

Health Insurance Marketplace 6 Tier Drug List

January 2026

This drug list (also known as a formulary) corresponds with the following plans:

Individual: Blue Choice Preferred Gold PPO 204, Blue Choice Preferred Gold PPO 901, Blue Choice Preferred Gold PPO Standard, Blue Choice Preferred Silver PPO 203, Blue Choice Preferred Silver PPO 303, Blue Choice Preferred Silver PPO 801, Blue Choice Preferred Silver PPO Standard, Blue Choice Preferred Bronze PPO 201, Blue Choice Preferred Bronze PPO 202, Blue Choice Preferred Bronze PPO 701, Blue Choice Preferred Bronze PPO Standard, Blue Choice Preferred Security PPO 200

Small Group: Blue Choice Preferred Platinum PPO 119, Blue Choice Preferred Platinum PPO 136, Blue Choice Preferred Platinum PPO 501, Blue Choice Preferred Platinum PPO 601, Blue Options Platinum PPO 403, Blue PPO Platinum 119, Blue PPO Platinum 136, Blue PPO Platinum 501, Blue PPO Platinum 601, Blue Choice Preferred Gold PPO 101, Blue Choice Preferred Gold PPO 102, Blue Choice Preferred Gold PPO 107, Blue Choice Preferred Gold PPO 113, Blue Choice Preferred Gold PPO 114, Blue Choice Preferred Gold PPO 115, Blue Choice Preferred Gold PPO 116, Blue Choice Preferred Gold PPO 123, Blue Choice Preferred Gold PPO 502, Blue Choice Preferred Gold PPO 602, Blue Options Gold PPO 101, Blue Options Gold PPO 102, Blue Options Gold PPO 106, Blue Options Gold PPO 200, Blue Options Gold PPO 503, Blue PPO Gold 101, Blue PPO Gold 102, Blue PPO Gold 107, Blue PPO Gold 113, Blue PPO Gold 114, Blue PPO Gold 115, Blue PPO Gold 116, Blue PPO Gold 123, Blue PPO Gold 502, Blue PPO Gold 602, Blue Choice Preferred Silver PPO 104, Blue Choice Preferred Silver PPO 105, Blue Choice Preferred Silver PPO 120, Blue Choice Preferred Silver PPO 133, Blue Choice Preferred Silver PPO 200, Blue Options Silver PPO 104, Blue Options Silver PPO 107, Blue Options Silver PPO 404, Blue PPO Silver 104, Blue PPO Silver 105, Blue PPO Silver 120, Blue PPO Silver 133, Blue PPO Silver 200, Blue Choice Preferred Bronze PPO 106, Blue Choice Preferred Bronze PPO 132, Blue Choice Preferred Bronze PPO 401, Blue PPO Bronze 106, Blue PPO Bronze 132, Blue PPO Bronze 401

This drug list was last updated on 01/01/2026. The drug list is subject to change, and all previous versions of the drug list are no longer in effect. Please consider talking to your doctor about prescribing preferred prescription drugs, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate drug for you. Please visit **bcbsil.com** or **myprime.com** for the most up-to-date information.

To find a contracting pharmacy, please access the link below:

<https://www.myprime.com/en/find-pharmacy.html>

For specific benefit information, log in to your online member account at **bcbsil.com** or **myprime.com**, or call the customer service number on your member ID card.

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Informational Section

This drug list (also known as a formulary) is a list of prescription drugs that are covered by your health insurance policy under the prescription drug benefit of the policy.

Members are encouraged to show this list to their physicians and pharmacists. Physicians are encouraged to prescribe drugs on this list, when right for the member. However, decisions regarding therapy and treatment are always between members and their physician.

Drug list updates – This list is regularly updated as generic drugs become available and changes take place in the pharmaceuticals market. For the most up-to-date information, visit **myprime.com** or **bcbsil.com** and log in to Blue Access for MembersSM or call the number on your ID card. Physicians can access the list from the provider portal at **bcbsil.com**.

How drugs are selected

Drugs on this list are selected based on the recommendations of a committee made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from BCBSIL, reviews drugs regulated by the U.S. Food and Drug Administration (FDA).

Both drugs that are newly approved by the FDA as well as those that have been on the market for some time are considered. Drugs are selected based on safety, efficacy, cost and how they compare to other drugs currently on the list. Newly marketed drugs may not be covered until the committee has had an opportunity to evaluate based on these criteria.

Definitions

The following words and definitions will be used throughout the drug list:

"Allowed amount" is the maximum amount on which the health insurance issuer bases its payment for a covered health care service. This may be called "eligible expense", "payment allowance", or "negotiated rate". If your health care provider charges more than the allowed amount and is not part of the provider network, you may have to pay the difference.

"Brand name drug" is a drug that is marketed under a proprietary, trademark protected name. The brand name drug must be listed in all capital letters.

"Coinsurance" is a percentage of the cost of a covered health care service, which you are responsible to pay. The cost of the covered health care service is generally deemed to be the allowed amount, which may differ from the retail price that you would pay for the same service without using insurance. If your health product has a coinsurance, it typically does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

"Copayment" is a fixed dollar amount that you pay for a covered health care service. If your health product has a copayment, it typically does not apply until after you have met the deductible, unless the health insurance issuer has waived or lowered the deductible for the health care service in question.

"Covered individual" is an individual enrolled in, subscribed to, or insured under a health product, whether directly or as a dependent or beneficiary.

"Deductible" is the amount you pay for covered health care services before your health product begins payment for all or part of the cost of the health care service under the terms of coverage. If your health product has a deductible, it may have either one deductible or separate deductibles for medical benefits and drug benefits. For some health care services, such as preventive services, the health insurance issuer might waive or lower the deductible to pay for costs of the health care service from the first dollar of coverage, but this tends not to happen for most other covered services.
"Drug Tier" is a group of drugs that corresponds to a specified cost sharing tier in the health product's drug coverage. The tier in which a drug is placed determines your portion of the cost for the drug.
"Exception request" is a request for coverage of i) a nonformulary drug, ii) a drug being removed from the formulary or iii) a quantity of a drug above a quantity limit. If you, your designee, or your attending or prescribing health care provider submits an exception request for coverage of a drug, the health insurance issuer must cover the drug when the drug is determined to be medically necessary to treat your condition.
"Exigent circumstances" are when you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a nonformulary drug.
"Formulary" is the complete list of drugs preferred for use and eligible for coverage under a health product, and includes all drugs covered under the outpatient or pharmacy drug benefit of the health product. Formulary is also known as a drug list or 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 drug that is not listed on the health product's formulary as a covered drug, but may become eligible for coverage under an "exception request".
"Out-of-pocket cost" is copayments, coinsurance, and the applicable deductible, plus all costs for health care services that the health product does not cover.
"Prescribing provider" is a health care provider authorized to write a prescription to treat your health condition.
"Prescription" is an oral, written, or electronic order by a prescribing provider for you that contains the name of the drug, the quantity of the drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by you, the health condition or purpose for which the drug is being prescribed.
"Prescription drug" is a drug that is prescribed by your prescribing provider and requires a prescription under applicable law.
"Prior Authorization" is a health product's requirement that you or your prescribing provider obtain the health insurance issuer's authorization for a drug before the health product will cover the drug. The health insurance issuer must grant a prior authorization when it is determined medically necessary for you to obtain the drug.

How to use this list

How do I find a drug on this list?

Each covered prescription drug is listed alphabetically under the column titled “Drug Name” by its brand or generic name under the therapeutic category and class to which it belongs. This drug list uses the U.S. Pharmacopeia (USP) classification system.

To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

Generic drugs are shown in lower-case **boldface** and *italicized* type.

Example: *icatibant acetate subcutaneous soln pref syr 30 mg/3 ml*

- If the generic equivalent of a brand-name drug is both available and covered, the generic drug will be listed separately from the brand-name drug. If the brand-name drug is not covered, only the generic drug may be listed.
- When a generic drug is marketed with a brand name, the brand-name drug will be listed after the generic drug name in (parentheses) and in all CAPITAL letters. The generic drug will be listed in regular typeface with the first letter of each word Capitalized.

Example: Oxycodone W/ Acetaminophen Tab 5-325 mg (ENDOCET)

Brand-name drugs are shown in all CAPITAL letters followed by the generic drug name, formulation and strength in (parentheses) and lower-case **boldface** and *italicized* type.

Example: MAVYRET (*glecaprevir-pibrentasvir tab 100-40 mg*)

What are drug tiers?

Drugs are placed into drug tiers based on defined categories. The column titled “Drug tier” is the corresponding cost sharing tier to your health product’s drug coverage. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in your specific health product’s benefit information.

Drug Tier	Description
1	Preferred Generic
2	Non-Preferred Generic
3	Preferred Brand
4	Non-Preferred Brand
5	Specialty, Preferred Brands, some Generics
6	Specialty, Non-Preferred Brands, some Generics

Some brands may be placed in generic tiers and some generics may be placed in brand tiers. Specialty drugs are marked with an "SP" in the “Coverage Requirements and Limits” column. Please refer to the Specialty Section for more information. Note: Covered substance use disorder drugs (those FDA- approved for treatment of opioid drug abuse, alcohol abuse and to quit tobacco use) may be in the lowest tiers. Substance use disorder brand drugs may be in the lowest brand tier and generic drugs in the lowest generic tier, based on your benefit plan. These drugs are those with such active ingredients as buprenorphine-naloxone, nalmefene, naltrexone, lofexidine, naloxone, disulfiram, acamprosate, bupropion (smoking deterrent), varenicline and nicotine replacement therapy. Please refer to the ACA Preventive (ACA) section for drugs marked with an "AC" in the Coverage Requirements and Limits column. More information about other prescription drugs with \$0 or reduced cost share can be found in the Coverage Considerations section.

Visit **myprime.com** or **bcbsil.com** and log in to Blue Access for Members. To verify your payment amount for a drug, check your benefits in your online member account or call the number on your ID card. For covered prescription drugs, members will pay at the pharmacy equal to or less than the cost sharing amount owed or retail price of a drug without prescription drug coverage.

Your pharmacy benefit includes coverage for many prescription drugs, although some exclusions may apply. Generally, if a drug is not listed on the drug list it is not covered. For example, drugs indicated for cosmetic purposes, e.g., Propecia, for hair growth, may not be covered. Drugs that have not received FDA approval may not be covered. Prescription products that have over-the-counter (OTC) equivalents may not be covered. Drugs that are not FDA-approved for self-administration may be available through your medical benefit. Check your plan materials for details. Some prescription drugs covered under your pharmacy benefit(s) may need to be filled at a pharmacy that carries your drug.

Drugs used to treat multiple conditions

Some drugs in the same dosage form may be used to treat more than one medical condition. In these instances, each drug is classified according to its first FDA-approved use. Please check the index if you do not find your particular drug in the class/condition section that corresponds to your use.

Please note: Drugs that need a health care provider to administer them and are often given to you in a hospital, doctor's office or other health care setting may be covered under your medical benefit. Some types of these drugs are contraceptive implants and chemo infusions. If you are taking or are prescribed a drug that is not on this drug list, call the number on your ID card to see if the drug may be covered.

Generic drugs

Using generic drugs, when right for you, can help you save on your out-of-pocket drug costs. Generic drugs must be approved by the FDA just as brand drugs are, and must meet the same standards.

There are two types of generic drugs:

- A **generic equivalent** is made with the same active ingredient(s) at the same dosage as the reference drug.
- A **generic alternative** is a drug typically used to treat the same condition, but the active ingredient(s) differs from the brand drug.

According to the FDA, compared to its brand counterpart, an FDA-approved generic drug:

- Is chemically the same
- Works just as well in the body
- Is as safe and effective
- Meets the same standards set by the FDA

The main difference between the reference brand drug and the generic equivalent is that the generic often costs much less.

Preferred brand drugs may be excluded or moved to a non-preferred brand tier after a generic equivalent becomes available. You may be responsible for the applicable member cost share payment amount (copay or coinsurance) *plus* the difference in cost between the brand and generic equivalent if you or your doctor requests the reference brand rather than the generic. Generic drugs usually have the lowest member payment amount.

Consider talking to your doctor about generic drugs

If your doctor writes a prescription for a brand drug that does not have a generic equivalent, consider asking if an appropriate generic alternative is available.

You can also let your pharmacist know that you would like a generic equivalent for a brand drug, whenever one is available. Your pharmacist can usually substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.

Only your doctor can determine whether a generic alternative is right for you and must prescribe the drug.

Coverage considerations

Most prescription drug benefit plans provide coverage for up to a 30-day supply of prescription drug, with some exceptions. Your plan may also provide coverage for up to a 90-day supply of maintenance medications. Maintenance medications are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes or high cholesterol. Also, some drugs may only be covered for members within a certain age range due to the drug being used for cosmetic purposes or for safety concerns. Drug coverage may be limited to recommendations based on FDA-approved labeling and recognized evidence-based or clinical practice guidelines.

Over-the-counter exclusions: Your benefit plan does not provide coverage for prescription drugs that have an over-the-counter version. You should refer to your benefit plan materials for details about your particular benefits.

Compounded medications: Your benefit plan does not provide coverage for compounded medications. Please see your plan materials or call the number on your ID card to determine whether compounded medications are covered and/or verify your payment amount.

Repackaged medications: Repackaged versions of medications already available on the market are not covered.

Prior Authorization (PA): Your benefit plan may require prior authorization for certain drugs. This means that your doctor will need to submit a prior authorization request for coverage of these prescriptions, and the request will need to be approved, before the drug may be covered under your plan. Your doctor can find forms on our provider website at bcbsil.com/provider or call the number on your ID card to start the process. For the drugs listed in this document, if a prior authorization is commonly required, it will generally be noted next to the drug with a "PA" under the Coverage Requirements and Limits column. Members with a Type 2 diabetes diagnosis in their medical history may not require a prior authorization for a continuous glucose monitor (CGM), even if noted. Some plans may have prior authorization on additional drugs beyond those noted in this document.

A prior authorization approval will be valid for the lesser of six months, the length of treatment determined by the covered individual's prescribing provider, or the renewal of the plan. (This does not apply to benzodiazepines, Schedule II narcotic drugs and maintenance medications to treat a chronic or long-term condition). For maintenance medications to treat a chronic or long-term condition, a prior authorization approval will be valid for the lesser of 12 months or the length of treatment determined by the covered individual's prescribing provider.

If BCBSIL fails to respond to a prior authorization request using the uniform electronic prior authorization form within 72 hours of receiving a non-urgent request and 24 hours of receiving an urgent request, the request is deemed granted.

Dispensing Limits (DL)/Quantity Limits (QL): Drug Dispensing limits help encourage prescription drug use as intended by the FDA. Dispensing limits are placed on drugs in certain drug categories. For the drugs listed in this document, if a dispensing limit applies, it will generally be noted next to the drug with a “QL” under the Coverage Requirements and Limits column. Limits may include: quantity of covered medication per prescription or quantity of covered medication in a given time period. If your doctor prescribes a greater quantity of medication than what the dispensing limit allows, you can still get the drug. However, you may be responsible for the full cost of the prescription beyond what your coverage allows. *Some plans may have a dispensing limit on additional drugs beyond those noted in this document. For a list of prescription drugs and their dispensing limits, visit myprime.com or bcbsil.com.

*Please note: For certain controlled substance medications, some state laws may not allow coverage by a health benefit plan of such drugs if dispensed in a quantity beyond what the dispensing limit allows. You will be responsible for the full cost of the prescription with no benefits applied if the dispensed quantity exceeds the dispensing limit.

Limited Distribution (LD): Medicines marked as “LD” in the Coverage Requirements and Limits column may only be available at select pharmacies. You may need to fill your prescription at a pharmacy that carries your medication.

Cost Waived (CW): Based on your benefit plan, medicines marked with a “CW” in the Coverage Requirements and Limits column are mandated in state of Illinois to have \$0 member cost-sharing (copay or coinsurance amount). Coverage may vary based on benefit plan. To verify your payment amount for a drug, visit myprime.com or bcbsil.com and log in to your online member account or call the number on your ID card.

Illinois Code Compliance (IC): Prescription drugs marked with “IC” in the Coverage Requirements and Limits column are regulated by the Illinois Insurance Code. These products may have limited or \$0 member cost-sharing (copay or coinsurance amount), when meeting the conditions as outlined under the regulation and filled at a participating pharmacy. Coverage may vary based on benefit plan.

Oral Cancer Medications (OC): These prescribed cancer medications that are taken orally have the same guidelines as injectable or physician-administered cancer medications. Medications marked with “OC” in the Coverage Requirements and Limits column have a maximum limit on the member cost-sharing (copay/coinsurance) amount. See your benefit plan for more info.

ACA Preventive (ACA): Medicines marked as “AC” in the Coverage Requirements and Limits column are under the Affordable Care Act coverage of preventive services. These products have limited or \$0 member cost-sharing (copay or co-insurance), when meeting the conditions as outlined under the regulation. To see what contraceptive products may be covered, visit <https://www.bcbsil.com/il/documents/rx-drugs/member-contraceptive-list-il.pdf>

You, or your prescribing health care provider, can submit a copay waiver or coverage exception request for ACA preventive medicines with or without the “AC” indicator and medicines on the No-Cost Preventive Drug List by calling the number on your ID card to ask for a review. Copay waiver and coverage exception forms for your provider to fill out are available at bcbsil.com/provider or myprime.com. If you meet the conditions as outlined under the ACA regulations, these products may have \$0 member cost-sharing (copay or coinsurance) when obtained from a participating pharmacy. BCBSIL will let you, and your prescriber, know the coverage decision after they receive your request. If the request is denied, BCBSIL will let you and your prescriber know why it was denied and offer you a covered alternative drug (if applicable).

Illinois mandated \$0 cost share products: Based on your benefit plan, abortifacient medication, hormonal therapy for gender dysphoria, HIV preexposure prophylaxis and/or post-exposure prophylaxis, and/or opioid antagonist drug(s) have \$0 member cost-sharing (copay or coinsurance) when obtained from a participating pharmacy. Members with a High Deductible Health Plan (HDHP), designed for use with a Health Savings Account (HSA), may need to first meet their deductible before \$0 member cost-sharing begins. To verify your payment amount for a drug, visit MyPrime.com or bcbsil.com and log in to your online member account, or call the number on your ID card to request payment amount or information on a copay waiver exception.

Remember, medication decisions are between you and your doctor. Only you and your doctor can determine which prescription drug is right for you. Discuss any questions or concerns you have about drugs you are taking or are prescribed with your doctor. BCBSIL does not provide health care services and, therefore, cannot guarantee any results or outcomes.

Pharmacies

Participating retail pharmacies

You can fill prescriptions for up to a 30-day supply, with some exceptions, at any participating (network) pharmacy. Your health product and plan benefits may provide coverage for up to a 90-day supply of maintenance medications at select retail pharmacies. To find a network retail pharmacy, visit <https://www.myprime.com/en/find-pharmacy.html>.

Home delivery

Your health product and plan benefits may provide coverage for up to a 90-day supply of maintenance medications through home delivery. With home delivery, you can enjoy the ease of having your 90-day supply maintenance drugs delivered anywhere in the U.S. To verify your plan benefits and find a network home delivery pharmacy service, visit MyPrime.com or bcbsil.com and log in to your online member account.

Specialty drugs

Specialty drugs are used to treat complex, chronic or rare conditions. They are only available at select pharmacies due to their limited or exclusive access. They have special handling and storage needs. Patients need to follow a clinical care plan that often changes dosing, monitors clinical results and/or offers counseling, education or individualized disease and drug care therapy. Specialty drugs may be oral, topical or injectable drugs that can either be self-administered or administered by a health care provider. Drugs given by a provider are not covered under the pharmacy benefit. For a current list of specialty drugs, visit **myprime.com** or **bcbsil.com** and log in to Blue Access for Members.

Note that some drug classes may be excluded by some plans and may not be covered under your pharmacy benefit. If you have questions about your coverage for specialty drugs or your prescription drug benefit, call the number on your ID card.

Blue Cross and Blue Shield of Illinois, is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross Blue Shield Association. BCBSIL contracts with a separate company, Prime Therapeutics LLC, to provide pharmacy solutions. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Abbreviation key

aer aerosol
cap capsules
chew chewable
conc concentrate
cr controlled release
dr delayed release
ec enteric coated
equiv equivalent
er extended release
gm gram
inhal inhaler
inj injection
liqd liquid
mg milligram
ml milliliter

nebu nebulizer
odt orally disintegrating tabs
oint ointment
ophth ophthalmic
osm osmotic release
pack packets
powd powder
pttw twice-weekly patch
sl sublingual
soln solution
suppos suppositories
susp suspension
tab tablets
td transdermal
w/ with

Exception Process

You, your prescribing health care provider, or your authorized representative, can ask for a Drug List exception if your drug is not on (or is being removed from) the Drug List. To request this exception, you, your prescriber, or your authorized representative, can call the number on your ID card to ask for a review. BCBSIL will let you, your prescriber (or authorized representative) know the coverage decision within 72 hours after they receive your request. If the coverage request is approved, BCBSIL will provide coverage for the duration of the prescription, including refills for up to 12 months. If the coverage request is denied, BCBSIL will let you and your prescriber (or authorized representative) know why it was denied and offer you a covered alternative drug (if applicable).

If you have a health condition that may jeopardize your life, health or keep you from regaining function, or your current drug therapy uses a non-covered drug, you, your prescriber, or your authorized representative, may be able to ask for an expedited review process. BCBSIL will let you, your prescriber (or authorized representative) know the coverage decision within 24 hours after they receive your request for an expedited review. If the coverage request is approved, BCBSIL will provide coverage for the duration of the prescription, including refills for up to 12 months. If the coverage request is denied, BCBSIL will let you and your prescriber (or authorized representative) know why it was denied and offer you a covered alternative drug (if applicable). Call the number on your ID card if you have any questions.

For more information about requesting a coverage exception and the appeal process, visit <https://www.bcbsil.com/member/transparency-in-coverage>

If you or your prescriber are asking for a copay waiver or coverage exception request for an ACA preventive product, please see the ACA preventive section.



BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

300 East Randolph Street
Chicago, IL 60601

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	855-661-6965
300 E. Randolph St., 35th Floor	Fax:	855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services	Phone:	800-368-1019
200 Independence Avenue SW	TTY/TDD:	800-537-7697
Room 509F, HHH Building	Complaint Portal:	
Washington, DC 20201	ocrportal.hhs.gov/ocr/smartscreen/main.jsf	
	Complaint Forms:	
	hhs.gov/civil-rights/filing-a-complaint/index.html	

This notice is available on our website at bcbsil.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

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BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

300 East Randolph Street
Chicago, IL 60601

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和 服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供 商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. ચોક્કસ ઓકિંગલરી સહાય અને એક્સસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710- 6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahíł hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'gígíí éí t'áá jiik'eh hóló. Kohjíl' 855-710-6984 (TTY: 711) hodíłłnih doodago nika'análwo'í bich'í' hanidziil.
فارسی Farsi	توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تله تابی: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomocę i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyonang tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون اعداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng để tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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2026 Health Insurance Marketplace 6 Tier Updates

as of January 2026

This drug list is updated every month. The types of changes that may occur are: drug coverage additions, drug coverage exclusions, drugs moving to higher or lower tiers and new utilization review restrictions, such as prior authorization and dispensing limits. BCBSIL will provide at least a 60-day prior notification to an affected covered individual for the following changes: drugs moving to a higher tier, drug coverage exclusions and stricter utilization review requirements. Changes for this month are listed in the chart below. The drug name is in the left column, the middle column lists the type of change, and the right column lists the new tier or coverage restrictions.

TRADE NAME (generic name) or generic name	Type of Change	New Tier and/or Coverage Restriction
ACCU-CLEAR PREGNANCY TEST (<i>pregnancy test</i>)	Addition	Tier 4
ADALIMUMAB-ADBIM (<i>adalimumab-adbm auto-injector kit 40 mg/0.4ml</i>)	Addition	Tier 5
ADALIMUMAB-ADBIM (<i>adalimumab-adbm auto-injector kit 40 mg/0.8ml</i>)	Addition	Tier 5
ADALIMUMAB-ADBIM (<i>adalimumab-adbm prefilled syringe kit 40 mg/0.4ml</i>)	Addition	Tier 5
ADALIMUMAB-ADBIM (<i>adalimumab-adbm prefilled syringe kit 40 mg/0.8ml</i>)	Addition	Tier 5
AVMAPKI FAKZYNJA CO-PACK (<i>avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack</i>)	Addition	Tier 6
BELSOMRA (<i>suvorexant tab 10 mg</i>)	UM Change	ST Removed
BELSOMRA (<i>suvorexant tab 15 mg</i>)	UM Change	ST Removed
BELSOMRA (<i>suvorexant tab 20 mg</i>)	UM Change	ST Removed
BELSOMRA (<i>suvorexant tab 5 mg</i>)	UM Change	ST Removed
BOOST MAX 30G PROTEIN (<i>*nutritional supplement liquid**</i>)	Addition	Tier 4
<i>bosentan tab for oral susp 32 mg</i>	Addition	Tier 5
BRUKINSA (<i>zanubrutinib tab 160 mg</i>)	Addition	Tier 5
CAREPOINT PRECISION SYRINGE/LUER LOCK/3ML/20GX1" (<i>syringe/needle (disp) 3 ml 20 x 1"</i>)	Addition	Tier 3
CAREPOINT PRECISION SYRINGE/LUER LOCK/3ML/22GX1-1/2" (<i>syringe/needle (disp) 3 ml 22 x 1-1/2"</i>)	Addition	Tier 3
CAREPOINT PRECISION SYRINGE/LUER LOCK/3ML/23GX1-1/2" (<i>syringe/needle (disp) 3 ml 23 x 1-1/2"</i>)	Addition	Tier 3
CAREPOINT PRECISION SYRINGE/LUER LOCK/3ML/25GX1-1/2" (<i>syringe/needle (disp) 3 ml 25 x 1-1/2"</i>)	Addition	Tier 3
CHLOROQUINE PHOSPHATE (<i>chloroquine phosphate tab 250 mg</i>)	Tier Change	Tier 4
CLEARBLUE DIGITAL PLUS PREGNANCY TEST (<i>pregnancy test</i>)	Addition	Tier 4
CLEARBLUE DIGITAL PREGNANCY TEST (<i>pregnancy test</i>)	Addition	Tier 4
CLEARBLUE PLUS PREGNANCY TEST (<i>pregnancy test</i>)	Addition	Tier 4
COMIRNATY 2025-26 (<i>covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml</i>)	Addition	Tier 3
COMIRNATY/5-11Y/2025-26 (<i>covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml</i>)	Addition	Tier 3
CVS DIGITAL PREGNANCY TEST (<i>pregnancy test</i>)	Addition	Tier 4
CVS EARLY PREGNANCY TEST (<i>pregnancy test</i>)	Addition	Tier 4
CVS EARLY RESULT PREGNANCY TEST (<i>pregnancy test</i>)	Addition	Tier 4
CVS ONE STEP PREGNANCY TE (<i>pregnancy test</i>)	Addition	Tier 4
CVS ONE STEP PREGNANCY TEST (<i>pregnancy test</i>)	Addition	Tier 4
CVS PREGNANCY TEST KIT (<i>pregnancy test</i>)	Addition	Tier 4

Continued

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Prime Therapeutics LLC is a separate company BCBSIL contracts with to provide pharmacy solutions. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

TRADE NAME (generic name) or generic name	Type of Change	New Tier and/or Coverage Restriction
DEXCOM G7 15 DAY SENSOR (*continuous glucose system sensor***)	Addition	Tier 3
DIFICID (fidaxomicin tab 200 mg)	Removal	
DIGITAL PREGNANCY TEST (pregnancy test)	Addition	Tier 4
EARLY PREGNANCY TEST (pregnancy test)	Addition	Tier 4
EARLY RESULT PREGNANCY TEST (pregnancy test)	Addition	Tier 4
EFAVIRENZ/LAMIVUDINE/TENOFOVIR DISOPROXIL FUMARATE (efavirenz-lamivudine-tenofovir df tab 400-300-300 mg)	Tier Change	Tier 4
ENSACOVE (ensartinib hcl cap 100 mg (base equivalent))	Addition	Tier 6
ENSACOVE (ensartinib hcl cap 25 mg (base equivalent))	Addition	Tier 6
EPT (pregnancy test)	Addition	Tier 4
EPT DIGITAL (pregnancy test)	Addition	Tier 4
EQ PREGNANCY TEST (pregnancy test)	Addition	Tier 4
EQ PREGNANCY TEST EARLY RESULT (pregnancy test)	Addition	Tier 4
EQL ONE-STEP PREGNANCY TEST (pregnancy test)	Addition	Tier 4
EQL PREGNANCY TEST DIGITAL (pregnancy test)	Addition	Tier 4
EQL PREGNANCY TEST EARLY RESULT (pregnancy test)	Addition	Tier 4
FACT PLUS+ PREGNANCY TEST (pregnancy test)	Addition	Tier 4
FANAPT (iloperidone tab 1 mg)	UM Change	ST Removed
FANAPT (iloperidone tab 10 mg)	UM Change	ST Removed
FANAPT (iloperidone tab 12 mg)	UM Change	ST Removed
FANAPT (iloperidone tab 2 mg)	UM Change	ST Removed
FANAPT (iloperidone tab 4 mg)	UM Change	ST Removed
FANAPT (iloperidone tab 6 mg)	UM Change	ST Removed
FANAPT (iloperidone tab 8 mg)	UM Change	ST Removed
FANAPT TITRATION PACK A (iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak)	UM Change	ST Removed
FANAPT TITRATION PACK B (iloperidone tab 1 mg & 2 mg & 6 mg & 8 mg titration pak)	UM Change	ST Removed
FANAPT TITRATION PACK C (iloperidone tab 1 mg & 2 mg & 6 mg titration pak)	UM Change	ST Removed
FETZIMA (levomilnacipran hcl cap er 24hr 120 mg (base equivalent))	UM Change	ST Removed
FETZIMA (levomilnacipran hcl cap er 24hr 20 mg (base equivalent))	UM Change	ST Removed
FETZIMA (levomilnacipran hcl cap er 24hr 40 mg (base equivalent))	UM Change	ST Removed
FETZIMA (levomilnacipran hcl cap er 24hr 80 mg (base equivalent))	UM Change	ST Removed
FETZIMA TITRATION PACK (levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack)	UM Change	ST Removed
FIBRYGA (fibrinogen concentrate (human) for iv soln 2 gm)	Addition	Tier 5
FIRST RESPONSE PREGNANCY (pregnancy test)	Addition	Tier 4
fluocinolone acetonide cream 0.01%	Removal	
fluocinolone acetonide cream 0.025%	Removal	
FLURBIPROFEN (flurbiprofen tab 100 mg)	Removal	
FLURBIPROFEN (flurbiprofen tab 50 mg)	Removal	
flurbiprofen tab 100 mg	Removal	
FLUTICASONE PROPIONATE/SALMETEROL (fluticasone-salmeterol aer powder ba 113-14 mcg/act)	UM Change	QL Removed
FLUTICASONE PROPIONATE/SALMETEROL (fluticasone-salmeterol aer powder ba 232-14 mcg/act)	UM Change	QL Removed
folic acid tab 1 mg	Addition	Tier 1
FT EARLY RESULT PREGNANCY TEST (pregnancy test)	Addition	Tier 4
FT ONE STEP PREGNANCY TEST (pregnancy test)	Addition	Tier 4

Continued

TRADE NAME (generic name) or generic name	Type of Change	New Tier and/or Coverage Restriction
GALZIN (zinc acetate cap 25 mg (elemental zinc))	Removal	
GALZIN (zinc acetate cap 50 mg (elemental zinc))	Removal	
GNP ADVANCED EARLY RESULTPREGNANCY TEST (pregnancy test)	Addition	Tier 4
GNP EARLY RESULT PREGNANCY TEST (pregnancy test)	Addition	Tier 4
GNP ONE STEP PREGNANCY TEST (pregnancy test)	Addition	Tier 4
GNP SIMPLI MICRO PEN NEEDLE/32GX4MM (insulin pen needle 32 g x 4 mm (1/6" or 5/32"))	Addition	Tier 2
heparin sodium (porcine) inj 1000 unit/ml	Addition	Tier 2
heparin sodium (porcine) inj 10000 unit/ml	Addition	Tier 2
heparin sodium (porcine) inj 5000 unit/ml	Addition	Tier 2
IBTROZI (taletrectinib adipate cap 200 mg)	Addition	Tier 6
lanthanum carbonate chew tab 1000 mg (elemental)	UM Change	ST Removed,QL Added
lanthanum carbonate chew tab 500 mg (elemental)	UM Change	ST Removed,QL Added
lanthanum carbonate chew tab 750 mg (elemental)	UM Change	ST Removed,QL Added
LUMIGAN (bimatoprost ophth soln 0.01%)	UM Change	ST Removed
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" (insulin syringe/needle u-100 1 ml 29 x 1/2")	Addition	Tier 2
MRESVIA (rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml)	Addition	Tier 3
naloxone hcl nasal spray 4 mg/0.1ml	Addition	Tier 1
naloxone hcl soln prefilled syringe 2 mg/2ml	Addition	Tier 1
NEULASTA (pegfilgrastim soln prefilled syringe 6 mg/0.6ml)	Addition	Tier 5
NEULASTA ONPRO KIT (pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml)	Addition	Tier 5
NICODERM CQ (nicotine td patch 24hr 14 mg/24hr)	Addition	Tier 3
NICODERM CQ (nicotine td patch 24hr 21 mg/24hr)	Addition	Tier 3
NICODERM CQ (nicotine td patch 24hr 7 mg/24hr)	Addition	Tier 3
NICORETTE (nicotine polacrilex gum 2 mg)	Addition	Tier 3
NICORETTE (nicotine polacrilex gum 4 mg)	Addition	Tier 3
NICORETTE STARTER KIT (nicotine polacrilex gum 2 mg)	Addition	Tier 3
NICORETTE STARTER KIT (nicotine polacrilex gum 4 mg)	Addition	Tier 3
NUVAXOVID COVID-19 VACCINE/2025-26 (covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml)	Addition	Tier 3
NYVEPRIA (pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml)	Removal	
OFLOXACIN (ofloxacin tab 400 mg)	Tier Change	Tier 4
OGSIVEO (nirogacestat hydrobromide tab 100 mg)	Tier Change	Tier 5
OGSIVEO (nirogacestat hydrobromide tab 150 mg)	Tier Change	Tier 5
OGSIVEO (nirogacestat hydrobromide tab 50 mg)	Tier Change	Tier 5
omeprazole cap delayed release 20 mg	Addition	Tier 1
ONE STEP PREGNANCY TEST (pregnancy test)	Addition	Tier 4
ONE-STEP PREGNANCY TEST (pregnancy test)	Addition	Tier 4
ORLADEYO (berotralstat hcl cap 150 mg)	UM Change	QL Added
paroxetine mesylate cap 7.5 mg (base equiv)	Addition	Tier 2
PEN NEEDLE/5-BEVEL TIP/31G X 8MM (insulin pen needle 31 g x 8 mm (1/3" or 5/16"))	Addition	Tier 2
PEPTAMEN AF (*nutritional supplement liquid**)	Addition	Tier 4
perampanel tab 10 mg	Addition	Tier 2
perampanel tab 12 mg	Addition	Tier 2
perampanel tab 2 mg	Addition	Tier 2
perampanel tab 4 mg	Addition	Tier 2

Continued

TRADE NAME (generic name) or generic name	Type of Change	New Tier and/or Coverage Restriction
perampanel tab 6 mg	Addition	Tier 2
perampanel tab 8 mg	Addition	Tier 2
PRECISE PREGNANCY TEST (pregnancy test)	Addition	Tier 4
PREGNANCY TEST (pregnancy test)	Addition	Tier 4
PREZCOBIX (darunavir-cobicistat tab 675-150 mg)	Addition	Tier 3
PURALIN ONE-STEP PREGNANCY TEST (pregnancy test)	Addition	Tier 4
PX PREGNANCY TEST (pregnancy test)	Addition	Tier 4
REVLIMID (lenalidomide cap 10 mg)	Removal	
REVLIMID (lenalidomide cap 15 mg)	Removal	
REVLIMID (lenalidomide cap 20 mg)	Removal	
REVLIMID (lenalidomide cap 25 mg)	Removal	
REVLIMID (lenalidomide cap 5 mg)	Removal	
REVLIMID (lenalidomide caps 2.5 mg)	Removal	
risedronate sodium tab 5 mg	Removal	
SAFYRAL (drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg)	Removal	
SB PREGNANCY TEST KIT (pregnancy test)	Addition	Tier 4
SKYTROFA (lonaepsomatropin-tcgd for subcutaneous inj cart 13.3 mg)	Addition	Tier 6
SKYTROFA (lonaepsomatropin-tcgd for subcutaneous inj cartridge 0.7 mg)	Addition	Tier 6
SKYTROFA (lonaepsomatropin-tcgd for subcutaneous inj cartridge 1.4 mg)	Addition	Tier 6
SKYTROFA (lonaepsomatropin-tcgd for subcutaneous inj cartridge 1.8 mg)	Addition	Tier 6
SKYTROFA (lonaepsomatropin-tcgd for subcutaneous inj cartridge 11 mg)	Addition	Tier 6
SKYTROFA (lonaepsomatropin-tcgd for subcutaneous inj cartridge 2.1 mg)	Addition	Tier 6
SKYTROFA (lonaepsomatropin-tcgd for subcutaneous inj cartridge 2.5 mg)	Addition	Tier 6
SKYTROFA (lonaepsomatropin-tcgd for subcutaneous inj cartridge 3 mg)	Addition	Tier 6
SKYTROFA (lonaepsomatropin-tcgd for subcutaneous inj cartridge 3.6 mg)	Addition	Tier 6
SKYTROFA (lonaepsomatropin-tcgd for subcutaneous inj cartridge 4.3 mg)	Addition	Tier 6
SKYTROFA (lonaepsomatropin-tcgd for subcutaneous inj cartridge 5.2 mg)	Addition	Tier 6
SKYTROFA (lonaepsomatropin-tcgd for subcutaneous inj cartridge 6.3 mg)	Addition	Tier 6
SKYTROFA (lonaepsomatropin-tcgd for subcutaneous inj cartridge 7.6 mg)	Addition	Tier 6
SKYTROFA (lonaepsomatropin-tcgd for subcutaneous inj cartridge 9.1 mg)	Addition	Tier 6
SM PREGNANCY TEST KIT (pregnancy test)	Addition	Tier 4
SPEVIGO (spesolimab-sbzo subcutaneous soln pref syr 300 mg/2ml)	UM Change	PA Added,QL Added
SULFACETAMIDE SODIUM (sulfacetamide sodium ophth soln 10%)	Tier Change	Tier 4
tadalafil tab 2.5 mg	UM Change	QL Added
tadalafil tab 5 mg	UM Change	QL Added
TAZVERIK (tazemetostat hbr tab 200 mg)	Tier Change	Tier 5
TRINTELLIX (vortioxetine hbr tab 10 mg (base equiv)	UM Change	ST Removed
TRINTELLIX (vortioxetine hbr tab 20 mg (base equiv)	UM Change	ST Removed
TRINTELLIX (vortioxetine hbr tab 5 mg (base equiv)	UM Change	ST Removed
TYVASO DPI INSTITUTIONAL KIT (treprostinil inh powder 16 mcg/cartridge)	Addition	Tier 6
TYVASO DPI INSTITUTIONAL KIT (treprostinil inh powder 32 mcg/cartridge)	Addition	Tier 6
TYVASO DPI INSTITUTIONAL KIT (treprostinil inh powder 48 mcg/cartridge)	Addition	Tier 6
TYVASO DPI INSTITUTIONAL KIT (treprostinil inh powder 64 mcg/cartridge)	Addition	Tier 6
TYVASO DPI MAINTENANCE KIT (treprostinil inh powder 16 mcg/cartridge)	Addition	Tier 6
TYVASO DPI MAINTENANCE KIT (treprostinil inh powder 32 mcg/cartridge)	Addition	Tier 6

Continued

TRADE NAME (generic name) or generic name	Type of Change	New Tier and/or Coverage Restriction
TYVASO DPI MAINTENANCE KIT (<i>treprostinil inh powder 48 mcg/cartridge</i>)	Addition	Tier 6
TYVASO DPI MAINTENANCE KIT (<i>treprostinil inh powder 64 mcg/cartridge</i>)	Addition	Tier 6
TYVASO DPI TITRATION KIT (<i>treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg</i>)	Addition	Tier 6
TYVASO DPI TITRATION KIT (<i>treprostinil inh powder 112 x 16mcg & 84 x 32mcg</i>)	Addition	Tier 6
VERIFINE INSULIN SYRINGE/0.5ML/30G X 8MM (<i>insulin syringe/needle u-100 1/2 ml 30 x 5/16"</i>)	Addition	Tier 2
VERIFINE INSULIN SYRINGE/1ML/28G X 12MM (<i>insulin syringe/needle u-100 1 ml 28 x 1/2"</i>)	Addition	Tier 2
VERIFINE INSULIN SYRINGE/1ML/30G X 12MM (<i>insulin syringe/needle u-100 1 ml 30 x 1/2"</i>)	Addition	Tier 2
VERIFINE INSULIN SYRINGE/1ML/30G X 8MM (<i>insulin syringe/needle u-100 1 ml 30 x 5/16"</i>)	Addition	Tier 2
VYKAT XR (<i>diazoxide choline tab er 24hr 150 mg</i>)	Addition	Tier 6
VYKAT XR (<i>diazoxide choline tab er 24hr 25 mg</i>)	Addition	Tier 6
VYKAT XR (<i>diazoxide choline tab er 24hr 75 mg</i>)	Addition	Tier 6
VYVGART HYTRULO (<i>efgartigimod alf-hyalur-qvfc pref syr 1000-10000 mg-unit/5ml</i>)	Addition	Tier 6
VYZULTA (<i>latanoprostene bunod ophth soln 0.024%</i>)	UM Change	ST Removed
YUTREPIA (<i>treprostinil sodium inhal cap 106 mcg</i>)	Addition	Tier 6
YUTREPIA (<i>treprostinil sodium inhal cap 26.5 mcg</i>)	Addition	Tier 6
YUTREPIA (<i>treprostinil sodium inhal cap 53 mcg</i>)	Addition	Tier 6
YUTREPIA (<i>treprostinil sodium inhal cap 79.5 mcg</i>)	Addition	Tier 6

Drug Name	Tier	Coverage Requirements and Limits
Analgesics (Drugs for Pain)		
Nonsteroidal Anti-inflammatory Drugs (Pain and Arthritis Drugs)		
<i>celecoxib cap 50 mg, 100 mg, 200 mg</i>	1	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	2	QL (30 capsules/30 days)
<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium soln 1.5%</i>	2	QL (1 bottle/30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg, 75 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>diflunisal tab 500 mg</i>	2	
<i>etodolac cap 200 mg, 300 mg</i>	2	
<i>etodolac tab 400 mg</i>	2	
<i>etodolac tab 500 mg</i>	2	
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	
HYDROCODONE/IBUPROFEN (<i>hydrocodone-ibuprofen tab 5-200 mg</i>)	4	
<i>ibuprofen tab 400 mg, 600 mg, 800 mg</i>	1	
Ibuprofen Tab 400 mg (IBU), 600 mg (IBU), 800 mg (IBU)	1	
<i>indomethacin cap er 75 mg</i>	1	
<i>indomethacin cap 25 mg, 50 mg</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	QL (20 tablets/30 days)
MECLOFENAMATE SODIUM (<i>meclofenamate sodium cap 50 mg, 100 mg</i>)	4	
<i>mefenamic acid cap 250 mg</i>	2	PA, QL (120 capsules/30 days)
<i>meloxicam tab 7.5 mg, 15 mg</i>	1	
<i>nabumetone tab 500 mg, 750 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	2	
<i>naproxen tab 250 mg, 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	2	
<i>piroxicam cap 10 mg, 20 mg</i>	2	
<i>sulindac tab 150 mg, 200 mg</i>	1	
Opioid Analgesics, Long-acting (Long-acting Narcotic Pain Relievers)		

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Drug Name	Tier	Coverage Requirements and Limits
BELBUCA (buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent))	3	QL (60 films/30 days)
buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)	1	
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	2	QL (15 patches/30 days)
hydromorphone hcl liqd 1 mg/ml	2	
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	2	QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg	1	
hydromorphone hcl tab 8 mg	2	
methadone hcl conc 10 mg/ml	2	
methadone hcl soln 5 mg/5ml, 10 mg/5ml	2	
methadone hcl tab for oral susp 40 mg	2	
methadone hcl tab 5 mg	1	
methadone hcl tab 10 mg	2	
MORPHINE SULFATE (morphine sulfate tab 15 mg, 30 mg)	3	
morphine sulfate oral soln 10 mg/5ml	1	
morphine sulfate oral soln 20 mg/5ml, 100 mg/5ml (20 mg/ml)	2	
morphine sulfate tab er 15 mg	1	QL (90 tablets/30 days)
morphine sulfate tab er 30 mg, 60 mg	2	QL (90 tablets/30 days)
morphine sulfate tab er 100 mg, 200 mg	2	QL (90 tablets/30 days)
morphine sulfate tab 15 mg	1	
morphine sulfate tab 30 mg	2	
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	2	
oxycodone hcl soln 5 mg/5ml	2	
oxycodone hcl tab 5 mg, 10 mg	1	
oxycodone hcl tab 15 mg, 30 mg	2	
oxycodone hcl tab 20 mg	2	
oxycodone w/ acetaminophen tab 2.5-325 mg, 7.5-325 mg, 10-325 mg	2	
Oxycodone W/ Acetaminophen Tab 2.5-325 mg (ENDOCET), 7.5-325 mg (ENDOCET), 10-325 mg (ENDOCET)	2	
oxycodone w/ acetaminophen tab 5-325 mg	1	
Oxycodone W/ Acetaminophen Tab 5-325 mg (ENDOCET)	1	
oxymorphone hcl tab 5 mg, 10 mg	2	
OXYMORPHONE HYDROCHLORIDE (oxymorphone hcl tab er 12hr 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg)	4	QL (60 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg	2	QL (30 tablets/30 days)
tramadol hcl tab 50 mg	1	QL (240 tablets/30 days)
XTAMPZA ER (oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg)	3	QL (240 capsules/30 days)
Opioid Analgesics, Short-acting (Short-acting Narcotic Pain Relievers)		
acetaminophen w/ codeine tab 300-15 mg, 300-30 mg	1	
acetaminophen w/ codeine tab 300-60 mg	2	
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5ml)	4	QL (2700 mls/30 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	2	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	2	
Butalbital-aspirin-caff W/ Codeine Cap 50-325-40-30 mg (ASCOMP/ CODEINE)	2	
codeine sulfate tab 30 mg	2	
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	2	QL (15 patches/30 days)
HYDROCODONE BITARTRATE/AC (hydrocodone-acetaminophen tab 2.5-325 mg)	3	
HYDROCODONE BITARTRATE/AC (hydrocodone-acetaminophen soln 10-300 mg/15ml, 10-325 mg/15ml)	4	
HYDROCODONE POLISTIREX/CH (hydrocod polst-chlorphen polst er susp 10-8 mg/5ml)	4	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen tab 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydrocodone-ibuprofen tab 7.5-200 mg	2	
HYDROCODONE/IBUPROFEN (hydrocodone-ibuprofen tab 5-200 mg)	4	
hydromorphone hcl liqd 1 mg/ml	2	
hydromorphone hcl tab er 24hr 8 mg, 12 mg, 16 mg, 32 mg	2	QL (30 tablets/30 days)
hydromorphone hcl tab 2 mg, 4 mg	1	
hydromorphone hcl tab 8 mg	2	
methadone hcl conc 10 mg/ml	2	
methadone hcl soln 5 mg/5ml, 10 mg/5ml	2	
methadone hcl tab for oral susp 40 mg	2	
methadone hcl tab 5 mg	1	
methadone hcl tab 10 mg	2	
MORPHINE SULFATE (morphine sulfate tab 15 mg, 30 mg)	3	
morphine sulfate oral soln 10 mg/5ml	1	
morphine sulfate oral soln 20 mg/5ml, 100 mg/5ml (20 mg/ml)	2	

