2024 California Access Large Group 4-Tier PPO Prescription Drug List

Please note: This Prescription Drug List (PDL) is accurate as of May 1, 2024 and is subject to change after this date. All previous versions of this PDL are no longer in effect. Your estimated coverage and copay/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

This PDL can also be accessed online at **myuhc.com > Popular Forms > Pharmacy Benefits > Prescription Drug Lists > California plans > Large Group - Access**. Plan-specific coverage documents may be accessed online at **uhc.com/statedruglists > Large Group Plans > California**.

If you are a UnitedHealthcare member, please register or log on to **myuhc.com**, or call the toll-free number on your member ID card to find pharmacy information specific to your benefit plan.

This PDL is applicable to the following health insurance products offered by UnitedHealthcare:

- Navigate
- Navigate Plus
- Choice
- Choice Plus
- Select
- Select Plus
- Core
- Core Essential
- Options PPO
- Non-Differential PPO

Updated 3/1/2024

United Healthcare

Contents

At UnitedHealthcare, we want to help you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly used terms and their definitions as well as frequently asked questions:

Brand-name drug means a Prescription Drug Product (1) which is manufactured and marketed under a trademark or name by a specific drug manufacturer; or (2) that we identify as a brand-name product, based on available data resources. This includes data sources such as Medi-Span, that classify drugs as either brand or generic based on a number of factors. Not all products identified as a "brand-name" by the manufacturer, pharmacy, or your Physician will be classified as brand-name by us. A brand-name drug is listed in this PDL in all CAPITAL letters.

Coinsurance means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

Copayment means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

Deductible means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either 1 deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

Drug Tier means a group of Prescription Drug Products that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a Prescription Drug Product is placed determines your portion of the cost for the drug.

Exception request means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

Exigent circumstances means when you are suffering from a medical 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 non-formulary drug.

Formulary or Prescription Drug List (PDL) means a list that categorizes into tiers medications or products that have been approved by the U.S. Food and Drug Administration (FDA). This list is subject to our periodic review and modification (generally quarterly, but no more than 6 times per calendar year).

Generic drug means a Prescription Drug Product: (1) that is chemically equivalent to a brand-name drug; or (2) that we identify as a generic product based on available data resources. This includes data sources such as Medi-Span, that classify drugs as either brand or generic based on a number of factors. Not all products identified as a "generic" by the manufacturer, pharmacy or your Physician will be classified as a generic by us. A generic drug is listed in this PDL in italicized lowercase letters.

Medically Necessary means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

Non-formulary drug means a Prescription Drug Product that is not listed on this PDL.

Out-of-pocket costs means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

Prescribing provider means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

Prescription means an oral, written, or electronic order from a prescribing provider authorizing a Prescription Drug Product to be provided to a specific individual.

Prescription Drug Product means a medication or product that has been approved by the U.S. Food and Drug Administration (FDA) and that can, under federal or state law, be dispensed only according to a Prescription Order or Refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver.

We will provide coverage for a Prescription Drug Product which includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. This definition includes: Inhalers (with spacers); Insulin; the following diabetic supplies: standard insulin syringes with needles; blood-testing strips - glucose; urine-testing strips - glucose; ketone-testing strips and tablets; lancets and lancet devices; and glucose meters (including continuous glucose monitors); disposable devices which are medically necessary for the administration of a covered outpatient Prescription Drug Product. Benefits also include FDA-approved contraceptive drugs, devices and products available over-the-counter when prescribed by a Network provider.

Prior Authorization means a process by your health insurer to determine that a health care benefit is medically necessary for you. If a Prescription Drug Product is subject to prior authorization in this PDL, your prescribing provider must request approval from your health insurer to cover the drug. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

Step therapy means a specific sequence in which Prescription Drug Products for a particular medical condition must be tried. If a drug is subject to step therapy in this PDL, you may have to try 1 or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

How do I use my PDL?

When choosing a medication, you and your doctor should consult the Prescription Drug List (PDL). It will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if special programs apply. Bring this list with you when you see your doctor. It is organized by therapeutic category and class. The therapeutic category and class are based on the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification.

You may also find a drug by its brand or generic name in the alphabetical index. If a generic equivalent for a brand-name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name.

This is the way Prescription Drug Products appear in the PDL:

1. A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs;
2. The generic name for a brand-name drug is included after the brand-name in parentheses and all lowercase italicized letters;
3. If a generic equivalent for a brand-name drug is both available and covered, the generic drug will be listed separately from the brand-name drug in all lowercase italicized letters; and
4. If a generic drug is marketed under a proprietary, trademark-protected brand-name, the brand-name will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized.

Example:

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG *(irbesartan)*	4	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	

If your medication is not listed in this document, please visit **myuhc.com** or call the toll-free member phone number on your member ID card.

Below is a list of drug tier numbers, abbreviations and designations used in the PDL as well as an explanation for each.

Drug Tier 1	Your lowest cost medications
Drug Tier 2	Your mid-range cost medications
Drug Tier 3	Your mid-range cost medications
Drug Tier 4	Your highest cost medications
PA	Prior authorization required
SL	Supply Limit
ST	Step Therapy

H	Part of health care reform preventive when age and/or condition appropriate
SP	Specialty medication
CM	Orally administered anti-cancer medication
E	Excluded from coverage unless covered as part of health care reform preventive
SM	$0 cost-share by state mandate when condition appropriate

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your employer or health plan. This is how much you will pay when you fill a prescription. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2, 3 or 4, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

For orally administered anti-cancer medications on any Tier, the total amount of copayments and/or coinsurance shall not exceed $250 for an individual prescription of up to a 30-day supply. For high deductible health plans, the $250 maximum only applies once the deductible has been met.

Check your benefit plan documents to find out your specific pharmacy plan costs, including any maximum dollar amount of cost sharing that may apply to a drug. Preferred medications are found in Tier 1, Tier 2 or Tier 3 and may vary depending on the medication and the condition it treats.

$	Drug Tier	Includes	Helpful Tips
$	**Tier 1** **Your lowest cost**	Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
$$	**Tier 2 and 3** **Your mid-range cost**	Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs instead of Tier 4 to help reduce your out-of-pocket costs.
$$$	**Tier 4** **Your highest cost**	Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tier 1, 2 or 3. Ask your doctor if they could work for you.

Please note: If you have a high deductible plan, the tier cost levels may apply once you reach your deductible. Refer to your enrollment and plan materials on **myuhc.com**, or call the toll-free number on your member ID card for more information about your benefit plan.

When does the PDL change?

This PDL is required to be updated on a monthly basis.

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic becomes available.
- Medications may move to a higher tier or become non-formulary most often on Jan. 1, May 1, or Sept. 1.
- Medications may become subject to new or revised utilization management procedures, such as prior authorization, step therapy or supply limits, at any time but most often upon FDA approval of the medication or its generic, Jan. 1, May 1, or Sept. 1.

When a medication changes tiers, you may have to pay a different amount for that medication.

The presence of a Prescription Drug Product on the PDL does not guarantee that you will be prescribed that Prescription Drug Product by your provider for a particular medical condition.

Utilization Management Programs

Prior authorization required—Your doctor is required to provide additional information to us to determine coverage. For specific prior authorization requirements, please refer to your Evidence of Coverage.

Supply limit—Amount of medication covered per copayment or in a specific time period.

Step therapy—Requires you to try 1 or more other medications before the medication you are requesting may be covered. For specific step therapy requirements, please refer to your Evidence of Coverage.

Health Care Reform Preventive when age and/or condition appropriate—This medication is part of a health care reform preventive benefit and may be available at no cost to you when used for appropriate preventive purposes. For more information, please refer to the California Traditional, Access, and Enhanced HMO and PPO Prescription Drug List (PDL) PPACA $0 Cost-Share Preventive Care Medications list.

Designated specialty program—For certain Specialty Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products, which are identified in the Coverage Requirements and Limits column of the Prescription Drug List (PDL). If you choose not to obtain your Prescription Drug Product from the Designated Pharmacy, you may opt-out of the Designated Pharmacy program by contacting us at **myuhc.com** or the telephone number on your member ID card.

State mandated $0 cost-share when condition appropriate—This medication is mandated to be covered at $0 cost-share when used for any of the following conditions:

- Abortion*
- COVID-19

*Please Note: If you have a high deductible plan, $0 cost-share will not apply until your deductible has been met.

To learn more about a pharmacy program or to find out if it applies to you, please visit **myuhc.com** or call the toll-free member phone number on your member ID card. If you are a pre-enrollee and you would like to learn more about your specific pharmacy benefit, please contact your employer.

Drugs administered by a health care professional are generally covered under the medical benefit while drugs that are self-administered are covered under the pharmacy benefit. In order to obtain medical benefits for drugs that are administered by a health care professional, your provider may also be required to obtain a prior authorization. The provider may contact UnitedHealthcare for more information or **uhcprovider.com**.

Your Right to Request Access to a Non-formulary Drug

This plan must cover all Medically Necessary Prescription Drug Products.

When a Prescription Drug Product is not on our PDL, you or your representative may request an exception to gain access to that Prescription Drug Product. To make a request, contact us in writing or call the toll-free number on your member ID card. We will notify you of our determination within 72 hours. If approved, we will cover the Prescription Drug Product for the duration of the prescription, including refills.

Urgent Requests

If your request requires immediate action and a delay could significantly increase the risk to your health, or the ability to regain maximum function, call us as soon as possible. We will provide a written or electronic determination within 24 hours. If approved, we will cover the Prescription Drug Product for the duration of the exigency.

External Review

If you are not satisfied with our determination of your exception request, you may be entitled to request an external review. You or your representative may request an external review by sending a written request to us to the address set out in the determination letter or by calling the toll-free number on your member ID card. The Independent Review Organization (IRO) will notify you of its determination within 72 hours.

Expedited External Review

If you are not satisfied with our determination of your exception request and it involves an urgent situation, you or your representative may request an expedited external review by calling the toll-free number on your member ID card or by sending a written request to the address set out in the determination letter. The IRO will notify you of our determination within 24 hours.

If we deny your exception request, you may appeal. Please refer to your Evidence of coverage for details. The complaint and appeals process, including independent review, is described under Section 6: Questions, Complaints and Appeals. You may also call the telephone number listed on your member ID card.

Requesting a Prior Authorization or Step Therapy Exception

Before certain Prescription Drug Products are dispensed to you, your prescribing provider or your pharmacist is required to obtain prior authorization or step therapy exception from us. Your prescribing provider can submit a request by phone to Optum Rx® or electronically by contacting us at **uhcprovider.com**. The Prior Authorization staff of qualified pharmacists and technicians is available Monday – Friday from 5 a.m. – 10 p.m. PST and Saturday from 6 a.m. – 3 p.m. PST to assist licensed physicians. Most authorizations are completed within 24 hours. The most common reason for delay in the authorization process is insufficient information. Your licensed physician may need to provide information on diagnosis and medication history and/or evidence in the form of documents, records or lab tests which establish that the use of the requested Prescription Drug Product meets plan criteria. You may determine whether a particular Prescription Drug Product is subject to prior authorization or step therapy requirements by going online at **myuhc.com** or by calling at the toll-free phone number on the back of your member ID card.

An exception to a step therapy requirement will be granted if your prescribing provider submits necessary justification and supporting clinical documentation supporting their determination that the required Prescription Drug Product is inconsistent with good professional practice for provision of medically necessary covered services, taking into consideration your needs and medical history, along with the professional judgment of your prescribing provider.

If you are currently taking a Prescription Drug Product which was approved by UnitedHealthcare for a specific medical condition and that drug is removed from the Prescription Drug List (PDL) and the prescribing provider continues to prescribe the Prescription Drug Product for your medical condition, we will continue to cover the Prescription Drug Product provided that the drug is appropriately prescribed and is considered safe and effective for treating your medical condition.

In the case of a standard prior authorization or step therapy exception request, we will notify you, your designee, or your prescribing provider of the Benefit determination no later than 72 hours following receipt of the request. In the case of an expedited prior authorization or step therapy exception request based on exigent circumstances, we will notify you, your designee, or your prescribing provider of the Benefit determination no later than 24 hours following receipt of the request. If we fail to respond to you, your designee, or your prescribing provider within the prescribed time limits, the request is deemed approved and we may not deny the request thereafter.

If you disagree with a determination, you can request an appeal. The complaint and appeals process, including independent medical review, is described in the Evidence of Coverage under Section 6: Questions, Complaints and Appeals. You may also call at the telephone number on your member ID card.

How do I locate and fill a prescription through a retail network pharmacy?

UnitedHealthcare has a well-established network of pharmacies including most major pharmacy and supermarket chains as well as many independent pharmacies. For a listing of network pharmacies, call the toll-free phone number on your member ID card to help locate a network pharmacy near you or visit our website at **myuhc.com** for an up-to-date list.

How do I locate and fill a prescription through the mail order pharmacy?

UnitedHealthcare offers a Mail Order Pharmacy Program through Optum Rx. Here's how to fill prescriptions through Optum® Home Delivery.

1. Call your prescribing provider to obtain a new prescription for each medication. When you call, ask the physician to write the prescription for a 90-day supply which represents 3 prescription units with up to 3 additional refills. The doctor will tell you when to pick up the written prescription. (Note: Optum Rx must have a new prescription to process any new Mail Order request.)

2. After picking up the prescription, complete the Mail Order Form included in your enrollment materials. (To obtain additional forms or for assistance in completing the form, contact UnitedHealthcare's customer service department by calling the telephone number on the back of your ID card. You can also find the form at **optumrx.com**.)
3. Enclose the prescription and appropriate copayment via check, money order, or credit card. Your Pharmacy Schedule of Benefits will have the applicable copayment for the mail order pharmacy program, Optum Home Delivery. Make the check or money order payable to **Optum Rx**. No cash please.

Important Tip: If you are starting a new Prescription Drug Product, please request 2 prescriptions from your physician. Have 1 filled immediately at a network pharmacy while mailing the second prescription to Optum Home Delivery. Once you receive your medication through the mail order pharmacy program, you should stop filling the prescription at the network pharmacy.

How do I locate and fill a prescription at a specialty pharmacy?

Call the phone number on the back of your member ID card or visit **specialty.optumrx.com** to locate a designated specialty pharmacy for your medication.

Designated Pharmacies

If you require certain Specialty Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Specialty Prescription Drug Products. There are both retail and mail pharmacies in the Designated Pharmacy network. Note that not all contracted retail pharmacies are in the Designated Pharmacy network. Only retail pharmacies that are in the Designated Pharmacy network will provide access to these Specialty Prescription Drug Products. If you choose not to obtain your Specialty Prescription Drug Product from the Designated Pharmacy, you may opt-out of the Designated Pharmacy program through the Internet at **myuhc.com** or by calling the telephone number on your member ID card. If you want to opt-out of the program and fill your Specialty Prescription Drug Product at a non-Designated Pharmacy but do not inform us, you will be responsible for the entire cost of the Specialty Prescription Drug Product and no Benefits will be paid.

In urgent or emergent circumstances, you may contact customer service by calling the telephone number on the back of your member ID card. This will allow you access to the retail network override process and allow the urgent or emergent prescription claim to pay at your local pharmacy for same day access if they have the Prescription Drug Product available.

How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit **myuhc.com** or call the toll-free member phone number on your member ID card for more current information.

Log in to myuhc.com for the following pharmacy information and tools:

- Pharmacy benefit and coverage information
- Possible lower-cost medication options
- Medication interactions and side effects
- Participating retail pharmacies by ZIP code
- Your prescription history

And, if mail order services are included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up reminders for refills
- Manage your account

Learn more Call the toll-free member phone number on your member ID card, or visit **myuhc.com**.

Nondiscrimination notice and access to communication services

UnitedHealthcare Services, Inc. on behalf of itself and its affiliates does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

If you think you were treated unfairly for any of these reasons, you can send a complaint to:

Online: **UHC_Civil_Rights@uhc.com**

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your member ID card.

If you think you were treated unfairly because of your race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can also send a complaint to the California Department of Insurance:

California Department of Insurance
Consumer Communications Bureau
300 South Spring Street, South Tower
Los Angeles, CA 90013

1-800-927-HELP (1-800-927-4357)

1-800-482-4833 (TTY)

Internet Website: www.insurance.ca.gov

If you think you were treated unfairly because of your sex, age, race, color, national origin, or disability, you can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**
Complaint forms are available at **https://www.hhs.gov/ocr/complaints/index.html**.

Phone: Toll-free **1-800-368-1019, 1-800-537-7697 (TDD)**

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

English

IMPORTANT: You can get an interpreter at no cost to talk to your doctor or health insurance company. To get an interpreter or to ask about written information in your language, first call your insurance company's phone number at 1-800-842-2656.

Someone who speaks your language can help you. If you need more help, call the Department of Insurance Hotline at 1-800-927-4357.

Español

IMPORTANTE: Puede obtener la ayuda de un intérprete sin costo alguno para hablar con su médico o con su compañía de seguros. Para obtener la ayuda de un intérprete o preguntar sobre información escrita en español, primero llame al número de teléfono de su compañía de seguros al 1-800-842-2656.

Alguien que habla español puede ayudarle. Si necesita ayuda adicional, llame a la línea directa del Departamento de seguros al 1-800-927-4357. (Spanish)

中文

重要事項：您與您的醫生或醫療保險公司交談時，可獲得免費口譯服務。如欲請翻譯員提供口譯，或欲查詢中文書面資料，請先致電您的保險公司，電話號碼1-800-842-2656

說中文人士將為您提供協助。如需更多協助，請致電保險部熱線 1-800-927-4357 (Chinese)

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

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

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

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

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

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

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

ध्यान दें: यदि आप **हिंदी (Hindi)** भाषी हैं तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर दिए टोल-फ़्री फ़ोन नंबर पर काल करें।

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសា**ខ្មែរ **(Khmer, Cambodian)** សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե **հայերեն (Armenian)** եք խոսում, անվճար լեզվական օգնության ծառայություններ են հասնում Ձեզ: Խնդրվում է զանգահարել անվճար հեռախոսահամարով, որը նշվել է Ձեր ճանաչողական քարտի վրա:

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤ□ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵ□ਬਿਲਕੁਲ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਪਛਾਣ-ਪੱਤਰ 'ਤੇ ਦਿੱਤੇ ਗਏ ਟੋਲ ਫ਼ੀ ਨੰਬਰ 'ਤੇ ਕਾੱਲ ਕਰੋ।

โปรดทราบ: หากคุณพูด**ภาษาไทย (Thai)** มีบริการความช่วยเหลือด้านภาษาให้แก่คุณโดยที่คุณไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด โปรดโทรศัพท์ถึงหมายเลขโทรฟรีที่อยู่บนบัตรประจำตัวของคุณ

State of California

Table of Contents of Prescription Drug List

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE DRUGS - Drugs for Allergy		
promethazine hcl oral tablet 25 mg	1	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	PA
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	4	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	4	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
VISTARIL ORAL CAPSULE 25 MG (*hydroxyzine pamoate*)	4	
OTHER ANTIHISTAMINES - Drugs for Allergy		
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
famotidine oral suspension reconstituted 40 mg/5ml	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
olopatadine hcl nasal solution 0.6 %	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	4	
VISTARIL ORAL CAPSULE 25 MG (*hydroxyzine pamoate*)	4	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethazine vc oral syrup 6.25-5 mg/5ml	1	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	1	PA
promethazine-codeine oral solution 6.25-10 mg/5ml	1	PA
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (*pseudoeph-bromphen-dm*)	3	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	PA
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (*dexchlorpheniramine maleate*)	4	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (*lodoxamide tromethamine*)	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (*desloratadine-pseudoephedrine*)	3	
desloratadine oral tablet 5 mg	1	
desloratadine oral tablet dispersible 5 mg	1	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	1	
levocetirizine dihydrochloride oral tablet 5 mg	1	
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	1	
cefadroxil oral tablet 1 gm	1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefaclor er oral tablet extended release 12 hour 500 mg	1	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefixime oral capsule 400 mg	1	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	1	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	1	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	1	
rimantadine hcl oral tablet 100 mg	1	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
terbinafine hcl oral tablet 250 mg	1	
AMEBICIDES - Drugs for the Mouth and Throat		
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	3	PA
FLAGYL ORAL CAPSULE 375 MG (*metronidazole*)	4	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	4	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	3	PA
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal gel 0.75 %	1	
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	4	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (*amikacin sulfate liposome*)	4	PA; SL (8.4 ml per day.); SP
neomycin sulfate oral tablet 500 mg	1	
TOBI PODHALER INHALATION CAPSULE 28 MG (*tobramycin*)	3	PA; SL (224 capsules per 56 days.); SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA; SL (224 ml per 56 days.); SP
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL TABLET 150 MG (*omadacycline tosylate*)	4	
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	SL (112 capsules and tablets (1 Package) per 180 days.)
amoxicillin oral capsule 250 mg, 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg	1	
amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (*amoxicillin-pot clavulanate*)	4	
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
ANTHELMINTICS - Drugs for Parasites		
albendazole oral tablet 200 mg	1	SL (124 tablets per month.)
BILTRICIDE ORAL TABLET 600 MG (*praziquantel*)	4	
EGATEN ORAL TABLET 250 MG (*triclabendazole*)	3	
EMVERM ORAL TABLET CHEWABLE 100 MG (*mebendazole*)	4	SL (6 tablets per 3 days.)
ivermectin oral tablet 3 mg	1	PA; SL (20 tablets per 3 months.)
praziquantel oral tablet 600 mg	1	
STROMECTOL ORAL TABLET 3 MG (*ivermectin*)	4	PA; SL (20 tablets per 3 months.)
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
BREXAFEMME ORAL TABLET 150 MG (*ibrexafungerp citrate*)	4	PA
griseofulvin microsize oral suspension 125 mg/5ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	SL (120 capsules per 180 days.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	SL (120 capsules per 180 days.)
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	4	SL (120 capsules per 180 days.)
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA ORAL TABLET 100 MG (*tafenoquine succinate*)	4	SL (16 tablets per month.)
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	1	
avidoxy oral tablet 100 mg	1	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
COARTEM ORAL TABLET 20-120 MG (*artemether-lumefantrine*)	2	
DARAPRIM ORAL TABLET 25 MG (*pyrimethamine*)	4	PA; SP
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG (*doxycycline hyclate*)	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	4	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
KRINTAFEL ORAL TABLET 150 MG (*tafenoquine succinate*)	1	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (*atovaquone-proguanil hcl*)	4	
mefloquine hcl oral tablet 250 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	
mondoxyne nl oral capsule 100 mg	1	
primaquine phosphate oral tablet 26.3 (15 base) mg	1	
pyrimethamine oral tablet 25 mg	1	PA; SP
QUALAQUIN ORAL CAPSULE 324 MG (*quinine sulfate*)	4	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
quinine sulfate oral capsule 324 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
VIBRAMYCIN ORAL CAPSULE 100 MG (*doxycycline hyclate*)	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (*doxycycline monohydrate*)	4	
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	1	
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*nitazoxanide*)	2	
atovaquone oral suspension 750 mg/5ml	1	
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	4	
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	4	
BENZNIDAZOLE ORAL TABLET 100 MG	2	PA; SL (248 tablets per 720 days)
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	PA; SL (720 tablets per 720 days.)
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	SL (120 capsules per 180 days.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	SL (120 capsules per 180 days.)
dapsone oral tablet 100 mg, 25 mg	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	3	PA
FLAGYL ORAL CAPSULE 375 MG (*metronidazole*)	4	
IMPAVIDO ORAL CAPSULE 50 MG (*miltefosine*)	2	PA; SL (3 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LAMPIT ORAL TABLET 120 MG (*nifurtimox*)	4	PA; SL (7.5 tablets per day.)
LAMPIT ORAL TABLET 30 MG (*nifurtimox*)	4	PA; SL (9 tablets per day.)
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	4	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	3	PA
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (*pentamidine isethionate*)	4	
nitazoxanide oral tablet 500 mg	1	
pentamidine isethionate inhalation solution reconstituted 300 mg	1	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	4	SL (120 capsules per 180 days.)
SOLOSEC ORAL PACKET 2 GM (*secnidazole*)	4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
tinidazole oral tablet 250 mg, 500 mg	1	
ANTIRETROVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (*lenacapavir sodium*)	4	PA; SL (4 tablets per 365 days.)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (*lenacapavir sodium*)	4	PA; SL (5 tablets per 365 days.)
ANTITUBERCULOSIS AGENTS - Antibiotics		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (*ciprofloxacin*)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (*ciprofloxacin hcl*)	4	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
cycloserine oral capsule 250 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ethambutol hcl oral tablet 100 mg, 400 mg	1	
isoniazid oral syrup 50 mg/5ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl oral tablet 400 mg	1	
MYAMBUTOL ORAL TABLET 400 MG (*ethambutol hcl*)	4	
MYCOBUTIN ORAL CAPSULE 150 MG (*rifabutin*)	4	
PRETOMANID ORAL TABLET 200 MG	4	
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	2	
pyrazinamide oral tablet 500 mg	1	
rifabutin oral capsule 150 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (*rifampin*)	3	PA
SIRTURO ORAL TABLET 100 MG, 20 MG (*bedaquiline fumarate*)	2	
TRECATOR ORAL TABLET 250 MG (*ethionamide*)	2	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
LIVTENCITY ORAL TABLET 200 MG (*maribavir*)	4	PA; SL (4 tablets per day.); SP
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	2	SM
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (*nirmatrelvir-ritonavir*)	2	SM
PREVYMIS ORAL TABLET 240 MG, 480 MG (*letermovir*)	2	PA
TPOXX ORAL CAPSULE 200 MG (*tecovirimat*)	4	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (*baloxavir marboxil*)	3	SL (1 tablet per month.)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (*baloxavir marboxil*)	3	SL (1 tablet per month.)
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA ORAL CAPSULE 186 MG (*isavuconazonium sulfate*)	3	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
itraconazole oral capsule 100 mg	1	SL (180 capsules per 365 days)
itraconazole oral solution 10 mg/ml	1	SL (1800 ml per 365 days)
ketoconazole oral tablet 200 mg	1	
NOXAFIL ORAL PACKET 300 MG (*posaconazole*)	2	
NOXAFIL ORAL SUSPENSION 40 MG/ML (*posaconazole*)	4	SL (20 ml per day.)
posaconazole oral suspension 40 mg/ml	1	SL (20 ml per day.)
posaconazole oral tablet delayed release 100 mg	1	
SPORANOX ORAL CAPSULE 100 MG (*itraconazole*)	4	SL (180 capsules per 365 days)
SPORANOX ORAL SOLUTION 10 MG/ML (*itraconazole*)	4	SL (1800 ml per 365 days)
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*voriconazole*)	4	
VFEND ORAL TABLET 200 MG (*voriconazole*)	4	
VFEND ORAL TABLET 50 MG (*voriconazole*)	3	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (*oteseconazole*)	3	SL (18 capsules per 84 days.)
voriconazole oral suspension reconstituted 40 mg/ml	1	
voriconazole oral tablet 200 mg, 50 mg	1	
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (*erythromycin ethylsuccinate*)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (*erythromycin ethylsuccinate*)	4	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG (*erythromycin base*)	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (*erythromycin stearate*)	2	
erythromycin base oral capsule delayed release particles 250 mg	1	
erythromycin base oral tablet 250 mg, 500 mg	1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	1	
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (*vancomycin hcl*)	4	
VANCOCIN ORAL CAPSULE 250 MG (*vancomycin hcl*)	4	
vancomycin hcl oral capsule 125 mg, 250 mg	1	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	1	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML (*vancomycin hcl*)	3	PA
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (*sofosbuvir-velpatasvir*)	2	PA; SL (2 packets per day and 84 packets per 720 days.); SP
EPCLUSA ORAL PACKET 200-50 MG (*sofosbuvir-velpatasvir*)	2	PA; SL (1 packet per day and 84 packets per 720 days.); SP
EPCLUSA ORAL TABLET 200-50 MG (*sofosbuvir-velpatasvir*)	2	PA; SL (1 tablet per day.); SP
EPCLUSA ORAL TABLET 400-100 MG (*sofosbuvir-velpatasvir*)	2	PA; SL (84 tablets per 720 days.); SP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (*ledipasvir-sofosbuvir*)	2	PA; ST; SL (1 pellet per day and 84 pellets per 720 days.)
HARVONI ORAL TABLET 45-200 MG (*ledipasvir-sofosbuvir*)	2	PA; ST; SL (84 tablets per 720 days.)
HARVONI ORAL TABLET 90-400 MG (*ledipasvir-sofosbuvir*)	2	PA; ST; SL (56 tablets per 720 days.)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; ST; SL (56 tablets per 720 days.)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SL (84 tablets per 720 days.); SP

