Contra Costa Health Plan (CCHP) COMMERCIAL HMO Formulary

Last Updated: June 1, 2023

Note: The CCHP formulary is subject to change, and all previous versions are no longer in effect.

- To access the electronic version of the CCHP formulary on the health plan's website, please go to the following web address: https://cchealth.org/healthplan/pdf/pdl.pdf
- To access the CCHP interactive formulary search tool, please go to the following web address: https://formularynavigator.com/Search.aspx?siteID=MMRREQ3QBC
- To access plan-specific coverage information including cost sharing information, member handbook, and other important materials such as your Evidence of Coverage (EOC) documents, please go to the following web address: https://cchealth.org/healthplan/member-publications.php

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Frequently Asked Questions

What is the CCHP formulary?

The CCHP formulary (also known as the CCHP preferred drug list, or PDL) includes drugs used to treat common diseases or health problems. This formulary applies only to outpatient drugs and self-administered drugs – it does not apply to medications used in the inpatient setting or in medical offices.

The formulary is a continually reviewed and revised list of preferred medications based on safety, efficacy, and cost-effectiveness. It is updated on a monthly basis and is effective the first of every month. Updates are based on input from a team of doctors and pharmacists that meet regularly to decide which drugs should be included. These updates may include, but are not limited to the following: (i) removal or addition of drugs and/or dosage forms. (ii) changes in tier placement of a drug (iii) changes to utilization management restrictions (such as quantity limits, step therapy, etc.). Updated documents are available online at: https://www.cchealth.org.

How do I use the CCHP formulary?

The list of formulary drugs begins on Page 1. To locate a drug on the formulary, simply look for the name of the drug in the index at the end of this booklet - the index lists all of the drugs on the formulary, including brand name and generic name. Once you have located the name of the drug in the index, you will see the page number where you can find more information about your drug listed next to it.

Instead of using the index, the formulary can also be searched by using ctrl+F to find a specific medication by brand name, generic name, or therapeutic class.

A mobile-enabled version of the CCHP formulary is also available using the ePocrates application. After you have downloaded the application to your mobile device, simply choose the “Contra Costa Health Plan-Commercial” formulary to display the formulary status of drugs within the application. If you have any questions about the installation or use of the Epocrates application, please contact Epocrates Customer Support at (800)230-2150 or goldsupport@epocrates.com.

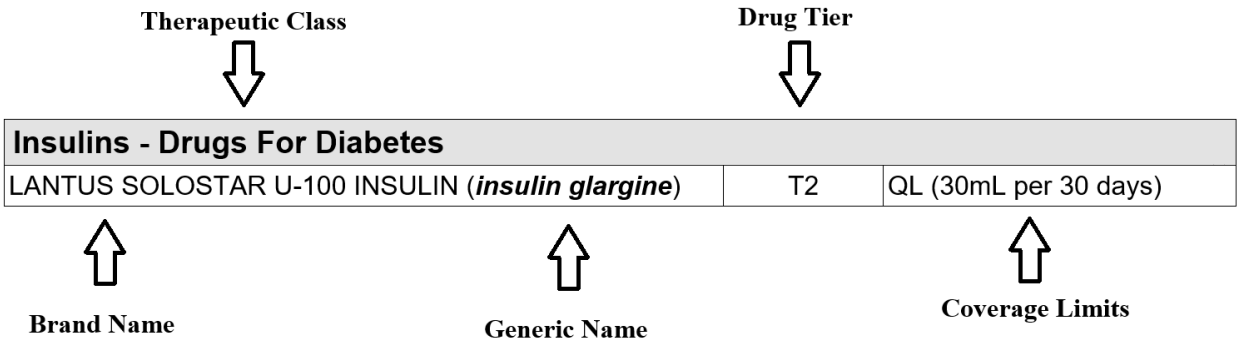
The presence of a prescription drug on the CCHP formulary does not guarantee that a member will be prescribed that medication by his or her prescribing provider for a particular medical condition. The absence of a drug on the CCHP means that the drug

is not on the formulary, and will require prior authorization to be covered (specific information about the CCHP prior authorization process is located below in the section titled “What if the drug that I need isn’t listed on the CCHP formulary?”)

How are drugs listed on the formulary?

Drugs are listed alphabetically by brand and generic name within the therapeutic category and class to which they belong. Brand name drugs will appear in all CAPITAL letters, with the generic name listed in parentheses after the brand name in all ***bold and italicized lowercase letters***. If a generic drug is available, it will be listed separately from the brand name drug, and will always be listed in ***bold and italicized lowercase letters***. If a generic equivalent of a brand name drug is not available, then the generic drug will not be listed separately from the brand name drug. In situations where an FDA approved generic equivalent is available, brand names are listed for reference purposes only, and do not denote coverage for the brand, unless specifically noted.

An example listing from the CCHP formulary is below:



What if the drug that I need isn’t listed on the CCHP formulary?

If your drug isn’t listed on the CCHP formulary you can ask your doctor if there is a different drug on the formulary that will work the same way. If your doctor decides that you need a drug that is not on the formulary, they can ask CCHP to make an exception through the prior authorization process. All prior authorization requests will be evaluated by a health plan clinician (pharmacist or medical doctor) based upon CCHP prior authorization criteria that is approved by the CCHP Pharmacy and Therapeutics (P&T) committee. In instances where specific criteria do not exist, FDA indications, peer reviewed literature, other plan criteria, national treatment guidelines (such as IDSA, NCCN, AACE, etc.), and other medical compendia will be used for evaluation. Exceptions can be made for a variety of different reasons:

- Your doctor can ask CCHP to cover a drug that is listed on the formulary as requiring a prior authorization (PA): these drugs require approval prior to being dispensed at a network pharmacy. Each request will be reviewed by a health plan clinician, and if the request does not meet the guidelines established by the plan it will not be approved, and alternative therapy may be recommended.

- Your doctor can ask CCHP to cover a drug that isn't listed on the formulary: any drug not found on this list is considered non-formulary. Coverage for non-formulary agents may be requested by the prescriber. Each request will be reviewed by a health plan clinician, and approval will be given if a documented medical need exists and if there isn't an alternate agent on the formulary.
- Your doctor can ask CCHP to make an exception to limits on a drug. For example, if a drug has a limit of 1 tablet per day, your doctor can ask us to cover more. If quantities exceeding the limit are necessary, an exception to coverage may be requested by the prescriber. Each request will be reviewed by a health plan clinician, and approval will be given if a documented medical need exists without compromising safety.
- Your doctor can ask CCHP to make an exception to Step Therapy (ST) requirements: these drugs require one or more first step drugs to be tried before progressing to the second step drug (for example, if Drug A and Drug B both treat your health condition, CCHP may not cover Drug B unless you try Drug A first). If there is a medical need to use a second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. Each request will be reviewed by a health plan clinician, and approval will be given if a documented medical need exists. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy when you switch to CCHP, you will not have to try the preferred drugs again. Your doctor can simply request an approval through the plan for continuation of therapy.

To start the CCHP prior authorization process or to ask for an exception, your doctor must fax a prior authorization request to CCHP at **1-866-428-7369** for urgent requests, or **1-866-205-8014** for standard requests. Your doctor may also be able to submit the request electronically to CCHP using the electronic medical record. If the request is approved, you will be able to get your medication filled at a pharmacy that works with CCHP. If we deny the request we will send you and your doctor a letter and will tell you how to file an appeal or a grievance. An "appeal" is when you want a decision to be reviewed again by the health plan (usually with additional information), and a "grievance" is a complaint or concern regarding the health plan.