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Drug Name	Tier	Coverage Requirements and Limits
<i>morphine sulfate tab er 15 mg</i>	1	QL (90 tablets/30 days)
<i>morphine sulfate tab er 30 mg, 60 mg</i>	2	QL (90 tablets/30 days)
<i>morphine sulfate tab er 100 mg, 200 mg</i>	2	QL (90 tablets/30 days)
<i>morphine sulfate tab 15 mg</i>	1	
<i>morphine sulfate tab 30 mg</i>	2	
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	2	
<i>oxycodone hcl soln 5 mg/5ml</i>	2	
<i>oxycodone hcl tab 5 mg, 10 mg</i>	1	
<i>oxycodone hcl tab 15 mg, 30 mg</i>	2	
<i>oxycodone hcl tab 20 mg</i>	2	
<i>oxycodone w/ acetaminophen tab 2.5-325 mg, 7.5-325 mg, 10-325 mg</i>	2	
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	
<i>oxymorphone hcl tab 5 mg, 10 mg</i>	2	
OXYMORPHONE HYDROCHLORIDE (<i>oxymorphone hcl tab er 12hr 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>)	4	QL (60 tablets/30 days)
<i>tramadol hcl tab er 24hr 100 mg, 200 mg, 300 mg</i>	2	QL (30 tablets/30 days)
<i>tramadol hcl tab 50 mg</i>	1	QL (240 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	
Anesthetics (Drugs for Numbing)		
Local Anesthetics (Skin Numbing Drugs)		
<i>lidocaine hcl soln 4%</i>	2	QL (120 each/30 days)
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>lidocaine oint 5%</i>	1	PA, QL (120 each/30 days)
<i>lidocaine patch 5%</i>	2	PA, QL (120 each/30 days)
Lidocaine Patch 5% (LIDOCAN), 5% (TRIDACAINE II), 5% (TRIDACAINE III)	2	PA, QL (120 each/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	
Anti-Addiction/ Substance Abuse Treatment Agents (Drugs for Addiction/Substance Abuse)		
Alcohol Deterrents/Anti-craving (Drugs for Alcohol Dependence)		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>disulfiram tab 250 mg, 500 mg</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	
Opioid Dependence (Drugs for Opioid Dependence)		

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Drug Name	Tier	Coverage Requirements and Limits
BELBUCA (<i>buprenorphine hcl buccal film 75 mcg (base equivalent), 150 mcg (base equivalent), 300 mcg (base equivalent), 450 mcg (base equivalent), 600 mcg (base equivalent), 750 mcg (base equivalent), 900 mcg (base equivalent)</i>)	3	QL (60 films/30 days)
<i>buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv)</i>	1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv), 8-2 mg (base equiv)</i>	1	
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	1	
LUCEMYRA (<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>)	3	
<i>methadone hcl conc 10 mg/ml</i>	2	
Methadone Hcl Conc 10 mg/ml (METHADONE HYDROCHLORIDE INTENSOL)	2	
<i>methadone hcl soln 5 mg/5ml, 10 mg/5ml</i>	2	
<i>methadone hcl tab for oral susp 40 mg</i>	2	
Methadone Hcl Tab For Oral Susp 40 mg (METHADOSE)	2	
<i>methadone hcl tab 5 mg</i>	1	
<i>methadone hcl tab 10 mg</i>	2	
<i>naltrexone hcl tab 50 mg</i>	1	
SUBOXONE (<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv), 4-1 mg (base equiv), 8-2 mg (base equiv), 12-3 mg (base equiv)</i>)	3	
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq), 1.4-0.36 mg (base eq), 2.9-0.71 mg (base eq), 5.7-1.4 mg (base eq), 8.6-2.1 mg (base eq), 11.4-2.9 mg (base eq)</i>)	3	
Opioid Reversal Agents (Drugs for Opioid Overdose)		
KLOXXADO (<i>naloxone hcl nasal spray 8 mg/0.1ml</i>)	3	CW
<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i>	1	CW
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	1	CW
Naloxone Hcl Nasal Spray 4 mg/0.1ml (FT NALOXONE HYDROCHLORIDE), 4 mg/0.1ml (GNP NALOXONE HYDROCHLORIDE)	1	CW
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	1	CW
NALOXONE HYDROCHLORIDE (<i>naloxone hcl soln cartridge 0.4 mg/ml</i>)	3	CW
NARCAN (<i>naloxone hcl nasal spray 4 mg/0.1ml</i>)	3	CW
OPVEE (<i>nalmeфene hcl nasal spray 2.7 mg/0.1ml (base equiv)</i>)	3	CW
REXTOVY (<i>naloxone hcl nasal spray 4 mg/0.25ml</i>)	3	CW
ZIMHI (<i>naloxone hcl soln prefilled syringe 5 mg/0.5ml</i>)	3	CW

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Drug Name	Tier	Coverage Requirements and Limits
Smoking Cessation Agents (Drugs to Help Quit Smoking)		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1	AC, IC
NICODERM CQ (<i>nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr</i>)	3	
NICORETTE (<i>nicotine polacrilex gum 2 mg, 4 mg</i>)	3	
NICORETTE STARTER KIT (<i>nicotine polacrilex gum 2 mg, 4 mg</i>)	3	
nicotine polacrilex gum 2 mg, 4 mg	1	AC, IC
Nicotine Polacrilex Gum 2 mg (CVS NICOTINE POLACRILEX STARTER), 2 mg (CVS NICOTINE POLACRILEX), 2 mg (CVS NICOTINE), 2 mg (EQ NICOTINE POLACRILEX), 2 mg (FT NICOTINE), 2 mg (GNP NICOTINE GUM), 2 mg (GNP NICOTINE POLACRILEX), 2 mg (GOODSENSE NICOTINE POLACRILEX GUM), 2 mg (HM NICOTINE POLACRILEX), 2 mg (KLS QUIT2), 2 mg (RA NICOTINE GUM), 2 mg (RA NICOTINE), 2 mg (SM NICOTINE POLACRILEX), 2 mg (THRIVE), 4 mg (CVS NICOTINE GUM), 4 mg (CVS NICOTINE POLACRILEX), 4 mg (CVS NICOTINE), 4 mg (EQ NICOTINE POLACRILEX), 4 mg (FT NICOTINE), 4 mg (GNP NICOTINE GUM), 4 mg (GNP NICOTINE POLACRILEX), 4 mg (GOODSENSE NICOTINE POLACRILEX GUM), 4 mg (HM NICOTINE POLACRILEX), 4 mg (KLS QUIT4), 4 mg (RA NICOTINE GUM), 4 mg (RA NICOTINE), 4 mg (SM NICOTINE POLACRILEX), 4 mg (SM NICOTINE)	1	AC, IC
nicotine polacrilex lozenge 2 mg, 4 mg	1	AC, IC
Nicotine Polacrilex Lozenge 2 mg (CVS NICOTINE LOZENGE), 2 mg (CVS NICOTINE POLACRILEX), 2 mg (EQ NICOTINE POLACRILEX), 2 mg (FT NICOTINE MINI), 2 mg (FT NICOTINE), 2 mg (GNP NICOTINE MINI LOZENGE), 2 mg (GNP NICOTINE POLACRILEX), 2 mg (GOODSENSE NICOTINE), 2 mg (HM NICOTINE POLACRILEX), 2 mg (KLS QUIT2), 2 mg (NICOTINE MINI LOZENGE), 2 mg (NICOTINE POLACRILEX MINI), 2 mg (PX STOP SMOKING AID), 2 mg (RA MINI NICOTINE), 2 mg (RA NICOTINE POLACRILEX), 2 mg (SM NICOTINE POLACRILEX), 2 mg (SM NICOTINE), 4 mg (CVS NICOTINE LOZENGE), 4 mg (CVS NICOTINE POLACRILEX), 4 mg (EQ NICOTINE LOZENGES), 4 mg (EQ NICOTINE POLACRILEX), 4 mg (FT NICOTINE MINI), 4 mg (FT NICOTINE), 4 mg (GNP NICOTINE MINI LOZENGE), 4 mg (GNP NICOTINE POLACRILEX MINI), 4 mg (GNP NICOTINE POLACRILEX), 4 mg (GOODSENSE NICOTINE POLACRILEX), 4 mg (GOODSENSE NICOTINE), 4 mg (KLS QUIT4), 4 mg (NICOTINE MINI LOZENGE), 4 mg (RA MINI NICOTINE), 4 mg (RA NICOTINE POLACRILEX), 4 mg (SM NICOTINE POLACRILEX)	1	AC, IC
nicotine td patch 24hr 7 mg/24hr, 14 mg/24hr, 21 mg/24hr	1	AC, IC

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Drug Name	Tier	Coverage Requirements and Limits
Nicotine Td Patch 24hr 7 mg/24hr (CVS NICOTINE TRANSDERMAL SYSTEM/STEP 3), 7 mg/24hr (EQ NICOTINE STEP 3), 7 mg/24hr (FT NICOTINE TRANSDERMAL SYSTEM/STEP 3), 7 mg/24hr (FT NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR), 7 mg/24hr (GNP NICOTINE TRANSDERMAL SYSTEM), 7 mg/24hr (NICOTINE STEP 3), 7 mg/24hr (NICOTINE TRANSDERMAL SYSTEM STEP 3), 7 mg/24hr (NICOTINE TRANSDERMAL SYSTSTEM STEP 3/CLEAR), 7 mg/24hr (SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR), 14 mg/24hr (CVS NICOTINE TRANSDERMAL SYSTEM STEP 2), 14 mg/24hr (CVS NICOTINE TRANSDERMAL SYSTEM), 14 mg/24hr (EQ NICOTINE), 14 mg/24hr (FT NICOTINE TRANSDERMAL SYSTEM/STEP 2), 14 mg/24hr (FT NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR), 14 mg/24hr (GNP NICOTINE TRANSDERMAL SYSTEM STEP 2), 14 mg/24hr (NICOTINE TRANSDERMAL SYSTEM STEP 2), 14 mg/24hr (NICOTINE TRANSDERMAL SYSTEM STEP 2/CLEAR), 14 mg/24hr (QC NICOTINE TRANSDERMAL SYSTEM/STEP 2), 14 mg/24hr (RA NICOTINE), 14 mg/24hr (SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR), 21 mg/24hr (CVS NICOTI	1	AC, IC
NICOTINE TRANSDERMAL SYST (<i>nicotine td patch 24 hr kit 21-14-7 mg/24hr</i>)	3	AC, IC
NICOTROL NS (<i>nicotine nasal spray 10 mg/ml (0.5 mg/spray)</i>)	3	AC, IC
<i>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)</i>	1	AC, IC
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	AC, IC
Antibacterials (Drugs for Bacterial Infections)		
Aminoglycosides		
ARIKAYCE (<i>amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)</i>)	6	LD, PA, QL (28 vials/28 days), SP
HUMATIN (<i>paromomycin sulfate cap 250 mg</i>)	3	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>tobramycin nebu soln 300 mg/5ml</i>	5	QL (280 mls/56 days)
Antibacterials, Other		
CAYSTON (<i>aztreonam lysine for inhal soln 75 mg (base equivalent)</i>)	6	QL (1 kit/56 days)
<i>chlorhexidine gluconate soln 0.12%</i>	1	
Chlorhexidine Gluconate Soln 0.12% (PERIOGARD)	1	
<i>clindamycin hcl cap 75 mg, 150 mg, 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	2	
CYCLOSERINE (<i>cycloserine cap 250 mg</i>)	4	
<i>linezolid for susp 100 mg/5ml</i>	2	QL (600 mls/180 days)
<i>linezolid tab 600 mg</i>	2	QL (56 tablets/180 days)
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole tab 250 mg, 500 mg</i>	1	

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Drug Name	Tier	Coverage Requirements and Limits
metronidazole vaginal gel 0.75%	2	
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	2	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
nitrofurantoin susp 25 mg/5ml	2	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
Sulfamethoxazole-trimethoprim Susp 200-40 mg/5ml (SULFATRIM PEDIATRIC)	2	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole tab 250 mg, 500 mg	2	
trimethoprim tab 100 mg	2	
vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent)	2	QL (120 capsules/30 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent), 50 mg/ml (base equivalent)	2	
XIFAXAN (<i>rifaximin tab 200 mg</i>)	4	QL (9 tablets/30 days)
XIFAXAN (<i>rifaximin tab 550 mg</i>)	3	PA, QL (126 tablets/365 days)
Beta-lactam, Cephalosporins		
CEFACLOR (<i>cefaclor cap 250 mg, 500 mg</i>)	4	
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml, 500 mg/5ml	2	
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml, 250 mg/5ml	2	
CEFPODOXIME PROXETIL (<i>cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml</i>)	4	
cefpodoxime proxetil tab 100 mg, 200 mg	2	
cefprozil for susp 125 mg/5ml, 250 mg/5ml	2	
cefprozil tab 250 mg, 500 mg	2	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	2	
cephalexin cap 250 mg, 500 mg	1	
cephalexin for susp 125 mg/5ml, 250 mg/5ml	2	
Beta-lactam, Penicillins		
AMOXICILLIN (<i>amoxicillin (trihydrate) chew tab 125 mg, 250 mg</i>)	4	
amoxicillin (trihydrate) cap 250 mg, 500 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg, 875 mg	1	

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Drug Name	Tier	Coverage Requirements and Limits
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml, 400-57 mg/5ml	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg, 875-125 mg	1	
AMOXICILLIN/CLAVULANATE P (amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg)	4	
ampicillin cap 500 mg	1	
dicloxacillin sodium cap 250 mg, 500 mg	2	
PENICILLIN V POTASSIUM (penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml)	4	
penicillin v potassium tab 250 mg, 500 mg	1	
Macrolides		
azithromycin for susp 100 mg/5ml	2	
azithromycin for susp 200 mg/5ml	1	
azithromycin tab 250 mg	1	QL (60 tablets/180 days)
azithromycin tab 500 mg	1	QL (60 tablets/180 days)
azithromycin tab 600 mg	2	QL (60 tablets/180 days)
CLARITHROMYCIN (clarithromycin for susp 125 mg/5ml, 250 mg/5ml)	4	
clarithromycin tab er 24hr 500 mg	2	QL (28 tablets/180 days)
clarithromycin tab 250 mg, 500 mg	2	
DIFICID (fidaxomicin for susp 40 mg/ml)	3	
ERY (erythromycin pads 2%)	4	
ERYTHROMYCIN (erythromycin gel 2%)	2	QL (180 grams/30 days)
ERYTHROMYCIN DR (erythromycin w/ delayed release particles cap 250 mg)	4	
erythromycin ethylsuccinate for susp 200 mg/5ml	2	
erythromycin soln 2%	2	QL (180 mls/30 days)
erythromycin tab delayed release 250 mg, 333 mg, 500 mg	2	
Erythromycin Tab Delayed Release 250 mg (ERY-TAB), 333 mg (ERY-TAB), 500 mg (ERY-TAB)	2	
erythromycin tab 250 mg, 500 mg	2	
fidaxomicin tab 200 mg	2	
Quinolones		
ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	2	

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Drug Name	Tier	Coverage Requirements and Limits
levofloxacin tab 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	2	
OFLOXACIN (ofloxacin tab 300 mg, 400 mg)	4	
Sulfonamides		
sulfadiazine tab 500 mg	2	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
Tetracyclines		
demeclocycline hcl tab 150 mg, 300 mg	2	
doxycycline hyclate cap 50 mg, 100 mg	1	
doxycycline hyclate tab 20 mg, 100 mg	1	
doxycycline monohydrate cap 50 mg, 100 mg	1	
Doxycycline Monohydrate Cap 100 mg (MONDOXYNE NL)	1	
doxycycline monohydrate for susp 25 mg/5ml	2	
doxycycline monohydrate tab 50 mg, 100 mg	1	
doxycycline monohydrate tab 75 mg	2	
Doxycycline Monohydrate Tab 100 mg (AVIDOXY)	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg, 100 mg	2	
tetracycline hcl cap 250 mg, 500 mg	2	
Anticonvulsants (Drugs for Seizures)		
Anticonvulsants, Other (Other Seizure Control Drugs)		
DIACOMIT (stiripentol cap 250 mg, 500 mg)	4	
DIACOMIT (stiripentol packet 250 mg, 500 mg)	4	
divalproex sodium cap delayed release sprinkle 125 mg	2	
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg	1	
divalproex sodium tab er 24 hr 250 mg, 500 mg	2	
EPIDIOLEX (cannabidiol soln 100 mg/ml)	3	PA
felbamate susp 600 mg/5ml	2	
felbamate tab 400 mg, 600 mg	2	
FYCOMPA (perampanel susp 0.5 mg/ml)	4	
lamotrigine tab chewable dispersible 5 mg, 25 mg	2	
lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg	2	
lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg	1	
Lamotrigine Tab 25 mg (SUBVENITE), 100 mg (SUBVENITE), 150 mg (SUBVENITE), 200 mg (SUBVENITE)	1	

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Drug Name	Tier	Coverage Requirements and Limits
levetiracetam oral soln 100 mg/ml	2	
levetiracetam tab er 24hr 500 mg, 750 mg	2	
levetiracetam tab 250 mg, 500 mg	1	
Levetiracetam Tab 500 mg (ROWEEPRA)	1	
levetiracetam tab 750 mg, 1000 mg	2	
perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	2	
topiramate sprinkle cap 15 mg, 25 mg	2	
topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	2	
valproic acid cap 250 mg	2	
Calcium Channel Modifying Agents		
ethosuximide cap 250 mg	2	
ethosuximide soln 250 mg/5ml	2	
methsuximide cap 300 mg	2	
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	2	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam suspension 2.5 mg/ml	2	
clobazam tab 10 mg, 20 mg	2	
clonazepam tab 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium tab 3.75 mg, 7.5 mg, 15 mg	2	
DIAZEPAM RECTAL GEL (diazepam rectal gel delivery system 2.5 mg)	3	
diazepam rectal gel delivery system 10 mg, 20 mg	2	
gabapentin cap 100 mg, 300 mg, 400 mg	1	
gabapentin oral soln 250 mg/5ml	2	
gabapentin tab 600 mg, 800 mg	1	
NAYZILAM (midazolam nasal spray soln 5 mg/0.1 ml)	4	
phenobarbital elixir 20 mg/5ml	2	
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 60 mg, 100 mg	1	
phenobarbital tab 32.4 mg, 64.8 mg, 97.2 mg	2	
pregabalin cap 25 mg	1	QL (360 capsules/30 days)
pregabalin cap 50 mg	1	QL (270 capsules/30 days)
pregabalin cap 75 mg, 100 mg	1	QL (180 capsules/30 days)
pregabalin cap 150 mg, 200 mg	1	QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg	1	QL (60 capsules/30 days)
pregabalin soln 20 mg/ml	2	QL (900 mls/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
PRIMIDONE (<i>primidone tab 125 mg</i>)	4	
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	2	
<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i>	2	
VALTOCO 10 MG DOSE (<i>diazepam nasal spray 10 mg/0.1 ml</i>)	4	
VALTOCO 15 MG DOSE (<i>diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)</i>)	4	
VALTOCO 20 MG DOSE (<i>diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)</i>)	4	
VALTOCO 5 MG DOSE (<i>diazepam nasal spray 5 mg/0.1 ml</i>)	4	
<i>vigabatrin powd pack 500 mg</i>	2	
Vigabatrin Powd Pack 500 mg (VIGADRONE), 500 mg (VIGPODER)	2	
<i>vigabatrin tab 500 mg</i>	2	
Vigabatrin Tab 500 mg (VIGADRONE)	2	
ZTALMY (<i>ganaxolone susp 50 mg/ml</i>)	4	
Sodium Channel Agents		
<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
Carbamazepine Tab 200 mg (EPITOL)	2	
DILANTIN (<i>phenytoin sodium extended cap 30 mg</i>)	4	
<i>lacosamide oral solution 10 mg/ml</i>	2	
<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i>	2	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg</i>	1	
<i>oxcarbazepine tab 300 mg, 600 mg</i>	2	
<i>phenytoin chew tab 50 mg</i>	2	
Phenytoin Chew Tab 50 mg (PHENYTOIN INFATABS)	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg, 300 mg</i>	2	
Phenytoin Sodium Extended Cap 200 mg (PHENYTEK), 300 mg (PHENYTEK)	2	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>rufinamide susp 40 mg/ml</i>	2	
<i>rufinamide tab 200 mg, 400 mg</i>	2	
XCOPRI (<i>cenobamate tab 25 mg, 50 mg, 100 mg, 150 mg, 200 mg</i>)	4	

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Drug Name	Tier	Coverage Requirements and Limits
XCOPRI (cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg, 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg)	4	
XCOPRI (cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose))	4	
XCOPRI (cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose))	4	
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	2	
Antidementia Agents (Drugs for Alzheimer's Disease and Dementia)		
Cholinesterase Inhibitors		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1	
donepezil hydrochloride tab 5 mg, 10 mg	1	
donepezil hydrochloride tab 23 mg	2	
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg	2	
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	2	
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	2	
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	2	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl tab 5 mg, 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	2	
Antidepressants (Drugs for Depression)		
Antidepressants, Other		
aripiprazole oral solution 1 mg/ml	2	QL (900 mls/30 days)
aripiprazole tab 2 mg, 5 mg	1	QL (60 tablets/30 days)
aripiprazole tab 10 mg, 15 mg, 20 mg	1	QL (30 tablets/30 days)
aripiprazole tab 30 mg	2	QL (30 tablets/30 days)
bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg	1	
bupropion hcl tab er 24hr 150 mg, 300 mg	1	
bupropion hcl tab 75 mg, 100 mg	1	
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg, 45 mg	2	
mirtazapine tab 15 mg, 30 mg	1	
mirtazapine tab 45 mg	1	
quetiapine fumarate tab er 24hr 50 mg	1	QL (60 tablets/30 days)
quetiapine fumarate tab er 24hr 150 mg, 200 mg	1	QL (30 tablets/30 days)
quetiapine fumarate tab er 24hr 300 mg, 400 mg	2	QL (60 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
quetiapine fumarate tab 25 mg, 50 mg	1	QL (180 tablets/30 days)
quetiapine fumarate tab 100 mg	1	QL (120 tablets/30 days)
quetiapine fumarate tab 200 mg	1	QL (90 tablets/30 days)
quetiapine fumarate tab 300 mg, 400 mg	1	QL (60 tablets/30 days)
REXULTI (brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg)	3	QL (30 tablets/30 days)
trazodone hcl tab 50 mg, 100 mg, 150 mg	1	
vilazodone hcl tab 10 mg, 20 mg, 40 mg	2	
ZURZUVAE (zuranolone cap 20 mg, 25 mg)	3	QL (28 capsules/365 days)
ZURZUVAE (zuranolone cap 30 mg)	3	QL (14 capsules/365 days)
Monoamine Oxidase Inhibitors		
MARPLAN (isocarboxazid tab 10 mg)	4	
PHENELZINE SULFATE (phenelzine sulfate tab 15 mg)	4	
tranylcypromine sulfate tab 10 mg	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral soln 10 mg/5ml	2	
citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv)	2	QL (60 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	2	QL (120 tablets/30 days)
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	QL (180 capsules/30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	QL (120 capsules/30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	QL (60 capsules/30 days)
escitalopram oxalate soln 5 mg/5ml (base equiv)	2	
escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)	1	
FETZIMA (levomilnacipran hcl cap er 24hr 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent), 120 mg (base equivalent))	4	
FETZIMA TITRATION PACK (levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack)	4	
fluoxetine hcl cap 10 mg, 40 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl solution 20 mg/5ml	2	
fluoxetine hcl tab 10 mg	1	
fluoxetine hcl tab 20 mg	2	
fluvoxamine maleate tab 25 mg, 50 mg	1	

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Drug Name	Tier	Coverage Requirements and Limits
<i>fluvoxamine maleate tab 100 mg</i>	2	
<i>paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	2	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	
<i>sertraline hcl tab 25 mg, 50 mg, 100 mg</i>	1	
<i>trazodone hcl tab 50 mg, 100 mg, 150 mg</i>	1	
TRINTELLIX (<i>vortioxetine hbr tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)</i>)	4	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)</i>	1	
<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i>	2	
Tricyclics		
<i>amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	2	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg, 100 mg, 150 mg</i>	2	
CHLORDIAZEPOXIDE/AMITRIPT (<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg</i>)	4	
<i>clomipramine hcl cap 25 mg, 50 mg, 75 mg</i>	2	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	2	
<i>desipramine hcl tab 50 mg, 75 mg, 100 mg, 150 mg</i>	2	
<i>doxepin hcl cap 10 mg, 25 mg, 50 mg</i>	1	
<i>doxepin hcl cap 75 mg, 100 mg, 150 mg</i>	2	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tab 10 mg, 25 mg, 50 mg</i>	1	
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	2	
PERPHENAZINE/AMITRIPTYLIN (<i>perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>)	4	
<i>protriptyline hcl tab 5 mg, 10 mg</i>	2	
<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg</i>	2	
Antiemetics (Drugs for Nausea and Vomiting)		
Antiemetics, Other (Other Drugs for Nausea and Vomiting)		
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Tier	Coverage Requirements and Limits
hydroxyzine pamoate cap 50 mg	1	
meclizine hcl tab 25 mg	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	2	
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)	1	
perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg	2	
prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	2	
Prochlorperazine Suppos 25 mg (COMPRO)	2	
promethazine hcl oral soln 6.25 mg/5ml	1	
promethazine hcl suppos 12.5 mg, 25 mg	2	
Promethazine Hcl Suppos 12.5 mg (PROMETHEGAN), 25 mg (PROMETHEGAN)	2	
promethazine hcl tab 12.5 mg, 25 mg, 50 mg	1	
scopolamine td patch 72hr 1 mg/3days	2	
trimethobenzamide hcl cap 300 mg	2	
Emetogenic Therapy Adjuncts (Drugs for Nausea and Vomiting)		
aprepitant capsule therapy pack 80 & 125 mg	2	QL (3 packs/30 days)
aprepitant capsule 40 mg	2	QL (2 capsules/30 days)
aprepitant capsule 80 mg	2	QL (6 capsules/30 days)
aprepitant capsule 125 mg	2	QL (3 capsules/30 days)
dronabinol cap 2.5 mg	2	
dronabinol cap 5 mg, 10 mg	2	
granisetron hcl tab 1 mg	2	
ondansetron hcl oral soln 4 mg/5ml	2	
ondansetron hcl tab 4 mg, 8 mg	1	
ondansetron orally disintegrating tab 4 mg, 8 mg	1	
VARUBI (rolapitant hcl tab therapy pack 2 x 90 mg (base equiv))	3	QL (6 tablets/30 days)
Antifungals (Drugs for Fungal Infections)		
No USP Class		
clotrimazole troche 10 mg	2	
fluconazole for susp 10 mg/ml	2	
fluconazole for susp 40 mg/ml	2	
fluconazole tab 50 mg, 150 mg, 200 mg	1	
fluconazole tab 100 mg	1	
flucytosine cap 250 mg, 500 mg	2	
griseofulvin microsize susp 125 mg/5ml	2	

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Drug Name	Tier	Coverage Requirements and Limits
griseofulvin microsize tab 500 mg	2	
griseofulvin ultramicrosize tab 125 mg, 250 mg	2	
itraconazole cap 100 mg	2	QL (120 capsules/30 days)
itraconazole oral soln 10 mg/ml	2	QL (1200 mls/30 days)
ketoconazole tab 200 mg	2	
nystatin susp 100000 unit/ml	1	
nystatin tab 500000 unit	2	
posaconazole tab delayed release 100 mg	2	PA
terbinafine hcl tab 250 mg	1	
terconazole vaginal cream 0.4%, 0.8%	2	
terconazole vaginal suppos 80 mg	2	
voriconazole for susp 40 mg/ml	2	PA
voriconazole tab 50 mg	2	PA
voriconazole tab 200 mg	2	PA
Antigout Agents (Drugs for Gout)		
No USP Class		
allopurinol tab 100 mg, 300 mg	1	
colchicine tab 0.6 mg	2	
colchicine w/ probenecid tab 0.5-500 mg	2	
febuxostat tab 40 mg, 80 mg	2	
probenecid tab 500 mg	2	
sulindac tab 150 mg, 200 mg	1	
Antimigraine Agents (Drugs for Migraine)		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG (erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml)	3	PA, QL (1 injection device/28 days)
AJOVY (fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml)	3	PA, QL (3 injection devices/84 days)
AJOVY (fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml)	3	PA, QL (3 syringes/84 days)
EMGALITY (galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml)	3	PA, QL (1 injection device/28 days)
EMGALITY (galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml)	3	PA, QL (9 syringes/180 days)
EMGALITY (galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml)	3	PA, QL (1 syringe/28 days)
NURTEC (rimegepant sulfate tab disint 75 mg)	3	PA, QL (54 tablets/90 days)
QULIPTA (atogepant tab 10 mg, 30 mg, 60 mg)	3	PA, QL (30 tablets/30 days)
UBRELVY (ubrogepant tab 50 mg, 100 mg)	3	PA, QL (16 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
Ergot Alkaloids (Drugs for Acute Migraine)		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	QL (24 ampules/28 days)
ERGOMAR (<i>ergotamine tartrate sl tab 2 mg</i>)	4	PA, QL (20 tablets/28 days)
ERGOTAMINE TARTRATE/CAFFE (<i>ergotamine w/ caffeine tab 1-100 mg</i>)	4	PA, QL (40 tablets/28 days)
Prophylactic (Drugs for Migraine Prevention)		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i>	2	
PROPRANOLOL HCL (<i>propranolol hcl oral soln 40 mg/5ml</i>)	3	PA
<i>propranolol hcl cap er 24hr 60 mg, 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg, 160 mg</i>	2	
<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	2	
PROPRANOLOL HYDROCHLORIDE (<i>propranolol hcl oral soln 20 mg/5ml</i>)	4	
<i>topiramate sprinkle cap 15 mg, 25 mg</i>	2	
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
Serotonin (5-HT) Receptor Agonist (Drugs for Acute Migraine)		
<i>almotriptan malate tab 6.25 mg, 12.5 mg</i>	2	QL (18 tablets/30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent), 40 mg (base equivalent)</i>	2	QL (18 tablets/30 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	2	QL (18 tablets/30 days)
<i>naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)</i>	2	QL (18 tablets/30 days)
REYVOW (<i>lasmiditan succinate tab 50 mg, 100 mg</i>)	3	PA, QL (8 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act, 20 mg/act</i>	2	QL (12 inhalers/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (12 vials/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	2	QL (12 doses/30 days)
<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</i>	1	QL (18 tablets/30 days)
<i>zolmitriptan tab 2.5 mg, 5 mg</i>	2	QL (18 tablets/30 days)
Zolmitriptan Tab 2.5 mg (ZOMIG), 5 mg (ZOMIG)	2	QL (18 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
Antimyasthenic Agents (Drugs for Myasthenia Gravis)		
Parasympathomimetics		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	2	
<i>pyridostigmine bromide tab 60 mg</i>	2	
Antimycobacterials (Drugs for Mycobacterial Infections)		
Antimycobacterials, Other (Other Drugs for Mycobacterial Infection)		
<i>dapsone tab 25 mg, 100 mg</i>	2	
<i>rifabutin cap 150 mg</i>	2	
Antituberculars (Drugs for Tuberculosis)		
CYCLOSERINE (<i>cycloserine cap 250 mg</i>)	4	
<i>ethambutol hcl tab 100 mg, 400 mg</i>	2	
<i>isoniazid syrup 50 mg/5ml</i>	2	
<i>isoniazid tab 100 mg, 300 mg</i>	1	
PRETOMANID (<i>pretomanid tab 200 mg</i>)	3	
PRIFTIN (<i>rifapentine tab 150 mg</i>)	3	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifampin cap 150 mg, 300 mg</i>	2	
SIRTURO (<i>bedaquiline fumarate tab 20 mg (base equiv), 100 mg (base equiv)</i>)	3	
Antineoplastics (Drugs for Cancer)		
Alkylating Agents		
CYCLOPHOSPHAMIDE (<i>cyclophosphamide tab 50 mg</i>)	2	OC
<i>cyclophosphamide cap 25 mg, 50 mg</i>	2	OC
GLEOSTINE (<i>lomustine cap 10 mg, 40 mg, 100 mg</i>)	5	OC
LEUKERAN (<i>chlorambucil tab 2 mg</i>)	5	OC
MATULANE (<i>procarbazine hcl cap 50 mg</i>)	5	LD, OC, PA, SP
MYLERAN (<i>busulfan tab 2 mg</i>)	5	OC
<i>temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg</i>	5	OC, PA
VALCHLOR (<i>mechlorethamine hcl gel 0.016% (base equivalent)</i>)	5	LD, SP
Antiandrogens		
<i>abiraterone acetate tab 250 mg</i>	5	LD, OC, PA, QL (120 tablets/30 days)
Abiraterone Acetate Tab 250 mg (ABIRTEGA)	5	LD, OC, PA, QL (120 tablets/30 days)
AKEEGA (<i>niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg</i>)	6	LD, OC, PA, QL (60 tablets/30 days), SP
<i>bicalutamide tab 50 mg</i>	1	OC

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Drug Name	Tier	Coverage Requirements and Limits
ERLEADA (<i>apalutamide tab 60 mg</i>)	5	OC, PA, QL (120 tablets/30 days)
ERLEADA (<i>apalutamide tab 240 mg</i>)	5	OC, PA, QL (30 tablets/30 days)
<i>nilutamide tab 150 mg</i>	5	OC
NUBEQA (<i>darolutamide tab 300 mg</i>)	5	OC, PA, QL (120 tablets/30 days)
ORGOVYX (<i>relugolix tab 120 mg</i>)	6	LD, OC, PA, QL (30 tablets/28 days), SP
XTANDI (<i>enzalutamide cap 40 mg</i>)	5	OC, PA, QL (120 capsules/30 days)
XTANDI (<i>enzalutamide tab 40 mg</i>)	5	OC, PA, QL (120 tablets/30 days)
XTANDI (<i>enzalutamide tab 80 mg</i>)	5	OC, PA, QL (60 tablets/30 days)
Antiangiogenic Agents		
<i>lenalidomide caps 2.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 5 mg, 10 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 15 mg, 20 mg, 25 mg</i>	5	PA, QL (21 capsules/28 days)
POMALYST (<i>pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg</i>)	5	OC, PA, QL (21 capsules/28 days)
THALOMID (<i>thalidomide cap 50 mg</i>)	5	PA, QL (90 capsules/30 days)
THALOMID (<i>thalidomide cap 100 mg</i>)	5	PA, QL (120 capsules/30 days)
Antiestrogens/Modifiers		
<i>megestrol acetate susp 40 mg/ml</i>	2	OC
<i>megestrol acetate tab 20 mg</i>	1	OC
<i>megestrol acetate tab 40 mg</i>	2	OC
ORSERDU (<i>elacestrant hydrochloride tab 86 mg</i>)	6	LD, OC, PA, QL (90 tablets/30 days), SP
ORSERDU (<i>elacestrant hydrochloride tab 345 mg</i>)	6	LD, OC, PA, QL (30 tablets/30 days), SP
<i>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</i>	1	AC, IC, OC
<i>toremifene citrate tab 60 mg (base equivalent)</i>	5	OC
Antimetabolites		
<i>capecitabine tab 150 mg, 500 mg</i>	5	LD, OC
<i>hydroxyurea cap 500 mg</i>	2	OC
INQOVI (<i>decitabine-cedazuridine tab 35-100 mg</i>)	6	OC, PA, QL (5 tablets/28 days)
LONSURF (<i>trifluridine-tipiracil tab 15-6.14 mg</i>)	5	OC, PA, QL (60 tablets/28 days)

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Drug Name	Tier	Coverage Requirements and Limits
LONSURF (<i>trifluridine-tipiracil tab 20-8.19 mg</i>)	5	OC, PA, QL (80 tablets/28 days)
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	5	OC
<i>mercaptopurine tab 50 mg</i>	2	OC
ONUREG (<i>azacitidine tab 200 mg, 300 mg</i>)	6	OC, PA, QL (14 tablets/28 days)
TABLOID (<i>thioguanine tab 40 mg</i>)	5	OC
Antineoplastics, Other (Other Drugs for Cancer)		
<i>imiquimod cream 5%</i>	2	QL (48 packets/112 days)
<i>leucovorin calcium tab 5 mg, 15 mg, 25 mg</i>	2	OC
LYSODREN (<i>mitotane tab 500 mg</i>)	5	LD, OC, PA, SP
METHITEST (<i>methyltestosterone oral tab 10 mg</i>)	4	PA, QL (600 tablets/30 days)
METHOTREXATE SODIUM (<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>)	4	
<i>methotrexate sodium for inj 1 gm</i>	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	OC
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tab 1 mg</i>	1	AC, IC, OC
<i>exemestane tab 25 mg</i>	2	OC
<i>letrozole tab 2.5 mg</i>	1	OC
Enzyme Inhibitors		
ETOPOSIDE (<i>etoposide cap 50 mg</i>)	5	OC
HYCAMTIN (<i>topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)</i>)	5	OC, PA
TAZVERIK (<i>tazemetostat hbr tab 200 mg</i>)	5	LD, OC, PA, QL (240 tablets/30 days), SP
Molecular Target Inhibitors		
AKEEGA (<i>niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg</i>)	6	LD, OC, PA, QL (60 tablets/30 days), SP
ALECENSA (<i>alectinib hcl cap 150 mg (base equivalent)</i>)	5	OC, PA, QL (240 capsules/30 days)
ALUNBRIG (<i>brigatinib tab initiation therapy pack 90 mg & 180 mg</i>)	5	LD, OC, PA, QL (30 tablets/180 days), SP
ALUNBRIG (<i>brigatinib tab 30 mg</i>)	5	LD, OC, PA, QL (120 tablets/30 days), SP
ALUNBRIG (<i>brigatinib tab 90 mg, 180 mg</i>)	5	LD, OC, PA, QL (30 tablets/30 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
AUGTYRO (<i>repotrectinib cap 40 mg</i>)	6	LD, OC, PA, QL (240 capsules/30 days), SP
AUGTYRO (<i>repotrectinib cap 160 mg</i>)	6	LD, OC, PA, QL (60 capsules/30 days), SP
AVMAPKI FAKZYNJA CO-PACK (<i>avutometinib cap 0.8 mg & defactinib tab 200 mg therapy pack</i>)	6	OC, PA, QL (66 tablets/28 days)
AYVAKIT (<i>avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg</i>)	5	LD, OC, PA, QL (30 tablets/30 days), SP
BALVERSA (<i>erdafitinib tab 3 mg</i>)	6	LD, OC, PA, QL (90 tablets/30 days), SP
BALVERSA (<i>erdafitinib tab 4 mg</i>)	6	LD, OC, PA, QL (60 tablets/30 days), SP
BALVERSA (<i>erdafitinib tab 5 mg</i>)	6	LD, OC, PA, QL (30 tablets/30 days), SP
BOSULIF (<i>bosutinib cap 50 mg</i>)	5	OC, PA, QL (30 capsules/30 days)
BOSULIF (<i>bosutinib cap 100 mg</i>)	5	OC, PA, QL (150 capsules/30 days)
BOSULIF (<i>bosutinib tab 100 mg</i>)	5	OC, PA, QL (90 tablets/30 days)
BOSULIF (<i>bosutinib tab 400 mg, 500 mg</i>)	5	OC, PA, QL (30 tablets/30 days)
BRAFTOVI (<i>encorafenib cap 75 mg</i>)	6	OC, PA, QL (180 capsules/30 days)
BRUKINSA (<i>zanubrutinib cap 80 mg</i>)	5	LD, OC, PA, QL (120 capsules/30 days), SP
BRUKINSA (<i>zanubrutinib tab 160 mg</i>)	5	OC, PA, QL (60 tablets/30 days)
CABOMETYX (<i>cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)</i>)	5	OC, PA, QL (30 tablets/30 days)
CALQUENCE (<i>acalabrutinib maleate tab 100 mg</i>)	5	LD, OC, PA, QL (60 tablets/30 days), SP
CAPRELSA (<i>vandetanib tab 100 mg</i>)	5	LD, OC, PA, QL (60 tablets/30 days), SP
CAPRELSA (<i>vandetanib tab 300 mg</i>)	5	LD, OC, PA, QL (30 tablets/30 days), SP
COMETRIQ (<i>cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit</i>)	5	LD, OC, PA, QL (1 kit/28 days), SP
COMETRIQ (<i>cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit</i>)	5	LD, OC, PA, QL (1 kit/28 days), SP
COMETRIQ (<i>cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit</i>)	5	LD, OC, PA, QL (1 kit/28 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
COPIKTRA (<i>duvelisib cap 15 mg, 25 mg</i>)	6	LD, OC, PA, QL (56 capsules/28 days), SP
COTELLIC (<i>cobimetinib fumarate tab 20 mg (base equivalent)</i>)	5	OC, PA, QL (63 tablets/28 days)
<i>dasatinib tab 20 mg</i>	5	OC, PA, QL (90 tablets/30 days)
<i>dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg</i>	5	OC, PA, QL (30 tablets/30 days)
DAURISMO (<i>glasdegib maleate tab 25 mg (base equivalent)</i>)	6	OC, PA, QL (60 tablets/30 days)
DAURISMO (<i>glasdegib maleate tab 100 mg (base equivalent)</i>)	6	OC, PA, QL (30 tablets/30 days)
ENSACOVE (<i>ensartinib hcl cap 25 mg (base equivalent)</i>)	6	OC, PA, QL (30 capsules/30 days)
ENSACOVE (<i>ensartinib hcl cap 100 mg (base equivalent)</i>)	6	OC, PA, QL (60 capsules/30 days)
ERIVEDGE (<i>vismodegib cap 150 mg</i>)	5	OC, PA, QL (30 capsules/30 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	5	OC, PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	5	OC, PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	5	OC, PA, QL (30 tablets/30 days)
<i>everolimus tab for oral susp 2 mg, 5 mg</i>	5	OC, PA, QL (60 tablets/30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	OC, PA, QL (90 tablets/30 days)
<i>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	2	
<i>everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	5	LD, OC, PA, QL (30 tablets/30 days), SP
Everolimus Tab 2.5 mg (TORPENZ), 5 mg (TORPENZ), 7.5 mg (TORPENZ), 10 mg (TORPENZ)	5	LD, OC, PA, QL (30 tablets/30 days), SP
FOTIVDA (<i>tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)</i>)	6	LD, OC, PA, QL (21 capsules/28 days), SP
FRUZAQLA (<i>fruquintinib cap 1 mg</i>)	6	LD, OC, PA, QL (84 capsules/28 days), SP
FRUZAQLA (<i>fruquintinib cap 5 mg</i>)	6	LD, OC, PA, QL (21 capsules/28 days), SP
GAVRETO (<i>pralsetinib cap 100 mg</i>)	6	LD, OC, PA, QL (120 capsules/30 days), SP
<i>gefitinib tab 250 mg</i>	5	OC, PA, QL (30 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
GILOTREF (<i>afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)</i>)	5	LD, OC, PA, QL (30 tablets/30 days), SP
GOMEKLI (<i>mirdametininib tab for oral susp 1 mg</i>)	6	LD, OC, PA, QL (168 tablets/28 days), SP
GOMEKLI (<i>mirdametininib cap 1 mg</i>)	6	LD, OC, PA, QL (168 capsules/28 days), SP
GOMEKLI (<i>mirdametininib cap 2 mg</i>)	6	LD, OC, PA, QL (84 capsules/28 days), SP
IBRANCE (<i>palbociclib cap 75 mg, 100 mg, 125 mg</i>)	5	OC, PA, QL (21 capsules/28 days)
IBRANCE (<i>palbociclib tab 75 mg, 100 mg, 125 mg</i>)	5	OC, PA, QL (21 tablets/28 days)
IBTROZI (<i>taletrectininib adipate cap 200 mg</i>)	6	OC, PA, QL (90 capsules/30 days)
ICLUSIG (<i>ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)</i>)	5	LD, OC, PA, QL (30 tablets/30 days), SP
IDHIFA (<i>enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)</i>)	6	LD, OC, PA, QL (30 tablets/30 days), SP
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	5	OC, PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	5	OC, PA, QL (60 tablets/30 days)
IMBRUVICA (<i>ibrutinib tab 140 mg, 280 mg, 420 mg</i>)	5	LD, OC, PA, QL (30 tablets/30 days), SP
IMBRUVICA (<i>ibrutinib oral susp 70 mg/ml</i>)	5	LD, OC, PA, QL (216 mls/30 days), SP
IMBRUVICA (<i>ibrutinib cap 70 mg</i>)	5	LD, OC, PA, QL (30 capsules/30 days), SP
IMBRUVICA (<i>ibrutinib cap 140 mg</i>)	5	LD, OC, PA, QL (90 capsules/30 days), SP
INLYTA (<i>axitinib tab 1 mg</i>)	5	OC, PA, QL (180 tablets/30 days)
INLYTA (<i>axitinib tab 5 mg</i>)	5	OC, PA, QL (120 tablets/30 days)
INQOVI (<i>decitabine-cedazuridine tab 35-100 mg</i>)	6	OC, PA, QL (5 tablets/28 days)
INREBIC (<i>fedratinib hcl cap 100 mg</i>)	6	OC, PA, QL (120 capsules/30 days)
ITOVEBI (<i>inavolisib tab 3 mg</i>)	5	OC, PA, QL (56 tablets/28 days)
ITOVEBI (<i>inavolisib tab 9 mg</i>)	5	OC, PA, QL (28 tablets/28 days)
IWILFIN (<i>eflornithine hcl tab 192 mg</i>)	6	LD, OC, PA, QL (240 tablets/30 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
JAKAFI (<i>ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)</i>)	5	OC, PA, QL (60 tablets/30 days)
JAYPIRCA (<i>pirtobrutinib tab 50 mg</i>)	6	OC, PA, QL (30 tablets/30 days)
JAYPIRCA (<i>pirtobrutinib tab 100 mg</i>)	6	OC, PA, QL (60 tablets/30 days)
KISQALI (<i>ribociclib succinate tab pack 200 mg daily dose</i>)	5	OC, PA, QL (21 tablets/28 days)
KISQALI (<i>ribociclib succinate tab pack 400 mg daily dose (200 mg tab)</i>)	5	OC, PA, QL (42 tablets/28 days)
KISQALI (<i>ribociclib succinate tab pack 600 mg daily dose (200 mg tab)</i>)	5	OC, PA, QL (63 tablets/28 days)
KOSELUGO (<i>selumetinib sulfate cap 10 mg</i>)	6	LD, OC, PA, QL (240 capsules/30 days), SP
KOSELUGO (<i>selumetinib sulfate cap 25 mg</i>)	6	LD, OC, PA, QL (120 capsules/30 days), SP
KRAZATI (<i>adagrasib tab 200 mg</i>)	6	LD, OC, PA, QL (180 tablets/30 days), SP
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	5	OC, PA, QL (180 tablets/30 days)
LAZCLUZE (<i>lazertinib mesylate tab 80 mg</i>)	6	LD, OC, PA, QL (60 tablets/30 days), SP
LAZCLUZE (<i>lazertinib mesylate tab 240 mg</i>)	6	LD, OC, PA, QL (30 tablets/30 days), SP
LENVIMA 10 MG DAILY DOSE (<i>lenvatinib cap therapy pack 10 mg (10 mg daily dose)</i>)	5	OC, PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE (<i>lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)</i>)	5	OC, PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE (<i>lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)</i>)	5	OC, PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE (<i>lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)</i>)	5	OC, PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE (<i>lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)</i>)	5	OC, PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE (<i>lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)</i>)	5	OC, PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE (<i>lenvatinib cap therapy pack 4 mg (4 mg daily dose)</i>)	5	OC, PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE (<i>lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)</i>)	5	OC, PA, QL (60 capsules/30 days)
LONSURF (<i>trifluridine-tipiracil tab 15-6.14 mg</i>)	5	OC, PA, QL (60 tablets/28 days)