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOVALDI ORAL PACKET 150 MG, 200 MG (*sofosbuvir*)	4	PA; ST; SL (1 pellet per day and 84 pellets per 720 days.); SP
SOVALDI ORAL TABLET 200 MG (*sofosbuvir*)	4	PA; ST; SL (84 tablets per 720 days.)
SOVALDI ORAL TABLET 400 MG (*sofosbuvir*)	4	PA; ST; SL (84 tablets per 720 days.); SP
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	2	PA; SL (84 tablets per 720 days); SP
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	2	PA; SL (5 packets per day and 280 packets per 720 days.); SP
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	2	PA; SL (168 tablets per 720 days); SP
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	2	PA; SL (84 tablets per 720 days); SP
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	2	PA; SL (84 tablets per 720 days (12 weeks).); SP
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (*sofosbuvir-velpatasvir*)	2	PA; SL (2 packets per day and 84 packets per 720 days.); SP
EPCLUSA ORAL PACKET 200-50 MG (*sofosbuvir-velpatasvir*)	2	PA; SL (1 packet per day and 84 packets per 720 days.); SP
EPCLUSA ORAL TABLET 200-50 MG (*sofosbuvir-velpatasvir*)	2	PA; SL (1 tablet per day.); SP
EPCLUSA ORAL TABLET 400-100 MG (*sofosbuvir-velpatasvir*)	2	PA; SL (84 tablets per 720 days.); SP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (*ledipasvir-sofosbuvir*)	2	PA; ST; SL (1 pellet per day and 84 pellets per 720 days.)
HARVONI ORAL TABLET 45-200 MG (*ledipasvir-sofosbuvir*)	2	PA; ST; SL (84 tablets per 720 days.)
HARVONI ORAL TABLET 90-400 MG (*ledipasvir-sofosbuvir*)	2	PA; ST; SL (56 tablets per 720 days.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; ST; SL (56 tablets per 720 days.)
MAVYRET ORAL PACKET 50-20 MG (*glecaprevir-pibrentasvir*)	2	PA; SL (5 packets per day and 280 packets per 720 days.); SP
MAVYRET ORAL TABLET 100-40 MG (*glecaprevir-pibrentasvir*)	2	PA; SL (168 tablets per 720 days); SP
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SL (84 tablets per 720 days.); SP
VOSEVI ORAL TABLET 400-100-100 MG (*sofosbuv-velpatasv-voxilaprev*)	2	PA; SL (84 tablets per 720 days); SP
ZEPATIER ORAL TABLET 50-100 MG (*elbasvir-grazoprevir*)	2	PA; SL (84 tablets per 720 days (12 weeks).); SP
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (*lenacapavir sodium*)	4	PA; SL (4 tablets per 365 days.)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (*lenacapavir sodium*)	4	PA; SL (5 tablets per 365 days.)
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (*enfuvirtide*)	4	
maraviroc oral tablet 150 mg, 300 mg	1	PA
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (*fostemsavir tromethamine*)	4	PA
SELZENTRY ORAL SOLUTION 20 MG/ML (*maraviroc*)	2	PA
SELZENTRY ORAL TABLET 150 MG, 300 MG (*maraviroc*)	4	PA
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	3	SL (1 tablet per day.)
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	2	SL (1 tablet per day.)
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	2	SL (1 tablet per day.)
ISENTRESS HD ORAL TABLET 600 MG (*raltegravir potassium*)	2	
ISENTRESS ORAL PACKET 100 MG (*raltegravir potassium*)	2	
ISENTRESS ORAL TABLET 400 MG (*raltegravir potassium*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (*raltegravir potassium*)	2	
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	2	SL (1 tablet per day.)
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	2	SL (1 tablet per day.)
TIVICAY ORAL TABLET 50 MG (*dolutegravir sodium*)	3	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (*dolutegravir sodium*)	3	
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	2	SL (1 tablet per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (*abacavir-dolutegravir-lamivud*)	2	SL (6 tablets per day.)
VOCABRIA ORAL TABLET 30 MG (*cabotegravir sodium*)	4	
HIV NONNUCLEOSIDE REV.TRANSCRIP. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	3	SL (1 tablet per day.)
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	3	SL (1 tablet per day.)
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	2	SL (1 tablet per day.)
EDURANT ORAL TABLET 25 MG (*rilpivirine hcl*)	2	
efavirenz oral capsule 200 mg, 50 mg	1	
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	SL (1 tablet per day.)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	SL (1 tablet per day.)
etravirine oral tablet 100 mg, 200 mg	1	
INTELENCE ORAL TABLET 100 MG, 200 MG (*etravirine*)	4	
INTELENCE ORAL TABLET 25 MG (*etravirine*)	2	
JULUCA ORAL TABLET 50-25 MG (*dolutegravir-rilpivirine*)	2	SL (1 tablet per day.)
methocarbamol oral tablet 500 mg	1	
nevirapine er oral tablet extended release 24 hour 400 mg	1	
nevirapine oral suspension 50 mg/5ml	1	
nevirapine oral tablet 200 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	3	SL (1 tablet per day.)
PIFELTRO ORAL TABLET 100 MG (*doravirine*)	3	
SYMFI LO ORAL TABLET 400-300-300 MG (*efavirenz-lamivudine-tenofovir*)	2	SL (1 tablet per day.)
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	2	SL (1 tablet per day.)
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
abacavir sulfate oral solution 20 mg/ml	1	
abacavir sulfate oral tablet 300 mg	1	
abacavir sulfate-lamivudine oral tablet 600-300 mg	1	SL (1 tablet per day.)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (*bictegravir-emtricitab-tenofov*)	3	SL (1 tablet per day.)
CIMDUO ORAL TABLET 300-300 MG (*lamivudine-tenofovir*)	2	SL (1 tablet per day.)
COMPLERA ORAL TABLET 200-25-300 MG (*emtricitab-rilpivir-tenofovir*)	3	SL (1 tablet per day.)
DELSTRIGO ORAL TABLET 100-300-300 MG (*doravirin-lamivudin-tenofov df*)	2	SL (1 tablet per day.)
DESCOVY ORAL TABLET 120-15 MG (*emtricitabine-tenofovir af*)	3	SL (1 tablet per day.)
DESCOVY ORAL TABLET 200-25 MG (*emtricitabine-tenofovir af*)	3	SL (1 tablet per day.); H
DOVATO ORAL TABLET 50-300 MG (*dolutegravir-lamivudine*)	2	SL (1 tablet per day.)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	SL (1 tablet per day.)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	SL (1 tablet per day.)
emtricitabine oral capsule 200 mg	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	SL (1 tablet per day.)
emtricitabine-tenofovir df oral tablet 200-300 mg	1	SL (1 tablet per day.); H
EMTRIVA ORAL CAPSULE 200 MG (*emtricitabine*)	4	
EMTRIVA ORAL SOLUTION 10 MG/ML (*emtricitabine*)	2	
EPIVIR ORAL SOLUTION 10 MG/ML (*lamivudine*)	4	
EPIVIR ORAL TABLET 150 MG, 300 MG (*lamivudine*)	4	
GENVOYA ORAL TABLET 150-150-200-10 MG (*elviteg-cobic-emtricit-tenofaf*)	2	SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG (*emtricitab-rilpivir-tenofov af*)	3	SL (1 tablet per day.)
RETROVIR ORAL CAPSULE 100 MG (*zidovudine*)	4	
RETROVIR ORAL SYRUP 50 MG/5ML (*zidovudine*)	3	
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	2	SL (1 tablet per day.)
SYMFI LO ORAL TABLET 400-300-300 MG (*efavirenz-lamivudine-tenofovir*)	2	SL (1 tablet per day.)
SYMFI ORAL TABLET 600-300-300 MG (*efavirenz-lamivudine-tenofovir*)	2	SL (1 tablet per day.)
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	3	SL (1 tablet per day.)
tenofovir disoproxil fumarate oral tablet 300 mg	1	H
TRIUMEQ ORAL TABLET 600-50-300 MG (*abacavir-dolutegravir-lamivud*)	2	SL (1 tablet per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (*abacavir-dolutegravir-lamivud*)	2	SL (6 tablets per day.)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (*emtricitabine-tenofovir df*)	4	SL (1 tablet per day.)
VIREAD ORAL POWDER 40 MG/GM (*tenofovir disoproxil fumarate*)	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (*tenofovir disoproxil fumarate*)	2	
ZIAGEN ORAL SOLUTION 20 MG/ML (*abacavir sulfate*)	4	
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 50 mg/5ml	1	
zidovudine oral tablet 300 mg	1	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (*tipranavir*)	2	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	1	
darunavir oral tablet 600 mg, 800 mg	1	
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fosamprenavir calcium oral tablet 700 mg	1	
KALETRA ORAL SOLUTION 400-100 MG/5ML (*lopinavir-ritonavir*)	4	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (*lopinavir-ritonavir*)	4	
lopinavir-ritonavir oral solution 400-100 mg/5ml	1	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	
NORVIR ORAL PACKET 100 MG (*ritonavir*)	2	
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (*darunavir*)	2	
PREZISTA ORAL TABLET 150 MG, 75 MG (*darunavir*)	2	
REYATAZ ORAL PACKET 50 MG (*atazanavir sulfate*)	2	
ritonavir oral tablet 100 mg	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	3	SL (1 tablet per day.)
VIRACEPT ORAL TABLET 250 MG, 625 MG (*nelfinavir mesylate*)	2	
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (*interferon alfa-n3*)	2	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	4	PA; ST; SL (0.08 ml per day.)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (*peginterferon alfa-2a*)	2	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (*peginterferon alfa-2a*)	2	SP
LINCOMYCIN ANTIBIOTICS - Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG (*clindamycin hcl*)	4	
CLEOCIN ORAL CAPSULE 75 MG (*clindamycin hcl*)	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (*clindamycin palmitate hcl*)	4	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	1	
MONOBACTAM ANTIBIOTICS - Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (*aztreonam lysine*)	4	PA; ST; SL (84 vials per 56 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MONOCLONAL ANTIBODY ANTIVIRALS - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (*nirsevimab-alip*)	3	H
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	1	
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	1	SL (180 ml per month)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (*zanamivir*)	3	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
adefovir dipivoxil oral tablet 10 mg	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (*entecavir*)	2	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (*entecavir*)	4	
entecavir oral tablet 0.5 mg, 1 mg	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
LAGEVRIO ORAL CAPSULE 200 MG (*molnupiravir*)	2	SM
ribavirin inhalation solution reconstituted 6 gm	1	
ribavirin oral capsule 200 mg	1	
ribavirin oral tablet 200 mg	1	
TEMBEXA ORAL SUSPENSION 10 MG/ML (*brincidofovir*)	4	
TEMBEXA ORAL TABLET 100 MG (*brincidofovir*)	4	
valacyclovir hcl oral tablet 1 gm, 500 mg	1	
valganciclovir hcl oral solution reconstituted 50 mg/ml	1	
valganciclovir hcl oral tablet 450 mg	1	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM (*ribavirin*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	SL (112 capsules and tablets (1 Package) per 180 days.)
azithromycin oral packet 1 gm	1	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (*fidaxomicin*)	3	SL (136 mL per 10 days.)
DIFICID ORAL TABLET 200 MG (*fidaxomicin*)	3	SL (20 tablets per 7 days)
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
ZITHROMAX ORAL PACKET 1 GM (*azithromycin*)	4	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (*azithromycin*)	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (*azithromycin*)	4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (*azithromycin*)	4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (*azithromycin*)	4	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
linezolid oral suspension reconstituted 100 mg/5ml	1	
linezolid oral tablet 600 mg	1	
SIVEXTRO ORAL TABLET 200 MG (*tedizolid phosphate*)	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (*linezolid*)	4	
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
dicloxacillin sodium oral capsule 250 mg, 500 mg	1	
POLYENE ANTIFUNGALS - Drugs for Fungus		
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral tablet 500000 unit	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POLYMYXIN ANTIBIOTICS - Antibiotics		
colistimethate sodium (cba) injection solution reconstituted 150 mg	1	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (*colistimethate sodium*)	4	
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG (*flucytosine*)	4	
ANCOBON ORAL CAPSULE 500 MG (*flucytosine*)	3	
flucytosine oral capsule 250 mg, 500 mg	1	
QUINOLONE ANTIBIOTICS - Antibiotics		
BAXDELA ORAL TABLET 450 MG (*delafloxacin meglumine*)	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (*ciprofloxacin*)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (*ciprofloxacin hcl*)	4	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
levofloxacin oral solution 25 mg/ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin hcl oral tablet 400 mg	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (*rifamycin sodium*)	3	
MYCOBUTIN ORAL CAPSULE 150 MG (*rifabutin*)	4	
PRIFTIN ORAL TABLET 150 MG (*rifapentine*)	2	
rifabutin oral capsule 150 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (*rifampin*)	3	PA
XIFAXAN ORAL TABLET 200 MG (*rifaximin*)	3	
XIFAXAN ORAL TABLET 550 MG (*rifaximin*)	3	SL (62 tablets per month.)
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	4	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	4	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	4	
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	4	
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
AVIDOXY DK COMBINATION KIT 100 MG (*doxycycline-suncreen-sal acid*)	3	
avidoxy oral tablet 100 mg	1	
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	SL (120 capsules per 180 days.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	SL (120 capsules per 180 days.)
demeclocycline hcl oral tablet 150 mg, 300 mg	1	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG (*doxycycline hyclate*)	4	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	4	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
minocycline hcl oral tablet 100 mg, 50 mg, 75 mg	1	
mondoxyne nl oral capsule 100 mg	1	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	4	SL (120 capsules per 180 days.)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (*minocycline hcl*)	4	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
VIBRAMYCIN ORAL CAPSULE 100 MG (*doxycycline hyclate*)	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (*doxycycline monohydrate*)	4	
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
BACTRIM DS ORAL TABLET 800-160 MG (*sulfamethoxazole-trimethoprim*)	4	
BACTRIM ORAL TABLET 400-80 MG (*sulfamethoxazole-trimethoprim*)	4	
fosfomycin tromethamine oral packet 3 gm	1	
HIPREX ORAL TABLET 1 GM (*methenamine hippurate*)	4	
MACROBID ORAL CAPSULE 100 MG (*nitrofurantoin monohyd macro*)	4	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (*nitrofurantoin macrocrystal*)	4	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
methenamine hippurate oral tablet 1 gm	1	
methenamine mandelate oral tablet 0.5 gm, 1 gm	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohydrate macrocrystals oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim pediatric oral suspension 200-40 mg/5ml	1	
trimethoprim oral tablet 100 mg	1	
URELLE ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
uretron d/s oral tablet 81.6 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
URIMAR-T ORAL CAPSULE 120 MG (*meth-hyo-m bl-na phos-ph sal*)	4	
urin ds oral tablet 81.6 mg	1	
UROGESIC-BLUE ORAL TABLET 81.6 MG (*methen-hyosc-meth blue-na phos*)	2	
VILEVEV MB ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	PA; SL (4 tablets per day.); SP; CM
ALECENSA ORAL CAPSULE 150 MG (*alectinib hcl*)	2	PA; SL (8 capsules per day.); SP; CM
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (*interferon alfa-n3*)	2	
ALUNBRIG ORAL TABLET 180 MG, 90 MG (*brigatinib*)	2	PA; SL (1 tablet per day); SP; CM
ALUNBRIG ORAL TABLET 30 MG (*brigatinib*)	2	PA; SL (6 tablets per day); SP; CM
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (*brigatinib*)	2	PA; SL (30 packs per year); SP; CM
anastrozole oral tablet 1 mg	1	H
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (*avapritinib*)	4	PA; SL (1 tablet per day.); SP; CM
BALVERSA ORAL TABLET 3 MG (*erdafitinib*)	4	PA; SL (3 tablets per day.); SP; CM
BALVERSA ORAL TABLET 4 MG (*erdafitinib*)	4	PA; SL (2 tablets per day.); SP; CM
BALVERSA ORAL TABLET 5 MG (*erdafitinib*)	4	PA; SL (1 tablet per day.); SP; CM
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	4	PA; ST; SL (0.08 ml per day.)
bexarotene oral capsule 75 mg	1	CM
bicalutamide oral tablet 50 mg	1	CM
BOSULIF ORAL CAPSULE 100 MG (*bosutinib*)	2	PA; ST; SL (3 Capsules per day.); SP; CM
BOSULIF ORAL CAPSULE 50 MG (*bosutinib*)	2	PA; ST; SL (1 Capsule per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BOSULIF ORAL TABLET 100 MG (*bosutinib*)	2	PA; ST; SL (4 tablets per day.); SP; CM
BOSULIF ORAL TABLET 400 MG, 500 MG (*bosutinib*)	2	PA; ST; SL (1 tablet per day.); SP; CM
BRAFTOVI ORAL CAPSULE 75 MG (*encorafenib*)	4	PA; ST; SL (6 capsules per day); SP; CM
BRUKINSA ORAL CAPSULE 80 MG (*zanubrutinib*)	3	PA; ST; SL (4 capsules per day.); SP; CM
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (*cabozantinib s-malate*)	2	PA; SL (1 tablet per day.); SP; CM
CALQUENCE ORAL TABLET 100 MG (*acalabrutinib maleate*)	2	PA; SL (2 tablets per day.); SP; CM
capecitabine oral tablet 150 mg, 500 mg	1	SP; CM
CAPRELSA ORAL TABLET 100 MG (*vandetanib*)	2	PA; SL (2 tablets per day.); SP; CM
CAPRELSA ORAL TABLET 300 MG (*vandetanib*)	2	PA; SL (1 tablet per day.); SP; CM
CASODEX ORAL TABLET 50 MG (*bicalutamide*)	4	CM
COMETRIQ ORAL KIT 20 MG (*cabozantinib s-malate*)	2	PA; SL (93 capsules per month.); SP; CM
COMETRIQ ORAL KIT 3 X 20 MG & 80 MG (*cabozantinib s-malate*)	2	PA; SL (124 capsules per month.); SP; CM
COMETRIQ ORAL KIT 80 & 20 MG (*cabozantinib s-malate*)	2	PA; SL (62 capsules per month.); SP; CM
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (*duvelisib*)	4	PA; SL (2 capsules per day.); SP; CM
COTELLIC ORAL TABLET 20 MG (*cobimetinib fumarate*)	2	PA; SL (63 tablets per 21 days); SP; CM
cyclophosphamide oral capsule 25 mg, 50 mg	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM
DAURISMO ORAL TABLET 100 MG, 25 MG (*glasdegib maleate*)	2	PA; SL (2 tablets per day.); SP; CM
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (*hydroxyurea*)	2	CM
EMCYT ORAL CAPSULE 140 MG (*estramustine phosphate sodium*)	2	CM
ERIVEDGE ORAL CAPSULE 150 MG (*vismodegib*)	2	PA; SL (1 capsule per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ERLEADA ORAL TABLET 240 MG (*apalutamide*)	2	PA; SL (1 tablet per day.)
ERLEADA ORAL TABLET 60 MG (*apalutamide*)	2	PA; SL (3 tablets per day.); SP; CM
erlotinib hcl oral tablet 100 mg, 150 mg	1	PA; SL (1 tablet per day.); SP; CM
erlotinib hcl oral tablet 25 mg	1	PA; SL (2 tablets per day.); SP; CM
etoposide oral capsule 50 mg	1	SP; CM
everolimus oral tablet 10 mg, 7.5 mg	1	PA; SL (2 tablets per day.); SP; CM
everolimus oral tablet 2.5 mg, 5 mg	1	PA; SL (1 tablet per day.); SP; CM
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	1	PA; SL (1 tablet per day.); SP; CM
exemestane oral tablet 25 mg	1	H
EXKIVITY ORAL CAPSULE 40 MG (*mobocertinib succinate*)	4	PA; SL (4 capsules per day.); SP; CM
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	3	SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	3	SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (*tivozanib hcl*)	4	PA; SL (0.75 capsules per day.); SP; CM
FRUZAQLA ORAL CAPSULE 1 MG (*fruquintinib*)	4	PA; SL (84 capsules per 21 days.); SP; CM
FRUZAQLA ORAL CAPSULE 5 MG (*fruquintinib*)	4	PA; SL (21 capsules per 21 days.); SP; CM
GAVRETO ORAL CAPSULE 100 MG (*pralsetinib*)	4	PA; SL (4 capsules per day.); SP; CM
gefitinib oral tablet 250 mg	1	PA; SL (2 tablets per day.); SP; CM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (*afatinib dimaleate*)	3	PA; SL (1 tablet per day.); SP; CM
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (*lomustine*)	2	SP; CM
HYCAMTIN ORAL CAPSULE 0.25 MG (*topotecan hcl*)	2	PA; SL (15 capsules per 15 days.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYCAMTIN ORAL CAPSULE 1 MG (*topotecan hcl*)	2	PA; SL (305 capsules per 15 days.); SP; CM
HYDREA ORAL CAPSULE 500 MG (*hydroxyurea*)	4	CM
hydroxyurea oral capsule 500 mg	1	CM
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (*palbociclib*)	2	PA; SL (21 capsules per month.); SP; CM
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (*palbociclib*)	2	PA; SL (0.75 tablets per day.); SP; CM
ICLUSIG ORAL TABLET 10 MG (*ponatinib hcl*)	3	PA; SL (1 tablet per day.); CM
ICLUSIG ORAL TABLET 15 MG, 45 MG (*ponatinib hcl*)	3	PA; SL (1 tablet per day.); SP; CM
IDHIFA ORAL TABLET 100 MG, 50 MG (*enasidenib mesylate*)	2	PA; SL (1 tablet per day); SP; CM
imatinib mesylate oral tablet 100 mg	1	PA; SL (6 tablets per day.); SP; CM
imatinib mesylate oral tablet 400 mg	1	PA; SL (1 tablet per day.); SP; CM
IMBRUVICA ORAL CAPSULE 140 MG (*ibrutinib*)	2	PA; SL (4 capsules per day.); SP; CM
IMBRUVICA ORAL CAPSULE 70 MG (*ibrutinib*)	2	PA; SL (1 capsule per day.); SP; CM
IMBRUVICA ORAL SUSPENSION 70 MG/ML (*ibrutinib*)	2	PA; SL (7.2 ml per day.); SP; CM
IMBRUVICA ORAL TABLET 420 MG (*ibrutinib*)	2	PA; SL (1 tablet per day.); SP; CM
INLYTA ORAL TABLET 1 MG (*axitinib*)	3	PA; SL (6 tablets per day.); SP; CM
INLYTA ORAL TABLET 5 MG (*axitinib*)	3	PA; SL (124 tablets per 30 days.); SP; CM
INQOVI ORAL TABLET 35-100 MG (*decitabine-cedazuridine*)	4	PA; SL (5 tablets per month.); SP; CM
INREBIC ORAL CAPSULE 100 MG (*fedratinib hcl*)	4	PA; ST; SL (4 capsules per day.); SP; CM
IRESSA ORAL TABLET 250 MG (*gefitinib*)	4	PA; SL (2 tablets per day.); SP; CM
IWILFIN ORAL TABLET 192 MG (*eflornithine hcl*)	4	PA; SL (1 tablet per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (*ruxolitinib phosphate*)	2	PA; SL (2 tablets per day.); SP; CM
JAYPIRCA ORAL TABLET 100 MG (*pirtobrutinib*)	4	PA; SL (3 tablets per day.); SP; CM
JAYPIRCA ORAL TABLET 50 MG (*pirtobrutinib*)	4	PA; SL (1 tablet per day.); SP; CM
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	4	PA; CM
KISQALI ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	4	PA; SL (21 tablets per month); SP; CM
KISQALI ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	4	PA; SL (42 tablets per month); SP; CM
KISQALI ORAL TABLET THERAPY PACK 200 MG (*ribociclib succinate*)	4	PA; SL (63 tablets per month); SP; CM
KOSELUGO ORAL CAPSULE 10 MG (*selumetinib sulfate*)	3	PA; SL (8 capsules per day.); SP; CM
KOSELUGO ORAL CAPSULE 25 MG (*selumetinib sulfate*)	3	PA; SL (4 capsules per day.); SP; CM
KRAZATI ORAL TABLET 200 MG (*adagrasib*)	4	PA; SL (6 tablets per day.); SP; CM
lapatinib ditosylate oral tablet 250 mg	1	PA; SP; CM
lenalidomide oral capsule 10 mg, 2.5 mg, 5 mg	1	PA; SL (28 capsules per 21 days.); SP; CM
lenalidomide oral capsule 15 mg, 20 mg, 25 mg	1	PA; SL (21 capsules per 21 days.); SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 2 X 10 MG, 2 X 4 MG (*lenvatinib mesylate*)	3	PA; SL (2 capsules per day.); SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG, 2 X 10 MG & 4 MG, 3 X 4 MG (*lenvatinib mesylate*)	3	PA; SL (3 capsules per day.); SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG, 4 MG (*lenvatinib mesylate*)	3	PA; SL (1 capsule per day.); SP; CM
letrozole oral tablet 2.5 mg	1	H
LEUKERAN ORAL TABLET 2 MG (*chlorambucil*)	2	CM
leuprolide acetate injection kit 1 mg/0.2ml	1	PA
LONSURF ORAL TABLET 15-6.14 MG (*trifluridine-tipiracil*)	4	PA; SL (100 tablets per month.); SP; CM
LONSURF ORAL TABLET 20-8.19 MG (*trifluridine-tipiracil*)	4	PA; SL (80 tablets per 21 days.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LORBRENA ORAL TABLET 100 MG, 25 MG (*lorlatinib*)	3	PA; ST; SP; CM
LUMAKRAS ORAL TABLET 120 MG (*sotorasib*)	4	PA; SL (4 tablets per day.); SP; CM
LUMAKRAS ORAL TABLET 320 MG (*sotorasib*)	4	PA; SL (3 tablets per day.); SP; CM
LYNPARZA ORAL TABLET 100 MG, 150 MG (*olaparib*)	2	PA; SL (4 tablets per day); SP; CM
LYSODREN ORAL TABLET 500 MG (*mitotane*)	2	CM
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	4	PA; SL (84 tablets per month.); SP; CM
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	4	PA; SL (112 tablets per month.); SP; CM
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (*futibatinib*)	4	PA; SL (140 tablets per month.); SP; CM
MATULANE ORAL CAPSULE 50 MG (*procarbazine hcl*)	2	SP; CM
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	1	
megestrol acetate oral tablet 20 mg, 40 mg	1	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (*trametinib dimethyl sulfoxide*)	4	ST; SL (17.4 ml per day.); SP; CM
MEKINIST ORAL TABLET 0.5 MG (*trametinib dimethyl sulfoxide*)	4	PA; ST; SL (2 tablets per day.); SP; CM
MEKINIST ORAL TABLET 2 MG (*trametinib dimethyl sulfoxide*)	4	PA; ST; SL (1 tablet per day.); SP; CM
MEKTOVI ORAL TABLET 15 MG (*binimetinib*)	4	PA; ST; SL (6 tablets per day); SP; CM
melphalan oral tablet 2 mg	1	CM
mercaptopurine oral tablet 50 mg	1	CM
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	1	CM
MYLERAN ORAL TABLET 2 MG (*busulfan*)	2	CM
NERLYNX ORAL TABLET 40 MG (*neratinib maleate*)	2	PA; SL (6 tablets per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (*ixazomib citrate*)	2	PA; SP; CM
NUBEQA ORAL TABLET 300 MG (*darolutamide*)	2	PA; SL (4 tablets per day.); SP; CM
ODOMZO ORAL CAPSULE 200 MG (*sonidegib phosphate*)	2	PA; SL (1 capsule per day.); SP; CM
OGSIVEO ORAL TABLET 50 MG (*nirogacestat hydrobromide*)	4	PA; SL (6 tablets per day.); SP; CM
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (*momelotinib dihydrochloride*)	4	PA; SL (1 tablet per day.); SP; CM
ONUREG ORAL TABLET 200 MG, 300 MG (*azacitidine*)	2	PA; SL (14 tablets per 24 days.); SP; CM
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	3	PA; SL (1 tablet per day); SP; CM
ORSERDU ORAL TABLET 345 MG (*elacestrant hydrochloride*)	2	PA; SL (1 tablet per day.); SP; CM
ORSERDU ORAL TABLET 86 MG (*elacestrant hydrochloride*)	2	PA; SL (3 tablets per day.); SP; CM
pazopanib hcl oral tablet 200 mg	1	PA; SL (4 tablets per day.); SP; CM
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (*pemigatinib*)	4	PA; SL (1 tablet per day.); SP; CM
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG (*alpelisib*)	2	PA; SL (2 tablets per day.); SP; CM
PIQRAY ORAL TABLET THERAPY PACK 200 MG (*alpelisib*)	2	PA; SL (1 tablet per day.); SP; CM
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	3	PA; SP; CM
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	4	SP; CM
QINLOCK ORAL TABLET 50 MG (*ripretinib*)	4	PA; SL (3 tablets per day.); SP; CM
RETEVMO ORAL CAPSULE 40 MG (*selpercatinib*)	4	PA; SL (6 capsules per day.); SP; CM
RETEVMO ORAL CAPSULE 80 MG (*selpercatinib*)	4	PA; SP; CM
REVLIMID ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (*lenalidomide*)	2	PA; SL (28 capsules per 21 days.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REVLIMID ORAL CAPSULE 15 MG, 20 MG, 25 MG (*lenalidomide*)	2	PA; SL (21 capsules per 21 days.); SP; CM
REZLIDHIA ORAL CAPSULE 150 MG (*olutasidenib*)	2	PA; SL (2 capsules per day.); CM
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (*entrectinib*)	2	PA; SL (3 capsules per day.); SP; CM
ROZLYTREK ORAL PACKET 50 MG (*entrectinib*)	2	SL (3 pellet packets per day.); SP; CM
RUBRACA ORAL TABLET 200 MG (*rucaparib camsylate*)	3	PA; ST; SL (2 tablets per day.); SP; CM
RUBRACA ORAL TABLET 250 MG, 300 MG (*rucaparib camsylate*)	3	PA; ST; SL (4 tablets per day.); SP; CM
RYDAPT ORAL CAPSULE 25 MG (*midostaurin*)	2	PA; SL (8 capsules per day); SP; CM
SCEMBLIX ORAL TABLET 20 MG, 40 MG (*asciminib hcl*)	4	PA; SL (2 tablets per day.); SP; CM
SOLTAMOX ORAL SOLUTION 10 MG/5ML (*tamoxifen citrate*)	4	
sorafenib tosylate oral tablet 200 mg	1	PA; SL (4 tablets per day.); SP; CM
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (*dasatinib*)	4	PA; ST; SL (1 tablet per day.); SP; CM
SPRYCEL ORAL TABLET 20 MG (*dasatinib*)	4	PA; ST; SL (2 tablets per day.); SP; CM
STIVARGA ORAL TABLET 40 MG (*regorafenib*)	2	PA; SL (84 tablets per 21 days.); SP; CM
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA; SL (1 capsule per day.); SP; CM
TABLOID ORAL TABLET 40 MG (*thioguanine*)	2	SP; CM
TABRECTA ORAL TABLET 150 MG, 200 MG (*capmatinib hcl*)	4	PA; SL (4 tablets per day.); SP; CM
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (*dabrafenib mesylate*)	4	PA; ST; SL (4 capsules per day.); SP; CM
TAFINLAR ORAL TABLET SOLUBLE 10 MG (*dabrafenib mesylate*)	4	ST; SL (12 tablets per day.); SP; CM
TAGRISSO ORAL TABLET 40 MG, 80 MG (*osimertinib mesylate*)	3	PA; SL (1 tablet per day.); SP; CM
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG (*talazoparib tosylate*)	4	PA; ST; SL (1 capsule per day.); SP; CM