CCHP will make a decision to deny or approve all urgent prior authorization and exception requests within 24 hours of receiving the request and will make a decision to deny or approve all standard prior authorization and exception requests within 72 hours of receiving the request. If CCHP fails to respond to a prior authorization or step therapy request within 72 hours of receiving a non-urgent request or 24 hours of receiving a request based on exigent circumstances, the request shall be deemed approved. CCHP will notify the member or the member's designee and the prescribing provider within 24 hours of CCHP's coverage determination.

CCHP will provide coverage pursuant to a prior authorization or exception request for the duration of the prescription, including refills. CCHP will not limit or exclude coverage for a medication if the health plan previously approved coverage for the medication for the member's medical condition.

If you would like to download the CCHP prior authorization form, it is available at: https://cchealth.org/healthplan/pdf/performrx_medication_prior_auth_form.pdf

What if I need my medication urgently – do pharmacies have the ability to fill emergency supplies of medication?

Yes. To ensure that CCHP members have access to a sufficient supply of medications in emergency situations, CCHP has established an Emergency Supply Policy that allows pharmacists to use their clinical judgement to override claims that deny at the point of sale. When a pharmacist determines that a medication is medically necessary, they may enter an authorization code that allows them to fill a 5-day emergency supply of medication for any CCHP member. CCHP promotes the use of the Emergency Supply Policy through point-of-sale messaging.

Instead of using the 5-day Emergency Supply Policy, pharmacies may also choose to call the PerformRx provider call center at 877-234-4269 – representatives are available 24 hours per day, 365 days per year. Staff at the call center have the ability to override prescriptions based on guidance provided by CCHP.

What if I'm a new CCHP member?

If you are a new CCHP member you may be taking drugs that are not on our formulary, or you may be taking drugs that are on our formulary but have limits. If possible, you should talk to your doctor to see if you can change to a preferred drug on the CCHP formulary. If you cannot switch to a preferred drug, then your doctor will need to ask CCHP for an exception to cover a drug you have been taking (known as continuation of therapy). See the section above titled "What if the drug that I need isn't listed on the CCHP formulary?" for more information.

Does CCHP cover generic and brand name medications?

CCHP covers brand and generic drugs, but when a generic drug is available CCHP requires that it be used. All drugs that become available generically are subject to review by the CCHP Pharmacy & Therapeutics committee.

A prescriber may request a brand name product in lieu of an approved generic if the prescriber determines that there is a documented medical need for the brand equivalent. This type of request for coverage may be made through the CCHP prior authorization process described above in the section titled "What if the drug that I need isn't listed on the CCHP formulary."

Are there drugs that are excluded from coverage?

For the CCHP Commercial pharmacy benefit, there are no prescription medications that are excluded for coverage. Your doctor can ask CCHP to cover a drug that isn't listed on the formulary: any drug not found on this list is considered non-formulary. Coverage for non-formulary agents may be requested by the prescriber. Each request will be reviewed by a health plan clinician, and approval will be given if a documented medical need exists and if there isn't an alternate agent on the formulary.

If CCHP's coverage is amended to exclude a drug that we have been covering and providing to you under your current coverage, we will continue to provide the drug if a plan physician continues to prescribe the drug for the same condition and for a use approved by the Food and Drug Administration.

Can I go to any pharmacy for my medication?

No, members must use a pharmacy that is in the CCHP network. To find a network pharmacy, visit the CCHP website or call the health plan directly to have one of our member services or pharmacy staff help you locate a pharmacy near you (see section below titled "How do I find a pharmacy?").

How do I find a pharmacy?

To find a pharmacy near you, visit the CCHP website at https://cchealth.org/healthplan/. Once you have navigated to the CCHP website, follow the directions below:

(1) Scroll down and click on the "Search Doctors/Clinics/Pharmacies in My Area" button
(2) Click on the red "Begin Your Search Here" button (a new window will pop up)
(3) Click on the "Facility" tab, and choose "Pharmacy" as the facility type
(4) Choose how you want to search (by zip code, distance, etc.)
(5) Click "Find a Facility" - results will immediately show up (as a map and a list)

Be sure to show your CCHP Member ID card when you fill your prescriptions at the pharmacy.

Note: some medications are subject to limited distribution by the U.S. Food and Drug Administration. These types of drugs are called "specialty medications" because they require special handling, provider coordination, or special education that may not be

provided at your local pharmacy. CCHP has a contract with Walgreens to provide these types of medications. If you have specific questions about these types of drugs please contact the CCHP pharmacy unit directly. Additionally, CCHP has a contract with Walgreens for mail order prescriptions. If you have specific questions about how to obtain medications via mail order, please contact the CCHP pharmacy unit directly or visit the CCHP website at https://cchealth.org/healthplan/member-pdl.php.

What drugs are covered by CCHP?

You can get the following drugs and other items when they are prescribed by your doctor and are medically necessary:

- Prescription drugs listed on the CCHP formulary
- Non-prescription drugs or over-the-counter drugs (such as cough/cold syrups, cough drops or aspirin) listed on the CCHP formulary
- Formulary diabetic supplies: insulin, insulin syringes, glucose test strips, lancets and lancet puncture devices, pen delivery systems, and blood glucose monitors
- FDA-approved birth control and contraceptives listed on the CCHP formulary
- Emergency contraception
- Epi-Pens, peak flow meters and spacers

Are intravenous (IV) and injectable drugs covered by CCHP?

Yes, the CCHP formulary lists certain injectable products that are covered as a pharmacy benefit. CCHP also covers most other intravenous medications through the medical benefit. Medications that are generally covered through the medical benefit are those that are given in a doctor's office, clinic, or hospital setting. Requests for coverage of a medication through the medical benefit should be directed to the CCHP Utilization Management Department by downloading the medical referral form at https://cchealth.org/healthplan/providers/ and faxing to (925) 313-6058 for routine requests or (925) 313-6458 for urgent requests.

Coverage of intravenous and injectable drugs through the pharmacy benefit are outlined below:

- Simple intravenous solutions: simple intravenous solutions are typically used for hydration therapy. Included are commercially available (non-compounded) solutions such as Normal Saline, Dextrose (up to 10% in Water) and Lactated Ringer's Solution; commercially prepared solutions of potassium chloride in such solutions are also included in this definition. Simple intravenous solutions should be billed using the product's National Drug Code (NDC) number.
- Parenteral nutrition solutions (TPN or hyperalimentation): restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when (IV) therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this 10-day period. (Parenteral nutrition solutions are intravenously or intra-arterially administered nutritional products that typically are suspensions or solutions of amino acids or protein, dextrose, lipids, electrolytes, vitamin &/or mineral supplements and trace elements.) Adjuncts to

parenteral nutrition are other drugs which are physically mixed into a parenteral nutrition solution at any time prior to administration. Bill for these products as part of the parenteral nutrition billing. **Note:** Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim.

- Separately administered intravenous lipids: restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when (IV) therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this10-day period. Intravenous lipid solutions or suspensions that are administered separately from parenteral nutrition solutions (that is, are not physically mixed into the parenteral nutrition solution container) should be billed using the product's NDC number.
- Intravenous solutions of unlisted antibiotics: restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when IV therapy with the same antibiotic was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period. **Note:** Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim.
- Intravenous solutions of other unlisted drugs: restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when IV therapy with the same drug was started before discharge. There is a maximum of 10 days supply per dispensing within the10-day period. **Note:** Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim.