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Drug Name	Tier	Coverage Requirements and Limits
LONSURF (<i>trifluridine-tipiracil tab 20-8.19 mg</i>)	5	OC, PA, QL (80 tablets/28 days)
LORBRENA (<i>lorlatinib tab 25 mg</i>)	6	OC, PA, QL (120 tablets/30 days)
LORBRENA (<i>lorlatinib tab 100 mg</i>)	6	OC, PA, QL (30 tablets/30 days)
LUMAKRAS (<i>sotorasib tab 120 mg</i>)	6	OC, PA, QL (240 tablets/30 days)
LUMAKRAS (<i>sotorasib tab 240 mg</i>)	6	OC, PA, QL (120 tablets/30 days)
LUMAKRAS (<i>sotorasib tab 320 mg</i>)	6	OC, PA, QL (90 tablets/30 days)
LYNPARZA (<i>olaparib tab 100 mg, 150 mg</i>)	5	LD, OC, PA, QL (120 tablets/30 days), SP
LYTGOBI (<i>futibatinib tab therapy pack 4 mg (12 mg daily dose)</i>)	6	LD, OC, PA, QL (84 tablets/28 days), SP
LYTGOBI (<i>futibatinib tab therapy pack 4 mg (16 mg daily dose)</i>)	6	LD, OC, PA, QL (112 tablets/28 days), SP
LYTGOBI (<i>futibatinib tab therapy pack 4 mg (20 mg daily dose)</i>)	6	LD, OC, PA, QL (140 tablets/28 days), SP
MEKINIST (<i>trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)</i>)	5	OC, PA, QL (13 bottles/28 days)
MEKINIST (<i>trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)</i>)	5	OC, PA, QL (90 tablets/30 days)
MEKINIST (<i>trametinib dimethyl sulfoxide tab 2 mg (base equivalent)</i>)	5	OC, PA, QL (30 tablets/30 days)
MEKTOVI (<i>binimetinib tab 15 mg</i>)	6	OC, PA, QL (180 tablets/30 days)
<i>nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)</i>	5	OC, PA, QL (120 capsules/30 days)
NINLARO (<i>ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)</i>)	5	OC, PA, QL (3 capsules/28 days)
ODOMZO (<i>sonidegib phosphate cap 200 mg (base equivalent)</i>)	5	OC, PA, QL (30 capsules/30 days)
OGSIVEO (<i>nirogacestat hydrobromide tab 50 mg</i>)	5	LD, OC, PA, QL (180 tablets/30 days), SP
OGSIVEO (<i>nirogacestat hydrobromide tab 100 mg, 150 mg</i>)	5	LD, OC, PA, QL (56 tablets/28 days), SP
OJEMDA (<i>tovorafenib tab 100 mg</i>)	6	LD, OC, PA, QL (24 tablets/28 days), SP
OJEMDA (<i>tovorafenib for oral susp 25 mg/ml</i>)	6	LD, OC, PA, QL (8 bottles/28 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
OJJAARA (<i>mometotinib dihydrochloride tab 100 mg, 150 mg, 200 mg</i>)	6	LD, OC, PA, QL (30 tablets/30 days), SP
pazopanib hcl tab 200 mg (base equiv)	5	OC, PA, QL (120 tablets/30 days)
PEMAZYRE (<i>pemigatinib tab 4.5 mg, 9 mg, 13.5 mg</i>)	6	LD, OC, PA, QL (14 tablets/21 days), SP
PIQRAY 200MG DAILY DOSE (<i>alpelisib tab therapy pack 200 mg daily dose</i>)	5	LD, OC, PA, QL (28 tablets/28 days), SP
PIQRAY 250MG DAILY DOSE (<i>alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)</i>)	5	LD, OC, PA, QL (56 tablets/28 days), SP
PIQRAY 300MG DAILY DOSE (<i>alpelisib tab pack 300 mg daily dose (2x150 mg tab)</i>)	5	LD, OC, PA, QL (56 tablets/28 days), SP
QINLOCK (<i>ripretinib tab 50 mg</i>)	6	LD, OC, PA, QL (90 tablets/30 days), SP
RETEVMO (<i>selpercatinib tab 40 mg</i>)	5	OC, PA, QL (90 tablets/30 days)
RETEVMO (<i>selpercatinib tab 80 mg, 120 mg, 160 mg</i>)	5	OC, PA, QL (60 tablets/30 days)
REVUFORJ (<i>revumenib citrate tab 25 mg</i>)	6	LD, OC, PA, QL (240 tablets/30 days), SP
REVUFORJ (<i>revumenib citrate tab 110 mg</i>)	6	LD, OC, PA, QL (120 tablets/30 days), SP
REVUFORJ (<i>revumenib citrate tab 160 mg</i>)	6	LD, OC, PA, QL (60 tablets/30 days), SP
REZLIDHIA (<i>olutasidenib cap 150 mg</i>)	6	LD, OC, PA, QL (60 capsules/30 days), SP
ROMVIMZA (<i>vimseltinib cap 14 mg, 20 mg, 30 mg</i>)	5	LD, OC, PA, QL (8 capsules/28 days), SP
ROZLYTREK (<i>entrectinib pellet pack 50 mg</i>)	5	OC, PA, QL (336 packets/28 days)
ROZLYTREK (<i>entrectinib cap 100 mg</i>)	5	OC, PA, QL (30 capsules/30 days)
ROZLYTREK (<i>entrectinib cap 200 mg</i>)	5	OC, PA, QL (90 capsules/30 days)
RUBRACA (<i>rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)</i>)	5	LD, OC, PA, QL (120 tablets/30 days), SP
RYDAPT (<i>midostaurin cap 25 mg</i>)	5	OC, PA, QL (240 capsules/30 days)
SCSEMBLIX (<i>asciminib hcl tab 20 mg</i>)	5	LD, OC, PA, QL (60 tablets/30 days), SP
SCSEMBLIX (<i>asciminib hcl tab 40 mg</i>)	5	LD, OC, PA, QL (240 tablets/30 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
SCSEMBLIX (<i>asciminib hcl tab 100 mg</i>)	5	LD, OC, PA, QL (120 tablets/30 days), SP
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	5	OC, PA, QL (120 tablets/30 days)
STIVARGA (<i>regorafenib tab 40 mg</i>)	5	OC, PA, QL (84 tablets/28 days)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	5	OC, PA, QL (90 capsules/30 days)
<i>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)</i>	5	OC, PA, QL (30 capsules/30 days)
TABRECTA (<i>capmatinib hcl tab 150 mg, 200 mg</i>)	5	OC, PA, QL (120 tablets/30 days)
TAFINLAR (<i>dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)</i>)	5	OC, PA, QL (120 capsules/30 days)
TAFINLAR (<i>dabrafenib mesylate tab for oral susp 10 mg (base equiv)</i>)	5	OC, PA, QL (4 bottles/28 days)
TAGRISSO (<i>osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)</i>)	5	LD, OC, PA, QL (30 tablets/30 days), SP
TALZENNA (<i>talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)</i>)	5	OC, PA, QL (30 capsules/30 days)
TALZENNA (<i>talazoparib tosylate cap 0.25 mg (base equivalent)</i>)	5	OC, PA, QL (90 capsules/30 days)
TEPMETKO (<i>tepotinib hcl tab 225 mg</i>)	6	LD, OC, PA, QL (60 tablets/30 days), SP
TIBSOVO (<i>ivosidenib tab 250 mg</i>)	5	LD, OC, PA, QL (60 tablets/30 days), SP
TRUQAP (<i>capivasertib tab therapy pack 160 mg, 200 mg</i>)	6	LD, OC, PA, QL (64 tablets/28 days), SP
TRUQAP (<i>capivasertib tab 200 mg</i>)	6	LD, OC, PA, QL (64 tablets/28 days), SP
TUKYSA (<i>tucatinib tab 50 mg</i>)	6	LD, OC, PA, QL (300 tablets/30 days), SP
TUKYSA (<i>tucatinib tab 150 mg</i>)	6	LD, OC, PA, QL (120 tablets/30 days), SP
TURALIO (<i>pexidartinib hcl cap 125 mg (base equivalent)</i>)	6	LD, OC, PA, QL (120 capsules/30 days), SP
VANFLYTA (<i>quizartinib dihydrochloride tab 17.7 mg</i>)	6	LD, OC, PA, QL (28 tablets/28 days), SP
VANFLYTA (<i>quizartinib dihydrochloride tab 26.5 mg</i>)	6	LD, OC, PA, QL (56 tablets/28 days), SP
VENCLEXTA (<i>venetoclax tab 10 mg</i>)	5	LD, OC, PA, QL (60 tablets/30 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
VENCLEXTA (<i>venetoclax tab 50 mg</i>)	5	LD, OC, PA, QL (30 tablets/30 days), SP
VENCLEXTA (<i>venetoclax tab 100 mg</i>)	5	LD, OC, PA, QL (180 tablets/30 days), SP
VENCLEXTA STARTING PACK (<i>venetoclax tab therapy starter pack 10 & 50 & 100 mg</i>)	5	LD, OC, PA, QL (1 pack/180 days), SP
VERZENIO (<i>abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg</i>)	5	OC, PA, QL (60 tablets/30 days)
VIJOICE (<i>alpelisib (pros) oral granules packet 50 mg</i>)	6	LD, PA, QL (28 packets/28 days), SP
VIJOICE (<i>alpelisib (pros) tab therapy pack 50 mg daily dose, 125 mg daily dose</i>)	6	LD, PA, QL (28 tablets/28 days), SP
VIJOICE (<i>alpelisib (pros) pak 250 mg daily dose (200 mg & 50 mg tabs)</i>)	6	LD, PA, QL (56 tablets/28 days), SP
VITRAKVI (<i>larotrectinib sulfate oral soln 20 mg/ml (base equivalent)</i>)	5	LD, OC, PA, QL (300 mls/30 days), SP
VITRAKVI (<i>larotrectinib sulfate cap 25 mg (base equivalent)</i>)	5	LD, OC, PA, QL (180 capsules/30 days), SP
VITRAKVI (<i>larotrectinib sulfate cap 100 mg (base equivalent)</i>)	5	LD, OC, PA, QL (60 capsules/30 days), SP
VIZIMPRO (<i>dacomitinib tab 15 mg, 30 mg, 45 mg</i>)	6	OC, PA, QL (30 tablets/30 days)
VONJO (<i>pacritinib citrate cap 100 mg</i>)	6	LD, OC, PA, QL (120 capsules/30 days), SP
VORANIGO (<i>vorasidenib tab 10 mg</i>)	5	LD, OC, PA, QL (60 tablets/30 days), SP
VORANIGO (<i>vorasidenib tab 40 mg</i>)	5	LD, OC, PA, QL (30 tablets/30 days), SP
XALKORI (<i>crizotinib cap 200 mg, 250 mg</i>)	5	OC, PA, QL (120 capsules/30 days)
XALKORI (<i>crizotinib cap sprinkle 20 mg, 50 mg</i>)	5	OC, PA, QL (120 capsules/30 days)
XALKORI (<i>crizotinib cap sprinkle 150 mg</i>)	5	OC, PA, QL (180 capsules/30 days)
XOSPATA (<i>gilteritinib fumarate tablet 40 mg (base equivalent)</i>)	6	LD, OC, PA, QL (90 tablets/30 days), SP
XPOVIO (<i>selinexor tab therapy pack 10 mg (40 mg once weekly)</i>)	6	LD, OC, PA, QL (16 tablets/28 days), SP
XPOVIO (<i>selinexor tab therapy pack 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly)</i>)	6	LD, OC, PA, QL (8 tablets/28 days), SP
XPOVIO (<i>selinexor tab therapy pack 60 mg (60 mg once weekly)</i>)	6	LD, OC, PA, QL (4 tablets/28 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
XPOVIO 60 MG TWICE WEEKLY (<i>selinexor tab therapy pack 20 mg (60 mg twice weekly)</i>)	6	LD, OC, PA, QL (24 tablets/28 days), SP
XPOVIO 80 MG TWICE WEEKLY (<i>selinexor tab therapy pack 20 mg (80 mg twice weekly)</i>)	6	LD, OC, PA, QL (32 tablets/28 days), SP
ZEJULA (<i>niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)</i>)	5	LD, OC, PA, QL (30 tablets/30 days), SP
ZELBORAF (<i>vemurafenib tab 240 mg</i>)	5	OC, PA, QL (240 tablets/30 days)
ZOLINZA (<i>vorinostat cap 100 mg</i>)	5	OC, PA, QL (120 capsules/30 days)
ZYDELIG (<i>idelalisib tab 100 mg, 150 mg</i>)	5	OC, PA, QL (60 tablets/30 days)
ZYKADIA (<i>ceritinib tab 150 mg</i>)	5	OC, PA, QL (90 tablets/30 days)
Monoclonal Antibodies/Antibody-Drug Conjugates		
KESIMPTA (<i>ofatumumab soln auto-injector 20 mg/0.4ml</i>)	5	PA, QL (1 pen/28 days)
Retinoids		
<i>bexarotene cap 75 mg</i>	5	OC, PA
<i>tretinoin cap 10 mg</i>	5	OC, PA
Treatment Adjuncts (Supportive Treatment Drugs for Cancer)		
<i>allopurinol tab 100 mg, 300 mg</i>	1	
<i>leucovorin calcium tab 5 mg, 15 mg, 25 mg</i>	2	OC
<i>mesna tab 400 mg</i>	2	OC
OCTREOTIDE ACETATE (<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml</i>)	5	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml)</i>	5	
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)</i>	5	
Antiparasitics (Drugs for Parasitic Infections)		
Anthelmintics (Drugs for Parasitic Worms)		
<i>albendazole tab 200 mg</i>	2	
EMVERM (<i>mebendazole chew tab 100 mg</i>)	4	PA
<i>ivermectin tab 3 mg</i>	2	
<i>praziquantel tab 600 mg</i>	2	
Antiprotozoals (Drugs for Protozoal Infection)		
<i>atovaquone susp 750 mg/5ml</i>	2	
<i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</i>	2	QL (30 tablets/90 days)
BENZNIDAZOLE (<i>benznidazole tab 12.5 mg, 100 mg</i>)	3	
CHLOROQUINE PHOSPHATE (<i>chloroquine phosphate tab 250 mg</i>)	4	

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Drug Name	Tier	Coverage Requirements and Limits
COARTEM (<i>artemether-lumefantrine tab 20-120 mg</i>)	4	
HUMATIN (<i>paromomycin sulfate cap 250 mg</i>)	3	
<i>hydroxychloroquine sulfate tab 100 mg, 300 mg</i>	1	
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>hydroxychloroquine sulfate tab 400 mg</i>	2	
IMPAVIDO (<i>miltefosine cap 50 mg</i>)	3	
KRINTAFEL (<i>tafenoquine succinate tab 150 mg (base equivalent)</i>)	4	
LAMPIT (<i>nifurtimox tab 30 mg, 120 mg</i>)	4	
<i>mefloquine hcl tab 250 mg</i>	1	
<i>nitazoxanide tab 500 mg</i>	2	QL (6 tablets/30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	2	
<i>pyrimethamine tab 25 mg</i>	2	PA, QL (116 tablets/180 days)
<i>quinine sulfate cap 324 mg</i>	2	
<i>tinidazole tab 250 mg, 500 mg</i>	2	
Antiparkinson Agents (Drugs for Parkinson's Disease)		
Anticholinergics		
<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg</i>	1	
TRIHENXYPHENIDYL HCL (<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>)	4	
<i>trihexyphenidyl hcl tab 2 mg, 5 mg</i>	1	
Antiparkinson Agents, Other		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>entacapone tab 200 mg</i>	2	
<i>tolcapone tab 100 mg</i>	2	
Dopamine Agonists		
APOKYN (<i>apomorphine hcl soln cartridge 30 mg/3ml</i>)	6	LD, SP
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	5	
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	2	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	2	
NEUPRO (<i>rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr</i>)	4	PA
ONAPGO (<i>apomorphine hcl soln cartridge 98 mg/20ml</i>)	6	
<i>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	

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Drug Name	Tier	Coverage Requirements and Limits
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa & levodopa tab er 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa tab 25 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
CARBIDOPA/LEVODOPA ODT (<i>carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg</i>)	4	
INBRIJA (<i>levodopa inhal powder cap 42 mg</i>)	5	LD, SP
VYALEV (<i>foscarbidopa-foslevodopa subcutaneous inj 12-240 mg/ml</i>)	6	LD, SP
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)</i>	2	
<i>selegiline hcl cap 5 mg</i>	2	
Antipsychotics (Drugs for Mental Health)		
1st Generation/Typical		
FLUPHENAZINE HCL (<i>fluphenazine hcl oral conc 5 mg/ml</i>)	4	
<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i>	2	
FLUPHENAZINE HYDROCHLORID (<i>fluphenazine hcl elixir 2.5 mg/5ml</i>)	4	
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	
<i>haloperidol tab 0.5 mg, 1 mg</i>	1	
<i>haloperidol tab 2 mg, 5 mg, 10 mg, 20 mg</i>	2	
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i>	2	
MOLINDONE HYDROCHLORIDE (<i>molindone hcl tab 5 mg, 10 mg</i>)	4	
<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i>	2	
PERPHENAZINE/AMITRIPTYLIN (<i>perphenazine-amitriptyline tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>)	4	
PIMOZIDE (<i>pimozide tab 1 mg, 2 mg</i>)	4	
<i>prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)</i>	1	
<i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	2	
<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i>	2	
<i>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	2	
2nd Generation/Atypical		

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Drug Name	Tier	Coverage Requirements and Limits
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (900 mls/30 days)
<i>aripiprazole tab 2 mg, 5 mg</i>	1	QL (60 tablets/30 days)
<i>aripiprazole tab 10 mg, 15 mg, 20 mg</i>	1	QL (30 tablets/30 days)
<i>aripiprazole tab 30 mg</i>	2	QL (30 tablets/30 days)
<i>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)</i>	2	QL (60 tablets/30 days)
FANAPT (<i>iloperidone tab 1 mg, 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg</i>)	4	QL (60 tablets/30 days)
FANAPT TITRATION PACK A (<i>iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak</i>)	4	QL (1 pack/180 days)
FANAPT TITRATION PACK B (<i>iloperidone tab 1 mg & 2 mg & 6 mg & 8 mg titration pak</i>)	4	QL (1 pack/180 days)
FANAPT TITRATION PACK C (<i>iloperidone tab 1 mg & 2 mg & 6 mg titration pak</i>)	4	QL (1 pack/180 days)
<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i>	2	QL (30 tablets/30 days)
<i>lurasidone hcl tab 80 mg</i>	2	QL (60 tablets/30 days)
<i>olanzapine tab 2.5 mg, 5 mg</i>	1	QL (60 tablets/30 days)
<i>olanzapine tab 7.5 mg, 10 mg</i>	1	QL (60 tablets/30 days)
<i>olanzapine tab 15 mg</i>	1	QL (30 tablets/30 days)
<i>olanzapine tab 20 mg</i>	2	QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	2	QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 3 mg, 9 mg</i>	2	QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	2	QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg, 200 mg</i>	1	QL (30 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 300 mg, 400 mg</i>	2	QL (60 tablets/30 days)
<i>quetiapine fumarate tab 25 mg, 50 mg</i>	1	QL (180 tablets/30 days)
<i>quetiapine fumarate tab 100 mg</i>	1	QL (120 tablets/30 days)
<i>quetiapine fumarate tab 200 mg</i>	1	QL (90 tablets/30 days)
<i>quetiapine fumarate tab 300 mg, 400 mg</i>	1	QL (60 tablets/30 days)
REXULTI (<i>brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>)	3	QL (30 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	2	QL (480 mls/30 days)
<i>risperidone tab 0.25 mg</i>	1	QL (120 tablets/30 days)
<i>risperidone tab 0.5 mg, 1 mg, 2 mg, 4 mg</i>	1	QL (120 tablets/30 days)
<i>risperidone tab 3 mg</i>	1	QL (60 tablets/30 days)
VRAYLAR (<i>cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</i>)	3	QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 capsules/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
Treatment-Resistant		
<i>clozapine tab 25 mg</i>	1	QL (90 tablets/30 days)
<i>clozapine tab 50 mg</i>	2	QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	2	QL (90 tablets/30 days)
<i>clozapine tab 200 mg</i>	2	QL (120 tablets/30 days)
Antispasticity (Drugs for Muscle Spasms)		
No USP Class		
<i>baclofen tab 10 mg, 20 mg</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	QL (180 tablets/30 days)
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	QL (180 tablets/30 days)
Antivirals (Drugs for Viral Infections)		
Anti-cytomegalovirus (CMV) Agents (Drugs for CMV Infection)		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	2	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	2	
Anti-hepatitis B (HBV) Agents (Drugs for Hepatitis B)		
<i>adefovir dipivoxil tab 10 mg</i>	2	
BARACLUDE (<i>entecavir oral soln 0.05 mg/ml</i>)	3	
<i>entecavir tab 0.5 mg, 1 mg</i>	2	
<i>lamivudine oral soln 10 mg/ml</i>	2	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbv)</i>	2	
<i>lamivudine tab 150 mg</i>	2	QL (60 tablets/30 days)
<i>lamivudine tab 300 mg</i>	2	QL (30 tablets/30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	QL (30 tablets/30 days)
VEMLIDY (<i>tenofovir alafenamide fumarate tab 25 mg</i>)	3	
VIREAD (<i>tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg</i>)	3	QL (30 tablets/30 days)
VIREAD (<i>tenofovir disoproxil fumarate oral powder 40 mg/gm</i>)	3	QL (240 grams/30 days)
Anti-hepatitis C (HCV) Agents (Drugs for Hepatitis C)		
EPCLUSA (<i>sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg</i>)	5	PA, QL (28 packs/28 days)
EPCLUSA (<i>sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg</i>)	5	PA, QL (28 tablets/28 days)
HARVONI (<i>ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg</i>)	5	PA, QL (28 packs/28 days)
HARVONI (<i>ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg</i>)	5	PA, QL (28 tablets/28 days)
LEDIPASVIR/SOFOSBUVIR (<i>ledipasvir-sofosbuvir tab 90-400 mg</i>)	4	PA, QL (28 tablets/28 days)
MAVYRET (<i>glecaprevir-pibrentasvir tab 100-40 mg</i>)	5	PA, QL (90 tablets/30 days)
MAVYRET (<i>glecaprevir-pibrentasvir pellet pack 50-20 mg</i>)	5	PA, QL (140 packs/28 days)
RIBAVIRIN (<i>ribavirin cap 200 mg</i>)	5	

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Drug Name	Tier	Coverage Requirements and Limits
RIBAVIRIN (<i>ribavirin tab 200 mg</i>)	5	
SOFOSBUVIR/VELPATASVIR (<i>sofosbuvir-velpatasvir tab 400-100 mg</i>)	5	PA, QL (28 tablets/28 days)
SOVALDI (<i>sofosbuvir tab 200 mg, 400 mg</i>)	5	PA, QL (30 tablets/30 days)
SOVALDI (<i>sofosbuvir pellet pack 150 mg, 200 mg</i>)	5	PA, QL (28 packs/28 days)
VOSEVI (<i>sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg</i>)	5	PA, QL (30 tablets/30 days)
ZEPATIER (<i>elbasvir-grazoprevir tab 50-100 mg</i>)	6	PA, QL (30 tablets/30 days)
Antitherpetic Agents (Drugs for Herpes Infection)		
acyclovir cap 200 mg	1	
acyclovir susp 200 mg/5ml	2	
acyclovir tab 400 mg, 800 mg	1	
famciclovir tab 125 mg, 250 mg, 500 mg	2	
valacyclovir hcl tab 500 mg	1	
valacyclovir hcl tab 1 gm	2	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE (<i>cabotegravir im extended release susp 600 mg/3ml</i>)	3	AC, CW, IC
BIKTARVY (<i>bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg</i>)	3	QL (30 tablets/30 days)
DOVATO (<i>dolutegravir sodium-lamivudine tab 50-300 mg (base eq)</i>)	3	QL (30 tablets/30 days)
GENVOYA (<i>elvitegravir-cobic-emtricitab-tenofovir af tab 150-150-200-10 mg</i>)	3	QL (30 tablets/30 days)
ISENTRESS (<i>raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)</i>)	3	CW, IC, QL (180 tablets/30 days)
ISENTRESS (<i>raltegravir potassium packet for susp 100 mg (base equiv)</i>)	3	CW, IC, QL (60 packets/30 days)
ISENTRESS (<i>raltegravir potassium tab 400 mg (base equiv)</i>)	3	CW, IC, QL (60 tablets/30 days)
ISENTRESS HD (<i>raltegravir potassium tab 600 mg (base equiv)</i>)	3	QL (60 tablets/30 days)
JULUCA (<i>dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)</i>)	3	QL (30 tablets/30 days)
TIVICAY (<i>dolutegravir sodium tab 50 mg (base equiv)</i>)	3	CW, IC, QL (60 tablets/30 days)
TIVICAY PD (<i>dolutegravir sodium tab for oral susp 5 mg (base equiv)</i>)	3	CW, IC, QL (360 tablets/30 days)
TRIUMEQ (<i>abacavir-dolutegravir-lamivudine tab 600-50-300 mg</i>)	3	QL (30 tablets/30 days)
TRIUMEQ PD (<i>abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg</i>)	3	QL (180 tablets/30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		

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Drug Name	Tier	Coverage Requirements and Limits
DELSTRIGO (<i>doravirine-lamivudine-tenofovir df tab 100-300-300 mg</i>)	3	QL (30 tablets/30 days)
EDURANT (<i>rilpivirine hcl tab 25 mg (base equivalent)</i>)	4	QL (30 tablets/30 days)
EDURANT PED (<i>rilpivirine hcl tab for oral susp 2.5 mg (base equivalent)</i>)	4	QL (180 tablets/30 days)
<i>efavirenz tab 600 mg</i>	2	QL (30 tablets/30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENO (<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>)	4	QL (30 tablets/30 days)
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	2	QL (30 tablets/30 days)
<i>etravirine tab 100 mg, 200 mg</i>	2	QL (60 tablets/30 days)
INTELENCE (<i>etravirine tab 25 mg</i>)	3	QL (120 tablets/30 days)
JULUCA (<i>dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)</i>)	3	QL (30 tablets/30 days)
NEVIRAPINE (<i>nevirapine susp 50 mg/5ml</i>)	4	QL (1200 mls/30 days)
<i>nevirapine tab er 24hr 400 mg</i>	2	QL (30 tablets/30 days)
<i>nevirapine tab 200 mg</i>	1	QL (60 tablets/30 days)
ODEFSEY (<i>emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg</i>)	3	QL (30 tablets/30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	2	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	2	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	QL (30 tablets/30 days)
BIKTARVY (<i>bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg</i>)	3	QL (30 tablets/30 days)
CIMDUO (<i>lamivudine-tenofovir disoproxil fumarate tab 300-300 mg</i>)	3	QL (30 tablets/30 days)
DELSTRIGO (<i>doravirine-lamivudine-tenofovir df tab 100-300-300 mg</i>)	3	QL (30 tablets/30 days)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg</i>)	3	QL (30 tablets/30 days)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg</i>)	3	AC, CW, IC, QL (30 tablets/30 days)
DOVATO (<i>dolutegravir sodium-lamivudine tab 50-300 mg (base eq)</i>)	3	QL (30 tablets/30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	QL (30 tablets/30 days)
EFAVIRENZ/LAMIVUDINE/TENO (<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>)	4	QL (30 tablets/30 days)
<i>emtricitabine caps 200 mg</i>	2	QL (30 capsules/30 days)
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	2	QL (30 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg	2	QL (30 tablets/30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	2	AC, CW, IC, QL (30 tablets/30 days)
EMTRIVA (<i>emtricitabine soln 10 mg/ml</i>)	4	QL (720 mls/30 days)
GENVOYA (<i>elvitegrav-cobic-emtricitab-tenofovir af tab 150-150-200-10 mg</i>)	3	QL (30 tablets/30 days)
lamivudine oral soln 10 mg/ml	2	QL (960 mls/30 days)
lamivudine tab 150 mg	2	QL (60 tablets/30 days)
lamivudine tab 300 mg	2	QL (30 tablets/30 days)
lamivudine-zidovudine tab 150-300 mg	2	QL (60 tablets/30 days)
ODEFSEY (<i>emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg</i>)	3	QL (30 tablets/30 days)
SYMTUZA (<i>darunavir-cobic-emtricitab-tenofovir af tab 800-150-200-10 mg</i>)	3	QL (30 tablets/30 days)
tenofovir disoproxil fumarate tab 300 mg	2	QL (30 tablets/30 days)
TRIUMEQ (<i>abacavir-dolutegravir-lamivudine tab 600-50-300 mg</i>)	3	QL (30 tablets/30 days)
TRIUMEQ PD (<i>abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg</i>)	3	QL (180 tablets/30 days)
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>)	4	CW, IC, QL (30 tablets/30 days)
VIREAD (<i>tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg</i>)	3	QL (30 tablets/30 days)
VIREAD (<i>tenofovir disoproxil fumarate oral powder 40 mg/gm</i>)	3	QL (240 grams/30 days)
zidovudine cap 100 mg	2	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml	2	QL (1920 mls/30 days)
zidovudine tab 300 mg	2	QL (60 tablets/30 days)
Anti-HIV Agents, Other		
EVOTAZ (<i>atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)</i>)	3	QL (30 tablets/30 days)
FUZEON (<i>enfuvirtide for inj 90 mg</i>)	4	QL (60 vials/30 days)
GENVOYA (<i>elvitegrav-cobic-emtricitab-tenofovir af tab 150-150-200-10 mg</i>)	3	QL (30 tablets/30 days)
maraviroc tab 150 mg	2	QL (60 tablets/30 days)
maraviroc tab 300 mg	2	QL (120 tablets/30 days)
PREZCOBIX (<i>darunavir-cobicistat tab 675-150 mg, 800-150 mg</i>)	3	QL (30 tablets/30 days)
RUKOBIA (<i>fostemsavir tromethamine tab er 12hr 600 mg</i>)	4	QL (60 tablets/30 days)
SELZENTRY (<i>maraviroc oral soln 20 mg/ml</i>)	4	QL (1840 mls/30 days)
SUNLENCA (<i>lenacapavir sodium tab 300 mg</i>)	4	QL (4 tablets/365 days)
SUNLENCA (<i>lenacapavir sodium tab therapy pack 4 x 300 mg</i>)	4	QL (4 tablets/365 days)
SUNLENCA (<i>lenacapavir sodium tab therapy pack 5 x 300 mg</i>)	4	QL (5 tablets/365 days)

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Drug Name	Tier	Coverage Requirements and Limits
SYMTUZA (<i>darunavir-cobic-emtricitab-tenofovir af tab 800-150-200-10 mg</i>)	3	QL (30 tablets/30 days)
TYBOST (<i>cobicistat tab 150 mg</i>)	4	QL (30 tablets/30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS (<i>tipranavir cap 250 mg</i>)	4	QL (120 capsules/30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	QL (60 capsules/30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	QL (30 capsules/30 days)
<i>darunavir tab 600 mg</i>	2	QL (60 tablets/30 days)
<i>darunavir tab 800 mg</i>	2	CW, IC, QL (30 tablets/30 days)
EVOTAZ (<i>atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)</i>)	3	QL (30 tablets/30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2	QL (120 tablets/30 days)
KALETRA (<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>)	3	QL (480 mls/30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	QL (180 tablets/90 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	QL (120 tablets/30 days)
NORVIR (<i>ritonavir powder packet 100 mg</i>)	4	QL (360 packets/30 days)
PREZCOBIX (<i>darunavir-cobicistat tab 675-150 mg, 800-150 mg</i>)	3	QL (30 tablets/30 days)
PREZISTA (<i>darunavir oral susp 100 mg/ml</i>)	3	QL (400 mls/30 days)
PREZISTA (<i>darunavir tab 75 mg</i>)	3	QL (300 tablets/30 days)
PREZISTA (<i>darunavir tab 150 mg</i>)	3	QL (180 tablets/30 days)
REYATAZ (<i>atazanavir sulfate oral powder packet 50 mg (base equiv)</i>)	4	QL (240 packets/30 days)
<i>ritonavir tab 100 mg</i>	2	CW, IC, QL (360 tablets/30 days)
SYMTUZA (<i>darunavir-cobic-emtricitab-tenofovir af tab 800-150-200-10 mg</i>)	3	QL (30 tablets/30 days)
VIRACEPT (<i>nelfinavir mesylate tab 250 mg</i>)	4	QL (270 tablets/30 days)
VIRACEPT (<i>nelfinavir mesylate tab 625 mg</i>)	4	QL (120 tablets/30 days)
Anti-influenza Agents (Drugs for Flu)		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl soln 50 mg/5ml</i>	2	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	QL (40 capsules/120 days)
<i>oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)</i>	2	QL (20 capsules/120 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	QL (300 mls/120 days)
RELENZA DISKHALER (<i>zanamivir aerosol powder breath activated 5 mg/act</i>)	4	QL (40 blisters/120 days)
XOFLUZA (<i>baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose), 1 x 80 mg (80 mg dose)</i>)	4	QL (2 tablets/120 days)

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Drug Name	Tier	Coverage Requirements and Limits
Antiviral, Coronavirus Agents		
LAGEVRIO (<i>molnupiravir cap 200 mg</i>)	3	QL (40 capsules/90 days)
PAXLOVID (<i>nirmatrelvir tab 6 x 150 mg & ritonavir tab 5 x 100 mg pak</i>)	3	QL (11 tablets/90 days)
PAXLOVID (<i>nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak</i>)	3	QL (20 tablets/90 days)
PAXLOVID (<i>nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak</i>)	3	QL (30 tablets/90 days)
Anxiolytics (Drugs for Anxiety)		
Anxiolytics, Other (Other Drugs for Anxiety)		
<i>buspirone hcl tab 5 mg, 10 mg, 15 mg, 30 mg</i>	1	
<i>doxepin hcl cap 10 mg, 25 mg, 50 mg</i>	1	
<i>doxepin hcl cap 75 mg, 100 mg, 150 mg</i>	2	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>meprobamate tab 200 mg, 400 mg</i>	2	
Benzodiazepines		
<i>alprazolam tab er 24hr 0.5 mg, 1 mg, 3 mg</i>	1	
Alprazolam Tab Er 24hr 0.5 mg (ALPRAZOLAM XR), 1 mg (ALPRAZOLAM XR), 3 mg (ALPRAZOLAM XR)	1	
<i>alprazolam tab er 24hr 2 mg</i>	2	
Alprazolam Tab Er 24hr 2 mg (ALPRAZOLAM XR)	2	
<i>alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlordiazepoxide hcl cap 5 mg, 10 mg, 25 mg</i>	1	
CHLORDIAZEPOXIDE/AMITRIPT (<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg, 10-25 mg</i>)	4	
<i>clonazepam tab 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg, 7.5 mg, 15 mg</i>	2	
<i>diazepam conc 5 mg/ml</i>	2	
Diazepam Conc 5 mg/ml (DIAZEPAM INTENSOL)	2	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg, 5 mg, 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	2	
Lorazepam Conc 2 mg/ml (LORAZEPAM INTENSOL)	2	
<i>lorazepam tab 0.5 mg, 1 mg, 2 mg</i>	1	QL (150 tablets/30 days)
<i>oxazepam cap 10 mg, 15 mg, 30 mg</i>	2	

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Drug Name	Tier	Coverage Requirements and Limits
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)		
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	QL (180 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	QL (120 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	QL (60 capsules/30 days)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	2	
<i>escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	2	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	2	
<i>sertraline hcl tab 25 mg, 50 mg, 100 mg</i>	1	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 75 mg (base equivalent), 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)</i>	1	
Bipolar Agents (Drugs for Bipolar Disorder)		
Bipolar Agents, Other		
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (900 mls/30 days)
<i>aripiprazole tab 2 mg, 5 mg</i>	1	QL (60 tablets/30 days)
<i>aripiprazole tab 10 mg, 15 mg, 20 mg</i>	1	QL (30 tablets/30 days)
<i>aripiprazole tab 30 mg</i>	2	QL (30 tablets/30 days)
<i>asenapine maleate sl tab 2.5 mg (base equiv), 5 mg (base equiv), 10 mg (base equiv)</i>	2	QL (60 tablets/30 days)
<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i>	2	QL (30 tablets/30 days)
<i>lurasidone hcl tab 80 mg</i>	2	QL (60 tablets/30 days)
<i>olanzapine tab 2.5 mg, 5 mg</i>	1	QL (60 tablets/30 days)
<i>olanzapine tab 7.5 mg, 10 mg</i>	1	QL (60 tablets/30 days)
<i>olanzapine tab 15 mg</i>	1	QL (30 tablets/30 days)
<i>olanzapine tab 20 mg</i>	2	QL (30 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg, 200 mg</i>	1	QL (30 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 300 mg, 400 mg</i>	2	QL (60 tablets/30 days)
<i>quetiapine fumarate tab 25 mg, 50 mg</i>	1	QL (180 tablets/30 days)
<i>quetiapine fumarate tab 100 mg</i>	1	QL (120 tablets/30 days)
<i>quetiapine fumarate tab 200 mg</i>	1	QL (90 tablets/30 days)
<i>quetiapine fumarate tab 300 mg, 400 mg</i>	1	QL (60 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	2	QL (480 mls/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
<i>risperidone tab 0.25 mg</i>	1	QL (120 tablets/30 days)
<i>risperidone tab 0.5 mg, 1 mg, 2 mg, 4 mg</i>	1	QL (120 tablets/30 days)
<i>risperidone tab 3 mg</i>	1	QL (60 tablets/30 days)
VRAYLAR (<i>cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</i>)	3	QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 capsules/30 days)
Mood Stabilizers		
<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i>	2	
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i>	2	
<i>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 250 mg, 300 mg</i>	2	
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	1	
LITHIUM CARBONATE (<i>lithium carbonate cap 150 mg, 300 mg, 600 mg</i>)	4	
<i>lithium carbonate cap 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	2	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	2	
<i>valproic acid cap 250 mg</i>	2	
Blood Glucose Regulators (Drugs for Diabetes)		
Antidiabetic Agents (Drugs for High Blood Sugar)		
<i>acarbose tab 25 mg, 50 mg, 100 mg</i>	2	
<i>colesevelam hcl tab 625 mg</i>	2	
FARXIGA (<i>dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)</i>)	3	QL (30 tablets/30 days)
<i>glimepiride tab 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide tab er 24hr 2.5 mg</i>	1	
Glipizide Tab Er 24hr 2.5 mg (GLIPIZIDE XL)	1	
<i>glipizide tab er 24hr 5 mg, 10 mg</i>	1	

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Drug Name	Tier	Coverage Requirements and Limits
Glipizide Tab Er 24hr 5 mg (GLIPIZIDE XL), 10 mg (GLIPIZIDE XL)	1	
glipizide tab 5 mg, 10 mg	1	
glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg	2	
GLYBURIDE MICRONIZED (glyburide micronized tab 1.5 mg, 3 mg, 6 mg)	4	
glyburide tab 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin tab 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
GLYXAMBI (empagliflozin-linagliptin tab 10-5 mg, 25-5 mg)	3	QL (30 tablets/30 days)
JANUMET (sitagliptin phosphate-metformin hcl tab 50-500 mg, 50-1000 mg)	3	QL (60 tablets/30 days)
JANUMET XR (sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg)	3	QL (30 tablets/30 days)
JANUMET XR (sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg)	3	QL (60 tablets/30 days)
JANUVIA (sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv))	3	QL (30 tablets/30 days)
JARDIANCE (empagliflozin tab 10 mg, 25 mg)	3	QL (30 tablets/30 days)
metformin hcl tab er 24hr 500 mg, 750 mg	1	
metformin hcl tab 500 mg, 850 mg, 1000 mg	1	
MOUNJARO (tirzepatide soln auto-injector 2.5 mg/0.5ml)	3	PA, QL (4 pens/180 days)
MOUNJARO (tirzepatide soln auto-injector 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml)	3	PA, QL (4 pens/28 days)
nateglinide tab 60 mg, 120 mg	2	
OZEMPIC (semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml))	3	PA, QL (1 pen/28 days)
pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	2	
pioglitazone hcl-metformin hcl tab 15-850 mg	2	
repaglinide tab 0.5 mg, 1 mg	1	
repaglinide tab 2 mg	2	
RYBELSUS (semaglutide tab 3 mg)	3	PA, QL (30 tablets/180 days)
RYBELSUS (semaglutide tab 7 mg, 14 mg)	3	PA, QL (30 tablets/30 days)
SOLIQUA 100/33 (insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml)	3	QL (18 mls/30 days)
SYNJARDY (empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg)	3	QL (60 tablets/30 days)
SYNJARDY XR (empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg)	3	QL (60 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
SYNJARDY XR (<i>empagliflozin-metformin hcl tab er 24hr 25-1000 mg</i>)	3	QL (30 tablets/30 days)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg</i>)	3	QL (60 tablets/30 days)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg</i>)	3	QL (30 tablets/30 days)
TRIJARDY XR (<i>empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg</i>)	3	QL (60 tablets/30 days)
TRULICITY (<i>dulaglutide soln auto-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml</i>)	3	PA, QL (4 pens/28 days)
XIGDUO XR (<i>dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg</i>)	3	QL (60 tablets/30 days)
XIGDUO XR (<i>dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg</i>)	3	QL (30 tablets/30 days)
XULTOPHY 100/3.6 (<i>insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml</i>)	3	QL (15 mls/30 days)
Glycemic Agents (Drugs for Low Blood Sugar)		
BAQSIMI ONE PACK (<i>glucagon nasal powder 3 mg/dose</i>)	3	CW
BAQSIMI TWO PACK (<i>glucagon nasal powder 3 mg/dose</i>)	3	CW
<i>diazoxide susp 50 mg/ml</i>	2	
GLUCAGON EMERGENCY KIT FO (<i>glucagon hcl for inj 1 mg</i>)	3	CW
<i>glucagon for inj 1 mg</i>	2	CW
GVOKE HYPOPEN 1-PACK (<i>glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml</i>)	3	CW
GVOKE HYPOPEN 2-PACK (<i>glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml</i>)	3	CW
GVOKE KIT (<i>glucagon subcutaneous soln 1 mg/0.2ml</i>)	3	CW
GVOKE PFS (<i>glucagon subcutaneous soln pref syringe 1 mg/0.2ml</i>)	3	CW
WALGREENS GLUCOSE (<i>glucose chew tab 4 gm (rounded)</i>)	4	
ZEGALOGUE (<i>dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml</i>)	3	CW
ZEGALOGUE (<i>dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml</i>)	3	CW
Insulins		
FIASP (<i>insulin aspart (with niacinamide) inj 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
FIASP FLEXTOUCH (<i>insulin aspart (with niacinamide) sol pen-inj 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
FIASP PENFILL (<i>insulin aspart (with niacinamide) soln cartridge 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
HUMALOG (<i>insulin lispro soln cartridge 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
HUMALOG (<i>insulin lispro inj soln 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
HUMALOG JUNIOR KWIKPEN (<i>insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)</i>)	2	IC, QL (100 mls/30 days)
HUMALOG KWIKPEN (<i>insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml</i>)	2	IC, QL (100 mls/30 days)
HUMALOG MIX 50/50 KWIKPEN (<i>insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)</i>)	2	IC, QL (100 mls/30 days)
HUMALOG MIX 75/25 (<i>insulin lispro prot & lispro inj 100 unit/ml (75-25)</i>)	2	IC, QL (100 mls/30 days)
HUMALOG MIX 75/25 KWIKPEN (<i>insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)</i>)	2	IC, QL (100 mls/30 days)
HUMALOG TEMPO PEN (<i>insulin lispro soln pen-inj w/transmitter port 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
HUMULIN N (<i>insulin nph (human) (isophane) inj 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
HUMULIN N KWIKPEN (<i>insulin nph (human) (isophane) susp pen-injector 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
HUMULIN R (<i>insulin regular (human) inj 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
HUMULIN R U-500 KWIKPEN (<i>insulin regular (human) soln pen-injector 500 unit/ml</i>)	3	IC, QL (100 mls/30 days)
HUMULIN 70/30 (<i>insulin nph isophane & regular human inj 100 unit/ml (70-30)</i>)	2	IC, QL (100 mls/30 days)
HUMULIN 70/30 KWIKPEN (<i>insulin nph & regular susp pen-inj 100 unit/ml (70-30)</i>)	2	IC, QL (100 mls/30 days)
INSULIN GLARGINE-YFGN (<i>insulin glargine-yfgn soln pen-injector 100 unit/ml</i>)	3	IC, QL (100 mls/30 days)
INSULIN GLARGINE-YFGN (<i>insulin glargine-yfgn inj 100 unit/ml</i>)	3	IC, QL (100 mls/30 days)
LYUMJEV (<i>insulin lispro-aabc inj 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
LYUMJEV KWIKPEN (<i>insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)</i>)	2	IC, QL (100 mls/30 days)
LYUMJEV KWIKPEN (<i>insulin lispro-aabc soln pen-injector 200 unit/ml</i>)	2	IC, QL (100 mls/30 days)
LYUMJEV TEMPO PEN (<i>insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
NOVOLIN N (<i>insulin nph (human) (isophane) inj 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
NOVOLIN N FLEXPEN (<i>insulin nph (human) (isophane) susp pen-injector 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
NOVOLIN N FLEXPEN RELION (<i>insulin nph (human) (isophane) susp pen-injector 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
NOVOLIN N RELION (<i>insulin nph (human) (isophane) inj 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
NOVOLIN R (<i>insulin regular (human) inj 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
NOVOLIN R FLEXPEN (<i>insulin regular (human) soln pen-injector 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
NOVOLIN R FLEXPEN RELION (<i>insulin regular (human) soln pen-injector 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
NOVOLIN R RELION (<i>insulin regular (human) inj 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
NOVOLIN 70/30 (<i>insulin nph isophane & regular human inj 100 unit/ml (70-30)</i>)	2	IC, QL (100 mls/30 days)
NOVOLIN 70/30 FLEXPEN (<i>insulin nph & regular susp pen-inj 100 unit/ml (70-30)</i>)	2	IC, QL (100 mls/30 days)
NOVOLIN 70/30 FLEXPEN REL (<i>insulin nph & regular susp pen-inj 100 unit/ml (70-30)</i>)	2	IC, QL (100 mls/30 days)
NOVOLIN 70/30 RELION (<i>insulin nph isophane & regular human inj 100 unit/ml (70-30)</i>)	2	IC, QL (100 mls/30 days)
NOVOLOG (<i>insulin aspart inj soln 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
NOVOLOG FLEXPEN (<i>insulin aspart soln pen-injector 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
NOVOLOG FLEXPEN RELION (<i>insulin aspart soln pen-injector 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
NOVOLOG MIX 70/30 (<i>insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)</i>)	2	IC, QL (100 mls/30 days)
NOVOLOG MIX 70/30 PREFILL (<i>insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)</i>)	2	IC, QL (100 mls/30 days)
NOVOLOG MIX 70/30 RELION (<i>insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)</i>)	2	IC, QL (100 mls/30 days)
NOVOLOG PENFILL (<i>insulin aspart soln cartridge 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
NOVOLOG RELION (<i>insulin aspart inj soln 100 unit/ml</i>)	2	IC, QL (100 mls/30 days)
RELION R (<i>insulin regular (human) inj 100 unit/ml</i>)	3	IC, QL (100 mls/30 days)
SEMGLEE (<i>insulin glargine-yfgn soln pen-injector 100 unit/ml</i>)	3	IC, QL (100 mls/30 days)
SEMGLEE (<i>insulin glargine-yfgn inj 100 unit/ml</i>)	3	IC, QL (100 mls/30 days)
SOLIQUA 100/33 (<i>insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml</i>)	3	QL (18 mls/30 days)
TOUJEO MAX SOLOSTAR (<i>insulin glargine soln pen-injector 300 unit/ml (2 unit dial)</i>)	3	IC, QL (100 mls/30 days)
TOUJEO SOLOSTAR (<i>insulin glargine soln pen-injector 300 unit/ml (1 unit dial)</i>)	3	IC, QL (100 mls/30 days)
TRESIBA (<i>insulin degludec inj 100 unit/ml</i>)	3	IC, QL (100 mls/30 days)
TRESIBA FLEXTOUCH (<i>insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml</i>)	3	IC, QL (100 mls/30 days)
XULTOPHY 100/3.6 (<i>insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml</i>)	3	QL (15 mls/30 days)

