***tbo-filgrastim***)	4	PA; SP; QL (30 day supply per 1 fill)
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (***tbo-filgrastim***)	4	PA; SP; QL (30 day supply per 1 fill)
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (***sargramostim***)	4	SP; QL (30 day supply per 1 fill)

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MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (***methoxy peg-epoetin beta***)	3	PA; QL (30 day supply per 1 fill)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (***plerixafor***)	4	PA; SP; QL (30 day supply per 1 fill)
MULPLETA ORAL TABLET 3 MG (***lusutrombopag***)	4	PA; SP; QL (30 day supply per 1 fill)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (***pegfilgrastim***)	4	PA; SP; QL (30 day supply per 1 fill)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim***)	4	PA; SP; QL (30 day supply per 1 fill)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (***filgrastim***)	4	PA; SP; QL (30 day supply per 1 fill)
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (***filgrastim***)	4	PA; SP; QL (30 day supply per 1 fill)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (***filgrastim-aafi***)	4	SP; QL (30 day supply per 1 fill)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (***filgrastim-aafi***)	4	SP; QL (30 day supply per 1 fill)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG (***romiplostim***)	OA	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (***romiplostim***)	OA	QL (30 day supply per 1 fill)
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-apgf***)	3	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (***epoetin alfa***)	4	PA; SP; QL (30 day supply per 1 fill)

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PROMACTA ORAL PACKET 12.5 MG, 25 MG (***eltrombopag olamine***)	4	PA; SP; QL (30 day supply per 1 fill)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (***eltrombopag olamine***)	4	PA; SP; QL (30 day supply per 1 fill)
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG (***luspatercept-aamt***)	OA	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (***epoetin alfa-epbx***)	4	PA; SP; QL (30 day supply per 1 fill)
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (***epoetin alfa-epbx***)	3	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-cbqv***)	4	PA; SP; QL (30 day supply per 1 fill)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (***filgrastim-sndz***)	4	PA; SP; QL (30 day supply per 1 fill)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-bmez***)	OA	
HEMORRHEOLOGIC AGENTS - Drugs for Blood Flow		
LMD IN D5W INTRAVENOUS SOLUTION 10-5 % (***dextran 40 in d5w***)	OA	
LMD IN NACL INTRAVENOUS SOLUTION 10-0.9 % (***dextran 40 in saline***)	OA	
pentoxifylline er oral tablet extended release 400 mg	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (***antihemophil factor (rahf-pfm)***)	OA	QL (30 day supply per 1 fill)
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	OA	QL (30 day supply per 1 fill)

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AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (***antihemophil fact single chain***)	OA	QL (30 day supply per 1 fill)
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (***antihemophilic factor-vwf***)	OA	QL (30 day supply per 1 fill)
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (***coagulation factor ix***)	OA	QL (30 day supply per 1 fill)
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (***coagulation factor ix (rfixfc)***)	OA	QL (30 day supply per 1 fill)
AMICAR ORAL SOLUTION 0.25 GM/ML (***aminocaproic acid***)	3	
AMICAR ORAL TABLET 1000 MG, 500 MG (***aminocaproic acid***)	3	
aminocaproic acid intravenous solution 250 mg/ml	OA	
aminocaproic acid oral solution 0.25 gm/ml	1	
aminocaproic acid oral tablet 1000 mg, 500 mg	1	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (***ferric subsulfate***)	3	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (***coagulation factor ix (recomb)***)	OA	QL (30 day supply per 1 fill)
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (***coagulation factor x (human)***)	OA	QL (30 day supply per 1 fill)
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (***factor xiii concentrate human***)	OA	QL (30 day supply per 1 fill)
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML (***tranexamic acid***)	OA	
DDAVP INJECTION SOLUTION 4 MCG/ML (***desmopressin acetate***)	OA	

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DDAVP ORAL TABLET 0.1 MG, 0.2 MG (***desmopressin acetate***)	3	
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % (***desmopressin ace refrigerated***)	3	
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	OA	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (***antihem fact (bdd-rfviiifc)***)	OA	QL (30 day supply per 1 fill)
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (***antihemoph fact rcmb gpeg-exei***)	OA	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (***antiinhibitor coagulant cmplx***)	OA	QL (30 day supply per 1 fill)
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (***fibrinogen concentrate (human)***)	OA	QL (30 day supply per 1 fill)
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (***emicizumab-kxwh***)	OA	QL (30 day supply per 1 fill)
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (***antihemophilic factor***)	OA	QL (30 day supply per 1 fill)
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (***antihemophilic factor-vwf***)	OA	QL (30 day supply per 1 fill)
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (***coagulation factor ix (rix-fp)***)	OA	QL (30 day supply per 1 fill)

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (***coagulation factor ix (recomb)***)	OA	QL (30 day supply per 1 fill)
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (***ahf (bdd-rfviii peg-aucl)***)	OA	QL (30 day supply per 1 fill)
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (***prothrombin complex conc human***)	OA	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (***antihemophilic factor***)	OA	QL (30 day supply per 1 fill)
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (***antihemophilic factor***)	OA	QL (30 day supply per 1 fill)
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (***antihemophilic factor (recomb)***)	OA	QL (30 day supply per 1 fill)
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (***antihemophil factor (rahf-pfm)***)	OA	QL (30 day supply per 1 fill)
LYSTEDA ORAL TABLET 650 MG (***tranexamic acid***)	3	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (***coagulation factor ix***)	OA	QL (30 day supply per 1 fill)
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (***desmopressin acetate***)	3	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (***antihemophil fact bd truncated***)	OA	QL (30 day supply per 1 fill)
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (***coagulation factor viia recomb***)	OA	QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (***antihem fact (bdd-rfviii,sim)***)	OA	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (***antihem fact (bdd-rfviii,sim)***)	OA	QL (30 day supply per 1 fill)
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	OA	QL (30 day supply per 1 fill)
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (***factor ix complex***)	OA	QL (30 day supply per 1 fill)
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (***coagulation factor ix glycopeg***)	OA	QL (30 day supply per 1 fill)
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (***antihemophilic factor (recomb)***)	OA	QL (30 day supply per 1 fill)
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT (***thrombin (recombinant)***)	OA	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (***thrombin (recombinant)***)	OA	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (***fibrinogen concentrate (human)***)	OA	QL (30 day supply per 1 fill)
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	OA	QL (30 day supply per 1 fill)
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (***coagulation factor viia-jncw***)	OA	PA; SP
STIMATE NASAL SOLUTION 1.5 MG/ML (***desmopressin acetate***)	4	SP; QL (30 day supply per 1 fill)
TACHOSIL EXTERNAL PATCH 4.8 X 4.8 CM, 9.5 X 4.8 CM (***absorbable fibrin sealant***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT (***thrombin***)	3	
tranexamic acid intravenous solution 1000 mg/10ml	OA	
tranexamic acid oral tablet 650 mg	1	
TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION 1000-0.7 MG/100ML-%	OA	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2000-3125 UNIT (***coagulation factor xiii a-sub***)	OA	QL (30 day supply per 1 fill)
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (***von willebrand factor (recomb)***)	OA	QL (30 day supply per 1 fill)
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (***antihemophilic factor-vwf***)	OA	QL (30 day supply per 1 fill)
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (***antihem fact (bdd-rfviii,mor)***)	OA	QL (30 day supply per 1 fill)
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (***antihem fact (bdd-rfviii,mor)***)	OA	QL (30 day supply per 1 fill)
HEPARINS - Drugs to Prevent Blood Clots		
enoxaparin sodium injection solution 300 mg/3ml	4	SP; QL (14 day supply per 1 fill)
enoxaparin sodium subcutaneous solution 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	4	SP; QL (14 day supply per 1 fill)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML (***dalteparin sodium***)	4	SP; QL (30 day supply per 1 fill)
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/500ml-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	OA	
heparin (porcine) in nacl intravenous solution 25000-0.45 ut/250ml-%	OA	PA
heparin lock flush intravenous solution 1 unit/ml, 10 unit/ml	OA	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	OA	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	PA; QL (30 day supply per 1 fill)
heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml	1	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	1	PA; QL (30 day supply per 1 fill)
heparin sodium (porcine) pf injection solution 5000 unit/ml	1	PA
heparin sodium lock flush intravenous solution 100 unit/ml	OA	
LOVENOX INJECTION SOLUTION 300 MG/3ML (***enoxaparin sodium***)	4	SP; QL (14 day supply per 1 fill)
LOVENOX SUBCUTANEOUS SOLUTION 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (***enoxaparin sodium***)	4	SP; QL (14 day supply per 1 fill)
IRON PREPARATIONS - Vitamins and Minerals		
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML (***ferumoxytol***)	OA	
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML (***na ferric gluc cplx in sucrose***)	OA	
ferrous sulfate oral solution 75 (15 fe) mg/ml	1	PV
hematinic/folic acid oral tablet 324-1 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ferrous fumarate-folic acid (Hemocyte-F Oral Tablet 324-1 Mg)	1	
INFED INJECTION SOLUTION 50 MG/ML (***iron dextran***)	OA	
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML (***ferric carboxymaltose***)	OA	
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML (***ferric derisomaltose***)	OA	PA
multi prenatal oral tablet 27-0.8 mg	1	PV
multi-vit/iron/fluoride oral solution 0.25-10 mg/ml	1	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml	OA	
NESTABS ORAL TABLET 32-1 MG (***prenat-fe bisgly-fa-w/o vit a***)	3	PV
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (***prenat-fe carbonyl-fa-omega 3***)	3	PV
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	PV
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	1	PV
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (***multi vit-min-fluoride-fe-fa***)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
TRIFERIC HEMODIALYSIS PACKET 272 MG (***ferric pyrophosphate citrate***)	3	
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (***iron sucrose***)	OA	
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
adult aspirin regimen oral tablet delayed release 81 mg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AGGRASTAT INTRAVENOUS CONCENTRATE 3.75 MG/15ML (***tirofiban hcl***)	OA	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-% (***tirofiban hcl in nacl***)	OA	
aspirin adult low strength oral tablet delayed release 81 mg	1	PV
aspirin adult oral tablet 325 mg	1	PV
aspirin childrens oral tablet chewable 81 mg	1	PV
aspirin ec low dose oral tablet delayed release 81 mg	1	PV
aspirin ec low strength oral tablet delayed release 81 mg	1	PV
aspirin ec oral tablet delayed release 325 mg	1	PV
aspirin low dose oral tablet chewable 81 mg	1	PV
aspirin low dose oral tablet delayed release 81 mg	1	PV
aspirin oral tablet 325 mg	1	PV
aspirin oral tablet delayed release 325 mg, 81 mg	1	PV
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
ASPIRIN-OMEPRAZOLE ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG	3	PA
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	3	PV
BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***)	3	PV
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (***aspirin***)	3	PV
BRILINTA ORAL TABLET 60 MG, 90 MG (***ticagrelor***)	3	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
cilostazol oral tablet 100 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clopidogrel bisulfate oral tablet 300 mg, 75 mg	1	
dipyridamole intravenous solution 5 mg/ml	OA	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (***aspirin***)	3	PA
EFFIENT ORAL TABLET 10 MG, 5 MG (***prasugrel hcl***)	3	
eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml	OA	
gnp aspirin low dose oral tablet delayed release 81 mg	1	PV
goodsense aspirin low dose oral tablet delayed release 81 mg	1	PV
INTEGRILIN INTRAVENOUS SOLUTION 20 MG/10ML, 200 MG/100ML, 75 MG/100ML (***eptifibatide***)	OA	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (***cangrelor tetrasodium***)	OA	
PLAVIX ORAL TABLET 75 MG (***clopidogrel bisulfate***)	3	
prasugrel hcl oral tablet 10 mg, 5 mg	1	
qc aspirin low dose oral tablet delayed release 81 mg	1	PV
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	3	PV
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (***aspirin-omeprazole***)	3	PA
ZONTIVITY ORAL TABLET 2.08 MG (***vorapaxar sulfate***)	3	
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
AGRYLIN ORAL CAPSULE 0.5 MG (***anagrelide hcl***)	3	
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (***alteplase***)	OA	
adult aspirin regimen oral tablet delayed release 81 mg	1	PV
aspirin adult low strength oral tablet delayed release 81 mg	1	PV
aspirin adult oral tablet 325 mg	1	PV
aspirin childrens oral tablet chewable 81 mg	1	PV
aspirin ec low dose oral tablet delayed release 81 mg	1	PV
aspirin ec low strength oral tablet delayed release 81 mg	1	PV
aspirin ec oral tablet delayed release 325 mg	1	PV
aspirin low dose oral tablet chewable 81 mg	1	PV
aspirin low dose oral tablet delayed release 81 mg	1	PV
aspirin oral tablet 325 mg	1	PV
aspirin oral tablet delayed release 325 mg, 81 mg	1	PV
ASPIRIN-OMEPRAZOLE ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG	3	PA
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	3	PV
BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***)	3	PV
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (***aspirin***)	3	PV
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG (***alteplase***)	OA	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (***aspirin***)	3	PA

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gnp aspirin low dose oral tablet delayed release 81 mg	1	PV
goodsense aspirin low dose oral tablet delayed release 81 mg	1	PV
qc aspirin low dose oral tablet delayed release 81 mg	1	PV
RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT (***reteplase***)	OA	
RETAVASE INTRAVENOUS KIT 2 X 10 UNIT (***reteplase***)	OA	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	3	PV
TNKASE INTRAVENOUS KIT 50 MG (***tenecteplase***)	OA	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (***aspirin-omeprazole***)	3	PA
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (***doxazosin mesylate***)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (***doxazosin mesylate***)	2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (***carvedilol phosphate***)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (***carvedilol***)	3	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous 5 mg/ml	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS 5 MG/ML	OA	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (***prazosin hcl***)	3	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (***doxazosin mesylate***)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (***doxazosin mesylate***)	2	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous 5 mg/ml	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS 5 MG/ML	OA	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (***prazosin hcl***)	3	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	ST
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	ST
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (***candesartan cilexetil-hctz***)	3	ST
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (***candesartan cilexetil***)	3	ST
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (***irbesartan-hydrochlorothiazide***)	3	ST
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (***irbesartan***)	3	ST
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (***amlodipine-olmesartan***)	3	ST
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (***olmesartan medoxomil-hctz***)	3	ST
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (***olmesartan medoxomil***)	3	ST
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	ST
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	ST
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (***losartan potassium***)	3	ST
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (***valsartan-hydrochlorothiazide***)	3	ST
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (***valsartan***)	3	ST
EDARBI ORAL TABLET 40 MG, 80 MG (***azilsartan medoxomil***)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (***azilsartan-chlorthalidone***)	3	ST
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (***amlodipine-valsartan-hctz***)	3	ST
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (***amlodipine besylate-valsartan***)	3	ST
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (***losartan potassium-hctz***)	3	ST
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	*
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	*
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (***telmisartan-hctz***)	3	ST
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (***telmisartan***)	3	ST
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	ST
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	ST
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (***olmesartan-amlodipine-hctz***)	3	ST
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (***telmisartan-amlodipine***)	3	ST
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	ST
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	ST
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	ST
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (***candesartan cilexetil-hctz***)	3	ST
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (***candesartan cilexetil***)	3	ST
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (***irbesartan-hydrochlorothiazide***)	3	ST
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (***irbesartan***)	3	ST
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (***amlodipine-olmesartan***)	3	ST
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (***olmesartan medoxomil-hctz***)	3	ST
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (***olmesartan medoxomil***)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	ST
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	ST
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (***losartan potassium***)	3	ST
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (***valsartan-hydrochlorothiazide***)	3	ST
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (***valsartan***)	3	ST
EDARBI ORAL TABLET 40 MG, 80 MG (***azilsartan medoxomil***)	3	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (***azilsartan-chlorthalidone***)	3	ST
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (***sacubitril-valsartan***)	3	PA
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (***amlodipine-valsartan-hctz***)	3	ST
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (***amlodipine besylate-valsartan***)	3	ST
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (***losartan potassium-hctz***)	3	ST
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	*
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	*

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (***telmisartan-hctz***)	3	ST
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (***telmisartan***)	3	ST
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	ST
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	ST
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (***olmesartan-amlodipine-hctz***)	3	ST
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (***telmisartan-amlodipine***)	3	ST
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (***quinapril hcl***)	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***quinapril-hydrochlorothiazide***)	3	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (***ramipril***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalaprilat intravenous injectable 1.25 mg/ml	OA	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML (***enalapril maleate***)	3	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	*
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	*
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***benazepril-hydrochlorothiazide***)	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (***benazepril hcl***)	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (***amlodipine besy-benazepril hcl***)	3	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (***perindopril arg-amlodipine***)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRINIVIL ORAL TABLET 10 MG, 20 MG (***lisinopril***)	3	
QBRELIS ORAL SOLUTION 1 MG/ML (***lisinopril***)	3	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG (***trandolapril-verapamil hcl***)	3	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
VASERETIC ORAL TABLET 10-25 MG (***enalapril-hydrochlorothiazide***)	3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (***enalapril maleate***)	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***lisinopril-hydrochlorothiazide***)	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (***lisinopril***)	3	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (***quinapril hcl***)	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***quinapril-hydrochlorothiazide***)	3	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (***ramipril***)	3	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalaprilat intravenous injectable 1.25 mg/ml	OA	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML (***enalapril maleate***)	3	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	*
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	*
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***benazepril-hydrochlorothiazide***)	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (***benazepril hcl***)	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (***amlodipine besy-benazepril hcl***)	3	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (***perindopril arg-amlodipine***)	3	PA
PRINIVIL ORAL TABLET 10 MG, 20 MG (***lisinopril***)	3	

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QBRELIS ORAL SOLUTION 1 MG/ML (***lisinopril***)	3	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG (***trandolapril-verapamil hcl***)	3	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
VASERETIC ORAL TABLET 10-25 MG (***enalapril-hydrochlorothiazide***)	3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (***enalapril maleate***)	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***lisinopril-hydrochlorothiazide***)	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (***lisinopril***)	3	
ANTIARRHYTHMIC AGENTS - Drugs for Angina		
ADENOCARD INTRAVENOUS SOLUTION 6 MG/2ML (***adenosine***)	OA	
adenosine intravenous solution 12 mg/4ml, 6 mg/2ml	OA	
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	1	
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	1	
digoxin injection solution 0.25 mg/ml	OA	
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LANOXIN INJECTION SOLUTION 0.25 MG/ML (***digoxin***)	OA	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (***digoxin***)	3	
LANOXIN ORAL TABLET 62.5 MCG (***digoxin***)	2	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML (***digoxin***)	OA	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	OA	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	OA	
MAGNESIUM SULFATE SOLUTION 50 % INJECTION 50 %	OA	
magnesium sulfate solution 50 % injection 50 %	OA	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
icosapent ethyl oral capsule 1 gm	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (***lomitapide mesylate***)	4	PA; SP; QL (30 day supply per 1 fill)
LOVAZA ORAL CAPSULE 1 GM (***omega-3-acid ethyl esters***)	3	
NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***)	2	PA; QL (1 EA per 1 day)
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid-ezetimibe***)	2	PA; QL (1 EA per 1 day)
niacin (antihyperlipidemic) oral tablet 500 mg	1	
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	
niacor oral tablet 500 mg	1	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG (***niacin (antihyperlipidemic)***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
omega-3-acid ethyl esters oral capsule 1 gm	1	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (***icosapent ethyl***)	3	
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for Abnormal Heart Rhythms		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (***sotalol hcl af***)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (***sotalol hcl***)	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (***esmolol hcl-sodium chloride***)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (***esmolol hcl***)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (***esmolol hcl-sodium chloride***)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (***esmolol hcl-sodium chloride***)	OA	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (***nebivolol hcl***)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (***carvedilol phosphate***)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (***carvedilol***)	3	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (***nadolol***)	3	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG (***metoprolol-hydrochlorothiazide***)	3	
esmolol hcl intravenous solution 100 mg/10ml	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	OA	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (***propranolol hcl***)	4	SP; QL (30 day supply per 1 fill)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (***propranolol hcl***)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	3	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	3	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol succinate***)	3	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous 5 mg/ml	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS 5 MG/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOPRESSOR HCT ORAL TABLET 50-25 MG (***metoprolol-hydrochlorothiazide***)	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (***metoprolol tartrate***)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate intravenous solution 5 mg/5ml	OA	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl intravenous solution 1 mg/ml	OA	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	1	
sotalol hcl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
SOTALOL HCL INTRAVENOUS SOLUTION 150 MG/10ML	OA	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	3	
TENORETIC 100 ORAL TABLET 100-25 MG (***atenolol-chlorthalidone***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TENORETIC 50 ORAL TABLET 50-25 MG (***atenolol-chlorthalidone***)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (***atenolol***)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol succinate***)	3	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (***bisoprolol-hydrochlorothiazide***)	3	
BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (***sotalol hcl af***)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (***sotalol hcl***)	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (***esmolol hcl-sodium chloride***)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (***esmolol hcl***)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (***esmolol hcl-sodium chloride***)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (***esmolol hcl-sodium chloride***)	OA	

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CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (***nadolol***)	3	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG (***metoprolol-hydrochlorothiazide***)	3	
esmolol hcl intravenous solution 100 mg/10ml	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	OA	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (***propranolol hcl***)	4	SP; QL (30 day supply per 1 fill)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (***propranolol hcl***)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	3	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	3	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol succinate***)	3	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous 5 mg/ml	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS 5 MG/ML	OA	
LOPRESSOR HCT ORAL TABLET 50-25 MG (***metoprolol-hydrochlorothiazide***)	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (***metoprolol tartrate***)	3	

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metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate intravenous solution 5 mg/5ml	OA	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl intravenous solution 1 mg/ml	OA	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	1	
sotalol hcl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
SOTALOL HCL INTRAVENOUS SOLUTION 150 MG/10ML	OA	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	3	
TENORETIC 100 ORAL TABLET 100-25 MG (***atenolol-chlorthalidone***)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (***atenolol-chlorthalidone***)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (***atenolol***)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol succinate***)	3	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (***bisoprolol-hydrochlorothiazide***)	3	
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
cholestyramine light oral packet 4 gm	1	
cholestyramine light oral powder 4 gm/dose	1	
cholestyramine oral packet 4 gm	1	
cholestyramine oral powder 4 gm/dose	1	
colesevelam hcl oral packet 3.75 gm	1	
colesevelam hcl oral tablet 625 mg	1	
COLESTID FLAVORED ORAL GRANULES 5 GM (***colestipol hcl***)	2	
COLESTID FLAVORED ORAL PACKET 5 GM (***colestipol hcl***)	3	
COLESTID ORAL GRANULES 5 GM (***colestipol hcl***)	2	
COLESTID ORAL PACKET 5 GM (***colestipol hcl***)	3	
COLESTID ORAL TABLET 1 GM (***colestipol hcl***)	3	
colestipol hcl oral granules 5 gm	1	
colestipol hcl oral packet 5 gm	1	
colestipol hcl oral tablet 1 gm	1	
cholestyramine light (Prevalite Oral Packet 4 Gm)	1	
cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)	1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (***cholestyramine light***)	3	
QUESTRAN ORAL PACKET 4 GM (***cholestyramine***)	3	
QUESTRAN ORAL POWDER 4 GM/DOSE (***cholestyramine***)	3	
WELCHOL ORAL PACKET 3.75 GM (***colesevelam hcl***)	3	

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WELCHOL ORAL TABLET 625 MG (***colesevelam hcl***)	3	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (***verapamil hcl***)	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (***diltiazem hcl coated beads***)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (***diltiazem hcl coated beads***)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (***diltiazem hcl***)	3	
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	OA	
diltiazem hcl intravenous solution reconstituted 100 mg	OA	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	1	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG (***trandolapril-verapamil hcl***)	3	
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (***diltiazem hcl er beads***)	3	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl intravenous solution 2.5 mg/ml	OA	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (***verapamil hcl***)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (***verapamil hcl***)	3	

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CALCIUM-CHANNEL BLOCKING AGENTS - Drugs for High Blood Pressure & Angina		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	ST
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	ST
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	ST
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (***amlodipine-olmesartan***)	3	ST
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (***amlodipine-atorvastatin***)	3	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (***verapamil hcl***)	3	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (***nicardipine hcl in nacl***)	OA	
CARDENE IV INTRAVENOUS SOLUTION 20-4.8 MG/200ML-% (***nicardipine hcl in dextrose***)	OA	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (***diltiazem hcl coated beads***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (***diltiazem hcl coated beads***)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (***diltiazem hcl***)	3	
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	1	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML (***clevidipine***)	OA	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (***levamlodipine maleate***)	3	PA
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	OA	
diltiazem hcl intravenous solution reconstituted 100 mg	OA	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (***amlodipine-valsartan-hctz***)	3	ST
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (***amlodipine besylate-valsartan***)	3	ST
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (***amlodipine benzoate***)	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (***amlodipine besy-benazepril hcl***)	3	
diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	1	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	OA	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
nicardipine hcl intravenous solution 2.5 mg/ml	OA	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (***amlodipine besylate***)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (***nimodipine***)	3	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	ST
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (***perindopril arg-amlodipine***)	3	PA
PROCARDIA ORAL CAPSULE 10 MG (***nifedipine***)	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (***nifedipine***)	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (***nisoldipine***)	3	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG (***trandolapril-verapamil hcl***)	3	
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	ST
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (***diltiazem hcl er beads***)	3	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (***olmesartan-amlodipine-hctz***)	3	ST
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (***telmisartan-amlodipine***)	3	ST
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl intravenous solution 2.5 mg/ml	OA	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (***verapamil hcl***)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (***verapamil hcl***)	3	
CALCIUM-CHANNEL BLOCKING AGENTS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (***verapamil hcl***)	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (***diltiazem hcl coated beads***)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (***diltiazem hcl coated beads***)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (***diltiazem hcl***)	3	
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	OA	
diltiazem hcl intravenous solution reconstituted 100 mg	OA	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (***perindopril arg-amlodipine***)	3	PA
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	1	

Tier 1: Preferred generic and certain preferred brand-name medications; Tier 2: Preferred brand name and certain non-preferred generic medications; Tier 3: Non-preferred (generic or brand) medications; Tier 4: Specialty medications; INF: Infertility medications; OA: Office administered medications; AL: Age Limit – These medications may require prior authorization if your age does not fall within the drug manufacturer, Food and Drug Administration (FDA) or treatment guideline recommendations; AC: Anti-Cancer – These oral anti-cancer drugs are subject to a maximum copayment for up to each 30-day supply, after any deductible has been met (per California State Law). This amount is listed in your WHA Copayment Summary; PA: Prior Authorization – Your doctor is required to give Western Health Advantage more information to determine coverage; QL: Quantity Limit – Medication may be limited to a certain quantity; ST: Step Therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered; PV: Due to Health Care Reform this product may be available at zero copay through your pharmacy benefit; SP: Specialty Medication – May require PA, limited to 30-day supply. Up to 2 initial fills allowed at local retail pharmacies. Exceptions may be allowed when manufacturer or FDA limits supply to select specialty pharmacies only; *: Copayments waived for this medication; any plan deductible still applies
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TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (***diltiazem hcl er beads***)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl intravenous solution 2.5 mg/ml	OA	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (***verapamil hcl***)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (***verapamil hcl***)	3	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure & Angina		
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (***verapamil hcl***)	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (***diltiazem hcl coated beads***)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (***diltiazem hcl coated beads***)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (***diltiazem hcl***)	3	
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	

Tier 1: Preferred generic and certain preferred brand-name medications; Tier 2: Preferred brand name and certain non-preferred generic medications; Tier 3: Non-preferred (generic or brand) medications; Tier 4: Specialty medications; INF: Infertility medications; OA: Office administered medications; AL: Age Limit – These medications may require prior authorization if your age does not fall within the drug manufacturer, Food and Drug Administration (FDA) or treatment guideline recommendations; AC: Anti-Cancer – These oral anti-cancer drugs are subject to a maximum copayment for up to each 30-day supply, after any deductible has been met (per California State Law). This amount is listed in your WHA Copayment Summary; PA: Prior Authorization – Your doctor is required to give Western Health Advantage more information to determine coverage; QL: Quantity Limit – Medication may be limited to a certain quantity; ST: Step Therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered; PV: Due to Health Care Reform this product may be available at zero copay through your pharmacy benefit; SP: Specialty Medication – May require PA, limited to 30-day supply. Up to 2 initial fills allowed at local retail pharmacies. Exceptions may be allowed when manufacturer or FDA limits supply to select specialty pharmacies only; *: Copayments waived for this medication; any plan deductible still applies
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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	OA	
diltiazem hcl intravenous solution reconstituted 100 mg	OA	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	1	
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG (***trandolapril-verapamil hcl***)	3	
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (***diltiazem hcl er beads***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl intravenous solution 2.5 mg/ml	OA	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (***verapamil hcl***)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (***verapamil hcl***)	3	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
acetazolamide sodium injection solution reconstituted 500 mg	OA	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
CORLANOR ORAL SOLUTION 5 MG/5ML (***ivabradine hcl***)	3	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (***ivabradine hcl***)	2	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG (***ranolazine***)	3	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	1	
VYNDAMAX ORAL CAPSULE 61 MG (***tafamidis***)	3	
VYNDAQEL ORAL CAPSULE 20 MG (***tafamidis meglumine (cardiac)***)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDIOTONIC AGENTS - Drugs for Angina		
digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	1	
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	1	
digoxin injection solution 0.25 mg/ml	OA	
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg	1	
dobutamine hcl intravenous solution 250 mg/20ml	OA	
dobutamine in d5w intravenous solution 1-5 mg/ml-%, 2 mg/ml, 4-5 mg/ml-%	OA	
dopamine hcl intravenous solution 40 mg/ml	OA	
dopamine in d5w intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%	OA	
LANOXIN INJECTION SOLUTION 0.25 MG/ML (***digoxin***)	OA	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (***digoxin***)	3	
LANOXIN ORAL TABLET 62.5 MCG (***digoxin***)	2	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML (***digoxin***)	OA	
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%	OA	
milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml	OA	
CENTRAL ALPHA-AGONISTS - Drugs for High Blood Pressure & Angina		
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG (***clonidine hcl***)	3	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (***clonidine***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (***clonidine***)	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (***clonidine***)	3	
clonidine hcl (analgesia) epidural solution 100 mcg/ml, 500 mcg/ml	OA	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
DURACLON EPIDURAL SOLUTION 100 MCG/ML (***clonidine hcl (analgesia)***)	OA	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	1	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (***guanfacine hcl***)	3	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG (***clonidine hcl***)	3	
methyldopa oral tablet 250 mg, 500 mg	1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1	
ROPIV-CLONIDINE-KETOROLAC SOLUTION PREFILLED SYRINGE 123-0.04-15 MG/50ML	3	
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid-ezetimibe***)	2	PA; QL (1 EA per 1 day)
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (***ezetimibe-simvastatin***)	3	
ZETIA ORAL TABLET 10 MG (***ezetimibe***)	3	
CLASS IA ANTIARRHYTHMICS - Drugs for Angina		
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (***disopyramide phosphate***)	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (***disopyramide phosphate***)	3	
procainamide hcl injection solution 100 mg/ml, 500 mg/ml	OA	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
CLASS IB ANTIARRHYTHMICS - Drugs for Angina		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (***phenytoin***)	3	
DILANTIN ORAL CAPSULE 100 MG (***phenytoin sodium extended***)	3	
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	2	
DILANTIN ORAL SUSPENSION 125 MG/5ML (***phenytoin***)	3	
lidocaine hcl (cardiac) intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml	OA	
lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml	OA	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml	OA	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	OA	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (***phenytoin sodium extended***)	3	
phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	1	
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
phenytoin sodium injection solution 50 mg/ml	OA	
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG (***propafenone hcl***)	3	
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (***sotalol hcl af***)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (***sotalol hcl***)	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (***esmolol hcl-sodium chloride***)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (***esmolol hcl***)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (***esmolol hcl-sodium chloride***)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (***esmolol hcl-sodium chloride***)	OA	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (***carvedilol phosphate***)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (***carvedilol***)	3	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (***nadolol***)	3	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG (***metoprolol-hydrochlorothiazide***)	3	
esmolol hcl intravenous solution 100 mg/10ml	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	OA	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (***propranolol hcl***)	4	SP; QL (30 day supply per 1 fill)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (***propranolol hcl***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	3	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	3	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol succinate***)	3	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20 MG/4ML	OA	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous 5 mg/ml	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS 5 MG/ML	OA	
LOPRESSOR HCT ORAL TABLET 50-25 MG (***metoprolol-hydrochlorothiazide***)	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (***metoprolol tartrate***)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate intravenous solution 5 mg/5ml	OA	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl intravenous solution 1 mg/ml	OA	

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propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	1	
sotalol hcl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
SOTALOL HCL INTRAVENOUS SOLUTION 150 MG/10ML	OA	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	3	
TENORETIC 100 ORAL TABLET 100-25 MG (***atenolol-chlorthalidone***)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (***atenolol-chlorthalidone***)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (***atenolol***)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol succinate***)	3	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (***bisoprolol-hydrochlorothiazide***)	3	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml	OA	
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (***sotalol hcl af***)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (***sotalol hcl***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BRETYLIUM TOSYLATE INJECTION SOLUTION 50 MG/ML	3	
CORVERT INTRAVENOUS SOLUTION 1 MG/10ML (***ibutilide fumarate***)	OA	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
ibutilide fumarate intravenous solution 1 mg/10ml	OA	
MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***)	3	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% (***amiodarone hcl in dextrose***)	OA	
amiodarone hcl (Pacerone Oral Tablet 100 Mg, 200 Mg, 400 Mg)	3	
sotalol hcl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
SOTALOL HCL INTRAVENOUS SOLUTION 150 MG/10ML	OA	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	3	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (***dofetilide***)	3	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
ADENOCARD INTRAVENOUS SOLUTION 6 MG/2ML (***adenosine***)	OA	
adenosine (diagnostic) intravenous solution 3 mg/ml	OA	
adenosine intravenous solution 12 mg/4ml, 3 mg/ml, 6 mg/2ml	OA	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (***verapamil hcl***)	3	

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (***diltiazem hcl coated beads***)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (***diltiazem hcl coated beads***)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (***diltiazem hcl***)	3	
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	OA	
diltiazem hcl intravenous solution reconstituted 100 mg	OA	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	1	
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (***diltiazem hcl er beads***)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl intravenous solution 2.5 mg/ml	OA	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (***verapamil hcl***)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (***verapamil hcl***)	3	
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	ST
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	ST
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	ST
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (***amlodipine-olmesartan***)	3	ST
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (***amlodipine-atorvastatin***)	3	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (***nicardipine hcl in nacl***)	OA	
CARDENE IV INTRAVENOUS SOLUTION 20-4.8 MG/200ML-% (***nicardipine hcl in dextrose***)	OA	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML (***clevidipine***)	OA	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (***levamlodipine maleate***)	3	PA
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (***amlodipine besylate-celecoxib***)	3	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (***amlodipine-valsartan-hctz***)	3	ST
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (***amlodipine besylate-valsartan***)	3	ST
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (***amlodipine benzoate***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (***amlodipine besy-benazepril hcl***)	3	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	OA	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
nicardipine hcl intravenous solution 2.5 mg/ml	OA	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (***amlodipine besylate***)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (***nimodipine***)	3	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	ST
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (***perindopril arg-amlodipine***)	3	PA
PROCARDIA ORAL CAPSULE 10 MG (***nifedipine***)	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (***nifedipine***)	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (***nisoldipine***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	ST
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (***olmesartan-amlodipine-hctz***)	3	ST
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (***telmisartan-amlodipine***)	3	ST
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	ST
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	ST
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	ST
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (***amlodipine-olmesartan***)	3	ST
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (***amlodipine-atorvastatin***)	3	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (***nicardipine hcl in nacl***)	OA	
CARDENE IV INTRAVENOUS SOLUTION 20-4.8 MG/200ML-% (***nicardipine hcl in dextrose***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML (***clevidipine***)	OA	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (***levamlodipine maleate***)	3	PA
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (***amlodipine-valsartan-hctz***)	3	ST
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (***amlodipine besylate-valsartan***)	3	ST
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (***amlodipine benzoate***)	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (***amlodipine besy-benazepril hcl***)	3	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	OA	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
nicardipine hcl intravenous solution 2.5 mg/ml	OA	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (***amlodipine besylate***)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (***nimodipine***)	3	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	ST
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (***perindopril arg-amlodipine***)	3	PA
PROCARDIA ORAL CAPSULE 10 MG (***nifedipine***)	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (***nifedipine***)	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (***nisoldipine***)	3	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	ST
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (***olmesartan-amlodipine-hctz***)	3	ST
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (***telmisartan-amlodipine***)	3	ST
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
BIDIL ORAL TABLET 20-37.5 MG (***isosorb dinitrate-hydralazine***)	3	
hydralazine hcl injection solution 20 mg/ml	OA	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NIPRIDE RTU INTRAVENOUS SOLUTION 20-0.9 MG/100ML-%, 50-0.9 MG/100ML-% (***nitroprusside sodium-nacl***)	OA	
NITROPRESS INTRAVENOUS SOLUTION 25 MG/ML (***nitroprusside sodium***)	OA	
nitroprusside sodium intravenous solution 25 mg/ml	OA	
sodium nitroprusside intravenous solution 25 mg/ml	OA	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (***theophylline***)	2	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline in d5w intravenous solution 0.8-5 mg/ml-%	OA	
theophylline oral solution 80 mg/15ml	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
ANTARA ORAL CAPSULE 30 MG, 90 MG (***fenofibrate micronized***)	3	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	1	
fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	1	
fenofibric acid oral tablet 105 mg, 35 mg	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG (***fenofibrate***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIBRICOR ORAL TABLET 105 MG, 35 MG (***fenofibric acid***)	3	
gemfibrozil oral tablet 600 mg	1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (***fenofibrate***)	3	
LOPID ORAL TABLET 600 MG (***gemfibrozil***)	3	
TRICOR ORAL TABLET 145 MG, 48 MG (***fenofibrate***)	3	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (***choline fenofibrate***)	3	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (***lovastatin***)	3	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	PV
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (***amlodipine-atorvastatin***)	3	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (***rosuvastatin calcium***)	3	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (***rosuvastatin calcium***)	3	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	3	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	1	PV
fluvastatin sodium oral capsule 20 mg, 40 mg	1	PV

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (***fluvastatin sodium***)	3	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (***atorvastatin calcium***)	3	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (***pitavastatin calcium***)	3	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	PV
PRAVACHOL ORAL TABLET 20 MG, 40 MG (***pravastatin sodium***)	3	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	PV
rosuvastatin calcium oral tablet 10 mg, 5 mg	1	PV
rosuvastatin calcium oral tablet 20 mg, 40 mg	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	PV
simvastatin oral tablet 80 mg	1	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (***ezetimibe-simvastatin***)	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (***simvastatin***)	3	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (***pitavastatin magnesium***)	3	PA
HYPOTENSIVE AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	ST
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (***amlodipine-olmesartan***)	3	ST
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (***sotalol hcl af***)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (***sotalol hcl***)	3	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (***nicardipine hcl in nacl***)	OA	
CARDENE IV INTRAVENOUS SOLUTION 20-4.8 MG/200ML-% (***nicardipine hcl in dextrose***)	OA	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (***doxazosin mesylate***)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (***doxazosin mesylate***)	2	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML (***clevidipine***)	OA	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (***levamlodipine maleate***)	3	PA
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (***carvedilol phosphate***)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (***carvedilol***)	3	
DIBENZYLINE ORAL CAPSULE 10 MG (***phenoxybenzamine hcl***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (***amlodipine besylate-valsartan***)	3	ST
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (***propranolol hcl***)	4	SP; QL (30 day supply per 1 fill)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (***propranolol hcl***)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	3	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	3	PA
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (***amlodipine benzoate***)	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (***amlodipine besy-benazepril hcl***)	3	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	OA	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
nicardipine hcl intravenous solution 2.5 mg/ml	OA	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nimodipine oral capsule 30 mg	1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (***amlodipine besylate***)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (***nimodipine***)	3	
phenoxybenzamine hcl oral capsule 10 mg	1	
phentolamine mesylate injection solution reconstituted 5 mg	OA	
pindolol oral tablet 10 mg, 5 mg	1	
PROCARDIA ORAL CAPSULE 10 MG (***nifedipine***)	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (***nifedipine***)	3	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl intravenous solution 1 mg/ml	OA	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
SOTALOL HCL INTRAVENOUS SOLUTION 150 MG/10ML	OA	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol hcl***)	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (***nisoldipine***)	3	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
VECAMYL ORAL TABLET 2.5 MG (***mecamylamine hcl***)	3	
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
bumetanide injection solution 0.25 mg/ml	OA	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
EDECRIN ORAL TABLET 25 MG (***ethacrynic acid***)	3	
ethacrynate sodium intravenous solution reconstituted 50 mg	OA	
ethacrynic acid oral tablet 25 mg	1	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
furosemide injection solution 10 mg/ml	OA	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (***furosemide***)	3	
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (***ethacrynate sodium***)	OA	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
ALDACTAZIDE ORAL TABLET 25-25 MG (***spironolactone-hctz***)	3	
ALDACTAZIDE ORAL TABLET 50-50 MG (***spironolactone-hctz***)	2	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (***spironolactone***)	3	

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CAROSPIR ORAL SUSPENSION 25 MG/5ML (***spironolactone***)	3	
eplerenone oral tablet 25 mg, 50 mg	1	
INSPRA ORAL TABLET 25 MG, 50 MG (***eplerenone***)	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
ALDACTAZIDE ORAL TABLET 25-25 MG (***spironolactone-hctz***)	3	
ALDACTAZIDE ORAL TABLET 50-50 MG (***spironolactone-hctz***)	2	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (***spironolactone***)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (***spironolactone***)	3	
eplerenone oral tablet 25 mg, 50 mg	1	
INSPRA ORAL TABLET 25 MG, 50 MG (***eplerenone***)	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
NITRATES AND NITRITES - Drugs for the Heart		
BIDIL ORAL TABLET 20-37.5 MG (***isosorb dinitrate-hydralazine***)	3	
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG (***isosorbide dinitrate***)	2	
GONITRO SUBLINGUAL PACKET 400 MCG (***nitroglycerin***)	3	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (***isosorbide dinitrate***)	3	

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isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (***nitroglycerin***)	3	
NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL 0.1 MG/HR (***nitroglycerin***)	2	
NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL 0.1 MG/HR (***nitroglycerin***)	3	
NITRO-DUR PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL 0.2 MG/HR (***nitroglycerin***)	2	
NITRO-DUR PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL 0.2 MG/HR (***nitroglycerin***)	3	
NITRO-DUR PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL 0.4 MG/HR (***nitroglycerin***)	2	
NITRO-DUR PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL 0.4 MG/HR (***nitroglycerin***)	3	
NITRO-DUR PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL 0.6 MG/HR (***nitroglycerin***)	2	
NITRO-DUR PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL 0.6 MG/HR (***nitroglycerin***)	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (***nitroglycerin***)	2	
nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%	OA	
nitroglycerin intravenous solution 5 mg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (***nitroglycerin***)	3	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY (***nitroglycerin***)	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (***nitroglycerin***)	3	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (***nitroglycerin***)	3	
OSMOTIC DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
mannitol intravenous solution 20 %, 25 %	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 15 % (***mannitol***)	OA	
mannitol (Osmitrol Intravenous Solution 20 %)	OA	
PCSK9 INHIBITORS - Drugs for Cholesterol		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (***alirocumab***)	2	PA; QL (30 day supply per 1 fill)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (***evolocumab***)	2	PA; QL (30 day supply per 1 fill)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (***evolocumab***)	2	PA; QL (30 day supply per 1 fill)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (***evolocumab***)	2	PA; QL (30 day supply per 1 fill)

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PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
ADCIRCA ORAL TABLET 20 MG (***tadalafil (pah)***)	4	PA; SP; QL (30 day supply per 1 fill)
tadalafil (pah) (Alyq Oral Tablet 20 Mg)	4	PA; SP; QL (30 day supply per 1 fill)
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (***tadalafil***)	3	QL (0.27 EA per 1 day)
cilostazol oral tablet 100 mg, 50 mg	1	
LEVITRA ORAL TABLET 10 MG, 20 MG (***vardenafil hcl***)	3	QL (0.27 EA per 1 day)
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (***sildenafil citrate***)	OA	QL (30 day supply per 1 fill)
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (***sildenafil citrate***)	4	PA; SP; QL (30 day supply per 1 fill)
REVATIO ORAL TABLET 20 MG (***sildenafil citrate***)	4	PA; SP; QL (30 day supply per 1 fill)
sildenafil citrate intravenous solution 10 mg/12.5ml	OA	QL (30 day supply per 1 fill)
sildenafil citrate oral suspension reconstituted 10 mg/ml	4	PA; SP; QL (30 day supply per 1 fill)
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL (0.27 EA per 1 day)
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL (30 day supply per 1 fill)
STAXYN ORAL TABLET DISPERSIBLE 10 MG (***vardenafil hcl***)	3	QL (0.27 EA per 1 day)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (***avanafil***)	3	QL (0.27 EA per 1 day)
tadalafil (pah) oral tablet 20 mg	4	PA; SP; QL (30 day supply per 1 fill)
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL (0.27 EA per 1 day)
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL (0.27 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
vardenafil hcl oral tablet dispersible 10 mg	1	QL (0.27 EA per 1 day)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG (***sildenafil citrate***)	3	QL (0.27 EA per 1 day)
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
ALDACTAZIDE ORAL TABLET 25-25 MG (***spironolactone-hctz***)	3	
ALDACTAZIDE ORAL TABLET 50-50 MG (***spironolactone-hctz***)	2	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (***spironolactone***)	3	
amiloride hcl oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (***spironolactone***)	3	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (***triamterene***)	3	
eplerenone oral tablet 25 mg, 50 mg	1	
INSPRA ORAL TABLET 25 MG, 50 MG (***eplerenone***)	3	
MAXZIDE ORAL TABLET 75-50 MG (***triamterene-hctz***)	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (***triamterene-hctz***)	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
RENIN INHIBITORS - Drugs for the Heart		
aliskiren fumarate oral tablet 150 mg, 300 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (***aliskiren-hydrochlorothiazide***)	3	
TEKTURNA ORAL TABLET 150 MG, 300 MG (***aliskiren fumarate***)	3	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (***sacubitril-valsartan***)	3	PA
SCLEROSING AGENTS - Drugs for Varicose Veins		
ABLYSINOL INTRA-ARTERIAL SOLUTION (***dehydrated alcohol***)	OA	
ASCLERA INTRAVENOUS SOLUTION 0.5 %, 1 % (***polidocanol***)	OA	
ETHAMOLIN INTRAVENOUS SOLUTION 5 % (***ethanolamine oleate***)	OA	
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GM (***talc***)	3	
sodium tetradecyl sulfate intravenous solution 3 %	OA	
SOTRADECOL INTRAVENOUS SOLUTION 1 % (***sodium tetradecyl sulfate***)	OA	
sodium tetradecyl sulfate (Sotradecol Intravenous Solution 3 %)	OA	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED 5 GM (***talc***)	3	
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM (***talc***)	3	
VARITHENA INTRAVENOUS FOAM 180 MG/18ML (***polidocanol***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***quinapril-hydrochlorothiazide***)	3	
ALDACTAZIDE ORAL TABLET 25-25 MG (***spironolactone-hctz***)	3	
ALDACTAZIDE ORAL TABLET 50-50 MG (***spironolactone-hctz***)	2	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	ST
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (***candesartan cilexetil-hctz***)	3	ST
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (***irbesartan-hydrochlorothiazide***)	3	ST
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (***olmesartan medoxomil-hctz***)	3	ST
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	ST
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
chlorothiazide sodium intravenous solution reconstituted 500 mg	OA	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (***valsartan-hydrochlorothiazide***)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIURIL ORAL SUSPENSION 250 MG/5ML (***chlorothiazide***)	2	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG (***metoprolol-hydrochlorothiazide***)	3	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (***amlodipine-valsartan-hctz***)	3	ST
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (***losartan potassium-hctz***)	3	ST
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	*
LOPRESSOR HCT ORAL TABLET 50-25 MG (***metoprolol-hydrochlorothiazide***)	3	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	*
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***benazepril-hydrochlorothiazide***)	3	
MAXZIDE ORAL TABLET 75-50 MG (***triamterene-hctz***)	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (***triamterene-hctz***)	3	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (***telmisartan-hctz***)	3	ST
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	ST
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
SODIUM DIURIL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***chlorothiazide sodium***)	OA	
spironolactone-hctz oral tablet 25-25 mg	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (***aliskiren-hydrochlorothiazide***)	3	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (***olmesartan-amlodipine-hctz***)	3	ST
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
VASERETIC ORAL TABLET 10-25 MG (***enalapril-hydrochlorothiazide***)	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***lisinopril-hydrochlorothiazide***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (***bisoprolol-hydrochlorothiazide***)	3	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (***azilsartan-chlorthalidone***)	3	ST
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
TENORETIC 100 ORAL TABLET 100-25 MG (***atenolol-chlorthalidone***)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (***atenolol-chlorthalidone***)	3	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	4	PA; SP; QL (30 day supply per 1 fill)
alprostadil injection solution 500 mcg/ml	OA	
ambrisentan oral tablet 10 mg, 5 mg	4	PA; SP; QL (30 day supply per 1 fill)
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	ST
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	