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (*nilotinib hcl*)	2	PA; ST; SL (4 capsules per day.); SP; CM
TAZVERIK ORAL TABLET 200 MG (*tazemetostat hbr*)	4	PA; SL (8 tablets per day.); SP; CM
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	1	PA; SP; CM
TEPMETKO ORAL TABLET 225 MG (*tepotinib hcl*)	4	PA; SL (2 tablets per day.); SP; CM
TIBSOVO ORAL TABLET 250 MG (*ivosidenib*)	2	PA; SL (2 tablets per day.); SP; CM
toremifene citrate oral tablet 60 mg	1	CM
tretinoin oral capsule 10 mg	1	SP; CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	2	CM
TRUQAP ORAL TABLET 160 MG, 200 MG (*capivasertib*)	4	PA; SL (64 tablets per month.); SP
TUKYSA ORAL TABLET 150 MG (*tucatinib*)	2	PA; SL (4 tablets per day.); SP; CM
TUKYSA ORAL TABLET 50 MG (*tucatinib*)	2	PA; SL (10 tablets per day.); SP; CM
TURALIO ORAL CAPSULE 125 MG (*pexidartinib hcl*)	2	PA; SL (4 capsules per day.); SP; CM
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (*quizartinib dihydrochloride*)	4	PA; SL (2 tablets per day.); SP; CM
VENCLEXTA ORAL TABLET 10 MG, 100 MG (*venetoclax*)	2	PA; SL (4 tablets per day.); SP; CM
VENCLEXTA ORAL TABLET 50 MG (*venetoclax*)	2	PA; SL (1 tablet per day.); SP; CM
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (*venetoclax*)	2	PA; SL (42 tablets per year.); SP; CM
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*abemaciclib*)	2	PA; SL (2 tablets per day); SP; CM
VITRAKVI ORAL CAPSULE 100 MG (*larotrectinib sulfate*)	2	PA; SL (2 capsules per day.); SP; CM
VITRAKVI ORAL CAPSULE 25 MG (*larotrectinib sulfate*)	2	PA; SL (6 capsules per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITRAKVI ORAL SOLUTION 20 MG/ML (*larotrectinib sulfate*)	2	PA; SL (10 mL per day.); SP; CM
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (*dacomitinib*)	3	PA; SL (1 tablet per day.); SP; CM
VONJO ORAL CAPSULE 100 MG (*pacritinib citrate*)	4	PA; SL (4 capsules per day.); SP; CM
WELIREG ORAL TABLET 40 MG (*belzutifan*)	4	PA; SL (3 tablets day.); SP; CM
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	4	SL (4 ml per day); CM
XOSPATA ORAL TABLET 40 MG (*gilteritinib fumarate*)	3	PA; SL (3 tablets per day.); SP; CM
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (*selinexor*)	4	PA; SL (0.26 tablet per day.); SP; CM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	4	PA; SL (0.14 tablet per day.); SP; CM
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	4	PA; SL (0.29 tablet per day.); SP; CM
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (*selinexor*)	4	PA; SL (0.14 tablet per day.); SP; CM
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	4	PA; SL (0.86 tablets per day.); SP; CM
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (*selinexor*)	4	PA; SL (0.29 tablet per day.); SP; CM
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (*selinexor*)	4	PA; SL (1.15 tablets per day.); SP; CM
XTANDI ORAL CAPSULE 40 MG (*enzalutamide*)	2	PA; SL (4 capsules per day.); SP; CM
XTANDI ORAL TABLET 40 MG (*enzalutamide*)	2	PA; SL (4 tablets per day.); SP; CM
XTANDI ORAL TABLET 80 MG (*enzalutamide*)	2	PA; SL (2 tablets per day.); SP; CM
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (*niraparib tosylate*)	2	PA; SL (1 tablet per day.); SP; CM
ZELBORAF ORAL TABLET 240 MG (*vemurafenib*)	2	PA; SL (8 tablets per day.); SP; CM
ZOLINZA ORAL CAPSULE 100 MG (*vorinostat*)	2	PA; SL (4 capsules per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZYDELIG ORAL TABLET 100 MG, 150 MG (*idelalisib*)	4	PA; SL (60 tablets per month.); SP; CM
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (*timothy grass pollen allergen*)	4	PA; SL (1 tablet per day.)
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (*dust mite mixed allergen ext*)	4	PA; SL (1 tablet per day.)
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	4	PA; SL (1 tablet per day.)
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (*grass mix pollens allergen ext*)	4	PA; SL (3 tablets per year.)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (*grass mix pollens allergen ext*)	4	PA; SL (1 tablet per day.)
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (*peanut powder-dnfp*)	3	PA; SL (13 capsules per year.); SP
PALFORZIA ORAL 2 X 1 MG & 10 MG, 3 X 1 MG (*peanut powder-dnfp*)	3	PA; SL (45 capsules per 13 days.); SP
PALFORZIA ORAL 2 X 100 MG, 2 X 20 MG, 20 MG & 100 MG (*peanut powder-dnfp*)	3	PA; SL (30 capsules per 13 days.); SP
PALFORZIA ORAL 2 X 20 MG & 2 X 100 MG, 4 X 20 MG (*peanut powder-dnfp*)	3	PA; SL (60 capsules per 13 days.); SP
PALFORZIA ORAL 20 MG (*peanut powder-dnfp*)	3	PA; SL (15 capsules per 13 days.); SP
PALFORZIA ORAL 3 X 20 MG & 100 MG (*peanut powder-dnfp*)	3	PA; SL (60 capsule per 13 days.); SP
PALFORZIA ORAL 6 X 1 MG (*peanut powder-dnfp*)	3	PA; SL (90 capsules per 13 days.); SP
PALFORZIA ORAL PACKET 300 MG (*peanut powder-dnfp*)	3	PA; SL (1 capsule per day.); SP
PALFORZIA ORAL PACKET 300 MG (*peanut powder-dnfp*)	3	PA; SL (15 capsules per 13 days.); SP
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (*short ragweed pollen ext*)	4	PA; SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOXOIDS - Vaccines		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	3	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	2	H
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (*diphth-acell pertussis-tetanus*)	2	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (*diphth-acell pertussis-tetanus*)	2	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (*diphth-acell pertussis-tetanus*)	3	H
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-hepatitis b recomb-ipv*)	3	H
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (*dtap-ipv-hib vaccine*)	3	H
QUADRACEL INTRAMUSCULAR SUSPENSION (*dtap-ipv vaccine*)	3	H
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (*tetanus-diphtheria toxoids td*)	3	H
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (*tetanus-diphtheria toxoids td*)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION (*dtap-ipv-hib-hepatitis b recmb*)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-ipv-hib-hepatitis b recmb*)	3	H
VACCINES - Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (*rsv pre-fusion f a&b vac rcmb*)	3	H
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (*haemophilus b polysac conj vac*)	2	H
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	3	H
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (*influenza vac split quad*)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza vac split quad*)	3	H
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (*rsvpref3 vac recomb adjuvanted*)	3	H
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*meningococcal b recomb omv adj*)	3	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (*tetanus-diphth-acell pertussis*)	2	H
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML (*covid-19 mrna virus vaccine*)	3	H
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (*covid-19 mrna virus vaccine*)	3	H
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (*diphth-acell pertussis-tetanus*)	2	H
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (*dengue virus vaccine live tetr*)	3	H
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (*hepatitis b vac recombinant*)	2	H
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (*hepatitis b vac recombinant*)	2	H
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML (*influenza vac a&b sa adj quad*)	3	H
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza vac split quad*)	3	H
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (*influenza vac recomb ha quad*)	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (*influenza vac subunit quad*)	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza vac subunit quad*)	3	H
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza vac split quad*)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUMIST QUADRIVALENT NASAL SUSPENSION (*influenza virus vac live quad*)	3	H
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML (*influenza vac high-dose quad*)	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (*influenza vac split quad*)	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*influenza vac split quad*)	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION (*hpv 9-valent recomb vaccine*)	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*hpv 9-valent recomb vaccine*)	3	H
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (*hepatitis a vaccine*)	3	H
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (*hepatitis b vac recomb adj*)	3	H
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (*haemophilus b polysac conj vac*)	3	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (*diphth-acell pertussis-tetanus*)	2	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR (*diphth-acell pertussis-tetanus*)	3	H
IPOL INJECTION INJECTABLE (*poliovirus vaccine inactivated*)	2	H
MENQUADFI INTRAMUSCULAR SOLUTION (*mening acy&w-135 tetanus conj*)	3	H
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (*meningococcal a c y&w-135 olig*)	3	H
M-M-R II INJECTION SOLUTION RECONSTITUTED (*measles, mumps & rubella vac*)	2	H
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML (*covid-19 mrna virus vaccine*)	3	H
NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 5 MCG/0.5ML	3	H
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-hepatitis b recomb-ipv*)	3	H
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (*haemophilus b polysac conj vac*)	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (*mening acyw(tet conj)-b(rcmb)*)	3	H
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (*dtap-ipv-hib vaccine*)	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (*covid-19 mrna virus vaccine*)	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML	3	H
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (*pneumococcal vac polyvalent*)	2	H
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML (*hepatitis b vac 3-antigen rcmb*)	3	H
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*pneumococcal 20-val conj vacc*)	3	H
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (*measles, mumps & rubella vac*)	3	H
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (*measles-mumps-rubella-varicell*)	3	H
QUADRACEL INTRAMUSCULAR SUSPENSION (*dtap-ipv vaccine*)	3	H
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (*hepatitis b vac recombinant*)	2	H
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (*hepatitis b vac recombinant*)	2	H
ROTARIX ORAL SUSPENSION (*rotavirus vaccine live oral*)	3	H
ROTATEQ ORAL SOLUTION (*rotavirus vac live pentavalent*)	3	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (*zoster vac recomb adjuvanted*)	3	H
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML (*covid-19 mrna virus vaccine*)	3	H
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (*covid-19 mrna virus vaccine*)	3	H
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*meningococcal b vac (recomb)*)	3	H
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (*hepatitis a-hep b recomb vac*)	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (*hepatitis a vaccine*)	2	H
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML (*varicella virus vaccine live*)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION (*dtap-ipv-hib-hepatitis b recmb*)	3	H
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (*dtap-ipv-hib-hepatitis b recmb*)	3	H
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (*pneumococcal 15-val conj vacc*)	3	H
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	H
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine mouth/throat lozenge 2 mg, 4 mg	1	H
goodsense nicotine mouth/throat gum 2 mg	1	H
goodsense nicotine mouth/throat lozenge 4 mg	1	H
habitrol transdermal patch 24 hour 21 mg/24hr	1	H
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG (*nicotine polacrilex*)	2	H
NICORETTE MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	4	H
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (*nicotine polacrilex*)	2	H
nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	H
nicotine polacrilex mini mouth/throat lozenge 2 mg	1	H
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	1	H
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	1	H
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	1	H
nicotine transdermal kit 21-14-7 mg/24hr	1	H
nicotine transdermal patch 24 hour 21 mg/24hr	1	H
NICOTROL INHALATION INHALER 10 MG (*nicotine*)	4	H
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	4	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	1	H
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	H
varenicline tartrate(continue) oral tablet 1 mg	1	H
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*)	2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	2	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (*pseudoeph-bromphen-dm*)	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (*desloratadine-pseudoephedrine*)	3	
droxidopa oral capsule 100 mg	1	PA; SL (90 tablets per month.); SP
droxidopa oral capsule 200 mg, 300 mg	1	PA; SL (180 tablets per month.); SP
epinephrine hcl (nasal) nasal solution 0.1 %	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	
LETS KIT	3	PA
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
LUCEMYRA ORAL TABLET 0.18 MG (*lofexidine hcl*)	4	SL (192 tablets per year.)
METHYLDOPA ORAL TABLET 250 MG, 500 MG	4	PA
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
promethazine vc oral syrup 6.25-5 mg/5ml	1	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (*hyoscyamine sulfate*)	2	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*)	3	SL (2 blisters per day.)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (*ipratropium bromide hfa*)	2	SL (0.87 grams per day.)
belladonna alkaloids-opium rectal suppository 16.2-60 mg	1	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	2	SL (0.36 grams per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	3	SL (0.36 grams per day.)
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	2	SL (0.28 grams per day.)
CUVPOSA ORAL SOLUTION 1 MG/5ML (*glycopyrrolate*)	4	
dicyclomine hcl oral capsule 10 mg	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
glycopyrrolate oral solution 1 mg/5ml	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	PA
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	PA
hydromet oral solution 5-1.5 mg/5ml	1	PA
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral solution 0.125 mg/ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hyosyne oral elixir 0.125 mg/5ml	1	
hyosyne oral solution 0.125 mg/ml	1	
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (*hyoscyamine sulfate*)	4	
LEVSIN ORAL TABLET 0.125 MG (*hyoscyamine sulfate*)	4	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (*hyoscyamine sulfate*)	4	
LOMOTIL ORAL TABLET 2.5-0.025 MG (*diphenoxylate-atropine*)	4	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	1	
MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*)	4	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (*hyoscyamine sulfate*)	4	
OSCIMIN ORAL TABLET 0.125 MG	4	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	4	
scopolamine transdermal patch 72 hour 1 mg/3days	1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide monohydrate*)	1	SL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (*tiotropium bromide monohydrate*)	2	SL (0.15 grams per day.)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	2	SL (0.15 grams per day.)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	SL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	SL (2 blisters per day.)
URELLE ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
uretron d/s oral tablet 81.6 mg	1	
URIMAR-T ORAL CAPSULE 120 MG (*meth-hyo-m bl-na phos-ph sal*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
urin ds oral tablet 81.6 mg	1	
UROGESIC-BLUE ORAL TABLET 81.6 MG (*methen-hyosc-meth blue-na phos*)	2	
VILEVEV MB ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (*revefenacin*)	4	SL (3 ml per day.)
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine mouth/throat lozenge 2 mg, 4 mg	1	H
goodsense nicotine mouth/throat gum 2 mg	1	H
goodsense nicotine mouth/throat lozenge 4 mg	1	H
habitrol transdermal patch 24 hour 21 mg/24hr	1	H
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG (*nicotine polacrilex*)	2	H
NICORETTE MOUTH/THROAT GUM 2 MG (*nicotine polacrilex*)	4	H
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (*nicotine polacrilex*)	2	H
nicotine mini mouth/throat lozenge 2 mg, 4 mg	1	H
nicotine polacrilex mini mouth/throat lozenge 2 mg	1	H
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	1	H
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	1	H
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	1	H
nicotine transdermal kit 21-14-7 mg/24hr	1	H
nicotine transdermal patch 24 hour 21 mg/24hr	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NICOTROL INHALATION INHALER 10 MG (*nicotine*)	4	H
NICOTROL NS NASAL SOLUTION 10 MG/ML (*nicotine*)	4	H
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	1	H
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	H
varenicline tartrate(continue) oral tablet 1 mg	1	H
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT - Drugs for Relaxing Muscles		
carisoprodol oral tablet 250 mg, 350 mg	1	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
ENOVARX-CYCLOBENZAPRINE HCL TRANSDERMAL CREAM 20 MG/GM	3	PA
LORZONE ORAL TABLET 375 MG, 750 MG (*chlorzoxazone*)	4	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML (*cyclobenzaprine hcl-msm*)	3	PA
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet 2 mg, 4 mg	1	
VP FC KIT EXTERNAL CREAM	3	PA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (*tizanidine hcl*)	4	
ZANAFLEX ORAL TABLET 4 MG (*tizanidine hcl*)	4	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM ORAL CAPSULE 25 MG (*dantrolene sodium*)	4	
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	1	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
BACLOFEN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML	4	
baclofen oral suspension 25 mg/5ml	1	
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
ENOVARX-BACLOFEN EXTERNAL CREAM 1 %	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (*baclofen*)	4	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (*ketoprofen-baclofen-gabap-lido*)	3	PA
OZOBAX DS ORAL SOLUTION 10 MG/5ML (*baclofen*)	4	
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	4	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG (*nadolol*)	4	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	4	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (*doxazosin mesylate*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	3	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (*prazosin hcl*)	4	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
dihydroergotamine mesylate injection solution 1 mg/ml	1	
dihydroergotamine mesylate nasal solution 4 mg/ml	1	
ergoloid mesylates oral tablet 1 mg	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (*ergotamine tartrate*)	4	
ergotamine-caffeine oral tablet 1-100 mg	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	3	
phenoxybenzamine hcl oral capsule 10 mg	1	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (*donepezil hcl*)	4	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
cevimeline hcl oral capsule 30 mg	1	
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	2	PA; SL (8 tablets per day.); SP
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	
galantamine hydrobromide oral solution 4 mg/ml	1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	
MESTINON ORAL SOLUTION 60 MG/5ML (*pyridostigmine bromide*)	4	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG (*memantine hcl-donepezil hcl*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*)	4	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
pyridostigmine bromide er oral tablet extended release 180 mg	1	
pyridostigmine bromide oral solution 60 mg/5ml	1	
pyridostigmine bromide oral tablet 60 mg	1	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (*pilocarpine hcl*)	4	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
silodosin oral capsule 4 mg, 8 mg	1	
tamsulosin hcl oral capsule 0.4 mg	1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	2	SL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (*umeclidinium-vilanterol*)	3	SL (2 blisters per day.)
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	1	SL (2 nebules per day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (*glycopyrrolate-formoterol*)	2	SL (0.36 grams per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	3	SL (2 blisters per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	3	SL (0.36 grams per day.)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (*arformoterol tartrate*)	4	SL (2 nebules per day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	2	SL (0.28 grams per day.)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (*mometasone furo-formoterol fum*)	4	ST; SL (0.44 grams per day.)
DULERA INHALATION AEROSOL 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	4	ST; SL (0.44 mcg per day.)
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	4	SL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	4	SL (0.4 grams per day.)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	SL (2 blisters per day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	SL (0.04 mcg per day.)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	SL (2 vials per day)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	4	SL (2 vials per day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*salmeterol xinafoate*)	2	SL (2 blisters per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (*tiotropium bromide-olodaterol*)	2	SL (0.15 grams per day.)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	2	SL (0.14 grams per day.)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	1	SL (0.35 grams per day.)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	SL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	SL (2 blisters per day.)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	SL (2 blisters per day)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	3	
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*atenolol*)	3	PA
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	4	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML (*darbepoetin alfa*)	2	SL (2 syringes per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (*darbepoetin alfa*)	2	SL (4 syringes per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (*darbepoetin alfa*)	2	SL (1.6 ml per month.); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (*darbepoetin alfa*)	2	SL (1 prefill syringe per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (*darbepoetin alfa*)	2	SL (2 vials per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML (*darbepoetin alfa*)	2	SL (4 vials per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (*darbepoetin alfa*)	2	SL (2 vials per prescription); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (*darbepoetin alfa*)	2	SL (2 syringes per month); SP
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG (*daprodustat*)	4	PA; SL (1 tablet per day.); SP
JESDUVROQ ORAL TABLET 6 MG (*daprodustat*)	4	PA; SL (2 tablets per day.); SP
JESDUVROQ ORAL TABLET 8 MG (*daprodustat*)	4	PA; SL (3 tablets per day.); SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (*epoetin alfa-epbx*)	2	SL (8 ml per 21 days.); SP
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa-epbx*)	2	SL (12 ml per 21 days.); SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (*epoetin alfa-epbx*)	2	
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (*epoetin alfa-epbx*)	2	SL (4 ml per 21 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (*anticoagulant cit dext soln a*)	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 %, 4 GM/100ML	3	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	1	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (*anticoagulant sodium citrate*)	3	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (*caplacizumab-yhdp*)	2	PA; SL (1 vial per day and 58 vials per 120 days.); SP
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
OXBRYTA ORAL TABLET 300 MG, 500 MG (*voxelotor*)	4	PA; SL (3 tablets per day.); SP
OXBRYTA ORAL TABLET SOLUBLE 300 MG (*voxelotor*)	4	PA; SL (3 tablets per day.); SP
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (*mitapivat sulfate*)	3	PA; SL (56 tablets per 28 days.); SP; CM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG (*mitapivat sulfate*)	3	PA; SL (7 tablets per 365 days.); SP; CM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (*mitapivat sulfate*)	3	PA; SL (14 tablets per 365 days.); SP; CM
TAVALISSE ORAL TABLET 100 MG, 150 MG (*fostamatinib disodium*)	4	PA; SL (2 tablets per day); SP
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (*apixaban*)	2	SL (2.5 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELIQUIS ORAL TABLET 2.5 MG (*apixaban*)	2	SL (2 tablets per day.)
ELIQUIS ORAL TABLET 5 MG (*apixaban*)	2	SL (2.5 tablets per day.)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (*edoxaban tosylate*)	4	ST; SL (1 tablet per day.)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (*rivaroxaban*)	2	SL (20 ml per day.)
XARELTO ORAL TABLET 10 MG (*rivaroxaban*)	2	SL (1 tablet per day.)
XARELTO ORAL TABLET 15 MG (*rivaroxaban*)	2	SL (52 tablets per month initial 1 tablet per day for maintenance.)
XARELTO ORAL TABLET 2.5 MG (*rivaroxaban*)	2	SL (2 tablets per day.)
XARELTO ORAL TABLET 20 MG (*rivaroxaban*)	2	SL (31 tablets per 31 days.)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (*rivaroxaban*)	2	SL (51 tablets per year.)
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
dabigatran etexilate mesylate oral capsule 110 mg	1	SL (2 tablets per day.)
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	SL (62 capsules per 31 days.)
PRADAXA ORAL CAPSULE 110 MG (*dabigatran etexilate mesylate*)	2	SL (2 tablets per day.)
PRADAXA ORAL CAPSULE 150 MG, 75 MG (*dabigatran etexilate mesylate*)	2	SL (62 capsules per 31 days.)
PRADAXA ORAL PACKET 110 MG, 20 MG, 30 MG, 40 MG, 50 MG (*dabigatran etexilate mesylate*)	4	SL (4 packets per day.)
PRADAXA ORAL PACKET 150 MG (*dabigatran etexilate mesylate*)	4	SL (2 packets per day.)
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML (*darbepoetin alfa*)	2	SL (2 syringes per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (*darbepoetin alfa*)	2	SL (4 syringes per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML (*darbepoetin alfa*)	2	SL (1.6 ml per month.); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (*darbepoetin alfa*)	2	SL (1 prefill syringe per month); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (*darbepoetin alfa*)	2	SL (2 vials per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML (*darbepoetin alfa*)	2	SL (4 vials per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (*darbepoetin alfa*)	2	SL (2 vials per prescription); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (*darbepoetin alfa*)	2	SL (2 syringes per month); SP
DOPTELET ORAL TABLET 20 MG (*avatrombopag maleate*)	4	PA; SL (15 tablets per month.); SP
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG (*daprodustat*)	4	PA; SL (1 tablet per day.); SP
JESDUVROQ ORAL TABLET 6 MG (*daprodustat*)	4	PA; SL (2 tablets per day.); SP
JESDUVROQ ORAL TABLET 8 MG (*daprodustat*)	4	PA; SL (3 tablets per day.); SP
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (*sargramostim*)	2	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (*plerixafor*)	4	SP
MULPLETA ORAL TABLET 3 MG (*lusutrombopag*)	2	PA; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim*)	2	
plerixafor subcutaneous solution 24 mg/1.2ml	1	SP
PROMACTA ORAL PACKET 12.5 MG (*eltrombopag olamine*)	4	PA; SL (6 packets per day.); SP
PROMACTA ORAL PACKET 25 MG (*eltrombopag olamine*)	4	PA; SL (6 packets per day.)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (*eltrombopag olamine*)	4	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML (*epoetin alfa-epbx*)	2	SL (8 ml per 21 days.); SP
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (*epoetin alfa-epbx*)	2	SL (12 ml per 21 days.); SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (*epoetin alfa-epbx*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RETACRIT INJECTION SOLUTION 40000 UNIT/ML (*epoetin alfa-epbx*)	2	SL (4 ml per 21 days.); SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (*pegfilgrastim-cbqv*)	2	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (*pegfilgrastim-cbqv*)	2	SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (*filgrastim-sndz*)	2	SP
HEMORRHEOLOGIC AGENTS - Drugs for Blood Flow		
pentoxifylline er oral tablet extended release 400 mg	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	2	SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	4	PA; SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact single chain*)	4	PA; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor-vwf*)	2	SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (*coagulation factor ix*)	2	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (*coagulation factor ix*)	2	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*coagulation factor ix (rfixfc)*)	3	SP
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact fc-vwf-xten-ehtl*)	4	PA; SP
aminocaproic acid oral solution 0.25 gm/ml	1	
aminocaproic acid oral tablet 1000 mg, 500 mg	1	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (*ferric subsulfate*)	3	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*coagulation factor ix (recomb)*)	2	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (*coagulation factor x (human)*)	2	SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (*factor xiii concentrate human*)	2	SP
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate pf injection solution 4 mcg/ml	1	
desmopressin acetate spray nasal solution 0.01 %	1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (*antihem fact (bdd-rfviiifc)*)	4	PA; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (*antiinhibitor coagulant cmplx*)	2	SP
GELFILM OPHTHALMIC FILM (*gelatin adsorbable*)	2	
GEL-FLOW EXTERNAL KIT (*gelatin absorb-thrombin*)	3	
GELFOAM-JMI POWDER EXTERNAL KIT (*gelatin absorb-thrombin*)	3	
GELFOAM-JMI SPONGE EXTERNAL KIT (*gelatin absorb-thrombin*)	3	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (*emicizumab-kxwh*)	2	PA; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	2	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT (*antihemophilic factor*)	2	SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (*antihemophilic factor-vwf*)	2	SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (*coagulation factor ix (rix-fp)*)	3	SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (*ahf (bdd-rfviii peg-aucl)*)	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (*antihemophilic factor*)	2	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (*antihemophilic factor*)	2	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihem factor recomb (rfviii)*)	2	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil factor (rahf-pfm)*)	2	SP
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (*desmopressin acetate*)	3	SL (1 tablet per day.)
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (*antihemophil fact bd truncated*)	2	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (*antihemophil fact bd truncated*)	2	SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (*coagulation factor viia recomb*)	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT (*antihem fact (bdd-rfviii,sim)*)	2	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,sim)*)	2	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (*antihem fact (bdd-rfviii,sim)*)	2	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (*factor ix complex*)	2	SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (*antihem factor recomb (rfviii)*)	2	SP
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT (*thrombin (recombinant)*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (*thrombin (recombinant)*)	3	
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	2	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (*coagulation factor viia-jncw*)	4	SP
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT (*thrombin*)	3	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT (*thrombin*)	3	
THROMBOGEN EXTERNAL KIT 10000 UNIT (*thrombin*)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT (*thrombin*)	3	
tranexamic acid oral tablet 650 mg	1	SL (30 tablets per 5 days.)
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (*coagulation factor xiii a-sub*)	3	SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (*von willebrand factor (recomb)*)	2	SP
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (*antihemophilic factor-vwf*)	2	SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	4	PA; ST
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (*antihem fact (bdd-rfviii,mor)*)	4	PA; ST
XYNTHA SOLOFUSE INTRAVENOUS KIT 3000 UNIT (*antihem fact (bdd-rfviii,mor)*)	4	PA; ST; SP
HEPARINS - Drugs to Prevent Blood Clots		
enoxaparin sodium injection solution 300 mg/3ml	1	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (*dalteparin sodium*)	4	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (*dalteparin sodium*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
heparin na (pork) lock flsh pf intravenous solution 10 unit/ml, 100 unit/ml	1	
heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml	1	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	1	
heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml	1	
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml	1	
IRON PREPARATIONS - Vitamins and Minerals		
ATABEX OB ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (*prenat-fecb-fefum-fa-dha w/o a*)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	3	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	3	
hematinic/folic acid oral tablet 324-1 mg	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	3	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (*ped multivitamins-fl-iron*)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	4	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VINATE ONE ORAL TABLET 60-1 MG (*prenatal vit-fe fumarate-fa*)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (*prenatal-fe fum-methf-fa w/o a*)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (*prenat-fefum-fered-fa-dha w/oa*)	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal solution 500 mcg/0.1ml	1	
DODEX INJECTION SOLUTION 1000 MCG/ML (*cyanocobalamin*)	4	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	3	
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
BRILINTA ORAL TABLET 60 MG, 90 MG (*ticagrelor*)	2	SL (2 tablets per day.)
cilostazol oral tablet 100 mg, 50 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
clopidogrel bisulfate oral tablet 300 mg, 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
ft aspirin low dose oral tablet delayed release 81 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
mm aspirin oral tablet delayed release 81 mg	E	H
prasugrel hcl oral tablet 10 mg, 5 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	E	H
ZONTIVITY ORAL TABLET 2.08 MG (*vorapaxar sulfate*)	4	SL (1 tablet per day.)
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
anagrelide hcl oral capsule 0.5 mg, 1 mg	1	
THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots		
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
ft aspirin low dose oral tablet delayed release 81 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
mm aspirin oral tablet delayed release 81 mg	E	H
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	E	H

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (*doxazosin mesylate*)	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (*prazosin hcl*)	4	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (*doxazosin mesylate*)	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (*doxazosin mesylate*)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (*prazosin hcl*)	4	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*)	4	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
VALSARTAN ORAL SOLUTION 4 MG/ML	4	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
EDARBI ORAL TABLET 40 MG, 80 MG (*azilsartan medoxomil*)	4	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*)	4	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	4	PA; SL (2 tablets per day.)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
VALSARTAN ORAL SOLUTION 4 MG/ML	4	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
enalapril maleate oral solution 1 mg/ml	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*)	4	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (*benazepril hcl*)	4	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (*quinapril-hydrochlorothiazide*)	4	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
enalapril maleate oral solution 1 mg/ml	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML (*enalapril maleate*)	4	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*benazepril-hydrochlorothiazide*)	4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (*benazepril hcl*)	4	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
QBRELIS ORAL SOLUTION 1 MG/ML (*lisinopril*)	4	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (*digoxin*)	3	
LANOXIN ORAL TABLET 62.5 MCG (*digoxin*)	4	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (*lomitapide mesylate*)	4	PA; ST; SL (1 capsule per day.); SP
NEXLETOL ORAL TABLET 180 MG (*bempedoic acid*)	2	SL (1 tablet per day.)
NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*)	2	SL (1 tablet per day.)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	1	
omega-3-acid ethyl esters oral capsule 1 gm	1	
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for Abnormal Heart Rhythms		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*atenolol*)	3	PA
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	4	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG (*nadolol*)	4	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	4	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*atenolol*)	3	PA
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	4	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
CORGARD ORAL TABLET 20 MG, 40 MG (*nadolol*)	4	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	4	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
cholestyramine light oral packet 4 gm	1	
cholestyramine light oral powder 4 gm/dose	1	
cholestyramine oral packet 4 gm	1	
cholestyramine oral powder 4 gm/dose	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (*clindamycin-tretinoin-cholesty*)	3	PA
colesevelam hcl oral packet 3.75 gm	1	
colesevelam hcl oral tablet 625 mg	1	
COLESTID FLAVORED ORAL PACKET 5 GM (*colestipol hcl*)	4	
COLESTID ORAL GRANULES 5 GM (*colestipol hcl*)	3	
COLESTID ORAL PACKET 5 GM (*colestipol hcl*)	4	
COLESTID ORAL TABLET 1 GM (*colestipol hcl*)	4	
colestipol hcl oral granules 5 gm	1	
colestipol hcl oral packet 5 gm	1	
colestipol hcl oral tablet 1 gm	1	
prevalite oral packet 4 gm	1	
prevalite oral powder 4 gm/dose	1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (*cholestyramine light*)	4	
QUESTRAN ORAL PACKET 4 GM (*cholestyramine*)	4	
QUESTRAN ORAL POWDER 4 GM/DOSE (*cholestyramine*)	4	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	4	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (*verapamil hcl*)	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*verapamil hcl*)	4	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure & Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	4	
trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (*verapamil hcl*)	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*verapamil hcl*)	4	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG (*ranolazine*)	4	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (*mavacamten*)	4	PA; SL (1 capsule per day.); SP
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	3	PA; SL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	3	PA; SL (2 tablets per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	1	
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	2	PA; SL (1 capsule per day.); SP
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	2	PA; SL (4 capsules per day.); SP
CARDIOTONIC AGENTS - Drugs for Angina		
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG (*digoxin*)	3	
LANOXIN ORAL TABLET 62.5 MCG (*digoxin*)	4	
CENTRAL ALPHA-AGONISTS - Drugs for High Blood Pressure & Angina		
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	4	PA
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
ezetimibe oral tablet 10 mg	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	4	SL (1 tablet per day.)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
NEXLIZET ORAL TABLET 180-10 MG (*bempedoic acid-ezetimibe*)	2	SL (1 tablet per day.)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (*ezetimibe-rosuvastatin*)	4	SL (1 tablet per day.)
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (*ezetimibe-simvastatin*)	4	
CLASS IA ANTIARRHYTHMICS - Drugs for Angina		
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (*disopyramide phosphate*)	2	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORPACE ORAL CAPSULE 100 MG, 150 MG (*disopyramide phosphate*)	4	
quinidine gluconate er oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
CLASS IB ANTIARRHYTHMICS - Drugs for Angina		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (*phenytoin*)	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (*phenytoin sodium extended*)	3	
DILANTIN ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	3	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	1	
phenytek oral capsule 200 mg, 300 mg	1	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	1	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	1	
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*atenolol*)	3	PA
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	4	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (*metoprolol succinate*)	4	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (*metoprolol tartrate*)	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	4	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (*sotalol hcl af*)	4	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
MULTAQ ORAL TABLET 400 MG (*dronedarone hcl*)	4	PA
PACERONE ORAL TABLET 100 MG, 400 MG (*amiodarone hcl*)	3	
PACERONE ORAL TABLET 200 MG (*amiodarone hcl*)	4	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (*sotalol hcl*)	4	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (*dofetilide*)	4	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	4	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (*verapamil hcl*)	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*verapamil hcl*)	4	
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*amlodipine besylate*)	3	PA

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	1	SL (1 tablet per day)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	4	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*)	4	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	2	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (*nisoldipine*)	4	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*amlodipine besylate*)	3	PA
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	4	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*)	4	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (*nisoldipine*)	4	
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
minoxidil oral tablet 10 mg, 2.5 mg	1	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
elixophyllin oral elixir 80 mg/15ml	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg	1	
fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg	1	
fenofibric acid oral capsule delayed release 135 mg, 45 mg	1	
fenofibric acid oral tablet 105 mg, 35 mg	1	
FIBRICOR ORAL TABLET 105 MG, 35 MG (*fenofibric acid*)	4	
gemfibrozil oral tablet 600 mg	1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (*fenofibrate*)	4	
LOPID ORAL TABLET 600 MG (*gemfibrozil*)	4	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (*lovastatin*)	4	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	1	SL (1 tablet per day)
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (*atorvastatin calcium*)	4	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (*rosuvastatin calcium*)	3	
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	4	SL (1 tablet per day.)
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	4	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	1	
fluvastatin sodium oral capsule 20 mg, 40 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (*pitavastatin calcium*)	4	
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	H
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	1	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (*ezetimibe-rosuvastatin*)	4	SL (1 tablet per day.)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H
simvastatin oral tablet 80 mg	1	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (*ezetimibe-simvastatin*)	4	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (*pitavastatin magnesium*)	4	
HYPOTENSIVE AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
phenoxybenzamine hcl oral capsule 10 mg	1	
VECAMYL ORAL TABLET 2.5 MG (*mecamylamine hcl*)	4	
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (*bumetanide*)	3	
ethacrynic acid oral tablet 25 mg	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (*furosemide*)	4	PA
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (*furosemide*)	4	
SOAANZ ORAL TABLET 20 MG (*torsemide*)	4	SL (1 tablet per day.)
SOAANZ ORAL TABLET 40 MG, 60 MG (*torsemide*)	4	SL (2 tablets per day.)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	4	
eplerenone oral tablet 25 mg, 50 mg	1	
KERENDIA ORAL TABLET 10 MG, 20 MG (*finerenone*)	4	PA; SL (1 tablet per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	4	
eplerenone oral tablet 25 mg, 50 mg	1	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
NITRATES AND NITRITES - Drugs for the Heart		
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (*nitroglycerin*)	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (*nitroglycerin*)	3	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (*nitroglycerin*)	4	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (*nitroglycerin*)	3	
PCSK9 INHIBITORS - Drugs for Cholesterol		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (*evolocumab*)	2	PA; ST; SL (3.5 ml (1 cartridge) per month.)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (*evolocumab*)	2	PA; ST; SL (2 syringes per 28 days.)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*evolocumab*)	2	PA; ST; SL (2 ml per month.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
alyq oral tablet 20 mg	1	PA; SL (2 tablets per day); SP
cilostazol oral tablet 100 mg, 50 mg	1	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	4	SL (1 capsule per day.)
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	PA; SL (186 ml per month.); SP
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	SL (6 tablets per month)
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablet per day.)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (*avanafil*)	2	SL (6 tablets per month)
tadalafil (pah) oral tablet 20 mg	1	PA; SL (2 tablets per day); SP
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	SL (6 tablets per month)
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	3	PA; SL (10 ml per day.); SP
vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	SL (6 tablets per month)
vardenafil hcl oral tablet dispersible 10 mg	1	SL (6 tablets per month)
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
amiloride hcl oral tablet 5 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	4	
eplerenone oral tablet 25 mg, 50 mg	1	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
RENIN INHIBITORS - Drugs for the Heart		
aliskiren fumarate oral tablet 150 mg, 300 mg	1	
TEKTURNA ORAL TABLET 150 MG, 300 MG (*aliskiren fumarate*)	3	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (*sacubitril-valsartan*)	4	PA; SL (2 tablets per day.)
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	4	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
eplerenone oral tablet 25 mg, 50 mg	1	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	2	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
THALITONE ORAL TABLET 15 MG (*chlorthalidone*)	4	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
ambrisentan oral tablet 10 mg, 5 mg	1	PA; SL (1 tablet per day.); SP
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*amlodipine besylate*)	3	PA
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
bosentan oral tablet 125 mg, 62.5 mg	1	PA; SL (2 tablets per day.); SP
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (*alprostadil (vasodilator)*)	3	SL (6 units per month)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (*alprostadil (vasodilator)*)	3	SL (6 units per month)
CORLANOR ORAL SOLUTION 5 MG/5ML (*ivabradine hcl*)	3	PA; SL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (*ivabradine hcl*)	3	PA; SL (2 tablets per day.)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (*alprostadil (vasodilator)*)	3	SL (6 units per month)
KATERZIA ORAL SUSPENSION 1 MG/ML (*amlodipine benzoate*)	4	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
MUSE URETHRAL PELLET 1000 MCG, 250 MCG, 500 MCG (*alprostadil (vasodilator)*)	3	SL (6 units per month)
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (*amlodipine besylate*)	4	
NYMALIZE ORAL SOLUTION 6 MG/ML (*nimodipine*)	2	
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	2	PA; SL (1 tablet per day.); SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	4	PA; SL (168 tablets per year.); SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	4	PA; SL (336 tablets per year.); SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (*treprostinil diolamine*)	4	PA; SL (252 tablets per year.); SP

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG (*treprostinil diolamine*)	4	PA; SL (6 tablets per day.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG (*treprostinil diolamine*)	4	PA; SL (6 tablets per day); SP
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (*diltiazem hcl er beads*)	4	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	2	PA; SL (2 tablets per day.); SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	2	PA; SL (4 tablets per day.); SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	2	PA; SL (112 cartridges per 23 days.); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG (*treprostinil*)	2	PA; SL (196 cartridges per 365 days.); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (*treprostinil*)	2	PA; SL (252 cartridges per 365 days.); SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	PA
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	PA
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (*iloprost*)	2	PA; SP
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (*verapamil hcl*)	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*verapamil hcl*)	4	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (*vericiguat*)	4	PA; SL (1 tablet per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet 100 mg	1	
AMPHETAMINE DERIVATIVES - Drugs for the Nervous System		
ADIPEX-P ORAL TABLET 37.5 MG (*phentermine hcl*)	4	PA
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	1	PA
diethylpropion hcl oral tablet 25 mg	1	PA
LOMAIRA ORAL TABLET 8 MG (*phentermine hcl*)	3	PA
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg	1	PA
phendimetrazine tartrate oral tablet 35 mg	1	PA
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	1	PA
phentermine hcl oral tablet 37.5 mg	1	PA
AMPHETAMINES - Drugs for the Nervous System		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (*amphetamine-dextroamphetamine*)	4	SL (2 capsules per day.)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (*amphetamine*)	4	SL (1 tablet per day.)
amphetamine sulfate oral tablet 10 mg, 5 mg	1	
amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	SL (2 capsules per day.)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	SL (1 capsule per day)
benzphetamine hcl oral tablet 50 mg	1	PA
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg	1	SL (5 capsules per day.)
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	1	SL (4 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	1	SL (10 capsules per day.)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (*amphetamine*)	4	SL (15 mL per day.)
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (*amphetamine*)	4	SL (1 tablet per day.)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (*amphetamine sulfate*)	4	PA
EVEKEO ORAL TABLET 10 MG, 5 MG (*amphetamine sulfate*)	4	
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg	1	SL (2 capsules per day.)
lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg	1	SL (1 capsule per day)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg	1	SL (2 tablets per day.)
lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg	1	SL (1 tablet per day)
methamphetamine hcl oral tablet 5 mg	1	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (*amphetamine-dextroamphetamine*)	4	SL (1 capsule per day)
PROCENTRA ORAL SOLUTION 5 MG/5ML (*dextroamphetamine sulfate*)	3	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (*lisdexamfetamine dimesylate*)	4	SL (2 capsules per day.)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (*lisdexamfetamine dimesylate*)	4	SL (1 capsule per day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (*lisdexamfetamine dimesylate*)	4	SL (2 tablets per day.)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (*lisdexamfetamine dimesylate*)	4	SL (1 tablet per day)
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (*dextroamphetamine*)	3	SL (1 patch per day.)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (*dextroamphetamine sulfate*)	4	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	4	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*)	4	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	
bac oral tablet 50-325-40 mg	1	SL (6 tablets per day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	SL (6 tablets per day)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
ESGIC ORAL CAPSULE 50-325-40 MG (*butalbital-apap-caffeine*)	4	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (*butalbital-apap-caffeine*)	4	SL (6 tablets per day)
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (*gabapentin*)	3	PA
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	4	SL (6 capsules per day.)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	
NEURAPTINE EXTERNAL CREAM 10 % (*gabapentin*)	3	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*)	4	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	4	
NEURONTIN ORAL TABLET 600 MG, 800 MG (*gabapentin*)	4	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG, 7.5-300 MG	4	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	1	SL (1 tablet per day.)
PROLATE ORAL TABLET 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	4	
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	1	
URELLE ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
uretron d/s oral tablet 81.6 mg	1	
URIMAR-T ORAL CAPSULE 120 MG (*meth-hyo-m bl-na phos-ph sal*)	4	
urin ds oral tablet 81.6 mg	1	
VILEVEV MB ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
ANOREXIGENIC AGENTS AND STIMULANTS, MISC - Drugs for the Nervous System		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (*phentermine-topiramate*)	3	PA; SL (1 capsule per day.)
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (*naltrexone-bupropion hcl*)	3	PA; SL (4 tablets per day.)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*)	3	PA; SP
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	PA

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (*eslicarbazepine acetate*)	3	PA
BANZEL ORAL SUSPENSION 40 MG/ML (*rufinamide*)	4	
BANZEL ORAL TABLET 200 MG, 400 MG (*rufinamide*)	4	PA
BRIVIACT ORAL SOLUTION 10 MG/ML (*brivaracetam*)	4	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (*brivaracetam*)	3	PA
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine*)	4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	4	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (*stiripentol*)	3	PA; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG (*stiripentol*)	3	PA; SP
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (*cannabidiol*)	3	PA; SP
epitol oral tablet 200 mg	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine (antipsychotic)*)	3	
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (*gabapentin*)	3	PA
felbamate oral suspension 600 mg/5ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FELBATOL ORAL TABLET 400 MG, 600 MG (*felbamate*)	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (*fenfluramine hcl*)	4	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (*perampanel*)	4	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (*perampanel*)	3	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL SOLUTION 100 MG/ML (*levetiracetam*)	4	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	4	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (*levetiracetam*)	4	
lacosamide oral solution 10 mg/ml	1	PA
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	PA
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	4	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*)	4	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*)	4	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*)	4	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	3	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*)	3	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	1	
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*)	4	
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	4	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (*lacosamide*)	3	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (*gabapentin*)	4	
NEURONTIN ORAL SOLUTION 250 MG/5ML (*gabapentin*)	4	
NEURONTIN ORAL TABLET 600 MG, 800 MG (*gabapentin*)	4	
oxcarbazepine oral suspension 300 mg/5ml	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	1	
rufinamide oral tablet 200 mg, 400 mg	1	PA

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SABRIL ORAL TABLET 500 MG (*vigabatrin*)	4	PA; SL (6 tablets per day.); SP
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (*levetiracetam*)	4	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter kit-blue oral kit 35 x 25 mg	1	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (*carbamazepine*)	3	
TEGRETOL ORAL TABLET 200 MG (*carbamazepine*)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (*carbamazepine*)	4	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	4	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (*topiramate*)	4	
topiramate oral capsule sprinkle 15 mg, 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (*oxcarbazepine*)	4	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (*oxcarbazepine*)	4	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
vigabatrin oral packet 500 mg	1	PA; SL (6 packets per day.)
vigabatrin oral tablet 500 mg	1	PA; SL (6 tablets per day.); SP
vigadrone oral packet 500 mg	1	PA; SL (6 packets per day.)
vigadrone oral tablet 500 mg	1	PA; SL (6 tablets per day.); SP
vigpoder oral packet 500 mg	1	PA; SL (6 packets per day.)
VIMPAT ORAL SOLUTION 10 MG/ML (*lacosamide*)	4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*lacosamide*)	4	PA