Blood Products and Modifiers (Drugs for Blood Disorders)

Anticoagulants (Blood Thinners)

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Drug Name	Tier	Coverage Requirements and Limits
dabigatran etexilate mesylate cap 75 mg (etexilate base eq), 150 mg (etexilate base eq)	2	QL (60 capsules/30 days)
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	2	QL (120 capsules/30 days)
ELIQUIS (apixaban cap sprinkle 0.15 mg)	3	QL (74 capsules/30 days)
ELIQUIS (apixaban tab 2.5 mg)	3	QL (60 tablets/30 days)
ELIQUIS (apixaban tab 5 mg)	3	QL (74 tablets/30 days)
ELIQUIS (apixaban tab for oral susp 0.5 mg)	3	QL (5 boxes/28 days)
ELIQUIS (apixaban tab for oral susp pack 3 x 0.5 mg (1.5 mg), 4 x 0.5 mg (2 mg))	3	QL (5 boxes/28 days)
ELIQUIS STARTER PACK (apixaban tab starter pack 5 mg)	3	QL (1 pack/180 days)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml	2	
enoxaparin sodium inj 300 mg/3ml	2	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml	2	
HEPARIN SODIUM (heparin sodium (porcine) pf inj 5000 unit/ml)	4	
heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml	2	
heparin sodium (porcine) pf inj 1000 unit/ml, 5000 unit/0.5ml	2	
PRADAXA (dabigatran etexilate mesylate pellet pack 20 mg, 150 mg)	4	QL (60 packets/30 days)
PRADAXA (dabigatran etexilate mesylate pellet pack 30 mg, 40 mg, 50 mg, 110 mg)	4	QL (120 packets/30 days)
rivaroxaban for susp 1 mg/ml	2	QL (620 mls/30 days)
rivaroxaban tab 2.5 mg	2	
warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg	1	
Warfarin Sodium Tab 1 mg (JANTOVEN), 2 mg (JANTOVEN), 2.5 mg (JANTOVEN), 3 mg (JANTOVEN), 4 mg (JANTOVEN), 5 mg (JANTOVEN), 6 mg (JANTOVEN), 7.5 mg (JANTOVEN), 10 mg (JANTOVEN)	1	
XARELTO (rivaroxaban for susp 1 mg/ml)	3	QL (600 mls/30 days)
XARELTO (rivaroxaban tab 2.5 mg, 15 mg)	3	QL (60 tablets/30 days)
XARELTO (rivaroxaban tab 10 mg, 20 mg)	3	QL (30 tablets/30 days)
XARELTO STARTER PACK (rivaroxaban tab starter therapy pack 15 mg & 20 mg)	3	QL (51 tablets/30 days)
Blood Products and Modifiers, Other (Blood Formulation Drugs)		
anagrelide hcl cap 0.5 mg	2	
anagrelide hcl cap 1 mg	2	

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Drug Name	Tier	Coverage Requirements and Limits
ARANESP ALBUMIN FREE (<i>darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml</i>)	6	PA
ARANESP ALBUMIN FREE (<i>darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml</i>)	6	PA
eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)	5	PA, QL (30 packets/30 days)
eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv)	5	PA, QL (30 tablets/30 days)
eltrombopag olamine tab 50 mg (base equiv), 75 mg (base equiv)	5	PA, QL (60 tablets/30 days)
EPOGEN (<i>epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>)	6	PA
FULPHILA (<i>pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml</i>)	5	
HEMLIBRA (<i>emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 300 mg/2ml (150 mg/ml)</i>)	5	PA, QL (4 vials/28 days)
HEMLIBRA (<i>emicizumab-kxwh subcutaneous soln 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml</i>)	5	PA, QL (1 vial/30 days)
LEUKINE (<i>sargramostim lyophilized for inj 250 mcg</i>)	6	
MIRCERA (<i>methoxy peg-epoetin beta soln prefilled syr 30 mcg/0.3ml, 50 mcg/0.3ml, 75 mcg/0.3ml, 100 mcg/0.3ml, 120 mcg/0.3ml, 150 mcg/0.3ml, 200 mcg/0.3ml</i>)	4	PA
MULPLETA (<i>lusutrombopag tab 3 mg</i>)	5	PA, QL (7 tablets/7 days)
NEULASTA (<i>pegfilgrastim soln prefilled syringe 6 mg/0.6ml</i>)	5	
NEULASTA ONPRO KIT (<i>pegfilgrastim soln prefill syr/infusion dev 6 mg/0.6ml</i>)	5	
NIVESTYM (<i>filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>)	5	
PROCRT (<i>epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml</i>)	5	PA
RETACRIT (<i>epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml</i>)	5	PA
ZARXIO (<i>filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>)	5	
Hemostasis Agents (Drugs to Stop Bleeding)		
ADVATE (<i>antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit</i>)	5	PA
ALPHANATE (<i>antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit</i>)	5	PA, QL (1 ml/30 days)
ALPHANINE SD (<i>coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit</i>)	6	PA
ALPROLIX (<i>coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit</i>)	5	PA, QL (1 vial/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
BENEFIX (coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit)	5	PA, QL (1 ml/30 days)
COAGADEX (coagulation factor x (human) for inj 250 unit, 500 unit)	5	
CORIFACT (factor xiii concentrate (human) for inj kit 1000-1600 unit)	5	
ELOCTATE (antihemophilic factor rcmb (bdd-rfviiiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit)	5	PA, QL (1 vial/30 days)
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit)	5	PA, QL (1 syringe/30 days)
ESPEROCT (antihemophilic factor recomb glycopeg-exei for inj 4000 unit)	5	PA, QL (1 ml/30 days)
FIBRYGA (fibrinogen conc (human) inj approximately 1 gm (900-1300 mg))	5	
FIBRYGA (fibrinogen concentrate (human) for iv soln 2 gm)	5	
HEMLIBRA (emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 300 mg/2ml (150 mg/ml))	5	PA, QL (4 vials/28 days)
HEMLIBRA (emicizumab-kxwh subcutaneous soln 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml)	5	PA, QL (1 vial/30 days)
HUMATE-P (antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit)	5	PA, QL (1 ml/30 days)
HYMPAVZI (marstacimab-hncq subcutaneous soln auto-inj 150 mg/ml)	6	PA, QL (4 pens/28 days)
IDELVION (coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit)	5	PA, QL (1 box/30 days)
JIVI (antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit)	5	PA, QL (1 vial/30 days)
JIVI (antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit)	5	PA, QL (1 vial/30 days)
JIVI (antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 4000 unit)	5	PA, QL (1 ml/30 days)
KOVALTRY (antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit)	5	PA
NOVOEIGHT (antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit)	5	PA, QL (1 ml/30 days)
NOVOSEVEN RT (coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg))	5	PA, QL (1 ml/30 days)
NUWIQ (antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit)	5	PA, QL (1 ml/30 days)
NUWIQ (antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit)	5	PA, QL (1 ml/30 days)
NUWIQ (antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit)	5	PA, QL (1 ml/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
NUWIQ (<i>antihemophilic factor rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit</i>)	5	PA, QL (1 ml/30 days)
OBIZUR (<i>antihemophilic factor (recomb porc) rpfviii for inj 500 unit</i>)	5	PA
PROFILNINE (<i>factor ix complex for inj 500 unit, 1000 unit, 1500 unit</i>)	5	PA
REBINYN (<i>coagulation factor ix recomb glycopegylated for inj 500 unit, 1000 unit, 2000 unit</i>)	5	PA, QL (1 vial/30 days)
REBINYN (<i>coagulation factor ix recomb glycopegylated for inj 3000 unit</i>)	5	PA, QL (1 ml/30 days)
RIASTAP (<i>fibrinogen conc (human) inj approximately 1 gm (900-1300 mg)</i>)	5	
RIXUBIS (<i>coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit</i>)	5	PA, QL (1 ml/30 days)
SEVENFACT (<i>coagulation factor viia (recom)-jncw for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg)</i>)	6	PA, QL (1 ml/30 days)
tranexamic acid tab 650 mg	2	
TRETEN (<i>coagulation factor xiii a-subunit for inj 2500 unit</i>)	5	
VONVENDI (<i>von willebrand factor (recombinant) for inj 650 unit, 1300 unit</i>)	5	LD, PA, QL (1 ml/30 days), SP
WILATE (<i>antihemophilic factor/vwf (human) for inj 500-500 unit kit</i>)	5	PA, QL (1 ml/30 days)
WILATE (<i>antihemophilic factor/vwf (human) for inj 1000-1000 unit kit</i>)	5	PA, QL (1 ml/30 days)
XYNTHA (<i>antihemophilic factor rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit</i>)	5	PA, QL (1 ml/30 days)
XYNTHA (<i>antihemophilic factor rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit</i>)	5	PA, QL (1 ml/30 days)
XYNTHA SOLOFUSE (<i>antihemophilic factor rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit</i>)	5	PA, QL (1 ml/30 days)
XYNTHA SOLOFUSE (<i>antihemophilic factor rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit</i>)	5	PA, QL (1 ml/30 days)
Platelet Modifying Agents (Drugs for Heart Attack and Stroke Prevention)		
anagrelide hcl cap 0.5 mg	2	
anagrelide hcl cap 1 mg	2	
aspirin chew tab 81 mg	1	AC, IC

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Drug Name	Tier	Coverage Requirements and Limits
Aspirin Chew Tab 81 mg (ASPIRIN CHILDRENS), 81 mg (ASPIRIN LOW DOSE), 81 mg (ASPIRIN 81 LOW DOSE), 81 mg (BAYER CHEWABLE LOW DOSE), 81 mg (CHILDRENS ASPIRIN), 81 mg (CVS ASPIRIN ADULT LOW DOSE), 81 mg (EQ ASPIRIN LOW DOSE), 81 mg (EQ CHILDRENS ASPIRIN), 81 mg (EQL ASPIRIN LOW DOSE), 81 mg (FT ASPIRIN), 81 mg (GNP ADULT ASPIRIN LOW STRENGTH), 81 mg (GNP ASA CHIL), 81 mg (GOODSENSE ASPIRIN), 81 mg (QC ASPIRIN LOW DOSE), 81 mg (QC CHILDRENS ASPIRIN), 81 mg (RA ASPIRIN ADULT LOW DOSE), 81 mg (RA ASPIRIN ADULT LOW STRENGTH), 81 mg (RA ASPIRIN CHILDRENS), 81 mg (SB CHILDRENS ASPIRIN), 81 mg (SM ASPIRIN LOW DOSE), 81 mg (SM CHILDRENS ASPIRIN), 81 mg (ST JOSEPH LOW DOSE ASPIRIN)	1	AC, IC
aspirin tab delayed release 81 mg	1	AC, IC
Aspirin Tab Delayed Release 81 mg (ADULT ASPIRIN EC LOW STRENGTH), 81 mg (ADULT ASPIRIN REGIMEN), 81 mg (ASPIRIN ADULT LOW DOSE), 81 mg (ASPIRIN ADULT LOW STRENGTH), 81 mg (ASPIRIN EC ADULT LOW DOSE), 81 mg (ASPIRIN EC LOW DOSE), 81 mg (ASPIRIN ENTERIC COATED ADULT LOW STRENGTH), 81 mg (ASPIRIN LOW DOSE), 81 mg (ASPIRIN REGIMEN), 81 mg (ASPIRIN 81), 81 mg (ASPIRIN), 81 mg (BAYER ASPIRIN EC LOW DOSE), 81 mg (BAYER LOW DOSE), 81 mg (CVS ASPIRIN ADULT LOW STRENGTH), 81 mg (CVS ASPIRIN EC), 81 mg (CVS ASPIRIN LOW DOSE), 81 mg (CVS ASPIRIN LOW STRENGTH), 81 mg (CVS ENTERIC ASPIRIN), 81 mg (ECOTRIN LOW STRENGTH), 81 mg (EQ ASPIRIN ADULT LOW DOSE), 81 mg (EQ ASPIRIN LOW DOSE), 81 mg (EQL ASPIRIN LOW DOSE), 81 mg (FT ASPIRIN LOW DOSE), 81 mg (GNP ASPIRIN LOW DOSE), 81 mg (GNP ASPIRIN), 81 mg (GOODSENSE ASPIRIN LOW DOSE), 81 mg (GOODSENSE ASPIRIN), 81 mg (H-E-B ASPIRIN), 81 mg (KLS ASPIRIN LOW DOSE), 81 mg (KP ASPIRIN), 81 mg (LO-DOSE ASPIRIN EC), 81 mg (MM ASPIRIN), 81 mg (QC ASPIRIN LOW DOSE)	1	AC, IC
aspirin-dipyridamole cap er 12hr 25-200 mg	2	
cilostazol tab 50 mg, 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
dipyridamole tab 25 mg, 50 mg, 75 mg	2	
DOPTELET (avatrombopag maleate tab 20 mg (base equiv))	5	LD, PA, QL (60 tablets/30 days), SP
DOPTELET SPRINKLE (avatrombopag maleate cap sprinkle 10 mg (base equiv))	5	PA, QL (60 capsules/30 days)
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv)	2	
ticagrelor tab 60 mg, 90 mg	2	
ZONTIVITY (vorapaxar sulfate tab 2.08 mg (base equivalent))	4	
Cardiovascular Agents (Drugs for the Heart and Circulation)		

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Drug Name	Tier	Coverage Requirements and Limits
Alpha-adrenergic Agonists		
<i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	
<i>guanfacine hcl tab 1 mg, 2 mg</i>	2	
METHYLDOPA (<i>methyldopa tab 500 mg</i>)	4	
<i>methyldopa tab 250 mg</i>	2	
<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i>	2	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	2	
<i>prazosin hcl cap 1 mg, 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	2	
<i>terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	1	
Angiotensin II Receptor Antagonists		
<i>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg</i>	2	
<i>candesartan cilexetil tab 4 mg, 8 mg, 16 mg, 32 mg</i>	2	
ENTRESTO (<i>sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg</i>)	3	PA, QL (240 capsules/30 days)
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg, 300 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	1	
<i>losartan potassium tab 25 mg, 50 mg, 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg, 20 mg, 40 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg</i>	2	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	2	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan tab 40 mg, 80 mg, 160 mg, 320 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg, 320-25 mg</i>	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		

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Drug Name	Tier	Coverage Requirements and Limits
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	2	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg, 20 mg, 40 mg	1	
captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg	2	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	2	
fosinopril sodium tab 10 mg, 20 mg, 40 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg	1	
moexipril hcl tab 7.5 mg, 15 mg	2	
PERINDOPRIL ERBUMINE (perindopril erbumine tab 2 mg, 8 mg)	4	
perindopril erbumine tab 4 mg	2	
quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	2	
QUINAPRIL/HYDROCHLOROTHIA (quinapril-hydrochlorothiazide tab 20-25 mg)	4	
ramipril cap 1.25 mg, 5 mg, 10 mg	1	
ramipril cap 2.5 mg	1	
trandolapril tab 1 mg, 2 mg, 4 mg	1	
Antiarrhythmics (Drugs for Irregular Heart Rhythm)		
acebutolol hcl cap 200 mg, 400 mg	2	
amiodarone hcl tab 100 mg	2	
Amiodarone Hcl Tab 100 mg (PACERONE)	2	
amiodarone hcl tab 200 mg	1	
Amiodarone Hcl Tab 200 mg (PACERONE)	1	
digoxin oral soln 0.05 mg/ml	2	
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
diltiazem hcl cap er 24hr 120 mg	1	
Diltiazem Hcl Cap Er 24hr 120 mg (DILT-XR)	1	
diltiazem hcl cap er 24hr 180 mg, 240 mg	2	
Diltiazem Hcl Cap Er 24hr 180 mg (DILT-XR), 240 mg (DILT-XR)	2	

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Drug Name	Tier	Coverage Requirements and Limits
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg	1	
Diltiazem Hcl Coated Beads Cap Er 24hr 120 mg (CARTIA XT), 180 mg (CARTIA XT), 240 mg (CARTIA XT)	1	
diltiazem hcl coated beads cap er 24hr 300 mg	2	
Diltiazem Hcl Coated Beads Cap Er 24hr 300 mg (CARTIA XT)	2	
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg	1	
Diltiazem Hcl Extended Release Beads Cap Er 24hr 120 mg (TAZTIA XT), 120 mg (TIADYLT ER), 180 mg (TAZTIA XT), 180 mg (TIADYLT ER)	1	
diltiazem hcl extended release beads cap er 24hr 240 mg, 300 mg, 360 mg, 420 mg	2	
Diltiazem Hcl Extended Release Beads Cap Er 24hr 240 mg (TAZTIA XT), 240 mg (TIADYLT ER), 300 mg (TAZTIA XT), 300 mg (TIADYLT ER), 360 mg (TAZTIA XT), 360 mg (TIADYLT ER), 420 mg (TIADYLT ER)	2	
diltiazem hcl tab er 24hr 120 mg	2	
diltiazem hcl tab 30 mg, 60 mg, 120 mg	1	
diltiazem hcl tab 90 mg	2	
disopyramide phosphate cap 100 mg, 150 mg	2	
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)	2	
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg, 150 mg	2	
mexiletine hcl cap 150 mg, 200 mg, 250 mg	2	
MULTAQ (dronedaron hcl tab 400 mg (base equivalent))	3	
propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg	2	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg, 300 mg	2	
PROPRANOLOL HCL (propranolol hcl oral soln 40 mg/5ml)	3	PA
propranolol hcl cap er 24hr 60 mg, 80 mg	1	
propranolol hcl cap er 24hr 120 mg, 160 mg	2	
propranolol hcl tab 10 mg, 20 mg, 40 mg, 80 mg	1	
propranolol hcl tab 60 mg	2	
PROPRANOLOL HYDROCHLORIDE (propranolol hcl oral soln 20 mg/5ml)	4	
quinidine gluconate tab er 324 mg	2	
QUINIDINE SULFATE (quinidine sulfate tab 200 mg, 300 mg)	4	
sotalol hcl (afib/afl) tab 80 mg, 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	2	
sotalol hcl tab 80 mg, 120 mg	1	

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Drug Name	Tier	Coverage Requirements and Limits
sotalol hcl tab 160 mg	2	
sotalol hcl tab 240 mg	2	
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg	2	
verapamil hcl tab er 120 mg, 180 mg, 240 mg	1	
verapamil hcl tab 40 mg, 80 mg, 120 mg	1	
Beta-adrenergic Blocking Agents		
acebutolol hcl cap 200 mg, 400 mg	2	
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
atenolol tab 25 mg, 50 mg, 100 mg	1	
betaxolol hcl tab 10 mg, 20 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	2	
carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	1	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg, 300 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	2	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 50 mg, 100 mg	1	
nadolol tab 20 mg, 40 mg, 80 mg	2	
nebivolol hcl tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent), 20 mg (base equivalent)	1	
pindolol tab 5 mg, 10 mg	2	
PROPRANOLOL HCL (propranolol hcl oral soln 40 mg/5ml)	3	PA
propranolol hcl cap er 24hr 60 mg, 80 mg	1	
propranolol hcl cap er 24hr 120 mg, 160 mg	2	
propranolol hcl tab 10 mg, 20 mg, 40 mg, 80 mg	1	
propranolol hcl tab 60 mg	2	
PROPRANOLOL HYDROCHLORIDE (propranolol hcl oral soln 20 mg/5ml)	4	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)	1	
amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg	1	

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Drug Name	Tier	Coverage Requirements and Limits
amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg	2	
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg	1	
nifedipine cap 10 mg, 20 mg	2	
nifedipine tab er 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg, 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	2	
NIMODIPINE (nimodipine oral soln 60 mg/20ml (3 mg/ml))	4	
nimodipine cap 30 mg	2	
nisoldipine tab er 24hr 8.5 mg	2	
NYMALIZE (nimodipine oral soln 6 mg/ml)	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg, 240 mg	2	
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	2	
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg, 300 mg, 360 mg, 420 mg	2	
diltiazem hcl tab er 24hr 120 mg	2	
diltiazem hcl tab 30 mg, 60 mg, 120 mg	1	
diltiazem hcl tab 90 mg	2	
verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg	2	
verapamil hcl tab er 120 mg, 180 mg, 240 mg	1	
verapamil hcl tab 40 mg, 80 mg, 120 mg	1	
Cardiovascular Agents, Other (Other Drugs for Heart and Circulation Conditions)		
acetazolamide cap er 12hr 500 mg	2	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	2	
CAMZYOS (mavacamten cap 2.5 mg, 10 mg, 15 mg)	6	LD, PA, QL (30 capsules/30 days), SP
CAMZYOS (mavacamten cap 5 mg)	6	LD, PA, QL (30 capsule/30 days), SP
CORLANOR (ivabradine hcl oral soln 5 mg/5ml (base equiv))	3	PA, QL (600 mls/30 days)
digoxin oral soln 0.05 mg/ml	2	
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	

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Drug Name	Tier	Coverage Requirements and Limits
droxidopa cap 100 mg	2	LD, PA, QL (450 capsules/30 days)
droxidopa cap 200 mg, 300 mg	2	LD, PA, QL (180 capsules/30 days)
ENTRESTO (sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg)	3	PA, QL (240 capsules/30 days)
FILSPARI (sparsentan tab 200 mg, 400 mg)	6	LD, PA, QL (30 tablets/30 days), SP
ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)	2	PA, QL (60 tablets/30 days)
pentoxifylline tab er 400 mg	2	
ranolazine tab er 12hr 500 mg, 1000 mg	2	
sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg	2	
VANRAFIA (atrasentan hcl tab 0.75 mg)	6	LD, PA, SP
VECAMYL (mecamylamine hcl tab 2.5 mg)	4	
Diuretics, Loop		
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	2	
FUROSCIX (furosemide subcutaneous cartridge kit 80 mg/10ml)	4	PA, QL (8 kits/180 days)
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg, 40 mg, 80 mg	1	
torsemide tab 5 mg, 10 mg, 20 mg, 100 mg	1	
Diuretics, Potassium-sparing		
amiloride hcl tab 5 mg	1	
AMILORIDE/HYDROCHLOROTHIA (amiloride & hydrochlorothiazide tab 5-50 mg)	4	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg	1	
Diuretics, Thiazide		
AMILORIDE/HYDROCHLOROTHIA (amiloride & hydrochlorothiazide tab 5-50 mg)	4	
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	2	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg	1	
chlorthalidone tab 25 mg, 50 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	

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Drug Name	Tier	Coverage Requirements and Limits
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg	2	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg	1	
indapamide tab 1.25 mg, 2.5 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg, 10 mg	2	
metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg	2	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	2	
QUINAPRIL/HYDROCHLOROTHIA (quinapril-hydrochlorothiazide tab 20-25 mg)	4	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg	1	
valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg, 320-25 mg	2	
Dyslipidemics, Fibric Acid Derivatives (Drugs for High Cholesterol)		
fenofibrate micronized cap 67 mg, 134 mg, 200 mg	1	
fenofibrate tab 48 mg, 145 mg	1	
fenofibrate tab 54 mg, 160 mg	1	
gemfibrozil tab 600 mg	1	
Dyslipidemics, HMG CoA Reductase Inhibitors (Drugs for High Cholesterol)		
atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent), 80 mg (base equivalent)	1	AC, IC
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	2	
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	2	
lovastatin tab 10 mg	1	
lovastatin tab 20 mg, 40 mg	1	AC, IC
pravastatin sodium tab 10 mg, 20 mg, 40 mg, 80 mg	1	AC, IC
rosuvastatin calcium tab 5 mg, 10 mg, 20 mg, 40 mg	1	

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Drug Name	Tier	Coverage Requirements and Limits
simvastatin tab 5 mg, 80 mg	1	
simvastatin tab 10 mg, 20 mg, 40 mg	1	
Dyslipidemics, Other (Other Drugs for High Cholesterol)		
cholestyramine light powder 4 gm/dose	2	
Cholestyramine Light Powder 4 gm/dose (PREVALITE)	2	
cholestyramine powder 4 gm/dose	2	
colestipol hcl granule packets 5 gm	2	
colestipol hcl granules 5 gm	2	
colestipol hcl tab 1 gm	2	
ezetimibe tab 10 mg	1	
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	2	
NEXLETOL (<i>bempedoic acid tab 180 mg</i>)	3	PA, QL (30 tablets/30 days)
NEXLIZET (<i>bempedoic acid-ezetimibe tab 180-10 mg</i>)	3	PA, QL (30 tablets/30 days)
niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)	2	
REPATHA (<i>evolocumab subcutaneous soln prefilled syringe 140 mg/ml</i>)	3	PA, QL (6 syringes/28 days)
REPATHA SURECLICK (<i>evolocumab subcutaneous soln auto-injector 140 mg/ml</i>)	3	PA, QL (6 pens/28 days)
TRYNGOLZA (<i>olezarsen sod subcut soln auto-inject 80 mg/0.8ml (base eq)</i>)	6	LD, PA, QL (1 injection device/28 days), SP
VASCEPA (<i>icosapent ethyl cap 0.5 gm</i>)	2	PA, QL (240 capsules/30 days)
VASCEPA (<i>icosapent ethyl cap 1 gm</i>)	2	PA, QL (120 capsules/30 days)
Mineralocorticoid Receptor Antagonists		
eplerenone tab 25 mg, 50 mg	2	
KERENDIA (<i>finerenone tab 10 mg, 20 mg</i>)	3	QL (30 tablets/30 days)
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
spironolactone tab 25 mg, 50 mg, 100 mg	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA (<i>dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)</i>)	3	QL (30 tablets/30 days)
GLYXAMBI (<i>empagliflozin-linagliptin tab 10-5 mg, 25-5 mg</i>)	3	QL (30 tablets/30 days)
JARDIANCE (<i>empagliflozin tab 10 mg, 25 mg</i>)	3	QL (30 tablets/30 days)
SYNJARDY (<i>empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg</i>)	3	QL (60 tablets/30 days)
SYNJARDY XR (<i>empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg</i>)	3	QL (60 tablets/30 days)
SYNJARDY XR (<i>empagliflozin-metformin hcl tab er 24hr 25-1000 mg</i>)	3	QL (30 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg</i>)	3	QL (60 tablets/30 days)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg</i>)	3	QL (30 tablets/30 days)
TRIJARDY XR (<i>empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg</i>)	3	QL (60 tablets/30 days)
XIGDUO XR (<i>dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg</i>)	3	QL (60 tablets/30 days)
XIGDUO XR (<i>dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg</i>)	3	QL (30 tablets/30 days)
Vasodilators, Direct-acting Arterial (Drugs for Relaxing Arteries)		
<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	1	
<i>minoxidil tab 2.5 mg, 10 mg</i>	1	
ORENITRAM (<i>treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)</i>)	6	LD, PA, QL (300 tablets/30 days), SP
ORENITRAM TITRATION KIT M (<i>treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg</i>)	6	LD, PA, QL (1 pack/180 days), SP
TYVASO (<i>treprostinil inhalation solution 0.6 mg/ml</i>)	6	LD, PA, QL (7 ampules/28 days), SP
TYVASO DPI INSTITUTIONAL (<i>treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge</i>)	6	LD, PA, QL (112 cartridges/28 days), SP
TYVASO DPI MAINTENANCE KI (<i>treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge</i>)	6	LD, PA, QL (112 cartridges/28 days), SP
TYVASO DPI TITRATION KIT (<i>treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg</i>)	6	LD, PA, QL (252 cartridges/180 days), SP
TYVASO REFILL KIT (<i>treprostinil inhalation solution 0.6 mg/ml</i>)	6	LD, PA, QL (1 pack/28 days), SP
TYVASO STARTER KIT (<i>treprostinil inhalation solution 0.6 mg/ml</i>)	6	LD, PA, QL (1 kit/180 days), SP
YUTREPIA (<i>treprostinil sodium inhal cap 26.5 mcg, 53 mcg, 79.5 mcg, 106 mcg</i>)	6	PA, QL (112 capsules/28 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg, 20 mg, 30 mg</i>	2	
ISOSORBIDE MONONITRATE (<i>isosorbide mononitrate tab 10 mg, 20 mg</i>)	4	
<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg</i>	1	
NITRO-BID (<i>nitroglycerin oint 2%</i>)	4	
NITRO-TIME (<i>nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg</i>)	4	
<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</i>	1	CW

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Drug Name	Tier	Coverage Requirements and Limits
<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
VERQUVO (<i>vericiguat tab 2.5 mg, 5 mg, 10 mg</i>)	3	PA, QL (30 tablets/30 days)
Central Nervous System Agents (Drugs for Nerve Conditions)		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	2	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	2	QL (90 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg</i>	2	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	2	QL (1800 mls/30 days)
Dextroamphetamine Sulfate Oral Solution 5 mg/5ml (PROCENTRA)	2	QL (1800 mls/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	2	QL (90 tablets/30 days)
Dextroamphetamine Sulfate Tab 5 mg (ZENZEDI)	2	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL (180 tablets/30 days)
Dextroamphetamine Sulfate Tab 10 mg (ZENZEDI)	2	QL (180 tablets/30 days)
<i>lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	2	QL (30 capsules/30 days)
<i>lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 tablets/30 days)
<i>methamphetamine hcl tab 5 mg</i>	2	QL (150 tablets/30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv)</i>	2	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv)</i>	2	QL (30 capsules/30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	2	QL (120 tablets/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	2	QL (30 capsules/30 days)
<i>dexmethylphenidate hcl tab 2.5 mg, 5 mg</i>	1	QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	2	QL (60 tablets/30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)</i>	1	QL (30 tablets/30 days)
<i>methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)</i>	2	QL (30 capsules/30 days)
<i>methylphenidate hcl cap er 24hr 10 mg (la), 20 mg (la), 40 mg (la)</i>	2	QL (30 capsules/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	2	QL (60 capsules/30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL (450 mls/30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL (900 mls/30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg</i>	2	QL (30 tablets/30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	2	QL (60 tablets/30 days)
<i>methylphenidate hcl tab er 10 mg, 20 mg</i>	2	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg, 10 mg</i>	1	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 20 mg</i>	2	QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLO (<i>methylphenidate hcl tab er 24hr 18 mg, 27 mg, 54 mg</i>)	4	QL (30 tablets/30 days)
METHYLPHENIDATE HYDROCHLO (<i>methylphenidate hcl tab er 24hr 36 mg</i>)	4	QL (60 tablets/30 days)
Central Nervous System, Other		
AUSTEDO (<i>deutetrabenazine tab 6 mg</i>)	6	PA, QL (60 tablets/30 days)
AUSTEDO (<i>deutetrabenazine tab 9 mg, 12 mg</i>)	6	PA, QL (120 tablets/30 days)
AUSTEDO XR (<i>deutetrabenazine tab er 24hr 6 mg, 12 mg, 18 mg, 24 mg, 30 mg, 36 mg, 42 mg, 48 mg</i>)	6	PA, QL (30 tablets/30 days)
AUSTEDO XR PATIENT TITRAT (<i>deutetrabenazine tab er titration pack 12 & 18 & 24 & 30 mg</i>)	6	PA, QL (28 tablets/180 days)
<i>butalbital-acetaminophen tab 50-325 mg</i>	2	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	2	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	
Butalbital-acetaminophen-caffeine Tab 50-325-40 mg (BAC)	1	
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	2	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	2	
<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine tab 200 mg</i>	2	
<i>cevimeline hcl cap 30 mg</i>	2	
<i>clobazam suspension 2.5 mg/ml</i>	2	
<i>clobazam tab 10 mg, 20 mg</i>	2	
<i>dronabinol cap 2.5 mg</i>	2	
<i>dronabinol cap 5 mg, 10 mg</i>	2	
<i>gabapentin cap 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	2	
<i>gabapentin tab 600 mg, 800 mg</i>	1	

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Drug Name	Tier	Coverage Requirements and Limits
glycopyrrolate oral soln 1 mg/5ml	2	PA
glycopyrrolate tab 1 mg, 2 mg	2	
INGREZZA (<i>valbenazine tosylate capsule sprinkle 40 mg (base equiv), 60 mg (base equiv), 80 mg (base equiv)</i>)	6	PA, QL (30 capsules/30 days)
INGREZZA (<i>valbenazine tosylate cap 40 mg (base equiv)</i>)	6	PA, QL (60 capsules/30 days)
INGREZZA (<i>valbenazine tosylate cap 60 mg (base equiv), 80 mg (base equiv)</i>)	6	PA, QL (30 capsules/30 days)
pregabalin cap 25 mg	1	QL (360 capsules/30 days)
pregabalin cap 50 mg	1	QL (270 capsules/30 days)
pregabalin cap 75 mg, 100 mg	1	QL (180 capsules/30 days)
pregabalin cap 150 mg, 200 mg	1	QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg	1	QL (60 capsules/30 days)
pregabalin soln 20 mg/ml	2	QL (900 mls/30 days)
RADICAVA ORS (<i>edaravone oral susp 105 mg/5ml</i>)	6	LD, PA, QL (50 mls/28 days), SP
RADICAVA ORS STARTER KIT (<i>edaravone oral susp 105 mg/5ml</i>)	6	LD, PA, QL (70 mls/180 days), SP
riluzole tab 50 mg	2	
tetrabenazine tab 12.5 mg	5	PA, QL (240 tablets/30 days)
tetrabenazine tab 25 mg	5	PA, QL (120 tablets/30 days)
VYKAT XR (<i>diazoxide choline tab er 24hr 25 mg</i>)	6	PA, QL (120 tablets/30 days)
VYKAT XR (<i>diazoxide choline tab er 24hr 75 mg</i>)	6	PA, QL (210 tablets/30 days)
VYKAT XR (<i>diazoxide choline tab er 24hr 150 mg</i>)	6	PA, QL (90 tablets/30 days)
Fibromyalgia Agents		
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	QL (180 capsules/30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	QL (120 capsules/30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	QL (60 capsules/30 days)
pregabalin cap 25 mg	1	QL (360 capsules/30 days)
pregabalin cap 50 mg	1	QL (270 capsules/30 days)
pregabalin cap 75 mg, 100 mg	1	QL (180 capsules/30 days)
pregabalin cap 150 mg, 200 mg	1	QL (90 capsules/30 days)
pregabalin cap 225 mg, 300 mg	1	QL (60 capsules/30 days)
pregabalin soln 20 mg/ml	2	QL (900 mls/30 days)
SAVELLA (<i>milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg</i>)	3	
SAVELLA TITRATION PACK (<i>milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak</i>)	3	QL (1 pack/180 days)
Multiple Sclerosis Agents		
AVONEX (<i>interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml</i>)	5	PA, QL (1 kit/28 days)
AVONEX PEN (<i>interferon beta-1a im auto-injector kit 30 mcg/0.5ml</i>)	5	PA, QL (1 kit/28 days)

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Drug Name	Tier	Coverage Requirements and Limits
BETASERON (<i>interferon beta-1b for inj kit 0.3 mg</i>)	5	PA, QL (14 vials/28 days)
dalfampridine tab er 12hr 10 mg	5	
dimethyl fumarate capsule delayed release 120 mg	2	LD, QL (56 capsules/180 days)
dimethyl fumarate capsule delayed release 240 mg	2	LD, QL (60 capsules/30 days)
fingolimod hcl cap 0.5 mg (base equiv)	5	QL (30 capsules/30 days)
GILENYA (<i>fingolimod hcl cap 0.25 mg (base equiv)</i>)	6	PA, QL (30 capsules/30 days)
glatiramer acetate soln prefilled syringe 20 mg/ml	5	QL (30 syringes/30 days)
Glatiramer Acetate Soln Prefilled Syringe 20 mg/ml (GLATOPA)	5	QL (30 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml	5	QL (12 syringes/28 days)
Glatiramer Acetate Soln Prefilled Syringe 40 mg/ml (GLATOPA)	5	QL (12 syringes/28 days)
MAVENCLAD (<i>cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)</i>)	5	PA, QL (8 tablets/301 days)
MAVENCLAD (<i>cladribine tab therapy pack 10 mg (5 tabs)</i>)	5	PA, QL (10 tablets/301 days)
MAVENCLAD (<i>cladribine tab therapy pack 10 mg (6 tabs)</i>)	5	PA, QL (12 tablets/301 days)
MAVENCLAD (<i>cladribine tab therapy pack 10 mg (7 tabs)</i>)	5	PA, QL (14 tablets/301 days)
MAVENCLAD (<i>cladribine tab therapy pack 10 mg (9 tabs)</i>)	5	PA, QL (9 tablets/301 days)
MAVENCLAD (<i>cladribine tab therapy pack 10 mg (10 tabs)</i>)	5	PA, QL (20 tablets/301 days)
MAYZENT (<i>siponimod fumarate tab 0.25 mg (base equiv)</i>)	5	PA, QL (120 tablets/30 days)
MAYZENT (<i>siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)</i>)	5	PA, QL (30 tablets/30 days)
MAYZENT STARTER PACK (<i>siponimod fumarate tab 0.25 mg (7) starter pack</i>)	5	PA, QL (7 tablets/180 days)
MAYZENT STARTER PACK (<i>siponimod fumarate tab 0.25 mg (12) starter pack</i>)	5	PA, QL (12 tablets/180 days)
PLEGRIDY (<i>peginterferon beta-1a soln auto-injector 125 mcg/0.5ml</i>)	5	PA, QL (2 pens/28 days)
PLEGRIDY (<i>peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml</i>)	5	PA, QL (2 syringes/28 days)
PLEGRIDY (<i>peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml</i>)	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK (<i>peginterferon beta-1a soln auto-inj 63 & 94 mcg/0.5ml pack</i>)	5	PA, QL (1 kit/180 days)
PLEGRIDY STARTER PACK (<i>peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack</i>)	5	PA, QL (1 kit/180 days)
REBIF (<i>interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml</i>)	5	PA, QL (12 syringes/28 days)
REBIF REBIDOSE (<i>interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml</i>)	5	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION (<i>interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml</i>)	5	PA, QL (1 kit/180 days)

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REBIF TITRATION PACK (<i>interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml</i>)	5	PA, QL (1 kit/180 days)
<i>teriflunomide tab 7 mg, 14 mg</i>	2	QL (30 tablets/30 days)
VUMERITY (<i>diroximel fumarate capsule delayed release 231 mg</i>)	5	PA, QL (120 capsules/30 days)
ZEPOSIA (<i>ozanimod hcl cap 0.92 mg</i>)	5	PA, QL (30 capsules/30 days)
ZEPOSIA STARTER KIT (<i>ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg</i>)	5	PA, QL (28 capsules/180 days)
ZEPOSIA 7-DAY STARTER PAC (<i>ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg</i>)	5	PA, QL (7 capsules/180 days)
Dental and Oral Agents (Drugs for the Mouth)		
No USP Class		
<i>cevimeline hcl cap 30 mg</i>	2	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>clotrimazole troche 10 mg</i>	2	
DENTA 5000 PLUS SENSITIVE (<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>)	3	
<i>doxycycline hyclate cap 50 mg, 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg, 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg, 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	
<i>doxycycline monohydrate tab 50 mg, 100 mg</i>	1	
<i>doxycycline monohydrate tab 75 mg</i>	2	
FLUORIDEX SENSITIVITY REL (<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>)	3	
FLUORIMAX 5000 SENSITIVE (<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>)	3	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg, 100 mg</i>	2	
<i>pilocarpine hcl tab 5 mg, 7.5 mg</i>	2	
PREVIDENT 5000 ENAMEL PRO (<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>)	3	
PREVIDENT 5000 SENSITIVE (<i>sodium fluoride-potassium nitrate gel 1.1-5%</i>)	3	
<i>sodium fluoride cream 1.1%</i>	1	AC, IC
Sodium Fluoride Cream 1.1% (DENTA 5000 PLUS), 1.1% (SF 5000 PLUS), 1.1% (SODIUM FLUORIDE 5000 PLUS), 1.1% (SODIUM FLUORIDE 5000 PPM)	1	AC, IC
<i>sodium fluoride gel 1.1% (0.5% f)</i>	1	AC, IC

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Drug Name	Tier	Coverage Requirements and Limits
Sodium Fluoride Gel 1.1% (0.5% f) (DENTAGEL), 1.1% (0.5% f) (FRAICHE 5000 DENTAL), 1.1% (0.5% f) (SF), 1.1% (0.5% f) (SODIUM FLUORIDE 5000 PPM DRY MOUTH)	1	AC, IC
sodium fluoride paste 1.1%	1	AC, IC
Sodium Fluoride Paste 1.1% (CLINPRO 5000), 1.1% (FLUORIDEX DAILY DEFENSE), 1.1% (FLUORIDEX ENHANCED WHITENING), 1.1% (FLUORIMAX 5000), 1.1% (JUST RIGHT 5000), 1.1% (SODIUM FLUORIDE 5000 PPM)	1	AC, IC
SODIUM FLUORIDE 5000 PPM (sodium fluoride-potassium nitrate gel 1.1-5%)	3	AC
SODIUM FLUORIDE/POTASSIUM (sodium fluoride-potassium nitrate gel 1.1-5%)	3	AC
stannous fluoride conc 0.63%	2	AC, IC
Stannous Fluoride Conc 0.63% (FLUORIDEX DAILY RENEWAL)	2	AC, IC
stannous fluoride gel 0.4%	2	AC, IC
Stannous Fluoride Gel 0.4% (EASYGEL)	2	AC, IC
triamcinolone acetonide dental paste 0.1%	2	
Triamcinolone Acetonide Dental Paste 0.1% (KOURZEQ), 0.1% (ORALONE DENTAL PASTE)	2	
Dermatological Agents (Drugs for the Skin)		
Acne and Rosacea Agents		
ALTRENO (tretinoin lotion 0.05%)	4	PA
azelaic acid gel 15%	2	
brimonidine tartrate gel 0.33% (base equivalent)	2	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	2	
Clindamycin Phosph-benzoyl Peroxide (refrig) Gel 1.2 (1)-5% (NEUAC)	2	
clindamycin phosphate gel 1% (twice-daily)	2	
clindamycin phosphate lotion 1%	2	
clindamycin phosphate soln 1%	2	QL (180 mls/30 days)
clindamycin phosphate swab 1%	2	
ERY (erythromycin pads 2%)	4	
ERYTHROMYCIN (erythromycin gel 2%)	2	QL (180 grams/30 days)
erythromycin soln 2%	2	QL (180 mls/30 days)
isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg	2	QL (60 capsules/30 days)
Isotretinoin Cap 10 mg (ACCUTANE), 10 mg (AMNESTEEM), 10 mg (CLARAVIS), 10 mg (ZENATANE), 20 mg (ACCUTANE), 20 mg (AMNESTEEM), 20 mg (CLARAVIS), 20 mg (ZENATANE), 30 mg (ACCUTANE), 30 mg (AMNESTEEM), 30 mg (CLARAVIS), 30 mg (ZENATANE), 40 mg (ACCUTANE), 40 mg (AMNESTEEM), 40 mg (CLARAVIS), 40 mg (ZENATANE)	2	QL (60 capsules/30 days)
metronidazole cream 0.75%	2	