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amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	ST
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (***amlodipine-olmesartan***)	3	ST
bosentan oral tablet 125 mg, 62.5 mg	4	PA; SP; QL (30 day supply per 1 fill)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (***amlodipine-atorvastatin***)	3	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (***verapamil hcl***)	3	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (***nicardipine hcl in nacl***)	OA	
CARDENE IV INTRAVENOUS SOLUTION 20-4.8 MG/200ML-% (***nicardipine hcl in dextrose***)	OA	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (***diltiazem hcl coated beads***)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (***diltiazem hcl coated beads***)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (***diltiazem hcl***)	3	
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg)	1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (***alprostadil (vasodilator)***)	3	PA; QL (0.27 EA per 1 day)

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CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG (***alprostadil (vasodilator)***)	3	PA; QL (0.27 EA per 1 day)
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML (***clevidipine***)	OA	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (***levamlodipine maleate***)	3	PA
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (***amlodipine besylate-celecoxib***)	3	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	OA	
diltiazem hcl intravenous solution reconstituted 100 mg	OA	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
dipyridamole intravenous solution 5 mg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (***alprostadil (vasodilator)***)	3	PA; QL (0.27 EA per 1 day)
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	OA	QL (30 day supply per 1 fill)
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (***amlodipine besylate-valsartan***)	3	ST
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (***epoprostenol sodium***)	OA	QL (30 day supply per 1 fill)
isoxsuprine hcl oral tablet 10 mg, 20 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (***amlodipine benzoate***)	3	
LETAIRIS ORAL TABLET 10 MG, 5 MG (***ambrisentan***)	4	PA; SP; QL (30 day supply per 1 fill)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (***amlodipine besy-benazepril hcl***)	3	
diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	1	
MUSE URETHRAL PELLET 1000 MCG, 125 MCG, 250 MCG, 500 MCG (***alprostadil (vasodilator)***)	3	QL (0.27 EA per 1 day)
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	OA	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
nicardipine hcl intravenous solution 2.5 mg/ml	OA	
nicardipine hcl oral capsule 20 mg, 30 mg	1	

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nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (***amlodipine besylate***)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (***nimodipine***)	3	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	ST
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	4	PA; SP; QL (30 day supply per 1 fill)
papaverine hcl injection solution 30 mg/ml	OA	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (***perindopril arg-amlodipine***)	3	PA
PROCARDIA ORAL CAPSULE 10 MG (***nifedipine***)	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (***nifedipine***)	3	
PROSTIN VR INJECTION SOLUTION 500 MCG/ML (***alprostadil***)	OA	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (***treprostinil***)	OA	QL (30 day supply per 1 fill)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (***nisoldipine***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG (***trandolapril-verapamil hcl***)	3	
diltiazem hcl er beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	ST
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (***diltiazem hcl er beads***)	3	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (***bosentan***)	4	PA; SP; QL (30 day supply per 1 fill)
TRACLEER ORAL TABLET SOLUBLE 32 MG (***bosentan***)	4	PA; SP; QL (30 day supply per 1 fill)
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	OA	QL (30 day supply per 1 fill)
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (***olmesartan-amlodipine-hctz***)	3	ST
TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5-50 MG-MG-MCG	3	PA
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (***telmisartan-amlodipine***)	3	ST
TYVASO INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	4	PA; SP; QL (30 day supply per 1 fill)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	4	PA; SP; QL (30 day supply per 1 fill)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (***selexipag***)	4	PA; SP; QL (30 day supply per 1 fill)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (***epoprostenol sodium***)	OA	QL (30 day supply per 1 fill)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (***iloprost***)	4	PA; SP; QL (30 day supply per 1 fill)
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl intravenous solution 2.5 mg/ml	OA	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (***verapamil hcl***)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (***verapamil hcl***)	3	
CELLULAR AND GENE THERAPY - Drugs for Cancer		
CELLULAR AND GENE THERAPY - Drugs for Cancer		
PROVENGE INTRAVENOUS SUSPENSION (***sipuleucel-t***)	OA	QL (30 day supply per 1 fill)
CELLULAR THERAPY - Drugs for Cancer		
PROVENGE INTRAVENOUS SUSPENSION (***sipuleucel-t***)	OA	QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GENE THERAPY - Drugs for Cancer		
KYMRIAH INTRAVENOUS SUSPENSION (***tisagenlecleucel***)	OA	QL (30 day supply per 1 fill)
LUXTURNA INTRAOCULAR SUSPENSION 5000000000000 VG/ML (***voretigene neparvovec-rzyl***)	OA	QL (30 day supply per 1 fill)
TECARTUS INTRAVENOUS SUSPENSION (***brexucabtagene autoleucel***)	OA	PA; SP
YESCARTA INTRAVENOUS SUSPENSION (***axicabtagene ciloleucel***)	OA	QL (30 day supply per 1 fill)
ZOLGENSMA 10.1-10.5 KG INTRAVENOUS KIT 7X8.3 ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 10.6-11.0 KG INTRAVENOUS KIT 2X5.5ML & 6X8.3ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 11.1-11.5 KG INTRAVENOUS KIT 1X5.5ML & 7X8.3ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 11.6-12.0 KG INTRAVENOUS KIT 8X8.3 ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 12.1-12.5 KG INTRAVENOUS KIT 2X5.5ML & 7X8.3ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 12.6-13.0 KG INTRAVENOUS KIT 1X5.5ML & 8X8.3ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 13.1-13.5 KG INTRAVENOUS KIT 9X8.3 ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 2.6-3.0 KG INTRAVENOUS KIT 2X8.3 ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 3.1-3.5 KG INTRAVENOUS KIT 2X5.5ML & 1X8.3ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 3.6-4.0 KG INTRAVENOUS KIT 1X5.5ML & 2X8.3ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 4.1-4.5 KG INTRAVENOUS KIT 3X8.3 ML (***onasemnogene abeparvovec-xioi***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZOLGENSMA 4.6-5.0 KG INTRAVENOUS KIT 2X5.5ML & 2X8.3ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 5.1-5.5 KG INTRAVENOUS KIT 1X5.5ML & 3X8.3ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 5.6-6.0 KG INTRAVENOUS KIT 4X8.3 ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 6.1-6.5 KG INTRAVENOUS KIT 2X5.5ML & 3X8.3ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 6.6-7.0 KG INTRAVENOUS KIT 1X5.5ML & 4X8.3ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 7.1-7.5 KG INTRAVENOUS KIT 5X8.3 ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 7.6-8.0 KG INTRAVENOUS KIT 2X5.5ML & 4X8.3ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 8.1-8.5 KG INTRAVENOUS KIT 1X5.5ML & 5X8.3ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 8.6-9.0 KG INTRAVENOUS KIT 6X8.3 ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 9.1-9.5 KG INTRAVENOUS KIT 2X5.5ML & 5X8.3ML (***onasemnogene abeparvovec-xioi***)	OA	
ZOLGENSMA 9.6-10.0 KG INTRAVENOUS KIT 1X5.5ML & 6X8.3ML (***onasemnogene abeparvovec-xioi***)	OA	
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral syrup 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (***amantadine hcl***)	4	PA; SP; QL (30 day supply per 1 fill)
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG (***amantadine hcl***)	3	PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG, 258 MG (***amantadine hcl***)	3	PA
AMPHETAMINE DERIVATIVES - Drugs for the Nervous System		
ADIPEX-P ORAL TABLET 37.5 MG (***phentermine hcl***)	3	PA
phentermine hcl oral tablet 37.5 mg	3	PA
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (***phentermine-topiramate***)	3	PA; QL (1 EA per 1 day)
AMPHETAMINES - Drugs for the Nervous System		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (***amphetamine-dextroamphetamine***)	3	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (***amphetamine-dextroamphetamine***)	3	ST; AL (Min 6 Years)
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML (***amphetamine***)	3	ST; AL (Min 6 Years)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (***amphetamine***)	3	ST; AL (Min 6 Years)
AMPHETAMINE ER ORAL SUSPENSION EXTENDED RELEASE 1.25 MG/ML	3	ST; AL (Min 6 Years)
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	AL (Min 6 Years)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DESOXYN ORAL TABLET 5 MG (***methamphetamine hcl***)	3	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (***dextroamphetamine sulfate***)	3	ST; AL (Min 6 Years)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	1	AL (Min 6 Years)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (***amphetamine***)	3	ST; AL (Min 6 Years)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (***amphetamine sulfate***)	3	PA
EVEKEO ORAL TABLET 10 MG, 5 MG (***amphetamine sulfate***)	3	PA
methamphetamine hcl oral tablet 5 mg	1	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (***amphetamine-dextroamphetamine***)	3	ST; AL (Min 6 Years)
dextroamphetamine sulfate (Procentra Oral Solution 5 Mg/5Ml)	3	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (***lisdexamfetamine dimesylate***)	3	ST; AL (Min 6 Years)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (***lisdexamfetamine dimesylate***)	3	ST; AL (Min 6 Years)
dextroamphetamine sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)	3	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (***dextroamphetamine sulfate***)	2	
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
acetaminophen intravenous solution 10 mg/ml	OA	
acetaminophen-codeine #2 oral tablet 300-15 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
acetaminophen-codeine #3 oral tablet 300-30 mg	1	
acetaminophen-codeine #4 oral tablet 300-60 mg	1	
acetaminophen-codeine oral solution 120-12 mg/5ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
ALLZITAL ORAL TABLET 25-325 MG (***butalbital-acetaminophen***)	3	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1	
butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)	3	
butalbital-acetaminophen capsule 50-300 mg oral 50-300 mg	1	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL 50-300 MG	1	
butalbital-acetaminophen oral tablet 25-325 mg, 50-300 mg, 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
clonidine hcl (analgesia) epidural solution 100 mcg/ml, 500 mcg/ml	OA	
DURACLON EPIDURAL SOLUTION 100 MCG/ML (***clonidine hcl (analgesia)***)	OA	
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	1	
butalbital-apap-caffeine (Esgic Oral Capsule 50-325-40 Mg)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ESGIC ORAL TABLET 50-325-40 MG (***butalbital-apap-caffeine***)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (***butalbital-apap-caffeine***)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (***butalbital-apap-caff-cod***)	3	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GRALISE ORAL TABLET 300 MG, 600 MG (***gabapentin (once-daily)***)	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (***gabapentin enacarbil***)	3	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	
LORTAB ORAL ELIXIR 10-300 MG/15ML (***hydrocodone-acetaminophen***)	3	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (***pregabalin***)	3	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (***pregabalin***)	3	
LYRICA ORAL SOLUTION 20 MG/ML (***pregabalin***)	3	
NALOCET ORAL TABLET 2.5-300 MG	2	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (***gabapentin***)	3	
NEURONTIN ORAL SOLUTION 250 MG/5ML (***gabapentin***)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (***gabapentin***)	3	

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	2	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (***oxycodone-acetaminophen***)	3	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (***ziconotide acetate***)	OA	
PRIMLEV ORAL TABLET 10-300 MG (***oxycodone-acetaminophen***)	2	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (***oxycodone-acetaminophen***)	2	
TENCON ORAL TABLET 50-325 MG (***butalbital-acetaminophen***)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (***apap-caff-dihydrocodeine***)	3	
ULTRACET ORAL TABLET 37.5-325 MG (***tramadol-acetaminophen***)	3	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML (***butalbital-apap-caffeine***)	2	
butalbital-apap-caffeine (Zebutal Oral Capsule 50-325-40 Mg)	3	
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (***naltrexone-bupropion hcl***)	3	PA; QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
benztropine mesylate injection solution 1 mg/ml	OA	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
COGENTIN INJECTION SOLUTION 1 MG/ML (***benztropine mesylate***)	OA	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (***eslicarbazepine acetate***)	3	PA
BANZEL ORAL SUSPENSION 40 MG/ML (***rufinamide***)	3	PA
BANZEL ORAL TABLET 200 MG, 400 MG (***rufinamide***)	2	PA
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML (***brivaracetam***)	OA	
BRIVIACT ORAL SOLUTION 10 MG/ML (***brivaracetam***)	3	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (***brivaracetam***)	3	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (***carbamazepine***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (***divalproex sodium***)	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (***divalproex sodium***)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (***divalproex sodium***)	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (***stiripentol***)	3	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (***stiripentol***)	3	PA
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (***cannabidiol***)	4	PA; SP; QL (30 day supply per 1 fill)
carbamazepine (Epitol Oral Tablet 200 Mg)	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (***carbamazepine (antipsychotic)***)	3	
felbamate oral suspension 600 mg/5ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FELBATOL ORAL SUSPENSION 600 MG/5ML (***felbamate***)	3	
FELBATOL ORAL TABLET 400 MG, 600 MG (***felbamate***)	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (***fenfluramine hcl***)	4	PA; SP; QL (30 day supply per 1 fill)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (***perampanel***)	3	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (***perampanel***)	2	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG (***tiagabine hcl***)	3	
GRALISE ORAL TABLET 300 MG, 600 MG (***gabapentin (once-daily)***)	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (***gabapentin enacarbil***)	3	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML (***levetiracetam***)	OA	
KEPPRA ORAL SOLUTION 100 MG/ML (***levetiracetam***)	3	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (***levetiracetam***)	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (***levetiracetam***)	3	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (***lamotrigine***)	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (***lamotrigine***)	3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (***lamotrigine***)	3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (***lamotrigine***)	3	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (***lamotrigine***)	3	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (***lamotrigine***)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (***lamotrigine***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral kit 25 & 50 & 100 mg	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	1	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	OA	
levetiracetam intravenous solution 500 mg/5ml	OA	
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (***pregabalin***)	3	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (***pregabalin***)	3	
LYRICA ORAL SOLUTION 20 MG/ML (***pregabalin***)	3	
magnesium chloride injection solution 200 mg/ml	OA	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	OA	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAGNESIUM SULFATE SOLUTION 50 % INJECTION 50 %	OA	
magnesium sulfate solution 50 % injection 50 %	OA	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (***gabapentin***)	3	
NEURONTIN ORAL SOLUTION 250 MG/5ML (***gabapentin***)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (***gabapentin***)	3	
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (***oxcarbazepine***)	3	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (***phentermine-topiramate***)	3	PA; QL (1 EA per 1 day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (***topiramate***)	3	
levetiracetam (Roweepra Oral Tablet 500 Mg)	1	
rufinamide oral suspension 40 mg/ml	1	PA
SABRIL ORAL PACKET 500 MG (***vigabatrin***)	4	PA; SP; QL (30 day supply per 1 fill)
SABRIL ORAL TABLET 500 MG (***vigabatrin***)	4	PA; SP; QL (30 day supply per 1 fill)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (***levetiracetam***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	1	
lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)	1	
lamotrigine (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)	1	
lamotrigine (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (***carbamazepine***)	3	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (***carbamazepine***)	3	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (***topiramate***)	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (***topiramate***)	3	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	
topiramate oral capsule sprinkle 15 mg, 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (***oxcarbazepine***)	3	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (***oxcarbazepine***)	3	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (***topiramate***)	3	
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
vigabatrin oral packet 500 mg	4	PA; SP; QL (30 day supply per 1 fill)
vigabatrin oral tablet 500 mg	4	PA; SP; QL (30 day supply per 1 fill)
vigabatrin (Vigadrone Oral Packet 500 Mg)	4	PA; SP; QL (30 day supply per 1 fill)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (***lacosamide***)	OA	
VIMPAT ORAL SOLUTION 10 MG/ML (***lacosamide***)	3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***lacosamide***)	3	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 & 200 MG (***cenobamate***)	3	PA; QL (2 EA per 1 day); AL (Min 18 Years)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG (***cenobamate***)	3	PA; QL (2 EA per 1 day); AL (Min 18 Years)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***cenobamate***)	3	PA; QL (2 EA per 1 day); AL (Min 18 Years)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG (***cenobamate***)	3	PA; QL (2 EA per 1 day); AL (Min 18 Years)
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (***zonisamide***)	3	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (***bupropion hbr***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	PV; QL (2 EA per 1 day)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	2	
bupropion hcl oral tablet 100 mg, 75 mg	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (***bupropion hcl***)	2	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	1	
REMERON ORAL TABLET 15 MG, 30 MG (***mirtazapine***)	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (***mirtazapine***)	3	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (***esketamine hcl***)	4	SP; QL (30 day supply per 1 fill)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (***esketamine hcl***)	4	SP; QL (30 day supply per 1 fill)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG (***bupropion hcl***)	3	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (***bupropion hcl***)	3	
ZULRESSO INTRAVENOUS SOLUTION 100 MG/20ML (***brexanolone***)	OA	
ANTIMANIC AGENTS - Drugs for Personality Disorder		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (***aripiprazole***)	3	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (***aripiprazole***)	3	PA; QL (30 day supply per 1 fill)
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (***aripiprazole***)	3	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (***aripiprazole***)	3	
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (***carbamazepine***)	3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (***divalproex sodium***)	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (***divalproex sodium***)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (***divalproex sodium***)	3	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
carbamazepine (Epitol Oral Tablet 200 Mg)	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (***carbamazepine (antipsychotic)***)	3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (***ziprasidone mesylate***)	3	PA; QL (30 day supply per 1 fill)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (***ziprasidone hcl***)	3	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (***lamotrigine***)	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (***lamotrigine***)	3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (***lamotrigine***)	3	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (***lamotrigine***)	3	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (***lamotrigine***)	3	
lamotrigine oral kit 25 & 50 & 100 mg	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	

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lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium oral solution 8 meq/5ml	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (***lithium carbonate***)	3	
olanzapine intramuscular solution reconstituted 10 mg	1	PA; QL (30 day supply per 1 fill)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (***risperidone***)	3	PA; QL (30 day supply per 1 fill)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (***risperidone microspheres***)	3	PA; QL (30 day supply per 1 fill)
RISPERDAL ORAL SOLUTION 1 MG/ML (***risperidone***)	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***risperidone***)	3	
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (***asenapine maleate***)	3	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (***asenapine***)	3	PA; QL (1 EA per 1 day); AL (Min 18 Years)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (***quetiapine fumarate***)	3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (***quetiapine fumarate***)	3	
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	1	
lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)	1	
lamotrigine (Subvenite Starter Kit-Green Oral Kit 84 X 25 Mg & 14X100 Mg)	1	
lamotrigine (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (***carbamazepine***)	3	
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (***carbamazepine***)	3	
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	OA	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ziprasidone mesylate intramuscular solution reconstituted 20 mg	1	PA; QL (30 day supply per 1 fill)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (***olanzapine***)	3	PA; QL (30 day supply per 1 fill)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (***olanzapine***)	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (***olanzapine pamoate***)	3	PA; QL (30 day supply per 1 fill)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (***olanzapine***)	3	
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
adult aspirin regimen oral tablet delayed release 81 mg	1	PV
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (***erenumab-aooe***)	2	PA; QL (30 day supply per 1 fill)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (***fremanezumab-vfrm***)	3	PA; QL (30 day supply per 1 fill)
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	1	PA
aspirin adult low strength oral tablet delayed release 81 mg	1	PV
aspirin adult oral tablet 325 mg	1	PV
aspirin childrens oral tablet chewable 81 mg	1	PV
aspirin ec low dose oral tablet delayed release 81 mg	1	PV
aspirin ec low strength oral tablet delayed release 81 mg	1	PV
aspirin ec oral tablet delayed release 325 mg	1	PV
aspirin low dose oral tablet chewable 81 mg	1	PV
aspirin low dose oral tablet delayed release 81 mg	1	PV
aspirin oral tablet 325 mg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aspirin oral tablet delayed release 325 mg, 81 mg	1	PV
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	3	PV
BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***)	3	PV
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (***aspirin***)	3	PV
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	PA
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
CAFERGOT ORAL TABLET 1-100 MG (***ergotamine-caffeine***)	3	
CAMBIA ORAL PACKET 50 MG (***diclofenac potassium(migraine)***)	3	PA
D.H.E. 45 INJECTION SOLUTION 1 MG/ML (***dihydroergotamine mesylate***)	3	PA; QL (30 day supply per 1 fill)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (***divalproex sodium***)	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (***divalproex sodium***)	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (***divalproex sodium***)	3	
dihydroergotamine mesylate injection solution 1 mg/ml	1	PA; QL (30 day supply per 1 fill)
dihydroergotamine mesylate nasal solution 4 mg/ml	1	QL (0.27 ML per 1 day)

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divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (***aspirin***)	3	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	2	PA; QL (30 day supply per 1 fill)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (***galcanezumab-gnlm***)	2	PA; QL (30 day supply per 1 fill)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (***ergotamine tartrate***)	2	
ergotamine-caffeine oral tablet 1-100 mg	1	
butalbital-apap-caffeine (Esgic Oral Capsule 50-325-40 Mg)	3	
ESGIC ORAL TABLET 50-325-40 MG (***butalbital-apap-caffeine***)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (***butalbital-apap-caffeine***)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (***butalbital-apap-caff-cod***)	3	
gnp aspirin low dose oral tablet delayed release 81 mg	1	PV
goodsense aspirin low dose oral tablet delayed release 81 mg	1	PV
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (***propranolol hcl***)	4	SP; QL (30 day supply per 1 fill)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (***propranolol hcl***)	3	

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INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	3	PA
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (***propranolol hcl sr beads***)	3	PA
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine-caffeine***)	3	
MIGRANAL NASAL SOLUTION 4 MG/ML (***dihydroergotamine mesylate***)	3	QL (0.27 ML per 1 day)
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl intravenous solution 1 mg/ml	OA	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
qc aspirin low dose oral tablet delayed release 81 mg	1	PV
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	3	PV
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	
ULTRACET ORAL TABLET 37.5-325 MG (***tramadol-acetaminophen***)	3	
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	OA	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML (***butalbital-apap-caffeine***)	2	
butalbital-apap-caffeine (Zebutal Oral Capsule 50-325-40 Mg)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	1	PA
pimozide oral tablet 1 mg, 2 mg	1	
ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC - Drugs for Anxiety & Sleep Disorder		
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (***zolpidem tartrate***)	3	QL (1 EA per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG (***zolpidem tartrate***)	3	QL (1 EA per 1 day)
ANESTHESIA S/I-40A INTRAVENOUS KIT 200 MG/20ML	OA	
ANESTHESIA S/I-40H INTRAVENOUS KIT 200 MG/20ML	OA	
ANESTHESIA S/I-40S INTRAVENOUS KIT 200 MG/20ML	OA	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***)	3	PA
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG (***lemborexant***)	3	ST; QL (1 EA per 1 day); AL (Min 65 Years)
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	OA	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	OA	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	OA	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION 200MCG/50ML -5%, 400MCG/100ML -5%	OA	
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML (***propofol***)	OA	
droperidol injection solution 2.5 mg/ml	OA	

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EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (***zolpidem tartrate***)	3	QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	QL (1 EA per 1 day)
fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	OA	
FRESENIUS PROPOVEN INTRAVENOUS EMULSION 2000 MG/100ML	OA	
HETLIOZ ORAL CAPSULE 20 MG (***tasimelteon***)	4	PA; SP; QL (30 day supply per 1 fill)
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	OA	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (***eszopiclone***)	3	QL (1 EA per 1 day)
meprobamate oral tablet 200 mg, 400 mg	1	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (***promethazine hcl***)	OA	PA
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML (***dexmedetomidine hcl in nacl***)	OA	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (***dexmedetomidine hcl***)	OA	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	OA	PA
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	1	
promethegan rectal suppository 50 mg	1	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	OA	
ramelteon oral tablet 8 mg	1	QL (1 EA per 1 day)
ROZEREM ORAL TABLET 8 MG (***ramelteon***)	3	QL (1 EA per 1 day)
VISTARIL ORAL CAPSULE 25 MG, 50 MG (***hydroxyzine pamoate***)	3	
zaleplon oral capsule 10 mg	1	QL (2 EA per 1 day)
zaleplon oral capsule 5 mg	1	QL (1 EA per 1 day)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	QL (1 EA per 1 day)
zolpidem tartrate oral tablet 10 mg, 5 mg	1	QL (1 EA per 1 day)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	1	QL (1 EA per 1 day)
ZOLPIMIST ORAL SOLUTION 5 MG/ACT (***zolpidem tartrate***)	3	QL (0.26 ML per 1 day)
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (***aripiprazole***)	3	PA; QL (30 day supply per 1 fill)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (***aripiprazole***)	3	PA; QL (30 day supply per 1 fill)
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (***aripiprazole***)	3	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (***aripiprazole***)	3	
aripiprazole oral solution 1 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	
CAPLYTA ORAL CAPSULE 42 MG (***lumateperone tosylate***)	3	PA; QL (1 EA per 1 day); AL (Min 18 Years)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (***clozapine***)	3	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (***iloperidone***)	3	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (***iloperidone***)	3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (***ziprasidone mesylate***)	3	PA; QL (30 day supply per 1 fill)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (***ziprasidone hcl***)	3	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG, 6 MG, 9 MG (***paliperidone***)	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (***paliperidone palmitate***)	3	PA; QL (30 day supply per 1 fill)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML (***paliperidone palmitate***)	3	PA; QL (30 day supply per 1 fill)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (***lurasidone hcl***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUPLAZID ORAL CAPSULE 34 MG (***pimavanserin tartrate***)	4	PA; SP; QL (30 day supply per 1 fill)
NUPLAZID ORAL TABLET 10 MG (***pimavanserin tartrate***)	4	PA; SP; QL (30 day supply per 1 fill)
olanzapine intramuscular solution reconstituted 10 mg	1	PA; QL (30 day supply per 1 fill)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (***risperidone***)	3	PA; QL (30 day supply per 1 fill)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***brexpiprazole***)	3	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (***risperidone microspheres***)	3	PA; QL (30 day supply per 1 fill)
RISPERDAL ORAL SOLUTION 1 MG/ML (***risperidone***)	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***risperidone***)	3	
risperidone oral solution 1 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (***asenapine maleate***)	3	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (***asenapine***)	3	PA; QL (1 EA per 1 day); AL (Min 18 Years)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (***quetiapine fumarate***)	3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (***quetiapine fumarate***)	3	
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG (***olanzapine-fluoxetine hcl***)	3	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (***clozapine***)	3	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine hcl***)	3	PA
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (***cariprazine hcl***)	3	PA
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	1	PA; QL (30 day supply per 1 fill)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (***olanzapine***)	3	PA; QL (30 day supply per 1 fill)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (***olanzapine***)	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (***olanzapine pamoate***)	3	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (***olanzapine***)	3	
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG (***methohexital sodium***)	OA	
DONNATAL ORAL ELIXIR 16.2 MG/5ML (***pb-hyoscy-atropine-scopolamine***)	3	
DONNATAL ORAL TABLET 16.2 MG (***pb-hyoscy-atropine-scopolamine***)	3	
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
MYSOLINE ORAL TABLET 250 MG, 50 MG (***primidone***)	3	
pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml	1	
pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg	1	
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	OA	
phenobarbital-belladonna alk oral elixir 16.2 mg/5ml	1	
phenobarbital-belladonna alk oral tablet 16.2 mg	1	
pb-hyoscy-atropine-scopolamine (Phenohytro Oral Elixir 16.2 Mg/5Ml)	3	
pb-hyoscy-atropine-scopolamine (Phenohytro Oral Tablet 16.2 Mg)	3	
primidone oral tablet 250 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ALLZITAL ORAL TABLET 25-325 MG (***butalbital-acetaminophen***)	3	
AMYTAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG (***amobarbital sodium***)	OA	
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	1	PA
butalbital-acetaminophen (Bupap Oral Tablet 50-300 Mg)	3	
butalbital-acetaminophen capsule 50-300 mg oral 50-300 mg	1	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL 50-300 MG	1	
butalbital-acetaminophen oral tablet 25-325 mg, 50-300 mg, 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	PA
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
DONNATAL ORAL ELIXIR 16.2 MG/5ML (***pb-hyoscy-atropine-scopolamine***)	3	
DONNATAL ORAL TABLET 16.2 MG (***pb-hyoscy-atropine-scopolamine***)	3	
butalbital-apap-caffeine (Esgic Oral Capsule 50-325-40 Mg)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ESGIC ORAL TABLET 50-325-40 MG (***butalbital-apap-caffeine***)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (***butalbital-apap-caffeine***)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (***butalbital-apap-caff-cod***)	3	
NEMBUTAL INJECTION SOLUTION 50 MG/ML (***pentobarbital sodium***)	OA	
pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml	1	
pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg	1	
pentobarbital sodium injection solution 50 mg/ml	OA	
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	OA	
phenobarbital-belladonna alk oral elixir 16.2 mg/5ml	1	
phenobarbital-belladonna alk oral tablet 16.2 mg	1	
pb-hyoscy-atropine-scopolamine (Phenohytro Oral Elixir 16.2 Mg/5Ml)	3	
pb-hyoscy-atropine-scopolamine (Phenohytro Oral Tablet 16.2 Mg)	3	
TENCON ORAL TABLET 50-325 MG (***butalbital-acetaminophen***)	3	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML (***butalbital-apap-caffeine***)	2	
butalbital-apap-caffeine (Zebutal Oral Capsule 50-325-40 Mg)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BARBITURATES (GENERAL ANESTHETICS) - Anesthetics		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG (***methohexital sodium***)	OA	
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (***lorazepam***)	OA	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (***lorazepam***)	3	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet 10 mg, 20 mg	1	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (***diazepam***)	3	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (***diazepam***)	3	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	1	
diazepam intramuscular solution auto-injector 10 mg/2ml	OA	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
diazepam solution 5 mg/ml injection 5 mg/ml	OA	
DIAZEPAM SOLUTION 5 MG/ML INJECTION 5 MG/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (***clonazepam***)	3	
lorazepam injection solution 2 mg/ml, 4 mg/ml	OA	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (***midazolam (anticonvulsant)***)	3	ST; QL (10 EA per 30 days); AL (Min 12 Years)
ONFI ORAL SUSPENSION 2.5 MG/ML (***clobazam***)	3	PA
ONFI ORAL TABLET 10 MG, 20 MG (***clobazam***)	3	PA
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (***clobazam***)	3	
TRANXENE-T ORAL TABLET 7.5 MG (***clorazepate dipotassium***)	3	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (***diazepam***)	3	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (***diazepam***)	3	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (***diazepam***)	3	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (***diazepam***)	3	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (***diazepam***)	3	
BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP) - Drugs for Anxiety & Sleep Disorder		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam intensol oral concentrate 1 mg/ml	1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (***lorazepam***)	OA	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (***lorazepam***)	3	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet 10 mg, 20 mg	1	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG (***diazepam***)	3	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG (***diazepam***)	3	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	1	
diazepam intramuscular solution auto-injector 10 mg/2ml	OA	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
diazepam solution 5 mg/ml injection 5 mg/ml	OA	
DIAZEPAM SOLUTION 5 MG/ML INJECTION 5 MG/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DORAL ORAL TABLET 15 MG (***quazepam***)	3	QL (1 EA per 1 day)
estazolam oral tablet 1 mg, 2 mg	1	QL (1 EA per 1 day)
flurazepam hcl oral capsule 15 mg, 30 mg	1	QL (1 EA per 1 day)
HALCION ORAL TABLET 0.25 MG (***triazolam***)	3	QL (1 EA per 1 day)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (***clonazepam***)	3	
LIBRAX ORAL CAPSULE 5-2.5 MG (***chlordiazepoxide-clidinium***)	3	
lorazepam injection solution 2 mg/ml, 4 mg/ml	OA	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml	1	PA
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml	1	PA
MIDAZOLAM HCL INTRAVENOUS SOLUTION 150 MG/30ML	3	PA
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%	OA	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2-0.9 MG/2ML-%, 5-0.9 MG/5ML-%, 55-0.9 MG/55ML-%	OA	
MIDAZOLAM-SODIUM CHLORIDE INTRAVENOUS SOLUTION 50-0.9 MG/50ML-%	OA	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (***midazolam (anticonvulsant)***)	3	ST; QL (10 EA per 30 days); AL (Min 12 Years)
ONFI ORAL SUSPENSION 2.5 MG/ML (***clobazam***)	3	PA
ONFI ORAL TABLET 10 MG, 20 MG (***clobazam***)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	
quazepam oral tablet 15 mg	1	QL (1 EA per 1 day)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (***temazepam***)	3	QL (1 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (***clobazam***)	3	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	QL (1 EA per 1 day)
TRANXENE-T ORAL TABLET 7.5 MG (***clorazepate dipotassium***)	3	
triazolam oral tablet 0.125 mg, 0.25 mg	1	QL (1 EA per 1 day)
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (***diazepam***)	3	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (***diazepam***)	3	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (***diazepam***)	3	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (***diazepam***)	3	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (***diazepam***)	3	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (***alprazolam***)	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (***alprazolam***)	3	
BUTYROPHENONES - Drugs for Depression & Psychosis		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (***haloperidol decanoate***)	3	PA; QL (30 day supply per 1 fill)
HALDOL INJECTION SOLUTION 5 MG/ML (***haloperidol lactate***)	OA	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
haloperidol lactate injection solution 5 mg/ml	OA	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML (***erenumab-aooe***)	2	PA; QL (30 day supply per 1 fill)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (***fremanezumab-vfrm***)	3	PA
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (***fremanezumab-vfrm***)	3	PA; QL (30 day supply per 1 fill)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***galcanezumab-gnlm***)	2	PA; QL (30 day supply per 1 fill)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	2	PA; QL (30 day supply per 1 fill)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (***galcanezumab-gnlm***)	2	PA; QL (30 day supply per 1 fill)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (***rimegepant sulfate***)	2	PA; QL (0.29 EA per 1 day); AL (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***)	2	PA; QL (0.36 EA per 1 day); AL (Min 18 Years)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (***eptinezumab-jjmr***)	OA	
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
COMTAN ORAL TABLET 200 MG (***entacapone***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
entacapone oral tablet 200 mg	1	
ONGENTYS ORAL CAPSULE 50 MG (***opicapone***)	3	PA
STALEVO 100 ORAL TABLET 25-100-200 MG (***carbidopa-levodopa-entacapone***)	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (***carbidopa-levodopa-entacapone***)	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (***carbidopa-levodopa-entacapone***)	3	
STALEVO 200 ORAL TABLET 50-200-200 MG (***carbidopa-levodopa-entacapone***)	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (***carbidopa-levodopa-entacapone***)	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (***carbidopa-levodopa-entacapone***)	3	
TASMAR ORAL TABLET 100 MG (***tolcapone***)	3	
tolcapone oral tablet 100 mg	1	
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
acamprosate calcium oral tablet delayed release 333 mg	1	
ADDYI ORAL TABLET 100 MG (***flibanserin***)	3	PA
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	4	PA; SP; QL (30 day supply per 1 fill)
carbidopa oral tablet 25 mg	1	
flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml	OA	
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	1	
guanfacine hcl oral tablet 1 mg, 2 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INGREZZA ORAL CAPSULE 40 MG, 80 MG (***valbenazine tosylate***)	4	PA; SP; QL (30 day supply per 1 fill)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (***guanfacine hcl***)	3	
LODOSYN ORAL TABLET 25 MG (***carbidopa***)	3	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	1	
memantine hcl oral solution 10 mg/5ml, 2 mg/ml	1	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
NAMENDA ORAL TABLET 10 MG, 5 MG (***memantine hcl***)	3	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (***memantine hcl***)	3	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG (***memantine hcl***)	3	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7 & 14 & 21 &28 MG (***memantine hcl***)	3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG (***memantine hcl-donepezil hcl***)	3	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (***memantine hcl-donepezil hcl***)	3	PA
NOURIANZ ORAL TABLET 20 MG, 40 MG (***istradefylline***)	3	PA; QL (1 EA per 1 day); AL (Min 18 Years)
NUEDEXTA ORAL CAPSULE 20-10 MG (***dextromethorphan-quinidine***)	3	PA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML (***edaravone***)	OA	QL (30 day supply per 1 fill)
RILUTEK ORAL TABLET 50 MG (***riluzole***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
riluzole oral tablet 50 mg	1	
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG (***atomoxetine hcl***)	3	
tetrabenazine oral tablet 12.5 mg, 25 mg	4	PA; SP; QL (30 day supply per 1 fill)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (***riluzole***)	3	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (***bremelanotide acetate***)	4	PA; QL (8 ML per 30 days)
XENAZINE ORAL TABLET 12.5 MG, 25 MG (***tetrabenazine***)	4	PA; SP; QL (30 day supply per 1 fill)
XYREM ORAL SOLUTION 500 MG/ML (***sodium oxybate***)	4	PA; SP; QL (30 day supply per 1 fill)
XYWAV ORAL SOLUTION 500 MG/ML (***ca, mg, k, and na oxybates***)	4	PA; SP; QL (30 day supply per 1 fill)
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (***celecoxib***)	3	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG (***amlodipine besylate-celecoxib***)	3	
DOPAMINE PRECURSORS - Drugs for Parkinson		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (***carbidopa-levodopa***)	4	PA; SP; QL (30 day supply per 1 fill)
INBRIJA INHALATION CAPSULE 42 MG (***levodopa***)	4	PA; SP; QL (30 day supply per 1 fill)
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (***carbidopa-levodopa***)	3	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG (***carbidopa-levodopa***)	3	
STALEVO 100 ORAL TABLET 25-100-200 MG (***carbidopa-levodopa-entacapone***)	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (***carbidopa-levodopa-entacapone***)	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (***carbidopa-levodopa-entacapone***)	3	
STALEVO 200 ORAL TABLET 50-200-200 MG (***carbidopa-levodopa-entacapone***)	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (***carbidopa-levodopa-entacapone***)	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (***carbidopa-levodopa-entacapone***)	3	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
bromocriptine mesylate oral capsule 5 mg	1	
bromocriptine mesylate oral tablet 2.5 mg	1	
cabergoline oral tablet 0.5 mg	1	
CYCLOSET ORAL TABLET 0.8 MG (***bromocriptine mesylate***)	3	

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PARLODEL ORAL CAPSULE 5 MG (***bromocriptine mesylate***)	3	
PARLODEL ORAL TABLET 2.5 MG (***bromocriptine mesylate***)	3	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (***duloxetine hcl***)	3	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (***duloxetine hcl***)	3	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	1	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (***pregabalin***)	3	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (***pregabalin***)	3	
LYRICA ORAL SOLUTION 20 MG/ML (***pregabalin***)	3	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (***milnacipran hcl***)	3	
GENERAL ANESTHETICS, MISCELLANEOUS - Anesthetics		
AMIDATE INTRAVENOUS SOLUTION 2 MG/ML (***etomidate***)	OA	
ANESTHESIA S/I-40A INTRAVENOUS KIT 200 MG/20ML	OA	
ANESTHESIA S/I-40H INTRAVENOUS KIT 200 MG/20ML	OA	
ANESTHESIA S/I-40S INTRAVENOUS KIT 200 MG/20ML	OA	
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML (***propofol***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
etomidate intravenous solution 2 mg/ml	OA	
fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	OA	
FRESENIUS PROPOVEN INTRAVENOUS EMULSION 2000 MG/100ML	OA	
KETALAR INJECTION SOLUTION 10 MG/ML, 100 MG/ML, 50 MG/ML (***ketamine hcl***)	OA	
KETAMINE HCL INJECTION SOLUTION 0.6 MG/ML, 1 MG/ML	OA	
ketamine hcl injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml	OA	
KETAMINE HCL INJECTION SOLUTION PREFILLED SYRINGE 30 MG/3ML, 50 MG/5ML	OA	
KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/2ML, 50 MG/ML	OA	
KETAMINE HCL-SODIUM CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 50-0.9 MG/5ML-%	OA	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
KETOROLAC-BUPIV-KETAMINE INJECTION SOLUTION PREFILLED SYRINGE 60-150-60 MG/50ML	3	
KETOROLAC-ROPIV-KETAMINE INJECTION SOLUTION PREFILLED SYRINGE 15-100-30 MG/50ML	3	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	OA	
HYDANTOINS - Drugs for Seizures		
CEREBYX INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML (***fosphenytoin sodium***)	OA	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (***phenytoin***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DILANTIN ORAL CAPSULE 100 MG (***phenytoin sodium extended***)	3	
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	2	
DILANTIN ORAL SUSPENSION 125 MG/5ML (***phenytoin***)	3	
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	OA	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (***phenytoin sodium extended***)	3	
phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	1	
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
phenytoin sodium injection solution 50 mg/ml	OA	
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
AZILECT ORAL TABLET 0.5 MG, 1 MG (***rasagiline mesylate***)	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (***selegiline***)	3	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
XADAGO ORAL TABLET 100 MG, 50 MG (***safinamide mesylate***)	3	PA
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (***selegiline hcl***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
AZILECT ORAL TABLET 0.5 MG, 1 MG (***rasagiline mesylate***)	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (***selegiline***)	3	
MARPLAN ORAL TABLET 10 MG (***isocarboxazid***)	2	
NARDIL ORAL TABLET 15 MG (***phenelzine sulfate***)	3	
PARNATE ORAL TABLET 10 MG (***tranylcypromine sulfate***)	3	
phenelzine sulfate oral tablet 15 mg	1	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
tranylcypromine sulfate oral tablet 10 mg	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (***selegiline hcl***)	2	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (***apomorphine hcl***)	4	PA; SP; QL (30 day supply per 1 fill)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (***apomorphine hcl***)	4	PA; SP; QL (30 day supply per 1 fill)
KYNMOBI TITRATION KIT SUBLINGUAL KIT 10/15/20/25/30 MG (***apomorphine hcl***)	4	PA; SP; QL (30 day supply per 1 fill)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (***pramipexole dihydrochloride***)	3	
MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG (***pramipexole dihydrochloride***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (***rotigotine***)	3	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	1	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
OPIATE AGONISTS - Drugs for Pain		
acetaminophen-codeine #2 oral tablet 300-15 mg	1	
acetaminophen-codeine #3 oral tablet 300-30 mg	1	
acetaminophen-codeine #4 oral tablet 300-60 mg	1	
acetaminophen-codeine oral solution 120-12 mg/5ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
ACTIQ BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***fentanyl citrate***)	3	
alfentanil hcl intravenous solution 1000 mcg/2ml, 2500 mcg/5ml	OA	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1	
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG, 30 MG, 60 MG (***morphine sulfate***)	3	

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butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	1	PA
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	PA
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1	PA
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (***tramadol hcl***)	3	
DEMEROL INJECTION SOLUTION 100 MG/2ML, 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (***meperidine hcl***)	OA	
DILAUDID INJECTION SOLUTION 0.2 MG/ML (***hydromorphone hcl***)	3	
DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML (***hydromorphone hcl***)	OA	
DILAUDID ORAL LIQUID 1 MG/ML (***hydromorphone hcl***)	3	
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (***hydromorphone hcl***)	3	
DOLOPHINE ORAL TABLET 10 MG, 5 MG (***methadone hcl***)	3	
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG (***sufentanil citrate***)	3	
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR 100 MCG/HR (***fentanyl***)	3	QL (0.34 EA per 1 day)
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR 12 MCG/HR (***fentanyl***)	3	QL (0.34 EA per 1 day)
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR 25 MCG/HR (***fentanyl***)	3	QL (0.34 EA per 1 day)

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DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR 50 MCG/HR (***fentanyl***)	3	QL (0.34 EA per 1 day)
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR 75 MCG/HR (***fentanyl***)	3	QL (0.34 EA per 1 day)
duramorph injection solution 0.5 mg/ml, 1 mg/ml	OA	
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	1	
fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml	OA	
fentanyl citrate (pf) injection solution cartridge 100 mcg/2ml	OA	
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	
FENTANYL CITRATE BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	
FENTANYL CITRATE INTRAVENOUS SOLUTION 5000 MCG/100ML	OA	
FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MCG/2ML, 1500 MCG/30ML, 250 MCG/5ML, 2750 MCG/55ML	OA	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	OA	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 500-0.9 MCG/50ML-%, 550-0.9 MCG/55ML-%	OA	
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.2-0.9 MG/100ML-%	OA	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	1	QL (0.34 EA per 1 day)

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FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%	OA	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2-0.125-0.9 MCG/ML-%-%	OA	
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***fentanyl citrate***)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (***butalbital-apap-caff-cod***)	3	
guaiatussin ac oral syrup 100-10 mg/5ml	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
HYCODAN ORAL SYRUP 5-1.5 MG/5ML (***hydrocodone-homatropine***)	3	
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	1	
hydrocodone polst-chlorphen polst er susp oral suspension extended release 10-8 mg/5ml	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	
hydrocodone-homatropine oral syrup 5-1.5 mg/5ml	1	
hydrocodone-homatropine oral tablet 5-1.5 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
hydromet oral syrup 5-1.5 mg/5ml	1	
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	1	

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HYDROMORPHONE HCL INJECTION SOLUTION 0.2 MG/ML	3	
hydromorphone hcl injection solution 2 mg/ml, 4 mg/ml	OA	
hydromorphone hcl oral liquid 1 mg/ml	1	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	
hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml	OA	
hydromorphone hcl rectal suppository 3 mg	1	
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION 1 MG/ML	OA	
hydromorphone hcl solution 1 mg/ml injection 1 mg/ml	OA	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION 20-0.9 MG/100ML-%	OA	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE 10-0.9 MG/50ML-%, 30-0.9 MG/30ML-%	OA	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/50ML-%, 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%	OA	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 2-0.9 MG/ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	OA	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (***hydrocodone bitartrate***)	3	
INFUMORPH 200 INJECTION SOLUTION 200 MG/20ML (10 MG/ML) (***morphine sulfate microinfusion***)	OA	
INFUMORPH 500 INJECTION SOLUTION 500 MG/20ML (25 MG/ML) (***morphine sulfate microinfusion***)	OA	