How Much I Will Pay for My Drugs?

CCHP commercial members (plans such as commercial plan A, plan B, IHSS, etc.) may have small copays for their medications. Please see your plan materials to determine if you have a copay.

Can providers make suggestions to CCHP to improve the formulary?

Absolutely. The formulary is a tool to promote cost-effective prescription drug use. CCHP has made every attempt to create a document that meets all therapeutic needs, however the art of medicine makes this a formidable task. CCHP welcomes the participation of physicians, pharmacists, and ancillary medical providers in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions or comments to CCHP via e-mail at:
cchp_pharmacy_director@hsd.cccounty.us.

What if I need more information?

For more information about your pharmacy benefits, please review your Evidence of Coverage documents or call CCHP directly to discuss. CCHP member services department and pharmacy department staff are available to answer questions Monday through Friday from 8:00am to 5:00pm Pacific Time at the phone numbers listed below:

CCHP Member Services Department: **(877) 661-6230 x2**

CCHP Pharmacy Department: **(877) 661-6230 x3**

Definitions & Abbreviations:

There are a number of terms that are used in this document that Contra Costa Health Plan wants to make sure that you understand. Below are some definitions and abbreviations:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Additional abbreviations and terms used on the CCHP formulary document are explained below:

Abbreviation	Term	What it means
AL	Age Limit	Some drugs are only covered for certain ages.
NF	Non-Formulary	These drugs are not covered on the Drug List. If your doctor feels you need a drug that is not covered, he or she can ask us to make an exception.
PA	Prior Authorization	Your doctor must ask for approval from CCHP before some drugs will be covered.
QL	Quantity Limit	Some drugs are only covered for a certain amount.
SCO	State Carve-Out	These drugs are carved out by the Department of Health Care Services. This means these drugs are covered by the Medi-Cal Fee-for-Service program and must be billed to the State by the pharmacy.
ST	Step Therapy	In some cases, you must first try certain drugs before CalViva Health covers another drug for your medical condition. For example, if Drug A and Drug B both treat your health condition, CCHP may not cover Drug B unless you try Drug A first.

The CCHP formulary uses a 3 tier structure – the tiers are explained below:

Abbreviation	Term	What it means
T1	Tier 1	Tier 1 medications are preferred on the CCHP formulary and are available without restriction or prior authorization.
T2	Tier 2	Tier 2 medications are preferred on the CCHP formulary and are available without prior authorization, BUT may have certain restrictions such as quantity limits, step therapy, etc. (the specific restrictions are listed on the CCHP formulary).
T3	Tier 3	Tier 3 medications are non-preferred. These medications require prior authorization.

Plan de Salud de Contra Costa CCHP) ORGANIZACIÓN DE ADMINISTRACIÓN DE SALUD (HMO) COMERCIAL Formulario

Última actualización: 1 de junio de 2023

Nota: El formulario del CCHP está sujeto a cambios, y todas las versiones anteriores ya no están vigentes.

- Para acceder a la versión electrónica del formulario del CCHP en el sitio web del plan de salud, visite la siguiente dirección web: https://cchealth.org/healthplan/pdf/pdl.pdf
- Para acceder a la herramienta de búsqueda del formulario interactivo del CCHP, visite la siguiente dirección web: https://formularynavigator.com/Search.aspx?siteID=MMRREQ3QBC
- Para acceder a la información de cobertura específica del plan que incluye información de costos compartidos, manual para miembros y otros materiales importantes como los documentos de su Evidencia de cobertura (EOC), visite la siguiente dirección web: https://cchealth.org/healthplan/member-publications.php

Preguntas frecuentes

¿Qué es el formulario del CCHP?

El formulario del CCHP (también conocido como la lista de medicamentos preferidos del CCHP, o PDL) incluye medicamentos utilizados para tratar enfermedades o problemas de salud comunes. Este formulario aplica solo a los medicamentos para pacientes en consulta externa y medicamentos autoadministrados, no aplica a medicamentos utilizados en el entorno de pacientes internados o en consultorios médicos.

El formulario es una lista de medicamentos preferidos examinada y revisada continuamente en función de la seguridad, eficacia y rentabilidad. Se actualiza mensualmente y es efectiva el primer día de cada mes. Las actualizaciones se basan en comentarios de un grupo de médicos y farmacéuticos que se reúnen regularmente para decidir qué medicamentos deben incluirse. Estas actualizaciones pueden incluir, entre otros, lo siguiente: (i) eliminación o adición de medicamentos o formas farmacéuticas, (ii) cambios en la colocación de nivel de un medicamento, (iii) cambios en las restricciones de administración de utilización (como límites de cantidad, tratamiento escalonado, etc.). Los documentos actualizados están disponibles en línea en: https://www.cchealth.org.

¿Cómo uso el formulario del CCHP?

La lista de medicamentos de formulario comienza en la Página 1. Para ubicar un medicamento en el formulario, simplemente busque el nombre del medicamento en el índice al final de este folleto. El índice enumera todos los medicamentos en el formulario, incluidos los medicamentos de marca y los medicamentos genéricos. Una vez que haya ubicado el nombre del medicamento en el índice, verá el número de página en donde puede encontrar más información sobre el medicamento indicado junto a este.

En lugar de usar el índice, también se puede buscar en el formulario usando ctrl+F para encontrar un medicamento específico por marca, nombre genérico o clase terapéutica.

Una versión para teléfonos celulares del formulario del CCHP también está disponible usando la aplicación ePocrates. Después de que haya descargado la aplicación a su dispositivo móvil, simplemente elija el formulario “Plan de Salud de Contra Costa Medi-Cal” para mostrar el estado de formulario de los medicamentos en la aplicación. Si tiene alguna pregunta sobre la instalación o uso de la aplicación Epocrates, comuníquese con atención al cliente de Epocrates al (800)230-2150 o goldsupport@epocrates.com.

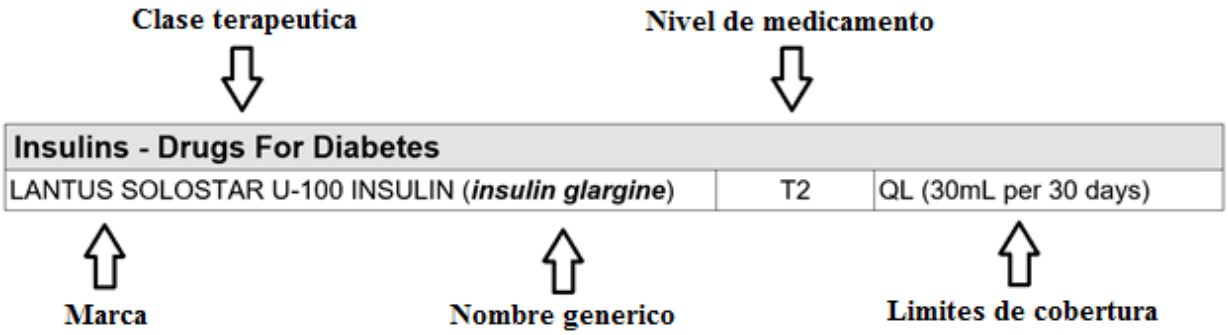
La presencia de un medicamento que requiere receta en el formulario del CCHP no garantiza que el proveedor que emite recetas le recete a un miembro ese medicamento para una afección médica particular.