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Drug Name	Tier	Coverage Requirements and Limits
metronidazole gel 1%	2	QL (60 grams/30 days)
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg, 100 mg	2	
sulfacetamide sodium lotion 10% (acne)	2	
tazarotene cream 0.05%	2	
tazarotene cream 0.1%	2	PA
tretinoin cream 0.025%, 0.05%, 0.1%	2	PA
Dermatitis and Pruitus Agents (Drugs for Skin Inflammation and Itch)		
ALCLOMETASONE DIPROPIONAT (alclometasone dipropionate oint 0.05%)	4	
alclometasone dipropionate cream 0.05%	2	
BETAMETHASONE DIPROPIONAT (betamethasone dipropionate augmented gel 0.05%)	4	QL (180 grams/90 days)
betamethasone dipropionate augmented cream 0.05%	1	QL (100 grams/30 days)
betamethasone dipropionate augmented lotion 0.05%	2	QL (180 mls/90 days)
betamethasone dipropionate augmented oint 0.05%	2	QL (180 grams/90 days)
betamethasone dipropionate cream 0.05%	2	QL (100 grams/30 days)
betamethasone dipropionate lotion 0.05%	2	QL (100 grams/30 days)
BETAMETHASONE VALERATE (betamethasone valerate lotion 0.1% (base equivalent))	4	
betamethasone valerate cream 0.1% (base equivalent)	2	
betamethasone valerate oint 0.1% (base equivalent)	2	
BYLVAY (odevixibat cap 400 mcg, 1200 mcg)	6	LD, PA, SP
BYLVAY (PELLETS) (odevixibat pellets cap sprinkle 200 mcg, 600 mcg)	6	LD, PA, SP
clobetasol propionate cream 0.05%	2	QL (180 grams/90 days)
clobetasol propionate emollient base cream 0.05%	2	
Clobetasol Propionate Emollient Base Cream 0.05% (CLOBETASOL PROPIONATE E), 0.05% (CLOBETASOL PROPIONATE EMOLLIENT)	2	
clobetasol propionate oint 0.05%	2	QL (180 grams/90 days)
clobetasol propionate soln 0.05%	2	QL (180 grams/90 days)
CROTAN (crotamiton lotion 10%)	4	PA
desonide cream 0.05%	2	
desonide oint 0.05%	2	
desoximetasone cream 0.25%	2	QL (100 grams/30 days)
desoximetasone oint 0.25%	2	QL (100 grams/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
DUPIXENT (<i>dupilumab subcutaneous soln auto-injector 200 mg/1.14ml</i>)	5	PA, QL (2 pens/28 days)
DUPIXENT (<i>dupilumab subcutaneous soln auto-injector 300 mg/2ml</i>)	5	PA, QL (4 pens/28 days)
DUPIXENT (<i>dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml</i>)	5	PA, QL (2 syringes/28 days)
DUPIXENT (<i>dupilumab subcutaneous soln prefilled syringe 300 mg/2ml</i>)	5	PA, QL (4 syringes/28 days)
EBGLYSS (<i>lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2ml</i>)	5	PA, QL (1 pen/28 days)
EBGLYSS (<i>lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml</i>)	5	PA, QL (1 syringe/28 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	2	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide cream 0.05%</i>	2	QL (100 grams/30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	2	QL (100 grams/30 days)
<i>fluocinonide oint 0.05%</i>	2	QL (100 grams/30 days)
<i>fluocinonide soln 0.05%</i>	2	QL (100 mls/30 days)
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	2	QL (180 grams/90 days)
HYDROCORTISONE (<i>hydrocortisone perianal cream 1%</i>)	4	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	2	
Hydrocortisone Perianal Cream 2.5% (PROCTO-MED HC), 2.5% (PROCTOSOL HC), 2.5% (PROCTOZONE-HC)	2	
<i>hydrocortisone valerate cream 0.2%</i>	2	
LIVMARLI (<i>maralixibat chloride tab 10 mg, 15 mg, 20 mg, 30 mg</i>)	6	LD, PA, SP
LIVMARLI (<i>maralixibat chloride oral soln 9.5 mg/ml, 19 mg/ml</i>)	6	LD, PA, SP
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	1	QL (100 grams/30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	2	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
PROCTOCORT (<i>hydrocortisone perianal cream 1%</i>)	4	
<i>selenium sulfide lotion 2.5%</i>	1	
<i>tacrolimus oint 0.03%, 0.1%</i>	2	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	

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Drug Name	Tier	Coverage Requirements and Limits
Triamcinolone Acetonide Cream 0.5% (TRIDERM)	1	
triamcinolone acetonide lotion 0.025%, 0.1%	2	
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	1	
Dermatological Agents, Other (Other Drugs for the Skin)		
acitretin cap 10 mg, 25 mg	2	
CALCIPOTRIENE (<i>calcipotriene soln 0.005% (50 mcg/ml)</i>)	4	
calcipotriene cream 0.005%	2	
clotrimazole w/ betamethasone cream 1-0.05%	2	
desoximetasone cream 0.25%	2	QL (100 grams/30 days)
desoximetasone oint 0.25%	2	QL (100 grams/30 days)
diclofenac sodium soln 1.5%	2	QL (1 bottle/30 days)
ENSTILAR (<i>calcipotriene-betamethasone dipropionate foam 0.005-0.064%</i>)	3	QL (120 grams/30 days)
FILSUVEZ (<i>birch triterpenes gel 10%</i>)	6	LD, PA, SP
FLUOROURACIL (<i>fluorouracil soln 2%</i>)	4	
fluorouracil cream 5%	2	PA, QL (240 grams/84 days)
fluorouracil soln 5%	2	
halobetasol propionate cream 0.05%	2	QL (180 grams/90 days)
HYFTOR (<i>sirolimus gel 0.2%</i>)	4	PA, QL (7 tubes/84 days)
imiquimod cream 5%	2	QL (48 packets/112 days)
lactic acid (ammonium lactate) lotion 12%	1	
METHOXSALEN (<i>methoxsalen rapid cap 10 mg</i>)	4	
NEMLUVIO (<i>nemolizumab-ilto for subcutaneous auto-injector 30 mg</i>)	5	PA, QL (2 pens/28 days)
PODOFILOX (<i>podofilox soln 0.5%</i>)	4	
SANTYL (<i>collagenase oint 250 unit/gm</i>)	4	PA
silver sulfadiazine cream 1%	1	
Silver Sulfadiazine Cream 1% (SSD)	1	
Pediculicides/Scabicides (Drugs for Scabies and Lice)		
CROTAN (<i>crotamiton lotion 10%</i>)	4	PA
ivermectin cream 1%	2	
malathion lotion 0.5%	2	
NATROBA (<i>spinosad susp 0.9%</i>)	4	
permethrin cream 5%	2	
SPINOSAD (<i>spinosad susp 0.9%</i>)	4	
Topical Anti-infectives (Drugs for Skin Infection)		
acyclovir oint 5%	2	
ciclopirox gel 0.77%	2	QL (180 grams/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
ciclopirox olamine cream 0.77% (base equiv)	1	QL (180 grams/30 days)
ciclopirox olamine susp 0.77% (base equiv)	2	QL (180 mls/30 days)
ciclopirox shampoo 1%	2	
ciclopirox solution 8%	2	PA, QL (6.6 mls/30 days)
Ciclopirox Solution 8% (CICLODAN)	2	PA, QL (6.6 mls/30 days)
clindamycin phosphate vaginal cream 2%	2	
CLINDESSE (clindamycin phosphate (one dose) vaginal cream 2%)	4	
econazole nitrate cream 1%	2	QL (170 grams/30 days)
gentamicin sulfate cream 0.1%	2	QL (120 grams/90 days)
gentamicin sulfate oint 0.1%	2	QL (120 grams/90 days)
GYNAZOLE-1 (butoconazole nitrate (one dose) vaginal cream 2%)	4	
ketoconazole cream 2%	2	QL (180 grams/30 days)
ketoconazole shampoo 2%	1	
MICONAZOLE 3 (miconazole nitrate vaginal suppos 200 mg)	4	
mupirocin oint 2%	1	
naftifine hcl cream 2%	2	PA
NAFTIFINE HYDROCHLORIDE (naftifine hcl cream 1%)	4	PA
nystatin cream 100000 unit/gm	1	
nystatin oint 100000 unit/gm	1	
nystatin topical powder 100000 unit/gm	2	
Nystatin Topical Powder 100000 unit/gm (KLAYESTA), 100000 unit/gm (NYAMYC), 100000 unit/gm (NYSTOP)	2	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
oxiconazole nitrate cream 1%	2	PA, QL (120 grams/30 days)
penciclovir cream 1%	2	PA
SULCONAZOLE NITRATE (sulconazole nitrate cream 1%)	4	PA
SULFAMYLON (mafenide acetate cream 85 mg/gm)	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid soluble tab 200 mg	5	
K-PHOS NO 2 (potassium & sodium acid phosphates tab 305-700 mg)	3	
KLOR-CON 10 (potassium chloride tab er 10 meq)	1	
KLOR-CON 8 (potassium chloride tab er 8 meq (600 mg))	1	
potassium chloride cap er 8 meq, 10 meq	1	
POTASSIUM CHLORIDE ER (potassium chloride tab er 15 meq)	4	
potassium chloride microencapsulated crys er tab 10 meq, 20 meq	1	

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Drug Name	Tier	Coverage Requirements and Limits
Potassium Chloride Microencapsulated Crys Er Tab 10 meq (KLOR-CON M10), 20 meq (KLOR-CON M20)	1	
potassium chloride microencapsulated crys er tab 15 meq	2	
Potassium Chloride Microencapsulated Crys Er Tab 15 meq (KLOR-CON M15)	2	
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)	2	
potassium chloride powder packet 20 meq	2	
Potassium Chloride Powder Packet 20 meq (KLOR-CON)	2	
potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)	1	
Potassium Chloride Tab Er 8 meq (600 mg) (KLOR-CON 8), 10 meq (KLOR-CON 10)	1	
potassium citrate tab er 5 meq (540 mg)	2	
potassium citrate tab er 10 meq (1080 mg)	2	
potassium citrate tab er 15 meq (1620 mg)	2	
PRENATABS RX (<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>)	3	
PRENATAL 19 (<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>)	3	
PRENATAL 19 (<i>prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg</i>)	3	
PRENATAL-U (<i>prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg</i>)	3	
SE-NATAL 19 (<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>)	3	
SE-NATAL 19 (<i>prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg</i>)	3	
SODIUM FLUORIDE (<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)</i>)	3	AC, IC
SODIUM FLUORIDE (<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>)	3	AC, IC
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	1	AC, IC
TRINATE (<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>)	3	
Electrolyte/Mineral/Metal Modifiers (Drugs that Affects Electrtolytes/Minerals)		
CHEMET (<i>succimer cap 100 mg</i>)	3	
deferasirox tab for oral susp 125 mg, 250 mg	5	PA, QL (30 tablets/30 days)
deferasirox tab for oral susp 500 mg	5	PA, QL (90 tablets/30 days)
deferiprone tab 500 mg	5	PA, QL (540 tablets/30 days)
deferiprone tab 1000 mg	5	PA, QL (270 tablets/30 days)
FERRIPROX (<i>deferiprone oral soln 100 mg/ml</i>)	6	LD, PA, QL (2700 mls/30 days), SP
JYNARQUE (<i>tolvaptan tab therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg</i>)	5	LD, PA, QL (56 tablets/28 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
JYNARQUE (<i>tolvaptan tab 15 mg</i>)	5	LD, PA, QL (60 tablets/30 days), SP
JYNARQUE (<i>tolvaptan tab 30 mg</i>)	5	LD, PA, QL (30 tablets/30 days), SP
<i>penicillamine tab 250 mg</i>	5	
<i>tolvaptan tab 15 mg</i>	5	LD, QL (30 tablets/365 days), SP
<i>tolvaptan tab 30 mg</i>	5	LD, QL (60 tablets/365 days), SP
<i>trientine hcl cap 250 mg</i>	5	
Phosphate Binders (Drugs to Lower Phosphate)		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	2	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	2	QL (810 tablets/365 days)
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	2	QL (540 tablets/365 days)
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	2	QL (360 tablets/365 days)
<i>sevelamer carbonate tab 800 mg</i>	2	QL (1530 tablets/365 days)
Potassium Binders (Drugs to Lower Potassium)		
LOKELMA (<i>sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm</i>)	3	
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	2	
Sodium Polystyrene Sulfonate Susp 15 gm/60ml (KIONEX), 15 gm/60ml (SPS)	2	
SPS (<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>)	4	
VELTASSA (<i>patiromer sorbitex calcium for susp packet 1 gm (base eq), 8.4 gm (base eq), 16.8 gm (base eq), 25.2 gm (base eq)</i>)	3	
Vitamins		
ACTIVNUTRIENTS W/O COPPER (<i>multiple vitamins w/ minerals powder</i>)	4	
ATP IGNITE WORKOUT (<i>multiple vitamins w/ minerals powder</i>)	4	
BOOSTNOW IMMUNE SUPPORT (<i>multiple vitamins w/ minerals powder</i>)	4	
C-BUFF (<i>multiple vitamins w/ minerals powder</i>)	4	
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i>	1	AC, IC
Carbonyl Iron Susp 15 mg/1.25ml (elemental iron) (WEE CARE)	1	AC, IC
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	1	
Cholecalciferol Cap 1.25 mg (50000 unit) (DECARA)	1	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
Cyanocobalamin Inj 1000 mcg/ml (DODEX)	1	

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Drug Name	Tier	Coverage Requirements and Limits
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe), 220 mg/5ml (44 mg/5ml elemental fe)	1	AC, IC
Ferrous Sulfate Soln 75 mg/ml (15 mg/ml elemental fe) (BPROTECTED PEDIA IRON), 75 mg/ml (15 mg/ml elemental fe) (FE-VITE IRON), 75 mg/ml (15 mg/ml elemental fe) (IRON INFANT & TODDLER), 75 mg/ml (15 mg/ml elemental fe) (IRON INFANT/TODDLER), 75 mg/ml (15 mg/ml elemental fe) (IRON SUPPLEMENT), 75 mg/ml (15 mg/ml elemental fe) (PC PEDIATRIC IRON DROPS), 220 mg/5ml (44 mg/5ml elemental fe) (IRON SUPPLEMENT)	1	AC, IC
ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)	2	AC, IC
FOLBIC (folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg)	4	
folic acid cap 0.8 mg	1	AC, IC
Folic Acid Cap 0.8 mg (FA-8)	1	AC, IC
folic acid tab 400 mcg, 800 mcg	1	AC, IC
Folic Acid Tab 400 mcg (FOLATE), 400 mcg (FT FOLIC ACID), 400 mcg (GNP FOLIC ACID), 400 mcg (RA FOLIC ACID), 400 mcg (SM FOLIC ACID), 400 mcg (TRUE FOLIC ACID), 400 mcg (YL FOLIC ACID), 800 mcg (CVS FOLIC ACID), 800 mcg (FT FOLIC ACID), 800 mcg (KP FOLIC ACID), 800 mcg (QC FOLIC ACID), 800 mcg (RA FOLIC ACID)	1	AC, IC
folic acid tab 1 mg	1	
Folic Acid Tab 1 mg (KP FOLIC ACID), 1 mg (TRUE FOLIC ACID)	1	
HYDROXOCOBALAMIN (hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent))	4	
IRON UP (polysaccharide iron complex liquid 15 mg/0.5ml (fe equiv))	3	AC, IC
NANOVM ADULT (multiple vitamins w/ minerals powder)	4	
NANOVM SENIOR 71+ (multiple vitamins w/ minerals powder)	4	
NIVA-FOL (folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg)	4	
NOVAFERRUM PEDIATRIC DROP (polysaccharide iron complex liquid 15 mg/ml (fe equiv))	3	AC, IC
PHLEXY-VITS (multiple vitamins w/ minerals powder)	4	
phytonadione tab 5 mg	2	
VITEYES CLASSIC+MULTI (multiple vitamins w/ minerals powder)	4	
WESTAB MAX (folic acid-pyridoxine-cyanocobalamin tab 2.5-25-2 mg)	4	
Gastrointestinal Agents (Drugs for the Bowel and Stomach)		
Anti-Constipation Agents (Drugs for Constipation)		
lactulose (encephalopathy) solution 10 gm/15ml	1	
Lactulose (encephalopathy) Solution 10 gm/15ml (ENULOSE), 10 gm/15ml (GENERLAC)	1	
lactulose solution 10 gm/15ml	2	

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Drug Name	Tier	Coverage Requirements and Limits
Lactulose Solution 10 gm/15ml (CONSTULOSE)	2	
lubiprostone cap 8 mcg	2	QL (120 capsules/30 days)
lubiprostone cap 24 mcg	2	QL (60 capsules/30 days)
MOVANTIK (<i>naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)</i>)	3	QL (30 tablets/30 days)
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	2	AC, IC
Peg 3350-kcl-nacl-na Sulfate-na Ascorbate-c For Soln 100 gm (PEG-3350/ELECTROLYTES/ASCORBATE)	2	AC, IC
SYMPROIC (<i>naldemedine tosylate tab 0.2 mg (base equivalent)</i>)	3	QL (30 tablets/30 days)
TRULANCE (<i>plecanatide tab 3 mg</i>)	3	QL (30 tablets/30 days)
Anti-Diarrheal Agents (Drugs for Diarrhea)		
alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv)	2	QL (60 tablets/30 days)
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
VIBERZI (<i>eluxadoline tab 75 mg, 100 mg</i>)	3	QL (60 tablets/30 days)
XIFAXAN (<i>rifaximin tab 200 mg</i>)	4	QL (9 tablets/30 days)
XIFAXAN (<i>rifaximin tab 550 mg</i>)	3	PA, QL (126 tablets/365 days)
Antispasmodics, Gastrointestinal (Other Drugs for Bowel and Stomach)		
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	2	
dicyclomine hcl tab 20 mg	1	
glycopyrrolate oral soln 1 mg/5ml	2	PA
glycopyrrolate tab 1 mg, 2 mg	2	
methscopolamine bromide tab 2.5 mg, 5 mg	2	
Gastrointestinal Agents, Other (Other Drugs for the Bowel and Stomach)		
CHENODAL (<i>chenodiol tab 250 mg</i>)	5	LD, SP
CLENPIQ (<i>sod picosulfate-mg ox-citric ac sol 10 mg-3.5 gm-12 gm/175ml</i>)	4	
GATTEX (<i>teduglutide (rdna) for inj kit 5 mg</i>)	6	LD, PA, SP
GAVILYTE-C (<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>)	4	
glutamine (sickle cell) powd pack 5 gm	5	PA
IQIRVO (<i>elafibranor tab 80 mg</i>)	6	PA, QL (30 tablets/30 days)
LIVDELZI (<i>seladelpar lysine cap 10 mg</i>)	6	LD, PA, QL (30 tablets/30 days), SP
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	2	
metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)	1	

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Drug Name	Tier	Coverage Requirements and Limits
MYALEPT (<i>metreleptin for subcutaneous inj 11.3 mg</i>)	6	LD, PA, SP
PEG-PREP (<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>)	4	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	AC, IC
Peg 3350-kcl-sod Bicarb-nacl For Soln 420 gm (GAVILYTE-N/FLAVOR PACK)	2	AC, IC
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	AC, IC
Peg 3350-kcl-na Bicarb-nacl-na Sulfate For Soln 236 gm (GAVILYTE-G)	1	AC, IC
SUTAB (<i>sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg</i>)	4	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg</i>	2	
<i>ursodiol tab 500 mg</i>	2	
VOWST (<i>fecal microbiota spores, live-brpk caps</i>)	6	LD, PA, QL (12 capsules/12 months), SP
XIFAXAN (<i>rifaximin tab 200 mg</i>)	4	QL (9 tablets/30 days)
XIFAXAN (<i>rifaximin tab 550 mg</i>)	3	PA, QL (126 tablets/365 days)
Histamine2 (H2) Receptor Antagonists (Drugs for Acid Reflux and Ulcers)		
<i>cimetidine hcl soln 300 mg/5ml</i>	2	PA, QL (1200 mls/30 days)
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine tab 20 mg, 40 mg</i>	1	
Protectants (Drugs for Acid Reflux and Ulcers)		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>misoprostol tab 100 mcg, 200 mcg</i>	1	CW, IC
<i>sucralfate tab 1 gm</i>	2	
Proton Pump Inhibitors (Drugs for Acid Reflux and Ulcers)		
<i>esomeprazole magnesium for delayed release susp packet 5 mg, 10 mg, 20 mg, 40 mg</i>	2	PA, QL (60 packets/30 days)
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	2	PA, QL (60 packets/30 days)
<i>lansoprazole cap delayed release 15 mg</i>	1	QL (60 capsules/30 days)
<i>lansoprazole cap delayed release 30 mg</i>	1	QL (60 capsules/30 days)
<i>omeprazole cap delayed release 10 mg, 20 mg, 40 mg</i>	1	QL (60 capsules/30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv)</i>	1	QL (60 tablets/30 days)
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (60 tablets/30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment (Drugs for Genetic or Enzyme Disorders)		
No USP Class		

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Drug Name	Tier	Coverage Requirements and Limits
ADVATE (<i>antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit</i>)	5	PA
ADYNOVATE (<i>antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit</i>)	5	PA, QL (1 vial/30 days)
AFSTYLA (<i>antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit</i>)	5	LD, PA, QL (1 box/30 days), SP
ALTUVIIIIO (<i>antihemophilic fact rcmb fc-vwf-xten-ehrl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit</i>)	5	PA, QL (1 mls/30 days)
AQNEURSA (<i>levacetylleucine for susp packet 1 gm</i>)	6	LD, PA, QL (120 packets/30 days), SP
ATTRUBY (<i>acoramidis hcl tab pack 356 mg (712 mg twice daily)</i>)	5	LD, PA, QL (112 tablets/28 days), SP
<i>betaine powder for oral solution</i>	5	
<i>carglumic acid soluble tab 200 mg</i>	5	
CERDELGA (<i>eliglustat tartrate cap 84 mg (base equivalent)</i>)	5	PA, QL (60 capsules/30 days)
CREON (<i>pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit</i>)	3	PA
DAYBUE (<i>trofinetide oral soln 200 mg/ml</i>)	6	LD, PA, QL (8 bottles/30 days), SP
<i>deferasirox tab for oral susp 125 mg, 250 mg</i>	5	PA, QL (30 tablets/30 days)
<i>deferasirox tab for oral susp 500 mg</i>	5	PA, QL (90 tablets/30 days)
DUVYZAT (<i>givinostat hcl oral susp 8.86 mg/ml</i>)	6	LD, PA, QL (3 bottles/30 days), SP
EVRYSDI (<i>risdiplam tab 5 mg</i>)	6	LD, PA, QL (30 tablets/30 days), SP
EVRYSDI (<i>risdiplam for soln 0.75 mg/ml</i>)	6	LD, PA, QL (3 bottles/30 days), SP
FEIBA (<i>antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit</i>)	5	PA
GALAFOLD (<i>migalastat hcl cap 123 mg (base equivalent)</i>)	6	LD, PA, QL (14 capsules/28 days), SP
GLASSIA (<i>alpha1-proteinase inhibitor (human) inj 1000 mg/50ml</i>)	6	
GLASSIA (<i>alpha1-proteinase inhibitor (human) iv soln 4 gm/200ml, 5 gm/250ml</i>)	6	
HEMLIBRA (<i>emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 300 mg/2ml (150 mg/ml)</i>)	5	PA, QL (4 vials/28 days)
HEMLIBRA (<i>emicizumab-kxwh subcutaneous soln 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 105 mg/0.7ml (150 mg/ml), 150 mg/ml</i>)	5	PA, QL (1 vial/30 days)
HEMOFIL M (<i>antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit</i>)	5	PA, QL (1 ml/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
HYMPAVZI (<i>marstacimab-hncq subcutaneous soln auto-inj 150 mg/ml</i>)	6	PA, QL (4 pens/28 days)
IMCIVREE (<i>setmelanotide acetate subcutaneous soln 10 mg/ml</i>)	6	PA, QL (10 vials/30 days)
JOENJA (<i>leniolisib phosphate tab 70 mg</i>)	6	LD, PA, QL (60 tablets/30 days), SP
KOATE (<i>antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit</i>)	5	PA, QL (1 ml/30 days)
KOATE-DVI (<i>antihemophilic factor (human) for inj 1000 unit</i>)	5	PA, QL (1 ml/30 days)
KOGENATE FS (<i>antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit</i>)	5	PA
KOVALTRY (<i>antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit</i>)	5	PA
levocarnitine oral soln 1 gm/10ml (10%)	2	
levocarnitine tab 330 mg	2	
nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg	5	LD, SP
NULIBRY (<i>fosdenopterin hydrobromide for iv soln 9.5 mg</i>)	6	LD, SP
OPFOLDA (<i>miglustat (gaa deficiency) cap 65 mg</i>)	6	LD, PA, QL (8 capsules/28 days), SP
ORFADIN (<i>nitisinone susp 4 mg/ml</i>)	5	LD, SP
PALYNZIQ (<i>pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml</i>)	6	LD, PA, SP
PHEBURANE (<i>sodium phenylbutyrate oral pellets 483 mg/gm</i>)	6	LD, PA, SP
PYRUKYND (<i>mitapivat sulfate tab 5 mg, 20 mg, 50 mg</i>)	5	LD, PA, QL (56 tablets/28 days), SP
PYRUKYND TAPER PACK (<i>mitapivat sulfate tab therapy pack 5 mg</i>)	5	LD, PA, QL (7 tablets/365 days), SP
PYRUKYND TAPER PACK (<i>mitapivat sulfate tab therapy pack 7 x 20 mg & 7 x 5 mg, 7 x 50 mg & 7 x 20 mg</i>)	5	LD, PA, QL (14 tablets/365 days), SP
RECOMBINATE (<i>antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit</i>)	5	PA
REVCovi (<i>elapegadomase-ivlr im soln 2.4 mg/1.5ml (1.6 mg/ml)</i>)	5	LD, SP
sapropterin dihydrochloride powder packet 100 mg, 500 mg	5	LD, PA, SP
sapropterin dihydrochloride tab 100 mg	5	LD, PA, SP
SKYCLARYS (<i>omaveloxolone cap 50 mg</i>)	6	LD, PA, QL (90 capsules/30 days), SP
sodium phenylbutyrate oral powder 3 gm/teaspoonful	5	PA
sodium phenylbutyrate tab 500 mg	5	PA
STRENSIQ (<i>asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml</i>)	5	LD, PA, SP
SUCRAID (<i>sacrosidase soln 8500 unit/ml</i>)	6	LD, PA, QL (300 mls/30 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
trientine hcl cap 250 mg	5	
VONVENDI (<i>von willebrand factor (recombinant) for inj 650 unit, 1300 unit</i>)	5	LD, PA, QL (1 ml/30 days), SP
VOXZOGO (<i>vosoritide for subcutaneous inj 0.4 mg, 0.56 mg, 1.2 mg</i>)	6	LD, PA, QL (30 vials/30 days), SP
VYNDAMAX (<i>tafamidis cap 61 mg</i>)	5	PA, QL (30 capsules/30 days)
VYNDAQEL (<i>tafamidis meglumine (cardiac) cap 20 mg</i>)	5	PA, QL (120 capsules/30 days)
WAINUA (<i>eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml</i>)	6	LD, PA, QL (1 pen/30 days), SP
WELIREG (<i>belzutifan tab 40 mg</i>)	6	LD, OC, PA, QL (90 tablets/30 days), SP
XYNTHA (<i>antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit</i>)	5	PA, QL (1 ml/30 days)
XYNTHA (<i>antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit</i>)	5	PA, QL (1 ml/30 days)
XYNTHA SOLOFUSE (<i>antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit</i>)	5	PA, QL (1 ml/30 days)
XYNTHA SOLOFUSE (<i>antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit</i>)	5	PA, QL (1 ml/30 days)
ZENPEP (<i>pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit</i>)	3	PA
ZOKINVY (<i>lonafarnib cap 50 mg, 75 mg</i>)	5	LD, PA, QL (120 capsules/30 days), SP
Genitourinary Agents (Drugs for the Genital, Bladder, and Kidney)		
Antispasmodics, Urinary (Drugs for Overactive Bladder)		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv), 15 mg (base equiv)	2	
MYRBETRIQ (<i>mirabegron granules for oral extended release susp 8 mg/ml</i>)	3	
MYRBETRIQ (<i>mirabegron tab er 24 hr 25 mg, 50 mg</i>)	3	
oxybutynin chloride solution 5 mg/5ml	1	
oxybutynin chloride tab er 24hr 5 mg, 10 mg, 15 mg	1	
oxybutynin chloride tab 5 mg	1	
solifenacin succinate tab 5 mg, 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg, 4 mg	2	
tolterodine tartrate tab 1 mg	2	
tolterodine tartrate tab 2 mg	2	
trospium chloride tab 20 mg	2	

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Drug Name	Tier	Coverage Requirements and Limits
Benign Prostatic Hypertrophy Agents (Drugs for BPH)		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>dutasteride cap 0.5 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg, 8 mg</i>	2	
<i>tadalafil tab 2.5 mg</i>	1	QL (30 tablets/30 days)
<i>tadalafil tab 5 mg</i>	1	QL (30 tablets/30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</i>	1	
Genitourinary Agents, Other (Other Drugs for the Genital, Bladder, and Kidney)		
<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</i>	2	
CYSTAGON (<i>cysteamine bitartrate cap 50 mg, 150 mg</i>)	5	LD, SP
ELMIRON (<i>pentosan polysulfate sodium caps 100 mg</i>)	4	
LITHOSTAT (<i>acetohydroxamic acid tab 250 mg</i>)	4	
<i>methylergonovine maleate tab 0.2 mg</i>	2	
Methylergonovine Maleate Tab 0.2 mg (METHERGINE)	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>nitroglycerin oint 0.4%</i>	2	
<i>penicillamine tab 250 mg</i>	5	
PHEXXI (<i>lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%</i>)	4	AC, IC
<i>potassium phosphate monobasic tab 500 mg</i>	2	
Potassium Phosphate Monobasic Tab 500 mg (PHOSPHO-TRIN K500)	2	
<i>tadalafil tab 2.5 mg</i>	1	QL (30 tablets/30 days)
<i>tadalafil tab 5 mg</i>	1	QL (30 tablets/30 days)
<i>tiopronin tab 100 mg</i>	5	LD, SP
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) (Drugs for Replacing/Stimulating Adrenal Gland Hormones)		
No USP Class		
ACTHAR (<i>corticotropin inj gel 80 unit/ml</i>)	6	PA
ANALPRAM HC (<i>hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%</i>)	4	
<i>budesonide delayed release particles cap 3 mg</i>	2	
DEXAMETHASONE (<i>dexamethasone soln 0.5 mg/5ml</i>)	4	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
DEXAMETHASONE INTENSOL (<i>dexamethasone conc 1 mg/ml</i>)	4	

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Drug Name	Tier	Coverage Requirements and Limits
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
fludrocortisone acetate tab 0.1 mg	1	
hydrocortisone acetate suppos 25 mg	2	
Hydrocortisone Acetate Suppos 25 mg (ANUCORT-HC), 25 mg (ANUSOL-HC), 25 mg (HEMMOREX-HC)	2	
hydrocortisone enema 100 mg/60ml	2	
hydrocortisone tab 5 mg, 10 mg, 20 mg	2	
methylprednisolone tab therapy pack 4 mg (21)	1	
methylprednisolone tab 4 mg, 16 mg	1	
methylprednisolone tab 8 mg	2	
methylprednisolone tab 32 mg	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
PREDNISONE (<i>prednisone oral soln 5 mg/5ml</i>)	3	
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	2	
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	1	
PROCTOFOAM HC (<i>hydrocortisone acetate w/ pramoxine perianal foam 1-1%</i>)	4	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)		
No USP Class		
DESMOPRESSIN ACETATE (<i>desmopressin acetate nasal spray soln 0.01%</i>)	4	
desmopressin acetate tab 0.1 mg, 0.2 mg	2	
FOLLISTIM AQ (<i>follitropin beta inj 300 unit/0.36ml</i>)	5	QL (15 cartridges/30 days)
FOLLISTIM AQ (<i>follitropin beta inj 600 unit/0.72ml</i>)	5	QL (8 cartridges/30 days)
FOLLISTIM AQ (<i>follitropin beta inj 900 unit/1.08ml</i>)	5	QL (5 cartridges/30 days)
GENOTROPIN (<i>somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)</i>)	5	PA
GENOTROPIN MINIQUICK (<i>somatropin for subcutaneous inj prefilled syr 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</i>)	5	PA
INCRELEX (<i>mecasermin inj 40 mg/4ml (10 mg/ml)</i>)	5	LD, SP
MENOPUR (<i>menotropins for subcutaneous inj 75 unit</i>)	6	QL (60 vials/30 days)
OMNITROPE (<i>somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml</i>)	5	PA
OMNITROPE (<i>somatropin for inj 5.8 mg</i>)	5	PA
OVIDREL (<i>choriogonadotropin alfa soln prefilled syr 250 mcg/0.5ml</i>)	5	QL (2 syringes/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
PREGNYL (<i>chorionic gonadotropin for im inj 10000 unit</i>)	5	QL (20 vials/30 days)
SKYTROFA (<i>lonapegsomatropin-tcgd for subcutaneous inj cartridge 0.7 mg, 1.4 mg, 1.8 mg, 2.1 mg, 2.5 mg, 3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg</i>)	6	PA
SKYTROFA (<i>lonapegsomatropin-tcgd for subcutaneous inj cart 13.3 mg</i>)	6	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins) (Drugs for Replacing/Stimulating Prostaglandin)		
No USP Class		
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>misoprostol tab 100 mcg, 200 mcg</i>	1	CW, IC
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) (Drugs for Replacing/Stimulating Sex Hormones)		
Androgens		
CRENESSITY (<i>crinecerfont oral soln 50 mg/ml</i>)	6	LD, PA, QL (120 mls/30 days), SP
CRENESSITY (<i>crinecerfont cap 25 mg</i>)	6	PA, QL (60 capsules/30 days)
CRENESSITY (<i>crinecerfont cap 50 mg, 100 mg</i>)	6	LD, PA, QL (60 capsules/30 days), SP
<i>danazol cap 50 mg, 100 mg, 200 mg</i>	2	
METHITEST (<i>methyltestosterone oral tab 10 mg</i>)	4	PA, QL (600 tablets/30 days)
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	QL (1 vial/28 days)
Testosterone Cypionate Im Inj In Oil 100 mg/ml (DEPO-TESTOSTERONE)	2	QL (1 vial/28 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	QL (10 mls/28 days)
Testosterone Cypionate Im Inj In Oil 200 mg/ml (DEPO-TESTOSTERONE)	2	QL (10 mls/28 days)
TESTOSTERONE ENANTHATE (<i>testosterone enanthate im inj in oil 200 mg/ml</i>)	4	PA, QL (5 mls/28 days)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	PA, QL (60 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	PA, QL (60 tubes/30 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	PA, QL (4 bottles/30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	2	PA, QL (2 bottles/30 days)
<i>testosterone td soln 30 mg/act</i>	2	PA, QL (2 bottles/30 days)
Estrogens (Contraceptives and Drugs for Menopause)		
ANNOVERA (<i>segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr</i>)	4	AC, IC, QL (1 ring/365 days)
AVERI (<i>desogestrel-ethinyl estradiol-fe tab 0.15-0.03 mg</i>)	4	AC, IC

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Drug Name	Tier	Coverage Requirements and Limits
BIJUVA (<i>estradiol-progesterone cap 0.5-100 mg, 1-100 mg</i>)	4	
CLIMARA PRO (<i>estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day</i>)	3	
COMBIPATCH (<i>estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day</i>)	4	
DEPO-ESTRADIOL (<i>estradiol cypionate im in oil 5 mg/ml</i>)	4	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	AC, IC, QL (28 tablets/21 days)
Desogest-eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5) (AZURETTE), 0.15-0.02/0.01 mg(21/5) (KARIVA), 0.15-0.02/0.01 mg(21/5) (PIMTREA), 0.15-0.02/0.01 mg(21/5) (SIMLIYA), 0.15-0.02/0.01 mg(21/5) (VIORELE), 0.15-0.02/0.01 mg(21/5) (VOLNEA)	1	AC, IC, QL (28 tablets/21 days)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	AC, IC, QL (28 tablets/21 days)
Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg (APRI), 0.15 mg-30 mcg (CYRED EQ), 0.15 mg-30 mcg (ENSKYCE), 0.15 mg-30 mcg (ISIBLOOM), 0.15 mg-30 mcg (JULEBER), 0.15 mg-30 mcg (KALLIGA), 0.15 mg-30 mcg (RECLIPSEN)	1	AC, IC, QL (28 tablets/21 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	2	AC, IC, QL (28 tablets/21 days)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	2	AC, IC, QL (28 tablets/21 days)
Drospirenone-ethinyl Estrad-levomefolate Tab 3-0.03-0.451 mg (TYDEMY)	2	AC, IC, QL (28 tablets/21 days)
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	AC, IC, QL (28 tablets/21 days)
Drospirenone-ethinyl Estradiol Tab 3-0.02 mg (JASMIEL), 3-0.02 mg (LO-ZUMANDIMINE), 3-0.02 mg (LORYNA), 3-0.02 mg (NIKKI), 3-0.02 mg (VESTURA)	1	AC, IC, QL (28 tablets/21 days)
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	AC, IC, QL (28 tablets/21 days)
Drospirenone-ethinyl Estradiol Tab 3-0.03 mg (OCELLA), 3-0.03 mg (SYEDA), 3-0.03 mg (ZUMANDIMINE)	1	AC, IC, QL (28 tablets/21 days)
DUAVEE (<i>conjugated estrogens-bazedoxifene tab 0.45-20 mg</i>)	3	
estradiol & norethindrone acetate tab 0.5-0.1 mg	2	
Estradiol & Norethindrone Acetate Tab 0.5-0.1 mg (ABIGALE LO), 0.5-0.1 mg (AMABELZ)	2	
estradiol & norethindrone acetate tab 1-0.5 mg	2	
Estradiol & Norethindrone Acetate Tab 1-0.5 mg (ABIGALE), 1-0.5 mg (AMABELZ), 1-0.5 mg (MIMVEY)	2	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	2	
estradiol tab 0.5 mg, 1 mg, 2 mg	1	

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Drug Name	Tier	Coverage Requirements and Limits
estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)	2	
estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	QL (30 patches/30 days)
Estradiol Td Patch Twice Weekly 0.025 mg/24hr (DOTTI), 0.025 mg/24hr (LYLLANA), 0.0375 mg/24hr (DOTTI), 0.0375 mg/24hr (LYLLANA), 0.05 mg/24hr (DOTTI), 0.05 mg/24hr (LYLLANA), 0.075 mg/24hr (DOTTI), 0.075 mg/24hr (LYLLANA), 0.1 mg/24hr (DOTTI), 0.1 mg/24hr (LYLLANA)	2	QL (30 patches/30 days)
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	2	QL (30 patches/30 days)
estradiol vaginal cream 0.01%	1	
estradiol vaginal tab 10 mcg	2	
Estradiol Vaginal Tab 10 mcg (YUVAFEM)	2	
estradiol valerate im in oil 20 mg/ml	2	
estradiol valerate im in oil 40 mg/ml	2	
ESTRING (estradiol vaginal ring 2 mg (7.5 mcg/24hrs))	3	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	AC, IC, QL (28 tablets/21 days)
Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg (KELNOR 1/35), 1 mg-35 mcg (ZOVIA 1/35)	1	AC, IC, QL (28 tablets/21 days)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	AC, IC, QL (28 tablets/21 days)
Ethynodiol Diacetate & Ethinyl Estradiol Tab 1 mg-50 mcg (KELNOR 1/50), 1 mg-50 mcg (VALTYA 1/50)	2	AC, IC, QL (28 tablets/21 days)
FEMLYV (norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg)	4	AC, IC, QL (28 tablets/21 days)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	2	AC, IC, QL (28 tablets/21 days)
Levonor-eth Est Tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (RIVELSA), 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (ROSYRAH)	2	AC, IC, QL (28 tablets/21 days)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	AC, IC, QL (28 tablets/21 days)
Levonorg-eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7) (CAMRESE LO), 0.01mg(7) (LOJAIMIESS)	1	AC, IC, QL (28 tablets/21 days)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	2	AC, IC, QL (28 tablets/21 days)
Levonorg-eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7) (AMETHIA), 0.01mg(7) (ASHLYNA), 0.01mg(7) (CAMRESE), 0.01mg(7) (DAYSEE), 0.01mg(7) (JAIMIESS), 0.01mg(7) (SIMPESSE)	2	AC, IC, QL (28 tablets/21 days)

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Drug Name	Tier	Coverage Requirements and Limits
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	AC, IC, QL (28 tablets/21 days)
Levonorgestrel & Ethinyl Estradiol (91-day) Tab 0.15-0.03 mg (ICLEVIA), 0.15-0.03 mg (INTROVALE), 0.15-0.03 mg (JOLESSA), 0.15-0.03 mg (SETLAKIN)	1	AC, IC, QL (28 tablets/21 days)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	1	AC, IC, QL (28 tablets/21 days)
Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg (AFIRMELLE), 0.1 mg-20 mcg (AUBRA EQ), 0.1 mg-20 mcg (AVIANE), 0.1 mg-20 mcg (DELYLA), 0.1 mg-20 mcg (FALMINA), 0.1 mg-20 mcg (LESSINA), 0.1 mg-20 mcg (LUTERA), 0.1 mg-20 mcg (SRONYX), 0.1 mg-20 mcg (VIENVA), 0.15 mg-30 mcg (ALTAVERA), 0.15 mg-30 mcg (AYUNA), 0.15 mg-30 mcg (CHATEAL EQ), 0.15 mg-30 mcg (KURVELO), 0.15 mg-30 mcg (LEVORA 0.15/30-28), 0.15 mg-30 mcg (MARLISSA), 0.15 mg-30 mcg (PORTIA-28)	1	AC, IC, QL (28 tablets/21 days)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	AC, IC, QL (28 tablets/21 days)
Levonorgestrel-eth Estra Tab 0.05-30/0.075-40/0.125-30mg-mcg (ENPRESSE-28), 0.05-30/0.075-40/0.125-30mg-mcg (LEVONEST), 0.05-30/0.075-40/0.125-30mg-mcg (TRIVORA-28)	1	AC, IC, QL (28 tablets/21 days)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	AC, IC, QL (28 tablets/21 days)
Levonorgestrel-ethinyl Estradiol (continuous) Tab 90-20 mcg (AMETHYST), 90-20 mcg (DOLISHALE)	2	AC, IC, QL (28 tablets/21 days)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	2	AC, IC
Levonorgestrel-ethinyl Estradiol-fe Tab 0.1 mg-20 mcg (21) (JOYEAUX), 0.1 mg-20 mcg (21) (MINZOYA)	2	AC, IC
LO LOESTRIN FE (norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2))	3	AC, IC, QL (28 tablets/21 days)
MYFEMBREE (relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg)	3	PA, QL (30 tablets/30 days)
NATAZIA (estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg)	4	AC, IC, QL (28 tablets/21 days)
NEXTSTELLIS (drospirenone-estetrol tab 3-14.2 mg)	4	AC, IC
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	2	AC, IC, QL (3 patches/21 days)
Norelgestromin-ethinyl Estradiol Td ptwk 150-35 mcg/24hr (XULANE), ptwk 150-35 mcg/24hr (ZAFEMY)	2	AC, IC, QL (3 patches/21 days)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	2	AC, IC, QL (28 tablets/21 days)
Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg (BALZIVA), 0.4 mg-35 mcg (BRIELLYN), 0.4 mg-35 mcg (PHILITH), 0.4 mg-35 mcg (VYFEMLA)	2	AC, IC, QL (28 tablets/21 days)