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (*cenobamate*)	3	PA
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (*cenobamate*)	3	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (*zonisamide*)	4	
ZONISADE ORAL SUSPENSION 100 MG/5ML (*zonisamide*)	4	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (*ganaxolone*)	4	SP
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (*dextromethorphan-bupropion*)	4	SL (2 tablets per day.)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	1	H
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	4	SL (1 tablet per day.)
bupropion hcl oral tablet 100 mg, 75 mg	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (*bupropion hcl*)	4	SL (1 tablet per day.)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	4	PA; SL (8 devices (4 kits) per month.)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (*esketamine hcl*)	4	PA; SL (12 devices (4 kits) per month.)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG (*zuranolone*)	2	PA; SL (28 capsules per year.); SP
ZURZUVAE ORAL CAPSULE 30 MG (*zuranolone*)	2	PA; SL (14 capsules per year.); SP
ANTIMANIC AGENTS - Drugs for Personality Disorder		
aripiprazole oral solution 1 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	SL (1 tablet per day.)
asenapine maleate sublingual tablet sublingual 10 mg, 5 mg	1	SL (2 tablets per day)
asenapine maleate sublingual tablet sublingual 2.5 mg	1	SL (2 tablets per day.)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine*)	4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	4	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	4	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
epitol oral tablet 200 mg	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (*carbamazepine (antipsychotic)*)	3	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (*lamotrigine*)	4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (*lamotrigine*)	4	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (*lamotrigine*)	4	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (*lamotrigine*)	4	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (*lamotrigine*)	4	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (*lamotrigine*)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (*lamotrigine*)	3	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium oral solution 8 meq/5ml	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (*lithium carbonate*)	4	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	4	
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter kit-blue oral kit 35 x 25 mg	1	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (*carbamazepine*)	3	
TEGRETOL ORAL TABLET 200 MG (*carbamazepine*)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (*carbamazepine*)	4	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	H
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
butorphanol tartrate nasal solution 10 mg/ml	1	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (*divalproex sodium*)	4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (*divalproex sodium*)	4	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (*divalproex sodium*)	4	
diclofenac potassium(migraine) oral packet 50 mg	1	
dihydroergotamine mesylate injection solution 1 mg/ml	1	
dihydroergotamine mesylate nasal solution 4 mg/ml	1	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (*naproxen*)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (*naproxen*)	4	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (*ergotamine tartrate*)	4	
ergotamine-caffeine oral tablet 1-100 mg	1	
ft aspirin low dose oral tablet delayed release 81 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (*propranolol hcl*)	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (*propranolol hcl*)	4	
KIPROFEN ORAL CAPSULE 25 MG (*ketoprofen*)	3	SL (4 capsules per day.)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	3	
mm aspirin oral tablet delayed release 81 mg	E	H
NAPROSYN ORAL SUSPENSION 125 MG/5ML (*naproxen*)	4	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	E	H
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (*topiramate*)	4	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (*topiramate*)	4	
topiramate oral capsule sprinkle 15 mg, 25 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml	1	
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (*loxapine*)	3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	1	
pimozide oral tablet 1 mg, 2 mg	1	
ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	4	SL (1 tablet per day.)
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	4	SL (1 tablet per day.)
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (*zolpidem tartrate*)	4	SL (1 sublingual tablet per day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (*tasimelteon*)	4	PA; SL (5.1 mL per day.); SP
HETLIOZ ORAL CAPSULE 20 MG (*tasimelteon*)	4	PA; SL (1 capsule per day.); SP
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
meprobamate oral tablet 200 mg, 400 mg	1	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
ramelteon oral tablet 8 mg	1	SL (1 tablet per day)
tasimelteon oral capsule 20 mg	1	PA; SL (1 capsule per day.); SP
VISTARIL ORAL CAPSULE 25 MG (*hydroxyzine pamoate*)	4	
zaleplon oral capsule 10 mg, 5 mg	1	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	1	
ZOLPIDEM TARTRATE ORAL CAPSULE 7.5 MG	4	SL (1 capsule per day.)
zolpidem tartrate oral tablet 10 mg, 5 mg	1	
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	1	SL (1 sublingual tablet per day)
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	
aripiprazole oral tablet dispersible 10 mg, 15 mg	1	SL (1 tablet per day.)
asenapine maleate sublingual tablet sublingual 10 mg, 5 mg	1	SL (2 tablets per day)
asenapine maleate sublingual tablet sublingual 2.5 mg	1	SL (2 tablets per day.)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (*lumateperone tosylate*)	4	PA; SL (1 capsule per day.)
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (*clozapine*)	4	
FANAPT ORAL TABLET 1 MG (*iloperidone*)	4	SL (86 tablets per year.)
FANAPT ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG (*iloperidone*)	4	SL (2 tablets per day)
FANAPT ORAL TABLET 2 MG (*iloperidone*)	4	SL (56 tablets per year.)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (*iloperidone*)	3	SL (8 tablets (1 pack) per 365 days.)
lurasidone hcl oral tablet 120 mg, 20 mg, 60 mg	1	SL (1 tablet per day.)
lurasidone hcl oral tablet 40 mg	1	SL (1 tablet per day)
lurasidone hcl oral tablet 80 mg	1	SL (2 tablets per day.)
NUPLAZID ORAL CAPSULE 34 MG (*pimavanserin tartrate*)	4	PA
NUPLAZID ORAL TABLET 10 MG (*pimavanserin tartrate*)	4	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	SL (1 capsule per day)
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	1	SL (1 tablet per day)
paliperidone er oral tablet extended release 24 hour 6 mg	1	SL (2 tablets per day)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (*brexpiprazole*)	4	ST; SL (1 tablet per day.)
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (*quetiapine fumarate*)	4	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (*olanzapine-fluoxetine hcl*)	4	SL (1 capsule per day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (*clozapine*)	4	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (*cariprazine hcl*)	4	SL (1 capsule per day.)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (*cariprazine hcl*)	4	SL (7 capsules per year.)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
MYSOLINE ORAL TABLET 250 MG, 50 MG (*primidone*)	2	
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ALLZITAL ORAL TABLET 25-325 MG (*butalbital-acetaminophen*)	4	
ascomp-codeine oral capsule 50-325-40-30 mg	1	
bac oral tablet 50-325-40 mg	1	SL (6 tablets per day)
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	SL (6 tablets per day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
ESGIC ORAL CAPSULE 50-325-40 MG (*butalbital-apap-caffeine*)	4	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (*butalbital-apap-caffeine*)	4	SL (6 tablets per day)
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	4	SL (6 capsules per day.)
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TENCON ORAL TABLET 50-325 MG (*butalbital-acetaminophen*)	3	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet 10 mg, 20 mg	1	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (*lorazepam*)	4	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (*midazolam (anticonvulsant)*)	3	PA
ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*)	4	PA
ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*)	4	PA
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (*clobazam*)	4	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML (*diazepam*)	3	PA
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML (*diazepam*)	3	PA
BENZODIAZEPINES (ANXIOLYTIC,SEDATIV/HYP) - Drugs for Anxiety & Sleep Disorder		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam intensol oral concentrate 1 mg/ml	1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg	1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet 10 mg, 20 mg	1	PA
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	
estazolam oral tablet 1 mg, 2 mg	1	
flurazepam hcl oral capsule 15 mg, 30 mg	1	
HALCION ORAL TABLET 0.25 MG (*triazolam*)	4	
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG (*lorazepam*)	4	
midazolam hcl oral syrup 2 mg/ml	1	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (*midazolam*)	3	PA
ONFI ORAL SUSPENSION 2.5 MG/ML (*clobazam*)	4	PA
ONFI ORAL TABLET 10 MG, 20 MG (*clobazam*)	4	PA
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (*temazepam*)	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (*clobazam*)	4	PA
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	
triazolam oral tablet 0.125 mg, 0.25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BUTYROPHENONES - Drugs for Depression & Psychosis		
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (*erenumab-aooe*)	2	PA; SL (1 ml per 21 days.)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (*erenumab-aooe*)	2	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (*galcanezumab-gnlm*)	2	PA; SL (0.04 ml per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*galcanezumab-gnlm*)	2	PA; SL (0.1 mL per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*galcanezumab-gnlm*)	2	PA; SL (0.04 ml per day.)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (*rimegepant sulfate*)	2	PA; ST; SL (0.27 tablets per day.)
UBRELVY ORAL TABLET 100 MG, 50 MG (*ubrogepant*)	2	PA; ST; SL (0.27 tablets per day.)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (*zavegepant hcl*)	4	PA; ST
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
entacapone oral tablet 200 mg	1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (*opicapone*)	4	SL (1 capsule per day.)
STALEVO 150 ORAL TABLET 37.5-150-200 MG (*carbidopa-levodopa-entacapone*)	4	
tolcapone oral tablet 100 mg	1	PA
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
acamprosate calcium oral tablet delayed release 333 mg	1	
ADDYI ORAL TABLET 100 MG (*flibanserin*)	4	SL (1 tablet per day.)
atomoxetine hcl oral capsule 10 mg, 25 mg	1	SL (3 capsules per day.)
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	1	SL (1 capsule per day)
atomoxetine hcl oral capsule 18 mg	1	SL (5 capsules per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
atomoxetine hcl oral capsule 40 mg	1	SL (2 capsules per day)
DAYBUE ORAL SOLUTION 200 MG/ML (*trofinetide*)	2	PA; SL (120 ml per day.); SP
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	1	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (*sodium oxybate*)	4	PA; SL (1 packet per day.); SP
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG (*memantine hcl-donepezil hcl*)	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (*memantine hcl-donepezil hcl*)	4	
NOURIANZ ORAL TABLET 20 MG, 40 MG (*istradefylline*)	3	SL (1 tablet per day.)
NUEDEXTA ORAL CAPSULE 20-10 MG (*dextromethorphan-quinidine*)	2	PA; SL (2 capsules per day.)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (*edaravone*)	3	PA; SL (150 ml per 84 days.); SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (*edaravone*)	3	PA; SL (70 ml per 365 days.); SP
RELYVRIO ORAL PACKET 3-1 GM (*phenylbutyrate-taurursodiol*)	4	PA; SL (2 packets per day.); SP
riluzole oral tablet 50 mg	1	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SL (18 ml per day.); SP
STRATTERA ORAL CAPSULE 10 MG, 25 MG (*atomoxetine hcl*)	4	SL (3 capsules per day.)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (*atomoxetine hcl*)	4	SL (1 capsule per day)
STRATTERA ORAL CAPSULE 18 MG (*atomoxetine hcl*)	4	SL (5 capsules per day.)
STRATTERA ORAL CAPSULE 40 MG (*atomoxetine hcl*)	4	SL (2 capsules per day)
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (*riluzole*)	3	PA; SP
VEOZAH ORAL TABLET 45 MG (*fezolinetant*)	4	SL (1 tablet per day.)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (*bremelanotide acetate*)	4	SL (4 autoinjector pens (1.2mls) per month.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	2	PA; SL (1 capsule per day.); SP
XYWAV ORAL SOLUTION 500 MG/ML (*ca, mg, k, and na oxybates*)	4	PA; SL (18 mL per day.); SP
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1	SL (2 capsules per day)
celecoxib oral capsule 400 mg	1	SL (31 capsules per 31 days.)
DOPAMINE PRECURSORS - Drugs for Parkinson		
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (*carbidopa-levodopa*)	4	
INBRIJA INHALATION CAPSULE 42 MG (*levodopa*)	3	PA; SL (10 tablets per day.); SP
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (*carbidopa-levodopa*)	4	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (*carbidopa-levodopa-entacapone*)	4	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
bromocriptine mesylate oral capsule 5 mg	1	
bromocriptine mesylate oral tablet 2.5 mg	1	
cabergoline oral tablet 0.5 mg	1	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (*pregabalin*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LYRICA ORAL SOLUTION 20 MG/ML (*pregabalin*)	4	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	4	SL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	4	SL (1 pack per 365 days.)
HYDANTOINS - Drugs for Seizures		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (*phenytoin*)	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG (*phenytoin sodium extended*)	3	
DILANTIN ORAL SUSPENSION 125 MG/5ML (*phenytoin*)	3	
phenytek oral capsule 200 mg, 300 mg	1	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
INHALATION ANESTHETICS - Anesthetics		
FORANE INHALATION SOLUTION (*isoflurane*)	2	
isoflurane inhalation solution	1	
sevoflurane inhalation solution	1	
terrell inhalation solution	1	
ULTANE INHALATION SOLUTION (*sevoflurane*)	3	
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
AZILECT ORAL TABLET 0.5 MG, 1 MG (*rasagiline mesylate*)	4	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (*selegiline*)	3	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
AZILECT ORAL TABLET 0.5 MG, 1 MG (*rasagiline mesylate*)	4	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (*selegiline*)	3	
MARPLAN ORAL TABLET 10 MG (*isocarboxazid*)	3	
NARDIL ORAL TABLET 15 MG (*phenelzine sulfate*)	4	
PARNATE ORAL TABLET 10 MG (*tranylcypromine sulfate*)	4	
phenelzine sulfate oral tablet 15 mg	1	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
tranylcypromine sulfate oral tablet 10 mg	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (*selegiline hcl*)	3	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (*apomorphine hcl*)	4	PA; SL (3 ml per day.); SP
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	1	PA; SL (3 ml per day.); SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (*rotigotine*)	3	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
OPIATE AGONISTS - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (*benzhydrocodone-acetaminophen*)	4	
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	
ascomp-codeine oral capsule 50-325-40-30 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
belladonna alkaloids-opium rectal suppository 16.2-60 mg	1	
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
codeine sulfate oral tablet 30 mg, 60 mg	1	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (*tramadol hcl*)	4	SL (1 capsule per day)
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; SL (4 lozenges per day)
FENTANYL CITRATE BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; SL (4 buccal tablets per day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	1	PA; SL (0.34 patches per day)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr	1	PA; SL (15 patches per 31 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl citrate*)	4	PA; SL (4 buccal tablets per day)
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	1	PA; SL (2 capsules per day)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg	1	PA; SL (0 tablet per 0 days)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1	PA; SL (1 tablet per day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
hydromorphone hcl er oral tablet extended release 24 hour 12 mg	1	PA; SL (2 tablets per day)
hydromorphone hcl er oral tablet extended release 24 hour 16 mg, 8 mg	1	PA; SL (1 tablet per day)
hydromorphone hcl er oral tablet extended release 24 hour 32 mg	1	PA; SL (0 tablet per 0 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydromorphone hcl oral liquid 1 mg/ml	1	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	
hydromorphone hcl rectal suppository 3 mg	1	
levorphanol tartrate oral tablet 2 mg	1	ST; SL (4 tablets per day)
levorphanol tartrate oral tablet 3 mg	1	ST; SL (4 tablets per day.)
meperidine hcl oral solution 50 mg/5ml	1	
meperidine hcl oral tablet 50 mg	1	
methadone hcl intensol oral concentrate 10 mg/ml	1	SL (6 ml per day.)
methadone hcl oral concentrate 10 mg/ml	1	SL (6 ml per day.)
methadone hcl oral solution 10 mg/5ml	1	PA; SL (11.3 mL per day)
methadone hcl oral solution 5 mg/5ml	1	PA; SL (22.6 mL per day)
methadone hcl oral tablet 10 mg	1	PA; SL (2 tablets per day)
methadone hcl oral tablet 5 mg	1	PA; SL (4 tablets per day)
methadone hcl oral tablet soluble 40 mg	1	SL (1.5 tablets per day.)
METHADOSE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	3	SL (6 ml per day.)
methadose oral tablet soluble 40 mg	1	SL (1.5 tablets per day.)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (*methadone hcl*)	3	SL (6 ml per day.)
morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	1	PA; SL (0 capsule per 100 days)
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	PA; SL (1 capsule per day)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg	1	PA; SL (62 capsules per 31 days)
morphine sulfate er oral capsule extended release 24 hour 100 mg	1	PA; SL (0 capsule per 100 days)
morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg	1	PA; SL (1 capsule per day)
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	1	PA; SL (0 capsule per 100 days)
morphine sulfate er oral tablet extended release 15 mg, 30 mg	1	PA; SL (93 tablets per 31 days)
morphine sulfate oral solution 10 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
morphine sulfate oral tablet 15 mg, 30 mg	1	
morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG (*tapentadol hcl*)	3	PA; SL (2 tablets per day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG (*tapentadol hcl*)	3	PA; SL (0 capsule per 100 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (*tapentadol hcl*)	2	SL (6 tablets per day)
oxycodone hcl oral capsule 5 mg	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution 5 mg/5ml	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	SL (12 tablets per day)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG, 7.5-300 MG	4	
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg	1	PA; SL (2 tablets per day.)
oxymorphone hcl er oral tablet extended release 12 hour 20 mg	1	PA; SL (0 tablet per 100 days.)
oxymorphone hcl er oral tablet extended release 12 hour 30 mg, 40 mg	1	PA; SL (0 capsule per 100 days)
oxymorphone hcl oral tablet 10 mg, 5 mg	1	SL (6 tablets per day)
PROLATE ORAL TABLET 5-300 MG, 7.5-300 MG (*oxycodone-acetaminophen*)	4	
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML (*tramadol hcl*)	3	PA
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4	SL (1 capsule per day)
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	SL (1 tablet per day)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	SL (1 tablet per day)
tramadol hcl oral tablet 50 mg	1	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	1	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG (*oxycodone*)	4	PA; SL (2 tablets per day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG (*oxycodone*)	4	PA; SL (0 capsule per 100 days)
OPIATE ANTAGONISTS - Drugs for Overdose or Poisoning		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	SL (2 films per day.)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	SL (1 film per day.)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1	SL (1 sublingual film per day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	SL (3 films per day.)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	SL (3 sublingual tablets per day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	SL (3 tablets per day.)
KLOXXADO NASAL LIQUID 8 MG/0.1ML (*naloxone hcl*)	2	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naloxone hcl nasal liquid 4 mg/0.1ml	1	
naltrexone hcl oral tablet 50 mg	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (*naloxone hcl*)	2	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (*nalmefene hcl*)	2	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (*methylnaltrexone bromide*)	4	SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (*methylnaltrexone bromide*)	4	SL (0.4 ml per day.)
SUBOXONE SUBLINGUAL FILM 12-3 MG (*buprenorphine hcl-naloxone hcl*)	4	PA; ST; SL (2 films per day.)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG (*buprenorphine hcl-naloxone hcl*)	4	PA; ST; SL (1 film per day.)
SUBOXONE SUBLINGUAL FILM 4-1 MG (*buprenorphine hcl-naloxone hcl*)	4	PA; ST; SL (1 sublingual film per day)
SUBOXONE SUBLINGUAL FILM 8-2 MG (*buprenorphine hcl-naloxone hcl*)	4	PA; ST; SL (3 films per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*)	2	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG (*buprenorphine hcl-naloxone hcl*)	1	SL (1 tablet per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG (*buprenorphine hcl-naloxone hcl*)	1	SL (3 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	1	SL (2 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (*buprenorphine hcl-naloxone hcl*)	1	SL (1 tablet per day)
OPIATE PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (*buprenorphine hcl*)	3	PA; SL (2 films per day)
buprenorphine hcl sublingual tablet sublingual 2 mg	1	SL (3 sublingual tablets per day)
buprenorphine hcl sublingual tablet sublingual 8 mg	1	SL (3 tablets per day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	SL (2 films per day.)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	SL (1 film per day.)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1	SL (1 sublingual film per day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	SL (3 films per day.)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	SL (3 sublingual tablets per day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	SL (3 tablets per day.)
buprenorphine transdermal patch weekly 10 mcg/hr, 20 mcg/hr, 5 mcg/hr	1	PA; SL (4 patches per 28 days)
buprenorphine transdermal patch weekly 15 mcg/hr, 7.5 mcg/hr	1	PA; SL (4 patches per month)
butorphanol tartrate nasal solution 10 mg/ml	1	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG (*buprenorphine hcl-naloxone hcl*)	4	PA; ST; SL (2 films per day.)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG (*buprenorphine hcl-naloxone hcl*)	4	PA; ST; SL (1 film per day.)
SUBOXONE SUBLINGUAL FILM 4-1 MG (*buprenorphine hcl-naloxone hcl*)	4	PA; ST; SL (1 sublingual film per day)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUBOXONE SUBLINGUAL FILM 8-2 MG (*buprenorphine hcl-naloxone hcl*)	4	PA; ST; SL (3 films per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG (*buprenorphine hcl-naloxone hcl*)	1	SL (1 tablet per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG (*buprenorphine hcl-naloxone hcl*)	1	SL (3 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG (*buprenorphine hcl-naloxone hcl*)	1	SL (2 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (*buprenorphine hcl-naloxone hcl*)	1	SL (1 tablet per day)
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (*suvorexant*)	4	SL (1 tablet per day.)
DAYVIGO ORAL TABLET 10 MG, 5 MG (*lemborexant*)	4	SL (1 tablet per day.)
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Pain		
CAMBIA ORAL PACKET 50 MG (*diclofenac potassium(migraine)*)	4	
DAYPRO ORAL TABLET 600 MG (*oxaprozin*)	4	
diclofenac potassium oral capsule 25 mg	1	
diclofenac potassium oral tablet 50 mg	1	
diclofenac potassium(migraine) oral packet 50 mg	1	
diclofenac sodium er oral tablet extended release 24 hour 100 mg	1	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	1	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	1	
diflunisal oral tablet 500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (*naproxen*)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (*naproxen*)	4	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
FELDENE ORAL CAPSULE 10 MG, 20 MG (*piroxicam*)	4	
flurbiprofen oral tablet 100 mg, 50 mg	1	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	4	
INDOCIN RECTAL SUPPOSITORY 50 MG (*indomethacin*)	4	
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral suspension 25 mg/5ml	1	
indomethacin rectal suppository 50 mg	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (*ketoprofen-baclofen-gabap-lido*)	3	PA
ketorolac tromethamine oral tablet 10 mg	1	
KIPROFEN ORAL CAPSULE 25 MG (*ketoprofen*)	3	SL (4 capsules per day.)
meclofenamate sodium oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	1	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	4	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (*naproxen*)	4	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet 600 mg	1	
piroxicam oral capsule 10 mg, 20 mg	1	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (*ketorolac tromethamine*)	4	ST
sulindac oral tablet 150 mg, 200 mg	1	
ZIPSOR ORAL CAPSULE 25 MG (*diclofenac potassium*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHENOTHIAZINES - Drugs for Depression & Psychosis		
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine hcl oral tablet 10 mg, 25 mg	1	SL (6 tablets per day.)
chlorpromazine hcl oral tablet 100 mg, 50 mg	1	SL (4 tablets per day.)
chlorpromazine hcl oral tablet 200 mg	1	SL (2 tablets per day.)
compro rectal suppository 25 mg	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (*methylphenidate hcl*)	4	SL (1 capsule per day.)
ascomp-codeine oral capsule 50-325-40-30 mg	1	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (*serdexmethylphen-dexmethylphen*)	2	SL (1 capsule per day.)
bac oral tablet 50-325-40 mg	1	SL (6 tablets per day)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	SL (6 capsules per day.)
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	SL (6 capsules per day)
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	SL (6 tablets per day)
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (*methylphenidate*)	4	SL (1 tablet per day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 5 mg	1	SL (2 capsules per day.)
dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg	1	SL (31 capsules per 31 days.)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	
elixophyllin oral elixir 80 mg/15ml	3	
ergotamine-caffeine oral tablet 1-100 mg	1	
ESGIC ORAL CAPSULE 50-325-40 MG (*butalbital-apap-caffeine*)	4	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG (*butalbital-apap-caffeine*)	4	SL (6 tablets per day)
FIORICET ORAL CAPSULE 50-300-40 MG (*butalbital-apap-caffeine*)	4	SL (6 capsules per day.)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (*dexmethylphenidate hcl*)	4	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (*methylphenidate hcl*)	2	SL (1 capsule per day.)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (*methylphenidate hcl*)	4	
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg	1	SL (2 tablets per day.)
methylphenidate hcl er (cd) oral capsule extended release 60 mg	1	SL (31 capsules per 31 days.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg	1	SL (5 capsules per day.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg	1	SL (5capsules per day.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	1	SL (3 capsules per day.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg	1	SL (2 capsules per day.)
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg	1	SL (2 tablets per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	SL (1 capsule per day.)
methylphenidate hcl er oral tablet extended release 10 mg	1	SL (10 tablets per day.)
methylphenidate hcl er oral tablet extended release 20 mg	1	SL (5 tablets per day.)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 27 MG ORAL	1	SL (1 tablet per day.)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL	1	SL (2 tablets per day.)
METHYLPHENIDATE HCL ER TABLET EXTENDED RELEASE 24 HOUR 54 MG ORAL	1	SL (1 tablet per day.)
methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml	1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	1	
methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr	1	SL (1 patch per day)
methylphenidate transdermal patch 30 mg/9hr	1	SL (1 patch per day.)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (*ergotamine-caffeine*)	3	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (*methylphenidate hcl*)	4	SL (1 tablet per day.)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (*methylphenidate hcl*)	4	SL (360 mL per month.)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (*apap-caff-dihydrocodeine*)	1	
SALICYLATES - Drugs for Pain		
ascomp-codeine oral capsule 50-325-40-30 mg	1	
aspirin 81 oral tablet delayed release 81 mg	E	H
aspirin adult low dose oral tablet delayed release 81 mg	E	H
aspirin adult low strength oral tablet delayed release 81 mg	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
aspirin childrens oral tablet chewable 81 mg	E	H
aspirin ec low dose oral tablet delayed release 81 mg	E	H
aspirin ec low strength oral tablet delayed release 81 mg	E	H
aspirin low dose oral tablet chewable 81 mg	E	H
aspirin low dose oral tablet delayed release 81 mg	E	H
aspirin oral tablet chewable 81 mg	E	H
aspirin oral tablet delayed release 81 mg	E	H
aspirin regimen oral tablet delayed release 81 mg	E	H
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	1	
butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
ft aspirin low dose oral tablet delayed release 81 mg	E	H
goodsense aspirin low dose oral tablet delayed release 81 mg	E	H
mm aspirin oral tablet delayed release 81 mg	E	H
salsalate oral tablet 500 mg, 750 mg	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (*aspirin*)	E	H
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (*aspirin*)	E	H
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	4	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg	1	SL (1 tablet per day)
desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg	1	SL (1 tablet per day.)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (*levomilnacipran hcl*)	4	ST; SL (1 capsule per day.)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (*levomilnacipran hcl*)	4	ST; SL (28 capsules per year.)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (*milnacipran hcl*)	4	SL (2 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (*milnacipran hcl*)	4	SL (1 pack per 365 days.)
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 112.5 MG	4	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	1	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg	1	SL (2 tablets per day)
venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg, 75 mg	1	SL (1 tablet per day)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	1	
eletriptan hydrobromide oral tablet 20 mg, 40 mg	1	
frovatriptan succinate oral tablet 2.5 mg	1	
naratriptan hcl oral tablet 1 mg, 2.5 mg	1	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (*sumatriptan succinate*)	4	
REYVOW ORAL TABLET 100 MG (*lasmiditan succinate*)	4	PA; ST; SL (0.27 tablets per day. 8 tablets per prescription.)
REYVOW ORAL TABLET 50 MG (*lasmiditan succinate*)	4	PA; ST; SL (0.14 tablets per day. Benefit maximum quantity 4 tablets per prescription.)
rizatriptan benzoate oral tablet 10 mg, 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	1	
sumatriptan nasal solution 20 mg/act, 5 mg/act	1	
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	1	
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	1	
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	1	
TOSYMRA NASAL SOLUTION 10 MG/ACT (*sumatriptan*)	4	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (*sumatriptan succinate*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
zolmitriptan oral tablet 2.5 mg, 5 mg	1	
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	1	
ZOMIG NASAL SOLUTION 2.5 MG (*zolmitriptan*)	2	
ZOMIG NASAL SOLUTION 5 MG (*zolmitriptan*)	1	
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
CITALOPRAM HYDROBROMIDE ORAL CAPSULE 30 MG	4	
citalopram hydrobromide oral solution 10 mg/5ml	1	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	1	
escitalopram oxalate oral solution 5 mg/5ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg	1	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine hcl oral capsule delayed release 90 mg	1	SL (4 capsules per 28 days.)
fluoxetine hcl oral solution 20 mg/5ml	1	
fluoxetine hcl oral tablet 10 mg	1	SL (1 tablet per day.)
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg	1	SL (2 capsules per day)
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	1	
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	SL (1 capsule per day)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg	1	SL (1 tablet per day)
paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg	1	SL (2 tablets per day)
paroxetine hcl oral suspension 10 mg/5ml	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
paroxetine mesylate oral capsule 7.5 mg	1	SL (1 capsule per day.)
PAXIL ORAL SUSPENSION 10 MG/5ML (*paroxetine hcl*)	4	
SERTRALINE HCL ORAL CAPSULE 150 MG, 200 MG	4	SL (1 capsule per day.)
sertraline hcl oral concentrate 20 mg/ml	1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (*olanzapine-fluoxetine hcl*)	4	SL (1 capsule per day)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (*vortioxetine hbr*)	4	ST; SL (1 tablet per day.)
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	1	SL (1 tablet per day)
SUCCINIMIDES - Drugs for Seizures		
CELONTIN ORAL CAPSULE 300 MG (*methsuximide*)	4	
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5ml	1	
methsuximide oral capsule 300 mg	1	
ZARONTIN ORAL CAPSULE 250 MG (*ethosuximide*)	4	
ZARONTIN ORAL SOLUTION 250 MG/5ML (*ethosuximide*)	4	
THIOXANTHENES - Drugs for Depression & Psychosis		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	1	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin hcl oral concentrate 10 mg/ml	1	
doxepin hcl oral tablet 3 mg, 6 mg	1	SL (1 tablet per day)
ENOVARX-AMITRIPTYLINE EXTERNAL KIT 2 %	3	PA
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (*desipramine hcl*)	4	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nortriptyline hcl oral solution 10 mg/5ml	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
protriptyline hcl oral tablet 10 mg, 5 mg	1	
SILENOR ORAL TABLET 3 MG, 6 MG (*doxepin hcl*)	4	SL (1 tablet per day)
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	1	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 9 MG (*deutetrabenazine*)	2	PA; SL (4 tablets per day); SP
AUSTEDO ORAL TABLET 6 MG (*deutetrabenazine*)	2	PA; SL (2 tablets per day); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG (*deutetrabenazine*)	2	SL (2 tablets per day.); SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG (*deutetrabenazine*)	2	SL (42 tablets per 365 days.); SP
tetrabenazine oral tablet 12.5 mg	1	PA
tetrabenazine oral tablet 25 mg	1	PA; SP
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
armodafinil oral tablet 150 mg, 250 mg	1	SL (1 tablet per day)
armodafinil oral tablet 200 mg, 50 mg	1	SL (1 tablet per day.)
diclofenac sodium oral tablet delayed release 75 mg	1	
modafinil oral tablet 100 mg, 200 mg	1	SL (1 tablet per day)
SUNOSI ORAL TABLET 150 MG, 75 MG (*solriamfetol hcl*)	2	PA; SL (1 tablet per day.)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (*pitolisant hcl*)	4	PA; SL (2 tablets per day.); SP
DENTAL AGENTS - Oral Care		
DENTAL AGENTS - Oral Care		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (*sod fluoride-potassium nitrate*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA IN VITRO SOLUTION (*blood glucose calibration*)	1	
ACCU-CHEK FASTCLIX LANCET KIT KIT (*lancets misc.*)	1	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (*blood glucose calibration*)	3	
ACCU-CHEK GUIDE KIT W/DEVICE (*blood glucose monitoring suppl*)	3	
ACCU-CHEK GUIDE ME KIT W/DEVICE (*blood glucose monitoring suppl*)	3	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (*blood glucose calibration*)	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (*lancets misc.*)	1	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM (*insulin pen needle*)	2	SL (10 pen needles per day.)
AEROCHAMBER HOLDING CHAMBER DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (*spacer/aero-holding chambers*)	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (*spacer/aero-holding chambers*)	2	
ALCOHOL PREP PADS SHEET 70 %	3	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	SL (10 syringes per day.)
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	SL (10 pen needles per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (*insulin pen needle*)	2	SL (10 pen needles per day.)
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (*insulin pen needle*)	2	SL (10 pen needles per day.)
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	2	SL (10 pen needles per day.)
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	SL (10 pen needles per day.)
AUM PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	SL (10 pen needles per day.)
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (*insulin pen needle*)	2	SL (10 pen needles per day.)
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (*insulin pen needle*)	2	SL (10 pen needles per day.)
AUTOLET LANCING DEVICE (*lancet devices*)	3	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (*insulin pen needle*)	2	SL (10 pen needles per day.)
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" (*needle (disp)*)	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 23G X 1" , 25G X 1-1/2" , 25G X 5/8" (*needle (disp)*)	2	
BD SHARPS COLLECTOR (*sharps container*)	3	
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	2	SL (10 syringes per day.)
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (*insulin syringe/needle u-500*)	2	SL (10 syringes per day.)
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	2	SL (10 pen needles per day.)
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 21G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 27G X 1/2"	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	2	
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION (*blood glucose calibration*)	2	
CARESENS LANCETS 30G (*lancets*)	3	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (*blood glucose calibration*)	3	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 27G X 1-1/2" (*needle (disp)*)	2	
CARETOUCH LANCING/EJECTOR (*lancet devices*)	3	
CEQUR SIMPLICITY 2U DEVICE (*injection device for insulin*)	3	
CHEMSTRIP BG LOG BOOK (*blood glucose monitoring suppl*)	1	
CLEVER CHOICE COMFORT EZ (*lancets*)	3	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (*insulin pen needle*)	2	SL (10 pen needles per day.)
CONTOUR CONTROL IN VITRO LIQUID HIGH (*blood glucose calibration*)	3	
CONTOUR CONTROL IN VITRO LIQUID LOW , NORMAL (*blood glucose calibration*)	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (*blood glucose calibration*)	2	
CONTOUR NEXT MONITOR KIT W/DEVICE (*blood glucose monitoring suppl*)	2	
CONTOUR NEXT ONE KIT (*blood glucose monitoring suppl*)	2	
DEXCOM G6 RECEIVER DEVICE (*continuous glucose receiver*)	3	PA; SL (1 kit per 999 days.)
DEXCOM G6 SENSOR (*continuous glucose sensor*)	3	PA; SL (3 sensors per month.)
DEXCOM G6 TRANSMITTER (*continuous glucose transmitter*)	3	PA; SL (Benefit maximum quantity 1 transmitter per 3 months for Dexcom G6 Transmitter.)
DEXCOM G7 RECEIVER DEVICE (*continuous glucose receiver*)	3	PA; SL (1 kit per 999 days.)
DEXCOM G7 SENSOR (*continuous glucose sensor*)	3	PA; SL (3 sensors per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	2	SL (10 syringes per day.)
DROPSAFE SICURA 25G X 1" (*needle (disp)*)	2	
EASIVENT (*spacer/aero-holding chambers*)	2	
EASY COMFORT SHARPS CONTAINER	3	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (*blood glucose calibration*)	3	
EASYMAX CONTROL IN VITRO SOLUTION NORMAL (*blood glucose calibration*)	3	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID (*blood glucose calibration*)	3	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	2	SL (10 pen needles per day.)
ENLITE GLUCOSE SENSOR (*continuous glucose sensor*)	3	PA
FLEXICHAMBER ADULT MASK/SMALL (*spacer/aero-hold chamber mask*)	2	
FLEXICHAMBER CHILD MASK/LARGE (*spacer/aero-hold chamber mask*)	2	
FLEXICHAMBER CHILD MASK/SMALL (*spacer/aero-hold chamber mask*)	2	
FLEXICHAMBER DEVICE (*spacer/aero-holding chambers*)	2	
FORA TEST N' GO ADVANCE DEVICE (*blood glucose/ketone monitor*)	3	
FORTISCARE CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (*blood glucose calibration*)	2	
FREESTYLE LIBRE 14 DAY READER DEVICE (*continuous glucose receiver*)	3	PA; SL (1 receiver per 999 days.)
FREESTYLE LIBRE 14 DAY SENSOR (*continuous glucose sensor*)	3	PA; SL (2 sensors per 21 days.)
FREESTYLE LIBRE 2 READER DEVICE (*continuous glucose receiver*)	3	PA; SL (1 receiver per 999 days.)
FREESTYLE LIBRE 2 SENSOR (*continuous glucose sensor*)	3	PA; SL (2 sensors per 21 days.)
FREESTYLE LIBRE 3 READER DEVICE (*continuous glucose receiver*)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FREESTYLE LIBRE 3 SENSOR (*continuous glucose sensor*)	3	PA; SL (2 sensors per 21 days.)
FREESTYLE LIBRE READER DEVICE (*continuous glucose receiver*)	3	PA; SL (1 kit per 999 days.)
GUARDIAN 4 GLUCOSE SENSOR (*continuous glucose sensor*)	3	PA
GUARDIAN 4 TRANSMITTER (*continuous glucose transmitter*)	3	PA
GUARDIAN CONNECT TRANSMITTER (*continuous glucose transmitter*)	3	PA; SL (1 transmitter per 365 days.)
GUARDIAN LINK 3 TRANSMITTER (*continuous glucose transmitter*)	3	PA; SL (1 transmitter kit per 365 days.)
GUARDIAN SENSOR (3) (*continuous glucose sensor*)	3	PA; SL (5 sensors per 24 days.)
GUARDIAN SENSOR 3	3	PA; SL (5 sensors per 24 days.)
INPEN 100-BLUE-LILLY-HUMALOG DEVICE (*injection device for insulin*)	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE (*injection device for insulin*)	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE (*injection device for insulin*)	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE (*injection device for insulin*)	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE (*injection device for insulin*)	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE (*injection device for insulin*)	3	
INSPIREASE RESERVOIR BAGS (*spacer/aero-hold chamber bags*)	2	
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 31G X 4 MM , 31G X 6 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (*insulin pen needle*)	2	SL (10 pen needles per day.)
INSULIN PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	SL (10 pen needles per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 1/2" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	2	SL (10 syringes per day.)
INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML (*insulin syringe-needle u-100*)	2	SL (10 syringes per day.)
LANCETS (*lancets*)	1	
LANCETS (*lancets*)	3	
MICROLET NEXT LANCING DEVICE (*lancet devices*)	3	
NORDIPEN 5 INJECTION DEVICE (*injection device*)	3	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM (*insulin pen needle*)	2	SL (10 pen needles per day.)
NOVOFINE PEN NEEDLE 32G X 6 MM (*insulin pen needle*)	2	SL (10 pen needles per day.)
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (*insulin pen needle*)	2	SL (10 pen needles per day.)
NOVOPEN ECHO DEVICE (*injection device for insulin*)	3	
OMNIPOD 5 G6 INTRO (GEN 5) KIT (*insulin disposable pump*)	2	PA; SL (1 kit per 180 days.)
OMNIPOD 5 G6 PODS (GEN 5) (*insulin disposable pump*)	2	PA
ONETOUCH DELICA PLUS LANCING (*lancet devices*)	1	
ONETOUCH DELICA SAFETY LANCING (*lancets*)	1	
ONETOUCH ULTRA 2 KIT W/DEVICE (*blood glucose monitoring suppl*)	1	
ONETOUCH ULTRA IN VITRO LIQUID (*blood glucose calibration*)	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (*blood glucose monitoring suppl*)	1	
ONETOUCH VERIO IN VITRO LIQUID HIGH (*blood glucose calibration*)	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE (*blood glucose monitoring suppl*)	1	
PARI VORTEX ADULT MASK (*spacer/aero-hold chamber mask*)	2	
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID (*blood glucose calibration*)	3	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	SL (10 pen needles per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	2	SL (10 pen needles per day.)
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	SL (10 pen needles per day.)
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
TECHLITE LANCETS 26G (*lancets*)	3	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW (*blood glucose calibration*)	2	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL (*blood glucose calibration*)	2	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH (*blood glucose calibration*)	2	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (*insulin pen needle*)	2	SL (10 pen needles per day.)
UNISTRIP CONTROL IN VITRO SOLUTION LOW (*blood glucose calibration*)	3	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (*insulin pen needle*)	2	SL (10 pen needles per day.)
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (*insulin syringe-needle u-100*)	2	SL (10 syringes per day.)
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (*insulin pen needle*)	2	SL (10 pen needles per day.)
VERIFINE SAFE LANCET MINI 21G (*lancets*)	3	
VERIFINE SAFE LANCET MINI 23G (*lancets*)	3	
VERIFINE SAFE LANCET MINI 28G (*lancets*)	3	
VERIFINE SAFE LANCET MINI 30G (*lancets*)	3	
VERIFINE SHARPS CONTAINER (*sharps container*)	3	
VORTEX VALVED HOLDING CHAMBER DEVICE (*spacer/aero-holding chambers*)	2	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	4	PA; ST; SL (20 ml per 24 days.); SP
CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*)	4	PA; ST; SL (20 ml per 24 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (*cosyntropin*)	4	
cosyntropin injection solution reconstituted 0.25 mg	1	
CARDIAC FUNCTION		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
DIABETES MELLITUS		
ACCU-CHEK GUIDE IN VITRO STRIP (*glucose blood*)	3	SL (51 strips per prescription without history 204 strips per prescription with history.)
CONTOUR NEXT TEST IN VITRO STRIP (*glucose blood*)	2	SL (51 strips per prescription without history 204 strips per prescription with history.)
FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP (*ketone blood test*)	3	
ONETOUCH ULTRA IN VITRO STRIP (*glucose blood*)	1	SL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH VERIO IN VITRO STRIP (*glucose blood*)	1	SL (51 strips per prescription without history 204 strips per prescription with history.)
DIAGNOSTIC AGENTS		
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	SM
CARESTART COVID-19 HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	SM
CLEARDETECT COVID-19 AG HOME IN VITRO KIT (*covid-19 at home test*)	3	SM
CLINITEST RAPID COVID-19 TEST IN VITRO KIT (*covid-19 at home test*)	3	SM
COVID-19 AT HOME ANTIGEN TEST IN VITRO KIT	3	SM
COVID-19 AT-HOME TEST IN VITRO KIT	3	SM
DIATRUST COVID-19 HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	SM
ELLUME COVID-19 HOME TEST IN VITRO KIT	3	SM
FASTEP COVID-19 ANTIGEN TEST IN VITRO KIT	3	SM
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	SM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IHEALTH COVID-19 RAPID TEST IN VITRO KIT (*covid-19 at home test*)	3	SM
INDICAID COVID-19 RAPID TEST IN VITRO KIT (*covid-19 at home test*)	3	SM
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (*covid-19 at home test*)	3	SM
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT (*covid-19 at home test*)	3	SM
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	SM
PILOT COVID-19 AT-HOME TEST IN VITRO KIT (*covid-19 at home test*)	3	SM
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (*covid-19 at home test*)	3	SM
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT (*covid-19 at home test*)	3	SM
KETONES		
CHEMSTRIP K IN VITRO STRIP (*acetone (urine) test*)	2	
KETONE TEST IN VITRO STRIP	2	
KETOSTIX IN VITRO STRIP (*acetone (urine) test*)	2	
PHEOCHROMOCYTOMA		
DEMSER ORAL CAPSULE 250 MG (*metyrosine*)	4	
metyrosine oral capsule 250 mg	1	
URINE AND FECES CONTENTS		
CHEMSTRIP UGK IN VITRO STRIP (*urine glucose-ketones test*)	3	
CVS KETONE CARE IN VITRO STRIP (*urine glucose-ketones test*)	2	
KETO-DIASTIX IN VITRO STRIP (*urine glucose-ketones test*)	3	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
formaldehyde external solution 10 %, 37 %	1	
glutaraldehyde external solution 25 %	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS NO 2 ORAL TABLET 305-700 MG (*pot & sod ac phosphates*)	2	
ALKALINIZING AGENTS		
cytra k crystals oral packet 3300-1002 mg	1	
ORACIT ORAL SOLUTION 490-640 MG/5ML (*sod citrate-citric acid*)	2	
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	2	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	
potassium citrate-citric acid oral solution 1100-334 mg/5ml	1	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
tricitrates oral solution 550-500-334 mg/5ml	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (*potassium citrate*)	4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (*potassium citrate*)	4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (*potassium citrate*)	4	
AMMONIA DETOXICANTS		
carglumic acid oral tablet soluble 200 mg	1	PA; SP
constulose oral solution 10 gm/15ml	1	
enulose oral solution 10 gm/15ml	1	
generlac oral solution 10 gm/15ml	1	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (*lactulose*)	3	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	1	
LITHOSTAT ORAL TABLET 250 MG (*acetohydroxamic acid*)	3	
RAVICTI ORAL LIQUID 1.1 GM/ML (*glycerol phenylbutyrate*)	4	PA; ST; SL (17.5 ml per day.); SP
sodium phenylbutyrate oral powder 3 gm/tsp	1	PA
sodium phenylbutyrate oral tablet 500 mg	1	PA
CALORIC AGENTS - Drugs for Nutrition		
DOJOLVI ORAL LIQUID 100 % (*triheptanoin*)	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
L-ISOLEUCINE POWDER	3	PA
CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
DIURETICS, MISCELLANEOUS - Drugs for Water Balance		
elixophyllin oral elixir 80 mg/15ml	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
LOOP DIURETICS - Drugs for Water Balance		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (*bumetanide*)	3	
ethacrynic acid oral tablet 25 mg	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (*furosemide*)	4	PA
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (*furosemide*)	4	
SOAANZ ORAL TABLET 20 MG (*torsemide*)	4	SL (1 tablet per day.)
SOAANZ ORAL TABLET 40 MG, 60 MG (*torsemide*)	4	SL (2 tablets per day.)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
OTHER ION-REMOVING AGENTS		
RADIOGARDASE ORAL CAPSULE 0.5 GM (*prussian blue insoluble*)	3	
PHOSPHATE-REMOVING AGENTS		
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
calcium acetate oral tablet 667 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*)	3	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	1	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	1	
VELPHORO ORAL TABLET CHEWABLE 500 MG (*sucroferric oxyhydroxide*)	2	
POTASSIUM-REMOVING AGENTS		
LOKELMA ORAL PACKET 10 GM (*sodium zirconium cyclosilicate*)	3	SL (1 packet per day.)
LOKELMA ORAL PACKET 5 GM (*sodium zirconium cyclosilicate*)	3	SL (3 packets per day.)
sodium polystyrene sulfonate oral powder	1	
SPS ORAL SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	3	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (*patiromer sorbitex calcium*)	3	SL (1 Packet per day.)
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
amiloride hcl oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (*spironolactone*)	4	
eplerenone oral tablet 25 mg, 50 mg	1	
MAXZIDE ORAL TABLET 75-50 MG (*triamterene-hctz*)	4	
spironolactone oral suspension 25 mg/5ml	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
REPLACEMENT PREPARATIONS		
CALCIFOL ORAL WAFER 1342-1.6 MG (*ca carb-fa-d-b6-b12-boron-mg*)	3	
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
calcium acetate oral tablet 667 mg	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (*potassium bicarb-citric acid*)	2	
effer-k oral tablet effervescent 25 meq	1	
GALZIN ORAL CAPSULE 25 MG, 50 MG (*zinc acetate (oral)*)	3	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con m10 oral tablet extended release 10 meq	1	
klor-con m15 oral tablet extended release 15 meq	1	
klor-con m20 oral tablet extended release 20 meq	1	
klor-con oral packet 20 meq	1	
klor-con oral tablet extended release 8 meq	1	
klor-con/ef oral tablet effervescent 25 meq	1	
K-PHOS ORAL TABLET 500 MG (*potassium phosphate monobasic*)	2	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (*k phos mono-sod phos di & mono*)	2	
k-prime oral tablet effervescent 25 meq	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ (*potassium chloride*)	3	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (*insulin regular(human) in nacl*)	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (*k phos mono-sod phos di & mono*)	2	
phosphorous oral tablet 155-852-130 mg	1	
phospho-trin 250 neutral oral tablet 155-852-130 mg	1	
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION 22-4-1 MEQ-MMOL/L	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5-1 MEQ-MMOL/L	3	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L (*bicarb-dextrose-k (crrt)*)	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L (*bicarb-dextrose-ca (crrt)*)	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L (*bicarb-dextrose-k (crrt)*)	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L (*bicarb-dextrose-k-ca (crrt)*)	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L (*bicarb-dextose-k-mg (crrt)*)	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L (*bicarb-dextrose-k-ca (crrt)*)	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L (*bicarb-mg (crrt)*)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
wes-phos 250 neutral oral tablet 155-852-130 mg	1	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
THIAZIDE DIURETICS - Drugs for Water Balance		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (*quinapril-hydrochlorothiazide*)	4	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
DIURIL ORAL SUSPENSION 250 MG/5ML (*chlorothiazide*)	2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (*azilsartan-chlorthalidone*)	4	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (*benazepril-hydrochlorothiazide*)	4	
MAXZIDE ORAL TABLET 75-50 MG (*triamterene-hctz*)	4	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
THALITONE ORAL TABLET 15 MG (*chlorthalidone*)	4	
URICOSURIC AGENTS		
colchicine-probenecid oral tablet 0.5-500 mg	1	
probenecid oral tablet 500 mg	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
JYNARQUE ORAL TABLET 15 MG, 30 MG (*tolvaptan*)	2	PA; SL (2 tablets per day.); SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG (*tolvaptan*)	2	PA; SL (2 tablets per day.); SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG (*tolvaptan*)	2	PA; SL (2 tablets per day.)
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (*tolvaptan*)	2	PA; SL (2 tablets per day); SP
SAMSCA ORAL TABLET 15 MG (*tolvaptan*)	4	PA; SL (90 tablets per 365 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAMSCA ORAL TABLET 30 MG (*tolvaptan*)	4	PA; SL (60 tablets per 365 days.); SP
tolvaptan oral tablet 15 mg	1	PA; SP
tolvaptan oral tablet 30 mg	1	PA; SL (2 tablets per day.); SP
ENZYMES		
ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	2	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (*pegvaliase-pqpz*)	3	PA; ST; SL (7 mL per year.); SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML (*pegvaliase-pqpz*)	3	PA; ST; SL (6 syringes per 365 days.); SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (*pegvaliase-pqpz*)	3	PA; ST; SL (1 ml per day.); SP
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (*pancrelipase (lip-prot-amyl)*)	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (*pancrelipase (lip-prot-amyl)*)	4	ST
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	2	PA; SL (5 ml per day.); SP
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	3	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML (*asfotase alfa*)	2	PA; SL (5.4 ml per month.); SP
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML (*asfotase alfa*)	2	PA; SL (8.4 ml per month.); SP
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML (*asfotase alfa*)	2	PA; SL (12 ml tablets per month.); SP
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8ML (*asfotase alfa*)	2	PA; SL (9.6 ml (12 vials) per month.); SP
SUCRAID ORAL SOLUTION 8500 UNIT/ML (*sacrosidase*)	2	PA; SP
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (*pancrelipase (lip-prot-amyl)*)	4	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (*pancrelipase (lip-prot-amyl)*)	2	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (*brimonidine tartrate*)	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (*brimonidine tartrate*)	4	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*)	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*)	4	
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALOCRIL OPHTHALMIC SOLUTION 2 % (*nedocromil sodium*)	3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (*lodoxamide tromethamine*)	3	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl ophthalmic solution 0.05 %	1	
bepotastine besilate ophthalmic solution 1.5 %	1	
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	
cromolyn sodium ophthalmic solution 4 %	1	
epinastine hcl ophthalmic solution 0.05 %	1	
olopatadine hcl nasal solution 0.6 %	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	4	
ANTIBACTERIALS (EENT) - Drugs for Infections		
AZASITE OPHTHALMIC SOLUTION 1 % (*azithromycin*)	3	
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (*besifloxacin hcl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CETRAXAL OTIC SOLUTION 0.2 % (*ciprofloxacin hcl*)	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (*ciprofloxacin hcl*)	3	
CIPRO HC OTIC SUSPENSION 0.2-1 % (*ciprofloxacin-hydrocortisone*)	3	
ciprofloxacin hcl ophthalmic solution 0.3 %	1	
ciprofloxacin hcl otic solution 0.2 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (*neomycin-colist-hc-thonzonium*)	3	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	PA
erythromycin ophthalmic ointment 5 mg/gm	1	H
gatifloxacin ophthalmic solution 0.5 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
levofloxacin ophthalmic solution 1.5 %	1	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*)	4	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (*neomycin-polymyxin-dexameth*)	4	
MITOSOL OPHTHALMIC KIT 0.2 MG (*mitomycin*)	3	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	1	
moxifloxacin hcl ophthalmic solution 0.5 %	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
neo-polycin hc ophthalmic ointment 1 %	1	
neo-polycin ophthalmic ointment 3.5-400-10000	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (*ofloxacin*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ofloxacin ophthalmic solution 0.3 %	1	
ofloxacin otic solution 0.3 %	1	
polycin ophthalmic ointment 500-10000 unit/gm	1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	1	
sulfacetamide sodium ophthalmic ointment 10 %	1	
sulfacetamide sodium ophthalmic solution 10 %	1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	4	
tobramycin ophthalmic solution 0.3 %	1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (*tobramycin*)	3	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (*moxifloxacin hcl*)	4	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (*natamycin*)	3	
ANTIVIRALS (EENT) - Drugs for Infections		
trifluridine ophthalmic solution 1 %	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (*ganciclovir*)	3	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
betaxolol hcl ophthalmic solution 0.5 %	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol hemihydrate*)	2	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (*betaxolol hcl*)	3	
carteolol hcl ophthalmic solution 1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (*brimonidine tartrate-timolol*)	1	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	4	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (*timolol maleate*)	4	
levobunolol hcl ophthalmic solution 0.5 %	1	
timolol maleate (once-daily) ophthalmic solution 0.5 %	1	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % (*timolol maleate*)	4	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
brinzolamide ophthalmic suspension 1 %	1	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (*dorzolamide hcl-timolol mal*)	4	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	1	
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	1	
methazolamide oral tablet 25 mg, 50 mg	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (*brinzolamide-brimonidine*)	4	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
ALREX OPHTHALMIC SUSPENSION 0.2 % (*loteprednol etabonate*)	4	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CIPRO HC OTIC SUSPENSION 0.2-1 % (*ciprofloxacin-hydrocortisone*)	3	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (*neomycin-colist-hc-thonzonium*)	3	
DERMOTIC OTIC OIL 0.01 % (*fluocinolone acetonide*)	4	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
difluprednate ophthalmic emulsion 0.05 %	1	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	PA
DUREZOL OPHTHALMIC EMULSION 0.05 % (*difluprednate*)	4	
flac otic oil 0.01 %	1	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone acetate*)	2	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluocinolone acetonide otic oil 0.01 %	1	
fluorometholone ophthalmic suspension 0.1 %	1	
fluticasone propionate nasal suspension 50 mcg/act	1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (*fluorometholone*)	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (*fluorometholone*)	4	
hydrocortisone-acetic acid otic solution 1-2 %	1	
INVELTYS OPHTHALMIC SUSPENSION 1 % (*loteprednol etabonate*)	3	
LOTEMAX OPHTHALMIC GEL 0.5 % (*loteprednol etabonate*)	4	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (*loteprednol etabonate*)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (*loteprednol etabonate*)	3	
loteprednol etabonate ophthalmic gel 0.5 %	1	
loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %	1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (*dexamethasone*)	2	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (*neomycin-polymyxin-dexameth*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (*neomycin-polymyxin-dexameth*)	4	
mometasone furoate nasal suspension 50 mcg/act	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
neo-polycin hc ophthalmic ointment 1 %	1	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (*ciclesonide*)	4	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (*prednisolone acetate*)	3	
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	4	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	4	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	4	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (*tobramycin-dexamethasone*)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (*tobramycin-dexamethasone*)	4	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (*ciclesonide*)	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (*loteprednol-tobramycin*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EENT ANTI-INFECTIVES, MISCELLANEOUS - Drugs for Infections		
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 % (*silver nitrate-pot nitrate*)	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (*povidone-iodine*)	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (*chlorhexidine gluconate*)	4	
periogard mouth/throat solution 0.12 %	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (*pramoxine-chloroxylenol*)	3	
silver nitrate external solution 0.5 %	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (*lotilaner*)	4	PA; SL (10 ml per 63 days.)
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	4	PA; SL (5.5 mL (1 bottle) per month.)
RESTASIS OPHTHALMIC EMULSION 0.05 % (*cyclosporine*)	1	PA
XIIDRA OPHTHALMIC SOLUTION 5 % (*lifitegrast*)	2	PA
EENT DRUGS, MISCELLANEOUS		
acetic acid otic solution 2 %	1	
apraclonidine hcl ophthalmic solution 0.5 %	1	
AQUORAL MOUTH/THROAT SOLUTION (*artificial saliva*)	3	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (*cysteamine hcl*)	4	PA; SL (20 mL per 21 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (*cysteamine hcl*)	2	PA; SL (60 ml (4 bottles) per month.); SP
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (*sulfuric acid-sulf phenolics*)	2	
hydrocortisone-acetic acid otic solution 1-2 %	1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (*apraclonidine hcl*)	3	
LACRISERT OPHTHALMIC INSERT 5 MG (*artificial tear insert*)	2	
MUCOSITISRX MOUTH/THROAT PACKET (*artificial saliva*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OXERVATE OPHTHALMIC SOLUTION 0.002 % (*cenegermin-bkbj*)	4	PA; SL (1 ml per day and 56 ml per 365 days.); SP
SALIVAMAX MOUTH/THROAT PACKET (*artificial saliva*)	4	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (*varenicline tartrate*)	4	PA; SL (0.28 ml per day.)
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (*ketorolac tromethamine*)	4	
ACULAR OPHTHALMIC SOLUTION 0.5 % (*ketorolac tromethamine*)	4	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (*ketorolac tromethamine*)	4	
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	1	
bromfenac sodium ophthalmic solution 0.07 %, 0.075 %	1	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (*bromfenac sodium*)	4	
diclofenac sodium ophthalmic solution 0.1 %	1	
flurbiprofen sodium ophthalmic solution 0.03 %	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (*nepafenac*)	4	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	1	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (*nepafenac*)	4	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (*bromfenac sodium*)	4	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
AKTEN OPHTHALMIC GEL 3.5 % (*lidocaine hcl*)	3	
ALCAINE OPHTHALMIC SOLUTION 0.5 % (*proparacaine hcl*)	3	
ALTACAINE OPHTHALMIC SOLUTION 0.5 % (*tetracaine hcl*)	3	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	PA
lidocaine hcl mouth/throat solution 4 %	1	
lidocaine viscous hcl mouth/throat solution 2 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRAMOTIC OTIC LIQUID 1-0.1 % (*pramoxine-chloroxylenol*)	3	
proparacaine hcl ophthalmic solution 0.5 %	1	
tetracaine hcl ophthalmic solution 0.5 %	1	
MIOTICS - Drugs for the Eye		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (*echothiophate iodide*)	2	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
MYDRIATICS - Drugs for the Eye		
altafrin ophthalmic solution 10 %, 2.5 %	1	
atropine sulfate ophthalmic ointment 1 %	1	
atropine sulfate ophthalmic solution 1 %	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (*cyclopentolate hcl*)	4	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (*cyclopentolate-phenylephrine*)	3	
cyclopentolate hcl ophthalmic solution 1 %	1	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
bimatoprost ophthalmic solution 0.03 %	1	
LATANOPROST OIL	3	PA
latanoprost ophthalmic solution 0.005 %	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (*bimatoprost*)	2	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	3	
tafluprost (pf) ophthalmic solution 0.0015 %	1	ST
travoprost (bak free) ophthalmic solution 0.004 %	1	
XELPROS OPHTHALMIC EMULSION 0.005 % (*latanoprost*)	3	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (*tafluprost*)	3	ST
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (*netarsudil dimesylate*)	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (*netarsudil-latanoprost*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VASOCONSTRICTORS		
ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*)	2	
altafrin ophthalmic solution 10 %, 2.5 %	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (*cyclopentolate-phenylephrine*)	3	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (*oxymetazoline hcl*)	4	PA
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	PA
IMMUNOMODULATORY AGENT		
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mirikizumab-mrkz*)	3	PA; SL (0.072 ml per day.); SP
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	4	
ANZEMET ORAL TABLET 50 MG (*dolasetron mesylate*)	3	
granisetron hcl oral tablet 1 mg	1	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	SL (120 capsules per 180 days.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	SL (120 capsules per 180 days.)
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (*diphenoxylate-atropine*)	4	
MOTOFEN ORAL TABLET 1-0.025 MG (*difenoxin-atropine*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (*crofelemer*)	4	PA; SL (2 tablets per day.)
opium oral tincture 10 mg/ml (1%)	1	
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	4	SL (120 capsules per 180 days.)
XERMELO ORAL TABLET 250 MG (*telotristat etiprate*)	3	PA; SL (3 tablets per day); SP
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
MARINOL ORAL CAPSULE 2.5 MG (*dronabinol*)	4	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
scopolamine transdermal patch 72 hour 1 mg/3days	1	
SYNDROS ORAL SOLUTION 5 MG/ML (*dronabinol*)	4	SL (4 ml per day)
ANTIFLATULENTS - Drugs for Gas		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	PA
ANTIHISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
compro rectal suppository 25 mg	1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
trimethobenzamide hcl oral capsule 300 mg	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
alosetron hcl oral tablet 0.5 mg, 1 mg	1	PA; SL (2 tablets per day)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (*mesalamine*)	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	4	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	4	
balsalazide disodium oral capsule 750 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIPENTUM ORAL CAPSULE 250 MG (*olsalazine sodium*)	3	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal enema 4 gm	1	
mesalamine rectal suppository 1000 mg	1	SL (1 suppository per day.)
mesalamine-cleanser rectal kit 4 gm	1	SL (4 grams per month.)
ROWASA RECTAL KIT 4 GM (*mesalamine-cleanser*)	4	SL (4 grams per month.)
SFROWASA RECTAL ENEMA 4 GM/60ML (*mesalamine*)	4	
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	SL (120 capsules per 180 days.)
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	1	SL (120 capsules per 180 days.)
PYLERA ORAL CAPSULE 140-125-125 MG (*bis subcit-metronid-tetracyc*)	4	SL (120 capsules per 180 days.)
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	3	PA
FLAGYL ORAL CAPSULE 375 MG (*metronidazole*)	4	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (*metronidazole*)	4	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (*metronidazole benzoate*)	3	PA
metronidazole oral capsule 375 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metronidazole oral tablet 250 mg, 500 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
bisacodyl ec oral tablet delayed release 5 mg	E	H
bisacodyl oral tablet delayed release 5 mg	E	H
citroma oral solution 1.745 gm/30ml	E	H
clearlax oral powder 17 gm/scoop	E	H
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (*sod picosulfate-mag ox-cit acd*)	2	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	PA
ft clearlax oral powder 17 gm/scoop	E	H
ft laxative oral tablet delayed release 5 mg	E	H
ft magnesium citrate oral solution 1.745 gm/30ml	E	H
gavilax oral powder 17 gm/scoop	E	H
gavilyte-c oral solution reconstituted 240 gm	1	H
gavilyte-g oral solution reconstituted 236 gm	1	H
gentle laxative oral tablet delayed release 5 mg	E	H
gentlelax oral powder 17 gm/scoop	E	H
glycolax oral powder 17 gm/scoop	E	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (*peg 3350-kcl-nabcb-nacl-nasulf*)	4	
magnesium citrate oral solution 1.745 gm/30ml	E	H
mineral oil heavy oral oil	1	
mm clearlax oral powder 17 gm/scoop	E	H
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (*peg-kcl-nacl-nasulf-na asc-c*)	2	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	H
peg-3350/electrolytes oral solution reconstituted 236 gm	1	H
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	1	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEG-PREP ORAL KIT 5-210 MG-GM (*bisacodyl-peg-kcl-nabicar-nacl*)	4	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*)	2	
polyethylene glycol 3350 oral powder 17 gm/scoop	E	H
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
qc magnesium citrate oral solution 1.745 gm/30ml	E	H
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (*peg 3350-kcl-nacl-nasulf-mgsul*)	3	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (*na sulfate-k sulfate-mg sulf*)	3	
SUTAB ORAL TABLET 1479-225-188 MG (*sodium sulfate-mag sulfate-kcl*)	2	H
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
CHENODAL ORAL TABLET 250 MG (*chenodiol*)	3	ST; SP
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML (*ursodiol*)	3	PA
DIGESTANTS - Drugs for the Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (*pancrelipase (lip-prot-amyl)*)	2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (*pancrelipase (lip-prot-amyl)*)	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (*pancrelipase (lip-prot-amyl)*)	4	ST
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (*pancrelipase (lip-prot-amyl)*)	4	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (*pancrelipase (lip-prot-amyl)*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADBM SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	2	PA; SL (0.08 syringe per day.); SP
alvimopan oral capsule 12 mg	1	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-atto*)	2	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-atto*)	2	PA; SL (0.06 ml per day.); SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (*adalimumab-atto*)	2	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (*adalimumab-atto*)	2	PA; SL (0.06 ml per day.); SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (*adalimumab-atto*)	2	PA; SL (0.4 ml per day.); SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (*adalimumab-atto*)	2	PA; SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (*adalimumab-atto*)	2	PA; SL (0.06 ml per day.); SP
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (*odevixibat*)	4	PA; SL (2 capsules per day.); SP
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (*odevixibat*)	4	PA; SL (1 capsule per day.); SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (*odevixibat*)	4	PA; SL (2 capsules per day.); SP
CHOLBAM ORAL CAPSULE 250 MG (*cholic acid*)	2	PA; SL (4 capsules per day.); SP
CHOLBAM ORAL CAPSULE 50 MG (*cholic acid*)	2	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (*certolizumab pegol*)	2	PA; SL (6 mL per 365 days.); SP
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (*certolizumab pegol*)	2	PA; SL (1 kit per 21 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	2	PA; SL (0.08 syringe per day.); SP
ENTEREG ORAL CAPSULE 12 MG (*alvimopan*)	4	
GATTEX SUBCUTANEOUS KIT 5 MG (*teduglutide (rdna)*)	2	PA; SL (1 vial per day.); SP
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (*adalimumab-bwwd*)	2	PA; SL (0.03 ml per day.); SP
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-bwwd*)	2	PA; SL (0.06 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (*adalimumab-bwwd*)	2	PA; SL (0.03 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (*adalimumab-bwwd*)	2	PA; SL (0.06 ml per day.); SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (*adalimumab*)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (*adalimumab*)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (*adalimumab*)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (*adalimumab*)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (*adalimumab*)	2	PA; SL (2 syringes per month.); SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	2	PA; SL (2 syringes per month.); SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (*adalimumab*)	2	PA; SL (2 syringes per month.)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	2	PA; SL (6 pens (1 kit) per year.); SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	2	PA; SL (4 pens per 365 days.); SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	2	PA; SL (2 kits per year); SP
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (*adalimumab*)	2	PA; SL (3 syringes per year); SP
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	2	PA; SL (4 pens per 365 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	2	PA; SL (3 pens per year.); SP
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (*linaclotide*)	2	PA; SL (1 capsule per day.)
LIVMARLI ORAL SOLUTION 9.5 MG/ML (*maralixibat chloride*)	4	PA; SL (3 mL per day.); SP
lubiprostone oral capsule 24 mcg, 8 mcg	1	PA; SL (2 capsules per day.)
MOTEGRITY ORAL TABLET 1 MG, 2 MG (*prucalopride succinate*)	3	PA; SL (1 tablet per day.)
OCALIVA ORAL TABLET 10 MG, 5 MG (*obeticholic acid*)	4	PA; ST; SL (1 tablet per day.); SP
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mirikizumab-mrkz*)	3	PA; SL (0.072 ml per day.); SP
ORLISTAT ORAL CAPSULE 120 MG	3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (*methylnaltrexone bromide*)	4	SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (*methylnaltrexone bromide*)	4	SL (0.4 ml per day.)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (*octreotide acetate*)	4	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*golimumab*)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (*golimumab*)	2	PA; SL (0.5 ml (1 syringe) per month); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*golimumab*)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (*golimumab*)	2	PA; SL (0.5 ml (1 syringe) per month); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (*risankizumab-rzaa*)	2	PA; SL (1.2 ml per 42 days.); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (*risankizumab-rzaa*)	2	PA; SL (2.4 mL per 42 days.); SP
SYMPROIC ORAL TABLET 0.2 MG (*naldemedine tosylate*)	2	PA; SL (1 tablet per day)
TRULANCE ORAL TABLET 3 MG (*plecanatide*)	4	PA; ST; SL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIBERZI ORAL TABLET 100 MG, 75 MG (*eluxadoline*)	3	SL (2 tablets per day.)
XENICAL ORAL CAPSULE 120 MG (*orlistat*)	3	PA
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
famotidine oral suspension reconstituted 40 mg/5ml	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO ORAL CAPSULE 300-0.5 MG (*netupitant-palonosetron*)	4	
aprepitant oral 80 & 125 mg	1	
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	1	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (*aprepitant*)	2	
PROKINETIC AGENTS - Drugs for the Stomach		
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
metoclopramide hcl oral tablet dispersible 5 mg	1	
REGLAN ORAL TABLET 10 MG, 5 MG (*metoclopramide hcl*)	4	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (*misoprostol*)	4	
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	1	
misoprostol oral tablet 100 mcg, 200 mcg	1	
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
sucralfate oral suspension 1 gm/10ml	1	
sucralfate oral tablet 1 gm	1	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	1	SL (112 capsules and tablets (1 Package) per 180 days.)
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	1	SL (1 packet per day)
FIRST PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML (*pantoprazole sodium*)	3	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (*lansoprazole*)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (*omeprazole*)	3	PA
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	1	SL (1 tablet per day.)
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (*esomeprazole magnesium*)	4	SL (1 packet per day)
NEXIUM ORAL PACKET 2.5 MG, 5 MG (*esomeprazole magnesium*)	4	SL (1 packet per day.)
OMECLAMOX-PAK ORAL 500-500-20 MG (*amoxicill-clarithro-omeprazole*)	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (*omeprazole*)	3	PA
pantoprazole sodium oral packet 40 mg	1	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (*omeprazole magnesium*)	4	
PROTONIX ORAL PACKET 40 MG (*pantoprazole sodium*)	4	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 10 MG	4	SL (1 capsule per day.)
rabeprazole sodium oral tablet delayed release 20 mg	1	SL (1 tablet per day)
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	3	SP
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (*succimer*)	2	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	1	SP
deferasirox oral packet 180 mg, 360 mg, 90 mg	1	SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA; SP
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	1	PA; SP
deferiprone oral tablet 1000 mg	1	PA
deferiprone oral tablet 500 mg	1	PA; SP
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	2	SP
FERRIPROX ORAL SOLUTION 100 MG/ML (*deferiprone*)	2	PA; SP
FERRIPROX ORAL TABLET 1000 MG (*deferiprone*)	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FERRIPROX ORAL TABLET 500 MG (*deferiprone*)	4	PA; SP
penicillamine oral tablet 250 mg	1	SP
trientine hcl oral capsule 250 mg	1	PA; SP
trientine hcl oral capsule 500 mg	1	PA
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR ANTAGONISTS		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (*setmelanotide acetate*)	3	PA; SP
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (*bremelanotide acetate*)	4	SL (4 autoinjector pens (1.2mls) per month.)
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (*fluticasone-salmeterol*)	2	SL (0.4 grams per day.)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (*fluticasone furoate*)	1	SL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*fluticasone furoate*)	1	SL (1 packet per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (*fluticasone furoate-vilanterol*)	3	SL (2 blisters per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (*budeson-glycopyrrol-formoterol*)	3	SL (0.36 grams per day.)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	1	SL (120 ml (2 boxes) per 30 days.)
budesonide inhalation suspension 1 mg/2ml	1	SL (60 ml (1 box) per 30 days.)
budesonide oral capsule delayed release particles 3 mg	1	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (*hydrocortisone*)	4	
CORTISONE ACETATE ORAL TABLET 25 MG	4	
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	1	
dexamethasone oral solution 0.5 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	1	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT (*mometasone furo-formoterol fum*)	4	ST; SL (0.44 grams per day.)
DULERA INHALATION AEROSOL 50-5 MCG/ACT (*mometasone furo-formoterol fum*)	4	ST; SL (0.44 mcg per day.)
fludrocortisone acetate oral tablet 0.1 mg	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	4	SL (2 blisters per day.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT	4	SL (1 inhaler per month)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 220 MCG/ACT	4	SL (2 inhalers per month)
fluticasone propionate nasal suspension 50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	4	SL (0.4 grams per day.)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	SL (2 blisters per day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	SL (0.04 mcg per day.)
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
INTRAROSA VAGINAL INSERT 6.5 MG (*prasterone*)	4	PA; SL (1 insert per day)
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (*methylprednisolone*)	4	
MEDROL ORAL TABLET 2 MG (*methylprednisolone*)	2	
MEDROL ORAL TABLET THERAPY PACK 4 MG (*methylprednisolone*)	4	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablet therapy pack 4 mg	1	
mometasone furoate nasal suspension 50 mcg/act	1	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (*prednisolone sodium phosphate*)	4	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (*prednisolone sodium phosphate*)	2	
prednisolone oral solution 15 mg/5ml	1	
prednisolone oral tablet 5 mg	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	1	
prednisone intensol oral concentrate 5 mg/ml	1	
prednisone oral solution 5 mg/5ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	1	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (*beclomethasone diprop hfa*)	1	SL (10.6 grams per month.)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (*beclomethasone diprop hfa*)	1	SL (42.4 grams per month.)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	4	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (*budesonide-formoterol fumarate*)	1	SL (0.35 grams per day.)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (*dexamethasone*)	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (*dexamethasone*)	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) (*dexamethasone*)	3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (*dexamethasone*)	3	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (*budesonide*)	4	PA; SL (4 capsules per day.); SP
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	SL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (*fluticasone-umeclidin-vilant*)	3	SL (2 blisters per day.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (*budesonide*)	1	
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	SL (2 blisters per day)
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
AMYLINOMIMETICS - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (*pramlintide acetate*)	3	SL (4 pens (10.8 ml) per month.)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (*pramlintide acetate*)	3	SL (4 pens (6 ml) per month.)
ANDROGENS - Hormones		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (*testosterone*)	2	SL (1 patch per day)
COVARYX HS ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	3	
COVARYX ORAL TABLET 1.25-2.5 MG (*est estrogens-methyltest*)	2	
danazol oral capsule 100 mg, 200 mg, 50 mg	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML (*testosterone cypionate*)	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML (*testosterone cypionate*)	4	
EC-RX TESTOSTERONE TRANSDERMAL CREAM 0.2 %, 0.4 %, 10 %, 20 %	3	PA
EEMT HS ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	3	
EEMT ORAL TABLET 1.25-2.5 MG (*est estrogens-methyltest*)	2	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	
KYZATREX ORAL CAPSULE 100 MG (*testosterone undecanoate*)	4	SL (2 capsules per day.)
KYZATREX ORAL CAPSULE 150 MG, 200 MG (*testosterone undecanoate*)	4	SL (4 capsules per day.)
METHITEST ORAL TABLET 10 MG	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methyltestosterone oral capsule 10 mg	1	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (*testosterone*)	1	SL (100 mg Testosterone (2 X 5 grams tubes = 10 grams) per day)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	
testosterone enanthate intramuscular solution 200 mg/ml	1	
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	1	SL (31 packets per month)
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
colesevelam hcl oral packet 3.75 gm	1	
colesevelam hcl oral tablet 625 mg	1	
CYCLOSET ORAL TABLET 0.8 MG (*bromocriptine mesylate*)	3	
KORLYM ORAL TABLET 300 MG (*mifepristone*)	4	PA; SL (4 tablets per day.); SP
mifepristone oral tablet 300 mg	1	PA; SL (4 tablets per day.); SP
ANTIESTROGENS - Drugs for Women		
anastrozole oral tablet 1 mg	1	H
exemestane oral tablet 25 mg	1	H
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (*ribociclib-letrozole*)	4	PA; CM
letrozole oral tablet 2.5 mg	1	H
ANTIGONADTROPINS - Hormones		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (*degarelix acetate*)	3	SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (*degarelix acetate*)	3	SP
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	2	SL (1 tablet day.)
ORGOVYX ORAL TABLET 120 MG (*relugolix*)	3	PA; SL (1 tablet per day); SP; CM
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	2	PA; SL (2 capsules per day.)
ORILISSA ORAL TABLET 150 MG (*elagolix sodium*)	2	SL (1 tablet per day.)
ORILISSA ORAL TABLET 200 MG (*elagolix sodium*)	2	SL (2 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
diazoxide oral suspension 50 mg/ml	1	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (*diazoxide*)	4	
ANTIPARATHYROID AGENTS - Drugs for Bones		
calcitonin (salmon) injection solution 200 unit/ml	1	
calcitonin (salmon) nasal solution 200 unit/act	1	
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	1	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (*calcitonin (salmon)*)	3	
ANTITHYROID AGENTS - Drugs for the Thyroid		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
BIGUANIDES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (*pioglitazone hcl-metformin hcl*)	4	SL (3 tablets per day)
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (*linagliptin-metformin hcl*)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (*linagliptin-metformin hcl*)	2	SL (1 tablet per day.)
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	
metformin hcl oral solution 500 mg/5ml	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	SL (3 tablets per day)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg	1	SL (62 tablets per month.)
saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	1	SL (31 tablets per month.)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	2	SL (2 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (*empagliflozin-metformin hcl*)	2	SL (1 tablet per day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	2	SL (2 tablets per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (*empagliflozin-linaglip-metform*)	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	2	SL (2 tablets per day.)
CONTRACEPTIVES - Drugs for Women		
afirmelle oral tablet 0.1-20 mg-mcg	1	H
aftera oral tablet 1.5 mg	1	H
altavera oral tablet 0.15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
amethyst oral tablet 90-20 mcg	1	H
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	3	SL (1 vaginal ring per 327 days); H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 &0.01 mg	1	H
aubra eq oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela 1/20 oral tablet 1-20 mg-mcg	1	H
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	H
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	H
aviane oral tablet 0.1-20 mg-mcg	1	H
ayuna oral tablet 0.15-30 mg-mcg	1	H
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	4	H
balziva oral tablet 0.4-35 mg-mcg	1	H
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	H
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	H
briellyn oral tablet 0.4-35 mg-mcg	1	H
camila oral tablet 0.35 mg	1	H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	1	H
camrese oral tablet 0.15-0.03 &0.01 mg	1	H
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
chateal eq oral tablet 0.15-30 mg-mcg	1	H
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
curae oral tablet 1.5 mg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 oral tablet 1-35 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 0.15-0.03 &0.01 mg	1	H
deblitane oral tablet 0.35 mg	1	H
delyla oral tablet 0.1-20 mg-mcg	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (*medroxyprogesterone acetate*)	4	SL (5 ml per year.)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (*medroxyprogesterone acetate*)	4	SL (5 mL per 365 days.)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*)	2	SL (3.25 ml per year.); H
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
dolishale oral tablet 90-20 mcg	1	H
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	H
econtra one-step oral tablet 1.5 mg	1	H
elinest oral tablet 0.3-30 mg-mcg	1	H
ELLA ORAL TABLET 30 MG (*ulipristal acetate*)	1	SL (1 tablet per 21 days.); H
eluryng vaginal ring 0.12-0.015 mg/24hr	1	H
enilloring vaginal ring 0.12-0.015 mg/24hr	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce oral tablet 0.15-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
errin oral tablet 0.35 mg	1	H
estarylla oral tablet 0.25-35 mg-mcg	1	H
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	H
falmina oral tablet 0.1-20 mg-mcg	1	H
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
gemmily oral capsule 1-20 mg-mcg(24)	1	H
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
heather oral tablet 0.35 mg	1	H
her style oral tablet 1.5 mg	1	H
iclevia oral tablet 0.15-0.03 mg	1	H
incassia oral tablet 0.35 mg	1	H
introvale oral tablet 0.15-0.03 mg	1	H
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 &0.01 mg	1	H
jasmiel oral tablet 3-0.02 mg	1	H
jencycla oral tablet 0.35 mg	1	H
jolessa oral tablet 0.15-0.03 mg	1	H
joyeaux oral tablet 0.1-20 mg-mcg(21)	1	H
juleber oral tablet 0.15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel fe 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	H
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	1	H
kalliga oral tablet 0.15-30 mg-mcg	1	H
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
kelnor 1/35 oral tablet 1-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo oral tablet 0.15-30 mg-mcg	1	H
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin 1/20 oral tablet 1-20 mg-mcg	1	H
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	H
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin fe 1/20 oral tablet 1-20 mg-mcg	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	1	H
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	H
lessina oral tablet 0.1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	1	H
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	1	H
levonorgestrel oral tablet 1.5 mg	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	1	H
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	H
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	1	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	1	H
loryna oral tablet 3-0.02 mg	1	H
low-ogestrel oral tablet 0.3-30 mg-mcg	1	H
lo-zumandimine oral tablet 3-0.02 mg	1	H
lutera oral tablet 0.1-20 mg-mcg	1	H
lyleq oral tablet 0.35 mg	1	H
lyza oral tablet 0.35 mg	1	H
marlissa oral tablet 0.15-30 mg-mcg	1	H
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	SL (5 ml per year.); H
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	SL (5 mL per 365 days.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
merzee oral capsule 1-20 mg-mcg(24)	1	H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mono-linyah oral tablet 0.25-35 mg-mcg	1	H
my choice oral tablet 1.5 mg	1	H
my way oral tablet 1.5 mg	1	H
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	1	H
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
new day oral tablet 1.5 mg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	4	H
nikki oral tablet 3-0.02 mg	1	H
nora-be oral tablet 0.35 mg	1	H
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	1	H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone oral tablet 0.35 mg	1	H
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	H