Si un medicamento no está en el formulario del CCHP, requerirá una autorización previa para que esté cubierto (la información específica sobre el proceso de autorización previa del CCHP se encuentra a continuación en la sección titulada "¿Qué sucede si el medicamento que necesito no está en el formulario del CCHP?")

¿Cómo se indican los medicamentos en el formulario?

Los medicamentos están indicados alfabéticamente por marca y nombre genérico en la categoría terapéutica y clase a la que pertenecen. Los medicamentos de marca aparecerán en MAYÚSCULAS, con el nombre genérico indicado en paréntesis después de la marca todo escrito en ***letra minúscula negrita y cursiva***. Si el medicamento genérico está disponible, se indicará de forma separada del medicamento de marca y siempre se indicará en ***letra minúscula negrita y cursiva***. Si un genérico equivalente de un medicamento de marca no está disponible, el medicamento genérico no estará indicado de forma separada del medicamento de marca. En situaciones en las que un equivalente genérico aprobado por la Administración de Alimentos y Medicamentos (Food & Drug Administration, FDA) está disponible, las marcas se indican con fines de referencia únicamente, y no denotan cobertura para la marca, a menos que se indique específicamente.

Una lista de ejemplo del formulario del CCHP se encuentra a continuación:



¿Qué sucede si el medicamento que necesito no está indicado en el formulario del CCHP?

Si su medicamento no figura en el formulario del CCHP, puede preguntarle a su médico si hay un medicamento diferente en el formulario que funcione de la misma manera. Si su médico decide que necesita un medicamento que no está en el formulario, puede pedirle al CCHP que haga una excepción a través del proceso de autorización previa. Todas las solicitudes de autorización previa serán evaluadas por un médico del plan de salud (farmacéutico o médico) según los criterios de autorización previa del CCHP

aprobados por el comité de Farmacia y Terapéutica (P&T) del CCHP. En los casos en que no existan criterios específicos, se utilizarán para la evaluación indicaciones de la FDA, literatura revisada por pares, otros criterios del plan, pautas nacionales de tratamiento (como IDSA, NCCN, AACE, etc.) y otros compendios médicos. Se pueden hacer excepciones por una variedad de motivos diferentes:

- Su médico puede pedirle al CCHP que cubra un medicamento que figura en el formulario que requiere una autorización previa (PA): estos medicamentos requieren aprobación antes de ser despachados en una farmacia de la red. Cada solicitud será revisada por un médico del plan de salud, y si la solicitud no cumple con las pautas establecidas por el plan, no será aprobada, y se puede recomendar una terapia alternativa.
- Su médico puede pedirle al CCHP que cubra un medicamento que no figura en el formulario: cualquier medicamento que no se encuentre en esta lista se considera no incluido en el formulario. La persona que emite la receta puede solicitar cobertura para agentes que no figuran en el formulario. Cada solicitud será revisada por un médico del plan de salud y se aprobará si existe una necesidad médica documentada y si no hay un agente alternativo en el formulario.
- Su médico puede pedirle al CCHP que haga una excepción a los límites de un medicamento. Por ejemplo, si un medicamento tiene un límite de 1 tableta por día, su médico puede pedirnos que cubramos más. Si se necesitan cantidades que exceden el límite, la persona que emite la receta puede solicitar una excepción a la cobertura. Cada solicitud será revisada por un médico del plan de salud y se aprobará si existe una necesidad médica documentada sin comprometer la seguridad.
- Su médico puede pedirle al CCHP que haga una excepción a los requisitos de tratamiento escalonado (ST): estos medicamentos requieren que se prueben uno o más medicamentos de primer paso antes de pasar al medicamento de segundo paso (por ejemplo, si el medicamento A y el medicamento B tratan su afección de salud, el CCHP puede no cubrir el medicamento B a menos que primero pruebe el medicamento A). Si existe una necesidad médica de usar un medicamento de segundo paso sin probar un medicamento de primer paso, la persona que emite la receta puede solicitar una excepción a la cobertura. Cada solicitud será revisada por un médico del plan de salud y se aprobará si existe una necesidad médica documentada. Si ya probó el medicamento preferido y este falló, o si ya está tomando un medicamento sujeto a tratamiento escalonado cuando se cambia al CCHP, no tendrá que probar los medicamentos preferidos nuevamente. Su médico simplemente puede solicitar una aprobación a través del plan para la continuación del tratamiento.

Para comenzar el proceso de autorización previa del CCHP o para solicitar una excepción, su médico debe enviar por fax una solicitud de autorización previa al CCHP al **1-866-428-7369** para solicitudes urgentes, o **1-866-205-8014** para solicitudes

estándar. Su médico también puede enviar la solicitud electrónicamente al CCHP utilizando la historia clínica electrónica. Si se aprueba la solicitud, podrá surtir su medicamento en una farmacia que trabaje con el CCHP. Si denegamos la solicitud, le enviaremos una carta a usted y a su médico y le diremos cómo presentar una apelación o una queja formal. Una "apelación" es cuando desea que el plan de salud revise nuevamente una decisión (generalmente con información adicional), y una "queja formal" es una queja o inquietud relacionada con el plan de salud.

El CCHP tomará la decisión de denegar o aprobar todas las solicitudes de autorización previa y de excepción dentro de las 24 horas posteriores a la recepción de la solicitud. Si el CCHP no responde a una autorización previa o solicitud de tratamiento escalonado dentro de las 72 horas de haber recibido una solicitud no urgente o 24 horas después de recibir una solicitud basada en circunstancias exigentes, la solicitud se considerará aprobada.

El CCHP proporcionará cobertura de conformidad con una solicitud no urgente por la duración de la receta, incluidos los resurtidos. El CCHP proporcionará cobertura, incluidos los resurtidos, de conformidad con una solicitud basada en circunstancias exigentes por la duración de la exigencia.

Si desea descargar el formulario de autorización previa del CCHP, está disponible en: https://cchealth.org/healthplan/pdf/performrx_medication_prior_auth_form.pdf

¿Qué sucede si necesito mi medicamento con urgencia? ¿Las farmacias tienen la capacidad de surtir suministros de medicamentos de emergencia?

Sí. Para garantizar que los miembros del CCHP tengan acceso a un suministro suficiente de medicamentos en situaciones de emergencia, el CCHP ha establecido una Política de suministros de emergencia que permite a los farmacéuticos utilizar su criterio clínico para anular los reclamos que rechazan en el punto de venta. Cuando un farmacéutico determina que un medicamento es médicamente necesario, puede ingresar un código de autorización que le permita surtir un suministro de medicamentos de emergencia para 5 días para cualquier miembro del CCHP. El CCHP promueve el uso de la Política de suministros de emergencia a través de mensajes en el punto de venta.

En lugar de utilizar la Política de suministros de emergencia para 5 días, las farmacias también pueden optar por llamar al centro de llamadas del proveedor de PerformRx al 877-234-4269; los representantes están disponibles las 24 horas del día, los 365 días del año. El personal del centro de llamadas tiene la capacidad de anular las recetas en función de la orientación proporcionada por el CCHP.

¿Qué sucede si soy un miembro nuevo del CCHP?

Si es un miembro nuevo del CCHP, puede estar tomando medicamentos que no están en nuestro formulario, o puede estar tomando medicamentos que están en nuestro formulario, pero que tienen límites. Si es posible, debe hablar con su médico para ver si puede cambiar a un medicamento preferido en el formulario del CCHP. Si no puede cambiarse a un medicamento preferido, entonces su médico deberá solicitarle al CCHP una excepción para cubrir un medicamento que ha estado tomando (conocido como continuación del tratamiento). Consulte la sección anterior titulada "¿Qué sucede si el medicamento que necesito no figura en el formulario del CCHP?" para obtener más información.