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LAZANDA NASAL SOLUTION 100 MCG/ACT, 300 MCG/ACT, 400 MCG/ACT (***fentanyl citrate***)	3	
levorphanol tartrate oral tablet 2 mg	1	
levorphanol tartrate oral tablet 3 mg	1	PA
LORTAB ORAL ELIXIR 10-300 MG/15ML (***hydrocodone-acetaminophen***)	3	
maxi-tuss ac oral solution 100-10 mg/5ml	1	
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	OA	
meperidine hcl oral solution 50 mg/5ml	1	
meperidine hcl oral tablet 50 mg	1	
methadone hcl injection solution 10 mg/ml	OA	
methadone hcl (Methadone Hcl Intensol Oral Concentrate 10 Mg/Ml)	1	
methadone hcl oral concentrate 10 mg/ml	1	
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	1	
methadone hcl oral tablet 10 mg, 5 mg	1	
methadone hcl oral tablet soluble 40 mg	1	
METHADONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	OA	
methadose oral concentrate 10 mg/ml	1	
methadone hcl (Methadose Oral Tablet Soluble 40 Mg)	1	
methadose sugar-free oral concentrate 10 mg/ml	1	
morphine sulfate microinfusion (Mitigo Injection Solution 200 Mg/20Ml (10 Mg/Ml), 500 Mg/20Ml (25 Mg/Ml))	OA	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	OA	
morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	OA	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	
morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg	1	
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	OA	
morphine sulfate injection solution 2 mg/ml, 4 mg/ml, 5 mg/ml	OA	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML	OA	
morphine sulfate intravenous solution 50 mg/ml	OA	
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	1	
morphine sulfate oral tablet 15 mg, 30 mg	1	
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	
MORPHINE SULFATE SOLUTION 1 MG/ML INTRAVENOUS 1 MG/ML	OA	
morphine sulfate solution 1 mg/ml intravenous 1 mg/ml	OA	
MORPHINE SULFATE-NACL INJECTION SOLUTION PREFILLED SYRINGE 5-0.9 MG/5ML-%	3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 30-0.9 MG/30ML-%, 4-0.9 MG/ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%	OA	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (***morphine sulfate***)	3	
NALOCET ORAL TABLET 2.5-300 MG	2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (***tapentadol hcl***)	3	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (***tapentadol hcl***)	3	
OLINVYK INTRAVENOUS SOLUTION 1 MG/ML, 2 MG/2ML, 30 MG/30ML (***oliceridine fumarate***)	OA	
OXAYDO ORAL TABLET 5 MG, 7.5 MG (***oxycodone hcl***)	3	
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	QL (2 EA per 1 day)
oxycodone hcl oral capsule 5 mg	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution 5 mg/5ml	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	2	
oxycodone-aspirin oral tablet 4.8355-325 mg	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (***oxycodone hcl***)	2	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	
oxymorphone hcl oral tablet 10 mg, 5 mg	1	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (***oxycodone-acetaminophen***)	3	
PRIMLEV ORAL TABLET 10-300 MG (***oxycodone-acetaminophen***)	2	
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (***oxycodone-acetaminophen***)	2	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	
promethazine-codeine oral syrup 6.25-10 mg/5ml	1	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	1	
QDOLO ORAL SOLUTION 5 MG/ML (***tramadol hcl***)	3	PA
remifentanil hcl intravenous solution reconstituted 1 mg, 2 mg, 5 mg	OA	
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG (***oxycodone hcl***)	3	
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***fentanyl***)	3	
sufentanil citrate intravenous solution 100 mcg/2ml, 250 mcg/5ml, 50 mcg/ml	OA	
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	
tramadol hcl oral tablet 100 mg, 50 mg	1	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (***apap-caff-dihydrocodeine***)	3	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG (***hydrocod polst-chlorphen polst***)	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (***chlorpheniramine-codeine***)	3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML (***codeine polst-chlorphen polst***)	3	PA
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG (***remifentanil hcl***)	OA	
ULTRACET ORAL TABLET 37.5-325 MG (***tramadol-acetaminophen***)	3	
ULTRAM ORAL TABLET 50 MG (***tramadol hcl***)	3	
virtussin ac w/alc oral liquid 100-10 mg/5ml	1	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (***oxycodone***)	3	PA; QL (2 EA per 1 day)
ZOHYDRO ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (***hydrocodone bitartrate***)	3	
Z-TUSS AC ORAL LIQUID 2-9 MG/5ML (***chlorpheniramine-codeine***)	3	
OPIATE ANTAGONISTS - Drugs for Overdose or Poisoning		
LIFEMS NALOXONE INJECTION PREFILLED SYRINGE KIT 2 MG/2ML	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	PA; QL (30 day supply per 1 fill)
naloxone hcl injection solution cartridge 0.4 mg/ml	1	QL (30 day supply per 1 fill)
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	PA; QL (30 day supply per 1 fill)
naltrexone hcl oral tablet 50 mg	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (***naloxone hcl***)	3	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	OA	QL (30 day supply per 1 fill)
OPIATE PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (***buprenorphine hcl***)	3	
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG (***buprenorphine hcl-naloxone hcl***)	3	PA
BUPRENEX INJECTION SOLUTION 0.3 MG/ML (***buprenorphine hcl***)	OA	
buprenorphine hcl injection solution 0.3 mg/ml	OA	
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	1	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	1	PA
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	1	PA
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	1	
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	OA	QL (10 ML per 30 days)
butorphanol tartrate nasal solution 10 mg/ml	1	QL (10 ML per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (***buprenorphine***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml	OA	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	
PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT 74.2 MG (***buprenorphine hcl***)	OA	QL (30 day supply per 1 fill)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (***buprenorphine***)	4	PA; SP; QL (30 day supply per 1 fill)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (***buprenorphine hcl-naloxone hcl***)	3	PA
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (***buprenorphine hcl-naloxone hcl***)	3	PA
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Pain		
ANJESO INTRAVENOUS INJECTABLE 30 MG/ML (***meloxicam***)	OA	
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (***diclofenac-misoprostol***)	3	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML (***ibuprofen***)	OA	
CAMBIA ORAL PACKET 50 MG (***diclofenac potassium(migraine)***)	3	PA
DAYPRO ORAL TABLET 600 MG (***oxaprozin***)	3	
DICLOFENAC EPOLAMINE EXTERNAL PATCH 1.3 %	3	PA
DICLOFENAC ORAL CAPSULE 35 MG	3	PA
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	
diclofenac sodium external gel 1 %	1	
diclofenac sodium external solution 1.5 %	1	PA; QL (1 ML per 30 days)

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diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	1	
DICLOFONO EXTERNAL GEL 1.6 % (***diclofenac sodium***)	3	
diflunisal oral tablet 500 mg	1	
DUEXIS ORAL TABLET 800-26.6 MG (***ibuprofen-famotidine***)	3	PA
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (***naproxen***)	3	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	1	
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
FELDENE ORAL CAPSULE 10 MG, 20 MG (***piroxicam***)	3	
fenoprofen calcium oral capsule 200 mg, 400 mg	3	PA
fenoprofen calcium oral tablet 600 mg	1	
fenortho oral capsule 200 mg	3	PA
flurbiprofen oral tablet 100 mg, 50 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
ibuprofen lysine intravenous solution 10 mg/ml	OA	
ibuprofen oral suspension 100 mg/5ml	1	
ibuprofen (Ibuprofen Oral Tablet 400 Mg, 600 Mg, 800 Mg)	1	
INDOCIN ORAL SUSPENSION 25 MG/5ML (***indomethacin***)	2	
INDOCIN RECTAL SUPPOSITORY 50 MG (***indomethacin***)	3	
indomethacin er oral capsule extended release 75 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INDOMETHACIN ORAL CAPSULE 20 MG	3	PA
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin sodium intravenous solution reconstituted 1 mg	OA	
ketoprofen er oral capsule extended release 24 hour 200 mg	1	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	1	
ketorolac tromethamine injection solution 15 mg/ml	1	PA; QL (30 day supply per 1 fill)
ketorolac tromethamine intramuscular solution 60 mg/2ml	1	PA; QL (30 day supply per 1 fill)
KETOROLAC TROMETHAMINE NASAL SOLUTION 15.75 MG/SPRAY	3	PA; QL (30 day supply per 1 fill)
ketorolac tromethamine oral tablet 10 mg	1	
ketorolac tromethamine solution 30 mg/ml injection 30 mg/ml	1	PA; QL (30 day supply per 1 fill)
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION 30 MG/ML	3	PA; QL (30 day supply per 1 fill)
KETOROLAC-BUPIV-KETAMINE INJECTION SOLUTION PREFILLED SYRINGE 60-150-60 MG/50ML	3	
KETOROLAC-ROPIV-KETAMINE INJECTION SOLUTION PREFILLED SYRINGE 15-100-30 MG/50ML	3	
LICART EXTERNAL PATCH 24 HOUR 1.3 % (***diclofenac epolamine***)	3	PA
LODINE ORAL TABLET 400 MG (***etodolac***)	3	
meclofenamate sodium oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	1	
meloxicam oral tablet 15 mg, 7.5 mg	1	
MOBIC ORAL TABLET 15 MG, 7.5 MG (***meloxicam***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nabumetone oral tablet 500 mg, 750 mg	1	
NALFON ORAL CAPSULE 400 MG (***fenoprofen calcium***)	3	PA
NALFON ORAL TABLET 600 MG (***fenoprofen calcium***)	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG (***naproxen sodium***)	3	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG (***naproxen sodium***)	2	PA
NAPROSYN ORAL SUSPENSION 125 MG/5ML (***naproxen***)	3	
naproxen oral suspension 125 mg/5ml	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	1	PA
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg	1	
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML (***ibuprofen lysine***)	OA	
oxaprozin oral tablet 600 mg	1	
PENNSAID EXTERNAL SOLUTION 2 % (***diclofenac sodium***)	3	PA; QL (1 GM per 30 days)
piroxicam oral capsule 10 mg, 20 mg	1	
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG (***meloxicam***)	3	
RELAFEN DS ORAL TABLET 1000 MG (***nabumetone***)	3	
nabumetone (Relafen Oral Tablet 500 Mg, 750 Mg)	3	
ROPIV-CLONIDINE-KETOROLAC SOLUTION PREFILLED SYRINGE 123-0.04-15 MG/50ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (***ketorolac tromethamine***)	3	PA; QL (30 day supply per 1 fill)
sulindac oral tablet 150 mg, 200 mg	1	
sumatriptan-naproxen sodium oral tablet 85-500 mg	1	QL (0.3 EA per 1 day)
TIVORBEX ORAL CAPSULE 20 MG (***indomethacin***)	3	PA
tolmetin sodium oral capsule 400 mg	1	
tolmetin sodium oral tablet 600 mg	1	
TREXIMET ORAL TABLET 85-500 MG (***sumatriptan-naproxen sodium***)	3	QL (0.3 EA per 1 day)
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (***naproxen-esomeprazole***)	3	
VIVLODEX ORAL CAPSULE 10 MG, 5 MG (***meloxicam***)	3	PA
VOLTAREN EXTERNAL GEL 1 % (***diclofenac sodium***)	3	
ZIPSOR ORAL CAPSULE 25 MG (***diclofenac potassium***)	3	PA
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG (***diclofenac***)	3	PA
PHENOTHIAZINES - Drugs for Depression & Psychosis		
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	OA	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
prochlorperazine (Compro Rectal Suppository 25 Mg)	1	
fluphenazine decanoate injection solution 25 mg/ml	OA	
fluphenazine hcl injection solution 2.5 mg/ml	OA	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml	OA	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG (***methylphenidate hcl***)	3	ST; AL (Min 6 Years)
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (***methylphenidate hcl***)	3	ST; AL (Min 6 Years)
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	1	PA
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	PA
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CAFCIT INTRAVENOUS SOLUTION 60 MG/3ML (***caffeine citrate***)	OA	
caffeine citrate intravenous solution 60 mg/3ml	OA	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
CAFFEINE-SODIUM BENZOATE INJECTION SOLUTION 125-125 MG/ML	OA	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (***methylphenidate hcl***)	3	ST; AL (Min 6 Years)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (***methylphenidate***)	3	ST; AL (Min 6 Years)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (***methylphenidate***)	3	ST; AL (Min 6 Years)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	AL (Min 6 Years)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML (***doxapram hcl***)	OA	
butalbital-apap-caffeine (Esgic Oral Capsule 50-325-40 Mg)	3	
ESGIC ORAL TABLET 50-325-40 MG (***butalbital-apap-caffeine***)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (***butalbital-apap-caffeine***)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (***butalbital-apap-caff-cod***)	3	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (***dexmethylphenidate hcl***)	3	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (***dexmethylphenidate hcl***)	3	ST; AL (Min 6 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (***methylphenidate hcl***)	3	ST; AL (Min 6 Years)
methylphenidate hcl (Metadate Er Oral Tablet Extended Release 20 Mg)	1	AL (Min 6 Years)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (***methylphenidate hcl***)	3	
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	AL (Min 6 Years)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	AL (Min 6 Years)
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	AL (Min 6 Years)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	1	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (***methylphenidate hcl***)	3	ST; AL (Min 6 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (***methylphenidate hcl***)	3	ST; AL (Min 6 Years)
relexxii oral tablet extended release 72 mg	1	AL (Min 6 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG (***methylphenidate hcl***)	3	ST; AL (Min 6 Years)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (***methylphenidate hcl***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREZIX ORAL CAPSULE 320.5-30-16 MG (***apap-caff-dihydrocodeine***)	3	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML (***butalbital-apap-caffeine***)	2	
butalbital-apap-caffeine (Zebutal Oral Capsule 50-325-40 Mg)	3	
SALICYLATES - Drugs for Pain		
adult aspirin regimen oral tablet delayed release 81 mg	1	PV
butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule 50-325-40-30 Mg)	1	PA
aspirin adult low strength oral tablet delayed release 81 mg	1	PV
aspirin adult oral tablet 325 mg	1	PV
aspirin childrens oral tablet chewable 81 mg	1	PV
aspirin ec low dose oral tablet delayed release 81 mg	1	PV
aspirin ec low strength oral tablet delayed release 81 mg	1	PV
aspirin ec oral tablet delayed release 325 mg	1	PV
aspirin low dose oral tablet chewable 81 mg	1	PV
aspirin low dose oral tablet delayed release 81 mg	1	PV
aspirin oral tablet 325 mg	1	PV
aspirin oral tablet delayed release 325 mg, 81 mg	1	PV
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
ASPIRIN-OMEPRAZOLE ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG	3	PA
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	3	PV
BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***)	3	PV
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (***aspirin***)	3	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	PA
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	1	PA
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG (***aspirin***)	3	PA
gnp aspirin low dose oral tablet delayed release 81 mg	1	PV
goodsense aspirin low dose oral tablet delayed release 81 mg	1	PV
methyl salicylate external liquid	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	PA
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	1	PA
orphenadrine-aspirin-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	3	PA
oxycodone-aspirin oral tablet 4.8355-325 mg	1	
qc aspirin low dose oral tablet delayed release 81 mg	1	PV
salsalate oral tablet 500 mg, 750 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (***aspirin***)	3	PV
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (***aspirin-omeprazole***)	3	PA
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (***duloxetine hcl***)	3	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	3	

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desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG (***duloxetine hcl***)	3	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	1	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (***venlafaxine hcl***)	3	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (***levomilnacipran hcl***)	3	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (***levomilnacipran hcl***)	3	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (***desvenlafaxine succinate***)	3	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (***milnacipran hcl***)	3	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg	1	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1	QL (0.4 EA per 1 day)
AMERGE ORAL TABLET 1 MG, 2.5 MG (***naratriptan hcl***)	3	QL (0.3 EA per 1 day)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	1	QL (0.4 EA per 1 day)
FROVA ORAL TABLET 2.5 MG (***frovatriptan succinate***)	3	QL (0.6 EA per 1 day)

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frovatriptan succinate oral tablet 2.5 mg	1	QL (0.6 EA per 1 day)
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT (***sumatriptan***)	3	QL (12 EA per 30 days)
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (***sumatriptan succinate***)	3	QL (0.3 EA per 1 day)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (***sumatriptan succinate***)	3	QL (30 day supply per 1 fill)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (***sumatriptan succinate***)	3	QL (0.17 ML per 1 day)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5ML (***sumatriptan succinate***)	3	QL (30 day supply per 1 fill)
MAXALT ORAL TABLET 10 MG (***rizatriptan benzoate***)	3	QL (0.6 EA per 1 day)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (***rizatriptan benzoate***)	3	QL (0.6 EA per 1 day)
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	QL (0.3 EA per 1 day)
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (***sumatriptan succinate***)	3	PA
RELPAX ORAL TABLET 20 MG, 40 MG (***eletriptan hydrobromide***)	3	QL (0.4 EA per 1 day)
REYVOW ORAL TABLET 100 MG, 50 MG (***lasmiditan succinate***)	3	PA; QL (0.143 EA per 1 day); AL (Min 18 Years)
rizatriptan benzoate oral tablet 10 mg, 5 mg	1	QL (0.6 EA per 1 day)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	QL (0.6 EA per 1 day)
sumatriptan nasal solution 20 mg/act, 5 mg/act	1	QL (12 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL (0.3 EA per 1 day)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	1	QL (30 day supply per 1 fill)

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sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	QL (30 day supply per 1 fill)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	QL (0.17 ML per 1 day)
sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	1	QL (30 day supply per 1 fill)
sumatriptan-naproxen sodium oral tablet 85-500 mg	1	QL (0.3 EA per 1 day)
TOSYMRA NASAL SOLUTION 10 MG/ACT (***sumatriptan***)	3	QL (12 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG (***sumatriptan-naproxen sodium***)	3	QL (0.3 EA per 1 day)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (***sumatriptan succinate***)	4	SP; QL (0.27 ML per 1 day)
zolmitriptan oral tablet 2.5 mg, 5 mg	1	QL (0.4 EA per 1 day)
zolmitriptan oral tablet dispersible 2.5 mg	1	QL (0.4 EA per 1 day)
zolmitriptan oral tablet dispersible 5 mg	1	QL (0.3 EA per 1 day)
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (***zolmitriptan***)	2	QL (0.4 EA per 1 day)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (***zolmitriptan***)	3	QL (0.4 EA per 1 day)
ZOMIG ZMT ORAL TABLET DISPERSIBLE 2.5 MG (***zolmitriptan***)	3	QL (0.4 EA per 1 day)
ZOMIG ZMT ORAL TABLET DISPERSIBLE 5 MG (***zolmitriptan***)	3	QL (0.3 EA per 1 day)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
BRISDELLE ORAL CAPSULE 7.5 MG (***paroxetine mesylate***)	3	
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (***citalopram hydrobromide***)	3	
citalopram hydrobromide oral solution 10 mg/5ml	1	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	
escitalopram oxalate oral solution 5 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	1	PA
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine hcl oral capsule delayed release 90 mg	1	
fluoxetine hcl oral solution 20 mg/5ml	1	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	1	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (***escitalopram oxalate***)	3	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
paroxetine mesylate oral capsule 7.5 mg	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (***paroxetine hcl***)	3	
PAXIL ORAL SUSPENSION 10 MG/5ML (***paroxetine hcl***)	3	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (***paroxetine hcl***)	3	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (***paroxetine mesylate***)	3	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (***fluoxetine hcl***)	3	
sertraline hcl oral concentrate 20 mg/ml	1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG (***olanzapine-fluoxetine hcl***)	3	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (***sertraline hcl***)	3	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (***sertraline hcl***)	3	
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (***vortioxetine hbr***)	3	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (***vilazodone hcl***)	3	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG (***vilazodone hcl***)	3	
SUCCINIMIDES - Drugs for Seizures		
CELONTIN ORAL CAPSULE 300 MG (***methsuximide***)	2	
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5ml	1	
ZARONTIN ORAL CAPSULE 250 MG (***ethosuximide***)	3	
ZARONTIN ORAL SOLUTION 250 MG/5ML (***ethosuximide***)	3	
THIOXANTHENES - Drugs for Depression & Psychosis		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (***clomipramine hcl***)	3	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	1	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral concentrate 10 mg/ml	1	
doxepin hcl oral tablet 3 mg, 6 mg	1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (***desipramine hcl***)	3	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline hcl oral solution 10 mg/5ml	1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (***nortriptyline hcl***)	3	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
protriptyline hcl oral tablet 10 mg, 5 mg	1	
SILENOR ORAL TABLET 3 MG, 6 MG (***doxepin hcl***)	3	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	4	PA; SP; QL (30 day supply per 1 fill)
INGREZZA ORAL CAPSULE 40 MG, 80 MG (***valbenazine tosylate***)	4	PA; SP; QL (30 day supply per 1 fill)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (***valbenazine tosylate***)	3	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	4	PA; SP; QL (30 day supply per 1 fill)
XENAZINE ORAL TABLET 12.5 MG, 25 MG (***tetrabenazine***)	4	PA; SP; QL (30 day supply per 1 fill)
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	
modafinil oral tablet 100 mg, 200 mg	1	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (***armodafinil***)	3	
PROVIGIL ORAL TABLET 100 MG, 200 MG (***modafinil***)	3	
SUNOSI ORAL TABLET 150 MG, 75 MG (***solriamfetol hcl***)	3	PA
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (***pitolisant hcl***)	3	
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA IN VITRO SOLUTION (***blood glucose calibration***)	3	
ACCU-CHEK COMPACT PLUS CONTROL IN VITRO SOLUTION (***blood glucose calibration***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (***blood glucose calibration***)	3	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (***blood glucose calibration***)	3	
ALZAIR ALLERGY NASAL SPRAY NASAL POWDER (***hypromellose***)	3	
AMVISC INTRAOCULAR SOLUTION 12 MG/ML (***sodium hyaluronate***)	OA	
AMVISC PLUS INTRAOCULAR SOLUTION 16 MG/ML (***sodium hyaluronate***)	OA	
ASTERO EXTERNAL GEL 4 % (***lidocaine hcl***)	3	PA
ATOPADERM EXTERNAL CREAM	3	
ATOPICLAIR EXTERNAL CREAM (***dermatological products, misc.***)	3	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (***insulin pen needle***)	2	
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	2	
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (***insulin syringe/needle u-500***)	2	
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (***insulin pen needle***)	2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML (***insulin syringe-needle u-100***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BIOLON INTRAOCULAR SOLUTION 10 MG/ML (***sodium hyaluronate***)	OA	
BOCASAL MOUTH/THROAT PACKET (***artificial saliva***)	3	
BREATHERITE (***spacer/aero-holding chambers***)	2	
CEFALY KIT DEVICE (***nerve stimulator***)	OA	
CEQUR SIMPLICITY 2U DEVICE (***injection device for insulin***)	3	QL (30 day supply per 1 fill)
CEQUR SIMPLICITY INSERTER (***injection device for insulin***)	OA	
COMPACT SPACE CHAMBER/LG MASK DEVICE (***spacer/aero-holding chambers***)	2	
COMPACT SPACE CHAMBER/MED MASK DEVICE (***spacer/aero-holding chambers***)	2	
COMPACT SPACE CHAMBER/SM MASK DEVICE (***spacer/aero-holding chambers***)	2	
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL (***blood glucose calibration***)	3	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (***blood glucose calibration***)	3	
DISCOVISC INTRAOCULAR SOLUTION 40-17 MG/ML (***na chondroit sulf-na hyaluron***)	OA	
DROPLET MICRON 34G X 3.5 MM (***insulin pen needle***)	3	
DUOVISC INTRAOCULAR KIT 0.4-0.35 ML, 0.55-0.5 ML (***na hyalur & na chond-na hyalur***)	OA	
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (***sodium hyaluronate (viscosup)***)	OA	
EASIVENT (***spacer/aero-holding chambers***)	2	
EASY TRAK II CONTROL IN VITRO LIQUID NORMAL	3	
EASYMAX CONTROL IN VITRO SOLUTION NORMAL (***blood glucose calibration***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELETONE EXTERNAL CREAM (***dermatological products, misc.***)	3	
EMBRACE TALK BLOOD GLUCOSE DEVICE (***blood glucose monitoring suppl***)	3	
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION HIGH , LOW (***blood glucose calibration***)	3	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (***sodium hyaluronate (viscosup)***)	OA	QL (30 day supply per 1 fill)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical caps***)	3	PV; QL (1 EA per 365 days)
FLEXICHAMBER ADULT MASK/SMALL (***spacer/aero-hold chamber mask***)	2	
FLEXICHAMBER CHILD MASK/LARGE (***spacer/aero-hold chamber mask***)	2	
FLEXICHAMBER CHILD MASK/SMALL (***spacer/aero-hold chamber mask***)	2	
FORA D40G GLUCOSE/PRESSURE DEVICE (***blood glucose-bp monitor***)	3	
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE (***blood glucose monitoring suppl***)	3	
FORTISCARE CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (***blood glucose calibration***)	3	
GEBAUERS PAIN EASE EXTERNAL AEROSOL (***pentafluoroprop-tetrafluoroeth***)	3	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL (***pentafluoroprop-tetrafluoroeth***)	3	
GELCLAIR MOUTH/THROAT GEL (***povidone-nahyaluron-glycyrrhet***)	3	
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (***cross-linked hyaluronate***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (***sodium hyaluronate (viscosup)***)	OA	
GENADUR EXTERNAL LIQUID (***dermatological products, misc.***)	3	
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (***sodium hyaluronate (viscosup)***)	OA	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (***glucose blood***)	3	PA
GOJJI CONTROL IN VITRO SOLUTION NORMAL (***blood glucose calibration***)	3	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%	OA	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	OA	
heparin lock flush intravenous solution 1 unit/ml, 10 unit/ml	OA	
heparin sodium lock flush intravenous solution 100 unit/ml	OA	
HPR PLUS EXTERNAL CREAM (***dermatological products, misc.***)	3	
HPR PLUS EXTERNAL FOAM (***dermatological products, misc.***)	3	
HUMATROPEN FOR 12MG DEVICE (***injection device***)	3	QL (30 day supply per 1 fill)
HUMATROPEN FOR 24MG DEVICE (***injection device***)	3	QL (30 day supply per 1 fill)
HUMATROPEN FOR 6MG DEVICE (***injection device***)	3	QL (30 day supply per 1 fill)
HW EMBRACE PRO GLUCOSE METER DEVICE (***blood glucose monitoring suppl***)	3	
HW EMBRACE TALK BLOOD GLUCOSE DEVICE (***blood glucose monitoring suppl***)	3	

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HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (***sodium hyaluronate (viscosup)***)	OA	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (***sodium hyaluronate (viscosup)***)	OA	QL (30 day supply per 1 fill)
HYLAGUARD EXTERNAL CREAM (***dermatological products, misc.***)	3	
HYLATOPIC PLUS EXTERNAL CREAM (***dermatological products, misc.***)	3	
HYLATOPIC PLUS EXTERNAL LOTION (***dermatological products, misc.***)	3	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (***hyaluronan***)	OA	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (***sodium chloride***)	3	
INPEN 100-BLUE-LILLY DEVICE (***injection device for insulin***)	3	QL (30 day supply per 1 fill)
INPEN 100-BLUE-NOVO DEVICE (***injection device for insulin***)	3	QL (30 day supply per 1 fill)
INPEN 100-GRAY-LILLY DEVICE (***injection device for insulin***)	3	QL (30 day supply per 1 fill)
INPEN 100-GREY-NOVO DEVICE (***injection device for insulin***)	3	QL (30 day supply per 1 fill)
INPEN 100-PINK-LILLY DEVICE (***injection device for insulin***)	3	QL (30 day supply per 1 fill)
INPEN 100-PINK-NOVO DEVICE (***injection device for insulin***)	3	QL (30 day supply per 1 fill)
INSPIREASE RESERVOIR BAGS (***spacer/aero-hold chamber bags***)	3	
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 32G X 6 MM , 33G X 4 MM (***insulin pen needle***)	2	

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INSULIN PEN NEEDLES 29G X 12MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 8 MM , 33G X 5 MM , 33G X 6 MM	2	
INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G 0.3 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	2	
INSULIN SYRINGES 31G X 15/64" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	
LANCETS	2	
LANCETS (***lancets misc.***)	3	
LDO PLUS EXTERNAL GEL 4 % (***lidocaine hcl***)	3	PA
LEVICYN EXTERNAL GEL (***dermatological products, misc.***)	2	
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML (***insulin syringe-needle u-100***)	2	
MICROCHAMBER DEVICE (***spacer/aero-holding chambers***)	2	
MIMYX EXTERNAL CREAM (***dermatological products, misc.***)	3	
sodium chloride flush (Monoject Flush Syringe Intravenous Solution 0.9 %)	OA	
sodium chloride flush (Monoject Sodium Chloride Flush Intravenous Solution 0.9 %)	OA	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (***hyaluronan***)	OA	
NEOSALUS CP EXTERNAL CREAM (***dermatological products, misc.***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEOSALUS EXTERNAL CREAM (***dermatological products, misc.***)	3	
NEOSALUS EXTERNAL FOAM (***dermatological products, misc.***)	3	
NEOSALUS EXTERNAL LOTION (***dermatological products, misc.***)	3	
NIVATOPIC PLUS EXTERNAL CREAM (***dermatological products, misc.***)	3	
normal saline flush intravenous solution 0.9 %	OA	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM (***insulin pen needle***)	2	
NOVOFINE PEN NEEDLE 32G X 6 MM (***insulin pen needle***)	2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (***insulin pen needle***)	2	
NOVOPEN ECHO DEVICE (***injection device for insulin***)	3	QL (30 day supply per 1 fill)
NOVOTWIST PEN NEEDLE 32G X 5 MM (***insulin pen needle***)	2	
NUMOISYN MOUTH/THROAT LOZENGE (***artificial saliva***)	3	
ONETOUCH VERIO IN VITRO SOLUTION HIGH (***blood glucose calibration***)	3	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (***hyaluronan***)	OA	
PANDA MASK LARGE (***spacer/aero-hold chamber mask***)	2	
PANDA MASK MEDIUM (***spacer/aero-hold chamber mask***)	2	
PANDA MASK SMALL (***spacer/aero-hold chamber mask***)	2	
PEDIATRIC PANDA MASK (***spacer/aero-hold chamber mask***)	2	
PRECISION XTRA DEVICE (***blood glucose monitoring suppl***)	3	

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PRESERA EXTERNAL FOAM (***dermatological products, misc.***)	3	
PRO COMFORT TENS UNIT DEVICE	OA	
PROCARE TENS & EMS DEVICE	OA	
PROMISEB EXTERNAL CREAM (***antiseborrheic products, misc.***)	3	
PROSILK EXTERNAL GEL (***silicone***)	3	
PROVISC INTRAOCULAR SOLUTION 10 MG/ML (***sodium hyaluronate***)	OA	
PRUCLAIR EXTERNAL CREAM (***dermatological products, misc.***)	3	
PRUMYX EXTERNAL CREAM (***dermatological products, misc.***)	3	
saline flush intravenous solution 0.9 %	OA	
sodium chloride flush (Saline Flush Zr Intravenous Solution 0.9 %)	OA	
SEBUDERM EXTERNAL GEL (***dermatological products, misc.***)	2	
sodium chloride flush intravenous solution 0.9 %	OA	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
sodium hyaluronate external gel 0.2 %	1	
SODIUM HYALURONATE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML	OA	QL (30 day supply per 1 fill)
SOLESTA INJECTION GEL 50-15 MG/ML (***dextranomer-sodium hyaluronate***)	OA	QL (30 day supply per 1 fill)
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (***sodium hyaluronate (viscosup)***)	OA	

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SURESTEP PRO HIGH GLUCOSE IN VITRO LIQUID (***blood glucose calibration***)	3	
SURESTEP PRO LOW GLUCOSE IN VITRO LIQUID (***blood glucose calibration***)	3	
SURESTEP PRO NORMAL GLUCOSE IN VITRO LIQUID (***blood glucose calibration***)	3	
sodium chloride flush (Swabflush Saline Flush Intravenous Solution 0.9 %)	OA	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (***hylan***)	OA	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (***hylan***)	OA	
T: SLIM X2 INS PMP/CONTROL 7.4 DEVICE (***insulin infusion pump***)	3	
T:SLIM X2 INS PUMP/CONTROL-IQ DEVICE (***insulin infusion pump***)	3	
T:SLIM X2 INSULIN PMP BASAL IQ DEVICE (***insulin infusion pump***)	3	
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE (***insulin infusion pump***)	3	
T:SLIM X2 INSULIN PMP/RFURB IQ DEVICE (***insulin infusion pump***)	3	
T:SLIM X2/CONTROL-IQ/REFURB DEVICE (***insulin infusion pump***)	3	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (***sodium hyaluronate (viscosup)***)	OA	QL (30 day supply per 1 fill)
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (***sodium hyaluronate (viscosup)***)	OA	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW (***blood glucose calibration***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL (***blood glucose calibration***)	3	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH (***blood glucose calibration***)	3	
UNISTRIP CONTROL IN VITRO SOLUTION LOW (***blood glucose calibration***)	3	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (***sodium hyaluronate (viscosup)***)	OA	
VISCOAT INTRAOCULAR SOLUTION 40-30 MG/ML (***na chondroit sulf-na hyaluron***)	OA	
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID (***blood glucose calibration***)	3	
VIVAGUARD INO GLUCOSE METER DEVICE (***blood glucose monitoring suppl***)	3	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL (***bismuth tribromoph-petrolatum***)	OA	
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL (***bismuth tribromoph-petrolatum***)	OA	
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL (***bismuth tribromoph-petrolatum***)	OA	
XEROSTOMIA RELIEF SPRAY MOUTH/THROAT SOLUTION (***artificial saliva***)	3	
ZEWA DIGITAL TENS UNIT DEVICE (***nerve stimulator***)	OA	
ZEWA TENS/EMS COMBO UNIT DEVICE (***nerve stimulator***)	OA	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***)	OA	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACTHREL INTRAVENOUS SOLUTION RECONSTITUTED 100 MCG (***corticorelin ovine triflutate***)	OA	
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (***cosyntropin***)	OA	
cosyntropin injection solution reconstituted 0.25 mg	OA	
ALLERGENIC EXTRACTS (DIAGNOSTIC)		
ACACIA SUBCUTANEOUS SOLUTION 1:20	OA	
ACREMONIUM SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
ALDER SUBCUTANEOUS SOLUTION 1:20	OA	
ALTERNARIA SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
AMERICAN BEECH SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN ELM SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN SYCAMORE SUBCUTANEOUS SOLUTION 1:20	OA	
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION 1:20	OA	
AUREOBASIDIUM SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
AUSTRALIAN PINE SUBCUTANEOUS SOLUTION 1:20	OA	
BAHIA SUBCUTANEOUS SOLUTION 1:20	OA	
BALD CYPRESS SUBCUTANEOUS SOLUTION 1:20	OA	
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION 1:20	OA	
BERMUDA GRASS SUBCUTANEOUS SOLUTION 10000 BAU/ML	OA	
BLACK WALNUT POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
BLACK WILLOW SUBCUTANEOUS SOLUTION 1:20	OA	
BOTRYTIS SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BOX ELDER SUBCUTANEOUS SOLUTION 1:20	OA	
BROME SUBCUTANEOUS SOLUTION 1:20	OA	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION 1:20	OA	
CANDIDA ALBICANS EXTRACT SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION 10000 BAU/ML	OA	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	OA	
CEDAR ELM SUBCUTANEOUS SOLUTION 1:20	OA	
CLADOSPORIUM CLADOSPORIOIDES INTRADERMAL SOLUTION 1:20	OA	
CLADOSPORIUM CLADOSPORIOIDES SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
CLADOSPORIUM SPHAEROSPERMUM SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
COCKLEBUR SUBCUTANEOUS SOLUTION 1:20	OA	
CORN POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
CURVULARIA SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
DOG FENNEL SUBCUTANEOUS SOLUTION 1:20	OA	
DRECHSLERA SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	PA
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION 1:20	OA	
ENGLISH PLANTAIN SUBCUTANEOUS SOLUTION 1:20	OA	

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EPICOCCUM SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
FIRE ANT SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
FUSARIUM SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
GERMAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	OA	
GOLDENROD SUBCUTANEOUS SOLUTION 1:20	OA	
HACKBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG (***honey bee venom***)	OA	
HONEY BEE VENOM SUBCUTANEOUS SOLUTION RECONSTITUTED 1100 MCG, 120 MCG	OA	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
JOHNSON GRASS SUBCUTANEOUS SOLUTION 1:20	OA	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
KAPOK SUBCUTANEOUS SOLUTION 1:20	OA	
KOCHIA SUBCUTANEOUS SOLUTION 1:20	OA	
LAMBS QUARTERS SUBCUTANEOUS SOLUTION 1:20	OA	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
MELALEUCA SUBCUTANEOUS SOLUTION 1:20	OA	
MESQUITE SUBCUTANEOUS SOLUTION 1:20	OA	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MIXED ASPERGILLUS SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
MIXED FEATHERS SUBCUTANEOUS SOLUTION 1:20	OA	
MIXED RAGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550-550-550 MCG	OA	
mixed vespid venom protein subcutaneous solution reconstituted 1100-1100-1100 mcg	OA	
MIXED VESPID VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED 120-120-120 MCG	OA	
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION 1:20	OA	
MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	OA	
MUCOR INTRADERMAL SOLUTION 1:20	OA	
MUCOR SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
MUGWORT SUBCUTANEOUS SOLUTION 1:20	OA	
OLIVE TREE SUBCUTANEOUS SOLUTION 1:20	OA	
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
PECAN POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
PENICILLIUM NOTATUM SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
PERENNIAL RYE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
PHOMA EXIGUA SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
PRIVET SUBCUTANEOUS SOLUTION 1:20	OA	
QUEEN PALM SUBCUTANEOUS SOLUTION 1:20	OA	

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RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
RED BIRCH SUBCUTANEOUS SOLUTION 1:20	OA	
RED CEDAR SUBCUTANEOUS SOLUTION 1:20	OA	
RED MAPLE SUBCUTANEOUS SOLUTION 1:20	OA	
RED MULBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
RHIZOPUS SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION 1:20	OA	
ROUGH PIGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION 1:20	OA	
SACCHAROMYCES CEREVISIAE SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
SAGEBRUSH SUBCUTANEOUS SOLUTION 1:20	OA	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION 1:20	OA	
SHEEP SORREL SUBCUTANEOUS SOLUTION 1:20	OA	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION 1:20	OA	
SORREL/DOCK MIX SUBCUTANEOUS SOLUTION 1:20	OA	
SPINY PIGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
SWEET GUM SUBCUTANEOUS SOLUTION 1:20	OA	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
TALL RAGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 10000 BAU/ML, 100000 BAU/ML	OA	

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TRICHOPHYTON SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
VIRGINIA LIVE OAK SUBCUTANEOUS SOLUTION 1:20	OA	
WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
WASP VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED 1100 MCG, 120 MCG	OA	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE ASH SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE BIRCH SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE FACED HORNET VENOM SUBCUTANEOUS SOLUTION RECONSTITUTED 1100 MCG, 120 MCG	OA	
WHITE MULBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE OAK SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE PINE SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED 550 MCG (***white faced hornet venom***)	OA	
YELLOW DOCK SUBCUTANEOUS SOLUTION 1:20	OA	
YELLOW HORNET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
YELLOW HORNET VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED 1100 MCG, 120 MCG	OA	
YELLOW JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
YELLOW JACKET VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MCG	OA	
CARDIAC FUNCTION		
IC GREEN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (***indocyanine green***)	OA	

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
indocyanine green intravenous solution reconstituted 25 mg	OA	
LEXISCAN INTRAVENOUS SOLUTION 0.4 MG/5ML (***regadenoson***)	OA	
DIABETES MELLITUS		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (***glucose blood***)	3	PA
ACCU-CHEK COMPACT PLUS TEST STRIPS IN VITRO STRIP (***glucose blood***)	3	PA
ACCU-CHEK GUIDE IN VITRO STRIP (***glucose blood***)	3	PA
ACCU-CHEK SMARTVIEW TEST STRIPS IN VITRO STRIP (***glucose blood***)	3	PA
AGAMATRIX PRESTO TEST IN VITRO STRIP (***glucose blood***)	3	PA
ASSURE PLATINUM IN VITRO STRIP (***glucose blood***)	3	PA
BLOOD GLUCOSE TEST IN VITRO STRIP	3	PA
CARETOUCH TEST IN VITRO STRIP (***glucose blood***)	3	PA
CONTOUR NEXT TEST IN VITRO STRIP (***glucose blood***)	3	PA
CONTOUR TEST IN VITRO STRIP (***glucose blood***)	3	PA
EASY TRAK II GLUCOSE TEST IN VITRO STRIP	3	PA
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	PA
EVENCARE PROVIEW GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	PA
FORA 6 CONNECT IN VITRO STRIP (***glucose blood***)	3	PA
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	PA
FREESTYLE INSULINX TEST IN VITRO STRIP (***glucose blood***)	2	

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FREESTYLE LITE TEST IN VITRO STRIP (***glucose blood***)	2	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (***glucose blood***)	2	
FREESTYLE TEST IN VITRO STRIP (***glucose blood***)	2	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (***glucose blood***)	3	PA
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (***glucose blood***)	3	PA
GLUCOCARD SHINE TEST IN VITRO STRIP (***glucose blood***)	3	PA
GLUCOCARD VITAL TEST IN VITRO STRIP (***glucose blood***)	3	PA
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	PA
HARMONY BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	PA
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	PA
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	PA
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	PA
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	PA
MICRODOT TEST IN VITRO STRIP (***glucose blood***)	3	PA
ONETOUCH ULTRA IN VITRO STRIP (***glucose blood***)	2	
ONETOUCH VERIO IN VITRO STRIP (***glucose blood***)	2	
PRECISION PCX PLUS TEST IN VITRO STRIP (***glucose blood***)	2	
PRECISION QID TEST IN VITRO STRIP (***glucose blood***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRECISION SOF-TACT TEST IN VITRO STRIP (***glucose blood***)	2	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (***glucose blood***)	2	
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	PA
RELION ULTIMA TEST IN VITRO STRIP (***glucose blood***)	3	PA
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (***glucose blood***)	3	PA
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP (***glucose blood***)	3	PA
TRUETRACK TEST IN VITRO STRIP (***glucose blood***)	3	PA
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (***glucose blood***)	3	PA
DIAGNOSTIC AGENTS		
CYSVIEW INTRAVESICAL SOLUTION RECONSTITUTED 100 MG (***hexaminolevulinate hcl***)	OA	
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG (***glucagon hcl rdna (diagnostic)***)	OA	
GLUCAGON HCL (DIAGNOSTIC) INJECTION SOLUTION RECONSTITUTED 1 MG	OA	
HISTATROL INJECTION SOLUTION 2.75 MG/ML (***histamine phosphate***)	OA	
HISTATROL INTRADERMAL SOLUTION 0.275 MG/ML (***histamine phosphate***)	OA	
DRUG HYPERSENSITIVITY		
PRE-PEN INTRADERMAL SOLUTION 0.25 ML (***benzylpenicilloyl polylysine***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GALLBLADDER FUNCTION		
KINEVAC INJECTION SOLUTION RECONSTITUTED 5 MCG (***sincalide***)	OA	
KIDNEY FUNCTION		
indigo carmine injection solution 8 mg/ml	OA	
mannitol intravenous solution 20 %, 25 %	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 15 % (***mannitol***)	OA	
mannitol (Osmitrol Intravenous Solution 20 %)	OA	
LIVER FUNCTION		
IC GREEN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (***indocyanine green***)	OA	
indocyanine green intravenous solution reconstituted 25 mg	OA	
LYMPHATIC SYSTEM		
isosulfan blue subcutaneous solution 1 %	OA	
MYASTHENIA GRAVIS		
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML (***neostigmine methylsulfate***)	OA	
neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml	OA	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 5 MG/5ML	OA	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 3 MG/3ML, 4 MG/4ML, 5 MG/5ML	OA	
OCULAR DISORDERS		
ak-fluor intravenous solution 10 %, 25 %	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUORESCITE INTRAVENOUS SOLUTION 10 % (***fluorescein sodium***)	OA	
MEMBRANEBLUE OPHTHALMIC SOLUTION 0.15 % (***trypan blue***)	3	
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.025 % (***brilliant blue g***)	OA	
VISIONBLUE OPHTHALMIC SOLUTION 0.06 % (***trypan blue***)	3	
PANCREATIC FUNCTION		
CHIRHOSTIM INTRAVENOUS SOLUTION RECONSTITUTED 16 MCG (***secretin acetate (human)***)	OA	
PITUITARY FUNCTION		
ACTHREL INTRAVENOUS SOLUTION RECONSTITUTED 100 MCG (***corticorelin ovine triflutate***)	OA	
MACRILEN ORAL PACKET 60 MG (***macimorelin acetate***)	3	PA; QL (30 day supply per 1 fill)
R-GENE 10 INTRAVENOUS SOLUTION 10 % (***arginine hcl (diagnostic)***)	OA	
ROENTGENOGRAPHY AND OTHER IMAGING AGENTS		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION 15 MCI/ML (***iobenguane i 131***)	OA	
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION 15 MCI/ML (***iobenguane i 131***)	OA	
IC GREEN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (***indocyanine green***)	OA	
indocyanine green intravenous solution reconstituted 25 mg	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
glutaraldehyde external solution 25 %	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS NO 2 ORAL TABLET 305-700 MG (***pot & sod ac phosphates***)	3	
K-PHOS ORAL TABLET 500 MG (***potassium phosphate monobasic***)	3	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (***k phos mono-sod phos di & mono***)	3	
k phos mono-sod phos di & mono (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	3	
phosphorous oral tablet 155-852-130 mg	1	
k phos mono-sod phos di & mono (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)	1	
virt-phos 250 neutral oral tablet 155-852-130 mg	1	
ALKALINIZING AGENTS		
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 GM/100ML	3	
cytra k crystals oral packet 3300-1002 mg	1	
ORACIT ORAL SOLUTION 490-640 MG/5ML (***sod citrate-citric acid***)	2	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	1	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	OA	
sodium bicarbonate oral powder	1	
sodium bicarbonate solution 8.4 % intravenous 8.4 %	OA	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS 8.4 %	OA	
SODIUM BICARBONATE-DEXTROSE INTRAVENOUS SOLUTION 150-5 MEQ/L-%	OA	
SODIUM CITRATE IN VITRO SOLUTION PREFILLED SYRINGE 4 %	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE 120 MG/3ML	OA	
potassium citrate-citric acid (Taron-Crystals Oral Packet 3300-1002 Mg)	1	
THAM INTRAVENOUS SOLUTION 30 MEQ/100ML (***tromethamine***)	OA	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (***anticoagulant sodium citrate***)	3	
tricitrates oral solution 550-500-334 mg/5ml	1	
TRISODIUM CITRATE/CRRT INTRAVENOUS SOLUTION	OA	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (***potassium citrate***)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (***potassium citrate***)	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (***potassium citrate***)	3	
AMMONIA DETOXICANTS		
AMMONUL INTRAVENOUS SOLUTION 10-10 % (***sod benz-sod phenylacet***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BUPHENYL ORAL POWDER 3 GM/TSP (***sodium phenylbutyrate***)	3	
BUPHENYL ORAL TABLET 500 MG (***sodium phenylbutyrate***)	3	
CARBAGLU ORAL TABLET 200 MG (***carglumic acid***)	4	PA; SP; QL (30 day supply per 1 fill)
constulose oral solution 10 gm/15ml	1	
enulose oral solution 10 gm/15ml	1	
generlac oral solution 10 gm/15ml	1	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (***lactulose***)	2	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral packet 10 gm	1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	1	
LITHOSTAT ORAL TABLET 250 MG (***acetohydroxamic acid***)	3	
RAVICTI ORAL LIQUID 1.1 GM/ML (***glycerol phenylbutyrate***)	4	PA; SP; QL (30 day supply per 1 fill)
sod benz-sod phenylacet intravenous solution 10-10 %	OA	
sodium phenylbutyrate oral powder 3 gm/tsp	1	
sodium phenylbutyrate oral tablet 500 mg	1	
CALORIC AGENTS - Drugs for Nutrition		
AMINO ACID INTRAVENOUS SOLUTION 5 %	OA	
AMINOPROTECT INTRAVENOUS SOLUTION 5 % (***amino acid infusion***)	OA	
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 % (***amino acid infusion***)	OA	
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %, 7 % (***amino acid infusion***)	OA	
anticoagulant cit dext soln a in vitro solution 0.8-2.45-2.2 gm/100ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 % (***amino ac elect-calc in d5w***)	OA	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % (***amino ac elect-calc in d10w***)	OA	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % (***amino ac elect-calc in d5w***)	OA	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % (***amino ac elect-calc in d15w***)	OA	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % (***amino ac elect-calc in d20w***)	OA	
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	OA	
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	OA	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % (***amino acid infusion in d10w***)	OA	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % (***amino acid infusion in d5w***)	OA	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % (***amino acid infusion in d15w***)	OA	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % (***amino acid infusion in d20w***)	OA	
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	OA	
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	OA	
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	OA	
amino acid infusion (Clinisol Sf Intravenous Solution 15 %)	OA	
CLINOLIPID INTRAVENOUS EMULSION 20 % (***fat emulsion plant based***)	OA	