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norlyroc oral tablet 0.35 mg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella oral tablet 3-0.03 mg	1	H
opcicon one-step oral tablet 1.5 mg	1	H
OPILL ORAL TABLET 0.075 MG (*norgestrel*)	1	H
option 2 oral tablet 1.5 mg	1	H
philith oral tablet 0.4-35 mg-mcg	1	H
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	1	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
react oral tablet 1.5 mg	1	H
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	1	H
setlakin oral tablet 0.15-0.03 mg	1	H
sharobel oral tablet 0.35 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
simpesse oral tablet 0.15-0.03 &0.01 mg	1	H
SLYND ORAL TABLET 4 MG (*drospirenone*)	4	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
syeda oral tablet 3-0.03 mg	1	H
take action oral tablet 1.5 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	1	H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	1	H
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
turqoz oral tablet 0.3-30 mg-mcg	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	4	H
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	1	H
vienva oral tablet 0.1-20 mg-mcg	1	H
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
vyfemla oral tablet 0.4-35 mg-mcg	1	H
vylibra oral tablet 0.25-35 mg-mcg	1	H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	1	H
xulane transdermal patch weekly 150-35 mcg/24hr	1	H
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	3	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	3	
zafemy transdermal patch weekly 150-35 mcg/24hr	1	H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H
zumandimine oral tablet 3-0.03 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*)	2	ST; SL (1 tablet per day.)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (*linagliptin-metformin hcl*)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (*linagliptin-metformin hcl*)	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (*linagliptin-metformin hcl*)	2	SL (1 tablet per day.)
saxagliptin hcl oral tablet 2.5 mg, 5 mg	1	SL (1 tablet per day)
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg	1	SL (62 tablets per month.)
saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	1	SL (31 tablets per month.)
TRADJENTA ORAL TABLET 5 MG (*linagliptin*)	2	SL (1 tablet per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (*empagliflozin-linaglip-metform*)	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	2	SL (2 tablets per day.)
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	3	SL (1 tablet per day)
OSPHENA ORAL TABLET 60 MG (*ospemifene*)	2	PA; SL (1 tablet per day.)
raloxifene hcl oral tablet 60 mg	1	H
SOLTAMOX ORAL SOLUTION 10 MG/5ML (*tamoxifen citrate*)	4	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H
toremifene citrate oral tablet 60 mg	1	CM
ESTROGENS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (*estradiol-norethindrone acet*)	4	
afirmelle oral tablet 0.1-20 mg-mcg	1	H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	3	SL (8 patches (1 box) per 28 days.)