¿El CCHP cubre medicamentos genéricos y de marca?

El CCHP cubre medicamentos de marca y genéricos, pero cuando hay un medicamento genérico disponible, el CCHP requiere que se use. Todos los medicamentos que están disponibles genéricamente están sujetos a revisión por parte del comité de Farmacia y Terapéutica del CCHP.

Una persona que emite una receta puede solicitar un producto de marca en lugar de un genérico aprobado si determina que existe una necesidad médica documentada del equivalente de marca. Este tipo de solicitud de cobertura se puede realizar a través del proceso de autorización previa del CCHP descrito anteriormente en la sección titulada "¿Qué sucede si el medicamento que necesito no está indicado en el formulario del CCHP?"

¿Hay medicamentos que están excluidos de la cobertura?

El formulario de Medi-Cal del CCHP es muy similar a la Lista de Medicamentos con Contrato de Medi-Cal de California. Los siguientes tipos de medicamentos generalmente no son un beneficio cubierto para los miembros de Medi-Cal (tenga en cuenta que esta lista está sujeta a cambios):

- Medicamentos para la disfunción eréctil o sexual
- Medicamentos utilizados por razones estéticas o crecimiento del cabello
- Medicamentos que se consideran experimentales, o que se usan de manera experimental
- Medicamentos utilizados para tratar la infertilidad
- Medicamentos específicamente enumerados como "no cubiertos" en el formulario
- Medicamentos extranjeros o medicamentos no aprobados por la Administración de Alimentos y Medicamentos de los Estados Unidos (FDA)

Si se modifica la cobertura del CCHP para excluir un medicamento que hemos estado cubriendo y proporcionándole bajo su cobertura actual, continuaremos proporcionándole el medicamento si un médico del plan continúa recetándolo para la misma afección y para un uso aprobado por la Administración de Alimentos y Medicamentos.

Algunos medicamentos están excluidos por el Departamento de Servicios de Atención Médica. Esto significa que estos medicamentos están cubiertos por el programa de

pago por servicio de Medi-Cal para miembros de Medi-Cal, no por el CCHP. Los siguientes tipos de medicamentos están excluidos:

- Medicamentos antipsicóticos
- Medicamentos para el VIH/sida
- Medicamentos exclusivos para el tratamiento de desintoxicación y dependencia del alcohol y heroína
- Medicamentos exclusivos para tratar la hemofilia

¿Puedo ir a cualquier farmacia por mi medicamento?

No, los miembros deben usar una farmacia que esté en la red del CCHP. Para encontrar una farmacia de la red, visite el sitio web del CCHP o llame al plan de salud directamente para que uno de los miembros del personal de servicios para miembros o de farmacia le ayuden a ubicar una farmacia cercana (consulte la sección a continuación titulada “¿Cómo encuentro una farmacia?”).

¿Cómo encuentro una farmacia?

Para encontrar una farmacia cercana, visite el sitio web del CCHP en https://cchealth.org/healthplan/. Una vez que haya navegado al sitio web del CCHP, siga las instrucciones a continuación:

(1) Desplácese hacia abajo y haga clic en el botón "Buscar médicos/clínicas/farmacias en mi área" (Search Doctors/Clinics/Pharmacies in My Area)
(2) Haga clic en el botón rojo "Comenzar aquí" (Begin Your Search Here) (se abrirá una nueva ventana)
(3) Haga clic en la pestaña "Instalaciones" (Facility) y elija "Farmacia" (Pharmacy) como tipo de instalación
(4) Elija cómo desea buscar (por código postal, distancia, etc.)
(5) Haga clic en "Buscar una instalación" (Find a Facility): los resultados aparecerán inmediatamente (como un mapa y una lista)

Asegúrese de mostrar su tarjeta de identificación de miembro del CCHP cuando surta sus recetas en la farmacia.

Nota: algunos medicamentos están sujetos a una distribución limitada por parte de la Administración de Alimentos y Medicamentos de EE. UU. Estos tipos de medicamentos se denominan "medicamentos de especialidad" porque requieren un manejo especial, coordinación de proveedores o instrucciones especiales que es posible que su farmacia local no le proporcione. El CCHP tiene un contrato con Walgreens para proporcionar este tipo de medicamentos. Si tiene preguntas específicas sobre este tipo de medicamentos, comuníquese directamente con la unidad de farmacia del CCHP.

¿Qué medicamentos están cubiertos por el CCHP?

Usted puede obtener los siguientes medicamentos y otros artículos cuando los haya recetado su médico y sean médicamente necesarios:

- Medicamentos recetados que figuran en el formulario del CCHP
- Medicamentos sin receta o medicamentos de venta libre (como jarabes para la tos/resfrío, pastillas para la tos o aspirina) mencionados en el formulario del CCHP
- Suministros para diabéticos del formulario: insulina, jeringas de insulina, tiras reactivas de glucosa, lancetas y dispositivos de punción de lancetas, sistemas de administración de plumas y monitores de glucosa en sangre
- Anticonceptivos aprobados por la FDA que figuran en el formulario del CCHP
- Anticoncepción de emergencia
- Epipens, medidores de flujo máximo y espaciadores

¿Los medicamentos intravenosos (IV) e inyectables están cubiertos por el CCHP?

Sí, el formulario del CCHP enumera ciertos productos inyectables que están cubiertos como un beneficio de farmacia. El CCHP también cubre la mayoría de los demás medicamentos intravenosos a través del beneficio médico. Los medicamentos que generalmente están cubiertos a través del beneficio médico son aquellos que se administran en el consultorio de un médico, clínica u hospital. Las solicitudes de cobertura de un medicamento a través del beneficio médico deben dirigirse al Departamento de Administración de Utilización del CCHP descargando el formulario de referencia médica en https://cchealth.org/healthplan/providers/ y enviando un fax al (925) 313-6058 para solicitudes de rutina o (925) 313-6458 para solicitudes urgentes.

La cobertura de medicamentos intravenosos e inyectables a través del beneficio de farmacia se detalla a continuación:

- Soluciones intravenosas simples: las soluciones intravenosas simples normalmente se usan para la terapia de hidratación. Se incluyen soluciones comercialmente disponibles (no compuestas) como solución salina normal, dextrosa (hasta 10% en agua) y solución de ringer lactato; las soluciones de cloruro de potasio preparadas comercialmente en tales soluciones también se incluyen en esta definición. Las soluciones intravenosas simples se deben facturar utilizando el número del Código Nacional de Medicamentos (National Drug Code, NDC) del producto.
- Soluciones de nutrición parenteral (TPN o hiperalimentación): restringidas para dispensar dentro de los 10 días posteriores al alta hospitalaria de un hospital de cuidados agudos, cuando se inició la terapia (IV) con el mismo producto antes del alta. Hay un suministro máximo para 10 días por dispensación dentro de este período de 10 días. (Las soluciones de nutrición parenteral son productos nutricionales administrados por vía intravenosa o intraarterial que suelen ser suspensiones o soluciones de aminoácidos o proteínas, dextrosa, lípidos, electrolitos, suplementos vitamínicos y/o minerales y oligoelementos). Los complementos a la nutrición parenteral son otros medicamentos que se mezclan físicamente con una solución de nutrición parenteral en cualquier momento antes de

la administración. Facture estos productos como parte de la facturación de nutrición parenteral. **Nota:** Los productos no compuestos deben facturarse utilizando el número NDC del producto. Las soluciones compuestas deben facturarse como un reclamo compuesto.