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dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %	OA	
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS 250 MG/ML	OA	
dextrose solution 250 mg/ml intravenous 250 mg/ml	OA	
DEXTROSE SOLUTION 50 % INTRAVENOUS 50 %	OA	
dextrose solution 50 % intravenous 50 %	OA	
dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	OA	
dextrose-sodium chloride intravenous solution 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %	OA	
DOJOLVI ORAL LIQUID 100 % (***triheptanoin***)	3	PA
ELCYS INTRAVENOUS SOLUTION 50 MG/ML (***cysteine hcl***)	OA	
EQUACARE JR ORAL POWDER	3	
ESSENTIAL CARE JR ORAL POWDER (***nutritional supplements***)	3	
FREAMINE HBC INTRAVENOUS SOLUTION 6.9 % (***amino acid infusion***)	OA	
FREAMINE III INTRAVENOUS SOLUTION 10 % (***amino acid infusion***)	OA	
HEPATAMINE INTRAVENOUS SOLUTION 8 % (***amino acid infusion***)	OA	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % (***fat emulsion plant based***)	OA	
KABIVEN INTRAVENOUS EMULSION 3.3-9.8-3.9-0.7 % (***amino ac-dext-lipid-electrolyt***)	OA	
NEOKE ALCAR ORAL POWDER (***acetylcarnitine***)	3	
NEPHRAMINE INTRAVENOUS SOLUTION 5.4 % (***amino acid infusion***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nutrilipid intravenous emulsion 20 %	OA	
OMEGAVEN INTRAVENOUS EMULSION 10 GM/100ML, 5 GM/50ML (***fish oil triglyceride based***)	OA	
PERIKABIVEN INTRAVENOUS EMULSION 2.4-6.8-3.5-0.5 % (***amino ac-dext-lipid-electrolyt***)	OA	
amino acid infusion (Plenamine Intravenous Solution 15 %)	OA	
PREMASOL INTRAVENOUS SOLUTION 10 % (***amino acid infusion***)	OA	
PROCALAMINE INTRAVENOUS SOLUTION 3 % (***amino acd electrolyte infusion***)	OA	
PROMACTIN AA PLUS 20PE ORAL SUSPENSION (***nutritional supplements***)	3	
PROSOL INTRAVENOUS SOLUTION 20 % (***amino acid infusion***)	OA	
SMOFLIPID INTRAVENOUS EMULSION 20 % (***fat emul fish oil/plant based***)	OA	
TRAVASOL INTRAVENOUS SOLUTION 10 % (***amino acid infusion***)	OA	
TROPHAMINE INTRAVENOUS SOLUTION 10 % (***amino acid infusion***)	OA	
CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
acetazolamide sodium injection solution reconstituted 500 mg	OA	
DIURETICS, MISCELLANEOUS - Drugs for Water Balance		
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (***theophylline***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline in d5w intravenous solution 0.8-5 mg/ml-%	OA	
theophylline oral solution 80 mg/15ml	1	
ELECTROLYTIC,CALORIC,WATER BALANCE MISC,		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (***burosumab-twza***)	OA	QL (30 day supply per 1 fill)
IRRIGATING SOLUTIONS		
acetic acid irrigation solution 0.25 %	1	
aminoacetic acid irrigation solution 1.5 %	1	
sodium chloride (gu irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)	1	
water for irrigation, sterile (Argyle Sterile Water Irrigation Solution)	OA	
sodium chloride (gu irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)	1	
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L (***peritoneal dialysis solutions***)	OA	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 394 MOSM/L (***peritoneal dialysis solutions***)	OA	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 483 MOSM/L (***peritoneal dialysis solutions***)	OA	
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 347 MOSM/L (***peritoneal dialysis solutions***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 398 MOSM/L (***peritoneal dialysis solutions***)	OA	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION 344 MOSM/L (***peritoneal dialysis solutions***)	OA	
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION 395 MOSM/L (***peritoneal dialysis solutions***)	OA	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L (***peritoneal dialysis solutions***)	OA	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 346 MOSM/L (***peritoneal dialysis solutions***)	OA	
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 396 MOSM/L (***peritoneal dialysis solutions***)	OA	
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 485 MOSM/L (***peritoneal dialysis solutions***)	OA	
EXTRANEAL INTRAPERITONEAL SOLUTION 7.5 % (***icodextrin-electrolytes***)	OA	
glycine irrigation solution 1.5 %	1	
glycine urologic irrigation solution 1.5 %	1	
lactated ringers irrigation solution	1	
irrigation solns physiological (Physiolyte Irrigation Solution)	3	
irrigation solns physiological (Physiosol Irrigation Irrigation Solution)	3	
RENACIDIN IRRIGATION SOLUTION (***citric ac-gluconolact-mg carb***)	3	
RIMSO-50 INTRAVESICAL SOLUTION 50 % (***dimethyl sulfoxide***)	OA	
ringers irrigation irrigation solution	1	
sodium chloride irrigation solution 0.9 %	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sorbitol irrigation solution 3.3 %	1	
sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml	1	
sterile water for irrigation irrigation solution	OA	
ringers irrigation (Tis-U-Sol Irrigation Solution)	1	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION 346 MOSM/L (***peritoneal dialysis solutions***)	OA	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION 396 MOSM/L (***peritoneal dialysis solutions***)	OA	
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION 485 MOSM/L (***peritoneal dialysis solutions***)	OA	
ULTRABAG/DIANEAL/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L (***peritoneal dialysis solutions***)	OA	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 395 MOSM/L (***peritoneal dialysis solutions***)	OA	
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L (***peritoneal dialysis solutions***)	OA	
water for irrigation, sterile irrigation solution	OA	
LOOP DIURETICS - Drugs for Water Balance		
bumetanide injection solution 0.25 mg/ml	OA	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
EDECRIN ORAL TABLET 25 MG (***ethacrynic acid***)	3	
ethacrynate sodium intravenous solution reconstituted 50 mg	OA	
ethacrynic acid oral tablet 25 mg	1	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
furosemide injection solution 10 mg/ml	OA	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (***furosemide***)	3	
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (***ethacrynate sodium***)	OA	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
OSMOTIC DIURETICS - Drugs for Water Balance		
mannitol intravenous solution 20 %, 25 %	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 15 % (***mannitol***)	OA	
mannitol (Osmitrol Intravenous Solution 20 %)	OA	
sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml	1	
OTHER ION-REMOVING AGENTS		
RADIOGARDASE ORAL CAPSULE 0.5 GM (***prussian blue insoluble***)	3	PA
PHOSPHATE-REMOVING AGENTS		
AURYXIA ORAL TABLET 1 GM 210 MG(FE) (***ferric citrate***)	3	
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
calcium acetate oral tablet 667 mg	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (***lanthanum carbonate***)	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (***lanthanum carbonate***)	3	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	1	
MAGNEBIND 400 ORAL TABLET 400-200-1 MG (***magnesium-calcium-folic acid***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHOSLYRA ORAL SOLUTION 667 MG/5ML (***calcium acetate (phos binder)***)	3	
RENAGEL ORAL TABLET 800 MG (***sevelamer hcl***)	3	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (***sevelamer carbonate***)	3	
RENVELA ORAL TABLET 800 MG (***sevelamer carbonate***)	3	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	1	
VELPHORO ORAL TABLET CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	3	
POTASSIUM-REMOVING AGENTS		
sodium polystyrene sulfonate (Kionex Oral Suspension 15 Gm/60Ml)	1	
LOKELMA ORAL PACKET 10 GM, 5 GM (***sodium zirconium cyclosilicate***)	2	
sodium polystyrene sulfonate oral powder	1	
sodium polystyrene sulfonate oral suspension 15 gm/60ml	1	
sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml	1	
sodium polystyrene sulfonate (Sps Oral Suspension 15 Gm/60Ml)	1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (***patiromer sorbitex calcium***)	3	
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
ALDACTAZIDE ORAL TABLET 25-25 MG (***spironolactone-hctz***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALDACTAZIDE ORAL TABLET 50-50 MG (***spironolactone-hctz***)	2	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (***spironolactone***)	3	
amiloride hcl oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (***spironolactone***)	3	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (***triamterene***)	3	
MAXZIDE ORAL TABLET 75-50 MG (***triamterene-hctz***)	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (***triamterene-hctz***)	3	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
REPLACEMENT PREPARATIONS		
calcium acetate (phos binder) oral tablet 667 mg	1	
calcium carb-cholecalciferol oral tablet 600-400 mg-unit	1	PV
calcium carbonate-vitamin d oral tablet 600-400 mg-unit	1	PV
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS 10 %	OA	
calcium chloride solution 10 % intravenous 10 %	OA	
calcium citrate + d3 maximum oral tablet 315-250 mg-unit	1	PV
calcium gluconate intravenous solution 10 %	OA	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.675 GM/50ML-%, 2-0.675 GM/100ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	OA	
calcium-folic acid plus d oral wafer 1342-1 mg	1	
calcium-vitamin d3 oral tablet 600-400 mg-unit	1	PV
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION	OA	
CARDIOPLEGIA IND PLASMA HIGH K PERFUSION SOLUTION	OA	
CARDIOPLEGIA IND PLASMA-TROMET PERFUSION SOLUTION	OA	
CARDIOPLEGIA INDUCTION HIGH K PERFUSION SOLUTION	OA	
CARDIOPLEGIA INDUCTION LOW DEX PERFUSION SOLUTION	OA	
CARDIOPLEGIA INDUCTION NON-ENR PERFUSION SOLUTION	OA	
CARDIOPLEGIA MAIN LOW DEXTROSE PERFUSION SOLUTION	OA	
CARDIOPLEGIA MAIN LOW TROMETHA PERFUSION SOLUTION	OA	
CARDIOPLEGIA MAIN PLASMA-TROME PERFUSION SOLUTION	OA	
CARDIOPLEGIA MAINTENANCE PERFUSION SOLUTION	OA	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION	OA	
CARDIOPLEGIC SOLUTION PERFUSION	OA	
cardioplegic solution perfusion	OA	
chromic chloride intravenous solution 40 mcg/10ml	OA	
CUPRIC CHLORIDE INTRAVENOUS SOLUTION 0.4 MG/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	OA	
dextrose in lactated ringers intravenous solution 5 %	OA	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (***potassium bicarb-citric acid***)	2	
potassium bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)	1	
ELCYS INTRAVENOUS SOLUTION 50 MG/ML (***cysteine hcl***)	OA	
FOLITE ORAL TABLET	3	
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOLE/ML (***sodium glycerophosphate***)	OA	
HESPAN INTRAVENOUS SOLUTION 6-0.9 % (***hetastarch-nacl***)	OA	
hetastarch-nacl intravenous solution 6-0.9 %	OA	
HEXTEND INTRAVENOUS SOLUTION 6 % (***hetastarch in lact electrolyte***)	OA	
HYPERLYTE-CR INTRAVENOUS CONCENTRATE (***parenteral electrolytes***)	OA	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (***sodium chloride***)	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (***electrolyte-mb in dextrose***)	OA	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (***electrolyte-p in dextrose***)	OA	
ISOLYTE-S INTRAVENOUS SOLUTION (***electrolyte-s***)	OA	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION (***electrolyte-s (ph 7.4)***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	OA	
kcl-lactated ringers-d5w intravenous solution 20 meq/l	OA	
KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION 10-10 MEQ-MG /100ML	OA	
potassium chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	1	
potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ (***potassium chloride crys er***)	3	
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	1	
potassium chloride (Klor-Con Oral Packet 20 Meq)	1	
potassium chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	1	
potassium bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	1	
potassium bicarbonate (K-Prime Oral Tablet Effervescent 25 Meq)	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ (***potassium chloride***)	2	
K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ (***potassium chloride***)	1	
lactated ringers intravenous solution	OA	
LMD IN D5W INTRAVENOUS SOLUTION 10-5 % (***dextran 40 in d5w***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LMD IN NACL INTRAVENOUS SOLUTION 10-0.9 % (***dextran 40 in saline***)	OA	
MANGANESE CHLORIDE INTRAVENOUS SOLUTION 0.1 MG/ML	OA	
MICROPLEGIA MSA-MSG PERFUSION SOLUTION	OA	
sodium chloride flush (Monoject Flush Syringe Intravenous Solution 0.9 %)	OA	
sodium chloride flush (Monoject Sodium Chloride Flush Intravenous Solution 0.9 %)	OA	
multitrace-4 neonatal intravenous solution 100-25-1500 mcg/ml	OA	
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION 1-100-25-1000 MCG/ML (***trace minerals cr-cu-mn-zn***)	OA	
NESTABS ORAL TABLET 32-1 MG (***prenat-fe bisgly-fa-w/o vit a***)	3	PV
normal saline flush intravenous solution 0.9 %	OA	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION (***electrolyte-m in dextrose***)	OA	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (***electrolyte-r in dextrose***)	OA	
NORMOSOL-R INTRAVENOUS SOLUTION (***electrolyte-r***)	OA	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION (***electrolyte-r (ph 7.4)***)	OA	
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (***prenat-fe carbonyl-fa-omega 3***)	3	PV
oyster shell calcium/d oral tablet 500-200 mg-unit, 500-400 mg-unit, 500-5 mg-mcg	1	PV
oyster shell calcium/vit d3 oral tablet 250-3.12 mg-mcg	1	PV
oyster shell calcium/vitamin d oral tablet 500-200 mg-unit	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHOXILLUM BK4/2.5 INTRAVENOUS SOLUTION 32-4-2.5-1 MEQ-MMOL/L	OA	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION (***electrolyte-148***)	OA	
PLASMA-LYTE A INTRAVENOUS SOLUTION (***electrolyte-a***)	OA	
PLEGISOL PERFUSION SOLUTION (***cardioplegic soln***)	OA	
potassium acetate intravenous solution 2 meq/ml	OA	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	
potassium chloride er oral tablet extended release 10 meq, 8 meq	1	
potassium chloride in dextrose intravenous solution 20-5 meq/l-%	OA	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	OA	
potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	OA	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium phosphates intravenous solution 15 mmole/5ml, 150 mmole/50ml, 45 mmole/15ml	OA	
potassium phosphates(66 meq k) intravenous solution 45 mmole/15ml	OA	
potassium phosphates(71 meq k) intravenous solution 45 mmole/15ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	1	PV
PRISMASOL B22GK 4/0 INTRAVENOUS SOLUTION 22-4 MEQ/L (***bicarb-dextrose-k (crrt)***)	OA	
PRISMASOL BGK 0/2.5 INTRAVENOUS SOLUTION 32-2.5 MEQ/L (***bicarb-dextrose-ca (crrt)***)	OA	
PRISMASOL BGK 2/0 INTRAVENOUS SOLUTION 32-2 MEQ/L (***bicarb-dextrose-k (crrt)***)	OA	
PRISMASOL BGK 2/3.5 INTRAVENOUS SOLUTION 32-2-3.5 MEQ/L (***bicarb-dextrose-k-ca (crrt)***)	OA	
PRISMASOL BGK 4/2.5 INTRAVENOUS SOLUTION 32-4-2.5 MEQ/L (***bicarb-dextrose-k-ca (crrt)***)	OA	
PRISMASOL BK 0/0/1.2 INTRAVENOUS SOLUTION 32-1.2 MEQ/L (***bicarb-mg (crrt)***)	OA	
ringers intravenous solution	OA	
saline bacteriostatic injection solution 0.9 %	OA	
saline flush intravenous solution 0.9 %	OA	
sodium chloride flush (Saline Flush Zr Intravenous Solution 0.9 %)	OA	
SALINE-PHENOL INJECTION SOLUTION 0.4-0.9 %	3	
SELENIOUS ACID INTRAVENOUS SOLUTION 60 MCG/ML	OA	
SELENIUM INTRAVENOUS SOLUTION 40 MCG/ML	OA	
sodium acetate intravenous solution 2 meq/ml, 4 meq/ml	OA	
sodium chloride (pf) injection solution 0.9 %	OA	
sodium chloride bacteriostatic injection solution 0.9 %	OA	
sodium chloride flush intravenous solution 0.9 %	OA	
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
sodium chloride injection solution 2.5 meq/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %	OA	
sodium phosphates intravenous solution 15 mmole/5ml, 45 mmole/15ml	OA	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE (***parenteral electrolytes***)	OA	
TRACE ELEMENTS 4/PEDIATRIC INTRAVENOUS SOLUTION 1-100-30-500 MCG/ML (***trace minerals cr-cu-mn-zn***)	OA	
TRALEMENT INTRAVENOUS SOLUTION 300-55-60-3000 MCG/ML (***trace minerals cu-mn-se-zn***)	OA	
ZINC CHLORIDE INTRAVENOUS SOLUTION 1 MG/ML	OA	
ZINC SULFATE INTRAVENOUS SOLUTION 1 MG/ML, 3 MG/ML, 5 MG/ML	OA	
SALT AND SUGAR SUBSTITUTES		
sodium saccharin powder	1	
THIAZIDE DIURETICS - Drugs for Water Balance		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***quinapril-hydrochlorothiazide***)	3	
ALDACTAZIDE ORAL TABLET 25-25 MG (***spironolactone-hctz***)	3	
ALDACTAZIDE ORAL TABLET 50-50 MG (***spironolactone-hctz***)	2	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	ST
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (***candesartan cilexetil-hctz***)	3	ST
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (***irbesartan-hydrochlorothiazide***)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (***olmesartan medoxomil-hctz***)	3	ST
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	ST
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
chlorothiazide sodium intravenous solution reconstituted 500 mg	OA	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (***valsartan-hydrochlorothiazide***)	3	ST
DIURIL ORAL SUSPENSION 250 MG/5ML (***chlorothiazide***)	2	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG (***metoprolol-hydrochlorothiazide***)	3	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (***amlodipine-valsartan-hctz***)	3	ST
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (***losartan potassium-hctz***)	3	ST

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irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	*
LOPRESSOR HCT ORAL TABLET 50-25 MG (***metoprolol-hydrochlorothiazide***)	3	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	*
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***benazepril-hydrochlorothiazide***)	3	
MAXZIDE ORAL TABLET 75-50 MG (***triamterene-hctz***)	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (***triamterene-hctz***)	3	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (***telmisartan-hctz***)	3	ST
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	ST
propranolol-hctz oral tablet 40-25 mg, 80-25 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
SODIUM DIURIL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***chlorothiazide sodium***)	OA	
spironolactone-hctz oral tablet 25-25 mg	1	

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TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (***aliskiren-hydrochlorothiazide***)	3	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (***olmesartan-amlodipine-hctz***)	3	ST
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
VASERETIC ORAL TABLET 10-25 MG (***enalapril-hydrochlorothiazide***)	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***lisinopril-hydrochlorothiazide***)	3	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (***bisoprolol-hydrochlorothiazide***)	3	
THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (***azilsartan-chlorthalidone***)	3	ST
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
TENORETIC 100 ORAL TABLET 100-25 MG (***atenolol-chlorthalidone***)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (***atenolol-chlorthalidone***)	3	

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URICOSURIC AGENTS		
colchicine-probenecid oral tablet 0.5-500 mg	1	
probenecid oral tablet 500 mg	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
JYNARQUE ORAL TABLET 15 MG, 30 MG (***tolvaptan***)	4	PA; SP; QL (30 day supply per 1 fill)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (***tolvaptan***)	4	PA; SP; QL (30 day supply per 1 fill)
SAMSCA ORAL TABLET 15 MG, 30 MG (***tolvaptan***)	4	PA; SP; QL (30 day supply per 1 fill)
TOLVAPTAN ORAL TABLET 15 MG	4	PA; SP; QL (30 day supply per 1 fill)
tolvaptan oral tablet 30 mg	4	PA; SP; QL (30 day supply per 1 fill)
VAPRISOL INTRAVENOUS SOLUTION 20-5 MG/100ML-% (***conivaptan hcl in dextrose***)	OA	PA
ENZYMES		
ENZYMES		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (***alteplase***)	OA	
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (***laronidase***)	OA	QL (30 day supply per 1 fill)
AMPHADASE INJECTION SOLUTION 150 UNIT/ML (***hyaluronidase bovine***)	OA	
BRINEURA KIT 2 X 150 MG/5ML (***cerliponase alfa***)	OA	PA; QL (30 day supply per 1 fill)
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG (***alteplase***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (***imiglucerase***)	OA	QL (30 day supply per 1 fill)
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (***idursulfase***)	OA	QL (30 day supply per 1 fill)
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (***taliglucerase alfa***)	OA	QL (30 day supply per 1 fill)
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG (***rasburicase***)	OA	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG (***agalsidase beta***)	OA	QL (30 day supply per 1 fill)
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 5 MG (***agalsidase beta***)	OA	PA; QL (30 day supply per 1 fill)
HYLENEX INJECTION SOLUTION 150 UNIT/ML (***hyaluronidase human***)	OA	
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (***sebelipase alfa***)	OA	QL (30 day supply per 1 fill)
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (***alglucosidase alfa***)	OA	QL (30 day supply per 1 fill)
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML (***vestronidase alfa-vjbk***)	OA	QL (30 day supply per 1 fill)
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (***galsulfase***)	OA	QL (30 day supply per 1 fill)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (***pegvaliase-pqpz***)	4	PA; SP; QL (30 day supply per 1 fill)
PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***)	4	PA; SP; QL (30 day supply per 1 fill)
RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT (***reteplase***)	OA	
RETAVASE INTRAVENOUS KIT 2 X 10 UNIT (***reteplase***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML (***elapegademase-lvlr***)	OA	QL (30 day supply per 1 fill)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (***asfotase alfa***)	4	PA; SP; QL (30 day supply per 1 fill)
SUCRAID ORAL SOLUTION 8500 UNIT/ML (***sacrosidase***)	4	SP; QL (30 day supply per 1 fill)
TNKASE INTRAVENOUS KIT 50 MG (***tenecteplase***)	OA	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (***elosulfase alfa***)	OA	QL (30 day supply per 1 fill)
VITRASE INJECTION SOLUTION 200 UNIT/ML (***hyaluronidase ovine***)	OA	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (***glucarpidase***)	OA	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (***velaglucerase alfa***)	OA	QL (30 day supply per 1 fill)
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (***collagenase clostrid histolyt***)	3	PA; QL (30 day supply per 1 fill)
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (***brimonidine tartrate***)	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (***brimonidine tartrate***)	3	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (***brimonidine tartrate-timolol***)	3	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (***brinzolamide-brimonidine***)	3	

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ANTIALLERGIC AGENTS - Drugs for Allergy		
ALOCRIL OPHTHALMIC SOLUTION 2 % (***nedocromil sodium***)	3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (***lodoxamide tromethamine***)	2	
azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray	1	
azelastine hcl ophthalmic solution 0.05 %	1	
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (***bepotastine besilate***)	3	
cromolyn sodium ophthalmic solution 4 %	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (***azelastine-fluticasone***)	3	
epinastine hcl ophthalmic solution 0.05 %	1	
LASTACAFT OPHTHALMIC SOLUTION 0.25 % (***alcaftadine***)	3	
olopatadine hcl nasal solution 0.6 %	1	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	1	
PATANASE NASAL SOLUTION 0.6 % (***olopatadine hcl***)	3	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (***cetirizine hcl***)	3	PA; QL (2 EA per 1 day); AL (Max 2 Years)
ANTIBACTERIALS (EENT) - Drugs for Infections		
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
AZASITE OPHTHALMIC SOLUTION 1 % (***azithromycin***)	3	
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	

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BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (***besifloxacin hcl***)	3	
BLEPH-10 OPHTHALMIC SOLUTION 10 % (***sulfacetamide sodium***)	3	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 % (***sulfacetamide-prednisolone***)	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 % (***sulfacetamide-prednisolone***)	3	
CETRAXAL OTIC SOLUTION 0.2 % (***ciprofloxacin hcl***)	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (***ciprofloxacin hcl***)	3	
CILOXAN OPHTHALMIC SOLUTION 0.3 % (***ciprofloxacin hcl***)	3	
CIPRO HC OTIC SUSPENSION 0.2-1 % (***ciprofloxacin-hydrocortisone***)	3	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
ciprofloxacin hcl otic solution 0.2 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION 0.3-0.025 %	2	
DEXAMETHASONE-MOXIFLOXACIN INTRAOCULAR SOLUTION 1-5 MG/ML	OA	
DEXAMETH-MOXIFLOX-KETOROLAC INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	OA	
doxycycline hyclate oral tablet 20 mg	1	
erythromycin ophthalmic ointment 5 mg/gm	1	
gatifloxacin ophthalmic solution 0.5 %	1	
gentak ophthalmic ointment 0.3 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	

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KLARITY-A OPHTHALMIC SOLUTION 1 % (***azithromycin***)	3	
levofloxacin ophthalmic solution 0.5 %	1	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (***neomycin-polymyxin-dexameth***)	3	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 (***neomycin-polymyxin-dexameth***)	3	
MOXEZA OPHTHALMIC SOLUTION 0.5 % (***moxifloxacin hcl***)	3	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	1	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 1 MG/ML, 5 MG/ML	OA	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.16 %, 0.3 MG/0.3ML	OA	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
MOXIFLOXACIN HCL-BSS INTRAVITREAL SOLUTION 1 MG/ML	OA	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)	1	

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neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (***ofloxacin***)	3	
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin otic solution 0.3 %	1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (***ciprofloxacin***)	3	
OTOVEL OTIC SOLUTION 0.3-0.025 % (***ciprofloxacin-fluocinolone***)	2	
bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% (***polymyxin b-trimethoprim***)	3	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % (***gentamicin-prednisolone acet***)	3	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % (***gentamicin-prednisolone acet***)	3	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLONE ACET-MOXIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
PREDNISOLONE-GATIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	2	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION 1-0.5 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	

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PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (***tobramycin-dexamethasone***)	2	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (***tobramycin-dexamethasone***)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (***tobramycin-dexamethasone***)	2	
tobramycin ophthalmic solution 0.3 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (***tobramycin***)	2	
TOBREX OPHTHALMIC SOLUTION 0.3 % (***tobramycin***)	3	
TRIAMCINOLONE-MOXIFLOXACIN INTRAOCULAR SUSPENSION 15-1 MG/ML	OA	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (***moxifloxacin hcl***)	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (***loteprednol-tobramycin***)	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 % (***gatifloxacin***)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (***natamycin***)	3	

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ANTIGLAUCOMA AGENTS, MISCELLANEOUS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (***netarsudil dimesylate***)	3	PA
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (***netarsudil-latanoprost***)	3	PA
ANTIVIRALS (EENT) - Drugs for Infections		
trifluridine ophthalmic solution 1 %	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (***ganciclovir***)	3	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
betaxolol hcl ophthalmic solution 0.5 %	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (***timolol hemihydrate***)	3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (***betaxolol hcl***)	2	
carteolol hcl ophthalmic solution 1 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (***brimonidine tartrate-timolol***)	3	
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (***dorzolamide hcl-timolol mal***)	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (***dorzolamide hcl-timolol mal***)	3	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (***timolol maleate***)	3	
levobunolol hcl ophthalmic solution 0.5 %	1	

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timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %, 0.5 % (daily)	1	
timolol maleate pf ophthalmic solution 0.5 %	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (***timolol maleate***)	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (***timolol maleate***)	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % (***timolol maleate***)	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 % (***timolol maleate***)	3	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
acetazolamide sodium injection solution reconstituted 500 mg	OA	
AZOPT OPHTHALMIC SUSPENSION 1 % (***brinzolamide***)	2	
COSOPT OPHTHALMIC SOLUTION 22.3-6.8 MG/ML (***dorzolamide hcl-timolol mal***)	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (***dorzolamide hcl-timolol mal***)	3	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC 2 %	2	
dorzolamide hcl solution 2 % ophthalmic 2 %	1	
dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml	1	

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dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
KEVEYIS ORAL TABLET 50 MG (***dichlorphenamide***)	4	SP; QL (30 day supply per 1 fill)
methazolamide oral tablet 25 mg, 50 mg	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (***brinzolamide-brimonidine***)	3	
TRUSOPT OPHTHALMIC SOLUTION 2 % (***dorzolamide hcl***)	3	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
ALREX OPHTHALMIC SUSPENSION 0.2 % (***loteprednol etabonate***)	3	
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (***beclomethasone diprop monohyd***)	2	QL (1.7 GM per 1 day)
CIPRO HC OTIC SUSPENSION 0.2-1 % (***ciprofloxacin-hydrocortisone***)	3	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION 0.3-0.025 %	2	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (***hc-pramoxine-chloroxylenol***)	3	
DERMOTIC OTIC OIL 0.01 % (***fluocinolone acetonide***)	3	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
DEXAMETHASONE-MOXIFLOXACIN INTRAOCULAR SOLUTION 1-5 MG/ML	OA	
DEXAMETH-MOXIFLOX-KETOROLAC INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	OA	
DEXTENZA OPHTHALMIC INSERT 0.4 MG (***dexamethasone***)	3	

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DEXYCU INTRAOCULAR SUSPENSION 9 % (***dexamethasone***)	OA	
DUREZOL OPHTHALMIC EMULSION 0.05 % (***difluprednate***)	3	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (***azelastine-fluticasone***)	3	
exotic-hc otic solution 10-10-1 mg/ml	1	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (***loteprednol etabonate***)	3	PA
fluocinolone acetonide (Flac Otic Oil 0.01 %)	1	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (***fluorometholone acetate***)	3	
flunisolide nasal solution 25 mcg/act (0.025%)	1	QL (0.84 ML per 1 day)
fluocinolone acetonide otic oil 0.01 %	1	
fluorometholone ophthalmic suspension 0.1 %	1	
fluticasone propionate nasal suspension 50 mcg/act	1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (***fluorometholone***)	2	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (***fluorometholone***)	3	
FML OPHTHALMIC OINTMENT 0.1 % (***fluorometholone***)	2	
hydrocortisone-acetic acid otic solution 1-2 %	1	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (***fluocinolone acetonide***)	OA	QL (365 day supply per 1 fill)
INVELTYS OPHTHALMIC SUSPENSION 1 % (***loteprednol etabonate***)	3	ST; QL (1 ML per 1 lifetime)
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 % (***loteprednol etabonate***)	3	
LOTEMAX OPHTHALMIC GEL 0.5 % (***loteprednol etabonate***)	3	

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LOTEMAX OPHTHALMIC OINTMENT 0.5 % (***loteprednol etabonate***)	3	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (***loteprednol etabonate***)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (***loteprednol etabonate***)	3	
loteprednol etabonate ophthalmic suspension 0.5 %	1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (***dexamethasone***)	3	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (***neomycin-polymyxin-dexameth***)	3	
MAXITROL OPHTHALMIC SUSPENSION 3.5-10000-0.1 (***neomycin-polymyxin-dexameth***)	3	
mometasone furoate nasal suspension 50 mcg/act	1	QL (1.14 GM per 1 day)
NASONEX NASAL SUSPENSION 50 MCG/ACT (***mometasone furoate***)	3	QL (1.14 GM per 1 day)
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)	1	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (***ciclesonide***)	3	QL (0.42 GM per 1 day)
OTICIN HC NR OTIC SOLUTION 10-10-1 MG/ML (***pramoxine-hc-chloroxylenol***)	3	
OTOVEL OTIC SOLUTION 0.3-0.025 % (***ciprofloxacin-fluocinolone***)	2	

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OZURDEX INTRAVITREAL IMPLANT 0.7 MG (***dexamethasone***)	OA	QL (90 day supply per 1 fill)
PRED FORTE OPHTHALMIC SUSPENSION 1 % (***prednisolone acetate***)	3	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (***prednisolone acetate***)	2	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 % (***gentamicin-prednisolone acet***)	3	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 % (***gentamicin-prednisolone acet***)	3	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone acetate p-f ophthalmic suspension 1 %	1	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.1 %	3	
PREDNISOLONE ACET-MOXIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
PREDNISOLONE-BROMFENAC OPHTHALMIC SOLUTION 1-0.075 %	3	
PREDNISOLONE-GATIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	2	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION 1-0.5 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	

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PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (***beclomethasone diprop (nasal)***)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (***beclomethasone diprop (nasal)***)	3	
RETISERT INTRAVITREAL IMPLANT 0.59 MG (***fluocinolone acetonide***)	OA	QL (365 day supply per 1 fill)
SINUVA NASAL IMPLANT 1350 MCG (***mometasone furoate***)	OA	QL (30 day supply per 1 fill)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (***tobramycin-dexamethasone***)	2	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % (***tobramycin-dexamethasone***)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (***tobramycin-dexamethasone***)	2	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TRIAMCINOLONE-MOXIFLOXACIN INTRAOCULAR SUSPENSION 15-1 MG/ML	OA	
TRIESENCE INTRAOCULAR SUSPENSION 40 MG/ML (***triamcinolone acetonide***)	OA	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (***fluticasone propionate***)	3	PA
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (***fluocinolone acetonide***)	OA	QL (365 day supply per 1 fill)
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (***ciclesonide***)	3	

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ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (***loteprednol-tobramycin***)	3	
EENT ANTI-INFECTIVES, MISCELLANEOUS - Drugs for Infections		
acetic acid otic solution 2 %	1	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (***povidone-iodine***)	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
chlorhexidine gluconate (Paroex Mouth/Throat Solution 0.12 %)	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (***chlorhexidine gluconate***)	3	
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (***pramoxine-chloroxylenol***)	3	
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
CEQUA OPHTHALMIC SOLUTION 0.09 % (***cyclosporine***)	3	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (***cyclosporine***)	3	
RESTASIS OPHTHALMIC EMULSION 0.05 % (***cyclosporine***)	3	
XIIDRA OPHTHALMIC SOLUTION 5 % (***lifitegrast***)	3	PA
EENT DRUGS, MISCELLANEOUS		
apraclonidine hcl ophthalmic solution 0.5 %	1	
balanced salt intraocular solution	OA	
BEOVU INTRAVITREAL SOLUTION 6 MG/0.05ML (***brolucizumab-dbll***)	OA	

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BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE 2.75 MG/0.11ML, 3.75 MG/0.15ML	OA	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	OA	
BSS INTRAOCULAR SOLUTION (***ophth irr soln-intraocular***)	OA	
bss plus solution intraocular	OA	
BSS PLUS SOLUTION INTRAOCULAR (***ophth irr soln-intraocular***)	OA	
CELLUGEL INTRAOCULAR SOLUTION 2 % (***hypromellose***)	OA	
CHONDROITIN SULFATE OPHTHALMIC SOLUTION 0.25 %	3	PA
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (***cysteamine hcl***)	4	PA; SP; QL (30 day supply per 1 fill)
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (***cysteamine hcl***)	4	PA; SP; QL (30 day supply per 1 fill)
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (***aflibercept***)	OA	QL (30 day supply per 1 fill)
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (***aflibercept***)	OA	QL (30 day supply per 1 fill)
GELFILM OPHTHALMIC FILM (***gelatin adsorbable***)	3	
IOPIDINE OPHTHALMIC SOLUTION 1 % (***apraclonidine hcl***)	3	
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
LACRISERT OPHTHALMIC INSERT 5 MG (***artificial tear insert***)	3	
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (***ranibizumab***)	OA	QL (30 day supply per 1 fill)
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (***ranibizumab***)	OA	QL (30 day supply per 1 fill)
hypromellose (Ocucoat Viscoadherent Intraocular Solution 2 %)	OA	

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OXERVATE OPHTHALMIC SOLUTION 0.002 % (***cenegermin-bkbj***)	4	PA; SP; QL (30 day supply per 1 fill)
PHOTREXA VISCOUS OPHTHALMIC SOLUTION PREFILLED SYRINGE 0.146-20 % (***riboflavin 5-phosphate-dextran***)	3	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***teprotumumab-trbw***)	OA	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (***verteporfin***)	OA	QL (90 day supply per 1 fill)
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (***ketorolac tromethamine***)	3	
ACULAR OPHTHALMIC SOLUTION 0.5 % (***ketorolac tromethamine***)	3	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	1	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (***bromfenac sodium***)	2	
DEXAMETH-MOXIFLOX-KETOROLAC INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	OA	
diclofenac sodium ophthalmic solution 0.1 %	1	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (***nepafenac***)	2	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (***nepafenac***)	2	
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 % (***phenylephrine-ketorolac***)	OA	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	

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PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.1 %	3	
PREDNISOLONE-BROMFENAC OPHTHALMIC SOLUTION 1-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (***bromfenac sodium***)	2	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	PA
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
AKTEN OPHTHALMIC GEL 3.5 % (***lidocaine hcl***)	3	
ALCAINE OPHTHALMIC SOLUTION 0.5 % (***proparacaine hcl***)	3	
tetracaine hcl (Altacaine Ophthalmic Solution 0.5 %)	3	
COCAINE HCL NASAL SOLUTION 40 MG/ML	3	
lidocaine hcl (Glydo External Prefilled Syringe 2 %)	1	
GOPRELTO NASAL SOLUTION 40 MG/ML	3	
lidocaine hcl external solution 4 %	1	
lidocaine hcl urethral/mucosal external gel 2 %	1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	1	
lidocaine viscous hcl mouth/throat solution 2 %	1	

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LIDOCAINE-EPINEPHRINE INTRAOCULAR SOLUTION 7.5-0.25 MG/ML	OA	
LIDOCAINE-PHENYLEPHRINE INTRAOCULAR SOLUTION 1-1.5 %	OA	
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE 1-1.5 % (1ML)	OA	
NUMBRINO NASAL SOLUTION 40 MG/ML (***cocaine hcl (nasal anesthetic)***)	3	
PRAMOTIC OTIC LIQUID 1-0.1 % (***pramoxine-chloroxylenol***)	3	
proparacaine hcl ophthalmic solution 0.5 %	1	
tetracaine hcl ophthalmic solution 0.5 %	1	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	PA
MIOTICS - Drugs for the Eye		
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %, 2 %, 4 % (***pilocarpine hcl***)	3	
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED 20 MG (***acetylcholine chloride***)	OA	
MIOSTAT INTRAOCULAR SOLUTION 0.01 % (***carbachol***)	OA	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (***echothiophate iodide***)	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
MYDRIATICS - Drugs for the Eye		
atropine sulfate ophthalmic ointment 1 %	1	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %	3	
atropine sulfate ophthalmic solution 1 %	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % (***cyclopentolate hcl***)	3	

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CYCLOGYL OPHTHALMIC SOLUTION 1 % (***cyclopentolate hcl***)	2	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (***cyclopentolate-phenylephrine***)	3	
cyclopentolate hcl ophthalmic solution 0.5 %, 1 %, 2 %	1	
homatropaire ophthalmic solution 5 %	1	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (***atropine sulfate***)	3	
LIDOCAINE-EPINEPHRINE INTRAOCULAR SOLUTION 7.5-0.25 MG/ML	OA	
LIDOCAINE-PHENYLEPHRINE INTRAOCULAR SOLUTION 1-1.5 %	OA	
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE 1-1.5 % (1ML)	OA	
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 % (***phenylephrine-ketorolac***)	OA	
TROPICAMIDE-CYCLOPENTOLATE-PE OPHTHALMIC SOLUTION 1-1-2.5 %	3	PA
TROPICAMIDE-PHENYLEPHRINE OPHTHALMIC SOLUTION 1-2.5 %	3	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	PA
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
bimatoprost ophthalmic solution 0.03 %	1	
DURYSTA INTRAOCULAR IMPLANT 10 MCG (***bimatoprost***)	OA	
latanoprost ophthalmic solution 0.005 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (***bimatoprost***)	2	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (***netarsudil-latanoprost***)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (***travoprost***)	3	
travoprost (bak free) ophthalmic solution 0.004 %	1	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (***latanoprostene bunod***)	3	PA
XALATAN OPHTHALMIC SOLUTION 0.005 % (***latanoprost***)	3	
XELPROS OPHTHALMIC EMULSION 0.005 % (***latanoprost***)	3	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (***tafluprost***)	3	
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (***netarsudil dimesylate***)	3	PA
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (***netarsudil-latanoprost***)	3	PA
VASOCONSTRICTORS		
ADRENALIN NASAL SOLUTION 0.1 % (***epinephrine hcl (nasal)***)	3	
phenylephrine hcl (Altafrin Ophthalmic Solution 10 %, 2.5 %)	1	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 % (***phenylephrine-ketorolac***)	OA	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
TROPICAMIDE-CYCLOPENTOLATE-PE OPHTHALMIC SOLUTION 1-1-2.5 %	3	PA
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	PA
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (***oxymetazoline hcl***)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
sodium bicarbonate oral powder	1	
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO INTRAVENOUS SOLUTION 235-0.25 MG/20ML (***fosnetupitant-palonosetron***)	OA	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (***fosnetupitant-palonosetron***)	OA	
AKYNZEO ORAL CAPSULE 300-0.5 MG (***netupitant-palonosetron***)	3	
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML (***palonosetron hcl***)	OA	
ANZEMET ORAL TABLET 100 MG, 50 MG (***dolasetron mesylate***)	3	QL (0.24 EA per 1 day)
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	OA	
granisetron hcl oral tablet 1 mg	1	QL (0.47 EA per 1 day)
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	OA	QL (30 ML per 1 day)
ondansetron hcl oral solution 4 mg/5ml	1	QL (30 ML per 1 day)
ondansetron hcl oral tablet 24 mg	1	QL (0.07 EA per 1 day)
ondansetron hcl oral tablet 4 mg	1	QL (6 EA per 1 day)
ondansetron hcl oral tablet 8 mg	1	QL (3 EA per 1 day)
ondansetron odt oral tablet dispersible 4 mg	1	QL (6 EA per 1 day)
ondansetron odt oral tablet dispersible 8 mg	1	QL (3 EA per 1 day)
palonosetron hcl intravenous solution 0.25 mg/2ml, 0.25 mg/5ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml	OA	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (***granisetron***)	3	QL (0.07 EA per 1 day)
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML (***granisetron***)	OA	
ZOFRAN ORAL TABLET 4 MG (***ondansetron hcl***)	3	QL (6 EA per 1 day)
ZUPLENZ ORAL FILM 4 MG, 8 MG (***ondansetron***)	3	QL (0.34 EA per 1 day)
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (***diphenoxylate-atropine***)	3	
loperamide hcl oral capsule 2 mg	1	
loperamide hcl oral solution 1 mg/7.5ml, 2 mg/15ml	1	
MOTOFEN ORAL TABLET 1-0.025 MG (***difenoxin-atropine***)	3	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (***crofelemer***)	2	PA
XERMELO ORAL TABLET 250 MG (***telotristat etiprate***)	4	PA; SP; QL (30 day supply per 1 fill)
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
BARHEMSYS INTRAVENOUS SOLUTION 5 MG/2ML (***amisulpride (antiemetic)***)	OA	PA
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (***doxylamine-pyridoxine***)	3	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (***doxylamine-pyridoxine***)	3	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (***dronabinol***)	3	
scopolamine transdermal patch 72 hour 1 mg/3days	1	
SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***)	3	
TRANSDERM SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (***scopolamine base***)	3	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (***scopolamine base***)	3	
ANTIHISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (***doxylamine-pyridoxine***)	3	
prochlorperazine (Compro Rectal Suppository 25 Mg)	1	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (***doxylamine-pyridoxine***)	3	
dimenhydrinate injection solution 50 mg/ml	OA	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	1	
meclizine hcl oral tablet 12.5 mg, 25 mg	1	
meclizine hcl oral tablet chewable 25 mg	1	
prochlorperazine edisylate injection solution 10 mg/2ml, 50 mg/10ml	OA	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (***trimethobenzamide hcl***)	OA	
TIGAN ORAL CAPSULE 300 MG (***trimethobenzamide hcl***)	3	
trimethobenzamide hcl oral capsule 300 mg	1	