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
altavera oral tablet 0.15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
amabelz oral tablet 0.5-0.1 mg	1	
amethyst oral tablet 90-20 mcg	1	H
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	3	SL (1 vaginal ring per 327 days); H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 &0.01 mg	1	H
aubra eq oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela 1/20 oral tablet 1-20 mg-mcg	1	H
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	H
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	H
aviane oral tablet 0.1-20 mg-mcg	1	H
ayuna oral tablet 0.15-30 mg-mcg	1	H
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	4	H
balziva oral tablet 0.4-35 mg-mcg	1	H
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (*estradiol-progesterone*)	3	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	H
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	H
briellyn oral tablet 0.4-35 mg-mcg	1	H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	1	H
camrese oral tablet 0.15-0.03 &0.01 mg	1	H
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
chateal eq oral tablet 0.15-30 mg-mcg	1	H

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	2	SL (4 patches per month.)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	2	SL (8 patches per 28 days.)
COVARYX HS ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	3	
COVARYX ORAL TABLET 1.25-2.5 MG (*est estrogens-methyltest*)	2	
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 oral tablet 1-35 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 0.15-0.03 &0.01 mg	1	H
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (*estradiol valerate*)	4	
delyla oral tablet 0.1-20 mg-mcg	1	H
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (*estradiol cypionate*)	3	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM (*estradiol*)	2	
dolishale oral tablet 90-20 mcg	1	H
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (8 patches (1 box) per 28 days.)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	H
DUAVEE ORAL TABLET 0.45-20 MG (*conj estrogens-bazedoxifene*)	3	SL (1 tablet per day)
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	PA
EEMT HS ORAL TABLET 0.625-1.25 MG (*est estrogens-methyltest*)	3	
EEMT ORAL TABLET 1.25-2.5 MG (*est estrogens-methyltest*)	2	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (*estradiol*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
elinest oral tablet 0.3-30 mg-mcg	1	H
eluryng vaginal ring 0.12-0.015 mg/24hr	1	H
enilloring vaginal ring 0.12-0.015 mg/24hr	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce oral tablet 0.15-30 mg-mcg	1	H
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	
estarylla oral tablet 0.25-35 mg-mcg	1	H
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.025 mg/24hr transdermal	4	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.075 mg/24hr transdermal	4	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	SL (8 patches (1 box) per 28 days.)
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (4 patches (1 carton) per 28 days.)
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tablet 10 mcg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (*estradiol*)	2	SL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*)	3	SL (50 grams (1 box) per month.)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	H
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	2	
falmina oral tablet 0.1-20 mg-mcg	1	H
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	3	SL (1 ring per 3 months.)
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
gemmily oral capsule 1-20 mg-mcg(24)	1	H
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
iclevia oral tablet 0.15-0.03 mg	1	H
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	2	SL (0.29 vaginal insert per day.)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (*estradiol*)	2	SL (18 inserts per year.)
introvale oral tablet 0.15-0.03 mg	1	H
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 &0.01 mg	1	H
jasmiel oral tablet 3-0.02 mg	1	H
jinteli oral tablet 1-5 mg-mcg	1	
jolessa oral tablet 0.15-0.03 mg	1	H
joyeaux oral tablet 0.1-20 mg-mcg(21)	1	H
juleber oral tablet 0.15-30 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel fe 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	H
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	1	H
kalliga oral tablet 0.15-30 mg-mcg	1	H
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
kelnor 1/35 oral tablet 1-35 mg-mcg	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo oral tablet 0.15-30 mg-mcg	1	H
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin 1/20 oral tablet 1-20 mg-mcg	1	H
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	H
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin fe 1/20 oral tablet 1-20 mg-mcg	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	1	H
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	H
lessina oral tablet 0.1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	1	H
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	1	H
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	H
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	1	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	1	H
loryna oral tablet 3-0.02 mg	1	H
low-ogestrel oral tablet 0.3-30 mg-mcg	1	H
lo-zumandimine oral tablet 3-0.02 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lutera oral tablet 0.1-20 mg-mcg	1	H
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (8 patches (1 box) per 28 days.)
marlissa oral tablet 0.15-30 mg-mcg	1	H
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (*esterified estrogens*)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	3	SL (4 patches (1 carton) per 28 days.)
merzee oral capsule 1-20 mg-mcg(24)	1	H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mimvey oral tablet 1-0.5 mg	1	
mono-linyah oral tablet 0.25-35 mg-mcg	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	2	SL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	1	H
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	4	H
nikki oral tablet 3-0.02 mg	1	H
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	1	H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella oral tablet 3-0.03 mg	1	H
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	2	PA; SL (2 capsules per day.)
philith oral tablet 0.4-35 mg-mcg	1	H
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	3	
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*)	2	
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	1	H
setlakin oral tablet 0.15-0.03 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
simpesse oral tablet 0.15-0.03 &0.01 mg	1	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sronyx oral tablet 0.1-20 mg-mcg	1	H
syeda oral tablet 3-0.03 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	1	H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	1	H
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
turqoz oral tablet 0.3-30 mg-mcg	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	4	H
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	1	H
vienva oral tablet 0.1-20 mg-mcg	1	H
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
vyfemla oral tablet 0.4-35 mg-mcg	1	H
vylibra oral tablet 0.25-35 mg-mcg	1	H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
xulane transdermal patch weekly 150-35 mcg/24hr	1	H
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	3	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	3	
yuvafem vaginal tablet 10 mcg	1	
zafemy transdermal patch weekly 150-35 mcg/24hr	1	H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H
zumandimine oral tablet 3-0.03 mg	1	H
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (*glucagon hcl (rdna)*)	4	
glucagon emergency kit injection kit 1 mg	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	2	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (*glucagon*)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (*glucagon*)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*)	2	
GONADOTROPINS - Hormones		
leuprolide acetate injection kit 1 mg/0.2ml	1	PA
SYNAREL NASAL SOLUTION 2 MG/ML (*nafarelin acetate*)	2	
INCRETIN MIMETICS - Drugs for Diabetes		
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (*exenatide*)	2	PA; ST; SL (3.4 mL per month)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (*exenatide*)	2	PA; ST; SL (2.4 mL (one pen) per prescription)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (*exenatide*)	2	PA; ST; SL (1.2 mL (one pen) per prescription)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (*tirzepatide*)	2	PA; ST; SL (0.08 ml per day.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (*semaglutide*)	2	PA; ST; SL (6 ml per month.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (*semaglutide*)	2	PA; ST; SL (9 ml per 3 months.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (*semaglutide*)	2	PA; ST; SL (3 ml per 21 days.)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (*semaglutide*)	2	PA; ST; SL (1 tablet per day.)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (*liraglutide -weight management*)	3	PA; SL (0.6 ml per day.)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	2	SL (18 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (*dulaglutide*)	2	PA; ST; SL (2 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (*dulaglutide*)	2	PA; ST; SL (2 mL per 21 days)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (*liraglutide*)	2	PA; ST; SL (6 ml (2 pens) per month.)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (*liraglutide*)	3	PA; ST; SL (6 ml (2 pens) per month.)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML (*semaglutide-weight management*)	3	PA; SL (0.08 ml per day and 4 ml per 365 days.)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML (*semaglutide-weight management*)	3	PA; SL (0.11 ml per day.)
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (*insulin nph human (isophane)*)	2	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (*insulin nph human (isophane)*)	1	
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (*metreleptin*)	3	PA; SL (0.9 vial per day.); SP
LONG-ACTING INSULINS - Drugs for Diabetes		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin glargine*)	1	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (*insulin glargine*)	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (*insulin glargine-lixisenatide*)	2	SL (18 ml per month.)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (*insulin glargine*)	2	
MEGLITINIDES - Drugs for Diabetes		
nateglinide oral tablet 120 mg, 60 mg	1	SL (3 tablets per day)
repaglinide oral tablet 0.5 mg, 1 mg	1	SL (4 tablets per day)
repaglinide oral tablet 2 mg	1	SL (8 tablets per day)
PARATHYROID AGENTS - Drugs for Bones		
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	3	PA; SP
PITUITARY - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (*corticotropin*)	4	PA; ST; SL (20 ml per 24 days.); SP
CORTROPHIN INJECTION GEL 80 UNIT/ML (*corticotropin*)	4	PA; ST; SL (20 ml per 24 days.); SP
desmopressin ace spray refrig nasal solution 0.01 %	1	
desmopressin acetate injection solution 4 mcg/ml	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	1	
desmopressin acetate pf injection solution 4 mcg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
desmopressin acetate spray nasal solution 0.01 %	1	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (*somatrogon-ghla*)	4	PA; SL (0.172 ml per day.); SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (*desmopressin acetate*)	3	SL (1 tablet per day.)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (*somatropin*)	2	PA; SL (13.5 mL per month.)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (*somatropin*)	2	PA; SL (9 mL per month.); SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (*somatropin*)	2	PA; SL (27 mL per month.)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (*somatropin*)	2	PA; SL (18 ml per month.); SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (*somatropin*)	2	PA; SL (10 ml (5 cartridges) per month.); SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (*somatropin*)	2	PA; SL (36 ml per month.); SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (*somatropin*)	2	PA; SL (13.5 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (*somatropin*)	2	PA; SL (27 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	2	PA; SL (16 vials per month.); SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (*somatropin (non-refrigerated)*)	4	PA; SL (1 tablet per day); SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (*lonapegsomatropin-tcgd*)	4	PA; SL (0.143 cartridge per day.); SP
PROGESTINS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (*estradiol-norethindrone acet*)	4	
afirmelle oral tablet 0.1-20 mg-mcg	1	H
aftera oral tablet 1.5 mg	1	H
altavera oral tablet 0.15-30 mg-mcg	1	H
alyacen 1/35 oral tablet 1-35 mg-mcg	1	H
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
amabelz oral tablet 0.5-0.1 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
amethyst oral tablet 90-20 mcg	1	H
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (*drospirenone-estradiol*)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (*segesterone-ethinyl estradiol*)	3	SL (1 vaginal ring per 327 days); H
apri oral tablet 0.15-30 mg-mcg	1	H
aranelle oral tablet 0.5/1/0.5-35 mg-mcg	1	H
ashlyna oral tablet 0.15-0.03 &0.01 mg	1	H
aubra eq oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela 1/20 oral tablet 1-20 mg-mcg	1	H
aurovela 24 fe oral tablet 1-20 mg-mcg(24)	1	H
aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
aurovela fe 1/20 oral tablet 1-20 mg-mcg	1	H
aviane oral tablet 0.1-20 mg-mcg	1	H
ayuna oral tablet 0.15-30 mg-mcg	1	H
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (*levonorgest-eth estrad-fe bisg*)	4	H
balziva oral tablet 0.4-35 mg-mcg	1	H
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (*estradiol-progesterone*)	3	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	H
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	H
briellyn oral tablet 0.4-35 mg-mcg	1	H
camila oral tablet 0.35 mg	1	H
camrese lo oral tablet 0.1-0.02 & 0.01 mg	1	H
camrese oral tablet 0.15-0.03 &0.01 mg	1	H
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
chateal eq oral tablet 0.15-30 mg-mcg	1	H
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (*estradiol-levonorgestrel*)	2	SL (4 patches per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (*estradiol-norethindrone acet*)	2	SL (8 patches per 28 days.)
CRINONE VAGINAL GEL 4 %, 8 % (*progesterone*)	4	ST
cryselle-28 oral tablet 0.3-30 mg-mcg	1	H
curae oral tablet 1.5 mg	1	H
cyred eq oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35 oral tablet 1-35 mg-mcg	1	H
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
daysee oral tablet 0.15-0.03 &0.01 mg	1	H
deblitane oral tablet 0.35 mg	1	H
delyla oral tablet 0.1-20 mg-mcg	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (*medroxyprogesterone acetate*)	4	SL (5 ml per year.)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (*medroxyprogesterone acetate*)	4	SL (5 mL per 365 days.)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (*medroxyprogesterone acetate*)	2	SL (3.25 ml per year.); H
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
dolishale oral tablet 90-20 mcg	1	H
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	H
econtra one-step oral tablet 1.5 mg	1	H
EC-RX PROGESTERONE TRANSDERMAL CREAM 10 %, 20 %	3	PA
elinest oral tablet 0.3-30 mg-mcg	1	H
ELLA ORAL TABLET 30 MG (*ulipristal acetate*)	1	SL (1 tablet per 21 days.); H
eluryng vaginal ring 0.12-0.015 mg/24hr	1	H
ENDOMETRIN VAGINAL INSERT 100 MG (*progesterone*)	2	
enilloring vaginal ring 0.12-0.015 mg/24hr	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce oral tablet 0.15-30 mg-mcg	1	H
errin oral tablet 0.35 mg	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
estarylla oral tablet 0.25-35 mg-mcg	1	H
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	H
falmina oral tablet 0.1-20 mg-mcg	1	H
finzala oral tablet chewable 1-20 mg-mcg(24)	1	H
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (*progesterone*)	3	PA
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
gemmily oral capsule 1-20 mg-mcg(24)	1	H
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey 24 fe oral tablet 1-20 mg-mcg(24)	1	H
hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
hailey fe 1/20 oral tablet 1-20 mg-mcg	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
heather oral tablet 0.35 mg	1	H
her style oral tablet 1.5 mg	1	H
iclevia oral tablet 0.15-0.03 mg	1	H
incassia oral tablet 0.35 mg	1	H
introvale oral tablet 0.15-0.03 mg	1	H
isibloom oral tablet 0.15-30 mg-mcg	1	H
jaimiess oral tablet 0.15-0.03 &0.01 mg	1	H
jasmiel oral tablet 3-0.02 mg	1	H
jencycla oral tablet 0.35 mg	1	H
jinteli oral tablet 1-5 mg-mcg	1	
jolessa oral tablet 0.15-0.03 mg	1	H
joyeaux oral tablet 0.1-20 mg-mcg(21)	1	H
juleber oral tablet 0.15-30 mg-mcg	1	H
junel 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
junel fe 1/20 oral tablet 1-20 mg-mcg	1	H
junel fe 24 oral tablet 1-20 mg-mcg(24)	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
kaitlib fe oral tablet chewable 0.8-25 mg-mcg	1	H
kalliga oral tablet 0.15-30 mg-mcg	1	H
kariva oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
kelnor 1/35 oral tablet 1-35 mg-mcg	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo oral tablet 0.15-30 mg-mcg	1	H
larin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin 1/20 oral tablet 1-20 mg-mcg	1	H
larin 24 fe oral tablet 1-20 mg-mcg(24)	1	H
larin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
larin fe 1/20 oral tablet 1-20 mg-mcg	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	1	H
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	H
lessina oral tablet 0.1-20 mg-mcg	1	H
levonest oral tablet 50-30/75-40/ 125-30 mcg	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	1	H
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	1	H
levonorgestrel oral tablet 1.5 mg	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	1	H
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	1	H
levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (*norethin-eth estrad-fe biphas*)	1	H
lojaimiess oral tablet 0.1-0.02 & 0.01 mg	1	H
loryna oral tablet 3-0.02 mg	1	H
low-ogestrel oral tablet 0.3-30 mg-mcg	1	H
lo-zumandimine oral tablet 3-0.02 mg	1	H
lutera oral tablet 0.1-20 mg-mcg	1	H
lyleq oral tablet 0.35 mg	1	H
lyza oral tablet 0.35 mg	1	H
marlissa oral tablet 0.15-30 mg-mcg	1	H

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	1	SL (5 ml per year.); H
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	1	SL (5 mL per 365 days.); H
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	1	
megestrol acetate oral tablet 20 mg, 40 mg	1	
merzee oral capsule 1-20 mg-mcg(24)	1	H
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	H
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin 1/20 oral tablet 1-20 mg-mcg	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	H
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	H
mili oral tablet 0.25-35 mg-mcg	1	H
mimvey oral tablet 1-0.5 mg	1	
mono-linyah oral tablet 0.25-35 mg-mcg	1	H
my choice oral tablet 1.5 mg	1	H
my way oral tablet 1.5 mg	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (*relugolix-estradiol-norethind*)	2	SL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (*estradiol valerate-dienogest*)	1	H
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
new day oral tablet 1.5 mg	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (*drospirenone-estetrol*)	4	H
nikki oral tablet 3-0.02 mg	1	H
nora-be oral tablet 0.35 mg	1	H
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	1	H
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	1	H