- Lípidos intravenosos administrados por separado: restringidos para ser dispensados dentro de los 10 días posteriores al alta hospitalaria de un hospital de cuidados agudos, cuando la terapia (IV) con el mismo producto se haya iniciado antes del alta. Hay un suministro máximo para 10 días por dispensación dentro de este período de 10 días. Las soluciones o suspensiones de lípidos intravenosos que se administran por separado de las soluciones de nutrición parenteral (es decir, no se mezclan físicamente en el recipiente de la solución de nutrición parenteral) deben facturarse utilizando el número NDC del producto.
- Soluciones intravenosas de antibióticos no incluidos en la lista: restringidas para ser dispensadas dentro de los 10 días posteriores al alta hospitalaria de un hospital de cuidados agudos, cuando la terapia IV con el mismo antibiótico se haya iniciado antes del alta. Hay un suministro máximo para 10 días por dispensación dentro del período de 10 días. **Nota:** Los productos no compuestos deben facturarse utilizando el número NDC del producto. Las soluciones compuestas deben facturarse como un reclamo compuesto.
- Soluciones intravenosas de otros medicamentos no indicados en la lista: restringidas para ser dispensadas dentro de los 10 días posteriores al alta hospitalaria de un hospital de cuidados agudos, cuando la terapia IV con el mismo medicamento se haya iniciado antes del alta. Hay un suministro máximo para 10 días por dispensación dentro del período de 10 días. **Nota:** Los productos no compuestos deben facturarse utilizando el número NDC del producto. Las soluciones compuestas deben facturarse como un reclamo compuesto.

¿Cuánto pagaré por mis medicamentos?

Los miembros de Medi-Cal del CCHP **no** tienen que pagar los servicios cubiertos; los medicamentos están disponibles sin copago.

Los miembros comerciales del CCHP (con planes como el plan comercial A, el plan B, IHSS, etc.) pueden tener que pagar pequeños copagos por sus medicamentos. Consulte los materiales de su plan para determinar si tiene un copago.

¿Los proveedores pueden hacer sugerencias al CCHP para mejorar el formulario?

Por supuesto que sí. El formulario es una herramienta para promover el uso rentable de medicamentos recetados. El CCHP ha hecho todo lo posible para crear un documento que satisfaga todas las necesidades terapéuticas; sin embargo, el arte de la medicina hace que esta sea una tarea formidable. El CCHP agradece la participación de médicos, farmacéuticos y proveedores de servicios médicos auxiliares en este proceso dinámico. Se alienta a los médicos y farmacéuticos a dirigir

cualquier sugerencia o comentario al CCHP por correo electrónico a: cchp_pharmacy_director@hsd.cccounty.us.

¿Qué puedo hacer si necesito más información?

Para obtener más información sobre sus beneficios de farmacia, revise los documentos de su Evidencia de cobertura o llame al CCHP directamente para hablar sobre ellos. El departamento de servicios para miembros del CCHP y el personal del departamento de farmacia están disponibles para responder preguntas de lunes a viernes de 8 a.m. a 5 p.m., hora del Pacífico, en los números de teléfono que se detallan a continuación:

Departamento de Servicios a Miembros del CCHP: **(877) 661-6230 x2**

Departamento de Farmacia del CCHP: **(877) 661-6230 x3**

Definiciones y abreviaturas:

En este documento, se usan varios términos que el Plan de Salud Contra Costa quiere asegurarse de que usted entienda. A continuación se presentan algunas definiciones y abreviaturas:

"**Medicamento de marca"** es un medicamento que se comercializa bajo un nombre patentado y protegido por marca registrada. El medicamento de marca aparece en todas las letras en MAYÚSCULAS.

"Coseguro" es un porcentaje del costo de un beneficio de atención médica cubierto que un afiliado paga después de que haya pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.

"Copago" es un monto fijo en dólares que un afiliado paga por un beneficio de atención médica cubierto después de que haya pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.

"Deducible" es el monto que un afiliado paga por los beneficios de atención médica cubiertos antes de que el plan de salud del afiliado comience a pagar la totalidad o parte del costo del beneficio de atención médica según los términos de la póliza.

"Nivel de medicamento" es un grupo de medicamentos recetados que corresponde a un nivel de costo compartido especificado en la cobertura de medicamentos recetados del plan de salud. El nivel en el que se coloca un medicamento recetado determina la parte del costo del medicamento para el afiliado.

"Afiliado" es una persona inscrita en un plan de salud que tiene derecho a recibir servicios del plan. Todas las referencias a los afiliados en esta plantilla del formulario también incluirán suscriptores como se define en esta sección a continuación.

"Solicitud de excepción" es una solicitud de cobertura de un medicamento recetado. Si un afiliado, su persona designada o el proveedor de atención médica que emite la receta presenta una solicitud de excepción para la cobertura de un medicamento recetado, el plan de salud debe cubrir el medicamento recetado cuando se determina que el medicamento es médicamente necesario para tratar la afección del afiliado.

"Circunstancias exigentes" se producen cuando un afiliado sufre una afección de salud que puede poner en grave peligro la vida, la salud o la capacidad del afiliado de recuperar su función máxima, o cuando un afiliado se somete a un tratamiento actual con un medicamento que no figura en el formulario.

“Formulario” es la lista completa de medicamentos preferidos para su uso y elegibles para la cobertura de un producto del plan de salud, e incluye todos los medicamentos cubiertos bajo el beneficio de medicamentos recetados para pacientes ambulatorios del producto del plan de salud. El formulario también se conoce como una lista de medicamentos recetados,

“Medicamento genérico” es el mismo medicamento que su equivalente de marca en dosis, seguridad, concentración, cómo se toma, calidad,
rendimiento y uso previsto. Un medicamento genérico aparece en ***letra minúscula negrita y*** cursiva***.***

“Medicamento que no figura en el formulario” es un medicamento recetado que no figura en el formulario del plan de salud.

“Costo de bolsillo” son copagos, coseguros y el deducible aplicable, más todos los costos por servicios de atención médica que no están cubiertos por el plan de salud.

“Proveedor que emite la receta” es un proveedor de atención médica autorizado para emitir una receta médica para tratar una afección médica de un afiliado al plan de salud.

“Receta” es una orden oral, escrita o electrónica de un proveedor que emite recetas para un afiliado específico que contiene el nombre del medicamento recetado, la cantidad del medicamento recetado, la fecha de emisión, el nombre y la información de contacto del proveedor que receta, la firma del proveedor que emite recetas si la receta es por escrito, y si la persona inscrita lo solicita, la afección médica o el propósito para el cual se receta el medicamento.

“Medicamento recetado” es un medicamento recetado por el proveedor del afiliado que emite recetas y requiere una receta en virtud de
la ley aplicable.

“Autorización previa” es un requisito del plan de salud de que el afiliado o el proveedor del afiliado que emite recetas obtenga la autorización del plan de salud para un medicamento recetado antes de que el plan de salud cubra el medicamento. El plan de salud otorgará una autorización previa cuando sea médicamente necesario que el afiliado obtenga el medicamento.