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ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
alosetron hcl oral tablet 0.5 mg, 1 mg	1	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (***mesalamine***)	3	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG (***mesalamine***)	3	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (***sulfasalazine***)	3	
AZULFIDINE ORAL TABLET 500 MG (***sulfasalazine***)	3	
balsalazide disodium oral capsule 750 mg	1	
CANASA RECTAL SUPPOSITORY 1000 MG (***mesalamine***)	3	
COLAZAL ORAL CAPSULE 750 MG (***balsalazide disodium***)	3	
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (***mesalamine***)	3	
DIPENTUM ORAL CAPSULE 250 MG (***olsalazine sodium***)	2	
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (***mesalamine***)	3	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (***alosetron hcl***)	3	
mesalamine er oral capsule extended release 24 hour 0.375 gm	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm, 800 mg	1	
mesalamine rectal enema 4 gm	1	
mesalamine rectal suppository 1000 mg	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (***mesalamine***)	2	
SFROWASA RECTAL ENEMA 4 GM/60ML (***mesalamine***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
HELIDAC THERAPY ORAL (***metronid-tetracyc-bis subsal***)	3	
PYLERA ORAL CAPSULE 140-125-125 MG (***bis subcit-metronid-tetracyc***)	3	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (***amoxicill-rifabutin-omeprazole***)	3	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (***lubiprostone***)	3	PA
bisacodyl ec oral tablet delayed release 5 mg	1	PV
cascara sagrada oral fluid extract 1 gm/ml	1	
citroma oral solution 1.745 gm/30ml	1	PV
clearlax oral powder 17 gm/scoop	1	PV
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML (***sod picosulfate-mag ox-cit acd***)	3	
gavilax oral powder 17 gm/scoop	1	PV
gavilyte-c oral solution reconstituted 240 gm	1	PV
peg 3350-kcl-nabcb-nacl-nasulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	1	PV
bisacodyl-peg-kcl-nabicar-nacl (Gavilyte-H Oral Kit 5-210 Mg-Gm)	1	PV
peg 3350-kcl-na bicarb-nacl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	1	PV
gentle laxative oral tablet delayed release 5 mg	1	PV
glycolax oral powder 17 gm/scoop	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (***peg 3350-kcl-nabcb-nacl-nasulf***)	3	
healthylax oral packet 17 gm	1	PV
magnesium citrate oral solution 1.745 gm/30ml	1	PV
milk of magnesia oral suspension 400 mg/5ml	1	PV
mineral oil heavy oral oil	1	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (***peg-kcl-nacl-nasulf-na asc-c***)	3	
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM (***peg 3350-kcl-na bicarb-nacl***)	3	
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED 420 GM (***peg 3350-kcl-na bicarb-nacl***)	3	
OSMOPREP ORAL TABLET 1.102-0.398 GM (***sod phos mono-sod phos dibasic***)	2	
peg 3350 oral packet 17 gm	1	PV
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	PV
peg-3350/electrolytes oral solution reconstituted 236 gm	1	PV
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	1	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	
bisacodyl-peg-kcl-nabicar-nacl (Peg-Prep Oral Kit 5-210 Mg-Gm)	1	PV
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (***peg-kcl-nacl-nasulf-na asc-c***)	3	
polyethylene glycol 3350 oral packet 17 gm	1	PV
qc magnesium citrate oral solution 1.745 gm/30ml	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (***na sulfate-k sulfate-mg sulf***)	3	
SUTAB ORAL TABLET 1479-225-188 MG (***sodium sulfate-mag sulfate-kcl***)	3	PA
peg 3350-kcl-na bicarb-nacl (Trilyte Oral Solution Reconstituted 420 Gm)	1	PV
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
ACTIGALL ORAL CAPSULE 300 MG (***ursodiol***)	3	
CHENODAL ORAL TABLET 250 MG (***chenodiol***)	4	SP; QL (30 day supply per 1 fill)
URSO 250 ORAL TABLET 250 MG (***ursodiol***)	3	
URSO FORTE ORAL TABLET 500 MG (***ursodiol***)	3	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
DIGESTANTS - Drugs for the Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT (***pancrelipase (lip-prot-amyl)***)	2	PA
ENZADYNE ORAL CAPSULE	3	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT, 16800 UNIT, 21000 UNIT, 2600 UNIT, 4200 UNIT (***pancrelipase (lip-prot-amyl)***)	2	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000 UNIT, 24000-86250 UNIT, 4000 UNIT, 8000 UNIT (***pancrelipase (lip-prot-amyl)***)	2	
VIOKACE ORAL TABLET 10440 UNIT, 20880 UNIT (***pancrelipase (lip-prot-amyl)***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (***pancrelipase (lip-prot-amyl)***)	2	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
alvimopan oral capsule 12 mg	1	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	OA	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (***cholic acid***)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA PREFILLED KIT SUBCUTANEOUS KIT 2 X 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML (***certolizumab pegol***)	3	PA; SP; QL (30 day supply per 1 fill)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (***certolizumab pegol***)	4	PA; SP; QL (30 day supply per 1 fill)
ENDARI ORAL PACKET 5 GM (***glutamine (sickle cell)***)	4	PA; SP; QL (30 day supply per 1 fill)
ENTEREG ORAL CAPSULE 12 MG (***alvimopan***)	3	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***vedolizumab***)	OA	QL (30 day supply per 1 fill)
GATTEX SUBCUTANEOUS KIT 5 MG (***teduglutide (rdna)***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	OA	QL (56 day supply per 1 fill)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	3	PA
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (***naloxegol oxalate***)	3	PA
OCALIVA ORAL TABLET 10 MG, 5 MG (***obeticholic acid***)	4	PA; SP; QL (30 day supply per 1 fill)
PROBICHEW ORAL TABLET CHEWABLE	3	
RELISTOR ORAL TABLET 150 MG (***methylnaltrexone bromide***)	3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML (***methylnaltrexone bromide***)	3	PA; QL (30 day supply per 1 fill)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab***)	OA	QL (56 day supply per 1 fill)
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	OA	QL (30 day supply per 1 fill)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	OA	PA; SP; QL (30 day supply per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (***golimumab***)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (***golimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	2	PA
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	3	PA
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	3	PA
ZELNORM ORAL TABLET 6 MG (***tegaserod maleate***)	3	
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
cimetidine hcl oral solution 300 mg/5ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
DUEXIS ORAL TABLET 800-26.6 MG (***ibuprofen-famotidine***)	3	PA
famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml	OA	
famotidine oral suspension reconstituted 40 mg/5ml	1	
famotidine oral tablet 20 mg, 40 mg	1	
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	OA	
nizatidine oral capsule 150 mg, 300 mg	1	
nizatidine oral solution 15 mg/ml	1	
PEPCID ORAL TABLET 20 MG, 40 MG (***famotidine***)	3	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO INTRAVENOUS SOLUTION 235-0.25 MG/20ML (***fosnetupitant-palonosetron***)	OA	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (***fosnetupitant-palonosetron***)	OA	
AKYNZEO ORAL CAPSULE 300-0.5 MG (***netupitant-palonosetron***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aprepitant oral capsule 125 mg	1	QL (2 EA per 30 days)
aprepitant oral capsule 40 mg	1	QL (1 EA per 30 days)
aprepitant oral capsule 80 & 125 mg	1	QL (6 EA per 30 days)
aprepitant oral capsule 80 mg	1	QL (8 EA per 30 days)
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML (***aprepitant***)	OA	
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (***fosaprepitant dimeglumine***)	OA	
EMEND ORAL CAPSULE 40 MG (***aprepitant***)	3	QL (1 EA per 30 days)
EMEND ORAL CAPSULE 80 MG (***aprepitant***)	3	QL (8 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (***aprepitant***)	3	
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (***aprepitant***)	3	QL (6 EA per 30 days)
fosaprepitant dimeglumine intravenous solution reconstituted 150 mg	OA	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (***rolapitant hcl***)	3	PA
PROKINETIC AGENTS - Drugs for the Stomach		
GIMOTI NASAL SOLUTION 15 MG/ACT (***metoclopramide hcl***)	3	PA
metoclopramide hcl injection solution 5 mg/ml	OA	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
metoclopramide hcl oral tablet dispersible 10 mg, 5 mg	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (***prucalopride succinate***)	3	PA
REGLAN ORAL TABLET 10 MG, 5 MG (***metoclopramide hcl***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZELNORM ORAL TABLET 6 MG (***tegaserod maleate***)	3	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (***diclofenac-misoprostol***)	3	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (***misoprostol***)	3	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	1	
misoprostol oral tablet 100 mcg, 200 mcg	1	
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
CARAFATE ORAL SUSPENSION 1 GM/10ML (***sucralfate***)	3	
CARAFATE ORAL TABLET 1 GM (***sucralfate***)	3	
sucralfate oral suspension 1 gm/10ml	1	
sucralfate oral tablet 1 gm	1	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (***rabeprazole sodium***)	3	QL (1 EA per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 5 MG (***rabeprazole sodium***)	3	QL (1 EA per 1 day)
amoxicill-clarithro-lansopraz oral	1	
ASPIRIN-OMEPRAZOLE ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG	3	PA
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (***dexlansoprazole***)	3	QL (1 EA per 1 day)
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	1	QL (1 EA per 1 day)
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
esomeprazole sodium intravenous solution reconstituted 40 mg	OA	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE DELAYED RELEASE 49.3 MG	3	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (***lansoprazole***)	3	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (***omeprazole***)	3	
lansoprazole oral capsule delayed release 15 mg, 30 mg	1	QL (1 EA per 1 day)
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	1	QL (1 EA per 1 day)
naproxen-esomeprazole oral tablet delayed release 375-20 mg, 500-20 mg	1	
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (***esomeprazole sodium***)	OA	
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG (***esomeprazole magnesium***)	3	QL (1 EA per 1 day)
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (***esomeprazole magnesium***)	3	QL (1 EA per 1 day)
NEXIUM ORAL PACKET 2.5 MG, 5 MG (***esomeprazole magnesium***)	2	QL (1 EA per 1 day)
OMECLAMOX-PAK ORAL 500-500-20 MG (***amoxicill-clarithro-omeprazole***)	3	
omeprazole oral capsule delayed release 10 mg, 40 mg	1	QL (1 EA per 1 day)
omeprazole oral capsule delayed release 20 mg	1	QL (2 EA per 1 day)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (***omeprazole***)	3	
omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg	1	PA; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg	1	PA; QL (2 EA per 1 day)
pantoprazole sodium intravenous solution reconstituted 40 mg	OA	
pantoprazole sodium oral packet 40 mg	1	QL (1 EA per 1 day)
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	QL (1 EA per 1 day)
PREVACID ORAL CAPSULE DELAYED RELEASE 15 MG, 30 MG (***lansoprazole***)	3	QL (1 EA per 1 day)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (***lansoprazole***)	3	QL (1 EA per 1 day)
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (***omeprazole magnesium***)	3	
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (***pantoprazole sodium***)	OA	
PROTONIX ORAL PACKET 40 MG (***pantoprazole sodium***)	3	QL (1 EA per 1 day)
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (***pantoprazole sodium***)	3	QL (1 EA per 1 day)
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 10 MG	3	QL (1 EA per 1 day)
rabeprazole sodium oral tablet delayed release 20 mg	1	QL (1 EA per 1 day)
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (***amoxicill-rifabutin-omeprazole***)	3	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (***naproxen-esomeprazole***)	3	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (***aspirin-omeprazole***)	3	PA
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (***omeprazole-sodium bicarbonate***)	3	PA; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (***omeprazole-sodium bicarbonate***)	3	PA; QL (2 EA per 1 day)
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (***auranofin***)	2	
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
bal in oil intramuscular solution 100 mg/ml	OA	
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION 1 GM/5ML	OA	
CHEMET ORAL CAPSULE 100 MG (***succimer***)	3	
trientine hcl (Clovique Oral Capsule 250 Mg)	1	
CUPRIMINE ORAL CAPSULE 250 MG (***penicillamine***)	3	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	4	PA; SP; QL (30 day supply per 1 fill)
deferasirox oral tablet 180 mg, 360 mg, 90 mg	4	PA; SP; QL (30 day supply per 1 fill)
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	4	PA; SP; QL (30 day supply per 1 fill)
deferiprone oral tablet 500 mg	4	PA; SP; QL (30 day supply per 1 fill)
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	OA	
DEPEN TITRATABS ORAL TABLET 250 MG (***penicillamine***)	3	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (***deferoxamine mesylate***)	OA	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (***deferasirox***)	4	PA; SP; QL (30 day supply per 1 fill)

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FERRIPROX ORAL SOLUTION 100 MG/ML (***deferiprone***)	4	PA; SP; QL (30 day supply per 1 fill)
FERRIPROX ORAL TABLET 1000 MG, 500 MG (***deferiprone***)	4	PA; SP; QL (30 day supply per 1 fill)
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (***deferiprone***)	4	PA; SP; QL (30 day supply per 1 fill)
GALZIN ORAL CAPSULE 25 MG, 50 MG (***zinc acetate (oral)***)	3	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (***deferasirox***)	4	PA; SP; QL (30 day supply per 1 fill)
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (***deferasirox***)	4	PA; SP; QL (30 day supply per 1 fill)
penicillamine oral capsule 250 mg	1	
penicillamine oral tablet 250 mg	1	
PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION 200 MG/ML	3	
PENTETATE ZINC TRISODIUM COMBINATION SOLUTION 200 MG/ML	3	
SYPRINE ORAL CAPSULE 250 MG (***trientine hcl***)	3	
trientine hcl oral capsule 250 mg	1	
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ACTIVE INJECTION D INJECTION KIT 10 MG/ML	OA	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (***fluticasone-salmeterol***)	2	QL (0.4 GM per 1 day)

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AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (***hydrocortisone***)	3	PA
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (***ciclesonide***)	3	QL (0.41 GM per 1 day)
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (***fluticasone propionate (inhal)***)	3	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (***fluticasone furoate***)	2	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (***mometasone furoate***)	2	QL (0.04 EA per 1 day)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (***mometasone furoate***)	2	QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH (***mometasone furoate***)	2	QL (0.04 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (***mometasone furoate***)	2	QL (0.04 EA per 1 day)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH (***mometasone furoate***)	2	QL (0.04 EA per 1 day)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (***mometasone furoate***)	2	QL (0.46 GM per 1 day)
BETA 1 KIT INJECTION KIT 30 MG/5ML	OA	
BETAMETHASONE SOD PHOS & ACET INJECTION SUSPENSION 7 (4-3) MG/ML	OA	
BETAMETHASONE SOD PHOS & ACET SUSPENSION 6 (3-3) MG/ML INJECTION 6 (3-3) MG/ML	OA	
betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection 6 (3-3) mg/ml	OA	
BETAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 12 MG/2ML, 6 MG/ML	OA	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (***fluticasone furoate-vilanterol***)	2	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	3	PA
BSP 0820 INJECTION KIT 30 MG/5ML	OA	
budesonide er oral tablet extended release 24 hour 9 mg	1	PA
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	1	
budesonide oral capsule delayed release particles 3 mg	1	
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	2	QL (0.34 GM per 1 day)

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CELESTONE SOLUSPAN INJECTION SUSPENSION 6 (3-3) MG/ML (***betamethasone sod phos & acet***)	OA	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (***hydrocortisone***)	3	
cortisone acetate oral tablet 25 mg	1	
dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML (***methylprednisolone acetate***)	OA	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	2	
DEXAMETHASONE (LA) INJECTION SUSPENSION 16 MG/ML, 8 MG/ML	OA	
DEXAMETHASONE ACE & SOD PHOS INJECTION SUSPENSION 8-4 MG/ML	OA	
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	1	
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	1	
DEXAMETHASONE SOD PHOS-BUPIV INJECTION SOLUTION PREFILLED SYRINGE 0.01-0.375 %	3	
dexamethasone sod phosphate pf injection solution 10 mg/ml	OA	
dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml	1	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION 10 MG/ML	OA	
dexamethasone sodium phosphate solution 10 mg/ml injection 10 mg/ml	OA	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION 4 MG/ML	OA	
dexamethasone sodium phosphate solution 4 mg/ml injection 4 mg/ml	OA	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (***dexamethasone sodium phosphate***)	OA	
DOUBLEDEX INJECTION KIT 10 MG/ML (***dexamethasone sodium phosphate***)	OA	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (***mometasone furo-formoterol fum***)	3	QL (0.44 GM per 1 day)
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG (***dexamethasone***)	2	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (***deflazacort***)	4	PA; SP; QL (30 day supply per 1 fill)
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (***deflazacort***)	4	PA; SP; QL (30 day supply per 1 fill)
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES 3 MG (***budesonide***)	3	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST (***fluticasone propionate (inhal)***)	2	QL (4 EA per 1 day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST (***fluticasone propionate (inhal)***)	2	QL (8 EA per 1 day)

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FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST (***fluticasone propionate (inhal)***)	2	QL (2 EA per 1 day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT (***fluticasone propionate hfa***)	2	QL (0.8 GM per 1 day)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT (***fluticasone propionate hfa***)	2	QL (0.71 GM per 1 day)
fludrocortisone acetate oral tablet 0.1 mg	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (2 EA per 1 day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (2 EA per 1 day)
HEMADY ORAL TABLET 20 MG (***dexamethasone***)	3	PA
dexamethasone (Hidex 6-Day Oral Tablet Therapy Pack 1.5 Mg (21))	2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
INTRAROSA VAGINAL INSERT 6.5 MG (***prasterone***)	3	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML (***triamcinolone acetonide***)	OA	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (***triamcinolone acetonide***)	3	
LIDOCIDEX I INJECTION SOLUTION 5-10 MG/1.5ML	OA	
MAS CARE-PAK INJECTION KIT 10 MG/ML (***dexamethasone sodium phosphate***)	OA	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (***methylprednisolone***)	3	
MEDROL ORAL TABLET 2 MG (***methylprednisolone***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MEDROL ORAL TABLET THERAPY PACK 4 MG (***methylprednisolone***)	3	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	OA	
METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION 40 MG/ML	OA	
methylprednisolone acetate suspension 40 mg/ml injection 40 mg/ml	OA	
METHYLPREDNISOLONE ACETATE SUSPENSION 80 MG/ML INJECTION 80 MG/ML	OA	
methylprednisolone acetate suspension 80 mg/ml injection 80 mg/ml	OA	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablet therapy pack 4 mg	1	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg	OA	
methylprednisolone sodium succ injection solution reconstituted 500 mg	1	
METHYLPREDNISOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML, 80-5 MG/ML	OA	
MILLIPRED ORAL TABLET 5 MG (***prednisolone***)	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (***prednisolone sodium phosphate***)	3	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 6 MG (***budesonide***)	3	PA
P-CARE K40 INJECTION KIT 40 MG/ML	OA	
P-CARE K80 INJECTION KIT 2 X 40 MG/ML	OA	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (***prednisolone sodium phosphate***)	2	

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PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40-1 MG/ML-%	OA	
PHYSICIANS EZ USE M-PRED INJECTION KIT 40-0.5 MG/ML-%	OA	
POD-CARE 100K INJECTION KIT 40 MG/ML	OA	
prednisolone oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	1	
prednisone intensol oral concentrate 5 mg/ml	1	
prednisone oral solution 5 mg/5ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	1	
PRO-C-DURE 5 INJECTION KIT 2 X 40 MG/ML (***triamcinolone acetonide***)	OA	
PRO-C-DURE 6 INJECTION KIT 3 X 40 MG/ML (***triamcinolone acetonide***)	OA	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (***budesonide***)	2	QL (0.07 EA per 1 day)
PULMICORT SUSPENSION INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (***budesonide***)	3	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (***beclomethasone diprop hfa***)	2	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (***prednisone***)	3	PA

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READYSHARP BETAMETHASONE INJECTION KIT 30 MG/5ML (***betamethasone sod phos & acet***)	OA	
READYSHARP DEXAMETHASONE INJECTION KIT 10 MG/ML (***dexamethasone sodium phosphate***)	OA	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG (***hydrocortisone sod succinate***)	3	PA; QL (30 day supply per 1 fill)
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 2 GM, 40 MG (***methylprednisolone sodium succ***)	OA	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 500 MG (***methylprednisolone sodium succ***)	3	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (***budesonide-formoterol fumarate***)	2	QL (0.34 GM per 1 day)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (***dexamethasone***)	2	
dexamethasone (Taperdex 6-Day Oral Tablet Therapy Pack 1.5 Mg, 1.5 Mg (21))	2	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (***dexamethasone***)	2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH (***fluticasone-umeclidin-vilant***)	2	
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 50 MG/ML	OA	
triamcinolone acetonide suspension 40 mg/ml injection 40 mg/ml	OA	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION 40 MG/ML	OA	

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TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 40 MG/ML, 80 MG/ML	OA	
TRIAMCINOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML	OA	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (***budesonide***)	3	PA
UCERIS RECTAL FOAM 2 MG/ACT (***budesonide***)	3	
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	1	QL (2 EA per 1 day)
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	3	
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER 32 MG (***triamcinolone acetonide***)	OA	
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (***acarbose***)	3	
AMYLINOMIMETICS - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (***pramlintide acetate***)	3	PA; QL (30 day supply per 1 fill)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (***pramlintide acetate***)	3	PA; QL (30 day supply per 1 fill)
ANDROGENS - Hormones		
ANADROL-50 ORAL TABLET 50 MG (***oxymetholone***)	3	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (***testosterone***)	3	QL (1 EA per 1 day)
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (***testosterone***)	3	QL (5 GM per 1 day)

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ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%) (***testosterone***)	3	QL (5 GM per 1 day)
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%) (***testosterone***)	3	QL (7.5 GM per 1 day)
ANDROGEL TRANSDERMAL GEL 50 MG/5GM (1%) (***testosterone***)	3	QL (10 GM per 1 day)
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (***testosterone undecanoate***)	4	PA; SP; QL (90 day supply per 1 fill)
est estrogens-methyltest (Covaryx Hs Oral Tablet 0.625-1.25 Mg)	3	
est estrogens-methyltest (Covaryx Oral Tablet 1.25-2.5 Mg)	3	
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML (***testosterone cypionate***)	3	PA; QL (30 day supply per 1 fill)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML (***testosterone cypionate***)	3	QL (4 ML per 28 days)
est estrogens-methyltest (Eemt Hs Oral Tablet 0.625-1.25 Mg)	3	
est estrogens-methyltest (Eemt Oral Tablet 1.25-2.5 Mg)	3	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (***testosterone***)	3	QL (4 GM per 1 day)
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (***testosterone undecanoate***)	3	PA
METHITEST ORAL TABLET 10 MG	3	
methyltestosterone oral capsule 10 mg	1	
NATESTO NASAL GEL 5.5 MG/ACT (***testosterone***)	3	QL (1.5 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
oxandrolone oral tablet 10 mg, 2.5 mg	1	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (***testosterone***)	3	QL (10 GM per 1 day)
TESTOPEL IMPLANT PELLET 75 MG (***testosterone***)	OA	QL (30 day supply per 1 fill)
TESTOSTERONE CYPIONATE INJECTION SOLUTION 200 MG/ML	1	PA
testosterone cypionate intramuscular solution 100 mg/ml	1	PA; QL (30 day supply per 1 fill)
testosterone cypionate intramuscular solution 200 mg/ml	1	QL (4 ML per 28 days)
testosterone enanthate intramuscular solution 200 mg/ml	1	PA; QL (30 day supply per 1 fill)
TESTOSTERONE IMPLANT PELLET 100 MG, 200 MG	OA	
testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	1	QL (5 GM per 1 day)
testosterone transdermal gel 10 mg/act (2%)	1	QL (4 GM per 1 day)
testosterone transdermal gel 12.5 mg/act (1%), 50 mg/5gm (1%)	1	QL (10 GM per 1 day)
testosterone transdermal gel 25 mg/2.5gm (1%)	1	QL (7.5 GM per 1 day)
testosterone transdermal solution 30 mg/act	1	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (***testosterone***)	3	QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (***testosterone***)	3	QL (10 GM per 1 day)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (***testosterone enanthate***)	3	PA; QL (30 day supply per 1 fill)
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
colesevelam hcl oral packet 3.75 gm	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
colesevelam hcl oral tablet 625 mg	1	
KORLYM ORAL TABLET 300 MG (***mifepristone***)	4	PA; SP; QL (30 day supply per 1 fill)
WELCHOL ORAL PACKET 3.75 GM (***colesevelam hcl***)	3	
WELCHOL ORAL TABLET 625 MG (***colesevelam hcl***)	3	
ANTIESTROGENS - Drugs for Women		
anastrozole oral tablet 1 mg	1	AC
ARIMIDEX ORAL TABLET 1 MG (***anastrozole***)	3	AC
AROMASIN ORAL TABLET 25 MG (***exemestane***)	3	AC
exemestane oral tablet 25 mg	1	AC
FEMARA ORAL TABLET 2.5 MG (***letrozole***)	3	AC
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (***ribociclib-letrozole***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (***ribociclib-letrozole***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG (***ribociclib-letrozole***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
letrozole oral tablet 2.5 mg	1	AC
ANTIGONADTROPINS - Hormones		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (***cetrorelix acetate***)	INF	PA; QL (30 day supply per 1 fill)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (***degarelix acetate***)	OA	QL (30 day supply per 1 fill)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (***degarelix acetate***)	OA	QL (30 day supply per 1 fill)
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	INF	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (***elagolix-estradiol-norethind***)	3	PA
ORILISSA ORAL TABLET 150 MG, 200 MG (***elagolix sodium***)	3	PA
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
diazoxide oral suspension 50 mg/ml	1	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (***diazoxide***)	3	
ANTIPARATHYROID AGENTS - Drugs for Bones		
calcitonin (salmon) nasal solution 200 unit/act	1	PA
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (***calcitonin (salmon)***)	OA	PA
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (***etelcalcetide hcl***)	OA	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (***cinacalcet hcl***)	3	
ANTITHYROID AGENTS - Drugs for the Thyroid		
iodine strong oral solution 5 %	1	
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
SSKI ORAL SOLUTION 1 GM/ML (***potassium iodide (expectorant)***)	3	
TAPAZOLE ORAL TABLET 10 MG, 5 MG (***methimazole***)	3	
BIGUANIDES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG (***pioglitazone hcl-metformin hcl***)	3	
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (***metformin hcl***)	3	
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (***metformin hcl***)	3	PA
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (***canagliflozin-metformin hcl***)	3	ST
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (***canagliflozin-metformin hcl***)	3	ST
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (***sitagliptin-metformin hcl***)	2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (***sitagliptin-metformin hcl***)	2	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (***linagliptin-metformin hcl***)	2	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (***linagliptin-metformin hcl***)	2	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (***linagliptin-metformin hcl***)	2	QL (1 EA per 1 day)
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (***alogliptin-metformin hcl***)	3	ST
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (***saxagliptin-metformin***)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg	1	PA
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1	
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	*
metformin hcl oral solution 500 mg/5ml	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	*
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER 500 MG/5ML (***metformin hcl***)	3	
RIOMET ORAL SOLUTION 500 MG/5ML (***metformin hcl***)	3	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (***ertugliflozin-metformin hcl***)	3	ST
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (***empagliflozin-metformin hcl***)	3	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (***empagliflozin-metformin hcl***)	3	ST
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (***empagliflozin-linaglip-metform***)	3	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (***dapagliflozin-metformin hcl***)	3	ST
CONTRACEPTIVES - Drugs for Women		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	1	PV
alyacen 1/35 oral tablet 1-35 mg-mcg	1	PV
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	PV
levonorgest-eth estrad 91-day (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	1	PV; QL (91 day supply per 1 fill)
levonorgest-eth estrad 91-day (Amethia Oral Tablet 0.15-0.03 &0.01 Mg)	1	PV; QL (91 day supply per 1 fill)
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)	1	PV
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (***segesterone-ethinyl estradiol***)	3	PA; PV; QL (1 EA per 365 days)
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	1	PV
norethin-eth estrad triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	1	PV
levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	1	PV; QL (91 day supply per 1 fill)
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	1	PV
levonorgestrel-ethinyl estrad (Aubra Oral Tablet 0.1-20 Mg-Mcg)	1	PV
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	1	PV
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	1	PV
norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	1	PV
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	1	PV

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norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	1	PV
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	1	PV
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	1	PV
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	1	PV
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (***levonorgest-eth estrad-fe bisg***)	3	PA
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	1	PV
desogestrel-ethinyl estradiol (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	1	PV
BEYAZ ORAL TABLET 3-0.02-0.451 MG (***drospiren-eth estrad-levomefol***)	3	
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	1	PV
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	1	PV
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	1	PV
briellyn oral tablet 0.4-35 mg-mcg	1	PV
norethindrone (Camila Oral Tablet 0.35 Mg)	1	PV
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	1	PV; QL (91 day supply per 1 fill)
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	1	PV; QL (91 day supply per 1 fill)
desogestrel-ethinyl estradiol (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	1	PV

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norethin ace-eth estrad-fe (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	1	PV
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	1	PV
levonorgestrel-ethinyl estrad (Chateal Oral Tablet 0.15-30 Mg-Mcg)	1	PV
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	1	PV
norethindrone-eth estradiol (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)	1	PV
norethin-eth estrad triphasic (Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	1	PV
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	1	PV
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-30 Mg-Mcg)	1	PV
norethindrone-eth estradiol (Dasetta 1/35 Oral Tablet 1-35 Mg-Mcg)	1	PV
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	1	PV
levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	1	PV; QL (91 day supply per 1 fill)
norethindrone (Deblitane Oral Tablet 0.35 Mg)	1	PV
levonorgestrel-ethinyl estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)	1	PV
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	PV

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drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	PV
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	1	PV
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	3	PV
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	1	PV
desogestrel-ethinyl estradiol (Emoquette Oral Tablet 0.15-30 Mg-Mcg)	1	PV
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	1	PV
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	1	PV
norethindrone (Errin Oral Tablet 0.35 Mg)	1	PV
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	1	PV
ESTROSTEP FE ORAL TABLET 1-20/1-30/1-35 MG-MCG (***norethindron-ethinyl estrad-fe***)	3	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	PV
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	PV
levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	1	PV
levonorgest-eth estrad 91-day (Fayosim Oral Tablet 42-21-21-7 Days)	1	PV; QL (91 day supply per 1 fill)
norgestimate-eth estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)	1	PV
norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	1	PV

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GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG (***norethin-eth estradiol-fe***)	3	
drospirenone-ethinyl estradiol (Gianvi Oral Tablet 3-0.02 Mg)	1	PV
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	1	PV
norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	1	PV
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	1	PV
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	1	PV
norethindrone (Heather Oral Tablet 0.35 Mg)	1	PV
levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)	1	PV; QL (91 day supply per 1 fill)
norethindrone (Incassia Oral Tablet 0.35 Mg)	1	PV
levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)	1	PV; QL (91 day supply per 1 fill)
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	1	PV
levonorgest-eth estrad 91-day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	1	PV; QL (91 day supply per 1 fill)
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	1	PV
norethindrone (Jencycla Oral Tablet 0.35 Mg)	1	PV
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	1	PV; QL (91 day supply per 1 fill)
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	1	PV

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	1	PV
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	1	PV
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	1	PV
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	1	PV
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	1	PV
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	1	PV
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	1	PV
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	1	PV
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	1	PV
ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	1	PV
levonorgestrel-ethinyl estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	1	PV
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (***levonorgestrel***)	OA	QL (365 day supply per 1 fill)
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	1	PV
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	1	PV
norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	1	PV
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	1	PV
levonorgestrel-ethinyl estrad (Larissia Oral Tablet 0.1-20 Mg-Mcg)	1	PV
norethin-eth estradiol-fe (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	1	PV
norethin-eth estrad triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	1	PV
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	1	PV
levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	1	PV
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	PV; QL (91 day supply per 1 fill)
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	1	PV; QL (91 day supply per 1 fill)
levonorgestrel oral tablet 1.5 mg	1	PV
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	1	PV
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	PV
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	1	PV
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 19.5 MCG/DAY (***levonorgestrel***)	OA	QL (365 day supply per 1 fill)
levonorgestrel-ethinyl estrad (Lillow Oral Tablet 0.15-30 Mg-Mcg)	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (***norethin-eth estrad-fe biphas***)	2	PV
norethindrone acet-ethinyl est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	3	
norethindrone acet-ethinyl est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	3	
norethin ace-eth estrad-fe (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	3	
norethin ace-eth estrad-fe (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	3	
levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	1	PV; QL (91 day supply per 1 fill)
drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)	1	PV
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG (***levonorgest-eth estrad 91-day***)	3	QL (91 day supply per 1 fill)
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	1	PV
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	1	PV
levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	1	PV
norethindrone (Lyza Oral Tablet 0.35 Mg)	1	PV
marlissa oral tablet 0.15-30 mg-mcg	1	PV
norethin ace-eth estrad-fe (Melodetta 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	1	PV
norethin ace-eth estrad-fe (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	1	PV
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	1	PV

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norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	1	PV
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	1	PV
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	1	PV
norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	1	PV
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) (***norethin ace-eth estrad-fe***)	3	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5) (***desogestrel-ethinyl estradiol***)	3	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR (***levonorgestrel***)	OA	QL (365 day supply per 1 fill)
norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	1	PV
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (***estradiol valerate-dienogest***)	3	PV
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	1	PV
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (***etonogestrel***)	OA	QL (365 day supply per 1 fill)
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	1	PV
norethindrone (Nora-Be Oral Tablet 0.35 Mg)	1	PV
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	1	PV
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	PV
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	PV
norethindrone oral tablet 0.35 mg	1	PV
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	1	PV
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	PV
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	PV
norethindrone (Norlyda Oral Tablet 0.35 Mg)	1	PV
norethindrone (Norlyroc Oral Tablet 0.35 Mg)	1	PV
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	1	PV
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	1	PV
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	1	PV
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	1	PV
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (***etonogestrel-ethinyl estradiol***)	3	
norgestimate-eth estradiol (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	1	PV
drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)	1	PV
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	1	PV
ORTHO MICRONOR ORAL TABLET 0.35 MG (***norethindrone***)	3	
norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	1	PV
norethindrone-eth estradiol (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)	1	PV
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	1	PV
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	1	PV
norgestimate-eth estradiol (Previfem Oral Tablet 0.25-35 Mg-Mcg)	1	PV
QUARTETTE ORAL TABLET 42-21-21-7 DAYS (***levonorgest-eth estrad 91-day***)	3	QL (91 day supply per 1 fill)
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	1	PV
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	1	PV; QL (91 day supply per 1 fill)
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (***drospiren-eth estrad-levomefol***)	3	
SEASONIQUE ORAL TABLET 0.15-0.03 &0.01 MG (***levonorgest-eth estrad 91-day***)	3	QL (91 day supply per 1 fill)
levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)	1	PV; QL (91 day supply per 1 fill)
norethindrone (Sharobel Oral Tablet 0.35 Mg)	1	PV
desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	1	PV
levonorgest-eth estrad 91-day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	1	PV; QL (91 day supply per 1 fill)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (***levonorgestrel***)	OA	QL (365 day supply per 1 fill)
SLYND ORAL TABLET 4 MG (***drospirenone***)	3	PV

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norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	1	PV
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	1	PV
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	1	PV
norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	1	PV
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	1	PV
norethin ace-eth estrad-fe (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	1	PV
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (***norethin ace-eth estrad-fe***)	3	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	1	PV
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	1	PV
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	1	PV
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	1	PV
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	1	PV
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	1	PV
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	1	PV
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	1	PV

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norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	1	PV
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	1	PV
norgestim-eth estrad triphasic (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	1	PV
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	1	PV
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	1	PV
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	1	PV
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	1	PV
norethindrone (Tulana Oral Tablet 0.35 Mg)	1	PV
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (***levonorgestrel-eth estradiol***)	3	
tyblume oral tablet 0.1-20 mg-mcg	1	PV
drospiren-eth estrad-levomefol (Tydemy Oral Tablet 3-0.03-0.451 Mg)	1	PV
desogestrel-ethinyl estradiol (Velivet Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	1	PV
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	1	PV
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	1	PV
norethindrone-eth estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	1	PV

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norgestimate-eth estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	1	PV
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	1	PV
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	1	PV
xulane transdermal patch weekly 150-35 mcg/24hr	1	PV
YASMIN 28 ORAL TABLET 3-0.03 MG (***drospirenone-ethinyl estradiol***)	3	
YAZ ORAL TABLET 3-0.02 MG (***drospirenone-ethinyl estradiol***)	3	
drospirenone-ethinyl estradiol (Zarah Oral Tablet 3-0.03 Mg)	1	PV
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	1	PV
ethynodiol diac-eth estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	1	PV
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	1	PV
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	ST
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	3	ST
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin-linagliptin***)	3	PA
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (***sitagliptin-metformin hcl***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (***sitagliptin-metformin hcl***)	2	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (***sitagliptin phosphate***)	2	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (***linagliptin-metformin hcl***)	2	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (***linagliptin-metformin hcl***)	2	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (***linagliptin-metformin hcl***)	2	QL (1 EA per 1 day)
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG (***alogliptin-metformin hcl***)	3	ST
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (***saxagliptin-metformin***)	3	ST
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG (***alogliptin benzoate***)	3	ST
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (***saxagliptin hcl***)	3	ST
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (***alogliptin-pioglitazone***)	3	ST
QTERN ORAL TABLET 10-5 MG, 5-5 MG (***dapagliflozin-saxagliptin***)	3	PA
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (***ertugliflozin-sitagliptin***)	3	PA
TRADJENTA ORAL TABLET 5 MG (***linagliptin***)	2	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (***empagliflozin-linaglip-metform***)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
clomiphene citrate oral tablet 50 mg	INF	PA
DUAVEE ORAL TABLET 0.45-20 MG (***conj estrogens-bazedoxifene***)	3	
EVISTA ORAL TABLET 60 MG (***raloxifene hcl***)	3	
FARESTON ORAL TABLET 60 MG (***toremifene citrate***)	3	AC
OSPHENA ORAL TABLET 60 MG (***ospemifene***)	3	
raloxifene hcl oral tablet 60 mg	1	PV
SOLTAMOX ORAL SOLUTION 10 MG/5ML (***tamoxifen citrate***)	3	PV; AC
tamoxifen citrate oral tablet 10 mg, 20 mg	1	PV; AC
toremifene citrate oral tablet 60 mg	1	AC
ESTROGENS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (***estradiol-norethindrone acet***)	3	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (***estradiol***)	2	QL (0.3 EA per 1 day)
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (***drospirenone-estradiol***)	3	
BIJUVA ORAL CAPSULE 1-100 MG (***estradiol-progesterone***)	3	PA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (***estradiol-levonorgestrel***)	2	QL (0.15 EA per 1 day)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (***estradiol***)	3	QL (0.2 EA per 1 day)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (***estradiol-norethindrone acet***)	3	QL (0.3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
est estrogens-methyltest (Covaryx Hs Oral Tablet 0.625-1.25 Mg)	3	
est estrogens-methyltest (Covaryx Oral Tablet 1.25-2.5 Mg)	3	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (***estradiol valerate***)	3	PA; QL (30 day supply per 1 fill)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (***estradiol cypionate***)	3	PA; QL (30 day supply per 1 fill)
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM (***estradiol***)	3	QL (1 EA per 1 day)
DIVIGEL TRANSDERMAL GEL 1 MG/GM (***estradiol***)	3	QL (1 GM per 1 day)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM (***estradiol***)	3	
estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	1	QL (0.3 EA per 1 day)
DUAVEE ORAL TABLET 0.45-20 MG (***conj estrogens-bazedoxifene***)	3	
est estrogens-methyltest (Eemt Hs Oral Tablet 0.625-1.25 Mg)	3	
est estrogens-methyltest (Eemt Oral Tablet 1.25-2.5 Mg)	3	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (***estradiol***)	3	QL (1.74 GM per 1 day)
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (***estradiol***)	3	
ESTRACE VAGINAL CREAM 0.1 MG/GM (***estradiol***)	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (0.3 EA per 1 day)

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estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	QL (0.2 EA per 1 day)
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	PA; QL (30 day supply per 1 fill)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ESTRING VAGINAL RING 2 MG (***estradiol***)	3	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (***estradiol***)	3	QL (1.67 GM per 1 day)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (***estradiol***)	3	QL (0.55 ML per 1 day)
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG (***norethindrone-eth estradiol***)	3	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (***estradiol acetate***)	3	
norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (***estradiol***)	2	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (***estradiol***)	2	
norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	1	
estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	1	QL (0.3 EA per 1 day)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (***esterified estrogens***)	3	

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MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (***estradiol***)	3	QL (0.2 EA per 1 day)
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	1	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (***estradiol***)	3	QL (0.3 EA per 1 day)
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (***elagolix-estradiol-norethind***)	3	PA
PREFEST ORAL TABLET 1/1-0.09 MG (15/15) (***estradiol-norgestimate***)	2	
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG (***estrogens conjugated***)	OA	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens conjugated***)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (***estrogens, conjugated***)	2	
PREMPHASE ORAL TABLET 0.625-5 MG (***conj estrog-medroxyprogest ace***)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***conj estrog-medroxyprogest ace***)	2	
VAGIFEM VAGINAL TABLET 10 MCG (***estradiol***)	3	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (***estradiol***)	3	QL (0.3 EA per 1 day)
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	1	
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	3	

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BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	3	
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED 1 MG (***glucagon hcl rdna (diagnostic)***)	OA	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (***glucagon hcl (rdna)***)	3	QL (30 day supply per 1 fill)
GLUCAGON EMERGENCY KIT INJECTION KIT 1 MG	3	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	
GLUCAGON HCL (DIAGNOSTIC) INJECTION SOLUTION RECONSTITUTED 1 MG	OA	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (***glucagon***)	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (***glucagon***)	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (***glucagon***)	3	
GONADOTROPINS - Hormones		
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	INF	PA; QL (30 day supply per 1 fill)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (***leuprolide acetate (3 month)***)	OA	QL (30 day supply per 1 fill)
ELIGARD SUBCUTANEOUS KIT 30 MG (***leuprolide acetate (4 month)***)	OA	QL (30 day supply per 1 fill)
ELIGARD SUBCUTANEOUS KIT 45 MG (***leuprolide acetate (6 month)***)	OA	QL (30 day supply per 1 fill)
ELIGARD SUBCUTANEOUS KIT 7.5 MG (***leuprolide acetate***)	OA	PA; QL (30 day supply per 1 fill)
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (PED) (***leuprolide acetate (6 month)***)	OA	PA; QL (30 day supply per 1 fill)

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FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (***follitropin beta***)	INF	PA; QL (30 day supply per 1 fill)
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (***follitropin alfa***)	INF	PA; QL (30 day supply per 1 fill)
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (***follitropin alfa***)	INF	PA; QL (30 day supply per 1 fill)
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (***follitropin alfa***)	INF	PA; QL (30 day supply per 1 fill)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (***leuprolide acetate***)	OA	PA; QL (30 day supply per 1 fill)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (***leuprolide acetate (3 month)***)	OA	QL (30 day supply per 1 fill)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (***leuprolide acetate (4 month)***)	OA	QL (30 day supply per 1 fill)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (***leuprolide acetate (6 month)***)	OA	QL (30 day supply per 1 fill)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (***leuprolide acetate***)	OA	QL (30 day supply per 1 fill)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (***leuprolide acetate (3 month)***)	OA	QL (30 day supply per 1 fill)
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (***menotropins***)	INF	PA; QL (30 day supply per 1 fill)
novarel intramuscular solution reconstituted 10000 unit	INF	PA; QL (30 day supply per 1 fill)
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (***chorionic gonadotropin***)	INF	PA; QL (30 day supply per 1 fill)
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (***choriogonadotropin alfa***)	INF	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pregnyl intramuscular solution reconstituted 10000 unit	INF	PA; QL (30 day supply per 1 fill)
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (***histrelin acetate (cpp)***)	OA	PA; QL (365 day supply per 1 fill)
SYNAREL NASAL SOLUTION 2 MG/ML (***nafarelin acetate***)	2	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (***triptorelin pamoate***)	OA	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (***triptorelin pamoate***)	OA	QL (30 day supply per 1 fill)
VANTAS SUBCUTANEOUS KIT 50 MG (***histrelin acetate***)	OA	PA; QL (365 day supply per 1 fill)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (***goserelin acetate***)	OA	QL (90 day supply per 1 fill)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (***goserelin acetate***)	OA	QL (30 day supply per 1 fill)
GONADOTROPINS AND ANTIGONADOTROPINS - Hormones		
chorionic gonadotropin intramuscular solution reconstituted 10000 unit	INF	PA; QL (30 day supply per 1 fill)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (***leuprolide acetate (3 month)***)	OA	QL (30 day supply per 1 fill)
ELIGARD SUBCUTANEOUS KIT 30 MG (***leuprolide acetate (4 month)***)	OA	QL (30 day supply per 1 fill)
ELIGARD SUBCUTANEOUS KIT 45 MG (***leuprolide acetate (6 month)***)	OA	QL (30 day supply per 1 fill)
ELIGARD SUBCUTANEOUS KIT 7.5 MG (***leuprolide acetate***)	OA	PA; QL (30 day supply per 1 fill)

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (***follitropin beta***)	INF	PA; QL (30 day supply per 1 fill)
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (***follitropin alfa***)	INF	PA; QL (30 day supply per 1 fill)
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (***follitropin alfa***)	INF	PA; QL (30 day supply per 1 fill)
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (***follitropin alfa***)	INF	PA; QL (30 day supply per 1 fill)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (***leuprolide acetate***)	OA	PA; QL (30 day supply per 1 fill)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (***leuprolide acetate (3 month)***)	OA	QL (30 day supply per 1 fill)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (***leuprolide acetate (4 month)***)	OA	QL (30 day supply per 1 fill)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (***leuprolide acetate (6 month)***)	OA	QL (30 day supply per 1 fill)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (***leuprolide acetate***)	OA	QL (30 day supply per 1 fill)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG (PED) (***leuprolide acetate (3 month)***)	OA	QL (30 day supply per 1 fill)
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (***menotropins***)	INF	PA; QL (30 day supply per 1 fill)
novarel intramuscular solution reconstituted 10000 unit	INF	PA; QL (30 day supply per 1 fill)
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT (***chorionic gonadotropin***)	INF	PA; QL (30 day supply per 1 fill)
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (***choriogonadotropin alfa***)	INF	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pregnyl intramuscular solution reconstituted 10000 unit	INF	PA; QL (30 day supply per 1 fill)
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (***histrelin acetate (cpp)***)	OA	PA; QL (365 day supply per 1 fill)
SYNAREL NASAL SOLUTION 2 MG/ML (***nafarelin acetate***)	2	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (***triptorelin pamoate***)	OA	QL (30 day supply per 1 fill)
VANTAS SUBCUTANEOUS KIT 50 MG (***histrelin acetate***)	OA	PA; QL (365 day supply per 1 fill)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (***goserelin acetate***)	OA	QL (90 day supply per 1 fill)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (***goserelin acetate***)	OA	QL (30 day supply per 1 fill)
INCRETIN MIMETICS - Drugs for Diabetes		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML (***lixisenatide***)	3	PA; QL (30 day supply per 1 fill)
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML (***lixisenatide***)	3	PA; QL (30 day supply per 1 fill)
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (***exenatide***)	2	PA; QL (30 day supply per 1 fill)
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG (***exenatide***)	2	PA; QL (30 day supply per 1 fill)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (***exenatide***)	2	PA; QL (30 day supply per 1 fill)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (***exenatide***)	2	PA; QL (30 day supply per 1 fill)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (***semaglutide***)	2	PA; QL (30 day supply per 1 fill)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (***semaglutide***)	2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (***liraglutide -weight management***)	3	PA; QL (0.5 ML per 1 day)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (***insulin glargine-lixisenatide***)	3	PA; QL (30 day supply per 1 fill)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (***dulaglutide***)	2	PA; QL (30 day supply per 1 fill)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (***liraglutide***)	2	PA; QL (30 day supply per 1 fill)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (***insulin degludec-liraglutide***)	2	PA; QL (30 day supply per 1 fill)
INSULINS - Drugs for Diabetes		
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin lispro***)	3	ST
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro***)	3	ST
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (***insulin regular human***)	3	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glulisine***)	3	ST
APIDRA VIAL INJECTION SOLUTION 100 UNIT/ML (***insulin glulisine***)	3	ST
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glargine***)	3	ST
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin aspart (w/niacinamide)***)	3	ST
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (***insulin aspart (w/niacinamide)***)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart (w/niacinamide)***)	3	ST
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (***insulin lispro***)	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (***insulin lispro prot & lispro***)	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (***insulin lispro prot & lispro***)	2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (***insulin lispro prot & lispro***)	2	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (***insulin lispro prot & lispro***)	2	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin lispro***)	2	
HUMALOG VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro***)	2	
HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (***insulin lispro***)	2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (***insulin nph human (isophane)***)	2	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human (isophane)***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (***insulin regular human***)	2	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (***insulin regular human***)	2	
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (***insulin regular human***)	2	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	ST
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	ST
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	ST
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	ST
INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	ST
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glargine***)	2	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine***)	2	
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin detemir***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin detemir***)	2	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (***insulin lispro-aabc***)	3	ST
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (***insulin lispro-aabc***)	3	ST
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (***insulin regular(human) in nacl***)	OA	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (***insulin nph human (isophane)***)	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (***insulin nph human (isophane)***)	2	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human (isophane)***)	2	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human (isophane)***)	2	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin regular human***)	2	

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NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin regular human***)	2	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (***insulin regular human***)	2	
NOVOLIN R VIAL INJECTION SOLUTION 100 UNIT/ML (***insulin regular human***)	2	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin aspart***)	2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin aspart prot & aspart***)	2	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin aspart prot & aspart***)	2	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (***insulin aspart***)	2	
NOVOLOG U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart***)	2	
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine***)	2	PA
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glargine***)	3	PA
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (***insulin glargine-lixisenatide***)	3	PA; QL (30 day supply per 1 fill)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (***insulin glargine***)	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (***insulin glargine***)	2	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (***insulin degludec***)	2	

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TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin degludec***)	2	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (***insulin degludec-liraglutide***)	2	PA; QL (30 day supply per 1 fill)
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (***insulin lispro prot & lispro***)	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (***insulin lispro prot & lispro***)	2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (***insulin lispro prot & lispro***)	2	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (***insulin lispro prot & lispro***)	2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (***insulin nph human (isophane)***)	2	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human (isophane)***)	2	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	ST
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	ST

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INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	2	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (***insulin nph human (isophane)***)	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (***insulin nph human (isophane)***)	2	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human (isophane)***)	2	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human (isophane)***)	2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin aspart prot & aspart***)	2	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin aspart prot & aspart***)	2	
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (***metreleptin***)	4	PA; SP; QL (30 day supply per 1 fill)