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
norethindrone acetate oral tablet 5 mg	1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethindrone oral tablet 0.35 mg	1	H
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc oral tablet 0.35 mg	1	H
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	H
nortrel 1/35 (21) oral tablet 1-35 mg-mcg	1	H
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	H
nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nylia 1/35 oral tablet 1-35 mg-mcg	1	H
nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella oral tablet 3-0.03 mg	1	H
opcicon one-step oral tablet 1.5 mg	1	H
OPILL ORAL TABLET 0.075 MG (*norgestrel*)	1	H
option 2 oral tablet 1.5 mg	1	H
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (*elagolix-estradiol-norethind*)	2	PA; SL (2 capsules per day.)
philith oral tablet 0.4-35 mg-mcg	1	H
pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG (*levonorgestrel*)	1	H
portia-28 oral tablet 0.15-30 mg-mcg	1	H
PREMPHASE ORAL TABLET 0.625-5 MG (*conj estrog-medroxyprogest ace*)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (*conj estrog-medroxyprogest ace*)	2	
progesterone intramuscular oil 50 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROGESTERONE MICRONIZED TRANSDERMAL CREAM 10 %	3	PA
progesterone oral capsule 100 mg, 200 mg	1	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (*medroxyprogesterone acetate*)	4	
react oral tablet 1.5 mg	1	H
reclipsen oral tablet 0.15-30 mg-mcg	1	H
rivelsa oral tablet 42-21-21-7 days	1	H
setlakin oral tablet 0.15-0.03 mg	1	H
sharobel oral tablet 0.35 mg	1	H
simliya oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
simpesse oral tablet 0.15-0.03 &0.01 mg	1	H
SLYND ORAL TABLET 4 MG (*drospirenone*)	4	H
sprintec 28 oral tablet 0.25-35 mg-mcg	1	H
sronyx oral tablet 0.1-20 mg-mcg	1	H
syeda oral tablet 3-0.03 mg	1	H
take action oral tablet 1.5 mg	1	H
tarina 24 fe oral tablet 1-20 mg-mcg(24)	1	H
tarina fe 1/20 eq oral tablet 1-20 mg-mcg	1	H
taysofy oral capsule 1-20 mg-mcg(24)	1	H
tilia fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
trivora (28) oral tablet 50-30/75-40/ 125-30 mcg	1	H
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	1	H
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
turqoz oral tablet 0.3-30 mg-mcg	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (*levonorgestrel-eth estradiol*)	4	H
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (*levonorgestrel-ethinyl estrad*)	1	
tydemy oral tablet 3-0.03-0.451 mg	1	H
velivet oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
vestura oral tablet 3-0.02 mg	1	H
vienva oral tablet 0.1-20 mg-mcg	1	H
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
volnea oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
vyfemla oral tablet 0.4-35 mg-mcg	1	H
vylibra oral tablet 0.25-35 mg-mcg	1	H
wera oral tablet 0.5-35 mg-mcg	1	H
wymzya fe oral tablet chewable 0.4-35 mg-mcg	1	H
xulane transdermal patch weekly 150-35 mcg/24hr	1	H
YASMIN 28 ORAL TABLET 3-0.03 MG (*drospirenone-ethinyl estradiol*)	3	
YAZ ORAL TABLET 3-0.02 MG (*drospirenone-ethinyl estradiol*)	3	
zafemy transdermal patch weekly 150-35 mcg/24hr	1	H
zovia 1/35 (28) oral tablet 1-35 mg-mcg	1	H
zumandimine oral tablet 3-0.03 mg	1	H
RAPID-ACTING INSULINS - Drugs for Diabetes		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (*insulin regular human*)	4	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (*insulin lispro*)	4	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro*)	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (*insulin lispro prot & lispro*)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	2	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (*insulin lispro prot & lispro*)	1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (*insulin lispro*)	2	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (*insulin lispro*)	2	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	1	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	2	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (*insulin lispro-aabc*)	2	
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (*insulin lispro-aabc*)	1	
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (*insulin nph isophane & regular*)	1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (*insulin regular human*)	2	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (*insulin regular human*)	1	
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (*insulin regular human*)	1	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (*insulin regular(human) in nacl*)	3	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
BRENZAVVY ORAL TABLET 20 MG (*bexagliflozin*)	3	ST; SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (*empagliflozin-linagliptin*)	2	ST; SL (1 tablet per day.)
JARDIANCE ORAL TABLET 10 MG, 25 MG (*empagliflozin*)	2	SL (30 tablets per month.)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (*empagliflozin-metformin hcl*)	2	SL (2 tablets per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG (*empagliflozin-metformin hcl*)	2	SL (1 tablet per day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG (*empagliflozin-metformin hcl*)	2	SL (2 tablets per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (*empagliflozin-linaglip-metform*)	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (*empagliflozin-linaglip-metform*)	2	SL (2 tablets per day.)
SOMATOSTATIN AGONISTS - Hormones		
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	1	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (*octreotide acetate*)	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (*pasireotide diaspartate*)	4	PA; SL (2 ampules per day.); SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (*lanreotide acetate*)	4	SP
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (*tesamorelin acetate*)	4	PA; SL (1 vial per day.)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (*mecasermin*)	2	PA; SL (52 vials per month.); SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML (*somatropin*)	2	PA; SL (13.5 mL per month.)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML (*somatropin*)	2	PA; SL (9 mL per month.); SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML (*somatropin*)	2	PA; SL (27 mL per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (*somatropin*)	2	PA; SL (18 ml per month.); SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (*somatropin*)	2	PA; SL (10 ml (5 cartridges) per month.); SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (*somatropin*)	2	PA; SL (36 ml per month.); SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML (*somatropin*)	2	PA; SL (13.5 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 5 MG/1.5ML (*somatropin*)	2	PA; SL (27 mL per month.)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (*somatropin*)	2	PA; SL (16 vials per month.); SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (*somatropin (non-refrigerated)*)	4	PA; SL (1 tablet per day); SP
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (*pegvisomant*)	4	PA; SL (1 vial per day.); SP
SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (*pioglitazone hcl-glimepiride*)	3	SL (1 tablet per day)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide oral tablet 10 mg, 2.5 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (*glipizide*)	4	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	1	SL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THIAZOLIDINEDIONES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (*pioglitazone hcl-metformin hcl*)	4	SL (3 tablets per day)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (*pioglitazone hcl-glimepiride*)	3	SL (1 tablet per day)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	1	SL (1 tablet per day)
pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg	1	SL (1 tablet per day)
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	SL (3 tablets per day)
THYROID AGENTS - Drugs for the Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (*thyroid*)	2	
ERMEZA ORAL SOLUTION 150 MCG/5ML (*levothyroxine sodium*)	2	PA
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	4	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	1	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (*levothyroxine sodium*)	4	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (*levothyroxine sodium*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (*levothyroxine sodium*)	2	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LETS KIT	3	PA
ZTLIDO EXTERNAL PATCH 1.8 % (*lidocaine*)	3	PA; SL (3 patches per day.)
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	1	
ENTADFI ORAL CAPSULE 5-5 MG (*finasteride-tadalafil*)	4	SL (1 capsule per day.)
finasteride oral tablet 5 mg	1	
ALCOHOL DETERRENTS - Drugs for Alcohol Dependence		
disulfiram oral tablet 250 mg, 500 mg	1	
naltrexone hcl oral tablet 50 mg	1	
ANTIDOTES - Drugs for Overdose or Poisoning		
acetylcysteine inhalation solution 10 %, 20 %	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (*glucagon*)	2	
CHEMET ORAL CAPSULE 100 MG (*succimer*)	2	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (*lanthanum carbonate*)	3	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (*glucagon hcl (rdna)*)	4	
glucagon emergency kit injection kit 1 mg	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (*glucagon*)	2	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (*glucagon*)	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (*glucagon*)	2	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naltrexone hcl oral tablet 50 mg	1	
phytonadione oral tablet 5 mg	1	
RADIOGARDASE ORAL CAPSULE 0.5 GM (*prussian blue insoluble*)	3	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	1	
sodium polystyrene sulfonate oral powder	1	
SPS ORAL SUSPENSION 15 GM/60ML (*sodium polystyrene sulfonate*)	3	
VISTOGARD ORAL PACKET 10 GM (*uridine triacetate*)	2	PA
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (*dasiglucagon hcl*)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (*dasiglucagon hcl*)	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (*naloxone hcl*)	2	
ANTIGOUT AGENTS - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	4	
colchicine oral capsule 0.6 mg	1	
colchicine oral tablet 0.6 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
colchicine-probenecid oral tablet 0.5-500 mg	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (*naproxen*)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (*naproxen*)	4	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
febuxostat oral tablet 40 mg, 80 mg	1	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (*colchicine*)	4	
INDOCIN ORAL SUSPENSION 25 MG/5ML (*indomethacin*)	4	
INDOCIN RECTAL SUPPOSITORY 50 MG (*indomethacin*)	4	
indomethacin er oral capsule extended release 75 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral suspension 25 mg/5ml	1	
indomethacin rectal suppository 50 mg	1	
MITIGARE ORAL CAPSULE 0.6 MG (*colchicine*)	2	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (*naproxen*)	4	
naproxen dr oral tablet delayed release 500 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet delayed release 375 mg, 500 mg	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
probenecid oral tablet 500 mg	1	
ANTISENSE OLIGONUCLEOTIDES		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (*inotersen sodium*)	2	PA; SL (0.22 ml per day.); SP
BONE ANABOLIC AGENTS		
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (*abaloparatide*)	3	PA; SP
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
alendronate sodium oral solution 70 mg/75ml	1	
alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (*estradiol*)	3	SL (8 patches (1 box) per 28 days.)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (*alendronate sodium*)	4	SL (4 tablets per month.)
calcitonin (salmon) injection solution 200 unit/ml	1	
calcitonin (salmon) nasal solution 200 unit/act	1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (*estradiol valerate*)	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (*estradiol cypionate*)	3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (*estradiol*)	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM (*estradiol*)	2	
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (8 patches (1 box) per 28 days.)
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	PA
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (*estradiol*)	3	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.025 mg/24hr transdermal	4	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.075 mg/24hr transdermal	4	SL (8 patches (1 box) per 28 days.)
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	SL (8 patches (1 box) per 28 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	SL (8 patches (1 box) per 28 days.)
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (4 patches (1 carton) per 28 days.)
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (*estradiol*)	2	SL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (*estradiol*)	3	SL (50 grams (1 box) per month.)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (*estradiol*)	2	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (*estradiol acetate*)	3	SL (1 ring per 3 months.)
FOSAMAX ORAL TABLET 70 MG (*alendronate sodium*)	4	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*)	3	
ibandronate sodium oral tablet 150 mg	1	
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	SL (8 patches (1 box) per 28 days.)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (*esterified estrogens*)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (*estradiol*)	3	SL (4 patches (1 carton) per 28 days.)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (*calcitonin (salmon)*)	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (*estrogens conjugated*)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (*estrogens, conjugated*)	3	
raloxifene hcl oral tablet 60 mg	1	H
risedronate sodium oral tablet 150 mg	1	SL (1 tablet per month)
risedronate sodium oral tablet 30 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
risedronate sodium oral tablet 35 mg	1	SL (4 tablets per 28 days.)
risedronate sodium oral tablet delayed release 35 mg	1	SL (4 tablets per month)
yuvafem vaginal tablet 10 mcg	1	
BRADYKININ RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	PA; SL (0.6 ml per day.); SP
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
dichlorphenamide oral tablet 50 mg	1	PA; SL (4 tablets per day.); SP
KEVEYIS ORAL TABLET 50 MG (*dichlorphenamide*)	4	PA; SL (4 tablets per day.); SP
CARIOSTATIC AGENTS - Vitamins and Fluoride		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
CLINPRO 5000 DENTAL PASTE 1.1 % (*sodium fluoride*)	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (*sodium fluoride*)	4	
DENTAGEL DENTAL GEL 1.1 % (*sodium fluoride*)	4	
easygel dental gel 0.4 %	1	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
fluoridex daily renewal mouth/throat concentrate 0.63 %	1	
FLUORIDEX DENTAL PASTE 1.1 % (*sodium fluoride*)	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (*sodium fluoride*)	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (*sodium fluoride*)	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (*sodium fluoride*)	3	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (*ped multivitamins-fl-iron*)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (*sodium fluoride*)	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (*sodium fluoride*)	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (*sodium fluoride*)	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (*sodium fluoride*)	4	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (*sod fluoride-potassium nitrate*)	3	
PREVIDENT DENTAL GEL 1.1 % (*sodium fluoride*)	4	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (*sodium fluoride*)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental cream 1.1 %	1	
sodium fluoride 5000 ppm dental paste 1.1 %	1	
sodium fluoride dental cream 1.1 %	1	
sodium fluoride dental gel 1.1 %	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	H
sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	1	H
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*ped vit a-c-d-methylfolate-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 % (*sodium fluoride*)	3	
vitamins acd-fluoride oral solution 0.25 mg/ml	1	
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*)	4	PA; ST; SL (0.4 boxes per day.); SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	2	PA; SL (5.8 ml per day. 2,100 ml per 360 days.); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	2	PA; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	4	PA; SL (0.27 vials per day.); SP
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	4	PA; SL (6 capsules per day.); SP
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	3	PA; ST; SL (3.6 ml per 21 days.); SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	3	PA; ST; SL (4 syringes (36 mL) per month); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADBM SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA; SP
ADALIMUMAB-ADBM SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	2	PA; SL (0.08 syringe per day.); SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-atto*)	2	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-atto*)	2	PA; SL (0.06 ml per day.); SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (*adalimumab-atto*)	2	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (*adalimumab-atto*)	2	PA; SL (0.06 ml per day.); SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (*adalimumab-atto*)	2	PA; SL (0.4 ml per day.); SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (*adalimumab-atto*)	2	PA; SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (*adalimumab-atto*)	2	PA; SL (0.06 ml per day.); SP
AZASAN ORAL TABLET 100 MG, 75 MG (*azathioprine*)	4	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	4	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	4	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	2	PA; SL (1 tablet per day.); SP; CM
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (*certolizumab pegol*)	2	PA; SL (6 mL per 365 days.); SP
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (*certolizumab pegol*)	2	PA; SL (1 kit per 21 days.); SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	3	PA; ST; SL (0.072 mL per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	3	PA; ST; SL (0.036 mL per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*secukinumab*)	3	PA; ST; SL (0.018 ml per day.)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	3	PA; ST; SL (0.072 mL per day.); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	3	PA; ST; SL (0.036 mL per day.); SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	3	PA; ST; SL (0.072 ml per day.); SP
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	2	PA; SL (0.08 syringe per day.); SP
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	2	PA; SL (0.08 syringe per day.); SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	2	PA; SL (6 auto-injector per 365 days.); SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (*adalimumab-adbm*)	2	PA; SL (4 auto-injector per 365 days.); SP
DEPEN TITRATABS ORAL TABLET 250 MG (*penicillamine*)	2	SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	2	PA; SL (0.15 ml per day.); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	2	PA; SL (0.15 ml per day.); SP
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (*adalimumab-bwwd*)	2	PA; SL (0.03 ml per day.); SP
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-bwwd*)	2	PA; SL (0.06 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (*adalimumab-bwwd*)	2	PA; SL (0.03 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (*adalimumab-bwwd*)	2	PA; SL (0.06 ml per day.); SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (*adalimumab*)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (*adalimumab*)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (*adalimumab*)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (*adalimumab*)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (*adalimumab*)	2	PA; SL (2 syringes per month.); SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	2	PA; SL (2 syringes per month.); SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (*adalimumab*)	2	PA; SL (2 syringes per month.)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	2	PA; SL (6 pens (1 kit) per year.); SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	2	PA; SL (4 pens per 365 days.); SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	2	PA; SL (2 kits per year); SP
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (*adalimumab*)	2	PA; SL (3 syringes per year); SP
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	2	PA; SL (4 pens per 365 days.); SP
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	2	PA; SL (3 pens per year.); SP
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	4	PA; ST; SL (2.28 ml per month.); SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (*sarilumab*)	4	PA; ST; SL (2.28 mL per month); SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	3	PA; ST; SL (0.67 ml (1 syringe) per day.); SP
leflunomide oral tablet 10 mg, 20 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	1	CM
OLUMIANT ORAL TABLET 1 MG, 4 MG (*baricitinib*)	2	PA; ST; SL (1 tablet per day.)
OLUMIANT ORAL TABLET 2 MG (*baricitinib*)	2	PA; ST; SL (1 tablet per day.); SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	3	PA; ST; SL (4 auto-injectors per month.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (*abatacept*)	3	PA; ST; SL (4 syringes per month); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (*abatacept*)	3	PA; SL (0.06 ml per day.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (*abatacept*)	3	PA; SL (0.1 ml per day.); SP
OTEZLA ORAL TABLET 30 MG (*apremilast*)	2	PA; SL (2 tablets per day.); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	2	PA; SL (55 tablets (one starter pack) per year.); SP
penicillamine oral tablet 250 mg	1	SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML (*methotrexate (anti-rheumatic)*)	2	SL (0.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML (*methotrexate (anti-rheumatic)*)	2	SL (1 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML (*methotrexate (anti-rheumatic)*)	2	SL (1.2 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML (*methotrexate (anti-rheumatic)*)	2	SL (1.4 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (*methotrexate (anti-rheumatic)*)	2	SL (1.6 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML (*methotrexate (anti-rheumatic)*)	2	SL (1.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML (*methotrexate (anti-rheumatic)*)	2	SL (2 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML (*methotrexate (anti-rheumatic)*)	2	SL (2.4 ml (4 auto-injectors) per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML (*methotrexate (anti-rheumatic)*)	2	SL (0.6 ml (4 auto-injectors) per month.)
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	3	SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (*upadacitinib*)	2	PA; SL (1 tablet per day.); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (*upadacitinib*)	2	PA; SL (84 tablets per 365 days.); SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML (*cyclosporine*)	4	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*golimumab*)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (*golimumab*)	2	PA; SL (0.5 ml (1 syringe) per month); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*golimumab*)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (*golimumab*)	2	PA; SL (0.5 ml (1 syringe) per month); SP
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	4	SL (4 ml per day); CM
XELJANZ ORAL SOLUTION 1 MG/ML (*tofacitinib citrate*)	2	PA; SL (8 mL per day.); SP
XELJANZ ORAL TABLET 10 MG (*tofacitinib citrate*)	2	PA; SL (2 tablets per day); SP
XELJANZ ORAL TABLET 5 MG (*tofacitinib citrate*)	2	PA; SL (2 tablets per day.); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (*tofacitinib citrate*)	2	PA; SL (1 tablet per day.); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (*tofacitinib citrate*)	2	PA; SL (1 tablet per day.)
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (*tocilizumab*)	3	PA; ST; SL (3.6 ml per 21 days.); SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (*tocilizumab*)	3	PA; ST; SL (4 syringes (36 mL) per month); SP
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (*interferon gamma-1b*)	2	PA; SL (8.5 mls per month.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADBM SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	2	PA; SL (0.08 syringe per day.); SP
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (*interferon alfa-n3*)	2	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (*adalimumab-atto*)	2	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-atto*)	2	PA; SL (0.06 ml per day.); SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (*adalimumab-atto*)	2	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (*adalimumab-atto*)	2	PA; SL (0.06 ml per day.); SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (*adalimumab-atto*)	2	PA; SL (0.4 ml per day.); SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (*adalimumab-atto*)	2	PA; SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (*adalimumab-atto*)	2	PA; SL (0.06 ml per day.); SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (*interferon beta-1a*)	2	PA; SL (4 pens (1 box) per month.); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (*interferon beta-1a*)	2	PA; SL (4 syringes (1 box) per month.); SP
AZASAN ORAL TABLET 100 MG, 75 MG (*azathioprine*)	4	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (*sulfasalazine*)	4	
AZULFIDINE ORAL TABLET 500 MG (*sulfasalazine*)	4	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (*monomethyl fumarate*)	2	PA; SL (4 capsules per day.); SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (*ropeginterferon alfa-2b-njft*)	4	PA; ST; SL (0.08 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETASERON SUBCUTANEOUS KIT 0.3 MG (*interferon beta-1b*)	2	PA; SL (15 vials per month)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (*certolizumab pegol*)	2	PA; SL (6 mL per 365 days.); SP
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (*certolizumab pegol*)	2	PA; SL (1 kit per 21 days.); SP
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (*adalimumab-adbm*)	2	PA; SL (0.08 syringe per day.); SP
dimethyl fumarate oral capsule delayed release 120 mg	1	PA; SL (56 capsules per year.)
dimethyl fumarate oral capsule delayed release 240 mg	1	PA; SL (2 capsules per day.)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	1	PA; SL (60 capsules (1 starter pack) per 365 days.)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (*etanercept*)	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (*etanercept*)	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (*etanercept*)	2	PA; SL (0.15 ml per day.); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (*etanercept*)	2	PA; SL (0.15 ml per day.); SP
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (*satralizumab-mwge*)	4	PA; SL (0.04 ml per day.); SP
fingolimod hcl oral capsule 0.5 mg	1	PA; SL (1 capsule per day)
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
GILENYA ORAL CAPSULE 0.25 MG (*fingolimod hcl*)	4	PA; SL (1 capsule per day.)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	1	PA; SL (30 ml per month.)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	1	PA; SL (12 ml per 21 days.)
glatopa subcutaneous solution prefilled syringe 20 mg/ml	1	PA; SL (30 ml per month.)
glatopa subcutaneous solution prefilled syringe 40 mg/ml	1	PA; SL (12 ml per 21 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (*adalimumab-bwwd*)	2	PA; SL (0.03 ml per day.); SP
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (*adalimumab-bwwd*)	2	PA; SL (0.06 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (*adalimumab-bwwd*)	2	PA; SL (0.03 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (*adalimumab-bwwd*)	2	PA; SL (0.06 ml per day.); SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (*adalimumab*)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (*adalimumab*)	2	PA; SL (2 pens per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (*adalimumab*)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (*adalimumab*)	2	PA; SL (2 syringes per month.); SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (*adalimumab*)	2	PA; SL (2 syringes per month.); SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	2	PA; SL (2 syringes per month.); SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (*adalimumab*)	2	PA; SL (2 syringes per month.)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (*adalimumab*)	2	PA; SL (6 pens (1 kit) per year.); SP
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	2	PA; SL (4 pens per 365 days.); SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	2	PA; SL (2 kits per year); SP
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (*adalimumab*)	2	PA; SL (3 syringes per year); SP
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (*adalimumab*)	2	PA; SL (4 pens per 365 days.); SP
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (*adalimumab*)	2	PA; SL (3 pens per year.); SP
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JOENJA ORAL TABLET 70 MG (*leniolisib phosphate*)	2	PA; SL (2 tablets per day.); SP
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (*ofatumumab*)	2	PA; SL (0.02 ml per day.); SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (*anakinra*)	3	PA; ST; SL (0.67 ml (1 syringe) per day.); SP
leflunomide oral tablet 10 mg, 20 mg	1	
lenalidomide oral capsule 10 mg, 2.5 mg, 5 mg	1	PA; SL (28 capsules per 21 days.); SP; CM
lenalidomide oral capsule 15 mg, 20 mg, 25 mg	1	PA; SL (21 capsules per 21 days.); SP; CM
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	PA; ST; SL (40 tablets per 720 days.)
MAYZENT ORAL TABLET 0.25 MG (*siponimod fumarate*)	3	PA; SL (4 tablets per day.)
MAYZENT ORAL TABLET 1 MG (*siponimod fumarate*)	4	PA; SL (1 tablet per day.)
MAYZENT ORAL TABLET 2 MG (*siponimod fumarate*)	3	PA; SL (1 tablet per day.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (*siponimod fumarate*)	3	PA; SL (12 tablets per 365 days.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (*siponimod fumarate*)	4	PA; SL (7 tablets per 365 days.)
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	1	CM
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (*abatacept*)	3	PA; ST; SL (4 auto-injectors per month.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (*abatacept*)	3	PA; ST; SL (4 syringes per month); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (*abatacept*)	3	PA; SL (0.06 ml per day.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (*abatacept*)	3	PA; SL (0.1 ml per day.); SP
OTEZLA ORAL TABLET 30 MG (*apremilast*)	2	PA; SL (2 tablets per day.); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	2	PA; SL (55 tablets (one starter pack) per year.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	3	PA; SL (1 ml per month.)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	3	PA; SL (1 ml per year.); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (*peginterferon beta-1a*)	3	PA; SL (1 ml per year.); SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (*peginterferon beta-1a*)	3	PA; SL (1 ml per month.); SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (*peginterferon beta-1a*)	3	PA; SL (1 ml per month.); SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (*pomalidomide*)	3	PA; SP; CM
REVLIMID ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (*lenalidomide*)	2	PA; SL (28 capsules per 21 days.); SP; CM
REVLIMID ORAL CAPSULE 15 MG, 20 MG, 25 MG (*lenalidomide*)	2	PA; SL (21 capsules per 21 days.); SP; CM
RIDAURA ORAL CAPSULE 3 MG (*auranofin*)	3	SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML (*cyclosporine*)	4	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*golimumab*)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (*golimumab*)	2	PA; SL (0.5 ml (1 syringe) per month); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*golimumab*)	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (*golimumab*)	2	PA; SL (0.5 ml (1 syringe) per month); SP
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet delayed release 500 mg	1	
teriflunomide oral tablet 14 mg	1	PA; SL (1 tablet per day.)
teriflunomide oral tablet 7 mg	1	PA; SL (2 tablets per day.)
THALOMID ORAL CAPSULE 100 MG, 50 MG (*thalidomide*)	2	PA; SP; CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	4	SL (4 ml per day); CM
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (*ozanimod hcl*)	3	PA; ST; SL (7 capsules per year.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEPOSIA ORAL CAPSULE 0.92 MG (*ozanimod hcl*)	3	PA; ST; SL (1 capsule per day.)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21) (*ozanimod hcl*)	3	PA; ST
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
AZASAN ORAL TABLET 100 MG, 75 MG (*azathioprine*)	4	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (*belimumab*)	2	PA; SL (4 ml per month.); SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (*belimumab*)	2	PA; SL (4 ml per month.); SP
cyclophosphamide oral capsule 25 mg, 50 mg	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	4	PA; SL (10 g per 23 days.)
leflunomide oral tablet 10 mg, 20 mg	1	
LUPKYNIS ORAL CAPSULE 7.9 MG (*voclosporin*)	4	PA; SL (6 capsules per day.); SP
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (*cladribine*)	3	PA; ST; SL (40 tablets per 720 days.)
mercaptopurine oral tablet 50 mg	1	CM
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	1	CM
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	1	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	1	
NUJO EXTERNAL SOLUTION 0.1 %	3	
pimecrolimus external cream 1 %	1	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (*tacrolimus*)	4	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (*tacrolimus*)	4	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (*mercaptopurine*)	4	SP; CM
RAPAMUNE ORAL SOLUTION 1 MG/ML (*sirolimus*)	4	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (*cyclosporine*)	4	
sirolimus oral solution 1 mg/ml	1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	
tacrolimus external ointment 0.03 %, 0.1 %	1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (*methotrexate sodium*)	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML (*methotrexate*)	4	SL (4 ml per day); CM
KALLIKREIN INHIBITORS		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	2	PA; SL (0.075 ml per day.); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*lanadelumab-flyo*)	2	PA; SL (0.0375 ml per day.); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*lanadelumab-flyo*)	2	PA; SL (0.075 ml per day.); SP
KALLIKREIN-KININ SYSTEM INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (*c1 esterase inhibitor (human)*)	4	PA; ST; SL (0.4 boxes per day.); SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (*pegcetacoplan*)	2	PA; SL (5.8 ml per day. 2,100 ml per 360 days.); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (*c1 esterase inhibitor (human)*)	2	PA; SP
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	1	PA; SL (0.6 ml per day.); SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (*c1 esterase inhibitor (recomb)*)	4	PA; SL (0.27 vials per day.); SP