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Drug Name	Tier	Coverage Requirements and Limits
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg, 1 mg-35 mcg	1	AC, IC, QL (28 tablets/21 days)
Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg (NECON 0.5/35-28), 0.5 mg-35 mcg (NORTREL 0.5/35 (28)), 0.5 mg-35 mcg (WERA), 1 mg-35 mcg (ALYACEN 1/35), 1 mg-35 mcg (DASETTA 1/35), 1 mg-35 mcg (NORTREL 1/35), 1 mg-35 mcg (NYLIA 1/35)	1	AC, IC, QL (28 tablets/21 days)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, 0.8 mg-25 mcg	2	AC, IC, QL (28 tablets/21 days)
Norethindrone & Ethinyl Estradiol-fe Chew Tab 0.4 mg-35 mcg (WYMZYA FE), 0.4 mg-35 mcg (XELRIA FE), 0.8 mg-25 mcg (GALBRIELA), 0.8 mg-25 mcg (KAITLIB FE), 0.8 mg-25 mcg (LAYOLIS FE)	2	AC, IC, QL (28 tablets/21 days)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	AC, IC, QL (28 tablets/21 days)
Norethindrone Ac-ethinyl Estrad-fe Tab 1-20/1-30/1-35 mg-mcg (TILIA FE), 1-20/1-30/1-35 mg-mcg (TRI-LEGEST FE), 1-20/1-30/1-35 mg-mcg (XARAH FE)	2	AC, IC, QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	1	AC, IC, QL (28 tablets/21 days)
Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg (AUROVELA 1/20), 1 mg-20 mcg (JUNEL 1/20), 1 mg-20 mcg (LARIN 1/20), 1 mg-20 mcg (LOESTRIN 1/20-21), 1 mg-20 mcg (LUIZZA 1/20), 1 mg-20 mcg (MICROGESTIN 1/20), 1.5 mg-30 mcg (AUROVELA 1.5/30), 1.5 mg-30 mcg (HAILEY 1.5/30), 1.5 mg-30 mcg (JUNEL 1.5/30), 1.5 mg-30 mcg (LARIN 1.5/30), 1.5 mg-30 mcg (LOESTRIN 1.5/30-21), 1.5 mg-30 mcg (LUIZZA 1.5/30), 1.5 mg-30 mcg (MICROGESTIN 1.5/30)	1	AC, IC, QL (28 tablets/21 days)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	1	AC, IC, QL (28 tablets/21 days)
Norethindrone Ace & Ethinyl Estradiol-fe Tab 1 mg-20 mcg (AUROVELA FE 1/20), 1 mg-20 mcg (BLISOVI FE 1/20), 1 mg-20 mcg (FEIRZA 1/20), 1 mg-20 mcg (HAILEY FE 1/20), 1 mg-20 mcg (JUNEL FE 1/20), 1 mg-20 mcg (LARIN FE 1/20), 1 mg-20 mcg (LOESTRIN FE 1/20), 1 mg-20 mcg (MICROGESTIN FE 1/20), 1 mg-20 mcg (TARINA FE 1/20 EQ), 1.5 mg-30 mcg (AUROVELA FE 1.5/30), 1.5 mg-30 mcg (BLISOVI FE 1.5/30), 1.5 mg-30 mcg (FEIRZA 1.5/30), 1.5 mg-30 mcg (HAILEY FE 1.5/30), 1.5 mg-30 mcg (JUNEL FE 1.5/30), 1.5 mg-30 mcg (LARIN FE 1.5/30), 1.5 mg-30 mcg (LOESTRIN FE 1.5/30), 1.5 mg-30 mcg (MICROGESTIN FE 1.5/30)	1	AC, IC, QL (28 tablets/21 days)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	2	AC, IC, QL (28 tablets/21 days)
Norethindrone Ace-eth Estradiol-fe Chew Tab 1 mg-20 mcg (24) (CHARLOTTE 24 FE), 1 mg-20 mcg (24) (FINZALA), 1 mg-20 mcg (24) (MIBELAS 24 FE)	2	AC, IC, QL (28 tablets/21 days)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	2	AC, IC, QL (28 capsules/21 days)

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Drug Name	Tier	Coverage Requirements and Limits
Norethindrone Ace-ethinyl Estradiol-fe Cap 1 mg-20 mcg (24) (GEMMILY), 1 mg-20 mcg (24) (MERZEE), 1 mg-20 mcg (24) (TAYSOFY)	2	AC, IC, QL (28 capsules/21 days)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	1	AC, IC, QL (28 tablets/21 days)
Norethindrone Ace-ethinyl Estradiol-fe Tab 1 mg-20 mcg (24) (AUROVELA 24 FE), 1 mg-20 mcg (24) (BLISOVI 24 FE), 1 mg-20 mcg (24) (HAILEY 24 FE), 1 mg-20 mcg (24) (JUNEL FE 24), 1 mg-20 mcg (24) (LARIN 24 FE), 1 mg-20 mcg (24) (TARINA 24 FE)	1	AC, IC, QL (28 tablets/21 days)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg	2	
Norethindrone Acetate-ethinyl Estradiol Tab 0.5 mg-2.5 mcg (FYAVOLV), 1 mg-5 mcg (FYAVOLV), 1 mg-5 mcg (JINTELI)	2	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	1	AC, IC, QL (28 tablets/21 days)
Norethindrone-eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-mcg (ALYACEN 7/7/7), 0.5-35/0.75-35/1-35 mg-mcg (DASETTA 7/7/7), 0.5-35/0.75-35/1-35 mg-mcg (NORTREL 7/7/7), 0.5-35/0.75-35/1-35 mg-mcg (NYLIA 7/7/7)	1	AC, IC, QL (28 tablets/21 days)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	2	AC, IC, QL (28 tablets/21 days)
Norethindrone-eth Estradiol Tab 0.5-35/1-35/0.5-35 mg-mcg (ARANELLE), 0.5-35/1-35/0.5-35 mg-mcg (LEENA)	2	AC, IC, QL (28 tablets/21 days)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	AC, IC, QL (28 tablets/21 days)
Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg (ESTARYLLA), 0.25 mg-35 mcg (MILI), 0.25 mg-35 mcg (MONO-LINYAH), 0.25 mg-35 mcg (SPRINTEC 28), 0.25 mg-35 mcg (VYLIBRA)	1	AC, IC, QL (28 tablets/21 days)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	1	AC, IC, QL (28 tablets/21 days)
Norgestimate-eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-ESTARYLLA), 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-MARZIA), 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-MILI), 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-SPRINTEC), 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-VYLIBRA LO), 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-ESTARYLLA), 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-LINYAH), 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-MILI), 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-NYMYO), 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-SPRINTEC), 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-VYLIBRA)	1	AC, IC, QL (28 tablets/21 days)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1	AC, IC, QL (28 tablets/21 days)

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Drug Name	Tier	Coverage Requirements and Limits
Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg (CRYSSELLE-28), 0.3 mg-30 mcg (ELINEST), 0.3 mg-30 mcg (LOW-OGESTREL), 0.3 mg-30 mcg (TURQOZ)	1	AC, IC, QL (28 tablets/21 days)
NUVARING (<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>)	2	AC, IC, QL (1 ring/21 days)
ORIAHNN (<i>elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack</i>)	3	PA, QL (56 capsules/28 days)
PREMARIN (<i>estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>)	3	
PREMARIN (<i>estrogens, conjugated vaginal cream 0.625 mg/gm</i>)	4	
PREMPHASE (<i>conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)</i>)	3	
PREMPRO (<i>conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg</i>)	3	
TWIRLA (<i>levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr</i>)	4	AC, IC, QL (3 patches/21 days)
TYBLUME (<i>levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg</i>)	4	AC, IC, QL (28 tablets/21 days)
VELIVET (<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>)	4	AC, IC
Progestins		
ANNOVERA (<i>segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr</i>)	4	AC, IC, QL (1 ring/365 days)
BIJUVA (<i>estradiol-progesterone cap 0.5-100 mg, 1-100 mg</i>)	4	
CLIMARA PRO (<i>estradiol-levonorgestrel td patch weekly 0.045-0.015 mg/day</i>)	3	
COMBIPATCH (<i>estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day</i>)	4	
DEPO-SUBQ PROVERA 104 (<i>medroxyprogesterone acetate susp pref syr 104 mg/0.65ml</i>)	4	AC, IC
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	1	AC, IC, QL (28 tablets/21 days)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	AC, IC, QL (28 tablets/21 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	2	AC, IC, QL (28 tablets/21 days)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	2	AC, IC, QL (28 tablets/21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	AC, IC, QL (28 tablets/21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	AC, IC, QL (28 tablets/21 days)

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Drug Name	Tier	Coverage Requirements and Limits
ELLA (<i>ulipristal acetate tab 30 mg</i>)	3	AC, IC, QL (2 tablets/365 days)
ENDOMETRIN (<i>progesterone vaginal insert 100 mg</i>)	4	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	AC, IC, QL (28 tablets/21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	AC, IC, QL (28 tablets/21 days)
FEMLYV (<i>norethindrone ace & ethinyl estradiol tab disint 1 mg-20 mcg</i>)	4	AC, IC, QL (28 tablets/21 days)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	2	AC, IC, QL (28 tablets/21 days)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	AC, IC, QL (28 tablets/21 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	AC, IC, QL (28 tablets/21 days)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	AC, IC, QL (28 tablets/21 days)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</i>	1	AC, IC, QL (28 tablets/21 days)
<i>levonorgestrel tab 1.5 mg</i>	1	AC, IC, QL (2 tablets/365 days)
Levonorgestrel Tab 1.5 mg (AFTERA), 1.5 mg (AFTERPILL), 1.5 mg (CURAE), 1.5 mg (ECONTRA ONE-STEP), 1.5 mg (HER STYLE), 1.5 mg (MY CHOICE), 1.5 mg (MY WAY), 1.5 mg (NEW DAY), 1.5 mg (OPCICON ONE-STEP), 1.5 mg (OPTION 2), 1.5 mg (REACT), 1.5 mg (TAKE ACTION)	1	AC, IC, QL (2 tablets/365 days)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	AC, IC, QL (28 tablets/21 days)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	AC, IC, QL (28 tablets/21 days)
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	2	AC, IC
LO LOESTRIN FE (<i>norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)</i>)	3	AC, IC, QL (28 tablets/21 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	1	AC, IC
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	1	AC, IC
<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	2	OC
<i>megestrol acetate tab 20 mg</i>	1	OC
<i>megestrol acetate tab 40 mg</i>	2	OC

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Drug Name	Tier	Coverage Requirements and Limits
MYFEMBREE (<i>relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg</i>)	3	PA, QL (30 tablets/30 days)
NATAZIA (<i>estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg</i>)	4	AC, IC, QL (28 tablets/21 days)
NEXTSTELLIS (<i>drospirenone-estetrol tab 3-14.2 mg</i>)	4	AC, IC
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	AC, IC, QL (3 patches/21 days)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	AC, IC, QL (28 tablets/21 days)
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg, 1 mg-35 mcg</i>	1	AC, IC, QL (28 tablets/21 days)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg, 0.8 mg-25 mcg</i>	2	AC, IC, QL (28 tablets/21 days)
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	AC, IC, QL (28 tablets/21 days)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	1	AC, IC, QL (28 tablets/21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg</i>	1	AC, IC, QL (28 tablets/21 days)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	AC, IC, QL (28 tablets/21 days)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	2	AC, IC, QL (28 capsules/21 days)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	1	AC, IC, QL (28 tablets/21 days)
<i>norethindrone acetate tab 5 mg</i>	2	
Norethindrone Acetate Tab 5 mg (GALLIFREY)	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg, 1 mg-5 mcg</i>	2	
<i>norethindrone tab 0.35 mg</i>	1	AC, IC, QL (28 tablets/21 days)
Norethindrone Tab 0.35 mg (CAMILA), 0.35 mg (DEBLITANE), 0.35 mg (EMZAHH), 0.35 mg (ERRIN), 0.35 mg (HEATHER), 0.35 mg (INCASSIA), 0.35 mg (JENCYCLA), 0.35 mg (LYLEQ), 0.35 mg (LYZA), 0.35 mg (MELEYA), 0.35 mg (NORA-BE), 0.35 mg (NORLYROC), 0.35 mg (ORQUIDEA), 0.35 mg (SHAROBEL)	1	AC, IC, QL (28 tablets/21 days)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	1	AC, IC, QL (28 tablets/21 days)
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	AC, IC, QL (28 tablets/21 days)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	AC, IC, QL (28 tablets/21 days)

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Drug Name	Tier	Coverage Requirements and Limits
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	1	AC, IC, QL (28 tablets/21 days)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1	AC, IC, QL (28 tablets/21 days)
NUVARING (etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr)	2	AC, IC, QL (1 ring/21 days)
OPILL (norgestrel tab 0.075 mg)	4	AC, IC
ORIAHNN (elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack)	3	PA, QL (56 capsules/28 days)
PREMPHASE (conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14))	3	
PREMPRO (conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg)	3	
progesterone cap 100 mg	1	
progesterone cap 200 mg	2	
progesterone im in oil 50 mg/ml	2	
SLYND (drospirenone tab 4 mg)	4	AC, IC, QL (28 tablets/21 days)
TYBLUME (levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg)	4	AC, IC, QL (28 tablets/21 days)
VELIVET (desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg)	4	AC, IC
Selective Estrogen Receptor Modifying Agents		
clomiphene citrate tab 50 mg	2	
Clomiphene Citrate Tab 50 mg (CLOMID), 50 mg (MILOPHENE)	2	
DUAVERE (conjugated estrogens-bazedoxifene tab 0.45-20 mg)	3	
raloxifene hcl tab 60 mg	2	AC, IC
tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)	1	AC, IC, OC
toremifene citrate tab 60 mg (base equivalent)	5	OC
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) (Drugs for Replacing/Stimulating Thyroid Gland Hormones)		
No USP Class		
ADTHYZA (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain))	4	
ARMOUR THYROID (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain), 180 mg (3 grain), 240 mg (4 grain), 300 mg (5 grain))	4	
ERMEZA (levothyroxine sodium oral solution 150 mcg/5ml)	4	

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Drug Name	Tier	Coverage Requirements and Limits
levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	1	
Levothyroxine Sodium Tab 25 mcg (EUTHYROX), 25 mcg (LEVO-T), 25 mcg (LEVOXYL), 25 mcg (UNITHROID), 50 mcg (EUTHYROX), 50 mcg (LEVO-T), 50 mcg (LEVOXYL), 50 mcg (UNITHROID), 75 mcg (EUTHYROX), 75 mcg (LEVO-T), 75 mcg (LEVOXYL), 75 mcg (UNITHROID), 88 mcg (EUTHYROX), 88 mcg (LEVO-T), 88 mcg (LEVOXYL), 88 mcg (UNITHROID), 100 mcg (EUTHYROX), 100 mcg (LEVO-T), 100 mcg (LEVOXYL), 100 mcg (UNITHROID), 112 mcg (EUTHYROX), 112 mcg (LEVO-T), 112 mcg (LEVOXYL), 112 mcg (UNITHROID), 125 mcg (EUTHYROX), 125 mcg (LEVO-T), 125 mcg (LEVOXYL), 125 mcg (UNITHROID), 137 mcg (EUTHYROX), 137 mcg (LEVO-T), 137 mcg (LEVOXYL), 137 mcg (UNITHROID), 150 mcg (EUTHYROX), 150 mcg (LEVO-T), 150 mcg (LEVOXYL), 150 mcg (UNITHROID), 175 mcg (EUTHYROX), 175 mcg (LEVO-T), 175 mcg (LEVOXYL), 175 mcg (UNITHROID), 200 mcg (EUTHYROX), 200 mcg (LEVO-T), 200 mcg (LEVOXYL), 200 mcg (UNITHROID), 300 mcg (LEVO-T), 300 mcg (UNITHROID)	1	
liothyronine sodium tab 5 mcg	1	
Liothyronine Sodium Tab 5 mcg (LIOMNY)	1	
liothyronine sodium tab 25 mcg, 50 mcg	2	
Liothyronine Sodium Tab 25 mcg (LIOMNY), 50 mcg (LIOMNY)	2	
NIVA THYROID (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain))	4	
NP THYROID 120 (thyroid tab 120 mg (2 grain))	4	
NP THYROID 15 (thyroid tab 15 mg (1/4 grain))	4	
NP THYROID 30 (thyroid tab 30 mg (1/2 grain))	4	
NP THYROID 60 (thyroid tab 60 mg (1 grain))	4	
NP THYROID 90 (thyroid tab 90 mg (1 1/2 grain))	4	
RENTHYROID (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain))	4	
SYNTHROID (levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg)	4	
THYQUIDITY (levothyroxine sodium oral solution 100 mcg/5ml)	4	
THYROID (thyroid tab 15 mg (1/4 grain), 30 mg (1/2 grain), 60 mg (1 grain), 90 mg (1 1/2 grain), 120 mg (2 grain))	4	
YORVIPATH (palopegteriparatide pen-inj 168 mcg/0.56ml (teriparatide eq), 294 mcg/0.98ml (teriparatide eq), 420 mcg/1.4ml (teriparatide eq))	6	LD, PA, QL (2 pens/28 days), SP
Hormonal Agents, Suppressant (Adrenal or Pituitary) (Drugs for Suppressing Hormones from the Adrenal or Pituitary Gland)		
No USP Class		

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Drug Name	Tier	Coverage Requirements and Limits
bromocriptine mesylate cap 5 mg (base equivalent)	2	
bromocriptine mesylate tab 2.5 mg (base equivalent)	2	
cabergoline tab 0.5 mg	2	
cetrorelix acetate for inj kit 0.25 mg	5	QL (12 kits/30 days)
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	5	QL (6 mls/30 days)
Ganirelix Acetate Soln Prefilled Syringe 250 mcg/0.5ml (FYREMADEL)	5	QL (6 mls/30 days)
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	5	
MIFEPREX (<i>mifepristone tab 200 mg</i>)	4	CW, IC
mifepristone tab 200 mg	2	CW, IC
MYFEMBREE (<i>relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg</i>)	3	PA, QL (30 tablets/30 days)
OCTREOTIDE ACETATE (<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml</i>)	5	
octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 500 mcg/ml (0.5 mg/ml)	5	
octreotide acetate inj 200 mcg/ml (0.2 mg/ml), 1000 mcg/ml (1 mg/ml)	5	
ORGOVYX (<i>relugolix tab 120 mg</i>)	6	LD, OC, PA, QL (30 tablets/28 days), SP
ORIAHNN (<i>elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack</i>)	3	PA, QL (56 capsules/28 days)
ORILISSA (<i>elagolix sodium tab 150 mg (base equiv)</i>)	3	PA, QL (30 tablets/30 days)
ORILISSA (<i>elagolix sodium tab 200 mg (base equiv)</i>)	3	PA, QL (60 tablets/30 days)
SIGNIFOR (<i>pasireotide diaspertate inj 0.3 mg/ml (base equiv), 0.6 mg/ml (base equiv), 0.9 mg/ml (base equiv)</i>)	6	LD, SP
SOMAVERT (<i>pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)</i>)	6	PA, QL (30 vials/30 days)
Hormonal Agents, Suppressant (Thyroid) (Drug for Suppressing Hormones from the Thyroid Gland)		
Antithyroid Agents (Drugs to Suppress Thyroid Hormone)		
methimazole tab 5 mg, 10 mg	1	
propylthiouracil tab 50 mg	2	
Immunological Agents (Drugs for Enhancing or Suppressing the Immune System)		
Angioedema Agents		
HAEGARDA (<i>c1 esterase inhibitor (human) for subcutaneous inj 2000 unit</i>)	6	PA, QL (27 vials/28 days)
HAEGARDA (<i>c1 esterase inhibitor (human) for subcutaneous inj 3000 unit</i>)	6	PA, QL (18 vials/28 days)

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Drug Name	Tier	Coverage Requirements and Limits
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	5	LD, PA, QL (6 syringes/30 days), SP
ORLADEYO (berotralstat hcl cap 110 mg, 150 mg)	6	LD, PA, QL (30 capsules/30 days), SP
TAKHZYRO (lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml))	5	LD, PA, QL (2 syringes/28 days), SP
TAKHZYRO (lanadelumab-flyo inj 300 mg/2ml (150 mg/ml))	5	LD, PA, QL (2 vials/28 days), SP
Immunological Agents, Other (Other Drugs that Stimulate or Suppress the Immune System)		
ADBRY (tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml)	5	PA, QL (2 pens/28 days)
ADBRY (tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml)	5	PA, QL (4 syringes/28 days)
ARCALYST (rilonacept for inj 220 mg)	6	LD, PA, QL (8 vials/28 days), SP
BENLYSTA (belimumab subcutaneous solution auto-injector 200 mg/ml)	6	PA, QL (4 syringes/28 days)
BENLYSTA (belimumab subcutaneous solution prefilled syringe 200 mg/ml)	6	PA, QL (4 syringes/28 days)
CIBINQO (abrocitinib tab 50 mg, 100 mg, 200 mg)	5	PA, QL (30 tablets/30 days)
COSENTYX (secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml)	5	PA, QL (1 syringe/28 days)
COSENTYX (secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose))	5	PA, QL (2 syringes/28 days)
COSENTYX SENSOREADY PEN (secukinumab subcutaneous soln auto-injector 150 mg/ml)	5	PA, QL (1 pen/28 days)
COSENTYX SENSOREADY PEN (secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose))	5	PA, QL (2 pens/28 days)
COSENTYX UNOREADY (secukinumab subcutaneous soln auto-injector 300 mg/2ml)	5	PA, QL (1 pen/28 day)
EBGLYSS (lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2ml)	5	PA, QL (1 pen/28 days)
EBGLYSS (lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml)	5	PA, QL (1 syringe/28 days)
EMPAVELI (pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml))	5	LD, PA, QL (8 vials/28 days), SP
ENSPRYNG (satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml)	6	PA, QL (1 syringe/28 days)
ENTYVIO PEN (vedolizumab soln auto-injector 108 mg/0.68ml)	5	PA, QL (2 pens/28 days)
FABHALTA (iptacopan hcl cap 200 mg)	5	LD, PA, QL (60 capsules/30 days), SP

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Drug Name	Tier	Coverage Requirements and Limits
KEVZARA (<i>sarilumab subcutaneous solution auto-injector 150 mg/1.14ml, 200 mg/1.14ml</i>)	6	PA, QL (2 syringes/28 days)
KEVZARA (<i>sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml, 200 mg/1.14ml</i>)	6	PA, QL (2 syringes/28 days)
LITFULO (<i>ritlecitinib tosylate cap 50 mg (base equiv)</i>)	6	PA, QL (28 capsules/28 days)
OLUMIANT (<i>baricitinib tab 1 mg, 2 mg, 4 mg</i>)	6	PA, QL (30 tablets/30 days)
OMVOH (<i>mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml</i>)	5	PA, QL (2 pens/28 day)
OMVOH (<i>mirikizumab-mrkz subcutaneous auto-inj 100 mg/ml & 200mg/2ml</i>)	5	QL (2 pens/28 days)
OMVOH (<i>mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml</i>)	5	PA, QL (2 syringes/28 days)
OMVOH (<i>mirikizumab-mrkz subcutaneous pref syr 100 mg/ml & 200mg/2ml</i>)	5	PA, QL (2 syringes/28 days)
ORENCIA (<i>abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml</i>)	6	PA, QL (4 syringes/28 days)
ORENCIA CLICKJECT (<i>abatacept subcutaneous soln auto-injector 125 mg/ml</i>)	6	PA, QL (4 syringes/28 days)
OTEZLA (<i>apremilast tab 20 mg, 30 mg</i>)	5	PA, QL (60 tablets/30 days)
OTEZLA (<i>apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg</i>)	5	PA, QL (1 pack/180 days)
OTEZLA (<i>apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg</i>)	5	PA, QL (1 kit/180 days)
OTEZLA XR (<i>apremilast tab er 24hr 75 mg</i>)	5	PA, QL (30 tablets/30 days)
OTEZLA/OTEZLA XR 28 DAY T (<i>apremilast tab start pack 10 mg & 20 mg & 30 mg & (er) 75 mg</i>)	5	PA, QL (1 pack/180 days)
RINVOQ (<i>upadacitinib tab er 24hr 15 mg, 30 mg</i>)	5	PA, QL (30 tablets/30 days)
RINVOQ (<i>upadacitinib tab er 24hr 45 mg</i>)	5	PA, QL (84 tablets/365 days)
RINVOQ LQ (<i>upadacitinib oral soln 1 mg/ml</i>)	5	PA, QL (360 mls/30 days)
SKYRIZI (<i>risankizumab-rzaa soln prefilled syringe 150 mg/ml</i>)	5	PA, QL (1 syringe/84 days)
SKYRIZI (<i>risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml</i>)	5	PA, QL (1 cartridge/56 days)
SKYRIZI (<i>risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml</i>)	5	PA, QL (2.4 mls/56 days)
SKYRIZI PEN (<i>risankizumab-rzaa soln auto-injector 150 mg/ml</i>)	5	PA, QL (1 injection device/84 days)
SOTYKTU (<i>deucravacitinib tab 6 mg</i>)	5	PA, QL (30 tablets/30 days)
STEQEYMA (<i>ustekinumab-stba soln prefilled syringe 45 mg/0.5ml</i>)	5	PA, QL (1 syringe/84 days)
STEQEYMA (<i>ustekinumab-stba soln prefilled syringe 90 mg/ml</i>)	5	PA, QL (1 syringe/56 days)
<i>sulfasalazine tab delayed release 500 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	1	

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Drug Name	Tier	Coverage Requirements and Limits
THALOMID (<i>thalidomide cap 50 mg</i>)	5	PA, QL (90 capsules/30 days)
THALOMID (<i>thalidomide cap 100 mg</i>)	5	PA, QL (120 capsules/30 days)
TREMFYA (<i>guselkumab soln prefilled syringe 200 mg/2ml</i>)	5	PA, QL (1 syringe/28 days)
TREMFYA (<i>guselkumab soln pen-injector 100 mg/ml</i>)	5	PA, QL (1 pen/56 days)
TREMFYA (<i>guselkumab soln prefilled syringe 100 mg/ml</i>)	5	PA, QL (1 syringe/56 days)
TREMFYA (<i>guselkumab soln auto-injector 200 mg/2ml</i>)	5	PA, QL (1 pen/28 days)
TREMFYA INDUCTION PACK FO (<i>guselkumab soln auto-injector 200 mg/2ml</i>)	5	PA, QL (3 kits/180 days)
TREMFYA PEN (<i>guselkumab soln auto-injector 100 mg/ml</i>)	5	PA, QL (1 pen/56 days)
TYENNE (<i>tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml</i>)	5	PA, QL (4 pens/28 days)
TYENNE (<i>tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml</i>)	5	PA, QL (4 syringes/28 days)
VYVGART HYTRULO (<i>efgartigimod alf-hyalur-qvfc pref syr 1000-10000 mg-unit/5ml</i>)	6	PA, QL (4 syringes/50 days)
XELJANZ (<i>tofacitinib citrate oral soln 1 mg/ml (base equivalent)</i>)	5	PA, QL (240 mls/30 days)
XELJANZ (<i>tofacitinib citrate tab 5 mg (base equivalent)</i>)	5	PA, QL (60 tablets/30 days)
XELJANZ (<i>tofacitinib citrate tab 10 mg (base equivalent)</i>)	5	PA, QL (240 tablets/365 days)
XELJANZ XR (<i>tofacitinib citrate tab er 24hr 11 mg (base equivalent)</i>)	5	PA, QL (30 tablets/30 days)
XELJANZ XR (<i>tofacitinib citrate tab er 24hr 22 mg (base equivalent)</i>)	5	PA, QL (120 tablets/365 days)
XOLAIR (<i>omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml</i>)	5	PA
XOLAIR (<i>omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml</i>)	5	PA
YESINTEK (<i>ustekinumab-kfce subcutaneous soln 45 mg/0.5ml</i>)	5	PA, QL (1 vial/84 days)
YESINTEK (<i>ustekinumab-kfce soln prefilled syringe 45 mg/0.5ml</i>)	5	PA, QL (1 syringes/84 days)
YESINTEK (<i>ustekinumab-kfce soln prefilled syringe 90 mg/ml</i>)	5	PA, QL (1 syringe/56 days)
Immunostimulants (Drugs that Stimulate the Immune System)		
ACTIMMUNE (<i>interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)</i>)	5	LD, SP
BESREMI (<i>ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml</i>)	5	LD, PA, QL (2 syringes/28 days), SP
PEGASYS (<i>peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml</i>)	5	PA
PEGASYS (<i>peginterferon alfa-2a inj 180 mcg/ml</i>)	5	PA
XOLREMDI (<i>mavorixafor cap 100 mg</i>)	6	LD, PA, QL (120 capsules/30 days), SP
Immunosuppressants (Drugs to Suppress the Immune System)		

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Drug Name	Tier	Coverage Requirements and Limits
ADALIMUMAB-AATY CD/UC/HS (<i>adalimumab-aaty auto-injector kit 80 mg/0.8ml</i>)	5	PA, QL (1 kit/180 days)
ADALIMUMAB-AATY 1-PEN KIT (<i>adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i>)	5	PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-PEN KIT (<i>adalimumab-aaty auto-injector kit 40 mg/0.4ml</i>)	5	PA, QL (2 pens/28 days)
ADALIMUMAB-AATY 2-SYRINGE (<i>adalimumab-aaty prefilled syringe kit 20 mg/0.2ml</i>)	5	PA, QL (1 kit/28 days)
ADALIMUMAB-AATY 2-SYRINGE (<i>adalimumab-aaty prefilled syringe kit 40 mg/0.4ml</i>)	5	PA, QL (2 syringes/28 days)
ADALIMUMAB-ADBIM (<i>adalimumab-adbm auto-injector kit 40 mg/0.4ml</i>)	5	PA, QL (2 pens/28 days)
ADALIMUMAB-ADBIM (<i>adalimumab-adbm auto-injector kit 40 mg/0.8ml</i>)	5	PA, QL (1 kit/28 days)
ADALIMUMAB-ADBIM (<i>adalimumab-adbm prefilled syringe kit 40 mg/0.4ml</i>)	5	PA, QL (2 pens/28 days)
ADALIMUMAB-ADBIM (<i>adalimumab-adbm prefilled syringe kit 40 mg/0.8ml</i>)	5	PA, QL (1 kit/28 days)
ASTAGRAF XL (<i>tacrolimus cap er 24hr 0.5 mg, 1 mg, 5 mg</i>)	4	
azathioprine tab 50 mg	2	
azathioprine tab 75 mg, 100 mg	2	
Azathioprine Tab 75 mg (AZASAN), 100 mg (AZASAN)	2	
CELLCEPT (<i>mycophenolate mofetil cap 250 mg</i>)	4	
CELLCEPT (<i>mycophenolate mofetil tab 500 mg</i>)	4	
CELLCEPT (<i>mycophenolate mofetil for oral susp 200 mg/ml</i>)	4	
CIMZIA (<i>certolizumab pegol prefilled syringe kit 200 mg/ml</i>)	6	PA, QL (2 kits/28 days)
CIMZIA STARTER KIT (<i>certolizumab pegol prefilled syringe kit 200 mg/ml</i>)	6	PA, QL (1 kit/180 days)
cyclosporine cap 25 mg, 100 mg	2	
cyclosporine modified cap 25 mg, 100 mg	2	
Cyclosporine Modified Cap 25 mg (GENGRAF), 100 mg (GENGRAF)	2	
cyclosporine modified cap 50 mg	2	
cyclosporine modified oral soln 100 mg/ml	2	
Cyclosporine Modified Oral Soln 100 mg/ml (GENGRAF)	2	
ENBREL (<i>etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml</i>)	5	PA, QL (4 syringes/28 days)
ENBREL (<i>etanercept subcutaneous inj 25 mg/0.5ml</i>)	5	PA, QL (8 vials/28 days)
ENBREL MINI (<i>etanercept subcutaneous solution cartridge 50 mg/ml</i>)	5	PA, QL (4 cartridges/28 days)
ENBREL SURECLICK (<i>etanercept subcutaneous solution auto-injector 50 mg/ml</i>)	5	PA, QL (4 injections/28 days)

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Drug Name	Tier	Coverage Requirements and Limits
ENVARSUS XR (<i>tacrolimus tab er 24hr 0.75 mg, 1 mg, 4 mg</i>)	4	
<i>everolimus tab for oral susp 2 mg, 5 mg</i>	5	OC, PA, QL (60 tablets/30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	OC, PA, QL (90 tablets/30 days)
<i>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	2	
<i>everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	5	LD, OC, PA, QL (30 tablets/30 days), SP
IMBRUVICA (<i>ibrutinib tab 140 mg, 280 mg, 420 mg</i>)	5	LD, OC, PA, QL (30 tablets/30 days), SP
IMBRUVICA (<i>ibrutinib oral susp 70 mg/ml</i>)	5	LD, OC, PA, QL (216 mls/30 days), SP
IMBRUVICA (<i>ibrutinib cap 70 mg</i>)	5	LD, OC, PA, QL (30 capsules/30 days), SP
IMBRUVICA (<i>ibrutinib cap 140 mg</i>)	5	LD, OC, PA, QL (90 capsules/30 days), SP
IMURAN (<i>azathioprine tab 50 mg</i>)	4	
<i>leflunomide tab 10 mg, 20 mg</i>	2	
METHOTREXATE SODIUM (<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>)	4	
<i>methotrexate sodium for inj 1 gm</i>	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	OC
<i>mycophenolate mofetil cap 250 mg</i>	2	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	2	
<i>mycophenolate mofetil tab 500 mg</i>	2	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i>	2	
MYFORTIC (<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i>)	4	
MYHIBBIN (<i>mycophenolate mofetil oral susp 200 mg/ml</i>)	3	
NEORAL (<i>cyclosporine modified cap 25 mg, 100 mg</i>)	4	
NEORAL (<i>cyclosporine modified oral soln 100 mg/ml</i>)	4	
PROGRAF (<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg</i>)	4	
PROGRAF (<i>tacrolimus packet for susp 0.2 mg, 1 mg</i>)	4	
REZUROCK (<i>belumosudil mesylate tab 200 mg</i>)	6	LD, PA, QL (60 tablets/30 days), SP
SANDIMMUNE (<i>cyclosporine cap 25 mg, 100 mg</i>)	4	

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Drug Name	Tier	Coverage Requirements and Limits
SIMPONI (<i>golimumab subcutaneous soln auto-injector 100 mg/ml</i>)	5	PA, QL (1 syringe/28 days)
SIMPONI (<i>golimumab subcutaneous soln prefilled syringe 100 mg/ml</i>)	5	PA, QL (1 syringe/28 days)
<i>sirolimus oral soln 1 mg/ml</i>	2	
<i>sirolimus tab 0.5 mg, 1 mg, 2 mg</i>	2	
SPEVIGO (<i>spesolimab-sbzo subcutaneous soln pref syr 150 mg/ml</i>)	6	LD, PA, QL (2 syringes/28 days), SP
SPEVIGO (<i>spesolimab-sbzo subcutaneous soln pref syr 300 mg/2ml</i>)	6	PA, QL (1 syringe/28 days)
<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg</i>	2	
ZYMFENTRA 1-PEN (<i>infliximab-dyyb soln auto-injector kit 120 mg/ml</i>)	6	PA, QL (2 kits/28 days)
ZYMFENTRA 2-PEN (<i>infliximab-dyyb soln auto-injector kit 120 mg/ml</i>)	6	PA, QL (1 kit/28 days)
ZYMFENTRA 2-SYRINGE (<i>infliximab-dyyb soln prefilled syringe kit 120 mg/ml</i>)	6	PA, QL (1 kit/28 days)
Vaccines (Drugs for Disease Prevention)		
ABRYSVO (<i>rsv pre-fusion f a&b vac recomb for im soln 120 mcg/0.5ml</i>)	3	AC, IC
ACTHIB (<i>haemophilus b polysaccharide conjugate vaccine for inj</i>)	3	AC, IC
ADACEL (<i>tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml</i>)	3	AC, IC
ADACEL (<i>tet-diph-acell pertuss ad pref syr 5-2-15.5 lf-mcg/0.5ml</i>)	3	AC, IC
AFLURIA 2025-2026 (<i>influenza virus vaccine split im susp</i>)	3	IC
AFLURIA 2025-2026 (<i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>)	3	AC, IC
AREXVY (<i>rsvpref3 vaccine recomb adjuvanted for im susp 120 mcg/0.5ml</i>)	3	AC, IC
BEXSERO (<i>meningococcal vac b (recomb omv adjuv) inj prefilled syringe</i>)	3	AC, IC
BOOSTRIX (<i>tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml</i>)	3	AC, IC
CAPVAXIVE (<i>pneumococcal 21-valent conjugate vaccine soln pref syr 0.5ml</i>)	3	AC, IC
COMIRNATY 2025-26 (<i>covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml</i>)	3	AC
COMIRNATY/5-11Y/2025-26 (<i>covid-19 mrna vac tris-s 5-11y-pfizer im susp 10 mcg/0.3ml</i>)	3	AC
DAPTACEL (<i>diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml</i>)	3	AC, IC
ENGRIX-B (<i>hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml</i>)	3	AC, IC
ENGRIX-B (<i>hepatitis b vaccine (recombinant) susp 20 mcg/ml</i>)	3	AC, IC

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Drug Name	Tier	Coverage Requirements and Limits
FLUAD 2025-2026 (<i>influenza vac type a&b surface ant adj susp pref syr 0.5 ml</i>)	3	AC, IC
FLUARIX 2025-2026 (<i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>)	3	AC, IC
FLUBLOK 2025-2026 (<i>influenza virus vacc recombinant ha pf soln pref syr 0.5 ml</i>)	3	AC, IC
FLUCELVAX 2025-2026 (<i>influenza virus vac tiss-cult subunit susp pref syr 0.5 ml</i>)	3	AC, IC
FLUCELVAX 2025-2026 (<i>influenza virus vac tiss-cult subunit im susp</i>)	3	IC
FLULAVAL 2025-2026 (<i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>)	3	AC, IC
FLUMIST NASAL VACCINE 202 (<i>influenza virus vaccine live intranasal liquid</i>)	3	AC, IC
FLUZONE HIGH-DOSE 2025-20 (<i>influenza virus vac split high-dose pf susp pref syr 0.5ml</i>)	3	AC, IC
FLUZONE 2025-2026 (<i>influenza virus vaccine split im susp</i>)	3	IC
FLUZONE 2025-2026 (<i>influenza virus vaccine split pf susp pref syringe 0.5 ml</i>)	3	AC, IC
GARDASIL 9 (<i>human papillomavirus (hvp) 9-valent recomb vac susp pref syr</i>)	3	AC, IC
GARDASIL 9 (<i>human papillomavirus (hvp) 9-valent recomb vac im susp</i>)	3	AC, IC
HAVRIX (<i>hepatitis a vaccine susp prefilled syr 720 el unit/0.5ml, 1440 el unit/ml</i>)	3	AC, IC
HEPLISAV-B (<i>hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml</i>)	3	AC, IC
HIBERIX (<i>haemophilus b polysaccharide conjugate vac for inj 10 mcg</i>)	3	AC, IC
INFANRIX (<i>diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml</i>)	3	AC, IC
IPOL INACTIVATED IPV (<i>poliovirus vaccine, ipv inj susp</i>)	3	AC, IC
JYNNEOS (<i>smallpox & monkeypox vac, live, non-replicating inj 0.5 ml</i>)	3	AC, IC
KINRIX (<i>diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml</i>)	3	AC, IC
M-M-R II (<i>measles-mumps-rubella virus vaccines for inj soln</i>)	3	AC, IC
MENQUADFI (<i>meningococcal (a, c, y, and w-135) tetanus conjugate vaccine</i>)	3	AC, IC
MENVEO (<i>meningococcal (a, c, y, and w-135) oligo conj vac im soln</i>)	3	AC, IC
MENVEO (<i>meningococcal (a, c, y, and w-135) oligo conj vac for inj</i>)	3	AC, IC
MNEXSPIKE COVID-19 VACCIN (<i>covid-19 mrna vaccine-moderna im susp pref syr 10 mcg/0.2ml</i>)	3	AC, IC

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Drug Name	Tier	Coverage Requirements and Limits
MRESVIA (<i>rsv mrna pre-f vaccine im susp pref syr 50 mcg/0.5ml</i>)	3	AC, IC
NUVAXOVID COVID-19 VACCIN (<i>covid-19 subunit vacc-novavax im susp pref syr 5 mcg/0.5ml</i>)	3	AC
PEDIARIX (<i>diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr</i>)	4	AC, IC
PEDVAX HIB (<i>haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml</i>)	4	AC, IC
PENBRAYA (<i>meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj</i>)	3	AC, IC
PENMENVY (<i>meningococcal acwy (oligo conj)-mening b (rcmb) vacc for inj</i>)	3	AC, IC
PENTACEL (<i>diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp</i>)	4	AC, IC
PNEUMOVAX 23 (<i>pneumococcal vaccine polyvalent soln pref syr 25 mcg/0.5ml</i>)	4	AC, IC
PREVNAR 20 (<i>pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml</i>)	3	AC, IC
PRIORIX (<i>measles-mumps-rubella virus vaccines for subcutaneous susp</i>)	3	AC, IC
PROQUAD (<i>measles-mumps-rubella-varicella virus vaccines for susp</i>)	4	AC, IC
QUADRACEL (<i>diph-tetanus tox ad-acell pert & polio virus, ipv vac inj</i>)	4	AC, IC
QUADRACEL (<i>diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml</i>)	4	AC, IC
RECOMBIVAX HB (<i>hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml</i>)	4	AC, IC
RECOMBIVAX HB (<i>hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml</i>)	4	AC, IC
ROTARIX (<i>rotavirus vaccine, live oral susp</i>)	4	AC, IC
ROTATEQ (<i>rotavirus vaccine, live oral pentavalent soln</i>)	4	AC, IC
SHINGRIX (<i>zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml</i>)	3	AC, IC
SPIKEVAX COVID-19 VACCINE (<i>covid-19 mrna vac 6mo-11yr-moderna im susp pfs 25 mcg/0.25ml</i>)	3	AC
SPIKEVAX COVID-19 VACCINE (<i>covid-19 mrna vaccine-moderna im susp pref syr 50 mcg/0.5ml</i>)	3	AC, IC
TENIVAC (<i>tetanus-diphtheria toxoids (td) inj 5-2 lf/0.5ml</i>)	4	AC, IC
TRUMENBA (<i>meningococcal group b vac (recomb) im susp prefilled syr</i>)	4	AC, IC
TWINRIX (<i>hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml</i>)	4	AC, IC
VAQTA (<i>hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml</i>)	4	AC, IC

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Drug Name	Tier	Coverage Requirements and Limits
VAQTA (<i>hepatitis a vaccine susp prefilled syr 25 unit/0.5ml, 50 unit/ml</i>)	4	AC, IC
VARIVAX (<i>varicella virus vac live for inj 1350 pfu/0.5ml</i>)	4	AC, IC
VAXELIS (<i>diph-tet tox-ac pert ad-polio ipv-hib-hep b rec susp pre syr</i>)	3	AC, IC
VAXELIS (<i>diph-tet tox-ac pert ad-polio ipv-hib-hepatitis b recomb susp</i>)	3	AC, IC
VAXNEUVANCE (<i>pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml</i>)	3	AC, IC
VIVOTIF (<i>typhoid vaccine cap delayed release</i>)	4	
Inflammatory Bowel Disease Agents (Drugs for Inflammatory Bowel Disease)		
Aminosalicylates		
<i>balsalazide disodium cap 750 mg</i>	2	
DIPENTUM (<i>olsalazine sodium cap 250 mg</i>)	4	PA
<i>mesalamine cap dr 400 mg</i>	2	
<i>mesalamine cap er 24hr 0.375 gm</i>	2	
<i>mesalamine enema 4 gm</i>	2	
<i>mesalamine suppos 1000 mg</i>	2	
<i>mesalamine tab delayed release 800 mg</i>	2	
<i>mesalamine tab delayed release 1.2 gm</i>	2	
<i>sulfasalazine tab delayed release 500 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	1	
Glucocorticoids		
ANALPRAM HC (<i>hydrocortisone acetate w/ pramoxine perianal lotn 2.5-1%</i>)	4	
<i>budesonide delayed release particles cap 3 mg</i>	2	
DEXAMETHASONE (<i>dexamethasone soln 0.5 mg/5ml</i>)	4	
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
DEXAMETHASONE INTENSOL (<i>dexamethasone conc 1 mg/ml</i>)	4	
<i>dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>hydrocortisone acetate suppos 25 mg</i>	2	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>methylprednisolone tab 4 mg, 16 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	2	
<i>methylprednisolone tab 32 mg</i>	1	

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Drug Name	Tier	Coverage Requirements and Limits
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
PREDNISONE (prednisone oral soln 5 mg/5ml)	3	
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	2	
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg	1	
PROCTOFOAM HC (hydrocortisone acetate w/ pramoxine perianal foam 1-1%)	4	
Metabolic Bone Disease Agents (Drugs for the Bone)		
No USP Class		
alendronate sodium tab 10 mg, 35 mg	1	
alendronate sodium tab 70 mg	1	
calcitonin (salmon) nasal soln 200 unit/act	2	
calcitriol cap 0.25 mcg	1	
calcitriol cap 0.5 mcg	2	
cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv)	2	
DUAVEE (conjugated estrogens-bazedoxifene tab 0.45-20 mg)	3	
ergocalciferol cap 1.25 mg (50000 unit)	1	
ibandronate sodium tab 150 mg (base equivalent)	1	
raloxifene hcl tab 60 mg	2	AC, IC
risedronate sodium tab 30 mg	2	
risedronate sodium tab 35 mg, 150 mg	2	
SOHONOS (palovarotene cap 1 mg, 1.5 mg)	6	LD, PA, QL (120 capsules/30 days), SP
SOHONOS (palovarotene cap 2.5 mg)	6	LD, PA, QL (150 capsules/30 days), SP
SOHONOS (palovarotene cap 5 mg)	6	LD, PA, QL (90 capsules/30 days), SP
SOHONOS (palovarotene cap 10 mg)	6	LD, PA, QL (60 capsules/30 days), SP
teriparatide soln pen-inj 560 mcg/2.24ml	5	PA, QL (2.24 mls/28 days)
TYMLOS (abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml)	5	PA, QL (1.56 mls/30 days)
Miscellaneous Therapeutic Agents		
No USP Class		
ACERFLEX (nutritional supplement powder)	4	
ADD-INS COMPLETE (amino acids pack)	4	
ADVANTAGE INFANT FORMULA/ (infant foods powder)	4	
ADVERA (nutritional supplement liquid)	4	