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LONG-ACTING INSULINS - Drugs for Diabetes		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glargine***)	3	ST
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glargine***)	2	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine***)	2	
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin detemir***)	2	
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin detemir***)	2	
SEMGLEE SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine***)	2	PA
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glargine***)	3	PA
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (***insulin glargine-lixisenatide***)	3	PA; QL (30 day supply per 1 fill)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (***insulin glargine***)	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (***insulin glargine***)	2	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (***insulin degludec***)	2	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin degludec***)	2	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (***insulin degludec-liraglutide***)	2	PA; QL (30 day supply per 1 fill)
MEGLITINIDES - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
STARLIX ORAL TABLET 120 MG, 60 MG (***nateglinide***)	3	
PARATHYROID AGENTS - Drugs for Bones		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (***teriparatide (recombinant)***)	4	PA; SP; QL (30 day supply per 1 fill)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (***parathyroid hormone (recomb)***)	4	PA; SP; QL (30 day supply per 1 fill)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA; SP; QL (30 day supply per 1 fill)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (***abaloparatide***)	4	PA; SP; QL (30 day supply per 1 fill)
PARATHYROID AND ANTIPARATHYROID AGENTS - Drugs for Bones		
calcitonin (salmon) nasal solution 200 unit/act	1	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (***teriparatide (recombinant)***)	4	PA; SP; QL (30 day supply per 1 fill)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (***calcitonin (salmon)***)	OA	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (***parathyroid hormone (recomb)***)	4	PA; SP; QL (30 day supply per 1 fill)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (***abaloparatide***)	4	PA; SP; QL (30 day supply per 1 fill)
PITUITARY - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***)	OA	PA; QL (30 day supply per 1 fill)
DDAVP INJECTION SOLUTION 4 MCG/ML (***desmopressin acetate***)	OA	
DDAVP NASAL SOLUTION 0.01 % (***desmopressin acetate spray***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (***desmopressin acetate***)	3	
DDAVP RHINAL TUBE NASAL SOLUTION 0.01 % (***desmopressin ace refrigerated***)	3	
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	OA	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate spray nasal solution 0.01 %	1	
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (***somatropin***)	4	PA; SP; QL (30 day supply per 1 fill)
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG, 5 MG (***somatropin***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMATROPE INJECTION SOLUTION RECONSTITUTED 12 MG, 24 MG, 5 MG, 6 MG (***somatropin***)	4	PA; SP; QL (30 day supply per 1 fill)
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (***desmopressin acetate***)	3	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (***somatropin***)	3	PA; SP; QL (30 day supply per 1 fill)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (***somatropin***)	4	PA; SP; QL (30 day supply per 1 fill)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (***somatropin***)	4	PA; SP; QL (30 day supply per 1 fill)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (***somatropin***)	4	PA; SP; QL (30 day supply per 1 fill)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (***somatropin***)	4	PA; SP; QL (30 day supply per 1 fill)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (***somatropin***)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (***somatropin (non-refrigerated)***)	4	PA; SP; QL (30 day supply per 1 fill)
SAIZENPREP INJECTION SOLUTION RECONSTITUTED 8.8 MG (***somatropin (non-refrigerated)***)	4	PA; SP; QL (30 day supply per 1 fill)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (***somatropin (non-refrigerated)***)	4	PA; SP; QL (30 day supply per 1 fill)
STIMATE NASAL SOLUTION 1.5 MG/ML (***desmopressin acetate***)	4	SP; QL (30 day supply per 1 fill)
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML (***vasopressin***)	OA	
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG (***somatropin***)	4	PA; SP; QL (30 day supply per 1 fill)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (***somatropin***)	4	PA; SP; QL (30 day supply per 1 fill)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG (***somatropin (non-refrigerated)***)	4	PA; SP; QL (30 day supply per 1 fill)
PROGESTINS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (***estradiol-norethindrone acet***)	3	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (***drospirenone-estradiol***)	3	
AYGESTIN ORAL TABLET 5 MG (***norethindrone acetate***)	3	
BIJUVA ORAL CAPSULE 1-100 MG (***estradiol-progesterone***)	3	PA
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (***estradiol-norethindrone acet***)	3	QL (0.3 EA per 1 day)
CRINONE VAGINAL GEL 4 % (***progesterone***)	3	PA
CRINONE VAGINAL GEL 8 % (***progesterone***)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (***medroxyprogesterone acetate***)	OA	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (***medroxyprogesterone acetate***)	OA	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (***medroxyprogesterone acetate***)	OA	
ENDOMETRIN VAGINAL INSERT 100 MG (***progesterone***)	4	PA; SP; QL (30 day supply per 1 fill)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG (***norethindrone-eth estradiol***)	3	
norethindrone-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	1	
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	4	PA; SP; QL (30 day supply per 1 fill)
hydroxyprogesterone caproate intramuscular solution 1.25 gm/5ml	1	QL (30 day supply per 1 fill)
norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	1	
MAKENA INTRAMUSCULAR OIL 250 MG/ML (***hydroxyprogesterone caproate***)	4	PA; SP; QL (30 day supply per 1 fill)
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 275 MG/1.1ML (***hydroxyprogesterone caproate***)	4	PA; SP; QL (30 day supply per 1 fill)
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	OA	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	OA	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	1	AC
megestrol acetate oral suspension 625 mg/5ml	1	
megestrol acetate oral tablet 20 mg, 40 mg	1	AC
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	1	
norethindrone acetate oral tablet 5 mg	1	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (***elagolix-estradiol-norethind***)	3	PA
progesterone intramuscular oil 50 mg/ml	4	PA; SP; QL (30 day supply per 1 fill)
progesterone micronized oral capsule 100 mg, 200 mg	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (***progesterone micronized***)	3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (***medroxyprogesterone acetate***)	3	
SLYND ORAL TABLET 4 MG (***drospirenone***)	3	PV
RAPID-ACTING INSULINS - Drugs for Diabetes		
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin lispro***)	3	ST
ADMELOG SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro***)	3	ST
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (***insulin regular human***)	3	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glulisine***)	3	ST
APIDRA VIAL INJECTION SOLUTION 100 UNIT/ML (***insulin glulisine***)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin aspart (w/niacinamide)***)	3	ST
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (***insulin aspart (w/niacinamide)***)	3	ST
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart (w/niacinamide)***)	3	ST
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (***insulin lispro***)	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (***insulin lispro prot & lispro***)	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (***insulin lispro prot & lispro***)	2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (***insulin lispro prot & lispro***)	2	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (***insulin lispro prot & lispro***)	2	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin lispro***)	2	
HUMALOG VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro***)	2	
HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (***insulin lispro***)	2	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	ST
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	ST
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	ST

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INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	ST
INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	ST
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
LYUMJEV INJECTION SOLUTION 100 UNIT/ML (***insulin lispro-aabc***)	3	ST
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (***insulin lispro-aabc***)	3	ST
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin aspart***)	2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin aspart prot & aspart***)	2	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin aspart prot & aspart***)	2	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (***insulin aspart***)	2	
NOVOLOG U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart***)	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYST(RAAS) - Hormones		
GIAPREZA INTRAVENOUS SOLUTION 2.5 MG/ML (***angiotensin ii acetate***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (***insulin regular human***)	2	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (***insulin regular human***)	2	
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (***insulin regular human***)	2	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (***insulin regular(human) in nacl***)	OA	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	2	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin regular human***)	2	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin regular human***)	2	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (***insulin regular human***)	2	

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOLIN R VIAL INJECTION SOLUTION 100 UNIT/ML (***insulin regular human***)	2	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
FARXIGA ORAL TABLET 10 MG, 5 MG (***dapagliflozin propanediol***)	3	ST
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin-linagliptin***)	3	PA
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (***canagliflozin-metformin hcl***)	3	ST
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (***canagliflozin-metformin hcl***)	3	ST
INVOKANA ORAL TABLET 100 MG, 300 MG (***canagliflozin***)	2	
JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***)	2	
QTERN ORAL TABLET 10-5 MG, 5-5 MG (***dapagliflozin-saxagliptin***)	3	PA
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (***ertugliflozin-metformin hcl***)	3	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG (***ertugliflozin l-pyroglutamicac***)	3	ST
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (***ertugliflozin-sitagliptin***)	3	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (***empagliflozin-metformin hcl***)	3	ST
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (***empagliflozin-metformin hcl***)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (***empagliflozin-linaglip-metform***)	3	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (***dapagliflozin-metformin hcl***)	3	ST
SOMATOSTATIN AGONISTS - Hormones		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2500 MCG/ML (2.8 ML) (***octreotide acetate***)	4	PA; SP; QL (30 day supply per 1 fill)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (***octreotide acetate***)	4	PA; SP; QL (30 day supply per 1 fill)
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	OA	QL (30 day supply per 1 fill)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (***octreotide acetate***)	OA	QL (30 day supply per 1 fill)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (***octreotide acetate***)	OA	QL (30 day supply per 1 fill)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (***pasireotide pamoate***)	OA	QL (30 day supply per 1 fill)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (***pasireotide diaspartate***)	4	PA; SP; QL (30 day supply per 1 fill)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (***lanreotide acetate***)	OA	PA; QL (30 day supply per 1 fill)
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (***tesamorelin acetate***)	4	PA; SP; QL (30 day supply per 1 fill)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (***mecasermin***)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (***pegvisomant***)	4	PA; SP; QL (30 day supply per 1 fill)
SULFONYLUREAS - Drugs for Diabetes		
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG (***glimepiride***)	3	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (***pioglitazone hcl-glimepiride***)	3	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
GLUCOTROL ORAL TABLET 10 MG, 5 MG (***glipizide***)	3	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (***glipizide***)	3	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (***glyburide micronized***)	3	
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	1	
tolbutamide oral tablet 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THIAZOLIDINEDIONES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG (***pioglitazone hcl-metformin hcl***)	3	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (***pioglitazone hcl***)	3	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST
AVANDIA ORAL TABLET 2 MG, 4 MG (***rosiglitazone maleate***)	3	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (***pioglitazone hcl-glimepiride***)	3	
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (***alogliptin-pioglitazone***)	3	ST
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	1	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	
THYROID AGENTS - Drugs for the Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (***thyroid***)	2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (***liothyronine sodium***)	3	
levothyroxine sodium (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	1	
levothyroxine sodium (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	1	
levothyroxine sodium intravenous solution 100 mcg/5ml, 200 mcg/5ml, 500 mcg/5ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levothyroxine sodium intravenous solution reconstituted 100 mcg, 200 mcg, 500 mcg	OA	
LEVOTHYROXINE SODIUM ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	PA
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levothyroxine sodium (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)	1	
liothyronine sodium intravenous solution 10 mcg/ml	OA	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (***thyroid***)	1	
NATURE-THROID ORAL TABLET 162.5 MG (***thyroid***)	3	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***)	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***)	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML (***levothyroxine sodium***)	3	
TRIOSTAT INTRAVENOUS SOLUTION 10 MCG/ML (***liothyronine sodium***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levothyroxine sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	1	
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG (***thyroid***)	1	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (***thyroid***)	3	
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
articaine-epinephrine (Articadent Dental Injection Solution Cartridge 4 %-1:100000, 4 %-1:200000)	OA	
bupivacaine fisiopharma injection solution 2.5 mg/ml, 5 mg/ml	OA	
bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %, 0.75 %	OA	
bupivacaine hcl injection solution 0.25 %, 0.5 %	OA	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.25-0.9 %	OA	
bupivacaine in dextrose intrathecal solution 0.75-8.25 %	OA	
bupivacaine spinal intrathecal solution 0.75-8.25 %	OA	
bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% -1:200000	OA	
bupivacaine-epinephrine injection solution 0.25% -1:200000, 0.5% -1:200000	OA	
CARBOCAINE INJECTION SOLUTION 1 %, 2 % (***mepivacaine hcl***)	OA	
CARBOCAINE PRESERVATIVE-FREE INJECTION SOLUTION 1 %, 1.5 %, 2 % (***mepivacaine hcl***)	OA	

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chloroprocaine hcl (pf) injection solution 2 %, 3 %	OA	
CITANEST FORTE DENTAL INJECTION SOLUTION 4% - 1:200000 (***prilocaine-epinephrine***)	OA	
CITANEST PLAIN DENTAL INJECTION SOLUTION 4 % (***prilocaine hcl***)	OA	
CLOROTEKAL INTRATHECAL SOLUTION 50 MG/5ML (***chloroprocaine hcl***)	OA	
DEXAMETHASONE SOD PHOS-BUPIV INJECTION SOLUTION PREFILLED SYRINGE 0.01-0.375 %	3	
EXPAREL INJECTION SUSPENSION 1.3 % (***bupivacaine liposome***)	OA	
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.2-0.9 MG/100ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%	OA	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2-0.125-0.9 MCG/ML-%-%	OA	
KETOROLAC-BUPIV-KETAMINE INJECTION SOLUTION PREFILLED SYRINGE 60-150-60 MG/50ML	3	
KETOROLAC-ROPIV-KETAMINE INJECTION SOLUTION PREFILLED SYRINGE 15-100-30 MG/50ML	3	
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %	OA	
lidocaine hcl injection solution 0.5 %	OA	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML, 100 MG/5ML, 60 MG/3ML	OA	
LIDOCAINE HCL INTRADERMAL JET-INJECTOR 0.5 MG	OA	
LIDOCAINE HCL SOLUTION 1 % INJECTION 1 %	OA	

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lidocaine hcl solution 1 % injection 1 %	OA	
LIDOCAINE HCL SOLUTION 2 % INJECTION 2 %	OA	
lidocaine hcl solution 2 % injection 2 %	OA	
LIDOCAINE IN DEXTROSE SOLUTION 5-7.5 %	OA	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 1 %-1:100000, 1.5 %-1:200000, 2 %-1:100000, 2 %-1:200000, 2 %-1:50000	OA	
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE 1-8.4 %	OA	
LIDOCIDEX I INJECTION SOLUTION 5-10 MG/1.5ML	OA	
MARCAINE INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 % (***bupivacaine hcl***)	OA	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 %, 0.5 % (***bupivacaine hcl***)	OA	
MARCAINE SPINAL INTRATHECAL SOLUTION 0.75-8.25 % (***bupivacaine in dextrose***)	OA	
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (***bupivacaine-epinephrine***)	OA	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (***bupivacaine-epinephrine***)	OA	
METHYLPREDNISOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML, 80-5 MG/ML	OA	
NAROPIN INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 5 MG/ML, 7.5 MG/ML (***ropivacaine hcl***)	OA	
NESACAINE INJECTION SOLUTION 1 %, 2 % (***chloroprocaine hcl***)	OA	
NESACAINE-MPF INJECTION SOLUTION 2 %, 3 % (***chloroprocaine hcl***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORABLOC INJECTION SOLUTION CARTRIDGE 4 %-1:100000 (***articaine-epinephrine***)	OA	
PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40-1 MG/ML-%	OA	
mepivacaine hcl (Polocaine Injection Solution 1 %, 2 %)	OA	
mepivacaine hcl (Polocaine-Mpf Injection Solution 1 %, 1.5 %, 2 %)	OA	
ropivacaine hcl injection solution 10 mg/ml, 5 mg/ml, 7.5 mg/ml	OA	
ROPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.2 %, 0.5 %	3	
ropivacaine hcl solution 2 mg/ml injection 2 mg/ml	OA	
ROPIVACAINE HCL SOLUTION 2 MG/ML INJECTION 2 MG/ML	OA	
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %	OA	
ROPIVACAINE HCL-NACL INJECTION SOLUTION 0.2-0.9 %	3	
ROPIV-CLONIDINE-KETOROLAC SOLUTION PREFILLED SYRINGE 123-0.04-15 MG/50ML	3	
bupivacaine hcl (Sensorcaine Injection Solution 0.25 %, 0.5 %)	OA	
bupivacaine-epinephrine (Sensorcaine/Epinephrine Injection Solution 0.25% -1:200000, 0.5% -1:200000)	OA	
bupivacaine hcl (Sensorcaine-Mpf Injection Solution 0.75 %)	OA	
bupivacaine hcl (Sensorcaine-Mpf Solution 0.25 % Injection 0.25 %)	OA	
bupivacaine hcl (Sensorcaine-Mpf Solution 0.25 % Injection 0.25 %)	OA	
bupivacaine hcl (Sensorcaine-Mpf Solution 0.5 % Injection 0.5 %)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bupivacaine hcl (Sensorcaine-Mpf Solution 0.5 % Injection 0.5 %)	OA	
bupivacaine-epinephrine (Sensorcaine-Mpf/Epinephrine Injection Solution 0.25% -1:200000, 0.5% -1:200000)	OA	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (***bupivacaine-epinephrine***)	3	
TRIAMCINOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML	OA	
XARACOLL IMPLANT IMPLANT 3 X 100 MG (***bupivacaine hcl***)	OA	
lidocaine-epinephrine (Xylocaine Dental Injection Solution 2 %-1:100000, 2 %-1:50000)	OA	
XYLOCAINE INJECTION SOLUTION 0.5 %, 1 %, 2 % (***lidocaine hcl***)	OA	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000 (***lidocaine-epinephrine***)	OA	
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 % (***lidocaine hcl***)	OA	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000, 1.5 %-1:200000, 2 %-1:200000 (***lidocaine-epinephrine***)	OA	
ZINGO INTRADERMAL JET-INJECTOR 0.5 MG (***lidocaine hcl***)	OA	
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
AVODART ORAL CAPSULE 0.5 MG (***dutasteride***)	3	
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
finasteride oral tablet 5 mg	1	
JALYN ORAL CAPSULE 0.5-0.4 MG (***dutasteride-tamsulosin hcl***)	3	
PROSCAR ORAL TABLET 5 MG (***finasteride***)	3	
ALCOHOL DETERRENTS - Drugs for Alcohol Dependence		
disulfiram oral tablet 250 mg, 500 mg	1	
naltrexone hcl oral tablet 50 mg	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	OA	QL (30 day supply per 1 fill)
ANTIDOTES - Drugs for Overdose or Poisoning		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML (***acetylcysteine***)	OA	
acetylcysteine intravenous solution 200 mg/ml	OA	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	OA	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	OA	
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR 0.5 MG/0.7ML, 1 MG/0.7ML, 2 MG/0.7ML (***atropine sulfate***)	OA	
bal in oil intramuscular solution 100 mg/ml	OA	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	3	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	3	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML (***sugammadex sodium***)	OA	
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION 1 GM/5ML	OA	
CHEMET ORAL CAPSULE 100 MG (***succimer***)	3	

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CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (***crotalidae polyval immune fab***)	OA	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM (***hydroxocobalamin***)	OA	
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	OA	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (***deferoxamine mesylate***)	OA	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (***digoxin immune fab***)	OA	
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR 2.1-600 MG (***atropine-pralidoxime chloride***)	OA	
flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml	OA	
fomepizole intravenous solution 1.5 gm/1.5ml	OA	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (***lanthanum carbonate***)	3	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (***lanthanum carbonate***)	3	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (***glucagon hcl (rdna)***)	3	QL (30 day supply per 1 fill)
GLUCAGON EMERGENCY KIT INJECTION KIT 1 MG	3	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (***glucagon***)	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (***glucagon***)	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML (***glucagon***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
iodine strong oral solution 5 %	1	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG, 300 MG (***levoleucovorin***)	OA	
sodium polystyrene sulfonate (Kionex Oral Suspension 15 Gm/60Ml)	1	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	1	
leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml	OA	
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	OA	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	AC
levoleucovorin calcium intravenous solution reconstituted 50 mg	OA	
levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml	OA	
LIFEMS NALOXONE INJECTION PREFILLED SYRINGE KIT 2 MG/2ML	3	PA
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	OA	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	OA	
MAGNESIUM SULFATE SOLUTION 50 % INJECTION 50 %	OA	
magnesium sulfate solution 50 % injection 50 %	OA	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
MEPHYTON ORAL TABLET 5 MG (***phytonadione***)	3	
methylene blue injection solution 1 %	OA	

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naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	PA; QL (30 day supply per 1 fill)
naloxone hcl injection solution cartridge 0.4 mg/ml	1	QL (30 day supply per 1 fill)
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	PA; QL (30 day supply per 1 fill)
NARCAN NASAL LIQUID 4 MG/0.1ML (***naloxone hcl***)	3	
NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML (***sodium nitrite-sod thiosulfate***)	OA	
PHYSOSTIGMINE SALICYLATE INJECTION SOLUTION 1 MG/ML	OA	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	OA	
phytonadione oral tablet 5 mg	1	
protamine sulfate intravenous solution 10 mg/ml	OA	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (***pralidoxime chloride***)	OA	
PROVAYBLUE INTRAVENOUS SOLUTION 50 MG/10ML (***methylene blue (antidote)***)	OA	
RADIOGARDASE ORAL CAPSULE 0.5 GM (***prussian blue insoluble***)	3	PA
RENAGEL ORAL TABLET 800 MG (***sevelamer hcl***)	3	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (***sevelamer carbonate***)	3	
RENVELA ORAL TABLET 800 MG (***sevelamer carbonate***)	3	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	1	
sodium nitrite intravenous solution 30 mg/ml	OA	
sodium polystyrene sulfonate oral powder	1	

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sodium polystyrene sulfonate oral suspension 15 gm/60ml	1	
sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml	1	
SODIUM THIOSULFATE SOLUTION 25 % INTRAVENOUS 25 %	OA	
sodium thiosulfate solution 25 % intravenous 25 %	OA	
sodium polystyrene sulfonate (Sps Oral Suspension 15 Gm/60Ml)	1	
SSKI ORAL SOLUTION 1 GM/ML (***potassium iodide (expectorant)***)	3	
VISTOGARD ORAL PACKET 10 GM (***uridine triacetate***)	OA	PA; QL (30 day supply per 1 fill)
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	OA	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (***glucarpidase***)	OA	
ANTIGOUT AGENTS - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol sodium intravenous solution reconstituted 500 mg	OA	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***allopurinol sodium***)	OA	
COLCHICINE ORAL CAPSULE 0.6 MG	2	
colchicine oral tablet 0.6 mg	1	
colchicine-probenecid oral tablet 0.5-500 mg	1	
COLCRYS ORAL TABLET 0.6 MG (***colchicine***)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (***naproxen***)	3	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
febuxostat oral tablet 40 mg, 80 mg	1	ST
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (***colchicine***)	3	
INDOCIN ORAL SUSPENSION 25 MG/5ML (***indomethacin***)	2	
INDOCIN RECTAL SUPPOSITORY 50 MG (***indomethacin***)	3	
indomethacin er oral capsule extended release 75 mg	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	PA
indomethacin oral capsule 25 mg, 50 mg	1	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (***pegloticase***)	OA	QL (30 day supply per 1 fill)
MITIGARE ORAL CAPSULE 0.6 MG (***colchicine***)	2	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG (***naproxen sodium***)	3	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG (***naproxen sodium***)	2	PA
NAPROSYN ORAL SUSPENSION 125 MG/5ML (***naproxen***)	3	
naproxen oral suspension 125 mg/5ml	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	1	PA
naproxen sodium oral tablet 275 mg, 550 mg	1	
probenecid oral tablet 500 mg	1	
TIVORBEX ORAL CAPSULE 20 MG (***indomethacin***)	3	PA
ULORIC ORAL TABLET 40 MG, 80 MG (***febuxostat***)	3	ST
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (***allopurinol***)	3	

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ANTISENSE OLIGONUCLEOTIDES		
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (***risdiplam***)	4	PA; SP; QL (30 day supply per 1 fill)
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML (***eteplirsen***)	OA	QL (30 day supply per 1 fill)
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML (***nusinersen***)	OA	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (***inotersen sodium***)	4	PA; SP; QL (30 day supply per 1 fill)
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML (***viltolarsen***)	OA	PA; SP
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML (***golodirsen***)	OA	
BONE ANABOLIC AGENTS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (***romosozumab-aqqg***)	3	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (***teriparatide (recombinant)***)	4	PA; SP; QL (30 day supply per 1 fill)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG (***parathyroid hormone (recomb)***)	4	PA; SP; QL (30 day supply per 1 fill)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA; SP; QL (30 day supply per 1 fill)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (***abaloparatide***)	4	PA; SP; QL (30 day supply per 1 fill)
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
ACTONEL ORAL TABLET 150 MG, 35 MG (***risedronate sodium***)	3	
alendronate sodium oral solution 70 mg/75ml	1	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	

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ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (***risedronate sodium***)	3	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (***alendronate sodium***)	3	
BONIVA INTRAVENOUS SOLUTION 3 MG/3ML (***ibandronate sodium***)	OA	QL (90 day supply per 1 fill)
BONIVA ORAL TABLET 150 MG (***ibandronate sodium***)	3	
calcitonin (salmon) nasal solution 200 unit/act	1	PA
EVISTA ORAL TABLET 60 MG (***raloxifene hcl***)	3	
FOSAMAX ORAL TABLET 70 MG (***alendronate sodium***)	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (***alendronate-cholecalciferol***)	2	
ibandronate sodium intravenous solution 3 mg/3ml	OA	QL (90 day supply per 1 fill)
ibandronate sodium oral tablet 150 mg	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (***calcitonin (salmon)***)	OA	PA
pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml	OA	
pamidronate disodium intravenous solution reconstituted 30 mg, 90 mg	OA	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (***denosumab***)	OA	QL (180 day supply per 1 fill)
raloxifene hcl oral tablet 60 mg	1	PV
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (***zoledronic acid***)	OA	PA; QL (365 day supply per 1 fill)
risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg	1	
risedronate sodium oral tablet delayed release 35 mg	1	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (***denosumab***)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zoledronic acid intravenous concentrate 4 mg/5ml	OA	QL (30 day supply per 1 fill)
zoledronic acid intravenous solution 4 mg/100ml	OA	QL (30 day supply per 1 fill)
zoledronic acid intravenous solution 5 mg/100ml	OA	PA; QL (365 day supply per 1 fill)
CARIOSTATIC AGENTS - Vitamins and Fluoride		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	PV
sodium fluoride (Cavarest Dental Gel 1.1 %)	1	
sodium fluoride (Clinpro 5000 Dental Paste 1.1 %)	3	
sodium fluoride (Denta 5000 Plus Dental Cream 1.1 %)	3	
sodium fluoride (Dentagel Dental Gel 1.1 %)	3	
FLUORABON ORAL SOLUTION 0.55 (0.25 F) MG/0.6ML (***sodium fluoride***)	3	PV
sodium fluoride (Fluoridex Dental Paste 1.1 %)	3	
sod fluoride-potassium nitrate (Fluoridex Sensitivity Relief Dental Paste 1.1-5 %)	3	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	PV
fluoritab oral tablet chewable 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	PV
FLURA-DROPS ORAL SOLUTION 0.55 (0.25 F) MG/DROP (***sodium fluoride***)	3	PV
multi-vit/iron/fluoride oral solution 0.25-10 mg/ml	1	
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	PV
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	PV
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	PV
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
multivitamins/fluoride oral tablet chewable 0.5 mg	1	PV

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NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED 0.05 % (***sodium fluoride***)	3	
POLY-VI-FLOR FS ORAL STRIP 0.25 MG, 0.5 MG, 1 MG (***pediatric multivitamins-fl***)	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (***sodium fluoride***)	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (***sodium fluoride***)	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % (***sod fluoride-potassium nitrate***)	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (***sodium fluoride***)	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (***sodium fluoride***)	3	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % (***sod fluoride-potassium nitrate***)	3	
PREVIDENT DENTAL GEL 1.1 % (***sodium fluoride***)	3	
prevident mouth/throat solution 0.2 %	1	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (***multi vit-min-fluoride-fe-fa***)	3	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental paste 1.1 %	1	
sodium fluoride 5000 sensitive dental paste 1.1-5 %	1	
sodium fluoride dental cream 1.1 %	1	
sodium fluoride dental gel 1.1 %	1	

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sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	PV
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	PV
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	PV
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	PV
vitamins acd-fluoride oral solution 0.25 mg/ml	1	PV
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (***c1 esterase inhibitor (human)***)	OA	QL (30 day supply per 1 fill)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (***c1 esterase inhibitor (human)***)	OA	PA; QL (30 day supply per 1 fill)
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML (***icatibant acetate***)	4	PA; SP; QL (30 day supply per 1 fill)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (***c1 esterase inhibitor (human)***)	4	PA; SP; QL (30 day supply per 1 fill)
icatibant acetate subcutaneous solution 30 mg/3ml	4	PA; SP; QL (30 day supply per 1 fill)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (***ecallantide***)	4	PA; SP; QL (30 day supply per 1 fill)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hcl***)	3	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (***c1 esterase inhibitor (recomb)***)	OA	QL (30 day supply per 1 fill)
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (***eculizumab***)	OA	QL (30 day supply per 1 fill)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (***lanadelumab-flyo***)	4	PA; SP; QL (30 day supply per 1 fill)
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/30ML, 300 MG/3ML (***ravulizumab-cwvz***)	OA	PA; QL (56 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (***tocilizumab***)	4	PA; SP; QL (30 day supply per 1 fill)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab***)	OA	PA; SP; QL (30 day supply per 1 fill)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (***tocilizumab***)	4	PA; SP; QL (30 day supply per 1 fill)
ARAVA ORAL TABLET 10 MG, 20 MG (***leflunomide***)	3	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	OA	PA
AZASAN ORAL TABLET 100 MG, 75 MG (***azathioprine***)	3	
azathioprine oral tablet 50 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	OA	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (***sulfasalazine***)	3	
AZULFIDINE ORAL TABLET 500 MG (***sulfasalazine***)	3	
CIMZIA PREFILLED KIT SUBCUTANEOUS KIT 2 X 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML (***certolizumab pegol***)	3	PA; SP; QL (30 day supply per 1 fill)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (***certolizumab pegol***)	4	PA; SP; QL (30 day supply per 1 fill)
CUPRIMINE ORAL CAPSULE 250 MG (***penicillamine***)	3	
cyclosporine intravenous solution 50 mg/ml	OA	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	

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DEPEN TITRATABS ORAL TABLET 250 MG (***penicillamine***)	3	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (***etanercept***)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (***etanercept***)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (***etanercept***)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG (***etanercept***)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (***etanercept***)	4	PA; SP; QL (30 day supply per 1 fill)
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	1	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
hydroxychloroquine sulfate oral tablet 200 mg	1	
IMURAN ORAL TABLET 50 MG (***azathioprine***)	3	

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INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	OA	QL (56 day supply per 1 fill)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (***sarilumab***)	4	PA; SP; QL (30 day supply per 1 fill)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (***sarilumab***)	4	PA; SP; QL (30 day supply per 1 fill)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (***anakinra***)	4	PA; SP; QL (30 day supply per 1 fill)
leflunomide oral tablet 10 mg, 20 mg	1	
methotrexate oral tablet 2.5 mg	1	AC
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	PA; QL (30 day supply per 1 fill)
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	PA; QL (30 day supply per 1 fill)
methotrexate sodium injection solution reconstituted 1 gm	OA	
methotrexate sodium oral tablet 2.5 mg	1	AC
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine modified***)	3	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine modified***)	3	
OLUMIANT ORAL TABLET 1 MG (***baricitinib***)	3	PA
OLUMIANT ORAL TABLET 2 MG (***baricitinib***)	4	PA; SP; QL (30 day supply per 1 fill)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (***abatacept***)	4	PA; SP; QL (30 day supply per 1 fill)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***abatacept***)	OA	PA; QL (30 day supply per 1 fill)

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ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (***abatacept***)	4	PA; SP; QL (30 day supply per 1 fill)
OTEZLA ORAL TABLET 30 MG (***apremilast***)	4	PA; SP; QL (30 day supply per 1 fill)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (***apremilast***)	4	PA; SP; QL (30 day supply per 1 fill)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (***methotrexate (anti-rheumatic)***)	3	PA; QL (30 day supply per 1 fill)
penicillamine oral capsule 250 mg	1	
penicillamine oral tablet 250 mg	1	
PLAQUENIL ORAL TABLET 200 MG (***hydroxychloroquine sulfate***)	3	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (***methotrexate (anti-rheumatic)***)	3	PA; QL (30 day supply per 1 fill)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab***)	OA	QL (56 day supply per 1 fill)
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	OA	QL (30 day supply per 1 fill)
RIDAURA ORAL CAPSULE 3 MG (***auranofin***)	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (***upadacitinib***)	2	PA
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (***cyclosporine***)	OA	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	3	

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SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	2	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	OA	PA; SP; QL (30 day supply per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (***golimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (***golimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (***ustekinumab***)	OA	QL (90 day supply per 1 fill)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (***ustekinumab***)	4	PA; SP; QL (30 day supply per 1 fill)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (***ustekinumab***)	4	PA; SP; QL (30 day supply per 1 fill)
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	2	AC
XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***)	3	AC
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	4	PA; SP; QL (30 day supply per 1 fill)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (***tofacitinib citrate***)	4	PA; SP; QL (30 day supply per 1 fill)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (***tofacitinib citrate***)	4	PA; QL (30 day supply per 1 fill)
GONADOTROPIN-RELEASING HORMONE ANTAGNTS - Hormones		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (***cetrorelix acetate***)	INF	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (***degarelix acetate***)	OA	QL (30 day supply per 1 fill)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (***degarelix acetate***)	OA	QL (30 day supply per 1 fill)
ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml	INF	PA; QL (30 day supply per 1 fill)
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (***tocilizumab***)	4	PA; SP; QL (30 day supply per 1 fill)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab***)	OA	PA; SP; QL (30 day supply per 1 fill)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (***tocilizumab***)	4	PA; SP; QL (30 day supply per 1 fill)
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (***interferon gamma-1b***)	4	PA; SP; QL (30 day supply per 1 fill)
ARAVA ORAL TABLET 10 MG, 20 MG (***leflunomide***)	3	
AUBAGIO ORAL TABLET 14 MG, 7 MG (***teriflunomide***)	4	PA; SP; QL (30 day supply per 1 fill)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (***interferon beta-1a***)	4	PA; SP; QL (30 day supply per 1 fill)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (***interferon beta-1a***)	4	PA; SP; QL (30 day supply per 1 fill)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	OA	PA
AZASAN ORAL TABLET 100 MG, 75 MG (***azathioprine***)	3	
azathioprine oral tablet 50 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (***sulfasalazine***)	3	
AZULFIDINE ORAL TABLET 500 MG (***sulfasalazine***)	3	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (***monomethyl fumarate***)	4	PA; SP; QL (4 EA per 1 day)
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA PREFILLED KIT SUBCUTANEOUS KIT 2 X 200 MG/ML (***certolizumab pegol***)	4	PA; SP; QL (30 day supply per 1 fill)
CIMZIA STARTER KIT SUBCUTANEOUS KIT 6 X 200 MG/ML (***certolizumab pegol***)	3	PA; SP; QL (30 day supply per 1 fill)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (***certolizumab pegol***)	4	PA; SP; QL (30 day supply per 1 fill)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (***glatiramer acetate***)	4	PA; SP; QL (30 day supply per 1 fill)
cyclosporine intravenous solution 50 mg/ml	OA	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	4	PA; SP; QL (30 day supply per 1 fill)
dimethyl fumarate starter pack oral 120 & 240 mg	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (***etanercept***)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (***etanercept***)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (***etanercept***)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG (***etanercept***)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (***etanercept***)	4	PA; SP; QL (30 day supply per 1 fill)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (***satralizumab-mwge***)	4	PA; SP; QL (30 day supply per 1 fill)
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***vedolizumab***)	OA	QL (30 day supply per 1 fill)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	4	PA; SP; QL (30 day supply per 1 fill)
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	1	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	1	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG (***fingolimod hcl***)	4	PA; SP; QL (30 day supply per 1 fill)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	2	PA; SP; QL (30 day supply per 1 fill)
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml, 40 Mg/Ml)	2	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
hydroxychloroquine sulfate oral tablet 200 mg	1	
IMURAN ORAL TABLET 50 MG (***azathioprine***)	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	OA	QL (56 day supply per 1 fill)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML (***interferon alfa-2b***)	OA	QL (30 day supply per 1 fill)
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT (***interferon alfa-2b***)	OA	QL (30 day supply per 1 fill)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (***ofatumumab***)	4	PA; SP; QL (30 day supply per 1 fill)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (***sarilumab***)	4	PA; SP; QL (30 day supply per 1 fill)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (***sarilumab***)	4	PA; SP; QL (30 day supply per 1 fill)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (***anakinra***)	4	PA; SP; QL (30 day supply per 1 fill)
leflunomide oral tablet 10 mg, 20 mg	1	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (***alemtuzumab***)	OA	QL (365 day supply per 1 fill)
MAYZENT ORAL TABLET 0.25 MG, 2 MG (***siponimod fumarate***)	3	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG (***siponimod fumarate***)	3	
methotrexate oral tablet 2.5 mg	1	AC
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	PA; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	PA; QL (30 day supply per 1 fill)
methotrexate sodium injection solution reconstituted 1 gm	OA	
methotrexate sodium oral tablet 2.5 mg	1	AC
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine modified***)	3	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine modified***)	3	
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML (***ocrelizumab***)	OA	QL (365 day supply per 1 fill)
OLUMIANT ORAL TABLET 1 MG (***baricitinib***)	3	PA
OLUMIANT ORAL TABLET 2 MG (***baricitinib***)	4	PA; SP; QL (30 day supply per 1 fill)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (***abatacept***)	4	PA; SP; QL (30 day supply per 1 fill)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***abatacept***)	OA	PA; QL (30 day supply per 1 fill)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (***abatacept***)	4	PA; SP; QL (30 day supply per 1 fill)
OTEZLA ORAL TABLET 30 MG (***apremilast***)	4	PA; SP; QL (30 day supply per 1 fill)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (***apremilast***)	4	PA; SP; QL (30 day supply per 1 fill)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (***methotrexate (anti-rheumatic)***)	3	PA; QL (30 day supply per 1 fill)
PLAQUENIL ORAL TABLET 200 MG (***hydroxychloroquine sulfate***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (***peginterferon beta-1a***)	4	PA; SP; QL (30 day supply per 1 fill)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (***peginterferon beta-1a***)	4	PA; SP; QL (30 day supply per 1 fill)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (***peginterferon beta-1a***)	4	PA; SP; QL (30 day supply per 1 fill)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (***peginterferon beta-1a***)	4	PA; SP; QL (30 day supply per 1 fill)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (***aldesleukin***)	OA	QL (30 day supply per 1 fill)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (***methotrexate (anti-rheumatic)***)	3	PA; QL (30 day supply per 1 fill)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (***interferon beta-1a***)	4	PA; SP; QL (30 day supply per 1 fill)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (***interferon beta-1a***)	4	PA; SP; QL (30 day supply per 1 fill)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (***interferon beta-1a***)	4	PA; SP; QL (30 day supply per 1 fill)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (***interferon beta-1a***)	4	PA; SP; QL (30 day supply per 1 fill)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab***)	OA	QL (56 day supply per 1 fill)

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RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	OA	QL (30 day supply per 1 fill)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (***lenalidomide***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
RIDAURA ORAL CAPSULE 3 MG (***auranofin***)	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (***upadacitinib***)	2	PA
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (***cyclosporine***)	OA	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	2	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	OA	PA; SP; QL (30 day supply per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (***golimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (***golimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (***ustekinumab***)	OA	QL (90 day supply per 1 fill)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (***ustekinumab***)	4	PA; SP; QL (30 day supply per 1 fill)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (***ustekinumab***)	4	PA; SP; QL (30 day supply per 1 fill)
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TECFIDERA ORAL 120 & 240 MG (***dimethyl fumarate***)	4	PA; SP; QL (30 day supply per 1 fill)

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TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (***dimethyl fumarate***)	4	PA; SP; QL (30 day supply per 1 fill)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (***thalidomide***)	4	PA; SP; AC; QL (30 day supply per 1 fill)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	2	AC
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (***natalizumab***)	OA	QL (30 day supply per 1 fill)
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (***inebilizumab-cdon***)	OA	
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (***diroximel fumarate***)	4	PA; SP; QL (1 EA per 1 day)
XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***)	3	AC
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	4	PA; SP; QL (30 day supply per 1 fill)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (***tofacitinib citrate***)	4	PA; SP; QL (30 day supply per 1 fill)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (***tofacitinib citrate***)	4	PA; QL (30 day supply per 1 fill)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (***ozanimod hcl***)	4	PA; SP; QL (30 day supply per 1 fill)
ZEPOSIA ORAL CAPSULE 0.92 MG (***ozanimod hcl***)	4	PA; SP; QL (30 day supply per 1 fill)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG (***ozanimod hcl***)	4	PA; SP; QL (30 day supply per 1 fill)
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	3	
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML (***lymphocyte,anti-thymo imm glob***)	OA	

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AZASAN ORAL TABLET 100 MG, 75 MG (***azathioprine***)	3	
azathioprine oral tablet 50 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	OA	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (***belimumab***)	OA	QL (30 day supply per 1 fill)
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (***belimumab***)	OA	QL (30 day supply per 1 fill)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (***belimumab***)	OA	QL (30 day supply per 1 fill)
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***mycophenolate mofetil hcl***)	OA	
CELLCEPT ORAL CAPSULE 250 MG (***mycophenolate mofetil***)	3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (***mycophenolate mofetil***)	3	
CELLCEPT ORAL TABLET 500 MG (***mycophenolate mofetil***)	3	
cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg	OA	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	OA	PA; SP
cyclophosphamide oral capsule 25 mg, 50 mg	1	AC
cyclosporine intravenous solution 50 mg/ml	OA	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
ELIDEL EXTERNAL CREAM 1 % (***pimecrolimus***)	3	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (***tacrolimus***)	3	

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Effective Date 1/1/2021

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	1	
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 50 MG/10ML (***emapalumab-lzsg***)	OA	QL (30 day supply per 1 fill)
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	1	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	1	
IMURAN ORAL TABLET 50 MG (***azathioprine***)	3	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG (***cladribine***)	4	PA; SP; QL (30 day supply per 1 fill)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG (***cladribine***)	4	PA; SP; QL (30 day supply per 1 fill)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG (***cladribine***)	4	PA; SP; QL (30 day supply per 1 fill)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG (***cladribine***)	4	PA; SP; QL (30 day supply per 1 fill)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG (***cladribine***)	4	PA; SP; QL (30 day supply per 1 fill)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG (***cladribine***)	4	PA; SP; QL (30 day supply per 1 fill)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG (***cladribine***)	4	PA; SP; QL (30 day supply per 1 fill)
mercaptopurine oral tablet 50 mg	1	AC
methotrexate oral tablet 2.5 mg	1	AC
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	PA; QL (30 day supply per 1 fill)
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	1	PA; QL (30 day supply per 1 fill)
methotrexate sodium injection solution reconstituted 1 gm	OA	
methotrexate sodium oral tablet 2.5 mg	1	AC

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mycophenolate mofetil hcl intravenous solution reconstituted 500 mg	OA	
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	1	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (***mycophenolate sodium***)	3	
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine modified***)	3	
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine modified***)	3	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***belatacept***)	OA	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (***methotrexate (anti-rheumatic)***)	3	PA; QL (30 day supply per 1 fill)
pimecrolimus external cream 1 %	1	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (***tacrolimus***)	3	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (***mercaptopurine***)	4	SP; AC; QL (30 day supply per 1 fill)
RAPAMUNE ORAL SOLUTION 1 MG/ML (***sirolimus***)	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (***sirolimus***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (***methotrexate (anti-rheumatic)***)	3	PA; QL (30 day supply per 1 fill)
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (***cyclosporine***)	OA	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	2	
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (***basiliximab***)	OA	
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (***anti-thymocyte glob (rabbit)***)	OA	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	2	AC
XATMEP ORAL SOLUTION 2.5 MG/ML (***methotrexate***)	3	AC
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (***everolimus***)	3	
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ACACIA SUBCUTANEOUS SOLUTION 1:20	OA	
acetylcysteine inhalation solution 10 %, 20 %	1	
ACREMONIUM SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
ALDER SUBCUTANEOUS SOLUTION 1:20	OA	
ALTERNARIA SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
AMERICAN BEECH SUBCUTANEOUS SOLUTION 1:20	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN ELM SUBCUTANEOUS SOLUTION 1:20	OA	
AMERICAN SYCAMORE SUBCUTANEOUS SOLUTION 1:20	OA	
aminobenzoate potassium oral packet 2 gm	1	
amino acids (Aminoreliefrms Oral Capsule)	1	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (***dalfampridine***)	4	PA; SP; QL (30 day supply per 1 fill)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (***rilonacept***)	4	PA; SP; QL (30 day supply per 1 fill)
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION 1:20	OA	
AUREOBASIDIUM SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
AUSTRALIAN PINE SUBCUTANEOUS SOLUTION 1:20	OA	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (***monomethyl fumarate***)	4	PA; SP; QL (4 EA per 1 day)
BAHIA SUBCUTANEOUS SOLUTION 1:20	OA	
BALD CYPRESS SUBCUTANEOUS SOLUTION 1:20	OA	
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION 1:20	OA	
BERMUDA GRASS SUBCUTANEOUS SOLUTION 10000 BAU/ML	OA	
BLACK WALNUT POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
BLACK WILLOW SUBCUTANEOUS SOLUTION 1:20	OA	
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (***onabotulinumtoxina (cosmetic)***)	OA	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (***onabotulinumtoxina***)	OA	QL (168 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BOTRYTIS SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
BOX ELDER SUBCUTANEOUS SOLUTION 1:20	OA	
BROME SUBCUTANEOUS SOLUTION 1:20	OA	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION 1:20	OA	
CANDIDA ALBICANS EXTRACT SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
CARDIOVID PLUS ORAL CAPSULE (***dha-epa-vit b6-b12-folic acid***)	3	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML (***levocarnitine***)	OA	PA
CARNITOR ORAL SOLUTION 1 GM/10ML (***levocarnitine***)	3	
CARNITOR ORAL TABLET 330 MG (***levocarnitine***)	3	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (***levocarnitine***)	3	
CARTICEL INTRA-ARTICULAR IMPLANT (***autologous culture chondrocyte***)	OA	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION 10000 BAU/ML	OA	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	OA	
CEDAR ELM SUBCUTANEOUS SOLUTION 1:20	OA	
CERDELGA ORAL CAPSULE 84 MG (***eliglustat tartrate***)	4	PA; SP; QL (30 day supply per 1 fill)
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	1	
CLADOSPORIUM CLADOSPORIOIDES SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
CLADOSPORIUM SPHAEROSPERMUM SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
COCKLEBUR SUBCUTANEOUS SOLUTION 1:20	OA	

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CORN POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
CURVULARIA SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
CYSTADANE ORAL POWDER (***betaine***)	4	SP; QL (30 day supply per 1 fill)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (***cysteamine bitartrate***)	4	SP; QL (30 day supply per 1 fill)
dalfampridine er oral tablet extended release 12 hour 10 mg	4	PA; SP; QL (30 day supply per 1 fill)
dehydrated alcohol injection solution 98 %	OA	
DEMSER ORAL CAPSULE 250 MG (***metyrosine***)	3	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
DOG FENNEL SUBCUTANEOUS SOLUTION 1:20	OA	
DRECHSLERA SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	OA	QL (90 day supply per 1 fill)
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION 1:20	OA	
ENDARI ORAL PACKET 5 GM (***glutamine (sickle cell)***)	4	PA; SP; QL (30 day supply per 1 fill)
ENGLISH PLANTAIN SUBCUTANEOUS SOLUTION 1:20	OA	
EPICOCCUM SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir-cobicistat***)	3	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (***risdiplam***)	4	PA; SP; QL (30 day supply per 1 fill)
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML (***eteplirsen***)	OA	QL (30 day supply per 1 fill)

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FIRDAPSE ORAL TABLET 10 MG (***amifampridine phosphate***)	4	PA; SP; QL (30 day supply per 1 fill)
FIRE ANT SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
FUSARIUM SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
GALAFOLD ORAL CAPSULE 123 MG (***migalastat hcl***)	4	PA; SP; QL (30 day supply per 1 fill)
GERMAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	OA	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML (***givosiran sodium***)	OA	
GOLDENROD SUBCUTANEOUS SOLUTION 1:20	OA	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (***timothy grass pollen allergen***)	OA	
HACKBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG (***honey bee venom***)	OA	
HONEY BEE VENOM SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MCG	OA	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
HYALURONIDASE (INTRAOCULAR) INTRAOCULAR SOLUTION 175 UNIT/ML	OA	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (***canakinumab***)	4	PA; SP; QL (30 day supply per 1 fill)
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG (***osilodrostat phosphate***)	4	PA; SP; QL (30 day supply per 1 fill); AL (Max 18 Years)
JOHNSON GRASS SUBCUTANEOUS SOLUTION 1:20	OA	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	

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KAPOK SUBCUTANEOUS SOLUTION 1:20	OA	
KOCHIA SUBCUTANEOUS SOLUTION 1:20	OA	
KUVAN ORAL PACKET 100 MG, 500 MG (***sapropterin dihydrochloride***)	4	SP; QL (30 day supply per 1 fill)
KUVAN ORAL TABLET SOLUBLE 100 MG (***sapropterin dihydrochloride***)	4	SP; QL (30 day supply per 1 fill)
LAMBS QUARTERS SUBCUTANEOUS SOLUTION 1:20	OA	
levocarnitine oral solution 1 gm/10ml	1	
levocarnitine oral tablet 330 mg	1	
levocarnitine sf oral solution 1 gm/10ml	1	
MACI INTRA-ARTICULAR SHEET (***autolog cult chond coll membr***)	OA	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
MELALEUCA SUBCUTANEOUS SOLUTION 1:20	OA	
MESQUITE SUBCUTANEOUS SOLUTION 1:20	OA	
metyrosine oral capsule 250 mg	1	
miglustat oral capsule 100 mg	4	PA; SP; QL (30 day supply per 1 fill)
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION 10000 AU/ML	OA	
MIXED ASPERGILLUS SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
MIXED FEATHERS SUBCUTANEOUS SOLUTION 1:20	OA	
MIXED RAGWEED SUBCUTANEOUS SOLUTION 1:20	OA	