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (*lanadelumab-flyo*)	2	PA; SL (0.075 ml per day.); SP
TAVNEOS ORAL CAPSULE 10 MG (*avacopan*)	4	PA; SL (6 capsules per day.); SP
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (*rilonacept*)	2	PA; SP
betaine oral powder	1	SP
CARNITOR ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	4	
CARNITOR ORAL TABLET 330 MG (*levocarnitine*)	4	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (*levocarnitine*)	4	
CERDELGA ORAL CAPSULE 84 MG (*eliglustat tartrate*)	2	PA; SP
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (*prenat-fecb-fefum-fa-dha w/o a*)	3	
CYSTADANE ORAL POWDER (*betaine*)	4	SP
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (*cysteamine bitartrate*)	2	SP
dalfampridine er oral tablet extended release 12 hour 10 mg	1	PA; SL (2 tablets per day)
DEMSER ORAL CAPSULE 250 MG (*metyrosine*)	4	
EC-RX DHEA EXTERNAL CREAM 10 %, 4 % (*prasterone (dhea)*)	3	
ELMIRON ORAL CAPSULE 100 MG (*pentosan polysulfate sodium*)	4	ST
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	3	
ENDARI ORAL PACKET 5 GM (*glutamine (sickle cell)*)	4	SL (6 packets per day)
EVOTAZ ORAL TABLET 300-150 MG (*atazanavir-cobicistat*)	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (*risdiplam*)	2	PA; SL (6.7 ml per day, 1280 ml per 180 days.); SP
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	4	PA; SL (1 tablet per day.); SP
FIRDAPSE ORAL TABLET 10 MG (*amifampridine phosphate*)	2	PA; SL (8 tablets per day.); SP
GALAFOLD ORAL CAPSULE 123 MG (*migalastat hcl*)	4	PA; SL (14 capsules per 21 days.); SP
ISTURISA ORAL TABLET 1 MG (*osilodrostat phosphate*)	4	PA; SL (8 tablets per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ISTURISA ORAL TABLET 5 MG (*osilodrostat phosphate*)	4	PA; SL (2 tablets per day.); SP
JAVYGTOR ORAL PACKET 100 MG (*sapropterin dihydrochloride*)	4	PA; SL (16 packets per day.); SP
JAVYGTOR ORAL PACKET 500 MG (*sapropterin dihydrochloride*)	4	PA; SL (4 packets per day.); SP
JAVYGTOR ORAL TABLET 100 MG (*sapropterin dihydrochloride*)	4	PA; SL (16 tablets per day); SP
levocarnitine oral solution 1 gm/10ml	1	
levocarnitine sf oral solution 1 gm/10ml	1	
me/naphos/mb/hyo1 oral tablet 81.6 mg	1	
metyrosine oral capsule 250 mg	1	
miglustat oral capsule 100 mg	1	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	3	
OPFOLDA ORAL CAPSULE 65 MG (*miglustat (gaa deficiency)*)	2	PA; SL (8 capsules per 21 days.); SP
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (*nitisinone*)	1	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (*nitisinone*)	2	PA; SP
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PREZCOBIX ORAL TABLET 800-150 MG (*darunavir-cobicistat*)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*)	3	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (*cysteamine bitartrate*)	4	PA; ST; SP
PROCYSBI ORAL PACKET 300 MG, 75 MG (*cysteamine bitartrate*)	4	SP
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
REZUROCK ORAL TABLET 200 MG (*belumosudil mesylate*)	4	PA; SL (1 tablet per day.); SP
sapropterin dihydrochloride oral packet 100 mg	1	PA; SL (16 packets per day.); SP
sapropterin dihydrochloride oral packet 500 mg	1	PA; SL (4 packets per day.); SP
sapropterin dihydrochloride oral tablet 100 mg	1	PA; SL (16 tablets per day); SP
SKYCLARYS ORAL CAPSULE 50 MG (*omaveloxolone*)	2	PA; SL (3 capsules per day.); SP
SODIUM SULFACETAMIDE-BAKUCHIOL EXTERNAL LIQUID 10 %	3	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (*palovarotene*)	4	PA; SL (1 capsule per day.); SP
STRIBILD ORAL TABLET 150-150-200-300 MG (*elviteg-cobic-emtricit-tenofdf*)	2	SL (1 tablet per day.)
SYMTUZA ORAL TABLET 800-150-200-10 MG (*darun-cobic-emtricit-tenofaf*)	3	SL (1 tablet per day.)
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (*tiopronin*)	3	SP
THIOLA ORAL TABLET 100 MG (*tiopronin*)	4	SP
tiopronin oral tablet 100 mg	1	SP
tiopronin oral tablet delayed release 100 mg, 300 mg	1	SP
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TYBOST ORAL TABLET 150 MG (*cobicistat*)	2	
URELLE ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
uretron d/s oral tablet 81.6 mg	1	
URIMAR-T ORAL CAPSULE 120 MG (*meth-hyo-m bl-na phos-ph sal*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
urin ds oral tablet 81.6 mg	1	
UROGESIC-BLUE ORAL TABLET 81.6 MG (*methen-hyosc-meth blue-na phos*)	2	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (*alpelisib*)	4	PA; SL (84 tablets per 72 days.); SP
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (*alpelisib*)	4	PA; SL (168 tablets per 72 days.); SP
VILEVEV MB ORAL TABLET 81 MG (*meth-hyo-m bl-na phos-ph sal*)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (*prenat-fefum-fered-fa-dha w/oa*)	3	
VOWST ORAL CAPSULE (*fecal microb spores, live-brpk*)	4	PA; SL (12 capsules per 365 days.); SP
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (*vosoritide*)	4	PA; SL (1 vial per day.); SP
VYNDAMAX ORAL CAPSULE 61 MG (*tafamidis*)	2	PA; SL (1 capsule per day.); SP
VYNDAQEL ORAL CAPSULE 20 MG (*tafamidis meglumine (cardiac)*)	2	PA; SL (4 capsules per day.); SP
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
XURIDEN ORAL PACKET 2 GM (*uridine triacetate*)	2	PA; SP
ZOKINVY ORAL CAPSULE 50 MG (*lonafarnib*)	2	PA; SL (5 capsules per day.); SP
ZOKINVY ORAL CAPSULE 75 MG (*lonafarnib*)	2	PA; SL (1 tablet per day.); SP
PROTECTIVE AGENTS		
MESNEX ORAL TABLET 400 MG (*mesna*)	3	SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (*diaphragm arc-spring*)	3	H
CONDOMS	3	SL (1 box of 12 condoms per 30 days.); H
DUREX EXTRA SENSITIVE THIN DEVICE (*condoms latex lubricated*)	3	SL (1 box of 12 condoms per 30 days.); H
ENCARE VAGINAL SUPPOSITORY 100 MG (*nonoxynol-9*)	E	H
FC2 FEMALE CONDOM (*condoms - female*)	E	H
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (*cervical caps*)	3	H
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (*nonoxynol-9*)	E	H
PHEXXI VAGINAL GEL 1.8-1-0.4 % (*lactic ac-citric ac-pot bitart*)	4	H
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (*nonoxynol-9*)	E	H
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (*nonoxynol-9*)	E	H
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	2	H
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	2	H
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	2	H
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	2	H
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	2	H
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	2	H
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	2	H
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (*diaphragm wide seal*)	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
CERVIDIL VAGINAL INSERT 10 MG (*dinoprostone*)	3	
methergine oral tablet 0.2 mg	1	SL (28 tablets per year.)
methylergonovine maleate oral tablet 0.2 mg	1	SL (28 tablets per year.)
MIFEPREX ORAL TABLET 200 MG (*mifepristone*)	3	
mifepristone oral tablet 200 mg	1	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (*dinoprostone*)	3	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
KERAMATRIX REPLICINE 2CMX3CM EXTERNAL SHEET (*wound dressings*)	3	
KERAMATRIX REPLICINE 5CMX5CM EXTERNAL SHEET (*wound dressings*)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
VERSAPENN (AL) ANHYD LIPID TRANSDERMAL GEL (*transdermal base*)	3	
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
ADRENALIN NASAL SOLUTION 0.1 % (*epinephrine hcl (nasal)*)	2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (*epinephrine*)	2	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	
ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (*ipratropium bromide hfa*)	2	SL (0.87 grams per day.)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (*ipratropium-albuterol*)	2	SL (0.28 grams per day.)
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (*tiotropium bromide monohydrate*)	1	SL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (*tiotropium bromide monohydrate*)	2	SL (0.15 grams per day.)
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (*nintedanib esylate*)	4	PA; SL (2 capsules per day.); SP
pirfenidone oral capsule 267 mg	1	PA; SL (9 capsules per day.); SP
pirfenidone oral tablet 267 mg	1	PA; SL (9 tablets per day.); SP
pirfenidone oral tablet 534 mg	1	PA; SL (3 tablets per day.)
pirfenidone oral tablet 801 mg	1	PA; SL (3 tablets per day.); SP
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (*mepolizumab*)	4	PA; SL (0.04 mL per day.); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*mepolizumab*)	4	PA; SL (0.04 mL per day.); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (*mepolizumab*)	4	PA; SL (0.015 ml per day.)
ANTITUSSIVES - Drugs for Cough and Cold		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (*pseudoeph-bromphen-dm*)	3	
codeine sulfate oral tablet 30 mg, 60 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml	1	
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	1	PA
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	1	PA
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	1	PA
hydromet oral solution 5-1.5 mg/5ml	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
maxi-tuss ac oral solution 100-10 mg/5ml	1	
promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml	1	PA
promethazine-codeine oral solution 6.25-10 mg/5ml	1	PA
promethazine-dm oral syrup 6.25-15 mg/5ml	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (*chlorpheniramine-codeine*)	3	
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (*lumacaftor-ivacaftor*)	2	PA; SL (728 packets per 356 days.); SP
ORKAMBI ORAL PACKET 75-94 MG (*lumacaftor-ivacaftor*)	2	PA; SL (2 packets per day and 56 packets per 21 days.)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*)	2	PA; SL (1456 tablets per 356 days.); SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (*tezacaftor-ivacaftor*)	2	PA; SL (728 tablets per 356 days.); SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (*tezacaftor-ivacaftor*)	2	PA; SL (728 tablets per 356 days.)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (*elexacaftor-tezacaftor-ivacaft*)	2	PA; SL (1092 tablets per 356 days.); SP
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*)	2	PA; SL (3 tablets per day. 1092 tablets per 364 days.); SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (*elexacaftor-tezacaftor-ivacaft*)	2	PA; SL (2 packets per day. 728 packets per 356 days.); SP
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
KALYDECO ORAL PACKET 13.4 MG (*ivacaftor*)	2	PA; SL (2 packets per day. 728 packets per 356 days.)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (*ivacaftor*)	2	PA; SL (728 packets per 356 days.); SP
KALYDECO ORAL PACKET 5.8 MG (*ivacaftor*)	2	PA; SL (2 packets per day and 728 packets per 365 days.)
KALYDECO ORAL TABLET 150 MG (*ivacaftor*)	2	PA; SL (780 tablets per 356 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (*lumacaftor-ivacaftor*)	2	PA; SL (728 packets per 356 days.); SP
ORKAMBI ORAL PACKET 75-94 MG (*lumacaftor-ivacaftor*)	2	PA; SL (2 packets per day and 56 packets per 21 days.)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (*lumacaftor-ivacaftor*)	2	PA; SL (1456 tablets per 356 days.); SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (*tezacaftor-ivacaftor*)	2	PA; SL (728 tablets per 356 days.); SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (*tezacaftor-ivacaftor*)	2	PA; SL (728 tablets per 356 days.)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG (*elexacaftor-tezacaftor-ivacaft*)	2	PA; SL (1092 tablets per 356 days.); SP
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG (*elexacaftor-tezacaftor-ivacaft*)	2	PA; SL (3 tablets per day. 1092 tablets per 364 days.); SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (*elexacaftor-tezacaftor-ivacaft*)	2	PA; SL (2 packets per day. 728 packets per 356 days.); SP
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
ambrisentan oral tablet 10 mg, 5 mg	1	PA; SL (1 tablet per day.); SP
bosentan oral tablet 125 mg, 62.5 mg	1	PA; SL (2 tablets per day.); SP
FILSPARI ORAL TABLET 200 MG, 400 MG (*sparsentan*)	4	PA; SL (1 tablet per day.); SP
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	2	PA; SL (1 tablet per day.); SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	2	PA; SL (2 tablets per day.); SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	2	PA; SL (4 tablets per day.); SP
EXPECTORANTS - Drugs for the Lungs		
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml	1	
iodine strong oral solution 5 %	1	
maxi-tuss ac oral solution 100-10 mg/5ml	1	
potassium iodide oral solution 1 gm/ml	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SSKI ORAL SOLUTION 1 GM/ML (*potassium iodide (expectorant)*)	3	
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
carbinoxamine maleate oral solution 4 mg/5ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
clemastine fumarate oral tablet 2.68 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet 4 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (*diphenhydramine hcl*)	3	PA
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (*carbinoxamine maleate*)	4	
promethazine hcl oral solution 6.25 mg/5ml	1	
promethazine hcl oral syrup 6.25 mg/5ml	1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (*dupilumab*)	2	PA; SL (0.09 ml per day.); SP
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (*benralizumab*)	4	PA; SL (1 pen per 56 days.)
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (*zafirlukast*)	4	
montelukast sodium oral packet 4 mg	1	
montelukast sodium oral tablet 10 mg	1	
montelukast sodium oral tablet chewable 4 mg, 5 mg	1	
SINGULAIR ORAL PACKET 4 MG (*montelukast sodium*)	3	
zafirlukast oral tablet 10 mg, 20 mg	1	
zileuton er oral tablet extended release 12 hour 600 mg	1	ST
ZYFLO ORAL TABLET 600 MG (*zileuton*)	4	ST
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRIL OPHTHALMIC SOLUTION 2 % (*nedocromil sodium*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
cromolyn sodium inhalation nebulization solution 20 mg/2ml	1	
cromolyn sodium ophthalmic solution 4 %	1	
cromolyn sodium oral concentrate 100 mg/5ml	1	
MUCOLYTIC AGENTS - Drugs for the Lungs		
acetylcysteine inhalation solution 10 %, 20 %	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (*sodium chloride*)	2	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %, 6 % (*sodium chloride*)	3	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % (*sodium chloride*)	2	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (*dornase alfa*)	2	PA; SL (5 ml per day.); SP
sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %	1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
flunisolide nasal solution 25 mcg/act (0.025%)	1	
fluticasone propionate nasal suspension 50 mcg/act	1	
mometasone furoate nasal suspension 50 mcg/act	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (*beclomethasone diprop (nasal)*)	4	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (*beclomethasone diprop (nasal)*)	4	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (*olopatadine-mometasone*)	4	
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT (*fluticasone furoate*)	1	SL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*fluticasone furoate*)	1	SL (1 packet per day.)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	1	SL (120 ml (2 boxes) per 30 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
budesonide inhalation suspension 1 mg/2ml	1	SL (60 ml (1 box) per 30 days.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT	4	SL (1 inhaler per month)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 220 MCG/ACT	4	SL (2 inhalers per month)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (*beclomethasone diprop hfa*)	1	SL (10.6 grams per month.)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (*beclomethasone diprop hfa*)	1	SL (42.4 grams per month.)
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
DALIRESP ORAL TABLET 250 MCG (*roflumilast*)	4	PA; SL (31 tablets per year.)
DALIRESP ORAL TABLET 500 MCG (*roflumilast*)	4	PA; SL (1 tablet per day)
roflumilast oral tablet 250 mcg	1	PA; SL (31 tablets per year.)
roflumilast oral tablet 500 mcg	1	PA; SL (1 tablet per day)
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
alyq oral tablet 20 mg	1	PA; SL (2 tablets per day); SP
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	PA; SL (186 ml per month.); SP
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	SL (6 tablets per month)
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablet per day.)
tadalafil (pah) oral tablet 20 mg	1	PA; SL (2 tablets per day); SP
tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	SL (6 tablets per month)
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	3	PA; SL (10 ml per day.); SP
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES - Drugs for the Lungs		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	4	PA; SL (168 tablets per year.); SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	4	PA; SL (336 tablets per year.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (*treprostinil diolamine*)	4	PA; SL (252 tablets per year.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG (*treprostinil diolamine*)	4	PA; SL (6 tablets per day.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG (*treprostinil diolamine*)	4	PA; SL (6 tablets per day); SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	2	PA; SL (112 cartridges per 23 days.); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG (*treprostinil*)	2	PA; SL (196 cartridges per 365 days.); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (*treprostinil*)	2	PA; SL (252 cartridges per 365 days.); SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	PA
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	PA
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (*iloprost*)	2	PA; SP
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
BRONCHITOL INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	3	PA; ST; SL (20 capsules per day.); SP; CM
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (*mannitol (cystic fibrosis)*)	3	PA; ST; SL (20 capsules per day.); SP; CM
pirfenidone oral capsule 267 mg	1	PA; SL (9 capsules per day.); SP
pirfenidone oral tablet 267 mg	1	PA; SL (9 tablets per day.); SP
pirfenidone oral tablet 534 mg	1	PA; SL (3 tablets per day.)
pirfenidone oral tablet 801 mg	1	PA; SL (3 tablets per day.); SP
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (*tezepelumab-ekko*)	4	PA; SL (0.07 ml per day.)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*omalizumab*)	2	SL (0.08 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*omalizumab*)	2	SL (0.15 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (*omalizumab*)	2	SL (0.04 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*omalizumab*)	2	PA; SL (0.08 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*omalizumab*)	2	PA; SL (0.15 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*omalizumab*)	2	PA; SL (0.04 ml per day.); SP
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl ophthalmic solution 0.05 %	1	
desloratadine oral tablet 5 mg	1	
desloratadine oral tablet dispersible 5 mg	1	
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (*albuterol-budesonide*)	3	
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	SL (2 vials per day)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (*formoterol fumarate*)	4	SL (2 vials per day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (*salmeterol xinafoate*)	2	SL (2 blisters per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (*olodaterol hcl*)	2	SL (0.14 grams per day.)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (*levalbuterol tartrate*)	3	
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	2	PA; SL (3 tablets per day.); SP
alyq oral tablet 20 mg	1	PA; SL (2 tablets per day); SP
ambrisentan oral tablet 10 mg, 5 mg	1	PA; SL (1 tablet per day.); SP
bosentan oral tablet 125 mg, 62.5 mg	1	PA; SL (2 tablets per day.); SP
OPSUMIT ORAL TABLET 10 MG (*macitentan*)	2	PA; SL (1 tablet per day.); SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	4	PA; SL (168 tablets per year.); SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (*treprostinil diolamine*)	4	PA; SL (336 tablets per year.); SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (*treprostinil diolamine*)	4	PA; SL (252 tablets per year.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG (*treprostinil diolamine*)	4	PA; SL (6 tablets per day.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG (*treprostinil diolamine*)	4	PA; SL (6 tablets per day); SP
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	PA; SL (186 ml per month.); SP
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	SL (6 tablets per month)
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablet per day.)
tadalafil (pah) oral tablet 20 mg	1	PA; SL (2 tablets per day); SP
TADLIQ ORAL SUSPENSION 20 MG/5ML (*tadalafil (pah)*)	3	PA; SL (10 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRACLEER ORAL TABLET 125 MG, 62.5 MG (*bosentan*)	2	PA; SL (2 tablets per day.); SP
TRACLEER ORAL TABLET SOLUBLE 32 MG (*bosentan*)	2	PA; SL (4 tablets per day.); SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (*treprostinil*)	2	PA; SL (112 cartridges per 23 days.); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG (*treprostinil*)	2	PA; SL (196 cartridges per 365 days.); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (*treprostinil*)	2	PA; SL (252 cartridges per 365 days.); SP
TYVASO INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	PA
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	PA
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (*treprostinil*)	2	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	4	PA; SL (2 tablets per day.); SP
UPTRAVI TABLET 200 MCG ORAL (*selexipag*)	4	PA; SL (140 tablets per 365 days.); SP
UPTRAVI TABLET 200 MCG ORAL (*selexipag*)	4	PA; SL (2 tablets per day.); SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	4	PA; SL (200 tablets per year.); SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (*iloprost*)	2	PA; SP
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (*riociguat*)	2	PA; SL (3 tablets per day.); SP
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG (*selexipag*)	4	PA; SL (2 tablets per day.); SP
UPTRAVI TABLET 200 MCG ORAL (*selexipag*)	4	PA; SL (140 tablets per 365 days.); SP
UPTRAVI TABLET 200 MCG ORAL (*selexipag*)	4	PA; SL (2 tablets per day.); SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (*selexipag*)	4	PA; SL (200 tablets per year.); SP
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
elixophyllin oral elixir 80 mg/15ml	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral elixir 80 mg/15ml	1	
theophylline oral solution 80 mg/15ml	1	
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
naftifine hcl external cream 1 %, 2 %	1	
naftifine hcl external gel 2 %	1	
NAFTIN EXTERNAL GEL 1 %, 2 % (*naftifine hcl*)	4	
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	4	
AMZEEQ EXTERNAL FOAM 4 % (*minocycline hcl micronized*)	4	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (*sulfacetamide sodium-sulfur*)	4	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (*sulfacetamide sodium-sulfur*)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (*sulfacetamide sodium-sulfur*)	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 % (*sulfacetamide sodium-sulfur*)	3	
AVAR-E LS EXTERNAL CREAM 10-2 % (*sulfacetamide sodium-sulfur*)	3	
AVEIDA EXTERNAL GEL 1-1 %	3	
BENZAMYCIN EXTERNAL GEL 5-3 % (*benzoyl peroxide-erythromycin*)	2	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
bp 10-1 external emulsion 10-1 %	1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (*adapalene-benzoyl per-clindamy*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLEOCIN VAGINAL CREAM 2 % (*clindamycin phosphate*)	4	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (*clindamycin phosphate*)	2	
CLEOCIN-T EXTERNAL LOTION 1 % (*clindamycin phosphate*)	4	
CLINDACIN ETZ EXTERNAL KIT 1 % (*clindamycin phos & cleanser*)	4	
clindacin etz external swab 1 %	1	
clindacin external foam 1 %	1	
clindacin-p external swab 1 %	1	
CLINDAGEL EXTERNAL GEL 1 % (*clindamycin phosphate*)	4	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	SL (1 bottle (45 grams) per month.)
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1	
clindamycin phosphate external foam 1 %	1	
clindamycin phosphate external gel 1 %	1	
clindamycin phosphate external lotion 1 %	1	
clindamycin phosphate external solution 1 %	1	
clindamycin phosphate external swab 1 %	1	
clindamycin phosphate vaginal cream 2 %	1	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CLINDESSE VAGINAL CREAM 2 % (*clindamycin phosphate (1 dose)*)	2	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (*clindamycin-tretinoin-cholesty*)	3	PA
dapsone external gel 5 %, 7.5 %	1	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
DEOXIATAR EXTERNAL SOLUTION 1-4-0.025 %	3	
DIASAXIATAR EXTERNAL GEL 8.5-2-0.025 %	3	
ery external pad 2 %	1	
ERYGEL EXTERNAL GEL 2 % (*erythromycin*)	3	
erythromycin external gel 2 %	1	
erythromycin external solution 2 %	1	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IDARAN EXTERNAL OINTMENT 1-2 %	3	
KLARON EXTERNAL LOTION 10 % (*sulfacetamide sodium (acne)*)	4	
METROCREAM EXTERNAL CREAM 0.75 % (*metronidazole*)	4	
METROLOTION EXTERNAL LOTION 0.75 % (*metronidazole*)	4	
metronidazole external cream 0.75 %	1	
metronidazole external gel 0.75 %, 1 %	1	
metronidazole external lotion 0.75 %	1	
metronidazole vaginal gel 0.75 %	1	
mupirocin calcium external cream 2 %	1	
mupirocin external ointment 2 %	1	
NANRAN EXTERNAL OINTMENT 2-2 %	3	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*)	4	
neuac external gel 1.2-5 %	1	SL (1 bottle (45 grams) per month.)
NUVESSA VAGINAL GEL 1.3 % (*metronidazole*)	4	
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	4	
OVACE PLUS EXTERNAL CREAM 10 % (*sulfacetamide sodium*)	3	
OVACE PLUS EXTERNAL LOTION 9.8 % (*sulfacetamide sodium*)	4	
OVACE PLUS EXTERNAL SHAMPOO 10 % (*sulfacetamide sodium*)	3	
OVACE PLUS WASH EXTERNAL GEL 10 % (*sulfacetamide sodium*)	3	
OVACE PLUS WASH EXTERNAL LIQUID 10 % (*sulfacetamide sodium*)	4	
OVACE WASH EXTERNAL LIQUID 10 % (*sulfacetamide sodium*)	4	
OXIAICE EXTERNAL LOTION 4-15 %	3	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	4	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLEXION EXTERNAL CREAM 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	4	
PLEXION EXTERNAL LOTION 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	4	
sodium sulfacetamide external shampoo 10 %	1	
sodium sulfacetamide wash external liquid 10 %	1	
SODIUM SULFACETAMIDE-BAKUCHIOL EXTERNAL LIQUID 10 %	3	
sss 10-5 external cream 10-5 %	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	3	
sulfacetamide sodium (acne) external lotion 10 %	1	
sulfacetamide sodium (cleans) external gel 10 %	1	
sulfacetamide sodium external liquid 10 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (*sulfacetamide sodium-sulfur*)	3	
sulfamez wash external emulsion 10-1 %	1	
SUMAXIN CP EXTERNAL KIT 10-4 % (*sulfacetamide-sulfur-cleanser*)	4	
SUMAXIN EXTERNAL PAD 10-4 % (*sulfacetamide sodium-sulfur*)	4	
XACIATO VAGINAL GEL 2 % (*clindamycin phosphate*)	2	
XEPI EXTERNAL CREAM 1 % (*ozenoxacin*)	3	
ZILXI EXTERNAL FOAM 1.5 % (*minocycline hcl micronized*)	4	PA; ST
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 % (*sod thiosulfate-salicylic acd*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (*crisaborole*)	3	ST
VTAMA EXTERNAL CREAM 1 % (*tapinarof*)	4	PA
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (*hydrocortisone ace-pramoxine*)	4	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (*hydrocortisone ace-pramoxine*)	4	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (*hydrocortisone ace-pramoxine*)	4	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (*hydrocortisone ace-pramoxine*)	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	4	
doxepin hcl external cream 5 %	1	PA
ENOVARX-LIDOCAINE HCL EXTERNAL CREAM 10 %, 5 %	3	PA
EPIFOAM EXTERNAL FOAM 1-1 % (*pramoxine-hc*)	2	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (*dph-lido-alhydr-mghydr-simeth*)	3	PA
glydo external prefilled syringe 2 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (*ketoprofen-baclofen-gabap-lido*)	3	PA
lidocaine external ointment 5 %	1	SL (1.19 grams per day.)
lidocaine external patch 5 %	1	PA; SL (3 patches per day)
lidocaine hcl external solution 4 %	1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	1	
lidocaine-prilocaine external cream 2.5-2.5 %	1	
LIDTOPIC MAX EXTERNAL CREAM 10 % (*lidocaine hcl*)	3	PA
NANRAN EXTERNAL OINTMENT 2-2 %	3	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRAMOSONE EXTERNAL CREAM 1-1 % (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 % (*pramoxine-hc*)	4	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 % (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 % (*pramoxine-hc*)	4	
premium lidocaine external ointment 5 %	1	SL (1.19 grams per day.)
PROCORT EXTERNAL CREAM 1.85-1.15 % (*hydrocortisone ace-pramoxine*)	4	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	2	
PYRIDIUM ORAL TABLET 100 MG, 200 MG (*phenazopyridine hcl*)	3	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
acyclovir external cream 5 %	1	
acyclovir external ointment 5 %	1	
DENAVIR EXTERNAL CREAM 1 % (*penciclovir*)	4	
penciclovir external cream 1 %	1	
ZOVIRAX EXTERNAL CREAM 5 % (*acyclovir*)	4	
ASTRINGENTS - Drugs for the Skin		
DRYSOL EXTERNAL SOLUTION 20 % (*aluminum chloride*)	2	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	4	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	4	
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
clotrimazole mouth/throat troche 10 mg	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
econazole nitrate external cream 1 %	1	
ECOZA EXTERNAL FOAM 1 % (*econazole nitrate*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EXELDERM EXTERNAL CREAM 1 % (*sulconazole nitrate*)	3	
EXELDERM EXTERNAL SOLUTION 1 % (*sulconazole nitrate*)	3	
GYNAZOLE-1 VAGINAL CREAM 2 % (*butoconazole nitrate (1 dose)*)	3	
JUBLIA EXTERNAL SOLUTION 10 % (*efinaconazole*)	4	SL (4 ml per month.)
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	
ketoconazole external shampoo 2 %	1	
ketodan external foam 2 %	1	
LULICONAZOLE EXTERNAL CREAM 1 %	4	
LUZU EXTERNAL CREAM 1 % (*luliconazole*)	4	
miconazole 3 vaginal suppository 200 mg	1	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	4	
ORAVIG BUCCAL TABLET 50 MG (*miconazole*)	3	
oxiconazole nitrate external cream 1 %	1	
OXISTAT EXTERNAL CREAM 1 % (*oxiconazole nitrate*)	4	
OXISTAT EXTERNAL LOTION 1 % (*oxiconazole nitrate*)	4	
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PHEOXIA EXTERNAL CREAM 2-4 %	3	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (*ketoconazole-urea*)	3	
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	3	
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	3	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	4	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (*ketoconazole-hydrocortisone*)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (*ketoconazole & pyrithione zinc*)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (*ketoconazole & pyrithione zinc*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (*salicylic acid-lactic acid*)	2	
methyl salicylate external liquid	1	
PRONAL EXTERNAL GEL 40-10 % (*urea-lactic acid*)	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (*salicylic acid-urea in lactac*)	3	
turpentine external spirit	1	
VITAMIN C BRIGHTENING SERUM EXTERNAL LIQUID	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (*benzoyl peroxide-hyaluronate*)	3	
BASIC POWDERS AND DEMULCENTS - Drugs for the Skin		
benzoin compound external tincture	1	
benzoin external tincture	1	
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
ALTRENO EXTERNAL LOTION 0.05 % (*tretinoin*)	4	PA
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (*clindamycin-tretinoin-cholesty*)	3	PA
DEOXIATAR EXTERNAL SOLUTION 1-4-0.025 %	3	
DIASAXIATAR EXTERNAL GEL 8.5-2-0.025 %	3	
KATARAXAP EXTERNAL EMULSION 4-0.025-0.025 %	3	
KEVARAXAP EXTERNAL EMULSION 6-0.05-0.025 %	3	
KEVARTIA EXTERNAL EMULSION 6-0.05 %	3	
KOTARAXAP EXTERNAL EMULSION 5-0.025-0.025 %	3	
KUTAR EXTERNAL EMULSION 8-0.025 %	3	
KUTARVIA EXTERNAL EMULSION 8-0.025 %	3	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (*tretinoin microsphere*)	4	PA
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	1	
tretinoin external gel 0.01 %	1	
tretinoin external gel 0.05 %	1	PA
tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %	1	PA
tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TWYNEO EXTERNAL CREAM 0.1-3 % (*tretinoin-benzoyl peroxide*)	4	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ALA SCALP EXTERNAL LOTION 2 % (*hydrocortisone*)	4	
alclometasone dipropionate external cream 0.05 %	1	
alclometasone dipropionate external ointment 0.05 %	1	
amcinonide external ointment 0.1 %	1	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (*hydrocortisone ace-pramoxine*)	4	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (*hydrocortisone ace-pramoxine*)	4	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (*hydrocortisone ace-pramoxine*)	4	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (*hydrocortisone ace-pramoxine*)	3	
anucort-hc rectal suppository 25 mg	1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (*hydrocortisone*)	4	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (*hydrocortisone acetate*)	4	
APEXICON E EXTERNAL CREAM 0.05 % (*diflorasone diacet emoll base*)	2	
betamethasone dipropionate aug external cream 0.05 %	1	
betamethasone dipropionate aug external gel 0.05 %	1	
betamethasone dipropionate aug external lotion 0.05 %	1	
betamethasone dipropionate aug external ointment 0.05 %	1	
betamethasone dipropionate external cream 0.05 %	1	
betamethasone dipropionate external lotion 0.05 %	1	
betamethasone dipropionate external ointment 0.05 %	1	
betamethasone valerate external cream 0.1 %	1	
betamethasone valerate external foam 0.12 %	1	
betamethasone valerate external lotion 0.1 %	1	
betamethasone valerate external ointment 0.1 %	1	
BRYHALI EXTERNAL LOTION 0.01 % (*halobetasol propionate*)	4	ST
budesonide rectal foam 2 mg	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CAPEX EXTERNAL SHAMPOO 0.01 % (*fluocinolone acetonide*)	2	
clobetasol prop emollient base external cream 0.05 %	1	
clobetasol propionate e external cream 0.05 %	1	
clobetasol propionate emulsion external foam 0.05 %	1	
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam 0.05 %	1	
clobetasol propionate external gel 0.05 %	1	
clobetasol propionate external liquid 0.05 %	1	
clobetasol propionate external lotion 0.05 %	1	
clobetasol propionate external ointment 0.05 %	1	
clobetasol propionate external shampoo 0.05 %	1	
clobetasol propionate external solution 0.05 %	1	
CLOBETAVIX EXTERNAL KIT 0.05 %	3	
clocortolone pivalate external cream 0.1 %	1	
clodan external shampoo 0.05 %	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (*flurandrenolide*)	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	4	
CORTENEMA RECTAL ENEMA 100 MG/60ML (*hydrocortisone*)	4	
CORTIFOAM EXTERNAL FOAM 10 % (*hydrocortisone acetate*)	2	
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	4	
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 % (*fluocinolone acetonide*)	4	
desonide external cream 0.05 %	1	
desonide external gel 0.05 %	1	
desonide external lotion 0.05 %	1	
desonide external ointment 0.05 %	1	
DESOWEN EXTERNAL CREAM 0.05 % (*desonide*)	3	
desoximetasone external cream 0.05 %, 0.25 %	1	
desoximetasone external gel 0.05 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
desoximetasone external liquid 0.25 %	1	
desoximetasone external ointment 0.05 %, 0.25 %	1	
diflorasone diacetate external cream 0.05 %	1	
diflorasone diacetate external ointment 0.05 %	1	
DIPROLENE EXTERNAL OINTMENT 0.05 % (*betamethasone dipropionate aug*)	4	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	4	
EPIFOAM EXTERNAL FOAM 1-1 % (*pramoxine-hc*)	2	
fluocinolone acetonide body external oil 0.01 %	1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	
fluocinolone acetonide external ointment 0.025 %	1	
fluocinolone acetonide external solution 0.01 %	1	
fluocinolone acetonide scalp external oil 0.01 %	1	
fluocinonide emulsified base external cream 0.05 %	1	
fluocinonide external cream 0.05 %, 0.1 %	1	
fluocinonide external gel 0.05 %	1	
fluocinonide external ointment 0.05 %	1	
fluocinonide external solution 0.05 %	1	
FLUOXIA EXTERNAL CREAM 0.05-4 %	3	
flurandrenolide external cream 0.05 %	1	
flurandrenolide external lotion 0.05 %	1	
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
halcinonide external cream 0.1 %	1	
halobetasol propionate external cream 0.05 %	1	
halobetasol propionate external ointment 0.05 %	1	
HALOG EXTERNAL OINTMENT 0.1 % (*halcinonide*)	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG (*hydrocortisone acetate*)	4	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocortisone butyrate external cream 0.1 %	1	
hydrocortisone butyrate external ointment 0.1 %	1	
hydrocortisone butyrate external solution 0.1 %	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone rectal enema 100 mg/60ml	1	
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
hydrocortisone-iodoquinol external cream 1-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
KATARAXAP EXTERNAL EMULSION 4-0.025-0.025 %	3	
KEVARAXAP EXTERNAL EMULSION 6-0.05-0.025 %	3	
KOTARAXAP EXTERNAL EMULSION 5-0.025-0.025 %	3	
kourzeq mouth/throat paste 0.1 %	1	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (*hydrocortisone butyr lipo base*)	4	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (*neomycin-fluocinolone*)	4	
NUCORT EXTERNAL LOTION 2 % (*hydrocortisone acetate*)	3	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
oralone mouth/throat paste 0.1 %	1	
PANDEL EXTERNAL CREAM 0.1 % (*hydrocortisone probutate*)	3	
PRAMOSONE EXTERNAL CREAM 1-1 % (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 % (*pramoxine-hc*)	4	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 % (*pramoxine-hc*)	2	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 % (*pramoxine-hc*)	4	
PROCORT EXTERNAL CREAM 1.85-1.15 % (*hydrocortisone ace-pramoxine*)	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROCTOCORT RECTAL SUPPOSITORY 30 MG (*hydrocortisone acetate*)	4	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (*hydrocortisone ace-pramoxine*)	2	
procto-med hc external cream 2.5 %	1	
proctosol hc external cream 2.5 %	1	
proctozone-hc external cream 2.5 %	1	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (*hc & sal acid-sulfur & shampoo*)	3	
SERNIVO EXTERNAL EMULSION 0.05 % (*betamethasone dipropionate*)	4	
SYNALAR EXTERNAL CREAM 0.025 % (*fluocinolone acetonide*)	4	
SYNALAR EXTERNAL OINTMENT 0.025 % (*fluocinolone acetonide*)	4	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	1	
TEXACORT EXTERNAL SOLUTION 2.5 % (*hydrocortisone*)	2	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (*desoximetasone*)	4	
TOPICORT EXTERNAL GEL 0.05 % (*desoximetasone*)	4	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (*desoximetasone*)	4	
tovet external foam 0.05 %	1	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	1	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	
triderm external cream 0.5 %	1	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (*ketoconazole-hydrocortisone*)	3	
DEPIGMENTING AGENTS - Drugs for the Skin		
KATARAXAP EXTERNAL EMULSION 4-0.025-0.025 %	3	
KEVARAXAP EXTERNAL EMULSION 6-0.05-0.025 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KEVARTIA EXTERNAL EMULSION 6-0.05 %	3	
KOTARAXAP EXTERNAL EMULSION 5-0.025-0.025 %	3	
KUTAR EXTERNAL EMULSION 8-0.025 %	3	
KUTARVIA EXTERNAL EMULSION 8-0.025 %	3	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - Drugs for the Skin		
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (*benzoyl peroxide-vitamin e*)	3	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	4	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (*miconazole-zinc oxide-petrolat*)	4	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ciclodan external solution 8 %	1	
ciclopirox external gel 0.77 %	1	
ciclopirox external shampoo 1 %	1	
ciclopirox external solution 8 %	1	
ciclopirox olamine external cream 0.77 %	1	
ciclopirox olamine external suspension 0.77 %	1	
ciclopirox treatment external kit 8 %	1	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
IMMUNOMODULATORY AGENT(S) - Drugs for the Skin		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*tralokinumab-ldrm*)	2	PA; SL (0.15 ml per day.); SP
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	4	PA; SL (10 g per 23 days.)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	4	PA; ST; SL (1 ml per 63 days.); SP
NUJO EXTERNAL SOLUTION 0.1 %	3	
pimecrolimus external cream 1 %	1	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	2	PA; SL (1 ml per 63 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	2	PA; SL (1 ml per 63 days.); SP
tacrolimus external ointment 0.03 %, 0.1 %	1	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	2	PA; SL (1 ml per 42 days.); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	2	PA; SL (2 ml per 2 months); SP
KERATOLYTIC AGENTS - Drugs for the Skin		
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (*sulfacetamide sodium-sulfur*)	4	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (*sulfacetamide sodium-sulfur*)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (*sulfacetamide sodium-sulfur*)	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 % (*sulfacetamide sodium-sulfur*)	3	
AVAR-E LS EXTERNAL CREAM 10-2 % (*sulfacetamide sodium-sulfur*)	3	
AVIDOXY DK COMBINATION KIT 100 MG (*doxycycline-suncreen-sal acid*)	3	
bp 10-1 external emulsion 10-1 %	1	
cerovel external lotion 40 %	1	
DERMACINRX UREA EXTERNAL CREAM 41 % (*urea*)	4	
EXODERM EXTERNAL LOTION 25-1 % (*sod thiosulfate-salicylic acd*)	3	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (*salicylic acid-lactic acid*)	2	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
HYDRO 40 EXTERNAL FOAM 40 % (*urea*)	3	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
KERALYT SCALP EXTERNAL KIT 6 % (*salicylic acid*)	4	
NUTRASEB EXTERNAL CREAM (*antiseborrheic products, misc.*)	4	
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	4	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	4	
PLEXION EXTERNAL CREAM 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	4	
PLEXION EXTERNAL LOTION 9.8-4.8 % (*sulfacetamide sodium-sulfur*)	4	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (*ketoconazole-urea*)	3	
PROMISEB EXTERNAL CREAM (*antiseborrheic products, misc.*)	4	
PRONAL EXTERNAL GEL 40-10 % (*urea-lactic acid*)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
RAYASAL EXTERNAL CREAM 5.9 %	3	
SALICATE EXTERNAL LIQUID 10 % (*salicylic acid*)	3	
salicylic acid external solution 26 %	1	
SALIMEZ EXTERNAL CREAM 6 %	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (*salicylic acid-urea in lactac*)	3	
SALYCIM EXTERNAL CREAM 6 % (*salicylic acid*)	3	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (*hc & sal acid-sulfur & shampoo*)	3	
sss 10-5 external cream 10-5 %	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	3	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external pad 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide-sulfur in urea external emulsion 10-5 %	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (*sulfacetamide sodium-sulfur*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sulfamez wash external emulsion 10-1 %	1	
SUMAXIN CP EXTERNAL KIT 10-4 % (*sulfacetamide-sulfur-cleanser*)	4	
SUMAXIN EXTERNAL PAD 10-4 % (*sulfacetamide sodium-sulfur*)	4	
UMECTA MOUSSE EXTERNAL FOAM 40 % (*urea*)	3	
URAMAXIN EXTERNAL GEL 45 % (*urea*)	4	
urea external cream 20 %, 40 %, 41 %, 45 %	1	
urea external lotion 40 %	1	
urea nail external gel 45 %	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
KERATOPLASTIC AGENTS - Drugs for the Skin		
coal tar external solution 20 %	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (*clindamycin phos-benzoyl perox*)	4	
benzalkonium chloride external solution	2	
benzalkonium chloride external solution 50 %	1	
BENZAMYCIN EXTERNAL GEL 5-3 % (*benzoyl peroxide-erythromycin*)	2	
benzoyl peroxide-erythromycin external gel 5-3 %	1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (*adapalene-benzoyl per-clindamy*)	4	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	SL (1 bottle (45 grams) per month.)
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (*hc-pramoxine-chloroxylenol*)	4	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (*sulfuric acid-sulf phenolics*)	2	
FEM PH VAGINAL GEL 0.9-0.025 % (*acetic acid-oxyquinoline*)	4	
hydrocortisone-iodoquinol external cream 1-1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (*benzoyl perox-salicyl ac-vit e*)	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (*benzoyl peroxide-vitamin e*)	3	
iodine tincture external tincture 2 %	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
mafenide acetate external packet 5 %	1	
neuac external gel 1.2-5 %	1	SL (1 bottle (45 grams) per month.)
ONEXTON EXTERNAL GEL 1.2-3.75 % (*clindamycin phos-benzoyl perox*)	4	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (*chlorhexidine gluconate*)	4	
periogard mouth/throat solution 0.12 %	1	
selenium sulfide external lotion 2.5 %	1	
SILVADENE EXTERNAL CREAM 1 % (*silver sulfadiazine*)	4	
silver sulfadiazine external cream 1 %	1	
ssd external cream 1 %	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (*mafenide acetate*)	3	
SULFAMYLON EXTERNAL PACKET 5 % (*mafenide acetate*)	4	
TWYNEO EXTERNAL CREAM 0.1-3 % (*tretinoin-benzoyl peroxide*)	4	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (*ketoconazole & pyrithione zinc*)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (*ketoconazole & pyrithione zinc*)	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (*benzoyl peroxide-hyaluronate*)	3	
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
diclofenac sodium external gel 3 %	1	PA
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
ENOVARX-IBUPROFEN EXTERNAL CREAM 10 %	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENOVARX-NAPROXEN EXTERNAL CREAM 10 %	3	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FROTEK EXTERNAL CREAM 10 % (*ketoprofen*)	3	PA
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (*ketoprofen-baclofen-gabap-lido*)	3	PA
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VP FC KIT EXTERNAL CREAM	3	PA
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
OXABOROLES - Drugs for the Skin		
tavaborole external solution 5 %	1	SL (4 ml per month.)
PIGMENTING AGENTS - Drugs for the Skin		
methoxsalen rapid oral capsule 10 mg	1	
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
klayesta external powder 100000 unit/gm	1	
nyamyc external powder 100000 unit/gm	1	
nystatin external cream 100000 unit/gm	1	
nystatin external ointment 100000 unit/gm	1	
nystatin external powder 100000 unit/gm	1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	1	
nystop external powder 100000 unit/gm	1	
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
AVEIDA EXTERNAL GEL 1-1 %	3	
CROTAN EXTERNAL LOTION 10 % (*crotamiton*)	3	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
malathion external lotion 0.5 %	1	
OVIDE EXTERNAL LOTION 0.5 % (*malathion*)	4	
permethrin external cream 5 %	1	
SOOLANTRA EXTERNAL CREAM 1 % (*ivermectin*)	1	
spinosad external suspension 0.9 %	1	
sulfurated lime external solution	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 % (*amantad-amitrip-gabap-cycloben*)	3	PA
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*tralokinumab-ldrm*)	2	PA; SL (0.15 ml per day.); SP
AKLIEF EXTERNAL CREAM 0.005 % (*trifarotene*)	4	PA
ALEVAMAX EXTERNAL CREAM	3	
AMELUZ EXTERNAL GEL 10 % (*aminolevulinic acid hcl*)	3	
amnesteem oral capsule 10 mg, 20 mg, 40 mg	1	
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (*fibrin sealant component*)	3	
ARTISS EXTERNAL SOLUTION (*fibrin sealant component*)	3	
azelaic acid external gel 15 %	1	
AZELEX EXTERNAL CREAM 20 % (*azelaic acid*)	3	
B & C EXTERNAL OINTMENT	3	
balsam peru-castor oil external ointment	1	
bexarotene external gel 1 %	1	SP
brimonidine tartrate external gel 0.33 %	1	PA
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (*adapalene-benzoyl per-clindamy*)	4	
calcipotriene external cream 0.005 %	1	
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	
CALCITRENE EXTERNAL OINTMENT 0.005 % (*calcipotriene*)	3	
calcitriol external ointment 3 mcg/gm	1	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (*abrocitinib*)	2	PA; SL (1 tablet per day.); SP; CM
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (*clindamycin-tretinoin-cholesty*)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COLLANEX EXTERNAL POWDER (*wound dressings*)	3	
CONDYLOX EXTERNAL GEL 0.5 % (*podofilox*)	4	
COPASIL EXTERNAL GEL (*scar treatment products*)	3	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	3	PA; ST; SL (0.072 mL per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*secukinumab*)	3	PA; ST; SL (0.036 mL per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (*secukinumab*)	3	PA; ST; SL (0.018 ml per day.)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	3	PA; ST; SL (0.072 mL per day.); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*secukinumab*)	3	PA; ST; SL (0.036 mL per day.); SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (*secukinumab*)	3	PA; ST; SL (0.072 ml per day.); SP
dapsone external gel 5 %, 7.5 %	1	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
DEOXIATAR EXTERNAL SOLUTION 1-4-0.025 %	3	
DERMASO PLUS EXTERNAL CREAM (*dermatological products, misc.*)	3	
DEXERYL EXTERNAL CREAM (*dermatological products, misc.*)	3	
DIASAXIATAR EXTERNAL GEL 8.5-2-0.025 %	3	
DIOOXIA EXTERNAL CREAM 0.005-4 %	3	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (*dupilumab*)	2	PA; SL (0.09 ml per day.); SP
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (*dupilumab*)	2	PA; SL (0.15 ml per day.); SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (*dupilumab*)	2	PA; SL (0.15 ml per day.); SP
EFUDEX EXTERNAL CREAM 5 % (*fluorouracil*)	4	
ENOVARX-TRAMADOL EXTERNAL CREAM 5 %	3	PA
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (*calcipotriene-betameth diprop*)	4	
FABIOR EXTERNAL FOAM 0.1 % (*tazarotene*)	4	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FEM PH VAGINAL GEL 0.9-0.025 % (*acetic acid-oxyquinoline*)	4	
FINACEA EXTERNAL FOAM 15 % (*azelaic acid*)	2	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
FLUOXIA EXTERNAL CREAM 0.05-4 %	3	
HALUCORT EXTERNAL GEL (*dermatological products, misc.*)	3	
HPR PLUS EXTERNAL CREAM (*dermatological products, misc.*)	3	
HYFTOR EXTERNAL GEL 0.2 % (*sirolimus*)	4	PA; SL (10 g per 23 days.)
HYLATOPIC PLUS EXTERNAL CREAM (*dermatological products, misc.*)	3	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*tildrakizumab-asmn*)	4	PA; ST; SL (1 ml per 63 days.); SP
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (*ketoprofen-baclofen-gabap-lido*)	3	PA
KLISYRI EXTERNAL OINTMENT 1 % (*tirbanibulin*)	4	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (*aminolevulinic acid hcl*)	3	
LITFULO ORAL CAPSULE 50 MG (*ritlecitinib tosylate*)	3	PA; SL (1 capsule per day.); SP
LUXAMEND EXTERNAL CREAM (*wound dressings*)	3	
MEDERMA SPF 30 EXTERNAL CREAM (*scar treatment products*)	3	PA
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	
MIRVASO EXTERNAL GEL 0.33 % (*brimonidine tartrate*)	4	PA
NEOSALUS EXTERNAL CREAM (*dermatological products, misc.*)	3	
nitroglycerin rectal ointment 0.4 %	1	SL (30 grams per month.)
NUJO EXTERNAL SOLUTION 0.1 %	3	
OPZELURA EXTERNAL CREAM 1.5 % (*ruxolitinib phosphate*)	4	PA; SL (120 grams per prescription and 1200 grams per 365 days.); SP
OTEZLA ORAL TABLET 30 MG (*apremilast*)	2	PA; SL (2 tablets per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (*apremilast*)	2	PA; SL (55 tablets (one starter pack) per year.); SP
OXIAICE EXTERNAL LOTION 4-15 %	3	
PANRETIN EXTERNAL GEL 0.1 % (*alitretinoin*)	3	
PHEOXIA EXTERNAL CREAM 2-4 %	3	
pimecrolimus external cream 1 %	1	
PODOCON-25 EXTERNAL SOLUTION 25 % (*podophyllum resin*)	3	
podofilox external gel 0.5 %	1	
podofilox external solution 0.5 %	1	
PRUCLAIR EXTERNAL CREAM (*dermatological products, misc.*)	3	
PRUMYX EXTERNAL CREAM (*dermatological products, misc.*)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
RECTIV RECTAL OINTMENT 0.4 % (*nitroglycerin*)	4	SL (30 grams per month.)
REGRANEX EXTERNAL GEL 0.01 % (*becaplermin*)	2	PA
REMIGEN EXTERNAL CREAM	3	
RHOFADE EXTERNAL CREAM 1 % (*oxymetazoline hcl*)	4	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (*collagenase*)	3	
SCARCIN EXTERNAL CREAM	3	PA
SILATRIX MOUTH/THROAT GEL 10 %	3	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (*risankizumab-rzaa*)	2	PA; SL (1 ml per 63 days.); SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (*risankizumab-rzaa*)	2	PA; SL (1 ml per 63 days.); SP
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (*minocycline hcl*)	4	
SOTYKTU ORAL TABLET 6 MG (*deucravacitinib*)	4	PA; ST; SL (1 tablet per day.); SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (*ustekinumab*)	2	PA; SL (0.006 ml per day.); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (*ustekinumab*)	2	PA; SL (0.006 ml per day.); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (*ustekinumab*)	2	PA; SL (0.012 ml per day.); SP

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: $0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STRATA CTX EXTERNAL GEL (*dermatological products, misc.*)	3	
STRATA XRT EXTERNAL GEL (*dermatological products, misc.*)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (*calcipotriene-betameth diprop*)	1	
tacrolimus external ointment 0.03 %, 0.1 %	1	
tazarotene external cream 0.1 %	1	PA
TAZAROTENE EXTERNAL FOAM 0.1 %	4	PA
tazarotene external gel 0.05 %, 0.1 %	1	PA
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % (*tazarotene*)	4	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (*tazarotene*)	4	PA
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (*fibrin sealant component*)	3	
TOLAK EXTERNAL CREAM 4 % (*fluorouracil*)	4	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (*guselkumab*)	2	PA; SL (1 ml per 42 days.); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (*guselkumab*)	2	PA; SL (2 ml per 2 months); SP
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VALCHLOR EXTERNAL GEL 0.016 % (*mechlorethamine hcl (topical)*)	2	PA; SP
VENELEX EXTERNAL OINTMENT (*balsam peru-castor oil*)	3	
VEREGEN EXTERNAL OINTMENT 15 % (*sinecatechins*)	3	ST
VP FC KIT EXTERNAL CREAM	3	PA
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
VTAMA EXTERNAL CREAM 1 % (*tapinarof*)	4	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ZENPHOR WOUND PAD EXTERNAL PAD	3	
ZORYVE EXTERNAL CREAM 0.3 % (*roflumilast*)	4	PA; SL (60 grams per 30 days.)
ZORYVE EXTERNAL FOAM 0.3 % (*roflumilast (antiseborrheic)*)	3	
SUNSCREEN AGENTS - Drugs for the Skin		
AVIDOXY DK COMBINATION KIT 100 MG (*doxycycline-suncreen-sal acid*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
MYCOZYL AL EXTERNAL SOLUTION 1 % (*tolnaftate*)	3	
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	1	
flavoxate hcl oral tablet 100 mg	1	
GELNIQUE TRANSDERMAL GEL 10 % (*oxybutynin chloride*)	4	
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	1	
oxybutynin chloride oral solution 5 mg/5ml	1	
oxybutynin chloride oral tablet 2.5 mg, 5 mg	1	
solifenacin succinate oral tablet 10 mg, 5 mg	1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	1	
tolterodine tartrate oral tablet 1 mg, 2 mg	1	
trospium chloride er oral capsule extended release 24 hour 60 mg	1	
trospium chloride oral tablet 20 mg	1	
VESICARE LS ORAL SUSPENSION 5 MG/5ML (*solifenacin succinate*)	4	
VESICARE ORAL TABLET 10 MG, 5 MG (*solifenacin succinate*)	4	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
elixophyllin oral elixir 80 mg/15ml	3	
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	PA; SL (186 ml per month.); SP
sildenafil citrate oral tablet 20 mg	1	SL (0.5 tablet per day.)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (*theophylline*)	3	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	1	
theophylline oral elixir 80 mg/15ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
theophylline oral solution 80 mg/15ml	1	
SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System		
GEMTESA ORAL TABLET 75 MG (*vibegron*)	4	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (*mirabegron*)	4	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
ATABEX OB ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (*prenat-fecb-fefum-fa-dha w/o a*)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	3	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEONATAL 19 ORAL TABLET 1 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	3	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (*ped multivitamins-fl-iron*)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (*ped multivitamins-fl-iron*)	3	
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (*pediatric multivitamins-fl*)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (*pediatric multivitamins-fl*)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	4	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*ped vit a-c-d-methylfolate-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
VINATE ONE ORAL TABLET 60-1 MG (*prenatal vit-fe fumarate-fa*)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	3	
VITAFOL STRIPS ORAL FILM 1 MG (*prenatal-b6-b12-d3-folic acid*)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (*prenatal-fe fum-methf-fa w/o a*)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
vitamins acd-fluoride oral solution 0.25 mg/ml	1	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (*prenat-fefum-fered-fa-dha w/oa*)	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VITAMIN A		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*ped vit a-c-d-methylfolate-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
vitamins acd-fluoride oral solution 0.25 mg/ml	1	
VITAMIN B COMPLEX		
ATABEX OB ORAL TABLET 29-1 MG (*prenatal vit w/ fe bisg-fa*)	3	
CALCIFOL ORAL WAFER 1342-1.6 MG (*ca carb-fa-d-b6-b12-boron-mg*)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (*prenat-fecb-fefum-fa-dha w/o a*)	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal solution 500 mcg/0.1ml	1	
DODEX INJECTION SOLUTION 1000 MCG/ML (*cyanocobalamin*)	4	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	H
ELITE-OB ORAL TABLET 50-1.25 MG (*prenatal vit-iron carbonyl-fa*)	3	
ENBRACE HR ORAL CAPSULE (*prenat vit-fe gly cys-fa-omega*)	3	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	E	H
hematinic/folic acid oral tablet 324-1 mg	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (*cyanocobalamin*)	3	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (*prenat-fe-methylfol-dha w/o a*)	3	
NESTABS ORAL TABLET 32-1 MG (*prenat-fe bisgly-fa-w/o vit a*)	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
PREMESISRX ORAL TABLET 1 MG (*prenatal ca-b6-b12-fa-ginger*)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
prenatal oral tablet 27-1 mg	1	
prenatal plus vitamin/mineral oral tablet 27-1 mg	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (*prenatal-feaspgly-methylfol-fa*)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (*prenat-fecbn-feasp-meth-fa-dha*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (*prenat mv-min-methylfolate-fa*)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (*prenat-feasp-meth-fa-dha w/o a*)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG (*pren-fe-meth-fa-omeg w/o a*)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (*prenatal vit-fe psac cmplx-fa*)	4	
TRINATE ORAL TABLET (*prenatal vit-fe fumarate-fa*)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*ped vit a-c-d-methylfolate-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRUE FOLIC ACID ORAL TABLET 400 MCG	E	H
tydemy oral tablet 3-0.03-0.451 mg	1	H
VINATE ONE ORAL TABLET 60-1 MG (*prenatal vit-fe fumarate-fa*)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (*prenat-fe poly-methfol-fa-dha*)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (*prenatal-fe fum-methf-fa w/o a*)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (*prenatal mv-min-fe fum-fa-dha*)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (*prenat w/o a-fe-methfol-fa-dha*)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (*prenat-fefum-fered-fa-dha w/oa*)	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (*prenatal vit-fe fumarate-fa*)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VITAMIN C		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (*peg-kcl-nacl-nasulf-na asc-c*)	2	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	1	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (*peg-kcl-nacl-nasulf-na asc-c*)	2	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*ped vit a-c-d-methylfolate-fl*)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
vitamins acd-fluoride oral solution 0.25 mg/ml	1	
VITAMIN D		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	1	
CALCIFOL ORAL WAFER 1342-1.6 MG (*ca carb-fa-d-b6-b12-boron-mg*)	3	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (*ergocalciferol*)	4	
ergocalciferol oral capsule 1.25 mg (50000 ut)	1	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (*sodium fluoride-vitamin d*)	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (*alendronate-cholecalciferol*)	3	
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (*calcitriol*)	4	
ROCALTROL ORAL SOLUTION 1 MCG/ML (*calcitriol*)	4	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (*ped vit a-c-d-methylfolate-fl*)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamins acd-fluoride oral solution 0.25 mg/ml	1	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (*paricalcitol*)	4	
VITAMIN E		
wheat germ oil oral oil	1	
VITAMIN K ACTIVITY		
phytonadione oral tablet 5 mg	1	

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