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Drug Name	Tier	Coverage Requirements and Limits
ALFAMINO INFANT (<i>infant foods powder</i>)	4	
ALFAMINO JUNIOR (<i>nutritional supplement powder</i>)	4	
ALITRAQ (<i>nutritional supplement pack</i>)	4	
ALSOY SOY FORMULA (<i>infant foods powder</i>)	4	
Amino Acids Cap (ADRENAMAX)	2	
amino acids cap	2	
Amino Acids Tab (AMINO ACTION), (DAILY AMINO ACID), (PHLEXY-10), (PRE PROTEIN)	1	
amino acids tab	1	
ARGIMENT AT (<i>amino acids pack</i>)	4	
ARGINAID (<i>nutritional supplement pack</i>)	4	
ARGINAID EXTRA (<i>nutritional supplement liquid</i>)	4	
BABY'S BIG SUPPORT (<i>nutritional supplement powder</i>)	4	
BABYS ONLY ORGANIC/DAIRY (<i>infant foods powder</i>)	4	
BABYS ONLY ORGANIC/DHA & (<i>infant foods powder</i>)	4	
BABYS ONLY ORGANIC/GENTLE (<i>infant foods powder</i>)	4	
BABYS ONLY ORGANIC/SENSIT (<i>infant foods powder</i>)	4	
BABYS ONLY ORGANIC/SOY (<i>infant foods powder</i>)	4	
BALANCED NUTRITIONAL DRIN (<i>nutritional supplement liquid</i>)	4	
BALANCED NUTRITIONAL SHAK (<i>nutritional supplement liquid</i>)	4	
BCAD 1 (<i>nutritional supplement powder</i>)	4	
BCAD 2 (<i>nutritional supplement powder</i>)	4	
BENECALORIE (<i>nutritional supplement liquid</i>)	4	
BOOST (<i>nutritional supplement liquid</i>)	4	
BOOST BREEZE (<i>nutritional supplement liquid</i>)	4	
BOOST BREEZE 2-FLAVOR VAR (<i>nutritional supplement liquid</i>)	4	
BOOST GLUCOSE CONTROL (<i>nutritional supplement liquid</i>)	4	
BOOST GLUCOSE CONTROL MAX (<i>nutritional supplement liquid</i>)	4	
BOOST HIGH PROTEIN (<i>nutritional supplement liquid</i>)	4	
BOOST KID ESSENTIALS 1.0 (<i>nutritional supplement liquid</i>)	4	
BOOST KID ESSENTIALS 1.5 (<i>nutritional supplement liquid</i>)	4	
BOOST MAX 30G PROTEIN (<i>nutritional supplement liquid</i>)	4	
BOOST ORIGINAL (<i>nutritional supplement liquid</i>)	4	
BOOST PLUS (<i>nutritional supplement liquid</i>)	4	
BOOST SOOTHE (<i>protein oral liquid</i>)	4	
BOOST VERY HIGH CALORIE (<i>nutritional supplement liquid</i>)	4	
BOOST VHC (<i>nutritional supplement liquid</i>)	4	
BOOST WOMEN (<i>nutritional supplement liquid</i>)	4	

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Drug Name	Tier	Coverage Requirements and Limits
BRAINSUSTAIN <i>(nutritional supplement pack)</i>	4	
BRAINSUSTAIN FOR KIDS <i>(nutritional supplement powder)</i>	4	
BRIGHT BEGINNINGS PEDIATR <i>(nutritional supplement liquid)</i>	4	
CALCILO XD <i>(infant foods powder)</i>	4	
CARNATION BREAKFAST ESSEN <i>(nutritional supplement liquid)</i>	4	
CARNATION BREAKFAST ESSEN <i>(nutritional supplement pack)</i>	4	
CAYA <i>(diaphragm arc-spring)</i>	3	AC, IC
CFPREOP <i>(nutritional supplement liquid)</i>	4	
CHICKEN/PEAS/CARROTS <i>(nutritional supplement powder)</i>	4	
CHICKEN/PEAS/CARROTS PLUS <i>(nutritional supplement powder)</i>	4	
CHOLEXTRA <i>(nutritional supplement powder)</i>	4	
CLICK ESPRESSO PROTEIN DR <i>(nutritional supplement powder)</i>	4	
COMPLEAT <i>(nutritional supplement liquid)</i>	4	
COMPLEAT ORGANIC BLENDS <i>(nutritional supplement liquid)</i>	4	
COMPLEAT ORIGINAL PLANT-B <i>(nutritional supplement liquid (enteral))</i>	4	
COMPLEAT PEDIATRIC <i>(nutritional supplement liquid)</i>	4	
COMPLEAT PEDIATRIC ORGANI <i>(nutritional supplement liquid)</i>	4	
COMPLEAT PEDIATRIC ORIGIN <i>(nutritional supplement liquid (enteral))</i>	4	
COMPLEAT PEDIATRIC PEPTID <i>(nutritional supplement liquid)</i>	4	
COMPLEAT PEDIATRIC PEPTID <i>(nutritional supplement liquid (enteral))</i>	4	
COMPLEAT PEDIATRIC REDUCE <i>(nutritional supplement liquid)</i>	4	
COMPLEAT PEDIATRIC STANDA <i>(nutritional supplement liquid)</i>	4	
COMPLEAT PEPTIDE 1.0 <i>(nutritional supplement liquid (enteral))</i>	4	
COMPLEAT PEPTIDE 1.5 <i>(nutritional supplement liquid)</i>	4	
COMPLEAT STANDARD 1.4 <i>(nutritional supplement liquid)</i>	4	
COMPLETE AMINO ACID MIX <i>(amino acids oral powder)</i>	4	
COMPLETE NUTRITION <i>(nutritional supplement liquid)</i>	4	
COMPLETE NUTRITION PLUS <i>(nutritional supplement liquid)</i>	4	
COMPLEX ESSENTIAL MSD <i>(nutritional supplement powder)</i>	4	
COMPLEX JUNIOR MSD <i>(amino acids oral powder)</i>	4	
COMPLEX MSD <i>(amino acids oral powder)</i>	4	
COMPLEX MSUD <i>(amino acids oral powder)</i>	4	
COMPLEX MSUD AMINO ACID B <i>(amino acids bar)</i>	4	
CONDOMS - MALE - VARIOUS	3	AC, IC
CONTOUR BLOOD GLUCOSE TES <i>(glucose blood test strip)</i>	2	QL (204 strips/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
CONTOUR NEXT BLOOD GLUCOS <i>(glucose blood test strip)</i>	2	QL (204 strips/30 days)
CONTOUR PLUS BLOOD GLUCOS <i>(glucose blood test strip)</i>	2	QL (204 strips/30 days)
CVS ADVANTAGE/IRON <i>(infant foods powder)</i>	4	
CVS GENTLE INFANT FORMULA <i>(infant foods powder)</i>	4	
CVS INFANT FORMULA/IRON <i>(infant foods powder)</i>	4	
CVS NUTRITION LIQUID <i>(nutritional supplement liquid)</i>	4	
CVS NUTRITION PLUS <i>(nutritional supplement liquid)</i>	4	
CVS NUTRITIONAL SHAKE <i>(nutritional supplement liquid)</i>	4	
CVS SENSITIVITY/IRON <i>(infant foods powder)</i>	4	
CVS TENDER/IRON <i>(infant foods powder)</i>	4	
CVS TODDLER & INFANT FORM <i>(infant foods powder)</i>	4	
CVS TODDLER BEGINNINGS/IR <i>(infant foods powder)</i>	4	
CYCLINEX-1 <i>(nutritional supplement powder)</i>	4	
CYCLINEX-2 <i>(nutritional supplement powder)</i>	4	
DECUBAMINE <i>(amino acids oral powder)</i>	4	
DEXCOM G6 RECEIVER <i>(continuous glucose system receiver)</i>	3	CW, IC, PA, QL (1 receiver/365 days)
DEXCOM G6 SENSOR <i>(continuous glucose system sensor)</i>	3	CW, IC, PA, QL (3 sensors/30 days)
DEXCOM G6 TRANSMITTER <i>(continuous glucose system transmitter)</i>	3	CW, IC, PA, QL (1 box/90 days)
DEXCOM G7 RECEIVER <i>(continuous glucose system receiver)</i>	3	CW, IC, QL (1 receiver/365 days)
DEXCOM G7 SENSOR <i>(continuous glucose system sensor)</i>	3	CW, IC, QL (3 sensors/30 days)
DEXCOM G7 15 DAY SENSOR <i>(continuous glucose system sensor)</i>	3	QL (3 sensors/30 days)
DIABETISOURCE AC <i>(nutritional supplement liquid)</i>	4	
DIARESQ CHILDRENS SOOTHIN <i>(nutritional supplement pack)</i>	4	
DIARESQ GENTLE RELIEF TOD <i>(nutritional supplement pack)</i>	4	
DIARESQ RAPID RECOVERY <i>(nutritional supplement pack)</i>	4	
DPP DIPEPTIDE POWER <i>(nutritional supplement liquid)</i>	4	
DR BROWNS GOOD START GENT <i>(infant foods powder)</i>	4	
DR BROWNS GOOD START SOOT <i>(infant foods powder)</i>	4	
DR BROWNS GOOD START SOY- <i>(infant foods powder)</i>	4	
DUOCAL <i>(nutritional supplement powder)</i>	4	
EAA SUPPLEMENT <i>(nutritional supplement pack)</i>	4	
EGG/PRO <i>(nutritional supplement powder)</i>	4	
ELECARE <i>(nutritional supplement powder)</i>	4	
ELECARE DHA/ARA INFANT <i>(nutritional supplement powder)</i>	4	

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Drug Name	Tier	Coverage Requirements and Limits
ELECARE DHA/ARA/IRON INFA (<i>infant foods powder</i>)	4	
ELECARE JR (<i>nutritional supplement powder</i>)	4	
ELECARE/DHA/ARA (<i>nutritional supplement powder</i>)	4	
ENCALA (<i>nutritional supplement powder</i>)	4	
ENCALA (<i>nutritional supplement pack</i>)	4	
ENCARE (<i>nonoxynol-9 vaginal suppos 100 mg</i>)	3	AC, IC
ENFAGROW PREMIUM LIPIL (<i>infant foods powder</i>)	4	
ENFAGROW PREMIUM OLDER TO (<i>infant foods powder</i>)	4	
ENFAGROW PREMIUM TODDLER (<i>infant foods powder</i>)	4	
ENFAMIL A.R. INFANT (<i>infant foods powder</i>)	4	
ENFAMIL AR/SPIT-UP (<i>infant foods powder</i>)	4	
ENFAMIL ENSPIRE GENTLEASE (<i>infant foods powder</i>)	4	
ENFAMIL ENSPIRE INFANT FO (<i>infant foods powder</i>)	4	
ENFAMIL ENSPIRE OPTIMUM (<i>infant foods powder</i>)	4	
ENFAMIL GENTLEASE FUSSINE (<i>infant foods powder</i>)	4	
ENFAMIL GENTLEASE/FUSSINE (<i>infant foods powder</i>)	4	
ENFAMIL HUMAN MILK FORTIF (<i>infant foods packet</i>)	4	
ENFAMIL INFANT (<i>infant foods powder</i>)	4	
ENFAMIL INFANT FORMULA MI (<i>infant foods powder</i>)	4	
ENFAMIL NEUROPRO ENFACARE (<i>infant foods powder</i>)	4	
ENFAMIL NEUROPRO GENTLEAS (<i>infant foods powder</i>)	4	
ENFAMIL NEUROPRO GENTLEAS (<i>infant foods packet</i>)	4	
ENFAMIL NEUROPRO INFANT (<i>infant foods powder</i>)	4	
ENFAMIL NEUROPRO INFANT (<i>infant foods packet</i>)	4	
ENFAMIL NEUROPRO SENSITIV (<i>infant foods powder</i>)	4	
ENFAMIL NUTRAMIGEN TODDLE (<i>infant foods powder</i>)	4	
ENFAMIL NUTRAMIGEN W/PROB (<i>infant foods powder</i>)	4	
ENFAMIL PREMIUM INFANT (<i>infant foods powder</i>)	4	
ENFAMIL PREMIUM NEWBORN (<i>infant foods powder</i>)	4	
ENFAMIL PROSOBEE SOY (<i>infant foods powder</i>)	4	
ENFAMIL REGULINE/IRON (<i>infant foods powder</i>)	4	
ENLIVE (<i>nutritional supplement liquid</i>)	4	
ENSURE (<i>nutritional supplement liquid</i>)	4	
ENSURE (<i>nutritional supplement powder</i>)	4	
ENSURE (<i>nutritional supplement bar</i>)	4	
ENSURE ACTIVE (<i>nutritional supplement liquid</i>)	4	
ENSURE ACTIVE HEART HEALT (<i>nutritional supplement liquid</i>)	4	

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Drug Name	Tier	Coverage Requirements and Limits
ENSURE ACTIVE HIGH PROTEI <i>(nutritional supplement liquid)</i>	4	
ENSURE ACTIVE LIGHT <i>(nutritional supplement liquid)</i>	4	
ENSURE BONE HEALTH REVIGO <i>(nutritional supplement liquid)</i>	4	
ENSURE CLEAR <i>(nutritional supplement liquid)</i>	4	
ENSURE CLINICAL STRENGTH <i>(nutritional supplement liquid)</i>	4	
ENSURE COMPACT <i>(nutritional supplement liquid)</i>	4	
ENSURE COMPLETE <i>(nutritional supplement liquid)</i>	4	
ENSURE COMPLETE NUTRITION <i>(nutritional supplement liquid)</i>	4	
ENSURE ENLIVE <i>(nutritional supplement liquid)</i>	4	
ENSURE HARVEST 1.2 CAL <i>(nutritional supplement liquid (enteral))</i>	4	
ENSURE HEALTHY MOM <i>(nutritional supplement liquid)</i>	4	
ENSURE HEALTHY MOM <i>(nutritional supplement bar)</i>	4	
ENSURE HIGH CALCIUM <i>(nutritional supplement liquid)</i>	4	
ENSURE HIGH PROTEIN <i>(nutritional supplement liquid)</i>	4	
ENSURE HIGH PROTEIN <i>(nutritional supplement powder)</i>	4	
ENSURE HIGH PROTEIN <i>(nutritional supplement pudding)</i>	4	
ENSURE IMMUNE HEALTH <i>(nutritional supplement liquid)</i>	4	
ENSURE MAX PROTEIN <i>(nutritional supplement liquid)</i>	4	
ENSURE MUSCLE HEALTH REVI <i>(nutritional supplement liquid)</i>	4	
ENSURE NUTRA SHAKE HI-CAL <i>(nutritional supplement liquid)</i>	4	
ENSURE NUTRITION SHAKE <i>(nutritional supplement liquid)</i>	4	
ENSURE ORIGINAL <i>(nutritional supplement liquid)</i>	4	
ENSURE ORIGINAL <i>(nutritional supplement powder)</i>	4	
ENSURE ORIGINAL THERAPEUT <i>(nutritional supplement liquid)</i>	4	
ENSURE ORIGINAL/FIBER <i>(nutritional supplement liquid)</i>	4	
ENSURE PLANT-BASED PROTEI <i>(nutritional supplement liquid)</i>	4	
ENSURE PLUS <i>(nutritional supplement liquid)</i>	4	
ENSURE PLUS HIGH PROTEIN <i>(nutritional supplement liquid)</i>	4	
ENSURE PLUS HN <i>(nutritional supplement liquid)</i>	4	
ENSURE PLUS/FIBER <i>(nutritional supplement liquid)</i>	4	
ENSURE PRE-SURGERY <i>(nutritional supplement liquid)</i>	4	
ENSURE PUDDING <i>(nutritional supplement pudding)</i>	4	
ENSURE SURGERY IMMUNONUTR <i>(nutritional supplement liquid)</i>	4	
ENSURE SURGICAL NUTRITION <i>(nutritional supplement liquid)</i>	4	
ENSURE/FIBER <i>(nutritional supplement liquid)</i>	4	
ENTERADE <i>(nutritional supplement liquid)</i>	4	
ENTERADE IBS-D <i>(nutritional supplement liquid)</i>	4	

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Drug Name	Tier	Coverage Requirements and Limits
ENU COMPLETE NUTRITION SH <i>(nutritional supplement liquid)</i>	4	
ENU NUTRITIONAL SHAKE <i>(nutritional supplement liquid)</i>	4	
EO28 SPLASH <i>(nutritional supplement liquid)</i>	4	
EQ NUTRITIONAL SHAKE <i>(nutritional supplement liquid)</i>	4	
EQ NUTRITIONAL SHAKE PLUS <i>(nutritional supplement liquid)</i>	4	
EQ WEIGHT LOSS SHAKE ULTR <i>(nutritional supplement liquid)</i>	4	
EQUATE <i>(nutritional supplement liquid)</i>	4	
EQUATE PLUS <i>(nutritional supplement liquid)</i>	4	
ESSENTIAL AMINO ACID MIX <i>(amino acids oral powder)</i>	4	
EXPEDITE <i>(nutritional supplement liquid)</i>	4	
FC2 FEMALE CONDOM <i>(condoms - female)</i>	3	AC, IC
FEMCAP <i>(cervical cap 22 mm, 26 mm, 30 mm)</i>	3	AC, IC
FIBER FLOW <i>(nutritional supplement liquid)</i>	4	
FIBERSOURCE HN <i>(nutritional supplement liquid)</i>	4	
FITFOOD LEAN COMPLETE <i>(nutritional supplement pack)</i>	4	
FLAVOR PACKETS <i>(nutritional supplement flavor pack)</i>	4	
FORTA DRINK <i>(nutritional supplement powder)</i>	4	
FORTA SHAKE <i>(nutritional supplement powder)</i>	4	
FREESTYLE INSULINX BLOOD <i>(glucose blood test strip)</i>	2	QL (204 strips/30 days)
FREESTYLE LITE TEST STRIP <i>(glucose blood test strip)</i>	2	QL (204 strips/30 days)
FREESTYLE PRECISION NEO B <i>(glucose blood test strip)</i>	2	QL (204 strips/30 days)
FREESTYLE TEST STRIPS <i>(glucose blood test strip)</i>	2	QL (204 strips/30 days)
FRUITIVITS <i>(nutritional supplement pack)</i>	4	
G-PREPROTEIN <i>(amino acids oral liquid)</i>	4	
GA <i>(nutritional supplement powder)</i>	4	
GA EXPRESS15 <i>(nutritional supplement pack)</i>	4	
GA GEL <i>(nutritional supplement pack)</i>	4	
GA-1 ANAMIX EARLY YEARS <i>(nutritional supplement powder)</i>	4	
GELATEIN MCT <i>(nutritional supplement liquid)</i>	4	
GERBER EXTENSIVE HA <i>(infant foods powder)</i>	4	
GERBER GOOD START A2/IRON <i>(infant foods powder)</i>	4	
GERBER GOOD START A2/TODD <i>(infant foods powder)</i>	4	
GERBER GOOD START GENTLE <i>(infant foods powder)</i>	4	
GERBER GOOD START GENTLE/ <i>(infant foods powder)</i>	4	
GERBER GOOD START GENTLEP <i>(infant foods powder)</i>	4	
GERBER GOOD START GROW 3 <i>(infant foods powder)</i>	4	
GERBER GOOD START NOURISH <i>(infant foods powder)</i>	4	

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Drug Name	Tier	Coverage Requirements and Limits
GERBER GOOD START PROTECT <i>(infant foods powder)</i>	4	
GERBER GOOD START SOOTHE <i>(infant foods powder)</i>	4	
GERBER GOOD START SOOTHEP <i>(infant foods powder)</i>	4	
GERBER GOOD START SOY 2 <i>(infant foods powder)</i>	4	
GERBER GOOD START SOY/IRO <i>(infant foods powder)</i>	4	
GERBER GOOD START SUPREM <i>(infant foods powder)</i>	4	
GERBER GOOD START SUPREME <i>(infant foods powder)</i>	4	
GERBER GRADUATES GENTLE/I <i>(infant foods powder)</i>	4	
GERBER GRADUATES PROTECT/ <i>(infant foods powder)</i>	4	
GERBER GRADUATES SOOTHE <i>(infant foods powder)</i>	4	
GERBER GRADUATES SOY/IRON <i>(infant foods powder)</i>	4	
GERBER NATURA/STAGE 1/BIR <i>(infant foods powder)</i>	4	
GERBER NATURA/STAGE 2/6 T <i>(infant foods powder)</i>	4	
GERBER NATURA/STAGE 3/12 <i>(infant foods powder)</i>	4	
GLUCERNA <i>(nutritional supplement liquid)</i>	4	
GLUCERNA <i>(nutritional supplement bar)</i>	4	
GLUCERNA ADVANCE SHAKE <i>(nutritional supplement liquid)</i>	4	
GLUCERNA CARBSTEADY <i>(nutritional supplement liquid)</i>	4	
GLUCERNA CEREAL CRUNCHY F <i>(nutritional supplement misc)</i>	4	
GLUCERNA CRISPY DELIGHTS <i>(nutritional supplement bar)</i>	4	
GLUCERNA HUNGER SMART SHA <i>(nutritional supplement liquid)</i>	4	
GLUCERNA MEAL <i>(nutritional supplement bar)</i>	4	
GLUCERNA MEAL REPLACEMENT <i>(nutritional supplement bar)</i>	4	
GLUCERNA MINI SNACK <i>(nutritional supplement bar)</i>	4	
GLUCERNA MINI SNACKS <i>(nutritional supplement bar)</i>	4	
GLUCERNA OS <i>(nutritional supplement liquid)</i>	4	
GLUCERNA SELECT <i>(nutritional supplement liquid)</i>	4	
GLUCERNA SHAKE <i>(nutritional supplement liquid)</i>	4	
GLUCERNA SNACK <i>(nutritional supplement bar)</i>	4	
GLUCERNA SNACK BARS <i>(nutritional supplement bar)</i>	4	
GLUCERNA SNACK SHAKE <i>(nutritional supplement liquid)</i>	4	
GLUCERNA WEIGHT LOSS SHAK <i>(nutritional supplement liquid)</i>	4	
GLUCERNA WITH CARBSTEADY/ <i>(nutritional supplement liquid)</i>	4	
GLUCERNA 1.0 CAL <i>(nutritional supplement liquid)</i>	4	
GLUCERNA 1.0 CAL/FIBER <i>(nutritional supplement liquid)</i>	4	
GLUCERNA 1.0 WITH CARBSTE <i>(nutritional supplement liquid)</i>	4	
GLUCERNA 1.2 CAL <i>(nutritional supplement liquid)</i>	4	

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Drug Name	Tier	Coverage Requirements and Limits
GLUCERNA 1.5 CAL (<i>nutritional supplement liquid</i>)	4	
GLUTARADE AMINO ACID BLEN (<i>amino acids oral powder</i>)	4	
GLUTARADE ESSENTIAL GA-1 (<i>amino acids oral powder</i>)	4	
GLUTARADE JUNIOR GA-1 (<i>amino acids oral powder</i>)	4	
GLUTAREX-1 (<i>nutritional supplement powder</i>)	4	
GLUTAREX-2 (<i>nutritional supplement powder</i>)	4	
GLYCOSADE (<i>nutritional supplement pack</i>)	4	
GLYTROL PREBIO1 (<i>nutritional supplement liquid</i>)	4	
GOOD START (<i>infant foods powder</i>)	4	
GOOD START ESSENTIALS SOY (<i>infant foods powder</i>)	4	
GOOD START ESSENTIALS W/I (<i>infant foods powder</i>)	4	
GOOD START GENTLE PLUS (<i>infant foods powder</i>)	4	
GOOD START SOY PLUS 2 (<i>infant foods powder</i>)	4	
GOOD START SUPREME NATURA (<i>infant foods powder</i>)	4	
GOOD START SUPREME W/IRON (<i>infant foods powder</i>)	4	
GOOD START W/FE (<i>infant foods powder</i>)	4	
GOOD START 2 ESSENTIALS S (<i>infant foods powder</i>)	4	
GOOD START 2 SUPREME W/IR (<i>infant foods powder</i>)	4	
GOODSENSE NUTRISURE ORIGI (<i>nutritional supplement liquid</i>)	4	
GOODSENSE NUTRISURE PLUS (<i>nutritional supplement liquid</i>)	4	
HAELAN HTPI FERMENTED ORG (<i>nutritional supplement liquid</i>)	4	
HAELAN 951 FERMENTED ORGA (<i>nutritional supplement liquid</i>)	4	
HCU ANAMIX EARLY YEARS (<i>nutritional supplement powder</i>)	4	
HCU ANAMIX NEXT (<i>nutritional supplement powder</i>)	4	
HCU COOLER (<i>nutritional supplement liquid</i>)	4	
HCU COOLER15 (<i>nutritional supplement liquid</i>)	4	
HCU GEL (<i>nutritional supplement pack</i>)	4	
HCU LOPHLEX LQ (<i>nutritional supplement liquid</i>)	4	
HCU MAXAMUM (<i>nutritional supplement powder</i>)	4	
HCY 1 (<i>nutritional supplement powder</i>)	4	
HCY 2 (<i>nutritional supplement powder</i>)	4	
HEALTH SOURCE SOY PROTEIN (<i>nutritional supplement powder</i>)	4	
HEALTHY ACCENTS NUTRA FIT (<i>nutritional supplement liquid</i>)	4	
HI-CAL (<i>nutritional supplement liquid</i>)	4	
HIGH-PROTEIN NUTRITIONAL (<i>nutritional supplement liquid</i>)	4	
HOM 2 (<i>nutritional supplement powder</i>)	4	
HOMINEX-1 (<i>nutritional supplement powder</i>)	4	

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Drug Name	Tier	Coverage Requirements and Limits
HOMINEX-2 (<i>nutritional supplement powder</i>)	4	
I-VALEX-1 (<i>nutritional supplement powder</i>)	4	
I-VALEX-2 (<i>nutritional supplement powder</i>)	4	
ILET INSULIN INFUSION KIT (<i>insulin infusion pump supplies</i>)	3	PA, QL (15 kits/30 days)
ILET INSULIN INFUSION KIT (<i>insulin infusion pump supplies</i>)	3	PA, QL (30 kits/30 days)
ILET INSULIN PUMP (<i>insulin infusion pump - device</i>)	3	PA, QL (1 kit/720 days)
ILET STARTER KIT - CONTAC (<i>insulin infusion pump supplies</i>)	3	PA, QL (1 kit/720 days)
ILET STARTER KIT - INSET (<i>insulin infusion pump supplies</i>)	3	PA, QL (1 kit/720 days)
IMMULIFE (<i>nutritional supplement powder</i>)	4	
IMPACT (<i>nutritional supplement liquid</i>)	4	
IMPACT ADVANCED RECOVERY (<i>nutritional supplement liquid</i>)	4	
IMPACT PEPTIDE 1.5 (<i>nutritional supplement liquid (enteral)</i>)	4	
INNOVACIN (<i>nutritional supplement liquid</i>)	4	
INSULIN PEN NEEDLES - VARIOUS	2	QL (300 insulin pen needles/30 days)
INSULIN SYRINGES - VARIOUS	2	QL (300 syringes/30 days)
INTROLITE (<i>nutritional supplement liquid</i>)	4	
ISOMIL SOY W/IRON (<i>infant foods powder</i>)	4	
ISOMIL 2 (<i>infant foods powder</i>)	4	
ISOMIL/IRON (<i>infant foods powder</i>)	4	
ISOSOURCE HN (<i>nutritional supplement liquid</i>)	4	
ISOSOURCE 1.5 CAL (<i>nutritional supplement liquid</i>)	4	
IVA ANAMIX EARLY YEARS (<i>nutritional supplement powder</i>)	4	
IVA ANAMIX NEXT (<i>nutritional supplement powder</i>)	4	
IVA MAXAMUM (<i>nutritional supplement powder</i>)	4	
I5 (<i>nutritional supplement pack</i>)	4	
JEVITY 1 CAL (<i>nutritional supplement liquid</i>)	4	
JEVITY 1 CAL/FIBER (<i>nutritional supplement liquid</i>)	4	
JEVITY 1.2 CAL (<i>nutritional supplement liquid</i>)	4	
JEVITY 1.2 CAL/FIBER (<i>nutritional supplement liquid</i>)	4	
JEVITY 1.5 CAL/FIBER (<i>nutritional supplement liquid</i>)	4	
JUICE PLUS FIBRE (<i>nutritional supplement liquid</i>)	4	
JUVEN (<i>nutritional supplement powder</i>)	4	
JUVEN (<i>nutritional supplement pack</i>)	4	
JUVEN NUTRIVIGOR (<i>nutritional supplement pack</i>)	4	
JUVEN REVIGOR (<i>nutritional supplement pack</i>)	4	
K-PAX IMMUNE BOOSTER PROT (<i>nutritional supplement powder</i>)	4	
KALE/QUINOA/BERRIES (<i>nutritional supplement powder</i>)	4	

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Drug Name	Tier	Coverage Requirements and Limits
KALE/QUINOA/BERRIES PLUS <i>(nutritional supplement powder)</i>	4	
KATE FARMS BLENDED MEALS <i>(nutritional supplement misc)</i>	4	
KATE FARMS GLUCOSE SUPPOR <i>(nutritional supplement liquid)</i>	4	
KATE FARMS GLUCOSE SUPPOR <i>(nutritional supplement liquid (enteral))</i>	4	
KATE FARMS KIDS NUTRITION <i>(nutritional supplement liquid)</i>	4	
KATE FARMS PEPTIDE 1.0 <i>(nutritional supplement liquid)</i>	4	
KATE FARMS PEPTIDE 1.0 PE <i>(nutritional supplement liquid)</i>	4	
KATE FARMS PEPTIDE 1.5 <i>(nutritional supplement liquid)</i>	4	
KATE FARMS PEPTIDE 1.5 <i>(nutritional supplement liquid (enteral))</i>	4	
KATE FARMS PEPTIDE 1.5 PE <i>(nutritional supplement liquid)</i>	4	
KATE FARMS RENAL SUPPORT <i>(nutritional supplement liquid)</i>	4	
KATE FARMS RENAL SUPPORT <i>(nutritional supplement liquid (enteral))</i>	4	
KATE FARMS STANDARD 1.0 <i>(nutritional supplement liquid)</i>	4	
KATE FARMS STANDARD 1.0 P <i>(nutritional supplement liquid)</i>	4	
KATE FARMS STANDARD 1.2 P <i>(nutritional supplement liquid)</i>	4	
KATE FARMS STANDARD 1.4 <i>(nutritional supplement liquid)</i>	4	
KATE FARMS STANDARD 1.4 <i>(nutritional supplement liquid (enteral))</i>	4	
KETO <i>(nutritional supplement liquid)</i>	4	
KETOCAL 2.5:1 LQ <i>(nutritional supplement liquid)</i>	4	
KETOCAL 3:1 <i>(nutritional supplement powder)</i>	4	
KETOCAL 4:1 <i>(nutritional supplement liquid)</i>	4	
KETOCAL 4:1 <i>(nutritional supplement powder)</i>	4	
KETOCAL 4:1 LQ MULTI FIBE <i>(nutritional supplement liquid)</i>	4	
KETOCAL 4:1 LQ MULTI-FIBE <i>(nutritional supplement liquid)</i>	4	
KETOGEN <i>(nutritional supplement powder)</i>	4	
KETONEX-1 <i>(nutritional supplement powder)</i>	4	
KETONEX-2 <i>(nutritional supplement powder)</i>	4	
KFLO <i>(nutritional supplement liquid)</i>	4	
KIDS PLANT PROTEIN ORGANI <i>(nutritional supplement liquid)</i>	4	
KIDS PROTEIN ORGANIC NUTR <i>(nutritional supplement liquid)</i>	4	
KINDERSPROUT PLANT PROTEI <i>(nutritional supplement liquid)</i>	4	
LANAFLEX <i>(nutritional supplement pack)</i>	4	
LANCETS - VARIOUS	2	
LANCING DEVICE - VARIOUS	2	
LIL MIXINS/EGG 4-12 MONTH <i>(nutritional supplement powder)</i>	4	

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Drug Name	Tier	Coverage Requirements and Limits
LIL MIXINS/PEANUT 4-12 MO (<i>nutritional supplement powder</i>)	4	
LIPISTART (<i>nutritional supplement powder</i>)	4	
LIQUACEL (<i>amino acids oral liquid</i>)	4	
LIQUID HOPE (<i>nutritional supplement liquid</i>)	4	
LIQUID HOPE PEPTIDE (<i>nutritional supplement liquid</i>)	4	
LIQUID HOPE PEPTIDE BERRY (<i>nutritional supplement liquid</i>)	4	
LIQUID HOPE PEPTIDE HIGH (<i>nutritional supplement liquid (enteral)</i>)	4	
LMD (<i>nutritional supplement powder</i>)	4	
LOPHLEX (<i>nutritional supplement pack</i>)	4	
LOPHLEX LQ 20 (<i>nutritional supplement liquid</i>)	4	
LPS CRITICAL CARE SUGAR F (<i>nutritional supplement liquid</i>)	4	
LPS SUGAR FREE (<i>nutritional supplement liquid</i>)	4	
LUTRISH CHOCOLATE SHAKE (<i>nutritional supplement pack</i>)	4	
LUTRISH VANILLA SHAKE (<i>nutritional supplement pack</i>)	4	
MALTOCARB (<i>nutritional supplement powder</i>)	4	
MAXPRO-18G (<i>protein oral liquid</i>)	4	
MCT PRO-CAL (<i>nutritional supplement pack</i>)	4	
METHIONAID (<i>nutritional supplement powder</i>)	4	
MISC NEEDLES/SYRINGES - VARIOUS	2	QL (300 syringes/30 days)
MMA/PA ANAMIX EARLY YEARS (<i>nutritional supplement powder</i>)	4	
MMA/PA ANAMIX NEXT (<i>nutritional supplement powder</i>)	4	
MMA/PA COOLER15 (<i>nutritional supplement liquid</i>)	4	
MMA/PA EXPRESS 15 (<i>nutritional supplement pack</i>)	4	
MMA/PA GEL (<i>nutritional supplement pack</i>)	4	
MMA/PA MAXAMUM (<i>nutritional supplement powder</i>)	4	
MODULEN (<i>nutritional supplement powder</i>)	4	
MONOGEN (<i>nutritional supplement powder</i>)	4	
MSUD AID (<i>nutritional supplement powder</i>)	4	
MSUD ANALOG (<i>infant foods powder</i>)	4	
MSUD ANAMIX EARLY YEARS (<i>nutritional supplement powder</i>)	4	
MSUD COOLER (<i>nutritional supplement liquid</i>)	4	
MSUD EXPRESS 15 PLUS (<i>nutritional supplement pack</i>)	4	
MSUD EXPRESS 20 PLUS (<i>nutritional supplement pack</i>)	4	
MSUD GEL (<i>nutritional supplement pack</i>)	4	
MSUD LOPHLEX LQ (<i>nutritional supplement liquid</i>)	4	
MSUD MAXAMAID (<i>nutritional supplement powder</i>)	4	
MSUD MAXAMUM (<i>nutritional supplement powder</i>)	4	

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Drug Name	Tier	Coverage Requirements and Limits
MSUD 2 <i>(nutritional supplement powder)</i>	4	
NEOCATE INFANT DHA/ARA <i>(nutritional supplement powder)</i>	4	
NEOCATE JUNIOR <i>(nutritional supplement powder)</i>	4	
NEOCATE JUNIOR/PREBIOTICS <i>(nutritional supplement powder)</i>	4	
NEOCATE NUTRA <i>(nutritional supplement powder)</i>	4	
NEOCATE SPLASH <i>(nutritional supplement liquid)</i>	4	
NEOCATE SYNEO INFANT <i>(infant foods powder)</i>	4	
NEOCATE SYNEO JUNIOR <i>(nutritional supplement powder)</i>	4	
NEPRO <i>(nutritional supplement liquid)</i>	4	
NEPRO WITH CARB STEADY <i>(nutritional supplement liquid)</i>	4	
NEPRO WITH CARBSTEDY <i>(nutritional supplement liquid)</i>	4	
NOURISH <i>(nutritional supplement liquid)</i>	4	
NOURISH PEPTIDE BERRY MED <i>(nutritional supplement liquid (enteral))</i>	4	
NOURISH PEPTIDE FORMULA <i>(nutritional supplement liquid)</i>	4	
NOVASOURCE RENAL <i>(nutritional supplement liquid)</i>	4	
NUTRA BALANCE DIABETIC NU <i>(nutritional supplement bar)</i>	4	
NUTRA BALANCE FIBER COOKI <i>(nutritional supplement misc)</i>	4	
NUTRA BALANCE PROTEIN FOR <i>(nutritional supplement misc)</i>	4	
NUTRA SHAKE <i>(nutritional supplement liquid (frozen))</i>	4	
NUTRA SHAKE/SUPREME <i>(nutritional supplement liquid (frozen))</i>	4	
NUTRA/BALANCE RE/GEN <i>(nutritional supplement liquid (frozen))</i>	4	
NUTRA/BALANCE RE/GEN FREE <i>(nutritional supplement liquid (frozen))</i>	4	
NUTRA/SHAKE <i>(nutritional supplement liquid (frozen))</i>	4	
NUTRA/SHAKE FRUIT PLUS <i>(nutritional supplement liquid (frozen))</i>	4	
NUTRA/SHAKE SUPREME <i>(nutritional supplement liquid)</i>	4	
NUTRA/SHAKE SUPREME <i>(nutritional supplement liquid (frozen))</i>	4	
NUTRAMINE <i>(nutritional supplement pack)</i>	4	
NUTRAMINE APPLE AMINO BIT <i>(nutritional supplement pack)</i>	4	
NUTRAMINE BANANA AMINO B <i>(nutritional supplement pack)</i>	4	
NUTRAMINE CHOCOLATE AMINO <i>(nutritional supplement pack)</i>	4	
NUTRAMINE MANGO AMINO BI <i>(nutritional supplement pack)</i>	4	
NUTRAMINE MIXED FLAVORS A <i>(nutritional supplement pack)</i>	4	
NUTRAMINE PEACHES & CREAM <i>(nutritional supplement pack)</i>	4	
NUTRAMINE PINEAPPLE AMINO <i>(nutritional supplement pack)</i>	4	
NUTRASSENTIALS <i>(amino acids oral powder)</i>	4	
NUTREN JR <i>(nutritional supplement liquid)</i>	4	

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NUTREN JR FIBER <i>(nutritional supplement liquid)</i>	4	
NUTREN JUNIOR 1.0 <i>(nutritional supplement liquid)</i>	4	
NUTREN JUNIOR/FIBER <i>(nutritional supplement liquid)</i>	4	
NUTREN PULMONARY <i>(nutritional supplement liquid)</i>	4	
NUTREN 1.0 CAL <i>(nutritional supplement liquid)</i>	4	
NUTREN 1.0/FIBER <i>(nutritional supplement liquid)</i>	4	
NUTREN 1.5 <i>(nutritional supplement liquid (enteral))</i>	4	
NUTREN 1.5 CAL <i>(nutritional supplement liquid)</i>	4	
NUTREN 2.0 <i>(nutritional supplement liquid)</i>	4	
NUTREN 2.0 CAL <i>(nutritional supplement liquid)</i>	4	
NUTRICIA PREOP <i>(nutritional supplement pack)</i>	4	
NUTRIFOCUS <i>(nutritional supplement liquid)</i>	4	
NUTRIHEP 1.5 CAL <i>(nutritional supplement liquid)</i>	4	
NUTRITIONAL DRINK <i>(nutritional supplement liquid)</i>	4	
NUTRITIONAL DRINK MIX <i>(nutritional supplement powder)</i>	4	
NUTRITIONAL DRINK PLUS <i>(nutritional supplement liquid)</i>	4	
NUTRITIONAL DRINK SHAKE M <i>(nutritional supplement powder)</i>	4	
NUTRITIONAL SHAKE <i>(nutritional supplement liquid)</i>	4	
NUTRITIONAL SHAKE COMPLET <i>(nutritional supplement liquid)</i>	4	
NUTRITIONAL SHAKE HIGH PR <i>(nutritional supplement liquid)</i>	4	
NUTRITIONAL SHAKE PLUS <i>(nutritional supplement liquid)</i>	4	
NUTRITIONAL SHAKE PLUS PR <i>(nutritional supplement liquid)</i>	4	
NUTRITIONAL SUPPLEMENT <i>(nutritional supplement liquid)</i>	4	
NUTRITIONAL SUPPLEMENT PL <i>(nutritional supplement liquid)</i>	4	
OA 1 <i>(nutritional supplement powder)</i>	4	
OA 2 <i>(nutritional supplement powder)</i>	4	
OMNIFLEX DIAPHRAGM <i>(diaphragms)</i>	3	AC, IC
OMNIPOD DASH INTRO KIT (G <i>(insulin infusion disposable pump kit)</i>	3	PA, QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) <i>(insulin infusion disposable pump reservoir)</i>	3	PA, QL (30 pods/30 days)
OMNIPOD 5 DEXCOM G7G6 INT <i>(insulin infusion disposable pump kit)</i>	3	PA, QL (1 kit/720 days)
OMNIPOD 5 DEXCOM G7G6 POD <i>(insulin infusion disposable pump reservoir)</i>	3	PA, QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 <i>(insulin infusion disposable pump reservoir)</i>	3	PA, QL (30 pods/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 <i>(insulin infusion disposable pump kit)</i>	3	PA, QL (1 kit/720 days)

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Drug Name	Tier	Coverage Requirements and Limits
OPTICLEANSE GHI (<i>nutritional supplement powder</i>)	4	
OPTICLEANSE GHI (<i>nutritional supplement pack</i>)	4	
OPTICLEANSE PLUS (<i>nutritional supplement pack</i>)	4	
OPTIMENTAL (<i>nutritional supplement liquid</i>)	4	
OPTIMETABOLIX (<i>nutritional supplement pack</i>)	4	
OPTIMETABOLIX 2:1 (<i>nutritional supplement pack</i>)	4	
OPTIONS GYNOL II VAGINAL (<i>nonoxynol-9 gel 3%</i>)	3	AC, IC
OPTIUMEZ TEST STRIPS (<i>glucose blood test strip</i>)	2	QL (204 strips/30 days)
ORGANIC MIX-INS STAGE 1/S (<i>nutritional supplement pack</i>)	4	
ORGANIC NUTRITION ALL-IN- (<i>nutritional supplement liquid</i>)	4	
ORGANIC NUTRITION COMPLET (<i>nutritional supplement liquid</i>)	4	
ORGANIC NUTRITION PLANT B (<i>nutritional supplement liquid</i>)	4	
ORGANIC NUTRITION VEGAN-A (<i>nutritional supplement liquid</i>)	4	
ORGANIC PEDIA SMART (<i>nutritional supplement powder</i>)	4	
OS 2 (<i>nutritional supplement powder</i>)	4	
OSAPLEX MK-7 (<i>nutritional supplement pack</i>)	4	
OSMOLITE (<i>nutritional supplement liquid</i>)	4	
OSMOLITE HN (<i>nutritional supplement liquid</i>)	4	
OSMOLITE 1 CAL (<i>nutritional supplement liquid</i>)	4	
OSMOLITE 1.0 CAL (<i>nutritional supplement liquid</i>)	4	
OSMOLITE 1.2 CAL (<i>nutritional supplement liquid</i>)	4	
OSMOLITE 1.5 CAL (<i>nutritional supplement liquid</i>)	4	
OXEPA (<i>nutritional supplement liquid</i>)	4	
OXEPA 1.5 (<i>nutritional supplement liquid</i>)	4	
PEDIASART PEA PROTEIN (<i>nutritional supplement powder</i>)	4	
PEDIASURE (<i>nutritional supplement liquid</i>)	4	
PEDIASURE ENTERAL 1.0 CAL (<i>nutritional supplement liquid (enteral)</i>)	4	
PEDIASURE GROW & GAIN (<i>nutritional supplement liquid</i>)	4	
PEDIASURE GROW & GAIN ORG (<i>nutritional supplement liquid</i>)	4	
PEDIASURE GROW & GAIN SHA (<i>nutritional supplement powder</i>)	4	
PEDIASURE GROW & GAIN/FIB (<i>nutritional supplement liquid</i>)	4	
PEDIASURE HARVEST 1.0 CAL (<i>nutritional supplement liquid</i>)	4	
PEDIASURE HARVEST 1.0 CAL (<i>nutritional supplement liquid (enteral)</i>)	4	
PEDIASURE NUTRIPALS (<i>nutritional supplement liquid</i>)	4	
PEDIASURE NUTRIPALS (<i>nutritional supplement bar</i>)	4	
PEDIASURE PEDIATRIC (<i>nutritional supplement liquid</i>)	4	

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Drug Name	Tier	Coverage Requirements and Limits
PEDIASURE PEPTIDE 1.0 CAL <i>(nutritional supplement liquid)</i>	4	
PEDIASURE PEPTIDE 1.0 CAL <i>(nutritional supplement liquid (enteral))</i>	4	
PEDIASURE PEPTIDE 1.5 CAL <i>(nutritional supplement liquid)</i>	4	
PEDIASURE PEPTIDE 1.5 CAL <i>(nutritional supplement liquid (enteral))</i>	4	
PEDIASURE REDUCED CALORIE <i>(nutritional supplement liquid)</i>	4	
PEDIASURE SHAKE MIX <i>(nutritional supplement powder)</i>	4	
PEDIASURE SHAKE WITH FIBE <i>(nutritional supplement liquid)</i>	4	
PEDIASURE SIDEKICKS <i>(nutritional supplement liquid)</i>	4	
PEDIASURE SIDEKICKS <i>(nutritional supplement powder)</i>	4	
PEDIASURE SIDEKICKS CLEAR <i>(nutritional supplement liquid)</i>	4	
PEDIASURE SIDEKICKS SHAKE <i>(nutritional supplement liquid)</i>	4	
PEDIASURE WITH FIBER <i>(nutritional supplement liquid)</i>	4	
PEDIASURE 1.0 CAL/FIBER <i>(nutritional supplement liquid)</i>	4	
PEDIASURE 1.5 CAL <i>(nutritional supplement liquid)</i>	4	
PEDIASURE 1.5 CAL WITH FI <i>(nutritional supplement liquid)</i>	4	
PEDIASURE 1.5 CAL/FIBER <i>(nutritional supplement liquid)</i>	4	
PEDIASURE 1.5 CAL/FIBER <i>(nutritional supplement liquid (enteral))</i>	4	
PEDIATRIC DRINK <i>(nutritional supplement liquid)</i>	4	
PEPTAMEN <i>(nutritional supplement liquid)</i>	4	
PEPTAMEN AF <i>(nutritional supplement liquid)</i>	4	
PEPTAMEN INTENSE VHP <i>(nutritional supplement liquid)</i>	4	
PEPTAMEN JUNIOR <i>(nutritional supplement liquid)</i>	4	
PEPTAMEN JUNIOR FIBER <i>(nutritional supplement liquid)</i>	4	
PEPTAMEN JUNIOR HP <i>(nutritional supplement liquid)</i>	4	
PEPTAMEN JUNIOR PHGG 1.2 <i>(nutritional supplement liquid)</i>	4	
PEPTAMEN JUNIOR 1 CAL <i>(nutritional supplement liquid)</i>	4	
PEPTAMEN JUNIOR 1 CAL/PRE <i>(nutritional supplement liquid)</i>	4	
PEPTAMEN JUNIOR 1.5 <i>(nutritional supplement liquid)</i>	4	
PEPTAMEN JUNIOR 1.5 CAL <i>(nutritional supplement liquid)</i>	4	
PEPTAMEN JUNIOR/PREBIO1 <i>(nutritional supplement liquid)</i>	4	
PEPTAMEN 1 CAL/PREBIO1 <i>(nutritional supplement liquid)</i>	4	
PEPTAMEN 1.5 CAL <i>(nutritional supplement liquid)</i>	4	
PEPTAMEN 1.5 CAL/PREBIO1 <i>(nutritional supplement liquid)</i>	4	
PEPTAMEN/PREBIO1 <i>(nutritional supplement liquid)</i>	4	
PEPTICATE <i>(infant foods powder)</i>	4	
PERATIVE <i>(nutritional supplement liquid)</i>	4	