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MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550-550-550 MCG	OA	
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION 1:20	OA	
MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	OA	
MUCOR SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
MUGWORT SUBCUTANEOUS SOLUTION 1:20	OA	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (***rimabotulinumtoxinb***)	OA	QL (30 day supply per 1 fill)
n-acetyl-l-cysteine oral capsule 600 mg	1	
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (***liver derivative complex***)	OA	
nitisinone oral capsule 10 mg, 2 mg, 5 mg	4	SP; QL (30 day supply per 1 fill)
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (***nitisinone***)	4	SP; QL (30 day supply per 1 fill)
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	OA	QL (30 day supply per 1 fill)
OLIVE TREE SUBCUTANEOUS SOLUTION 1:20	OA	
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML (***patisiran sodium***)	OA	QL (30 day supply per 1 fill)
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (***nitisinone***)	4	SP; QL (30 day supply per 1 fill)
ORFADIN ORAL SUSPENSION 4 MG/ML (***nitisinone***)	4	SP; QL (30 day supply per 1 fill)
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML (***lumasiran sodium***)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG (***hemin***)	OA	
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (***etelcalcetide hcl***)	OA	
PECAN POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
PENICILLIUM NOTATUM SUBCUTANEOUS SOLUTION 10000 PNU/ML, 20000 PNU/ML	OA	
PERENNIAL RYE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
PHOMA EXIGUA SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
POTABA ORAL CAPSULE 500 MG (***potassium aminobenzoate***)	3	
PREZCOBIX ORAL TABLET 800-150 MG (***darunavir-cobicistat***)	2	
PRIVET SUBCUTANEOUS SOLUTION 1:20	OA	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (***cysteamine bitartrate***)	4	PA; SP; QL (30 day supply per 1 fill)
PROCYSBI ORAL PACKET 300 MG, 75 MG (***cysteamine bitartrate***)	4	PA; SP; QL (30 day supply per 1 fill)
QUEEN PALM SUBCUTANEOUS SOLUTION 1:20	OA	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	OA	
RED BIRCH SUBCUTANEOUS SOLUTION 1:20	OA	
RED CEDAR SUBCUTANEOUS SOLUTION 1:20	OA	
RED MAPLE SUBCUTANEOUS SOLUTION 1:20	OA	
RED MULBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab***)	OA	QL (56 day supply per 1 fill)
RHIZOPUS SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION 1:20	OA	
ROUGH PIGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION 1:20	OA	
RUZURGI ORAL TABLET 10 MG (***amifampridine***)	4	PA; SP; QL (30 day supply per 1 fill)
SACCHAROMYCES CEREVISIAE SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
SAGEBRUSH SUBCUTANEOUS SOLUTION 1:20	OA	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (***octreotide acetate***)	OA	QL (30 day supply per 1 fill)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (***octreotide acetate***)	OA	QL (30 day supply per 1 fill)
sapropterin dihydrochloride oral packet 100 mg, 500 mg	4	SP; QL (30 day supply per 1 fill)
sapropterin dihydrochloride oral tablet soluble 100 mg	4	SP; QL (30 day supply per 1 fill)
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (***cinacalcet hcl***)	3	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION 1:20	OA	
SHEEP SORREL SUBCUTANEOUS SOLUTION 1:20	OA	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION 1:20	OA	
SORREL/DOCK MIX SUBCUTANEOUS SOLUTION 1:20	OA	
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML (***nusinersen***)	OA	
SPINY PIGWEED SUBCUTANEOUS SOLUTION 1:20	OA	

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SWEET GUM SUBCUTANEOUS SOLUTION 1:20	OA	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	OA	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darun-cobic-emtricit-tenofaf***)	2	ST
TALL RAGWEED SUBCUTANEOUS SOLUTION 1:20	OA	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (***tiopronin***)	3	
THIOLA ORAL TABLET 100 MG (***tiopronin***)	4	SP; QL (30 day supply per 1 fill)
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 10000 BAU/ML, 100000 BAU/ML	OA	
TRICHOPHYTON SUBCUTANEOUS SOLUTION 20000 PNU/ML	OA	
TYBOST ORAL TABLET 150 MG (***cobicistat***)	2	
VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED 550-550-550 MCG (***mixed vespid venom***)	OA	
VIRGINIA LIVE OAK SUBCUTANEOUS SOLUTION 1:20	OA	
WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE ASH SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE BIRCH SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE MULBERRY SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE OAK SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE PINE SUBCUTANEOUS SOLUTION 1:20	OA	
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED 550 MCG (***white faced hornet venom***)	OA	

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XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	OA	QL (90 day supply per 1 fill)
XURIDEN ORAL PACKET 2 GM (***uridine triacetate***)	4	PA; SP; QL (30 day supply per 1 fill)
YELLOW DOCK SUBCUTANEOUS SOLUTION 1:20	OA	
YELLOW HORNET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
YELLOW JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG	OA	
ZAVESCA ORAL CAPSULE 100 MG (***miglustat***)	4	PA; SP; QL (30 day supply per 1 fill)
PROTECTIVE AGENTS		
dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg	OA	
ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***)	3	
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***amifostine***)	OA	
mesna intravenous solution 100 mg/ml	OA	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML (***mesna***)	OA	
MESNEX ORAL TABLET 400 MG (***mesna***)	3	AC
TOTECT INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (***dexrazoxane hcl***)	OA	
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (***diaphragm arc-spring***)	3	PV; QL (1 EA per 365 days)
ENCARE VAGINAL SUPPOSITORY 100 MG (***nonoxynol-9***)	3	PV; QL (12 EA per 30 days)
FC FEMALE CONDOM (***condoms - female***)	3	PV; QL (12 EA per 30 days)

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FC2 FEMALE CONDOM (***condoms - female***)	3	PV; QL (12 EA per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical caps***)	3	PV; QL (1 EA per 365 days)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (***copper***)	OA	QL (30 day supply per 1 fill)
PHEXXI VAGINAL GEL 1.8-1-0.4 % (***lactic ac-citric ac-pot bitart***)	3	PA; QL (12 GM per 30 days)
TODAY SPONGE VAGINAL 1000 MG (***nonoxynol-9***)	3	PV; QL (12 EA per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (***nonoxynol-9***)	3	PV; QL (12 EA per 30 days)
vcf vaginal contraceptive vaginal gel 4 %	1	PV; QL (2.7 GM per 30 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	3	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	3	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	3	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	3	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	3	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	3	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	3	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	3	PV; QL (1 EA per 365 days)

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OXYTOCICS - Drugs for Women		
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carboprost tromethamine intramuscular solution 250 mcg/ml	OA	
CERVIDIL VAGINAL INSERT 10 MG (***dinoprostone***)	3	
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML (***carboprost tromethamine***)	OA	
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	1	
methylergonovine maleate injection solution 0.2 mg/ml	OA	
methylergonovine maleate oral tablet 0.2 mg	1	
MIFEPREX ORAL TABLET 200 MG (***mifepristone***)	3	
mifepristone oral tablet 200 mg	1	
oxytocin injection solution 10 unit/ml	OA	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 20 UNIT/L, 30 UNIT/500ML	OA	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 20-0.9 UNT/L-%, 30-0.9 UT/500ML-%	OA	
PITOCIN INJECTION SOLUTION 10 UNIT/ML (***oxytocin***)	OA	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (***dinoprostone***)	3	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG (***dinoprostone***)	3	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
BACTERIOSTATIC WATER(BENZ ALC) INJECTION SOLUTION	3	
CURITY AMD ANTIMICROBIAL STRIP (***gauze pads & dressings***)	3	

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CURITY IODOFORM PACKING STRIP (***gauze pads & dressings***)	3	
DILUENT FOR LEFAMULIN INTRAVENOUS SOLUTION 0.9 %	OA	
diluent for treprostinil intravenous solution	OA	
ELLIOTTS B INTRATHECAL SOLUTION (***intrathecal elec-dextrose***)	OA	
formaldehyde external solution 10 %, 37 %	1	
glycolic acid solution 70 %	1	
hydrogen peroxide solution 30 %	1	
IV STABILIZER FOR LUMOXITI INTRAVENOUS SOLUTION 0.7-6.5-6.4 MG/ML (***citric acid-polysorbate 80***)	OA	
KERLIX AMD ANTIMICROBIAL (***gauze pads & dressings***)	3	
KERLIX AMD SUPER SPONGES PAD 6"X6-3/4" (***gauze pads & dressings***)	3	
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
RECURA EXTERNAL CREAM (***misc antifungal combo products***)	3	PA
STERILE DILUENT FLOLAN PH 12 INTRAVENOUS SOLUTION (***glycine diluent***)	OA	
sterile diluent/epoprostenol intravenous solution	OA	
sterile water for injection injection solution	OA	
sterile water for injection intravenous solution	OA	
STRATA CTX EXTERNAL GEL (***dermatological products, misc.***)	2	
STRATA XRT EXTERNAL GEL (***dermatological products, misc.***)	2	
turpentine external spirit	1	

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RADIOACTIVE AGENTS		
RADIOACTIVE AGENTS		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION 15 MCI/ML (***iobenguane i 131***)	OA	
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION 15 MCI/ML (***iobenguane i 131***)	OA	
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML (***lutetium lu 177 dotatate***)	OA	
QUADRAMET INTRAVENOUS SOLUTION 1850 MBQ/ML (***samarium sm 153 lexidronam***)	OA	
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION 1 MCI/ML	OA	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML (***radium ra 223 dichloride***)	OA	
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (***epinephrine***)	OA	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (***ephedrine sulfate (pressors)***)	OA	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML (***epinephrine***)	3	PA; QL (30 day supply per 1 fill)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (***epinephrine***)	2	PA; QL (30 day supply per 1 fill)
pseudoeph-bromphen-dm (Bromfed Dm Oral Syrup 30-2-10 Mg/5Ml)	1	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (***desloratadine-pseudoephedrine***)	3	

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EMERPHED INTRAVENOUS SOLUTION 5 MG/ML (***ephedrine sulfate (pressors)***)	OA	
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE 25 MG/5ML, 50 MG/10ML, 50 MG/5ML	3	
ephedrine sulfate injection solution 50 mg/ml	OA	
ephedrine sulfate intravenous solution 50 mg/ml	OA	
EPHEDRINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	OA	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
epinephrine (anaphylaxis) injection solution 30 mg/30ml	OA	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	OA	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL (30 day supply per 1 fill)
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	OA	
epinephrine pf injection solution 1 mg/ml	OA	
epinephrine solution prefilled syringe 1 mg/10ml injection 1 mg/10ml	OA	
EPINEPHRINE SOLUTION PREFILLED SYRINGE 1 MG/10ML INJECTION 1 MG/10ML	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 2-0.9 MG/250ML-%, 5-0.9 MG/250ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (***epinephrine***)	3	QL (30 day supply per 1 fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (***epinephrine***)	3	QL (30 day supply per 1 fill)
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
SEMPREX-D ORAL CAPSULE 8-60 MG (***acrivastine-pseudoephedrine***)	3	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML (***epinephrine***)	3	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML (***epinephrine***)	3	QL (30 day supply per 1 fill)
ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (***umeclidinium-vilanterol***)	2	
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR 0.5 MG/0.7ML, 1 MG/0.7ML, 2 MG/0.7ML (***atropine sulfate***)	OA	
atropine sulfate injection solution 0.4 mg/ml, 1 mg/ml, 8 mg/20ml	OA	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	OA	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (***ipratropium bromide hfa***)	2	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	3	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (***ipratropium-albuterol***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR 2.1-600 MG (***atropine-pralidoxime chloride***)	OA	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH (***umeclidinium bromide***)	2	
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (***diphenoxylate-atropine***)	3	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (***tiotropium bromide monohydrate***)	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (***tiotropium bromide monohydrate***)	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH (***fluticasone-umeclidin-vilant***)	2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (***aclidinium bromide***)	3	
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG (***indacaterol-glycopyrrolate***)	3	
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
ESBRIET ORAL CAPSULE 267 MG (***pirfenidone***)	4	PA; SP; QL (30 day supply per 1 fill)
ESBRIET ORAL TABLET 267 MG, 801 MG (***pirfenidone***)	4	PA; SP; QL (30 day supply per 1 fill)
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (***mepolizumab***)	OA	QL (30 day supply per 1 fill)
ANTITUSSIVES - Drugs for Cough and Cold		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	1	
pseudoeph-bromphen-dm (Bromfed Dm Oral Syrup 30-2-10 Mg/5Ml)	1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	
guaiatussin ac oral syrup 100-10 mg/5ml	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
HYCODAN ORAL SYRUP 5-1.5 MG/5ML (***hydrocodone-homatropine***)	3	
hydrocodone polst-chlorphen polst er susp oral suspension extended release 10-8 mg/5ml	1	
hydrocodone-homatropine oral syrup 5-1.5 mg/5ml	1	
hydrocodone-homatropine oral tablet 5-1.5 mg	1	
hydromet oral syrup 5-1.5 mg/5ml	1	
maxi-tuss ac oral solution 100-10 mg/5ml	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (***phenylephrine-chlorphen-dm***)	3	
NUEDEXTA ORAL CAPSULE 20-10 MG (***dextromethorphan-quinidine***)	3	PA
promethazine-codeine oral solution 6.25-10 mg/5ml	1	
promethazine-codeine oral syrup 6.25-10 mg/5ml	1	
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
TESSALON PERLES ORAL CAPSULE 100 MG (***benzonatate***)	3	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG (***hydrocod polst-chlorphen polst***)	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (***chlorpheniramine-codeine***)	3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML (***codeine polst-chlorphen polst***)	3	PA
virtussin ac w/alc oral liquid 100-10 mg/5ml	1	
Z-TUSS AC ORAL LIQUID 2-9 MG/5ML (***chlorpheniramine-codeine***)	3	
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (***lumacaftor-ivacaftor***)	4	PA; SP; QL (30 day supply per 1 fill)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor-ivacaftor***)	4	PA; SP; QL (30 day supply per 1 fill)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (***tezacaftor-ivacaftor***)	4	PA; SP; QL (30 day supply per 1 fill)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (***elexacaftor-tezacaftor-ivacaft***)	3	PA; AL (Min 12 Years)
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
KALYDECO ORAL PACKET 25 MG (***ivacaftor***)	3	PA
KALYDECO ORAL PACKET 50 MG, 75 MG (***ivacaftor***)	4	PA; SP; QL (30 day supply per 1 fill)
KALYDECO ORAL TABLET 150 MG (***ivacaftor***)	4	PA; SP; QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (***lumacaftor-ivacaftor***)	4	PA; SP; QL (30 day supply per 1 fill)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor-ivacaftor***)	4	PA; SP; QL (30 day supply per 1 fill)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (***tezacaftor-ivacaftor***)	4	PA; SP; QL (30 day supply per 1 fill)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (***elexacaftor-tezacaftor-ivacaft***)	3	PA; AL (Min 12 Years)
EXPECTORANTS - Drugs for the Lungs		
GILPHEX TR ORAL TABLET 10-388 MG (***phenylephrine-guaifenesin***)	3	
guaiatussin ac oral syrup 100-10 mg/5ml	1	
guaifenesin ac oral syrup 100-10 mg/5ml	1	
iodine strong oral solution 5 %	1	
maxi-tuss ac oral solution 100-10 mg/5ml	1	
SSKI ORAL SOLUTION 1 GM/ML (***potassium iodide (expectorant)***)	3	
virtussin ac w/alc oral liquid 100-10 mg/5ml	1	
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (***doxylamine-pyridoxine***)	3	
pseudoeph-bromphen-dm (Bromfed Dm Oral Syrup 30-2-10 Mg/5Ml)	1	
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg, 6 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	

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cyproheptadine hcl oral tablet 4 mg	1	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (***doxylamine-pyridoxine***)	3	
dimenhydrinate injection solution 50 mg/ml	OA	
diphen oral elixir 12.5 mg/5ml	1	
DI-PHEN ORAL LIQUID 12.5 MG/5ML	3	
diphenhydramine hcl injection solution 50 mg/ml	1	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	1	
hydrocodone polst-chlorphen polst er susp oral suspension extended release 10-8 mg/5ml	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (***carbinoxamine maleate***)	3	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (***phenylephrine-chlorphen-dm***)	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (***promethazine hcl***)	OA	PA
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	OA	PA
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine-codeine oral solution 6.25-10 mg/5ml	1	
promethazine-codeine oral syrup 6.25-10 mg/5ml	1	
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	1	

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pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (***dexchlorpheniramine maleate***)	3	PA
ryvent oral tablet 6 mg	1	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG (***hydrocod polst-chlorphen polst***)	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (***chlorpheniramine-codeine***)	3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE 14.7-2.8 MG/5ML (***codeine polst-chlorphen polst***)	3	PA
Z-TUSS AC ORAL LIQUID 2-9 MG/5ML (***chlorpheniramine-codeine***)	3	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (***reslizumab***)	OA	QL (30 day supply per 1 fill)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (***dupilumab***)	4	PA; SP; QL (30 day supply per 1 fill)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (***dupilumab***)	4	PA; SP; QL (30 day supply per 1 fill)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (***benralizumab***)	3	PA; QL (30 day supply per 1 fill)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (***benralizumab***)	OA	QL (30 day supply per 1 fill)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	3	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***mepolizumab***)	3	
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (***mepolizumab***)	OA	QL (30 day supply per 1 fill)

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LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (***zafirlukast***)	3	
montelukast sodium oral packet 4 mg	1	
montelukast sodium oral tablet 10 mg	1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	
SINGULAIR ORAL PACKET 4 MG (***montelukast sodium***)	3	
SINGULAIR ORAL TABLET 10 MG (***montelukast sodium***)	3	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (***montelukast sodium***)	3	
zafirlukast oral tablet 10 mg, 20 mg	1	
zileuton er oral tablet extended release 12 hour 600 mg	1	PA
ZYFLO ORAL TABLET 600 MG (***zileuton***)	3	PA
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRIL OPHTHALMIC SOLUTION 2 % (***nedocromil sodium***)	3	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (***cromolyn sodium***)	3	
MUCOLYTIC AGENTS - Drugs for the Lungs		
acetylcysteine inhalation solution 10 %, 20 %	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***)	4	PA; SP; QL (30 day supply per 1 fill)

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NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY (***beclomethasone diprop monohyd***)	2	QL (1.7 GM per 1 day)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (***azelastine-fluticasone***)	3	
flunisolide nasal solution 25 mcg/act (0.025%)	1	QL (0.84 ML per 1 day)
fluticasone propionate nasal suspension 50 mcg/act	1	
mometasone furoate nasal suspension 50 mcg/act	1	QL (1.14 GM per 1 day)
NASONEX NASAL SUSPENSION 50 MCG/ACT (***mometasone furoate***)	3	QL (1.14 GM per 1 day)
OMNARIS NASAL SUSPENSION 50 MCG/ACT (***ciclesonide***)	3	QL (0.42 GM per 1 day)
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (***beclomethasone diprop (nasal)***)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (***beclomethasone diprop (nasal)***)	3	
SINUVA NASAL IMPLANT 1350 MCG (***mometasone furoate***)	OA	QL (30 day supply per 1 fill)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (***fluticasone propionate***)	3	PA
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (***ciclesonide***)	3	
NON-SELECT.BETA-ADRENERGIC AGONT(RESPIR) - Drugs for Asthma/COPD		
isoproterenol hcl injection solution 0.2 mg/ml	OA	
ISUPREL INJECTION SOLUTION 0.2 MG/ML (***isoproterenol hcl***)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (***fluticasone-salmeterol***)	2	QL (0.4 GM per 1 day)
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (***ciclesonide***)	3	QL (0.41 GM per 1 day)
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (***fluticasone propionate (inhal)***)	3	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (***fluticasone furoate***)	2	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (***mometasone furoate***)	2	QL (0.04 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (***mometasone furoate***)	2	QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH (***mometasone furoate***)	2	QL (0.04 EA per 1 day)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH (***mometasone furoate***)	2	QL (0.04 EA per 1 day)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH (***mometasone furoate***)	2	QL (0.04 EA per 1 day)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (***mometasone furoate***)	2	QL (0.46 GM per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (***fluticasone furoate-vilanterol***)	2	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	3	PA
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	1	
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	2	QL (0.34 GM per 1 day)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (***mometasone furo-formoterol fum***)	3	QL (0.44 GM per 1 day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST (***fluticasone propionate (inhal)***)	2	QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST (***fluticasone propionate (inhal)***)	2	QL (8 EA per 1 day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST (***fluticasone propionate (inhal)***)	2	QL (2 EA per 1 day)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT (***fluticasone propionate hfa***)	2	QL (0.8 GM per 1 day)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT (***fluticasone propionate hfa***)	2	QL (0.71 GM per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (2 EA per 1 day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (2 EA per 1 day)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (***budesonide***)	2	QL (0.07 EA per 1 day)
PULMICORT SUSPENSION INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (***budesonide***)	3	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (***beclomethasone diprop hfa***)	2	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (***budesonide-formoterol fumarate***)	2	QL (0.34 GM per 1 day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH (***fluticasone-umeclidin-vilant***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	1	QL (2 EA per 1 day)
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (***roflumilast***)	3	
PULMONARY SURFACTANTS - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML (***poractant alfa***)	3	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (***calfactant in nacl***)	3	
SURVANTA INTRATRACHEAL SUSPENSION 25-0.9 MG/ML-% (***beractant in nacl***)	3	
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (***alpha1-proteinase inhibitor***)	OA	QL (30 day supply per 1 fill)
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (***alpha1-proteinase inhibitor***)	OA	QL (30 day supply per 1 fill)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (***alpha1-proteinase inhibitor***)	OA	QL (30 day supply per 1 fill)
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (***alpha1-proteinase inhibitor***)	OA	QL (30 day supply per 1 fill)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (***omalizumab***)	OA	QL (30 day supply per 1 fill)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (***omalizumab***)	OA	QL (30 day supply per 1 fill)
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (***alpha1-proteinase inhibitor***)	OA	QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
azelastine-fluticasone nasal suspension 137-50 mcg/act	1	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	1	
CLARINEX ORAL TABLET 5 MG (***desloratadine***)	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (***desloratadine-pseudoephedrine***)	3	
desloratadine oral tablet 5 mg	1	
desloratadine oral tablet dispersible 2.5 mg, 5 mg	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (***azelastine-fluticasone***)	3	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	1	
levocetirizine dihydrochloride oral tablet 5 mg	1	
QUZYTTIR INTRAVENOUS SOLUTION 10 MG/ML (***cetirizine hcl***)	OA	
SEMPREX-D ORAL CAPSULE 8-60 MG (***acrivastine-pseudoephedrine***)	3	
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (***fluticasone-salmeterol***)	2	QL (0.4 GM per 1 day)
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)

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AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (***fluticasone-salmeterol***)	3	QL (2 EA per 1 day)
albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation 108 (90 base) mcg/act	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation 108 (90 base) mcg/act	1	QL (1.2 GM per 1 day)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION 108 (90 BASE) MCG/ACT	2	QL (1.2 GM per 1 day)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION (5 MG/ML) 0.5%	3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation (5 mg/ml) 0.5%	1	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH (***umeclidinium-vilanterol***)	2	
ARCAPTA NEOHALER INHALATION CAPSULE 75 MCG (***indacaterol maleate***)	3	

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BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (***glycopyrrolate-formoterol***)	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH (***fluticasone furoate-vilanterol***)	2	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	3	PA
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (***arformoterol tartrate***)	3	QL (4 ML per 1 day)
BUDESONIDE-FORMOTEROL FUMARATE INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	2	QL (0.34 GM per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (***ipratropium-albuterol***)	3	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (***aclidinium br-formoterol fum***)	3	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (***mometasone furo-formoterol fum***)	3	QL (0.44 GM per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (2 EA per 1 day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL (2 EA per 1 day)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	

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PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (***formoterol fumarate***)	3	QL (4 ML per 1 day)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT (***albuterol sulfate***)	3	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (***albuterol sulfate***)	3	QL (0.6 GM per 1 day)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (***albuterol sulfate***)	2	QL (2 EA per 25 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (***albuterol sulfate***)	3	QL (0.5 GM per 1 day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE (***salmeterol xinafoate***)	2	QL (2 EA per 1 day)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (***budesonide-formoterol fumarate***)	2	QL (0.34 GM per 1 day)
terbutaline sulfate injection solution 1 mg/ml	OA	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH (***fluticasone-umeclidin-vilant***)	2	
UTIBRON NEOHALER INHALATION CAPSULE 27.5-15.6 MCG (***indacaterol-glycopyrrolate***)	3	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (***albuterol sulfate***)	2	QL (1.2 GM per 1 day)
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	1	QL (2 EA per 1 day)
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML (***levalbuterol hcl***)	3	

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XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (***levalbuterol tartrate***)	3	
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML (***levalbuterol hcl***)	3	
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADCIRCA ORAL TABLET 20 MG (***tadalafil (pah)***)	4	PA; SP; QL (30 day supply per 1 fill)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	4	PA; SP; QL (30 day supply per 1 fill)
tadalafil (pah) (Alyq Oral Tablet 20 Mg)	4	PA; SP; QL (30 day supply per 1 fill)
ambrisentan oral tablet 10 mg, 5 mg	4	PA; SP; QL (30 day supply per 1 fill)
bosentan oral tablet 125 mg, 62.5 mg	4	PA; SP; QL (30 day supply per 1 fill)
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	OA	QL (30 day supply per 1 fill)
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (***epoprostenol sodium***)	OA	QL (30 day supply per 1 fill)
LETAIRIS ORAL TABLET 10 MG, 5 MG (***ambrisentan***)	4	PA; SP; QL (30 day supply per 1 fill)
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	4	PA; SP; QL (30 day supply per 1 fill)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	4	PA; SP; QL (30 day supply per 1 fill)
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (***treprostinil***)	OA	QL (30 day supply per 1 fill)
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (***sildenafil citrate***)	OA	QL (30 day supply per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (***sildenafil citrate***)	4	PA; SP; QL (30 day supply per 1 fill)
REVATIO ORAL TABLET 20 MG (***sildenafil citrate***)	4	PA; SP; QL (30 day supply per 1 fill)
sildenafil citrate intravenous solution 10 mg/12.5ml	OA	QL (30 day supply per 1 fill)
sildenafil citrate oral suspension reconstituted 10 mg/ml	4	PA; SP; QL (30 day supply per 1 fill)
sildenafil citrate oral tablet 20 mg	4	PA; SP; QL (30 day supply per 1 fill)
tadalafil (pah) oral tablet 20 mg	4	PA; SP; QL (30 day supply per 1 fill)
TRACLEER ORAL TABLET 125 MG, 62.5 MG (***bosentan***)	4	PA; SP; QL (30 day supply per 1 fill)
TRACLEER ORAL TABLET SOLUBLE 32 MG (***bosentan***)	4	PA; SP; QL (30 day supply per 1 fill)
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	OA	QL (30 day supply per 1 fill)
TYVASO INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	4	PA; SP; QL (30 day supply per 1 fill)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	4	PA; SP; QL (30 day supply per 1 fill)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	4	PA; SP; QL (30 day supply per 1 fill)
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG (***selexipag***)	4	PA; SP; QL (30 day supply per 1 fill)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (***epoprostenol sodium***)	OA	QL (30 day supply per 1 fill)

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VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (***iloprost***)	4	PA; SP; QL (30 day supply per 1 fill)
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
aminophylline intravenous solution 25 mg/ml	OA	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (***theophylline***)	2	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline in d5w intravenous solution 0.8-5 mg/ml-%	OA	
theophylline oral solution 80 mg/15ml	1	
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
naftifine hcl external cream 1 %, 2 %	1	
naftifine hcl external gel 1 %	1	
NAFTIN EXTERNAL CREAM 2 % (***naftifine hcl***)	3	
NAFTIN EXTERNAL GEL 1 %, 2 % (***naftifine hcl***)	3	
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (***clindamycin phos-benzoyl perox***)	3	
ACZONE EXTERNAL GEL 5 %, 7.5 % (***dapsone***)	3	PA
ALTABAX EXTERNAL OINTMENT 1 % (***retapamulin***)	3	

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AMZEEQ EXTERNAL FOAM 4 % (***minocycline hcl micronized***)	3	PA; QL (30 GM per 1 fill); AL (Min 9 Years)
BENZACLIN EXTERNAL GEL 1-5 % (***clindamycin phos-benzoyl perox***)	3	
BENZACLIN WITH PUMP EXTERNAL GEL 1-5 % (***clindamycin phos-benzoyl perox***)	3	
BENZAMYCIN EXTERNAL GEL 5-3 % (***benzoyl peroxide-erythromycin***)	3	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
CENTANY EXTERNAL OINTMENT 2 % (***mupirocin***)	3	
CLEOCIN VAGINAL CREAM 2 % (***clindamycin phosphate***)	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (***clindamycin phosphate***)	2	
CLEOCIN-T EXTERNAL LOTION 1 % (***clindamycin phosphate***)	3	
clindamycin phosphate (Clindacin Etz External Swab 1 %)	1	
clindamycin phosphate (Clindacin-P External Swab 1 %)	1	
CLINDAGEL EXTERNAL GEL 1 % (***clindamycin phosphate***)	3	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1	
CLINDAMYCIN PHOS-NIACINAMIDE EXTERNAL LOTION 1-4 %	3	
clindamycin phosphate external foam 1 %	1	
clindamycin phosphate external lotion 1 %	1	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL 1 %	3	
clindamycin phosphate gel 1 % external 1 %	1	

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clindamycin phosphate vaginal cream 2 %	1	
CLINDAMYCIN-NIACIN-TRETINOIN EXTERNAL CREAM 1-4-0.025 %	3	
clindamycin-tretinoin external gel 1.2-0.025 %	1	AL (Max 29 Years)
CLINDESSE VAGINAL CREAM 2 % (***clindamycin phosphate (1 dose)***)	2	
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5 (***neomycin-polymyxin-hc***)	2	
CORTISPORIN EXTERNAL OINTMENT 1 % (***bacit-poly-neo hc***)	2	
dapsone external gel 5 %	1	PA
DAPSONE EXTERNAL GEL 7.5 %	3	PA
DEOXIA EXTERNAL LOTION 1-4 %	3	
ery external pad 2 %	1	
ERYGEL EXTERNAL GEL 2 % (***erythromycin***)	3	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
EVOCLIN EXTERNAL FOAM 1 % (***clindamycin phosphate***)	3	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
METROCREAM EXTERNAL CREAM 0.75 % (***metronidazole***)	3	
METROGEL EXTERNAL GEL 1 % (***metronidazole***)	3	
METROLOTION EXTERNAL LOTION 0.75 % (***metronidazole***)	3	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %, 1 %	1	
metronidazole external lotion 0.75 %	1	
metronidazole vaginal gel 0.75 %	1	

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mupirocin calcium external cream 2 %	1	
mupirocin external ointment 2 %	1	
neomycin-polymyxin b gu irrigation solution 40-200000	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (***neomycin-fluocinolone***)	3	PA
clindamycin-benzoyl per (refr) (Neuac External Gel 1.2-5 %)	1	
NORITATE EXTERNAL CREAM 1 % (***metronidazole***)	2	
NUVESSA VAGINAL GEL 1.3 % (***metronidazole***)	2	
ONEXTON EXTERNAL GEL 1.2-3.75 % (***clindamycin phos-benzoyl perox***)	2	
metronidazole (Rosadan External Cream 0.75 %)	1	
metronidazole (Rosadan External Gel 0.75 %)	1	
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
metronidazole (Vandazole Vaginal Gel 0.75 %)	1	
VELTIN EXTERNAL GEL 1.2-0.025 % (***clindamycin-tretinoin***)	3	AL (Max 29 Years)
XEPI EXTERNAL CREAM 1 % (***ozenoxacin***)	3	PA
ZIANA EXTERNAL GEL 1.2-0.025 % (***clindamycin-tretinoin***)	3	AL (Max 29 Years)
ZILXI EXTERNAL FOAM 1.5 % (***minocycline hcl micronized***)	3	PA; QL (1 GM per 1 day)
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
ALA-QUIN EXTERNAL CREAM 3-0.5 % (***clioquinol-hc***)	3	
BENSAL HP EXTERNAL OINTMENT 3-6 %	3	
EXODERM EXTERNAL LOTION 25-1 % (***sod thiosulfate-salicylic acd***)	3	
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS) - Drugs for the Skin		
ALA SCALP EXTERNAL LOTION 2 % (***hydrocortisone***)	3	

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ala-cort external cream 1 %, 2.5 %	1	
ALA-QUIN EXTERNAL CREAM 3-0.5 % (***clioquinol-hc***)	3	
alclometasone dipropionate external cream 0.05 %	1	
alclometasone dipropionate external ointment 0.05 %	1	
ALCORTIN A EXTERNAL GEL 1-2-1 % (***iodoquinol-hc-aloe polysacch***)	3	
amcinonide external cream 0.1 %	1	
amcinonide external lotion 0.1 %	1	
amcinonide external ointment 0.1 %	1	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (***hydrocortisone ace-pramoxine***)	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (***hydrocortisone ace-pramoxine***)	3	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (***hydrocortisone ace-pramoxine***)	3	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (***hydrocortisone ace-pramoxine***)	3	
anucort-hc rectal suppository 25 mg	1	QL (28 EA per 14 days)
ANUSOL-HC EXTERNAL CREAM 2.5 % (***hydrocortisone***)	3	
hydrocortisone acetate (Anusol-Hc Rectal Suppository 25 Mg)	3	QL (28 EA per 14 days)
APEXICON E EXTERNAL CREAM 0.05 % (***diflorasone diacet emoll base***)	3	
fluticasone propionate (Beser External Lotion 0.05 %)	1	
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	1	
betamethasone dipropionate aug external ointment 0.05 %	1	

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betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	1	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external foam 0.12 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	1	
CAPEX EXTERNAL SHAMPOO 0.01 % (***fluocinolone acetonide***)	3	QL (30 day supply per 1 fill)
clobetasol prop emollient base external cream 0.05 %	1	
clobetasol propionate e external cream 0.05 %	1	
clobetasol propionate emulsion external foam 0.05 %	1	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam 0.05 %	1	
clobetasol propionate external gel 0.05 %	1	
clobetasol propionate external liquid 0.05 %	1	
clobetasol propionate external lotion 0.05 %	1	
clobetasol propionate external ointment 0.05 %	1	
clobetasol propionate external shampoo 0.05 %	1	
clobetasol propionate external solution 0.05 %	1	
CLOBEX EXTERNAL LOTION 0.05 % (***clobetasol propionate***)	3	
CLOBEX EXTERNAL SHAMPOO 0.05 % (***clobetasol propionate***)	3	

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CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (***clobetasol propionate***)	3	
clocortolone pivalate external cream 0.1 %	1	
clobetasol propionate (Clodan External Shampoo 0.05 %)	1	
CLODERM EXTERNAL CREAM 0.1 % (***clocortolone pivalate***)	3	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
CORDRAN EXTERNAL CREAM 0.025 % (***flurandrenolide***)	2	
CORDRAN EXTERNAL CREAM 0.05 % (***flurandrenolide***)	3	
CORDRAN EXTERNAL LOTION 0.05 % (***flurandrenolide***)	3	
CORDRAN EXTERNAL OINTMENT 0.05 % (***flurandrenolide***)	3	
CORTENEMA RECTAL ENEMA 100 MG/60ML (***hydrocortisone***)	3	
CORTIFOAM EXTERNAL FOAM 10 % (***hydrocortisone acetate***)	2	
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5 (***neomycin-polymyxin-hc***)	2	
CORTISPORIN EXTERNAL OINTMENT 1 % (***bacit-poly-neo hc***)	2	
CUTIVATE EXTERNAL LOTION 0.05 % (***fluticasone propionate***)	3	
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 % (***fluocinolone acetonide***)	3	QL (30 day supply per 1 fill)
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (***fluocinolone acetonide***)	3	
DESONATE EXTERNAL GEL 0.05 % (***desonide***)	3	
desonide external cream 0.05 %	1	
desonide external gel 0.05 %	1	

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desonide external lotion 0.05 %	1	
desonide external ointment 0.05 %	1	
DESOWEN EXTERNAL CREAM 0.05 % (***desonide***)	3	
desoximetasone external cream 0.05 %, 0.25 %	1	
desoximetasone external gel 0.05 %	1	
desoximetasone external liquid 0.25 %	1	
desoximetasone external ointment 0.05 %, 0.25 %	1	
diflorasone diacetate external cream 0.05 %	1	
diflorasone diacetate external ointment 0.05 %	1	
DIPROLENE AF EXTERNAL CREAM 0.05 % (***betamethasone dipropionate aug***)	2	
DIPROLENE EXTERNAL OINTMENT 0.05 % (***betamethasone dipropionate aug***)	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (***calcipotriene-betameth diprop***)	3	
EPIFOAM EXTERNAL FOAM 1-1 % (***pramoxine-hc***)	3	
EUCRISA EXTERNAL OINTMENT 2 % (***crisaborole***)	3	PA
FLUOCINOLONE ACET-NIACINAMIDE EXTERNAL CREAM 0.01-4 %, 0.025-4 %	3	
fluocinolone acetonide body external oil 0.01 %	1	QL (30 day supply per 1 fill)
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	QL (30 day supply per 1 fill)
fluocinolone acetonide external ointment 0.025 %	1	QL (30 day supply per 1 fill)
fluocinolone acetonide external solution 0.01 %	1	QL (30 day supply per 1 fill)
fluocinolone acetonide scalp external oil 0.01 %	1	
fluocinonide emulsified base external cream 0.05 %	1	
fluocinonide external cream 0.05 %, 0.1 %	1	
fluocinonide external gel 0.05 %	1	

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fluocinonide external ointment 0.05 %	1	
fluocinonide external solution 0.05 %	1	
flurandrenolide external cream 0.05 %	1	
flurandrenolide external lotion 0.05 %	1	
flurandrenolide external ointment 0.05 %	1	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
halcinonide external cream 0.1 %	1	
halobetasol propionate external cream 0.05 %	1	
halobetasol propionate external ointment 0.05 %	1	
HALOG EXTERNAL CREAM 0.1 % (***halcinonide***)	3	
HALOG EXTERNAL OINTMENT 0.1 % (***halcinonide***)	3	
HALOG EXTERNAL SOLUTION 0.1 % (***halcinonide***)	3	
hydrocortisone acetate (Hemmorex-Hc Rectal Suppository 25 Mg)	3	QL (28 EA per 14 days)
hydrocortisone (perianal) external cream 1 %, 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	QL (28 EA per 14 days)
hydrocortisone butyr lipo base external cream 0.1 %	1	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external lotion 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 1 %, 2.5 %	1	

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hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
IMPOYZ EXTERNAL CREAM 0.025 % (***clobetasol propionate***)	2	
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	1	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (***triamcinolone acetonide***)	3	
lidocaine-hydrocort (perianal) external cream 3-0.5 %	1	
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL 2.8-0.55 %	3	
lidocaine-hydrocortisone ace (Lidocort External Cream 3-0.5 %)	3	
LOCOID EXTERNAL LOTION 0.1 % (***hydrocortisone butyrate***)	3	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (***hydrocortisone butyr lipo base***)	3	
LUXIQ EXTERNAL FOAM 0.12 % (***betamethasone valerate***)	3	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (***neomycin-fluocinolone***)	3	PA
flurandrenolide (Nolix External Cream 0.05 %)	1	

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flurandrenolide (Nolix External Lotion 0.05 %)	1	
NOVACORT EXTERNAL GEL 1-2 % (***pramoxine-hc***)	3	
NUCORT EXTERNAL LOTION 2 % (***hydrocortisone acetate***)	3	
OLUX EXTERNAL FOAM 0.05 % (***clobetasol propionate***)	3	
OLUX-E EXTERNAL FOAM 0.05 % (***clobetasol propionate emulsion***)	3	
triamcinolone acetonide (Oralone Mouth/Throat Paste 0.1 %)	1	
PANDEL EXTERNAL CREAM 0.1 % (***hydrocortisone probutate***)	3	
PRAMOSONE EXTERNAL CREAM 1-1 %, 1-2.5 % (***pramoxine-hc***)	3	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (***pramoxine-hc***)	3	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (***pramoxine-hc***)	3	
prednicarbate external cream 0.1 %	1	
prednicarbate external ointment 0.1 %	1	
PROCORT EXTERNAL CREAM 1.85-1.15 % (***hydrocortisone ace-pramoxine***)	3	
PROCTOCORT EXTERNAL CREAM 1 % (***hydrocortisone***)	3	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (***hydrocortisone acetate***)	3	QL (28 EA per 14 days)
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (***hydrocortisone ace-pramoxine***)	2	
hydrocortisone (Procto-Med Hc External Cream 2.5 %)	1	
hydrocortisone (Procto-Pak External Cream 1 %)	1	
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	1	
PSORCON EXTERNAL CREAM 0.05 %	3	

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RIMSO-50 INTRAVESICAL SOLUTION 50 % (***dimethyl sulfoxide***)	OA	
SERNIVO EXTERNAL EMULSION 0.05 % (***betamethasone dipropionate***)	3	
SYNALAR EXTERNAL CREAM 0.025 % (***fluocinolone acetonide***)	3	QL (30 day supply per 1 fill)
SYNALAR EXTERNAL OINTMENT 0.025 % (***fluocinolone acetonide***)	3	QL (30 day supply per 1 fill)
SYNALAR EXTERNAL SOLUTION 0.01 % (***fluocinolone acetonide***)	3	QL (30 day supply per 1 fill)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (***calcipotriene-betameth diprop***)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (***calcipotriene-betameth diprop***)	3	
TEMOVATE EXTERNAL CREAM 0.05 % (***clobetasol propionate***)	3	
TEMOVATE EXTERNAL OINTMENT 0.05 % (***clobetasol propionate***)	3	
TEXACORT EXTERNAL SOLUTION 2.5 % (***hydrocortisone***)	3	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (***desoximetasone***)	3	
TOPICORT EXTERNAL GEL 0.05 % (***desoximetasone***)	3	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (***desoximetasone***)	3	
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (***desoximetasone***)	3	
clobetasol propionate emulsion (Tovet External Foam 0.05 %)	1	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	1	

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triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	
triamcinolone acetonide (Trianex External Ointment 0.05 %)	3	
triamcinolone acetonide (Triderm External Cream 0.1 %, 0.5 %)	1	
TRIDESILON EXTERNAL CREAM 0.05 % (***desonide***)	3	
ULTRAVATE EXTERNAL LOTION 0.05 % (***halobetasol propionate***)	3	PA
VANOS EXTERNAL CREAM 0.1 % (***fluocinonide***)	3	
benzoyl perox-hydrocortisone (Vanoxide-Hc External Lotion 5-0.5 %)	3	
VERDESO EXTERNAL FOAM 0.05 % (***desonide***)	2	
VYTONE EXTERNAL CREAM 1-1.9 % (***iodoquinol-hydrocortisone-aloe***)	3	
XERESE EXTERNAL CREAM 5-1 % (***acyclovir-hydrocortisone***)	3	
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (***crisaborole***)	3	PA
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
ANACAINE EXTERNAL OINTMENT 10 % (***benzocaine***)	3	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (***hydrocortisone ace-pramoxine***)	3	

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ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (***hydrocortisone ace-pramoxine***)	3	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (***hydrocortisone ace-pramoxine***)	3	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (***hydrocortisone ace-pramoxine***)	3	
ASTERO EXTERNAL GEL 4 % (***lidocaine hcl***)	3	PA
CETACAINE EXTERNAL AEROSOL 2-2-14 % (***butamben-tetracaine-benzocaine***)	3	
doxepin hcl external cream 5 %	1	
EHA EXTERNAL LOTION 4 %	3	
EPIFOAM EXTERNAL FOAM 1-1 % (***pramoxine-hc***)	3	
ethyl chloride external aerosol	1	
GEBAUERS PAIN EASE EXTERNAL AEROSOL (***pentafluoroprop-tetrafluoroeth***)	3	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL (***pentafluoroprop-tetrafluoroeth***)	3	
GEN7T EXTERNAL LOTION 3.5 %	3	
GEN7T EXTERNAL PATCH 3.5 %	3	
GEN7T PLUS EXTERNAL LOTION 3.5-7 %	3	
GEN7T PLUS EXTERNAL PATCH 3.5-7 %	3	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
LDO PLUS EXTERNAL GEL 4 % (***lidocaine hcl***)	3	PA
lidocaine external ointment 5 %	1	QL (2 GM per 1 day)
lidocaine external patch 5 %	1	
lidocaine hcl external cream 3 %	1	PA

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lidocaine hcl external solution 4 %	1	
lidocaine hcl mouth/throat solution 4 %	1	
lidocaine-hydrocort (perianal) external cream 3-0.5 %	1	
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL 2.8-0.55 %	3	
lidocaine-prilocaine external cream 2.5-2.5 %	1	
LIDOCAINE-TETRACAINE EXTERNAL CREAM 7-7 %	3	
lidocaine-hydrocortisone ace (Lidocort External Cream 3-0.5 %)	3	
LIDODERM EXTERNAL PATCH 5 % (***lidocaine***)	3	
lidopin external cream 3 %	1	PA
LIDOPIN EXTERNAL CREAM 3.25 %	3	
LIDORX EXTERNAL GEL 3 %	3	
LIDOTRAL EXTERNAL CREAM 3.88 % (***lidocaine hcl***)	3	PA
MEDI-DERM/L-RX EXTERNAL CREAM 2-0.035-5-20 % (***lido-capsaicin-men-methyl sal***)	3	
NOVACORT EXTERNAL GEL 1-2 % (***pramoxine-hc***)	3	
phenazopyridine hcl (Phenazo Oral Tablet 200 Mg)	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PLIAGLIS EXTERNAL CREAM 7-7 % (***lidocaine-tetracaine***)	3	
PRAMOSONE EXTERNAL CREAM 1-1 %, 1-2.5 % (***pramoxine-hc***)	3	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (***pramoxine-hc***)	3	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (***pramoxine-hc***)	3	
pramox external gel 1 %	1	

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PROCORT EXTERNAL CREAM 1.85-1.15 % (***hydrocortisone ace-pramoxine***)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (***hydrocortisone ace-pramoxine***)	2	
PRUDOXIN EXTERNAL CREAM 5 % (***doxepin hcl (antipruritic)***)	3	
PYRIDIUM ORAL TABLET 100 MG, 200 MG (***phenazopyridine hcl***)	3	
SYNERA EXTERNAL PATCH 70-70 MG (***lidocaine-tetracaine***)	3	
SYNVEXIA TC EXTERNAL CREAM 4-1 %	3	
ZERUVIA EXTERNAL PATCH 4-1 %	3	
ZONALON EXTERNAL CREAM 5 % (***doxepin hcl (antipruritic)***)	3	
ZTLIDO EXTERNAL PATCH 1.8 % (***lidocaine***)	3	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
acyclovir external cream 5 %	1	
acyclovir external ointment 5 %	1	
DENAVIR EXTERNAL CREAM 1 % (***penciclovir***)	3	
XERESE EXTERNAL CREAM 5-1 % (***acyclovir-hydrocortisone***)	3	
ZOVIRAX EXTERNAL CREAM 5 % (***acyclovir***)	3	
ZOVIRAX EXTERNAL OINTMENT 5 % (***acyclovir***)	3	
ASTRINGENTS - Drugs for the Skin		
DRYSOL EXTERNAL SOLUTION 20 % (***aluminum chloride***)	3	
XERAC AC EXTERNAL SOLUTION 6.25 % (***aluminum chloride in alcohol***)	3	

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AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
clotrimazole external cream 1 %	1	
clotrimazole external solution 1 %	1	
clotrimazole mouth/throat troche 10 mg	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
DIFMETIOXRIME EXTERNAL SOLUTION 4-2-1-4 %	3	
econazole nitrate external cream 1 %	1	
ECONAZOLE NITRATE-NIACINAMIDE EXTERNAL CREAM 1-4 %	3	
ECOZA EXTERNAL FOAM 1 % (***econazole nitrate***)	3	
ERTACZO EXTERNAL CREAM 2 % (***sertaconazole nitrate***)	3	
EXELDERM EXTERNAL CREAM 1 % (***sulconazole nitrate***)	2	
EXELDERM EXTERNAL SOLUTION 1 % (***sulconazole nitrate***)	2	
EXTINA EXTERNAL FOAM 2 % (***ketoconazole***)	3	
FLUCON-IBUPROF-ITRACON-TERBINA EXTERNAL SOLUTION 4-2-1-4 %	3	
GYNAZOLE-1 VAGINAL CREAM 2 % (***butoconazole nitrate (1 dose)***)	3	
IMIOXIA EXTERNAL CREAM 1-4 %	3	
IODOQUINOL-HC-KETOCONAZOLE EXTERNAL CREAM 1-2.5-2 %	3	
JUBLIA EXTERNAL SOLUTION 10 % (***efinaconazole***)	3	PA
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	