“Tratamiento escalonado” es un proceso que especifica la secuencia en la que se recetan diferentes medicamentos recetados para una afección médica determinada y médicamente apropiados para un paciente en particular. El plan de salud puede requerir que el afiliado pruebe uno o más medicamentos para tratar la afección médica del afiliado antes de que el plan de salud cubra un medicamento en particular para la afección de conformidad con una solicitud de tratamiento escalonado. Si el proveedor que emite recetas al afiliado presenta una solicitud de excepción de tratamiento

escalonado, los planes de salud harán excepciones al tratamiento escalonado cuando se cumplan los criterios.

“Suscriptor” es la persona responsable del pago de un plan o cuyo empleo u otra circunstancia, excepto la dependencia familiar, es la base para la elegibilidad para la membresía en el plan.

A continuación se explican abreviaturas y términos adicionales utilizados en el documento del formulario del CCHP:

Abreviatura	Término	Qué significa
AL	Límite de edad	Algunos medicamentos solo están cubiertos para ciertas edades.
NF	No figura en el formulario	Estos medicamentos no están cubiertos en la Lista de medicamentos. Si su médico considera que necesita un medicamento que no está cubierto, puede solicitarnos que hagamos una excepción.
PA	Autorización previa	Su médico debe solicitar la aprobación del CCHP antes de que se cubran algunos medicamentos.
QL	Límite de cantidad	Algunos medicamentos solo están cubiertos para ciertas cantidades.
SCO	Exclusión estatal	Estos medicamentos están excluidos por el Departamento de Servicios de Atención Médica. Esto significa que estos medicamentos están cubiertos por el programa de tarifa por servicio de Medi-Cal y deben ser facturados al estado por la farmacia.
ST	Tratamiento escalonado	En algunos casos, primero debe probar ciertos medicamentos antes de que CalViva Health cubra otro medicamento para su afección médica. Por ejemplo, si el Medicamento A y el Medicamento B tratan su afección de salud, es posible que el CCHP no cubra el Medicamento B a menos que pruebe el Medicamento A primero.

El formulario del CCHP utiliza una estructura de 3 niveles; los niveles se explican a continuación:

Abreviatura	Término	Qué significa

T1	Nivel 1	Los medicamentos de nivel 1 se prefieren en el formulario del CCHP y están disponibles sin restricción o autorización previa.
T2	Nivel 2	Los medicamentos de nivel 2 se prefieren en el formulario del CCHP y están disponibles sin autorización previa, PERO pueden tener ciertas restricciones, como límites de cantidad, tratamiento escalonado, etc. (las restricciones específicas se enumeran en el formulario del CCHP).
T3	Nivel 3	Los medicamentos de nivel 3 no son preferidos. Estos medicamentos requieren autorización previa.

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Contra Costa Health Plan Commercial Formulary