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Drug Name	Tier	Coverage Requirements and Limits
PERATIVE 1.3 CAL (<i>nutritional supplement liquid</i>)	4	
PERIFLEX ADVANCE (<i>nutritional supplement powder</i>)	4	
PERIFLEX INFANT (<i>infant foods powder</i>)	4	
PERIFLEX JUNIOR (<i>nutritional supplement powder</i>)	4	
PERIFLEX LQ PKU (<i>amino acids oral liquid</i>)	4	
PFD TODDLER (<i>nutritional supplement powder</i>)	4	
PFD 2 (<i>nutritional supplement powder</i>)	4	
PHENEX-1 (<i>nutritional supplement powder</i>)	4	
PHENEX-2 (<i>nutritional supplement powder</i>)	4	
PHENYL-FREE 1 (<i>infant foods powder</i>)	4	
PHENYL-FREE 2 (<i>nutritional supplement powder</i>)	4	
PHENYL-FREE 2HP (<i>nutritional supplement powder</i>)	4	
PHENYLADE (<i>amino acids oral powder</i>)	4	
PHENYLADE AMINO ACID (<i>amino acids bar</i>)	4	
PHENYLADE AMINO ACID BLEN (<i>amino acids pack</i>)	4	
PHENYLADE DRINK MIX (<i>nutritional supplement powder</i>)	4	
PHENYLADE ESSENTIAL DRINK (<i>nutritional supplement powder</i>)	4	
PHENYLADE ESSENTIAL DRINK (<i>nutritional supplement pack</i>)	4	
PHENYLADE GMP (<i>nutritional supplement powder</i>)	4	
PHENYLADE GMP (<i>nutritional supplement pack</i>)	4	
PHENYLADE GMP DRINK MIX/D (<i>nutritional supplement powder</i>)	4	
PHENYLADE GMP MIX-IN (<i>nutritional supplement powder</i>)	4	
PHENYLADE GMP MIX-IN (<i>nutritional supplement pack</i>)	4	
PHENYLADE GMP READY (<i>nutritional supplement liquid</i>)	4	
PHENYLADE GMP ULTRA (<i>nutritional supplement pack</i>)	4	
PHENYLADE MTE (<i>amino acids oral powder</i>)	4	
PHENYLADE MTE AMINO ACID (<i>amino acids oral powder</i>)	4	
PHENYLADE MTE AMINO ACID (<i>amino acids pack</i>)	4	
PHENYLADE PHEBLOC (<i>amino acids tab</i>)	4	
PHENYLADE PHEBLOC (<i>amino acids oral powder</i>)	4	
PHENYLADE RTD PKU 10 (<i>nutritional supplement liquid</i>)	4	
PHENYLADE40 DRINK MIX (<i>amino acids pack</i>)	4	
PHENYLADE60 DRINK MIX (<i>nutritional supplement powder</i>)	4	
PHENYLADE60 DRINK MIX (<i>nutritional supplement pack</i>)	4	
PHLEXY-10 (<i>nutritional supplement pack</i>)	4	
PIVOT 1.5 CAL (<i>nutritional supplement liquid</i>)	4	
PKU AIR20 GOLD (<i>nutritional supplement liquid</i>)	4	

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Drug Name	Tier	Coverage Requirements and Limits
PKU AIR20 GREEN <i>(nutritional supplement liquid)</i>	4	
PKU AIR20 YELLOW <i>(nutritional supplement liquid)</i>	4	
PKU COOLER 10 <i>(nutritional supplement liquid)</i>	4	
PKU COOLER 15 <i>(nutritional supplement liquid)</i>	4	
PKU COOLER 20 <i>(nutritional supplement liquid)</i>	4	
PKU EASY SHAKE & GO <i>(nutritional supplement powder)</i>	4	
PKU EXPLORE10 <i>(nutritional supplement pack)</i>	4	
PKU EXPLORE5 <i>(nutritional supplement pack)</i>	4	
PKU GEL <i>(nutritional supplement pack)</i>	4	
PKU GOLIKE PLUS 16+ <i>(amino acids pack)</i>	4	
PKU GOLIKE PLUS 4-16 <i>(amino acids pack)</i>	4	
PKU GOLIKE 10G PE <i>(amino acids bar)</i>	4	
PKU GOLIKE 5G PE <i>(amino acids bar)</i>	4	
PKU LOPHLEX LQ 20 <i>(nutritional supplement liquid)</i>	4	
PKU MAXAMUM <i>(amino acids oral powder)</i>	4	
PKU PERIFLEX EARLY YEARS <i>(nutritional supplement powder)</i>	4	
PKU PERIFLEX JUNIOR PLUS <i>(nutritional supplement powder)</i>	4	
PKU SPHERE NEXT 15 <i>(nutritional supplement liquid)</i>	4	
PKU SPHERE 15 <i>(nutritional supplement pack)</i>	4	
PKU SPHERE 20 <i>(nutritional supplement liquid)</i>	4	
PKU SPHERE 20 <i>(nutritional supplement pack)</i>	4	
PKU START <i>(nutritional supplement powder)</i>	4	
PKU TRIO <i>(nutritional supplement powder)</i>	4	
PKU 2 <i>(nutritional supplement powder)</i>	4	
PKU 3 <i>(nutritional supplement powder)</i>	4	
POLYCAL <i>(nutritional supplement powder)</i>	4	
PORTAGEN <i>(nutritional supplement powder)</i>	4	
PRECISION SOF-TACT TEST S <i>(glucose blood test strip)</i>	2	QL (204 strips/30 days)
PRECISION XTRA BLOOD GLUC <i>(glucose blood test strip)</i>	2	QL (204 strips/30 days)
PREGESTIMIL <i>(infant foods powder)</i>	4	
PREGNANCY TESTS - VARIOUS	4	
PREMIUM INFANT FORMULA/IR <i>(infant foods powder)</i>	4	
PREPROTEIN <i>(amino acids oral liquid)</i>	4	
PREPROTEIN 20 <i>(amino acids oral liquid)</i>	4	
PRO-PHREE <i>(nutritional supplement powder)</i>	4	
PROMOD <i>(nutritional supplement liquid)</i>	4	
PROMOD <i>(nutritional supplement powder)</i>	4	

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Drug Name	Tier	Coverage Requirements and Limits
PROMOTE <i>(nutritional supplement liquid)</i>	4	
PROMOTE WITH FIBER <i>(nutritional supplement liquid)</i>	4	
PROMOTE 1.0 <i>(nutritional supplement liquid)</i>	4	
PROMOTE 1.0 WITH FIBER <i>(nutritional supplement liquid)</i>	4	
PROMOTE/FIBER <i>(nutritional supplement liquid)</i>	4	
PROPIMEX-1 <i>(nutritional supplement powder)</i>	4	
PROPIMEX-2 <i>(nutritional supplement powder)</i>	4	
PROSOURCE <i>(nutritional supplement liquid)</i>	4	
PROSOURCE <i>(nutritional supplement powder)</i>	4	
PROSOURCE NO CARB <i>(protein oral liquid)</i>	4	
PROSOURCE PLUS <i>(protein oral liquid)</i>	4	
PROSOURCE PLUS <i>(nutritional supplement liquid)</i>	4	
PROSOURCE TF <i>(nutritional supplement liquid)</i>	4	
PROSOURCE XTRACAL <i>(nutritional supplement liquid)</i>	4	
PROSOURCE ZAC <i>(nutritional supplement liquid)</i>	4	
PROSURE <i>(nutritional supplement liquid)</i>	4	
PROTALITY <i>(nutritional supplement liquid)</i>	4	
PROTEIN FORTIFIED COOKIE <i>(nutritional supplement misc)</i>	4	
PROVIMIN <i>(nutritional supplement powder)</i>	4	
PULMOCARE <i>(nutritional supplement liquid)</i>	4	
PULMOCARE 1.5 <i>(nutritional supplement liquid)</i>	4	
PURAMINO DHA/ARA <i>(infant foods powder)</i>	4	
PURAMINO JR <i>(infant foods powder)</i>	4	
PURE BLISS ORGANIC/A2 MIL <i>(infant foods powder)</i>	4	
PURE BLISS ORGANIC/IRON <i>(infant foods powder)</i>	4	
PURECARB <i>(nutritional supplement powder)</i>	4	
PUSH 20+ ADVANCED <i>(nutritional supplement liquid)</i>	4	
RE/GEN PROTEIN FORTIFIED <i>(nutritional supplement misc)</i>	4	
RE/NEPH <i>(nutritional supplement liquid)</i>	4	
RE/NEPH LP/HC <i>(nutritional supplement liquid)</i>	4	
RE/NEPH REDUCED SUGAR <i>(nutritional supplement liquid)</i>	4	
REAL FOOD BLENDS <i>(nutritional supplement liquid (enteral))</i>	4	
REAL FOOD BLENDS BEEF/POT <i>(nutritional supplement liquid (enteral))</i>	4	
REAL FOOD BLENDS CHICKEN/ <i>(nutritional supplement liquid (enteral))</i>	4	
REAL FOOD BLENDS EGGS/APP <i>(nutritional supplement liquid (enteral))</i>	4	

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Drug Name	Tier	Coverage Requirements and Limits
REAL FOOD BLENDS MINI/PRU (<i>nutritional supplement liquid (enteral)</i>)	4	
REAL FOOD BLENDS QUINOA/K (<i>nutritional supplement liquid (enteral)</i>)	4	
REAL FOOD BLENDS SALMON/O (<i>nutritional supplement liquid (enteral)</i>)	4	
REAL FOOD BLENDS TURKEY/P (<i>nutritional supplement liquid (enteral)</i>)	4	
REAL FOOD BLENDS TURKEY/S (<i>nutritional supplement liquid (enteral)</i>)	4	
REASON (<i>nutritional supplement liquid</i>)	4	
REGULAR NUTRITIONAL SHAKE (<i>nutritional supplement liquid</i>)	4	
RENALCAL (<i>nutritional supplement liquid</i>)	4	
RENASTART (<i>nutritional supplement powder</i>)	4	
RENASTEP (<i>nutritional supplement liquid</i>)	4	
REPLETE (<i>nutritional supplement liquid</i>)	4	
REPLETE FIBER (<i>nutritional supplement liquid</i>)	4	
REPLETE FIBER 1 CAL (<i>nutritional supplement liquid</i>)	4	
RESOURCE 2.0 (<i>nutritional supplement liquid</i>)	4	
RESTORE FUSION RENAL SUPP (<i>nutritional supplement powder</i>)	4	
RESTORE RENAL SUPPORT (<i>nutritional supplement powder</i>)	4	
RESURGEX (<i>nutritional supplement pack</i>)	4	
RESURGEX PLUS (<i>nutritional supplement pack</i>)	4	
RESURGEX SELECT (<i>nutritional supplement pack</i>)	4	
S.O.S. 25 (<i>nutritional supplement pack</i>)	4	
SB COMPLETE NUTRITION (<i>nutritional supplement liquid</i>)	4	
SB COMPLETE NUTRITION PLU (<i>nutritional supplement liquid</i>)	4	
SCANDICAL (<i>nutritional supplement powder</i>)	4	
SCANDISHAKE (<i>nutritional supplement powder</i>)	4	
SERACAL (<i>nutritional supplement powder</i>)	4	
SERACAL (<i>nutritional supplement pack</i>)	4	
SIMILAC (<i>infant foods powder</i>)	4	
SIMILAC ADVANCE COMPLETE (<i>infant foods powder</i>)	4	
SIMILAC ADVANCE EARLY SHI (<i>infant foods powder</i>)	4	
SIMILAC ADVANCE LAMEHADRI (<i>infant foods powder</i>)	4	
SIMILAC ADVANCE NON-GMO (<i>infant foods powder</i>)	4	
SIMILAC ADVANCE OPTIGRO/I (<i>infant foods powder</i>)	4	
SIMILAC ADVANCE ORGANIC E (<i>infant foods powder</i>)	4	
SIMILAC ADVANCE/IRON (<i>infant foods powder</i>)	4	

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Drug Name	Tier	Coverage Requirements and Limits
SIMILAC ADVANCE/IRON <i>(infant foods packet)</i>	4	
SIMILAC ALIMENTUM TODDLER <i>(infant foods powder)</i>	4	
SIMILAC ALIMENTUM-IRON <i>(infant foods powder)</i>	4	
SIMILAC EXPERT CARE ALIME <i>(infant foods powder)</i>	4	
SIMILAC FOR SPIT-UP EARLY <i>(infant foods powder)</i>	4	
SIMILAC FOR SPIT-UP/OPTIG <i>(infant foods powder)</i>	4	
SIMILAC FOR SUPPLEMENTATI <i>(infant foods powder)</i>	4	
SIMILAC GO & GROW EARLY S <i>(infant foods powder)</i>	4	
SIMILAC GO & GROW FOR LAC <i>(infant foods powder)</i>	4	
SIMILAC GO & GROW HMO <i>(infant foods powder)</i>	4	
SIMILAC GO & GROW MIX-INS <i>(infant foods packet)</i>	4	
SIMILAC GO & GROW NON-GMO <i>(infant foods powder)</i>	4	
SIMILAC GO & GROW TODDLER <i>(infant foods powder)</i>	4	
SIMILAC HUMAN MILK FORTIF <i>(infant foods powder)</i>	4	
SIMILAC LACTOSE FREE <i>(infant foods powder)</i>	4	
SIMILAC LACTOSE FREE ADVA <i>(infant foods powder)</i>	4	
SIMILAC LOW-IRON <i>(infant foods powder)</i>	4	
SIMILAC NEOSURE <i>(infant foods powder)</i>	4	
SIMILAC NEOSURE OPTIGRO <i>(infant foods powder)</i>	4	
SIMILAC ORGANIC/A2 MILK/I <i>(infant foods powder)</i>	4	
SIMILAC ORGANIC/IRON <i>(infant foods powder)</i>	4	
SIMILAC PM 60/40 <i>(infant foods powder)</i>	4	
SIMILAC PRO-ADVANCE OPTIG <i>(infant foods powder)</i>	4	
SIMILAC PRO-ADVANCE/IRON <i>(infant foods powder)</i>	4	
SIMILAC PRO-SENSITIVE OPT <i>(infant foods powder)</i>	4	
SIMILAC PRO-SENSITIVE/IRO <i>(infant foods powder)</i>	4	
SIMILAC PRO-TOTAL COMFORT <i>(infant foods powder)</i>	4	
SIMILAC PURE BLISS INFANT <i>(infant foods powder)</i>	4	
SIMILAC PURE BLISS TODDLE <i>(infant foods powder)</i>	4	
SIMILAC SENSITIVE EARLY S <i>(infant foods powder)</i>	4	
SIMILAC SENSITIVE FOR FUS <i>(infant foods powder)</i>	4	
SIMILAC SENSITIVE NON-GMO <i>(infant foods powder)</i>	4	
SIMILAC SENSITIVE OPTIGRO <i>(infant foods powder)</i>	4	
SIMILAC SENSITIVE SOY ISO <i>(infant foods powder)</i>	4	
SIMILAC SENSITIVE SOY ISO <i>(infant foods packet)</i>	4	
SIMILAC SENSITIVE/FUSSINE <i>(infant foods powder)</i>	4	
SIMILAC SOY ISOMIL /FUSSI <i>(infant foods powder)</i>	4	

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Drug Name	Tier	Coverage Requirements and Limits
SIMILAC SOY ISOMIL/FUSSIN (<i>infant foods powder</i>)	4	
SIMILAC SPIT-UP OPTIGRO/I (<i>infant foods powder</i>)	4	
SIMILAC TOTAL COMFORT OPT (<i>infant foods powder</i>)	4	
SIMILAC 2 ADVANCE (<i>infant foods powder</i>)	4	
SIMILAC 2/IRON (<i>infant foods powder</i>)	4	
SIMILAC 360 TOTAL CARE (<i>infant foods powder</i>)	4	
SIMILAC 360 TOTAL CARE SE (<i>infant foods powder</i>)	4	
SIMILAC 360 TOTAL CARE 5 (<i>infant foods powder</i>)	4	
SIMILAC/IRON (<i>infant foods powder</i>)	4	
SIMILAC/IRON (<i>infant foods packet</i>)	4	
SM NUTRI-DRINK + (<i>nutritional supplement liquid</i>)	4	
SOD ANAMIX EARLY YEARS (<i>infant foods powder</i>)	4	
SOL CARB (<i>nutritional supplement powder</i>)	4	
SUPLINA (<i>nutritional supplement liquid</i>)	4	
SUPLINA RTU (<i>nutritional supplement liquid</i>)	4	
SUPLINA WITH CARB STEADY (<i>nutritional supplement liquid</i>)	4	
SUPLINA 1.8 WITH CARBSTEAM (<i>nutritional supplement liquid</i>)	4	
THICK-IT BEEF LASAGNA PUR (<i>nutritional supplement misc</i>)	4	
THICK-IT CHICKEN A LA KIN (<i>nutritional supplement misc</i>)	4	
THICK-IT MAPLE CINNAMON F (<i>nutritional supplement misc</i>)	4	
THICK-IT MIXED FRUIT AND (<i>nutritional supplement misc</i>)	4	
THICK-IT SEASONED CHICKEN (<i>nutritional supplement misc</i>)	4	
THICK-IT SWEET CORN PUREE (<i>nutritional supplement misc</i>)	4	
THICK-IT THICKENED CRANBE (<i>nutritional supplement liquid</i>)	4	
TODAY SPONGE (<i>nonoxynol-9 vaginal sponge 1000 mg</i>)	4	AC, IC
TOLEREX (<i>nutritional supplement pack</i>)	4	
TRIAMINO (<i>amino acids tab</i>)	4	
TWIIST REFILL KIT (<i>insulin infusion disposable pump reservoir kit</i>)	3	PA, QL (15 kits/30 days)
TWIIST REFILL KIT/INFUSIO (<i>insulin infusion disposable pump reservoir/infus set kit</i>)	3	PA, QL (1 kit/30 days)
TWIIST STARTER KIT (<i>insulin infusion disposable pump kit</i>)	3	PA, QL (1 kit/720 days)
TWOCAL HN (<i>nutritional supplement liquid</i>)	4	
TWOCAL HN 2.0 (<i>nutritional supplement liquid</i>)	4	
TYR ANAMIX EARLY YEARS (<i>nutritional supplement powder</i>)	4	
TYR ANAMIX NEXT (<i>nutritional supplement powder</i>)	4	
TYR COOLER (<i>nutritional supplement liquid</i>)	4	
TYR GEL (<i>nutritional supplement pack</i>)	4	
TYR LOPHLEX GMP MIX-IN (<i>nutritional supplement pack</i>)	4	

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Drug Name	Tier	Coverage Requirements and Limits
TYR LOPHLEX LQ <i>(nutritional supplement liquid)</i>	4	
TYREX-1 <i>(nutritional supplement powder)</i>	4	
TYREX-2 <i>(nutritional supplement powder)</i>	4	
TYROS 1 <i>(nutritional supplement powder)</i>	4	
TYROS 2 <i>(nutritional supplement powder)</i>	4	
UCD ANAMIX INFANT <i>(infant foods powder)</i>	4	
UCD ANAMIX JUNIOR <i>(nutritional supplement powder)</i>	4	
UCD TRIO <i>(nutritional supplement powder)</i>	4	
UCD 2 <i>(nutritional supplement powder)</i>	4	
ULTRAMINO SOY PROTEIN <i>(nutritional supplement powder)</i>	4	
ULTRIENT 1.5 SAFE-T FEED <i>(nutritional supplement liquid)</i>	4	
UTYMAX <i>(nutritional supplement pack)</i>	4	
VCF VAGINAL CONTRACEPTIVE <i>(nonoxynol-9 foam 12.5%)</i>	4	AC, IC
VCF VAGINAL CONTRACEPTIVE <i>(nonoxynol-9 film 28%)</i>	4	AC, IC
VCF VAGINAL CONTRACEPTIVE <i>(nonoxynol-9 gel 4%)</i>	4	AC, IC
VITAL AF 1.2 CAL <i>(nutritional supplement liquid)</i>	4	
VITAL AF 1.2 CAL ADVANCED <i>(nutritional supplement liquid)</i>	4	
VITAL HN <i>(nutritional supplement pack)</i>	4	
VITAL HP 1.0 CAL <i>(nutritional supplement liquid)</i>	4	
VITAL JR <i>(nutritional supplement liquid)</i>	4	
VITAL PEPTIDE 1.5 CAL <i>(nutritional supplement liquid)</i>	4	
VITAL 1.0 CAL <i>(nutritional supplement liquid)</i>	4	
VITAL 1.5 CAL <i>(nutritional supplement liquid)</i>	4	
VIVONEX PEDIATRIC <i>(nutritional supplement powder)</i>	4	
VIVONEX PEDIATRIC <i>(nutritional supplement pack)</i>	4	
VIVONEX PLUS <i>(nutritional supplement pack)</i>	4	
VIVONEX RTF <i>(nutritional supplement liquid)</i>	4	
VIVONEX T.E.N. <i>(nutritional supplement pack)</i>	4	
WELLNESS ESSENTIALS <i>(nutritional supplement kit)</i>	4	
WELLNESS ESSENTIALS AI <i>(nutritional supplement kit)</i>	4	
WELLNESS ESSENTIALS BLOOD <i>(nutritional supplement kit)</i>	4	
WELLNESS ESSENTIALS FOR J <i>(nutritional supplement kit)</i>	4	
WELLNESS ESSENTIALS FOR M <i>(nutritional supplement kit)</i>	4	
WELLNESS ESSENTIALS FOR P <i>(nutritional supplement kit)</i>	4	
WELLNESS ESSENTIALS FOR W <i>(nutritional supplement kit)</i>	4	
WIDE-SEAL SILICONE DIAPHR <i>(diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm)</i>	3	AC, IC
WND 1 <i>(nutritional supplement powder)</i>	4	

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Drug Name	Tier	Coverage Requirements and Limits
WND 2 (<i>nutritional supplement powder</i>)	4	
XLEU ANALOG (<i>infant foods powder</i>)	4	
XLEU MAXAMAID (<i>nutritional supplement powder</i>)	4	
XLEU MAXAMUM (<i>nutritional supplement powder</i>)	4	
XLYS XTRP ANALOG (<i>infant foods powder</i>)	4	
XLYS-XTRP MAXAMAID (<i>nutritional supplement powder</i>)	4	
XLYS-XTRP MAXAMUM (<i>nutritional supplement powder</i>)	4	
XMET ANALOG (<i>infant foods powder</i>)	4	
XMET MAXAMAID (<i>nutritional supplement powder</i>)	4	
XMET MAXAMUM (<i>nutritional supplement powder</i>)	4	
XMET XCYS MAXAMAID (<i>nutritional supplement powder</i>)	4	
XMTVI ANALOG (<i>infant foods powder</i>)	4	
XMTVI MAXAMAID (<i>nutritional supplement powder</i>)	4	
XMTVI MAXAMUM (<i>nutritional supplement powder</i>)	4	
XPHE MAXAMAID (<i>nutritional supplement powder</i>)	4	
XPHE MAXAMUM (<i>amino acids oral powder</i>)	4	
XPHE MAXAMUM (<i>amino acids pack</i>)	4	
XPHE-XTYR ANALOG (<i>infant foods powder</i>)	4	
XPHE-XTYR MAXAMAID (<i>nutritional supplement powder</i>)	4	
XPTM ANALOG (<i>infant foods powder</i>)	4	
XTRACAL PLUS (<i>nutritional supplement liquid</i>)	4	
XYMOBOIX (<i>amino acids oral powder</i>)	4	
3232A INFANT FORMULA & ME (<i>nutritional supplement powder</i>)	4	
Ophthalmic Agents (Drugs for the Eyes)		
Ophthalmic Agents, Other (Other Eye Drops)		
ATROPINE SULFATE (<i>atropine sulfate ophth soln 1%</i>)	4	
<i>atropine sulfate ophth soln 1%</i>	2	
CYCLOGYL (<i>cyclopentolate hcl ophth soln 0.5%, 2%</i>)	4	
CYCLOMYDRIL (<i>cyclopentolate w/ phenylephrine ophth soln 0.2-1%</i>)	4	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
CYSTADROPS (<i>cysteamine hcl ophth soln 0.37% (base equivalent)</i>)	6	LD, SP
CYSTARAN (<i>cysteamine hcl ophth soln 0.44% (base equivalent)</i>)	6	LD, SP
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>pilocarpine hcl ophth soln 1%, 2%, 4%</i>	2	
SIMBRINZA (<i>brinzolamide-brimonidine tartrate ophth susp 1-0.2%</i>)	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	

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Drug Name	Tier	Coverage Requirements and Limits
Ophthalmic Anti-allergy Agents (Drugs for Eye Allergies)		
ALOCRIAL (<i>nedocromil sodium ophth soln 2%</i>)	4	PA
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	2	
CROMOLYN SODIUM (<i>cromolyn sodium ophth soln 4%</i>)	4	
<i>epinastine hcl ophth soln 0.05%</i>	2	
ZERVIAE (<i>cetirizine hcl ophth soln 0.24% (base equiv)</i>)	4	PA
Ophthalmic Anti-Infectives (Drugs for Eye Infections)		
AZASITE (<i>azithromycin ophth soln 1%</i>)	3	
BACITRACIN (<i>bacitracin ophth oint 500 unit/gm</i>)	3	
Bacitracin-polymyxin B Ophth Oint (POLYCIN)	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
Bacitracin-polymyxin-neomycin-hc Ophth Oint 1% (NEO-POLYCIN HC)	2	
BESIVANCE (<i>besifloxacin hcl ophth susp 0.6% (base equiv)</i>)	3	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	2	
NATACYN (<i>natamycin ophth susp 5%</i>)	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
Neomycin-bacitrac Zn-polymyx 5(3.5)mg-400unt-10000unt Op Oin (NEO-POLYCIN)	2	
NEOMYCIN/POLYMYXIN/GRAMIC (<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>)	4	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
SULFACETAMIDE SODIUM (<i>sulfacetamide sodium ophth soln 10%</i>)	4	
SULFACETAMIDE SODIUM (<i>sulfacetamide sodium ophth oint 10%</i>)	4	
SULFACETAMIDE SODIUM/PRED (<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>)	3	
<i>tobramycin ophth soln 0.3%</i>	1	QL (15 mls/30 days)
TRIFLURIDINE (<i>trifluridine ophth soln 1%</i>)	3	
Ophthalmic Anti-inflammatories (Drugs for Eye Inflammation)		
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	2	
DEXAMETHASONE SODIUM PHOS (<i>dexamethasone sodium phosphate ophth soln 0.1%</i>)	4	

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Drug Name	Tier	Coverage Requirements and Limits
diclofenac sodium ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05%	2	
FLAREX (fluorometholone acetate ophth susp 0.1%)	4	
fluorometholone ophth susp 0.1%	2	
FLURBIPROFEN SODIUM (flurbiprofen sodium ophth soln 0.03%)	4	
ketorolac tromethamine ophth soln 0.4%	2	
ketorolac tromethamine ophth soln 0.5%	1	
loteprednol etabonate ophth susp 0.5%	2	
MAXIDEX (dexamethasone ophth susp 0.1%)	4	
prednisolone acetate ophth susp 1%	2	
PREDNISOLONE SODIUM PHOSP (prednisolone sodium phosphate ophth soln 1%)	4	
SULFACETAMIDE SODIUM/PRED (sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%)	3	
Ophthalmic Beta-Adrenergic Blocking Agents (Drugs for Glaucoma)		
BETAXOLOL HCL (betaxolol hcl ophth soln 0.5%)	4	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	2	
CARTEOLOL HCL (carteolol hcl ophth soln 1%)	4	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
LEVOBUNOLOL HCL (levobunolol hcl ophth soln 0.5%)	4	
timolol maleate ophth soln 0.25%, 0.5%	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other (Drugs for Glaucoma)		
acetazolamide cap er 12hr 500 mg	2	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	2	
APRACLONIDINE (apraclonidine hcl ophth soln 0.5% (base equivalent))	4	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	2	
dorzolamide hcl ophth soln 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
pilocarpine hcl ophth soln 1%, 2%, 4%	2	
Ophthalmic Prostaglandin and Prostamide Analogs (Drugs for Glaucoma)		
latanoprost ophth soln 0.005%	1	QL (2.5 mls/20 days)
LUMIGAN (bimatoprost ophth soln 0.01%)	4	QL (2.5 mls/20 days)
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	2	QL (2.5 mls/20 days)

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Drug Name	Tier	Coverage Requirements and Limits
VYZULTA (<i>latanoprostene bunod ophth soln 0.024%</i>)	4	QL (5 mls/20 days)
Otic Agents (Drugs for the Ears)		
No USP Class		
<i>acetic acid otic soln 2%</i>	2	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
CIPROFLOXACIN/FLUOCINOLON (<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>)	4	PA
CORTISPORIN-TC (<i>neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml</i>)	4	PA
<i>fluocinolone acetonide (otic) oil 0.01%</i>	2	
Fluocinolone Acetonide (otic) Oil 0.01% (FLAC)	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	
Respiratory Tract/ Pulmonary Agents (Drugs for the Lungs)		
Antihistamines (Drugs for Allergies)		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	
<i>carbinoxamine maleate tab 4 mg</i>	2	
<i>cypheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cypheptadine hcl tab 4 mg</i>	1	
<i>desloratadine tab 5 mg</i>	1	
HYDROCODONE POLISTIREX/CH (<i>hydrocod polst-chlorphen polster susp 10-8 mg/5ml</i>)	4	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	2	
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
<i>promethazine hcl suppos 12.5 mg, 25 mg</i>	2	
<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg</i>	1	
Anti-inflammatories, Inhaled Corticosteroids (Drugs for Asthma and COPD Symptoms)		
ADVAIR HFA (<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act</i>)	3	QL (1 inhaler/30 days)
ARNUITY ELLIPTA (<i>fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act</i>)	3	QL (30 blisters/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
ASMANEX HFA (<i>mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act</i>)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 ME (<i>mometasone furoate inhal powd 220 mcg/act (breath activated)</i>)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 MET (<i>mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)</i>)	3	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 MET (<i>mometasone furoate inhal powd 220 mcg/act (breath activated)</i>)	3	QL (1 inhaler/30 days)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act</i>)	3	QL (1 inhaler/30 days)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act</i>)	3	QL (60 blisters/30 days)
BREZTRI AEROSPHERE (<i>budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act</i>)	3	QL (1 inhaler/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml</i>	2	QL (120 mls/30 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	2	QL (240 mls/30 days)
DULERA (<i>mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act</i>)	3	QL (3 inhalers/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
FLUTICASONE PROPIONATE/SA (<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act</i>)	2	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 blisters/30 days)
Fluticasone-salmeterol Aer Powder Ba 100-50 mcg/act (WIXELA INHUB), 250-50 mcg/act (WIXELA INHUB), 500-50 mcg/act (WIXELA INHUB)	2	QL (60 blisters/30 days)
QVAR REDIHALER (<i>beclomethasone diprop hfa breath act inh aer 40 mcg/act</i>)	3	QL (1 inhaler/30 days)
QVAR REDIHALER (<i>beclomethasone diprop hfa breath act inh aer 80 mcg/act</i>)	3	QL (2 inhalers/30 days)
SYMBICORT (<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act</i>)	2	QL (3 inhalers/30 days)
TRELEGY ELLIPTA (<i>fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act</i>)	3	QL (1 inhaler/30 days)
XHANCE (<i>fluticasone propionate nasal exhaler susp 93 mcg/act</i>)	4	PA
Antileukotrienes (Drugs for Asthma)		
<i>montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg, 20 mg</i>	2	
<i>zileuton tab er 12hr 600 mg</i>	2	

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Drug Name	Tier	Coverage Requirements and Limits
Bronchodilators, Anticholinergic (Drugs for Asthma and COPD Symptoms)		
ANORO ELLIPTA (<i>umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act</i>)	3	QL (1 inhaler/30 days)
ATROVENT HFA (<i>ipratropium bromide hfa inhal aerosol 17 mcg/act</i>)	4	QL (2 inhalers/30 days)
BREZTRI AEROSPHERE (<i>budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act</i>)	3	QL (1 inhaler/30 days)
COMBIVENT RESPIMAT (<i>ipratropium-albuterol inhal aerosol soln 20-100 mcg/act</i>)	3	QL (2 inhalers/30 days)
INCRUSE ELLIPTA (<i>umeclidinium br aero powd breath act 62.5 mcg/act (base eq)</i>)	3	QL (30 blisters/30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (150 vials/30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	QL (540 mls/30 days)
SPIRIVA RESPIMAT (<i>tiotropium bromide inhal aerosol 1.25 mcg/act</i>)	3	QL (4 grams/30 days)
SPIRIVA RESPIMAT (<i>tiotropium bromide inhal aerosol 2.5 mcg/act</i>)	3	QL (1 cartridge/30 days)
STIOLTO RESPIMAT (<i>tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act</i>)	3	QL (1 inhaler/30 days)
TRELEGY ELLIPTA (<i>fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act</i>)	3	QL (1 inhaler/30 days)
Bronchodilators, Sympathomimetic (Drugs for Asthma and COPD Symptoms)		
ADVAIR HFA (<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act</i>)	3	QL (1 inhaler/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	2	QL (2 inhalers/30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (125 vials/30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	QL (120 vials/30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	QL (60 mls/30 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)</i>	2	QL (125 vials/30 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg, 4 mg</i>	2	
ANORO ELLIPTA (<i>umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act</i>)	3	QL (1 inhaler/30 days)
AUVI-Q (<i>epinephrine solution auto-injector 0.1 mg/0.1ml</i>)	3	CW
BREO ELLIPTA (<i>fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act</i>)	3	QL (1 inhaler/30 days)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act</i>)	3	QL (60 blisters/30 days)

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BREZTRI AEROSPHERE (<i>budesonide-glycopyrrolate-formoterol aeros 160-9-4.8 mcg/act</i>)	3	QL (1 inhaler/30 days)
COMBIVENT RESPIMAT (<i>ipratropium-albuterol inhal aerosol soln 20-100 mcg/act</i>)	3	QL (2 inhalers/30 days)
DULERA (<i>mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act</i>)	3	QL (3 inhalers/30 days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	2	CW
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	2	CW
FLUTICASONE PROPIONATE/SA (<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act</i>)	2	
fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL (60 blisters/30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	2	QL (540 mls/30 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	2	QL (90 vials/30 days)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)	2	QL (96 vials/30 days)
STIOLTO RESPIMAT (<i>tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act</i>)	3	QL (1 inhaler/30 days)
STRIVERDI RESPIMAT (<i>olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)</i>)	3	QL (1 inhaler/30 days)
SYMBICORT (<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act</i>)	2	QL (3 inhalers/30 days)
terbutaline sulfate tab 2.5 mg, 5 mg	2	
TRELEGY ELLIPTA (<i>fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act</i>)	3	QL (1 inhaler/30 days)
VENTOLIN HFA (<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>)	3	QL (2 inhalers/30 days)
Cystic Fibrosis Agents		
ALYFTREK (<i>vanzacaftor-tezacaftor-deutivacaftor tab 4-20-50 mg</i>)	5	PA, QL (84 tablets/28 days)
ALYFTREK (<i>vanzacaftor-tezacaftor-deutivacaftor tab 10-50-125 mg</i>)	5	PA, QL (56 tablets/28 days)
CAYSTON (<i>aztreonam lysine for inhal soln 75 mg (base equivalent)</i>)	6	QL (1 kit/56 days)
KALYDECO (<i>ivacaftor tab 150 mg</i>)	5	PA, QL (60 tablets/30 days)
KALYDECO (<i>ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg</i>)	5	PA, QL (60 packets/30 days)
ORKAMBI (<i>lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg</i>)	6	PA, QL (120 tablets/30 days)
ORKAMBI (<i>lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg</i>)	6	PA, QL (60 packets/30 days)
PULMOZYME (<i>dornase alfa inhal soln 2.5 mg/2.5ml</i>)	5	
SYMDEKO (<i>tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk</i>)	5	PA, QL (56 tablets/28 days)

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Drug Name	Tier	Coverage Requirements and Limits
SYMDEKO (<i>tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk</i>)	5	PA, QL (56 tablets/28 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	5	QL (280 mls/56 days)
TRIKAFTA (<i>ellexacaf-tezacaf-ivacaf 80-40-60 mg & ivacaf 59.5mg thpk gran</i>)	5	PA, QL (56 packets/28 days)
TRIKAFTA (<i>ellexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaf 75mg thpk gran</i>)	5	PA, QL (56 packets/28 days)
TRIKAFTA (<i>ellexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk</i>)	5	PA, QL (84 tablets/28 days)
TRIKAFTA (<i>ellexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk</i>)	5	PA, QL (84 tablets/28 days)
Mast Cell Stabilizers (Drugs to Block Mast Cells)		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	2	QL (240 mls/30 days)
Phosphodiesterase Inhibitors, Airways Disease (Drugs that Block Phosphodiesterase)		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	2	
<i>roflumilast tab 250 mcg, 500 mcg</i>	2	
THEO-24 (<i>theophylline cap er 24hr 100 mg, 200 mg, 300 mg</i>)	4	
<i>theophylline elixir 80 mg/15ml</i>	2	
Theophylline Elixir 80 Mg/15ml (ELIXOPHYLLIN) (ELIXOPHYLLIN)	2	
<i>theophylline soln 80 mg/15ml</i>	2	
<i>theophylline tab er 12hr 300 mg, 450 mg</i>	2	
<i>theophylline tab er 24hr 400 mg, 600 mg</i>	2	
Pulmonary Antihypertensives (Drugs for Pulmonary Hypertension)		
ADEMPAS (<i>riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg</i>)	6	LD, PA, QL (90 tablets/30 days), SP
<i>ambrisentan tab 5 mg, 10 mg</i>	5	PA, QL (30 tablets/30 days)
<i>bosentan tab for oral susp 32 mg</i>	5	PA, QL (120 tablets/30 days)
<i>bosentan tab 62.5 mg, 125 mg</i>	5	PA, QL (60 tablets/30 days)
OPSUMIT (<i>macitentan tab 10 mg</i>)	5	LD, PA, QL (30 tablets/30 days), SP
ORENITRAM (<i>treprostinil diolamine tab er 0.125 mg (base equiv), 0.25 mg (base equiv), 1 mg (base equiv), 2.5 mg (base equiv), 5 mg (base equiv)</i>)	6	LD, PA, QL (300 tablets/30 days), SP
ORENITRAM TITRATION KIT M (<i>treprostinil tab er titr pk (mo1) 126 x0.125mg & 42 x0.25mg, titr pk (mo2) 126 x0.125mg & 210 x0.25mg, titr pk(mo3)126x0.125mg&42x0.25mg&84x1mg</i>)	6	LD, PA, QL (1 pack/180 days), SP
<i>sildenafil citrate for suspension 10 mg/ml</i>	5	PA, QL (224 mls/30 days)
<i>sildenafil citrate tab 20 mg</i>	5	QL (90 tablets/30 days)

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Drug Name	Tier	Coverage Requirements and Limits
tadalafil tab 20 mg (pah)	5	PA, QL (60 tablets/30 days)
Tadalafil Tab 20 mg (pah) (ALYQ)	5	PA, QL (60 tablets/30 days)
TYVASO (<i>treprostinil inhalation solution 0.6 mg/ml</i>)	6	LD, PA, QL (7 ampules/28 days), SP
TYVASO DPI INSTITUTIONAL (<i>treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge</i>)	6	LD, PA, QL (112 cartridges/28 days), SP
TYVASO DPI MAINTENANCE KI (<i>treprostinil inh powder 16 mcg/cartridge, 32 mcg/cartridge, 48 mcg/cartridge, 64 mcg/cartridge</i>)	6	LD, PA, QL (112 cartridges/28 days), SP
TYVASO DPI TITRATION KIT (<i>treprostinil inh powd 112 x 16mcg & 112 x 32mcg & 28 x 48mcg</i>)	6	LD, PA, QL (252 cartridges/180 days), SP
TYVASO REFILL KIT (<i>treprostinil inhalation solution 0.6 mg/ml</i>)	6	LD, PA, QL (1 pack/28 days), SP
TYVASO STARTER KIT (<i>treprostinil inhalation solution 0.6 mg/ml</i>)	6	LD, PA, QL (1 kit/180 days), SP
UPTRAVI (<i>selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg</i>)	5	LD, PA, QL (60 tablets/30 days), SP
UPTRAVI TITRATION PACK (<i>selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)</i>)	5	LD, PA, QL (1 pack/180 days), SP
VENTAVIS (<i>iloprost inhalation solution 10 mcg/ml, 20 mcg/ml</i>)	6	LD, PA, QL (270 ampules/30 days), SP
WINREVAIR (<i>sotatercept-csrk for subcutaneous soln kit 45 mg, 60 mg, 2 x 45 mg, 2 x 60 mg</i>)	6	LD, PA, SP
YUTREPIA (<i>treprostinil sodium inhal cap 26.5 mcg, 53 mcg, 79.5 mcg, 106 mcg</i>)	6	PA, QL (112 capsules/28 days)
Pulmonary Fibrosis Agents		
OFEV (<i>nintedanib esylate cap 100 mg (base equivalent), 150 mg (base equivalent)</i>)	6	PA, QL (60 capsules/30 days)
PIRFENIDONE (<i>pirfenidone tab 534 mg</i>)	6	PA, QL (21 tablets/180 days)
<i>pirfenidone cap 267 mg</i>	5	PA, QL (180 capsules/30 days)
<i>pirfenidone tab 267 mg</i>	5	PA, QL (180 tablets/30 days)
<i>pirfenidone tab 801 mg</i>	5	PA, QL (90 tablets/30 days)
Respiratory Tract Agents, Other (Drugs for Allergies, Cough, Cold and Other Conditions)		
<i>acetylcysteine inhal soln 10%, 20%</i>	2	
DUPIXENT (<i>dupilumab subcutaneous soln auto-injector 200 mg/1.14ml</i>)	5	PA, QL (2 pens/28 days)
DUPIXENT (<i>dupilumab subcutaneous soln auto-injector 300 mg/2ml</i>)	5	PA, QL (4 pens/28 days)
DUPIXENT (<i>dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml</i>)	5	PA, QL (2 syringes/28 days)
DUPIXENT (<i>dupilumab subcutaneous soln prefilled syringe 300 mg/2ml</i>)	5	PA, QL (4 syringes/28 days)

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Drug Name	Tier	Coverage Requirements and Limits
EBGLYSS (<i>lebrikizumab-lbkz subcutaneous soln auto-inject 250 mg/2ml</i>)	5	PA, QL (1 pen/28 days)
EBGLYSS (<i>lebrikizumab-lbkz solution prefilled syringe 250 mg/2ml</i>)	5	PA, QL (1 syringe/28 days)
ENTYVIO PEN (<i>vedolizumab soln auto-injector 108 mg/0.68ml</i>)	5	PA, QL (2 pens/28 days)
FASENRA PEN (<i>benralizumab subcutaneous soln auto-injector 30 mg/ml</i>)	5	PA, QL (1 pen/28 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray), 0.06% (42 mcg/spray)</i>	2	
NUCALA (<i>mepolizumab subcutaneous solution auto-injector 100 mg/ml</i>)	5	PA, QL (3 pens/28 days)
NUCALA (<i>mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml</i>)	5	PA, QL (1 syringe/28 days)
NUCALA (<i>mepolizumab subcutaneous solution pref syringe 100 mg/ml</i>)	5	PA, QL (3 syringes/28 days)
<i>sodium chloride soln nebu 3%</i>	2	
Sodium Chloride Soln Nebu 3% (NEBUSAL)	2	
<i>sodium chloride soln nebu 7%</i>	1	
Sodium Chloride Soln Nebu 7% (PULMOSAL)	1	
TEZSPIRE (<i>tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml</i>)	5	PA, QL (1 pen/28 days)
XHANCE (<i>fluticasone propionate nasal exhaler susp 93 mcg/act</i>)	4	PA
XOLAIR (<i>omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml</i>)	5	PA
XOLAIR (<i>omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml</i>)	5	PA
Skeletal Muscle Relaxants (Drugs for Muscle Tightness)		
No USP Class		
<i>chlorzoxazone tab 500 mg</i>	2	
<i>cyclobenzaprine hcl tab 5 mg, 10 mg</i>	1	
<i>diazepam conc 5 mg/ml</i>	2	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg, 5 mg, 10 mg</i>	1	
<i>methocarbamol tab 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	2	
Sleep Disorder Agents (Drugs for Sleep Problems)		
Sleep Promoting Agents (Drugs for Insomnia)		
BELSOMRA (<i>suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg</i>)	3	QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv), 6 mg (base equiv)</i>	2	QL (30 tablets/30 days)
<i>estazolam tab 1 mg, 2 mg</i>	2	

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Drug Name	Tier	Coverage Requirements and Limits
eszopiclone tab 1 mg, 2 mg, 3 mg	1	QL (30 tablets/30 days)
FLURAZEPAM HYDROCHLORIDE (flurazepam hcl cap 15 mg, 30 mg)	4	
HETLIOZ LQ (tasimelteon oral susp 4 mg/ml)	6	LD, PA, QL (158 mls/30 days), SP
tasimelteon capsule 20 mg	5	PA, QL (30 capsules/30 days)
temazepam cap 15 mg, 30 mg	1	
zaleplon cap 5 mg, 10 mg	1	QL (30 capsules/30 days)
zolpidem tartrate tab er 6.25 mg	1	QL (30 tablets/30 days)
zolpidem tartrate tab er 12.5 mg	2	QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg, 10 mg	1	QL (30 tablets/30 days)
Wakefulness Promoting Agents (Drugs for Excessive Daytime Sleepiness)		
armodafinil tab 50 mg	1	
armodafinil tab 150 mg, 200 mg, 250 mg	2	
LUMRYZ (sodium oxybate pack for oral er susp 4.5 gm, 6 gm, 7.5 gm, 9 gm)	6	LD, PA, QL (30 packets/30 days), SP
LUMRYZ STARTER PACK (sodium oxybate pack for er susp 4.5 & 6 & 7.5 gm starter pak)	6	LD, PA, QL (28 packets/180 days), SP
modafinil tab 100 mg, 200 mg	2	
SODIUM OXYBATE (sodium oxybate oral solution 500 mg/ml)	6	LD, PA, QL (540 mls/30 days), SP
SUNOSI (solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv))	3	PA, QL (30 tablets/30 days)
WAKIX (pitolisant hcl tab 4.45 mg (base equivalent), 17.8 mg (base equivalent))	6	LD, PA, QL (60 tablets/30 days), SP
XYWAV (calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml)	6	LD, PA, QL (540 mls/30 days), SP

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