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ketoconazole external shampoo 2 %	1	
KETOCONAZOLE-HYDROCORTISONE EXTERNAL CREAM 2-2.5 %	3	
ketoconazole (Ketodan External Foam 2 %)	1	
LULICONAZOLE EXTERNAL CREAM 1 %	2	
LUZU EXTERNAL CREAM 1 % (***luliconazole***)	3	
miconazole 3 vaginal suppository 200 mg	1	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
ORAVIG BUCCAL TABLET 50 MG (***miconazole***)	3	
oxiconazole nitrate external cream 1 %	1	
OXISTAT EXTERNAL CREAM 1 % (***oxiconazole nitrate***)	3	
OXISTAT EXTERNAL LOTION 1 % (***oxiconazole nitrate***)	3	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
PHEYO EXTERNAL CREAM 2.5-2 %	3	
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	2	
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	2	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (***miconazole-zinc oxide-petrolat***)	3	
XOLEGEL EXTERNAL GEL 2 % (***ketoconazole***)	3	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
ammonium lactate external lotion 12 %	1	
ATOPICLAIR EXTERNAL CREAM (***dermatological products, misc.***)	3	
lactic acid external lotion 10 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LACTIC ACID-NIACINAMIDE EXTERNAL CREAM 10-4 %	3	
PRUCLAIR EXTERNAL CREAM (***dermatological products, misc.***)	3	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
ammonium lactate external cream 12 %	1	
ELETONE EXTERNAL CREAM (***dermatological products, misc.***)	3	
HALUCORT EXTERNAL GEL (***dermatological products, misc.***)	2	
lactic acid e external cream 10-3500 %-unt/30gm	1	
STRATA MARK EXTERNAL GEL (***dermatological products, misc.***)	2	
TETRIX EXTERNAL CREAM (***dermatological products, misc.***)	3	
BENZYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
MENTAX EXTERNAL CREAM 1 % (***butenafine hcl***)	3	
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
ALTRENO EXTERNAL LOTION 0.05 % (***tretinoin***)	3	AL (Max 29 Years)
ATRALIN EXTERNAL GEL 0.05 % (***tretinoin***)	3	AL (Max 29 Years)
tretinoin (Avita External Cream 0.025 %)	3	AL (Max 29 Years)
tretinoin (Avita External Gel 0.025 %)	3	AL (Max 29 Years)
CLINDAMYCIN-NIACIN-TRETINOIN EXTERNAL CREAM 1-4-0.025 %	3	
clindamycin-tretinoin external gel 1.2-0.025 %	1	AL (Max 29 Years)
HYALURONATE-NIACINAM-TRETINOIN EXTERNAL CREAM 0.5-4-0.025 %, 0.5-4-0.05 %, 0.5-4-0.1 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 6.25 MG (***palifermin***)	OA	QL (30 day supply per 1 fill)
NIACINAMIDE-TRETINOIN EXTERNAL CREAM 4-0.025 %, 4-0.05 %	3	
NIACINAMIDE-TRETINOIN EXTERNAL GEL 4-0.025 %, 4-0.05 %	3	
NIACIN-SPIRONOLACTON-TRETINOIN EXTERNAL GEL 2-5-0.05 %	3	
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (***tretinoin***)	3	AL (Max 29 Years)
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (***tretinoin***)	3	AL (Max 29 Years)
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (***tretinoin microsphere***)	3	AL (Max 29 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 % (***tretinoin microsphere***)	3	AL (Max 29 Years)
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (***tretinoin microsphere***)	2	AL (Max 29 Years)
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
TAROXIA EXTERNAL CREAM 4-0.025 %	3	
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	1	AL (Max 29 Years)
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	1	AL (Max 29 Years)
tretinoin microsphere external gel 0.04 %, 0.1 %	1	AL (Max 29 Years)
tretinoin microsphere pump external gel 0.04 %, 0.1 %	1	AL (Max 29 Years)
VARDIMAXIA EXTERNAL GEL 2-5-0.05 %	3	
VAROXIA EXTERNAL CREAM 4-0.05 %	3	
VAROXIA EXTERNAL GEL 4-0.05 %	3	
VELTIN EXTERNAL GEL 1.2-0.025 % (***clindamycin-tretinoin***)	3	AL (Max 29 Years)
ZIANA EXTERNAL GEL 1.2-0.025 % (***clindamycin-tretinoin***)	3	AL (Max 29 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ALA SCALP EXTERNAL LOTION 2 % (***hydrocortisone***)	3	
ala-cort external cream 1 %, 2.5 %	1	
ALA-QUIN EXTERNAL CREAM 3-0.5 % (***clioquinol-hc***)	3	
alclometasone dipropionate external cream 0.05 %	1	
alclometasone dipropionate external ointment 0.05 %	1	
ALCORTIN A EXTERNAL GEL 1-2-1 % (***iodoquinol-hc-aloe polysacch***)	3	
amcinonide external cream 0.1 %	1	
amcinonide external lotion 0.1 %	1	
amcinonide external ointment 0.1 %	1	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (***hydrocortisone ace-pramoxine***)	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (***hydrocortisone ace-pramoxine***)	3	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (***hydrocortisone ace-pramoxine***)	3	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (***hydrocortisone ace-pramoxine***)	3	
anucort-hc rectal suppository 25 mg	1	QL (28 EA per 14 days)
ANUSOL-HC EXTERNAL CREAM 2.5 % (***hydrocortisone***)	3	
hydrocortisone acetate (Anusol-Hc Rectal Suppository 25 Mg)	3	QL (28 EA per 14 days)
APEXICON E EXTERNAL CREAM 0.05 % (***diflorasone diacet emoll base***)	3	
fluticasone propionate (Beser External Lotion 0.05 %)	1	
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	

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betamethasone dipropionate aug external lotion 0.05 %	1	
betamethasone dipropionate aug external ointment 0.05 %	1	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	1	
BETAMETHASONE DIPROP-MINOXIDIL EXTERNAL SOLUTION 0.05-5 %	3	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external foam 0.12 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
BRYHALI EXTERNAL LOTION 0.01 % (***halobetasol propionate***)	3	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	1	
CALCIPOTRIENE-CLOBETASOL PROP EXTERNAL SOLUTION 0.005-0.05 %	3	
CAPEX EXTERNAL SHAMPOO 0.01 % (***fluocinolone acetonide***)	3	QL (30 day supply per 1 fill)
CHLOOXIA EXTERNAL CREAM 0.05-4 %	3	
CHLOOXIA EXTERNAL OINTMENT 0.05-4 %	3	
CHLOOXIA EXTERNAL SOLUTION 0.05-4 %	3	
CICLOPIROX-CLOBETASOL EXTERNAL SHAMPOO 0.77-0.05 %	3	
CICLOPIROX-CLOBETASOL-SAL ACID EXTERNAL SHAMPOO 0.77-0.05-3 %	3	

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clobetasol prop emollient base external cream 0.05 %	1	
clobetasol propionate e external cream 0.05 %	1	
clobetasol propionate emulsion external foam 0.05 %	1	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam 0.05 %	1	
clobetasol propionate external gel 0.05 %	1	
clobetasol propionate external liquid 0.05 %	1	
clobetasol propionate external lotion 0.05 %	1	
clobetasol propionate external ointment 0.05 %	1	
clobetasol propionate external shampoo 0.05 %	1	
clobetasol propionate external solution 0.05 %	1	
CLOBETASOL PROP-LEVOCETIRIZINE EXTERNAL SHAMPOO 0.05-2 %	3	
CLOBETASOL PROP-NIACINAMIDE EXTERNAL CREAM 0.05-4 %	3	
CLOBETASOL PROP-NIACINAMIDE EXTERNAL OINTMENT 0.05-4 %	3	
CLOBETASOL PROP-NIACINAMIDE EXTERNAL SOLUTION 0.05-4 %	3	
CLOBEX EXTERNAL LOTION 0.05 % (***clobetasol propionate***)	3	
CLOBEX EXTERNAL SHAMPOO 0.05 % (***clobetasol propionate***)	3	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (***clobetasol propionate***)	3	
clocortolone pivalate external cream 0.1 %	1	
clobetasol propionate (Clodan External Shampoo 0.05 %)	1	
CLODERM EXTERNAL CREAM 0.1 % (***clocortolone pivalate***)	3	

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clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
CORDRAN EXTERNAL CREAM 0.025 % (***flurandrenolide***)	2	
CORDRAN EXTERNAL CREAM 0.05 % (***flurandrenolide***)	3	
CORDRAN EXTERNAL LOTION 0.05 % (***flurandrenolide***)	3	
CORDRAN EXTERNAL OINTMENT 0.05 % (***flurandrenolide***)	3	
CORTENEMA RECTAL ENEMA 100 MG/60ML (***hydrocortisone***)	3	
CORTIFOAM EXTERNAL FOAM 10 % (***hydrocortisone acetate***)	2	
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5 (***neomycin-polymyxin-hc***)	2	
CORTISPORIN EXTERNAL OINTMENT 1 % (***bacit-poly-neo hc***)	2	
CUTIVATE EXTERNAL LOTION 0.05 % (***fluticasone propionate***)	3	
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 % (***fluocinolone acetonide***)	3	QL (30 day supply per 1 fill)
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (***fluocinolone acetonide***)	3	
hydrocortisone-iodoquinol (Dermazene External Cream 1-1 %)	3	
DESONATE EXTERNAL GEL 0.05 % (***desonide***)	3	
desonide external cream 0.05 %	1	
desonide external gel 0.05 %	1	
desonide external lotion 0.05 %	1	
desonide external ointment 0.05 %	1	
DESOWEN EXTERNAL CREAM 0.05 % (***desonide***)	3	

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desoximetasone external cream 0.05 %, 0.25 %	1	
desoximetasone external gel 0.05 %	1	
desoximetasone external liquid 0.25 %	1	
desoximetasone external ointment 0.05 %, 0.25 %	1	
diflorasone diacetate external cream 0.05 %	1	
diflorasone diacetate external ointment 0.05 %	1	
DIPROLENE AF EXTERNAL CREAM 0.05 % (***betamethasone dipropionate aug***)	2	
DIPROLENE EXTERNAL OINTMENT 0.05 % (***betamethasone dipropionate aug***)	3	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (***halobetasol prop-tazarotene***)	3	PA
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (***calcipotriene-betameth diprop***)	3	
EPIFOAM EXTERNAL FOAM 1-1 % (***pramoxine-hc***)	3	
fluocinolone acetonide body external oil 0.01 %	1	QL (30 day supply per 1 fill)
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	QL (30 day supply per 1 fill)
fluocinolone acetonide external ointment 0.025 %	1	QL (30 day supply per 1 fill)
fluocinolone acetonide external solution 0.01 %	1	QL (30 day supply per 1 fill)
fluocinolone acetonide scalp external oil 0.01 %	1	
fluocinonide emulsified base external cream 0.05 %	1	
fluocinonide external cream 0.05 %, 0.1 %	1	
fluocinonide external gel 0.05 %	1	
fluocinonide external ointment 0.05 %	1	
fluocinonide external solution 0.05 %	1	
flurandrenolide external cream 0.05 %	1	
flurandrenolide external lotion 0.05 %	1	

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flurandrenolide external ointment 0.05 %	1	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
halcinonide external cream 0.1 %	1	
halobetasol propionate external cream 0.05 %	1	
HALOBETASOL PROPIONATE EXTERNAL FOAM 0.05 %	2	
halobetasol propionate external ointment 0.05 %	1	
HALOG EXTERNAL CREAM 0.1 % (***halcinonide***)	3	
HALOG EXTERNAL OINTMENT 0.1 % (***halcinonide***)	3	
HALOG EXTERNAL SOLUTION 0.1 % (***halcinonide***)	3	
hydrocortisone acetate (Hemmorex-Hc Rectal Suppository 25 Mg)	3	QL (28 EA per 14 days)
hydrocortisone (perianal) external cream 1 %, 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	QL (28 EA per 14 days)
hydrocortisone butyr lipo base external cream 0.1 %	1	
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external lotion 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone rectal enema 100 mg/60ml	1	

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hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
hydrocortisone-iodoquinol external cream 1-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
IMPEKLO EXTERNAL LOTION 0.15 MG/ACT (0.05%) (***clobetasol propionate***)	3	PA
IMPOYZ EXTERNAL CREAM 0.025 % (***clobetasol propionate***)	2	
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	1	
IODOQUINOL-HC-KETOCONAZOLE EXTERNAL CREAM 1-2.5-2 %	3	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (***triamcinolone acetonide***)	3	
KETOCONAZOLE-HYDROCORTISONE EXTERNAL CREAM 2-2.5 %	3	
LEXETTE EXTERNAL FOAM 0.05 % (***halobetasol propionate***)	3	
lidocaine-hydrocort (perianal) external cream 3-0.5 %	1	
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL 2.8-0.55 %	3	
lidocaine-hydrocortisone ace (Lidocort External Cream 3-0.5 %)	3	
LOCOID EXTERNAL LOTION 0.1 % (***hydrocortisone butyrate***)	3	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (***hydrocortisone butyr lipo base***)	3	
LUXIQ EXTERNAL FOAM 0.12 % (***betamethasone valerate***)	3	
mometasone furoate external cream 0.1 %	1	

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mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (***neomycin-fluocinolone***)	3	PA
NIACINAMIDE-TRIAMCINOLONE ACET EXTERNAL CREAM 4-0.1 %	3	
flurandrenolide (Nolix External Cream 0.05 %)	1	
flurandrenolide (Nolix External Lotion 0.05 %)	1	
NOVACORT EXTERNAL GEL 1-2 % (***pramoxine-hc***)	3	
NUCORT EXTERNAL LOTION 2 % (***hydrocortisone acetate***)	3	
OLUX EXTERNAL FOAM 0.05 % (***clobetasol propionate***)	3	
OLUX-E EXTERNAL FOAM 0.05 % (***clobetasol propionate emulsion***)	3	
triamcinolone acetonide (Oralone Mouth/Throat Paste 0.1 %)	1	
PANDEL EXTERNAL CREAM 0.1 % (***hydrocortisone probutate***)	3	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
PHEYO EXTERNAL CREAM 2.5-2 %	3	
PRAMOSONE EXTERNAL CREAM 1-1 %, 1-2.5 % (***pramoxine-hc***)	3	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (***pramoxine-hc***)	3	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (***pramoxine-hc***)	3	
prednicarbate external cream 0.1 %	1	
prednicarbate external ointment 0.1 %	1	
PROCORT EXTERNAL CREAM 1.85-1.15 % (***hydrocortisone ace-pramoxine***)	3	

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PROCTOCORT EXTERNAL CREAM 1 % (***hydrocortisone***)	3	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (***hydrocortisone acetate***)	3	QL (28 EA per 14 days)
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (***hydrocortisone ace-pramoxine***)	2	
hydrocortisone (Procto-Med Hc External Cream 2.5 %)	1	
hydrocortisone (Procto-Pak External Cream 1 %)	1	
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	1	
PSORCON EXTERNAL CREAM 0.05 %	3	
SERNIVO EXTERNAL EMULSION 0.05 % (***betamethasone dipropionate***)	3	
SYNALAR EXTERNAL CREAM 0.025 % (***fluocinolone acetonide***)	3	QL (30 day supply per 1 fill)
SYNALAR EXTERNAL OINTMENT 0.025 % (***fluocinolone acetonide***)	3	QL (30 day supply per 1 fill)
SYNALAR EXTERNAL SOLUTION 0.01 % (***fluocinolone acetonide***)	3	QL (30 day supply per 1 fill)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (***calcipotriene-betameth diprop***)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (***calcipotriene-betameth diprop***)	3	
TEMOVATE EXTERNAL CREAM 0.05 % (***clobetasol propionate***)	3	
TEMOVATE EXTERNAL OINTMENT 0.05 % (***clobetasol propionate***)	3	
TEXACORT EXTERNAL SOLUTION 2.5 % (***hydrocortisone***)	3	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (***desoximetasone***)	3	
TOPICORT EXTERNAL GEL 0.05 % (***desoximetasone***)	3	

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TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (***desoximetasone***)	3	
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (***desoximetasone***)	3	
clobetasol propionate emulsion (Tovet External Foam 0.05 %)	1	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	1	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	
triamcinolone acetonide (Trianex External Ointment 0.05 %)	3	
triamcinolone acetonide (Triderm External Cream 0.1 %, 0.5 %)	1	
TRIDESILON EXTERNAL CREAM 0.05 % (***desonide***)	3	
ULTRAVATE EXTERNAL LOTION 0.05 % (***halobetasol propionate***)	3	PA
VANOS EXTERNAL CREAM 0.1 % (***fluocinonide***)	3	
benzoyl perox-hydrocortisone (Vanoxide-Hc External Lotion 5-0.5 %)	3	
VERDESO EXTERNAL FOAM 0.05 % (***desonide***)	2	
VYTONE EXTERNAL CREAM 1-1.9 % (***iodoquinol-hydrocortisone-aloe***)	3	
XERESE EXTERNAL CREAM 5-1 % (***acyclovir-hydrocortisone***)	3	

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EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - Drugs for the Skin		
ALEVICYN ANTIPRURITIC SG EXTERNAL GEL (***dermatological products, misc.***)	2	
LEVICYN EXTERNAL GEL (***dermatological products, misc.***)	2	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ciclopirox (Ciclodan External Solution 8 %)	1	
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	1	
ciclopirox external solution 8 %	1	
ciclopirox olamine external cream 0.77 %	1	
ciclopirox olamine external suspension 0.77 %	1	
CICLOPIROX-CLOBETASOL EXTERNAL SHAMPOO 0.77-0.05 %	3	
CICLOPIROX-CLOBETASOL-SAL ACID EXTERNAL SHAMPOO 0.77-0.05-3 %	3	
CICLOPIROX-SALICYLIC ACID EXTERNAL SHAMPOO 0.77-2 %	3	
LOPROX EXTERNAL CREAM 0.77 % (***ciclopirox olamine***)	3	
LOPROX EXTERNAL SHAMPOO 1 % (***ciclopirox***)	3	
LOPROX EXTERNAL SUSPENSION 0.77 % (***ciclopirox olamine***)	3	
KERATOLYTIC AGENTS - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (***clindamycin phos-benzoyl perox***)	3	
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 % (***silver nitrate-pot nitrate***)	3	

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sulfacetamide sodium-sulfur (Avar Cleanser External Emulsion 10-5 %)	3	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (***sulfacetamide sodium-sulfur***)	2	
sulfacetamide sodium-sulfur (Avar-E Emollient External Cream 10-5 %)	3	
sulfacetamide sodium-sulfur (Avar-E Green External Cream 10-5 %)	3	
AVAR-E LS EXTERNAL CREAM 10-2 % (***sulfacetamide sodium-sulfur***)	2	
BENSAL HP EXTERNAL OINTMENT 3-6 %	3	
BENZAC AC WASH EXTERNAL LIQUID 5 % (***benzoyl peroxide***)	3	
BENZACLIN EXTERNAL GEL 1-5 % (***clindamycin phos-benzoyl perox***)	3	
BENZACLIN WITH PUMP EXTERNAL GEL 1-5 % (***clindamycin phos-benzoyl perox***)	3	
benzoyl peroxide (Benzepro Creamy Wash External Liquid 7 %)	3	
BENZEPRO EXTERNAL 5.8 % (***benzoyl peroxide***)	3	
BENZEPRO EXTERNAL FOAM 5.2 % (***benzoyl peroxide***)	3	
benzoyl peroxide (Benzepro External Foam 5.3 %)	1	
benzoyl peroxide (Benzepro Foaming Cloths External 6 %)	3	
benzoyl peroxide (Benzepro Short Contact External Foam 9.8 %)	2	
benzoyl peroxide external foam 9.8 %	1	
BENZOYL PEROXIDE EXTERNAL GEL 8 %	3	
bp 10-1 external emulsion 10-1 %	1	
bp cleansing wash external emulsion 10-4 %	1	

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bp wash external liquid 2.5 %, 7 %	1	
CEM-UREA EXTERNAL SOLUTION 45 % (***urea***)	3	
urea (Cerovel External Lotion 40 %)	1	
CICLOPIROX-CLOBETASOL-SAL ACID EXTERNAL SHAMPOO 0.77-0.05-3 %	3	
CICLOPIROX-SALICYLIC ACID EXTERNAL SHAMPOO 0.77-2 %	3	
CIMETIDINE-LIDO-SALICYLIC ACID EXTERNAL CREAM 10-5-40 %	3	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	1	
DRAXACE EXTERNAL SUSPENSION 2-8 %	3	
DRAXACE LOTION CLEANSER EXTERNAL SUSPENSION 2-8 %	3	
DRIXECE EXTERNAL SUSPENSION 5-10 %	3	
benzoyl peroxide (Enzoclear External Foam 9.8 %)	2	
ESKATA EXTERNAL SOLUTION 40 % (***hydrogen peroxide***)	2	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (***salicylic acid-lactic acid***)	3	
grafco silver nit applicator external 75-25 %	1	
HYDRO 40 EXTERNAL FOAM 40 % (***urea***)	3	
INOVA EXTERNAL KIT 4 & 5 % (***benzoyl peroxide-vitamin e***)	2	
KERALAC EXTERNAL CREAM 47 % (***urea***)	3	
KERALYT EXTERNAL GEL 6 % (***salicylic acid***)	3	
clindamycin-benzoyl per (refr) (Neuac External Gel 1.2-5 %)	1	
ONEXTON EXTERNAL GEL 1.2-3.75 % (***clindamycin phos-benzoyl perox***)	2	

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PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (***sulfacetamide sodium-sulfur***)	3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (***sulfacetamide sodium-sulfur***)	3	
PLEXION EXTERNAL CREAM 9.8-4.8 % (***sulfacetamide sodium-sulfur***)	3	
PLEXION EXTERNAL LOTION 9.8-4.8 % (***sulfacetamide sodium-sulfur***)	3	
benzoyl peroxide (Pr Benzoyl Peroxide Wash External Liquid 7 %)	3	
RIAX EXTERNAL FOAM 5.5 %, 9.5 % (***benzoyl peroxide***)	3	
salicylic acid er external solution 28.5 %	1	
salicylic acid external cream 6 %	1	
salicylic acid external foam 6 %	1	
salicylic acid external gel 6 %	1	
salicylic acid external liquid 27.5 %	1	
salicylic acid external lotion 6 %	1	
salicylic acid external shampoo 6 %	1	
salicylic acid external solution 26 %	1	
salicylic acid wart remover external liquid 27.5 %	1	
SALICYLIC ACID-SULFACETAMIDE EXTERNAL SUSPENSION 2-8 %, 5-10 %	3	
salimez external cream 6 %	1	
SALIMEZ FORTE EXTERNAL CREAM 10 %	3	
SALVAX EXTERNAL FOAM 6 % (***salicylic acid***)	3	
silver nitrate external solution 10 %	1	
sss 10-5 external cream 10-5 %	1	

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sss 10-5 external foam 10-5 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external emulsion 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external pad 10-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
sulfacetamide sodium-sulfur (Sulfacleanse 8/4 External Suspension 8-4 %)	3	
SUMADAN WASH EXTERNAL LIQUID 9-4.5 % (***sulfacetamide sodium-sulfur***)	2	
SUMAXIN EXTERNAL PAD 10-4 % (***sulfacetamide sodium-sulfur***)	3	
SUMAXIN WASH EXTERNAL LIQUID 9-4 % (***sulfacetamide sodium-sulfur***)	3	
ULTRASAL-ER EXTERNAL SOLUTION 28.5 % (***salicylic acid***)	3	
urea (Umecta Mousse External Foam 40 %)	3	
URAMAXIN EXTERNAL GEL 45 % (***urea***)	3	
urea external cream 39 %, 40 %, 41 %, 45 %, 47 %	1	
urea external lotion 40 %	1	
urea hydrating external foam 35 %	1	
urea nail external gel 45 %	1	
UTOPIC EXTERNAL CREAM 41 % (***urea***)	3	

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VIRASAL EXTERNAL LIQUID 27.5 % (***salicylic acid***)	3	
XALIX EXTERNAL SOLUTION 28 % (***salicylic acid***)	3	
xurea external cream 39 %	1	
zaclir cleansing external lotion 8 %	1	
KERATOPLASTIC AGENTS - Drugs for the Skin		
coal tar external solution 20 %	1	
DRITHO-CREME HP EXTERNAL CREAM 1 % (***anthralin***)	3	
ZITHRANOL EXTERNAL SHAMPOO 1 % (***anthralin***)	3	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
ALCOHOL PREP PADS PAD	3	
ALCOHOL PREP PADS PAD 70 %	3	
ALCORTIN A EXTERNAL GEL 1-2-1 % (***iodoquinol-hc-aloe polysacch***)	3	
sulfacetamide sodium-sulfur (Avar Cleanser External Emulsion 10-5 %)	3	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (***sulfacetamide sodium-sulfur***)	2	
sulfacetamide sodium-sulfur (Avar-E Emollient External Cream 10-5 %)	3	
sulfacetamide sodium-sulfur (Avar-E Green External Cream 10-5 %)	3	
AVAR-E LS EXTERNAL CREAM 10-2 % (***sulfacetamide sodium-sulfur***)	2	
benzalkonium chloride external solution , 50 %	1	
bp 10-1 external emulsion 10-1 %	1	
bp cleansing wash external emulsion 10-4 %	1	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	

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hydrocortisone-iodoquinol (Dermazene External Cream 1-1 %)	3	
DRAXACE EXTERNAL SUSPENSION 2-8 %	3	
DRAXACE LOTION CLEANSER EXTERNAL SUSPENSION 2-8 %	3	
DRIXECE EXTERNAL SUSPENSION 5-10 %	3	
ECEOXIA EXTERNAL CREAM 4-10 %	3	
FEM PH VAGINAL GEL 0.9-0.025 % (***acetic acid-oxyquinoline***)	3	
hydrocortisone-iodoquinol external cream 1-1 %	1	
iodoquinol-hc-aloe polysacch external gel 1-2-1 %	1	
IODOQUINOL-HC-KETOCONAZOLE EXTERNAL CREAM 1-2.5-2 %	3	
iodoquinol-hydrocortisone-aloe external cream 1-1.9 %	1	
KERLIX AMD ANTIMICROBIAL (***gauze pads & dressings***)	3	
KERLIX AMD SUPER SPONGES PAD 6"X6-3/4" (***gauze pads & dressings***)	3	
KLARON EXTERNAL LOTION 10 % (***sulfacetamide sodium (acne)***)	3	
mafenide acetate external packet 5 %	1	
NIACINAMIDE-SULFACETAMIDE EXTERNAL CREAM 4-10 %	3	
OVACE PLUS EXTERNAL CREAM 10 % (***sulfacetamide sodium***)	3	
OVACE PLUS EXTERNAL FOAM 9.8 % (***sulfacetamide sodium***)	3	
OVACE PLUS EXTERNAL LOTION 9.8 % (***sulfacetamide sodium***)	3	
OVACE PLUS EXTERNAL SHAMPOO 10 % (***sulfacetamide sodium***)	3	

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OVACE PLUS WASH EXTERNAL GEL 10 % (***sulfacetamide sodium***)	3	
OVACE PLUS WASH EXTERNAL LIQUID 10 % (***sulfacetamide sodium***)	3	
OVACE WASH EXTERNAL LIQUID 10 % (***sulfacetamide sodium***)	3	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (***sulfacetamide sodium-sulfur***)	3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (***sulfacetamide sodium-sulfur***)	3	
PLEXION EXTERNAL CREAM 9.8-4.8 % (***sulfacetamide sodium-sulfur***)	3	
PLEXION EXTERNAL LOTION 9.8-4.8 % (***sulfacetamide sodium-sulfur***)	3	
QUINJA EXTERNAL GEL 1.25-1 % (***iodoquinol-aloe polysaccharide***)	3	
SALICYLIC ACID-SULFACETAMIDE EXTERNAL SUSPENSION 2-8 %, 5-10 %	3	
selenium sulfide external lotion 2.5 %	1	
selenium sulfide external shampoo 2.25 %, 2.3 %	1	
SELRX EXTERNAL SHAMPOO 2.3 % (***selenium sulfide***)	3	
SILVADENE EXTERNAL CREAM 1 % (***silver sulfadiazine***)	3	
silver nitrate external solution 0.5 %, 25 %, 50 %	1	
silver sulfadiazine external cream 1 %	1	
sodium sulfacetamide external shampoo 10 %	1	
sodium sulfacetamide wash external liquid 10 %	1	
SODIUM SULFACETAMIDE-BAKUCHIOL EXTERNAL LIQUID 10 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
silver sulfadiazine (Ssd External Cream 1 %)	1	
sss 10-5 external cream 10-5 %	1	
sss 10-5 external foam 10-5 %	1	
sulfacetamide sodium (acne) external lotion 10 %	1	
sulfacetamide sodium external gel 10 % (cleans)	1	
sulfacetamide sodium external liquid 10 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external emulsion 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external pad 10-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
sulfacetamide sodium-sulfur (Sulfacleanse 8/4 External Suspension 8-4 %)	3	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (***mafenide acetate***)	3	
SULFAMYLON EXTERNAL PACKET 5 % (***mafenide acetate***)	3	
SUMADAN WASH EXTERNAL LIQUID 9-4.5 % (***sulfacetamide sodium-sulfur***)	2	
SUMAXIN EXTERNAL PAD 10-4 % (***sulfacetamide sodium-sulfur***)	3	
SUMAXIN WASH EXTERNAL LIQUID 9-4 % (***sulfacetamide sodium-sulfur***)	3	

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VYTONE EXTERNAL CREAM 1-1.9 % (***iodoquinol-hydrocortisone-aloe***)	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
DICLOFENAC EPOLAMINE EXTERNAL PATCH 1.3 %	3	PA
diclofenac sodium external gel 1 %	1	
diclofenac sodium external gel 3 %	1	PA
diclofenac sodium external solution 1.5 %	1	PA; QL (1 ML per 30 days)
DICLOFONO EXTERNAL GEL 1.6 % (***diclofenac sodium***)	3	
LICART EXTERNAL PATCH 24 HOUR 1.3 % (***diclofenac epolamine***)	3	PA
PENNSAID EXTERNAL SOLUTION 2 % (***diclofenac sodium***)	3	PA; QL (1 GM per 30 days)
VOLTAREN EXTERNAL GEL 1 % (***diclofenac sodium***)	3	
OXABOROLES - Drugs for the Skin		
KERYDIN EXTERNAL SOLUTION 5 % (***tavaborole***)	3	PA
tavaborole external solution 5 %	1	PA
PIGMENTING AGENTS - Drugs for the Skin		
methoxsalen rapid oral capsule 10 mg	1	
OXSORALEN ULTRA ORAL CAPSULE 10 MG (***methoxsalen rapid***)	3	
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
nystatin (Nyamyc External Powder 100000 Unit/Gm)	1	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
nystatin (Nystop External Powder 100000 Unit/Gm)	1	
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
crotan external lotion 10 %	1	
ELIMITE EXTERNAL CREAM 5 % (***permethrin***)	3	
ivermectin external lotion 0.5 %	1	
lindane external shampoo 1 %	1	
malathion external lotion 0.5 %	1	
NATROBA EXTERNAL SUSPENSION 0.9 % (***spinosad***)	3	
OVIDE EXTERNAL LOTION 0.5 % (***malathion***)	3	
permethrin external cream 5 %	1	
SKLICE EXTERNAL LOTION 0.5 % (***ivermectin***)	3	
spinosad external suspension 0.9 %	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (***isotretinoin micronized***)	3	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (***isotretinoin***)	2	PA
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
ACZONE EXTERNAL GEL 5 %, 7.5 % (***dapsone***)	3	PA
adapalene external cream 0.1 %	1	PA
adapalene external gel 0.1 %	1	PA
adapalene external gel 0.3 %	1	AL (Max 29 Years)

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ADAPALENE EXTERNAL PAD 0.1 %	3	PA
ADAPALENE EXTERNAL SOLUTION 0.1 %	3	PA
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
AKLIEF EXTERNAL CREAM 0.005 % (***trifarotene***)	3	PA; AL (Min 9 Years)
ALDARA EXTERNAL CREAM 5 % (***imiquimod***)	3	
AMELUZ EXTERNAL GEL 10 % (***aminolevulinic acid hcl***)	3	
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	1	PA
ARAZLO EXTERNAL LOTION 0.045 % (***tazarotene***)	3	PA
ARTISS EXTERNAL SOLUTION (***fibrin sealant component***)	3	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	OA	PA
azelaic acid external gel 15 %	1	
AZELAIC ACID-NIACINAMIDE EXTERNAL CREAM 15-4 %	3	
AZELEX EXTERNAL CREAM 20 % (***azelaic acid***)	3	
BETAMETHASONE DIPROP-MINOXIDIL EXTERNAL SOLUTION 0.05-5 %	3	
calcipotriene external cream 0.005 %	1	
CALCIPOTRIENE EXTERNAL FOAM 0.005 %	3	
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	
calcipotriene-betameth diprop external suspension 0.005-0.064 %	1	
CALCIPOTRIENE-CLOBETASOL PROP EXTERNAL SOLUTION 0.005-0.05 %	3	
calcipotriene (Calcitrene External Ointment 0.005 %)	3	

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calcitriol external ointment 3 mcg/gm	1	
CANTHARIDIN EXTERNAL SOLUTION 0.7 %	3	
CARAC EXTERNAL CREAM 0.5 % (***fluorouracil***)	2	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	1	PA
CONDYLOX EXTERNAL GEL 0.5 % (***podofilox***)	2	
minocycline hcl (Coremino Oral Tablet Extended Release 24 Hour 135 Mg, 45 Mg, 90 Mg)	1	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***secukinumab***)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***secukinumab***)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (***secukinumab***)	4	PA; SP; QL (30 day supply per 1 fill)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (***secukinumab***)	4	PA; SP; QL (30 day supply per 1 fill)
dapsone external gel 5 %	1	PA
DAPSONE EXTERNAL GEL 7.5 %	3	PA
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (***sulfuric acid-sulf phenolics***)	3	
DICLOFENAC EPOLAMINE EXTERNAL PATCH 1.3 %	3	PA
diclofenac sodium external gel 1 %	1	
diclofenac sodium external gel 3 %	1	PA
diclofenac sodium external solution 1.5 %	1	PA; QL (1 ML per 30 days)
DIFFERIN EXTERNAL CREAM 0.1 % (***adapalene***)	3	PA
DIFFERIN EXTERNAL GEL 0.3 % (***adapalene***)	3	AL (Max 29 Years)
DIFFERIN EXTERNAL LOTION 0.1 % (***adapalene***)	3	PA
DIMOXIA EXTERNAL GEL 4-5 %	3	

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DOVONEX EXTERNAL CREAM 0.005 % (***calcipotriene***)	3	
doxycycline oral capsule delayed release 40 mg	1	PA
DUOBRII EXTERNAL LOTION 0.01-0.045 % (***halobetasol prop-tazarotene***)	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (***dupilumab***)	4	PA; SP; QL (30 day supply per 1 fill)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (***dupilumab***)	4	PA; SP; QL (30 day supply per 1 fill)
EFUDEX EXTERNAL CREAM 5 % (***fluorouracil***)	3	
ELIDEL EXTERNAL CREAM 1 % (***pimecrolimus***)	3	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (***etanercept***)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (***etanercept***)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (***etanercept***)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG (***etanercept***)	4	PA; SP; QL (30 day supply per 1 fill)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (***etanercept***)	4	PA; SP; QL (30 day supply per 1 fill)
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (***calcipotriene-betameth diprop***)	3	
EPIDUO EXTERNAL GEL 0.1-2.5 % (***adapalene-benzoyl peroxide***)	3	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (***adapalene-benzoyl peroxide***)	3	
ESKATA EXTERNAL SOLUTION 40 % (***hydrogen peroxide***)	2	
ETHOXIA EXTERNAL CREAM 4-0.05 %	3	
FABIOR EXTERNAL FOAM 0.1 % (***tazarotene***)	3	PA

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FINACEA EXTERNAL FOAM 15 % (***azelaic acid***)	3	
FINACEA EXTERNAL GEL 15 % (***azelaic acid***)	3	
FINASTERIDE-MINOXIDIL EXTERNAL SOLUTION 0.1-7 %	3	
FLUOROPLEX EXTERNAL CREAM 1 % (***fluorouracil***)	2	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
formaldehyde external solution 10 %	1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (***adalimumab***)	4	PA; SP; QL (30 day supply per 1 fill)
HYALURONATE-NIACIN-TACROLIMUS EXTERNAL CREAM 1-4-0.1 %	3	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***tildrakizumab-asmn***)	4	PA; SP; QL (30 day supply per 1 fill)
imiquimod external cream 5 %	1	
IMIQUIMOD PUMP EXTERNAL CREAM 3.75 %	3	

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INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	OA	QL (56 day supply per 1 fill)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA
ITHOXIA EXTERNAL CREAM 4-0.1 %	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (***aminolevulinic acid hcl***)	3	
MEDROX-RX EXTERNAL OINTMENT 0.05-7-20 % (***capsaicin-menthol-methyl sal***)	3	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	3	PA
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	PA
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (***minocycline hcl***)	3	PA
MINOXIDIL-PROGEST-TRETINOIN EXTERNAL SOLUTION 7-0.1-0.025 %	3	
MIRVASO EXTERNAL GEL 0.33 % (***brimonidine tartrate***)	3	
isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	1	PA
NIACINAMIDE-SPIRONOLACTONE EXTERNAL GEL 4-5 %	3	
NIACINAMIDE-TACROLIMUS EXTERNAL OINTMENT 4-0.1 %	3	
NIACINAMIDE-TAZAROTENE EXTERNAL CREAM 4-0.05 %, 4-0.1 %	3	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (***doxycycline***)	3	PA
OTEZLA ORAL TABLET 30 MG (***apremilast***)	4	PA; SP; QL (30 day supply per 1 fill)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (***apremilast***)	4	PA; SP; QL (30 day supply per 1 fill)

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PANRETIN EXTERNAL GEL 0.1 % (***alitretinoin***)	2	PA
PENNSAID EXTERNAL SOLUTION 2 % (***diclofenac sodium***)	3	PA; QL (1 GM per 30 days)
PICATO EXTERNAL GEL 0.015 %, 0.05 % (***ingenol mebutate***)	3	
pimecrolimus external cream 1 %	1	
podocon external solution 25 %	1	
podofilox external solution 0.5 %	1	
PROGESTERONE-MINOXIDIL EXTERNAL SOLUTION 0.1-7 %	3	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % (***tacrolimus***)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
QBREXZA EXTERNAL PAD 2.4 % (***glycopyrronium tosylate***)	3	PA
RECTIV RECTAL OINTMENT 0.4 % (***nitroglycerin***)	3	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab***)	OA	QL (56 day supply per 1 fill)
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	OA	QL (30 day supply per 1 fill)
RENOVO EXTERNAL PATCH 0.0375-5 %	3	
RHOFADE EXTERNAL CREAM 1 % (***oxymetazoline hcl***)	3	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (***collagenase***)	3	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (***afamelanotide acetate***)	OA	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (***brodalumab***)	4	PA; SP; QL (30 day supply per 1 fill)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (***risankizumab-rzaa***)	4	PA; SP; QL (30 day supply per 1 fill)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (***minocycline hcl***)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOOLANTRA EXTERNAL CREAM 1 % (***ivermectin***)	3	
SORIATANE ORAL CAPSULE 10 MG, 25 MG (***acitretin***)	3	
SORILUX EXTERNAL FOAM 0.005 % (***calcipotriene***)	3	
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (***ustekinumab***)	OA	QL (90 day supply per 1 fill)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (***ustekinumab***)	4	PA; SP; QL (30 day supply per 1 fill)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (***ustekinumab***)	4	PA; SP; QL (30 day supply per 1 fill)
TACLONEX EXTERNAL OINTMENT 0.005-0.064 % (***calcipotriene-betameth diprop***)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (***calcipotriene-betameth diprop***)	3	
TACROLIMUS EXTERNAL CREAM 0.1 %	3	
tacrolimus external ointment 0.03 %, 0.1 %	1	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	4	PA; SP; QL (30 day supply per 1 fill)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (***ixekizumab***)	4	PA; SP; QL (30 day supply per 1 fill)
TARGRETIN EXTERNAL GEL 1 % (***bexarotene***)	4	SP; QL (30 day supply per 1 fill)
tazarotene external cream 0.1 %	1	PA
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (***tazarotene***)	3	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (***tazarotene***)	3	PA
TISSEEL EXTERNAL SOLUTION (***fibrin sealant component***)	3	
TOLAK EXTERNAL CREAM 4 % (***fluorouracil***)	2	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (***guselkumab***)	4	PA; SP; QL (30 day supply per 1 fill)

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TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***guselkumab***)	4	PA; SP; QL (30 day supply per 1 fill)
TRI-CHLOR EXTERNAL LIQUID 80 % (***trichloroacetic acid***)	3	
VALCHLOR EXTERNAL GEL 0.016 % (***mechlorethamine hcl (topical)***)	4	SP; QL (30 day supply per 1 fill)
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (***calcitriol***)	3	
VEREGEN EXTERNAL OINTMENT 15 % (***sinecatechins***)	3	
VOLTAREN EXTERNAL GEL 1 % (***diclofenac sodium***)	3	
WINLEVI EXTERNAL CREAM 1 % (***clascoterone***)	3	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (***minocycline hcl***)	3	PA
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	1	PA
ZYCLARA EXTERNAL CREAM 3.75 % (***imiquimod***)	3	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %, 3.75 % (***imiquimod***)	3	
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	1	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (***tolterodine tartrate***)	3	
DETROL ORAL TABLET 1 MG, 2 MG (***tolterodine tartrate***)	3	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (***oxybutynin chloride***)	3	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 7.5 MG (***darifenacin hydrobromide***)	3	
flavoxate hcl oral tablet 100 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GELNIQUE TRANSDERMAL GEL 10 % (***oxybutynin chloride***)	3	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	1	
oxybutynin chloride oral syrup 5 mg/5ml	1	
oxybutynin chloride oral tablet 5 mg	1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (***oxybutynin***)	3	
solifenacin succinate oral tablet 10 mg, 5 mg	1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	1	
tolterodine tartrate oral tablet 1 mg, 2 mg	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (***fesoterodine fumarate***)	3	
trospium chloride er oral capsule extended release 24 hour 60 mg	1	
trospium chloride oral tablet 20 mg	1	
VESICARE ORAL TABLET 10 MG, 5 MG (***solifenacin succinate***)	3	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
aminophylline intravenous solution 25 mg/ml	OA	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15ML (***theophylline***)	2	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline in d5w intravenous solution 0.8-5 mg/ml-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
theophylline oral solution 80 mg/15ml	1	
SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (***mirabegron***)	3	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	PV
INFUVITE ADULT INTRAVENOUS INJECTABLE (***multiple vitamin***)	OA	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (***pediatric multiple vitamins***)	OA	
M.V.I. ADULT INTRAVENOUS INJECTABLE (***multiple vitamin***)	OA	
M.V.I. PEDIATRIC INTRAVENOUS SOLUTION RECONSTITUTED (***pediatric multiple vitamins***)	OA	
multi prenatal oral tablet 27-0.8 mg	1	PV
multi-vit/iron/fluoride oral solution 0.25-10 mg/ml	1	
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	PV
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	PV
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	PV
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
multivitamins/fluoride oral tablet chewable 0.5 mg	1	PV
NESTABS ORAL TABLET 32-1 MG (***prenat-fe bisgly-fa-w/o vit a***)	3	PV
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (***prenat-fe carbonyl-fa-omega 3***)	3	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POLY-VI-FLOR FS ORAL STRIP 0.25 MG, 0.5 MG, 1 MG (***pediatric multivitamins-fl***)	3	
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	PV
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	1	PV
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (***multi vit-min-fluoride-fe-fa***)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	PV
vitamins acd-fluoride oral solution 0.25 mg/ml	1	PV
VITAMIN A		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	PV
AQUASOL A INTRAMUSCULAR SOLUTION 15 MG/ML (***vitamin a***)	OA	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	PV
vitamins acd-fluoride oral solution 0.25 mg/ml	1	PV
VITAMIN B COMPLEX		
B-COMPLEX INJECTION INJECTABLE	OA	
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (***doxylamine-pyridoxine***)	3	
cyanocobalamin injection solution 1000 mcg/ml	1	QL (0.04 ML per 1 day)
DEXPANTHENOL INJECTION SOLUTION 250 MG/ML	3	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (***doxylamine-pyridoxine***)	3	
doxylamine-pyridoxine oral tablet delayed release 10-10 mg	1	
folic acid injection solution 5 mg/ml	OA	
folic acid oral tablet 1 mg, 800 mcg	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOLIC D3 ORAL CAPSULE 1-3775 MG-UNIT	3	
FOLITE ORAL TABLET	3	
folic acid-cholecalciferol (Folvite-D Oral Tablet 1-3775 Mg-Unit)	3	
hematinic/folic acid oral tablet 324-1 mg	1	
ferrous fumarate-folic acid (Hemocyte-F Oral Tablet 324-1 Mg)	1	
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	OA	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED 10000 MCG	3	
multi prenatal oral tablet 27-0.8 mg	1	PV
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (***cyanocobalamin***)	3	
NESTABS ORAL TABLET 32-1 MG (***prenat-fe bisgly-fa-w/o vit a***)	3	PV
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (***prenat-fe carbonyl-fa-omega 3***)	3	PV
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	1	PV
prenatal oral tablet 27-0.8 mg, 28-0.8 mg	1	PV
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	PV
thiamine hcl injection solution 100 mg/ml	1	
vitamin b complex 100 injection injectable	OA	
vitamin b-complex 100 injection injectable	OA	
VITAMIN C		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	PV

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ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML (***ascorbic acid***)	OA	
ASCORBIC ACID SOLUTION 500 MG/ML INJECTION 500 MG/ML	OA	
ascorbic acid solution 500 mg/ml injection 500 mg/ml	OA	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	PV
vitamins acd-fluoride oral solution 0.25 mg/ml	1	PV
VITAMIN D		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	PV
calcitriol intravenous solution 1 mcg/ml	OA	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
calcium carb-cholecalciferol oral tablet 600-400 mg-unit	1	PV
calcium carbonate-vitamin d oral tablet 600-400 mg-unit	1	PV
calcium citrate + d3 maximum oral tablet 315-250 mg-unit	1	PV
calcium-vitamin d3 oral tablet 600-400 mg-unit	1	PV
d3 high potency oral capsule 25 mcg (1000 ut)	1	PV
doxercalciferol intravenous solution 4 mcg/2ml	OA	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (***ergocalciferol***)	3	
ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT)	3	
ergocalciferol oral capsule 1.25 mg (50000 ut)	1	
FOLIC D3 ORAL CAPSULE 1-3775 MG-UNIT	3	
FOLITE ORAL TABLET	3	
folic acid-cholecalciferol (Folvite-D Oral Tablet 1-3775 Mg-Unit)	3	

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FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (***alendronate-cholecalciferol***)	2	
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML, 4 MCG/2ML (***doxercalciferol***)	OA	
kids first vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)	1	PV
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE 28-0.8-235 MG (***prenat-fe carbonyl-fa-omega 3***)	3	PV
oyster shell calcium/d oral tablet 500-200 mg-unit, 500-400 mg-unit, 500-5 mg-mcg	1	PV
oyster shell calcium/vit d3 oral tablet 250-3.12 mg-mcg	1	PV
oyster shell calcium/vitamin d oral tablet 500-200 mg-unit	1	PV
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	OA	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
pharmacist choice d-vitamin oral liquid 400 unit/ml	1	PV
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (***calcifediol***)	3	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (***calcitriol***)	3	
ROCALTROL ORAL SOLUTION 1 MCG/ML (***calcitriol***)	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	PV
vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit)	1	PV
vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)	1	PV
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
vitamin d3 oral tablet 10 mcg (400 unit)	1	PV
vitamins acd-fluoride oral solution 0.25 mg/ml	1	PV
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML (***paricalcitol***)	OA	

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ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (***paricalcitol***)	3	
VITAMIN E		
wheat germ oil oral oil	1	
VITAMIN K ACTIVITY		
INFUVITE ADULT INTRAVENOUS INJECTABLE (***multiple vitamin***)	OA	
MEPHYTON ORAL TABLET 5 MG (***phytonadione***)	3	
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	OA	
phytonadione oral tablet 5 mg	1	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	OA	

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ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語**(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។
សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka›anída›awo›ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę› t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

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