CURRENT AS OF 06/01/2023

lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Preferred Medication **T2** = Preferred Medication with Restriction **T3** = Non-Preferred Medication - Prior Authorization is Required	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antihistamine Drugs - Drugs For Allergy		
Ethanolamine Derivatives - Drugs For Allergy		
carbinoxamine maleate oral liquid 4 mg/5 ml	T1	
CHILDREN'S ALLERGY (DIPHENHYD) ORAL TABLET,CHEWABLE 12.5 MG (***diphenhydramine hcl***)	T2	
CHILDREN'S WAL-DRYL ALLERGY ORAL PREFILLED SPOON 12.5 MG/5 ML (***diphenhydramine hcl***)	T2	
clemastine oral tablet 2.68 mg	T1	
dimenhydrinate injection solution 50 mg/ml	T1	
diphenhydramine hcl injection solution 50 mg/ml	T1	
diphenhydramine hcl injection syringe 50 mg/ml	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T2	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	T2	
diphenhydramine hcl oral liquid 12.5 mg/5 ml	T2	
diphenhydramine hcl oral tablet 25 mg	T2	
NITE TIME-D COLD-FLU RELIEF ORAL LIQUID 6.25-30-15-500 MG/15 ML (***dextromethorphan/pseudoephrine hcl/acetaminophen/doxylamine***)	T1	
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (***diphenhydramine hcl***)	T2	
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG (***diphenhydramine hcl***)	T2	
WAL-SOM (DOXYLAMINE) ORAL TABLET 25 MG (***doxylamine succinate***)	T2	
First Gen. Antihist. Derivatives, Misc. - Drugs For Allergy		
cyproheptadine oral syrup 2 mg/5 ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; AL = Age Limits; T1 = Preferred Medication; T2 = Preferred Medication with Restriction; T3 = Non-Preferred Medication - Prior Authorization is Required; QY = Quantity; DY = Days; DS = Days Supply; EA = Each; GM = Gram; FL = Fill; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Preferred Medication **T2** = Preferred Medication with Restriction **T3** = Non-Preferred Medication - Prior Authorization is Required	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyproheptadine oral tablet 4 mg	T1	
First Generation Antihistamines - Drugs For Allergy		
carbinoxamine maleate oral liquid 4 mg/5 ml	T1	
carbinoxamine maleate oral tablet 4 mg	T1	
CHILDREN'S ALLERGY (DIPHENHYD) ORAL TABLET,CHEWABLE 12.5 MG (***diphenhydramine hcl***)	T2	
CHILDREN'S WAL-DRYL ALLERGY ORAL PREFILLED SPOON 12.5 MG/5 ML (***diphenhydramine hcl***)	T2	
chlorpheniramine maleate oral tablet 4 mg	T2	
chlorpheniramine maleate oral tablet extended release 12 mg	T2	
clemastine oral tablet 2.68 mg	T1	
cyproheptadine oral syrup 2 mg/5 ml	T1	
cyproheptadine oral tablet 4 mg	T1	
dexchlorpheniramine maleate oral solution 2 mg/5 ml	T1	
dimenhydrinate injection solution 50 mg/ml	T1	
diphenhydramine hcl injection solution 50 mg/ml	T1	
diphenhydramine hcl injection syringe 50 mg/ml	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T2	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	T2	
diphenhydramine hcl oral liquid 12.5 mg/5 ml	T2	
diphenhydramine hcl oral tablet 25 mg	T2	
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (***diphenhydramine hcl***)	T2	
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG (***diphenhydramine hcl***)	T2	
STAHIST AD ORAL TABLET 25-60 MG (***chlorcyclizine hcl/pseudoephedrine hcl***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-SOM (DOXYLAMINE) ORAL TABLET 25 MG (***doxylamine succinate***)	T2	
Phenothiazine Derivatives - Drugs For Allergy		
promethazine oral syrup 6.25 mg/5 ml	T1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine rectal suppository 12.5 mg, 50 mg	T1	
phenylephrine hcl/promethazine hcl (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	T1	
Piperazine Derivatives - Drugs For Allergy		
hydroxyzine hcl oral solution 10 mg/5 ml	T1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	T1	
meclizine oral tablet 12.5 mg, 25 mg	T1	
STAHIST AD ORAL TABLET 25-60 MG (***chlorcyclizine hcl/pseudoephedrine hcl***)	T1	
Propylamine Derivatives - Drugs For Allergy		
chlorpheniramine maleate oral tablet 4 mg	T2	
chlorpheniramine maleate oral tablet extended release 12 mg	T2	
dexchlorpheniramine maleate oral solution 2 mg/5 ml	T1	
ED A-HIST DM ORAL LIQUID 4-10-15 MG/5 ML (***chlorpheniramine maleate/phenylephrine hcl/dextromethorphan***)	T1	
GILTUSS ALLERGY PLUS (DM) ORAL LIQUID 2-5-10 MG/5 ML (***chlorpheniramine maleate/phenylephrine hcl/dextromethorphan***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLENMAX PEB DM ORAL LIQUID 2-5-10 MG/5 ML (***brompheniramine maleate/phenylephrine hcl/dextromethorphan***)	T1	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	T1	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (***chlorpheniramine maleate/pseudoephedrine hcl***)	T1	
NOHIST-LQ ORAL LIQUID 4-10 MG/5 ML (***chlorpheniramine maleate/phenylephrine hcl***)	T1	
RESCON-DM ORAL LIQUID 2-30-10 MG/5 ML (***chlorpheniramine maleate/pseudoephedrine/dextromethorphan***)	T2	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (***pseudoephedrine hcl/chlorpheniramine maleate/bellad alk***)	T1	
RYNEX PSE ORAL LIQUID 1-15 MG/5 ML (***brompheniramine maleate/pseudoephedrine hcl***)	T2	
SCOT-TUSSIN DM ORAL LIQUID 2-15 MG/5 ML (***chlorpheniramine maleate/dextromethorphan hbr***)	T2	
Second Generation Antihistamines - Drugs For Allergy		
ALAVERT D-12 ALLERGY-SINUS ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (***loratadine/pseudoephedrine sulfate***)	T2	
ALAVERT ORAL TABLET,DISINTEGRATING 10 MG (***loratadine***)	T2	
cetirizine oral solution 5 mg/5 ml	T2	
cetirizine oral tablet 5 mg	T2	
CHILDREN'S ALLEGRA ALLERGY ORAL TABLET,DISINTEGRATING 30 MG (***fexofenadine hcl***)	T3	PA
CLARINEX ORAL TABLET 5 MG (***desloratadine***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (***desloratadine/pseudoephedrine sulfate***)	T3	PA
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 5 MG (***loratadine***)	T2	
Anti-Infective Agents - Drugs For Infections		
1St Generation Cephalosporin Antibiotics - Antibiotics		
cefadroxil oral capsule 500 mg	T1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	T1	
cefadroxil oral tablet 1 gram	T1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	T1	
cefazolin injection recon soln 1 gram, 10 gram, 20 gram, 500 mg	T1	
cefazolin injection recon soln 100 gram, 300 g	T1	
cefazolin intravenous recon soln 1 gram	T1	
cephalexin oral capsule 250 mg, 500 mg	T1	
cephalexin oral capsule 750 mg	T3	PA
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	T1	
cephalexin oral tablet 250 mg, 500 mg	T3	PA
2Nd Generation Cephalosporin Antibiotics - Antibiotics		
cefaclor oral capsule 250 mg, 500 mg	T1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	T1	
cefaclor oral tablet extended release 12 hr 500 mg	T3	PA
CEFOTAN INJECTION RECON SOLN 1 GRAM (***cefotetan disodium***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cefotetan injection recon soln 2 gram	T1	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	T1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	T1	
cefprozil oral tablet 250 mg, 500 mg	T1	
cefuroxime axetil oral tablet 250 mg, 500 mg	T1	
cefuroxime sodium intravenous recon soln 1.5 gram	T1	
3Rd Generation Cephalosporin Antibiotics - Antibiotics		
cefdinir oral capsule 300 mg	T2	QL (6000 EA per 30 days)
cefdinir oral suspension for reconstitution 125 mg/5 ml	T2	QL (9000 ML per 30 days)
cefdinir oral suspension for reconstitution 250 mg/5 ml	T2	QL (6000 QY per 30 DYs)
cefixime oral suspension for reconstitution 100 mg/5 ml	T3	PA
cefotaxime injection recon soln 1 gram	T1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	T1	
cefpodoxime oral tablet 100 mg, 200 mg	T2	QL (4 EA per 1 DY)
ceftazidime injection recon soln 1 gram	T1	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	T1	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	T1	
ceftriaxone intravenous recon soln 1 gram, 2 gram	T1	
CLAFORAN INJECTION RECON SOLN 2 GRAM (***cefotaxime sodium***)	T1	
CLAFORAN INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM (***cefotaxime sodium***)	T1	
SUPRAX ORAL CAPSULE 400 MG (***cefixime***)	T2	QL (1 Tablet per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (***cefixime***)	T2	PA
ceftazidime (Tazicef Injection Recon Soln 2 Gram)	T1	
TAZICEF INTRAVENOUS RECON SOLN 1 GRAM, 2 GRAM (***ceftazidime***)	T1	
Adamantane Antivirals - Drugs For Viral Infections		
amantadine hcl oral capsule 100 mg	T1	
amantadine hcl oral solution 50 mg/5 ml	T1	
amantadine hcl oral tablet 100 mg	T1	
rimantadine oral tablet 100 mg	T1	
Allylamine Antifungals - Drugs For Fungus		
terbinafine hcl oral tablet 250 mg	T1	
Amebicides - Drugs For The Mouth And Throat		
METRO I.V. INTRAVENOUS PIGGYBACK 500 MG/100 ML (***metronidazole in sodium chloride***)	T1	
metronidazole oral capsule 375 mg	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
Aminoglycoside Antibiotics - Antibiotics		
amikacin injection solution 1,000 mg/4 ml	T1	
gentamicin in nacl (iso-osm) intravenous piggyback 120 mg/100 ml	T1	
gentamicin injection solution 20 mg/2 ml, 40 mg/ml	T1	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	T1	
neomycin oral tablet 500 mg	T1	
streptomycin intramuscular recon soln 1 gram	T2	QL (1 EA per 30 days)
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (***tobramycin in 0.225 % sodium chloride***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (***tobramycin***)	T3	PA
tobramycin sulfate injection recon soln 1.2 gram	T1	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	T1	
Aminopenicillin Antibiotics - Antibiotics		
amoxicillin oral capsule 250 mg, 500 mg	T1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	T1	
amoxicillin oral tablet 500 mg, 875 mg	T1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	T1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml	T1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	T1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	T1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	T1	
ampicillin oral capsule 500 mg	T1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg	T1	
ampicillin sodium intravenous recon soln 1 gram, 2 gram	T1	
ampicillin-sulbactam injection recon soln 1.5 gram	T1	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML (***amoxicillin/potassium clavulanate***)	T1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (***amoxicillin/potassium clavulanate***)	T3	PA
UNASYN INJECTION RECON SOLN 15 GRAM, 3 GRAM (***ampicillin sodium/sulbactam sodium***)	T1	
Anthelmintics - Drugs For Parasites		
EMVERM ORAL TABLET,CHEWABLE 100 MG (***mebendazole***)	T2	QL (6 EA per 3 days)
ivermectin oral tablet 3 mg	T2	QL (30 EA per 365 days)
REESE'S PINWORM MEDICINE ORAL SUSPENSION 50 MG/ML (***pyrantel pamoate***)	T2	
Antifungals, Miscellaneous - Drugs For Fungus		
griseofulvin microsize oral suspension 125 mg/5 ml	T1	
griseofulvin microsize oral tablet 500 mg	T1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	T1	
SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***)	T1	
STRONG IODINE ORAL SOLUTION 5 % (***potassium iodide/iodine***)	T1	
THYROSAFE ORAL TABLET 65 MG (***potassium iodide***)	T2	
triacetin liquid 100 %	T1	
Antimalarials - Drugs For The Mouth And Throat		
atovaquone-proguanil oral tablet 250-100 mg	T2	QL (180 EA per 365 days)
atovaquone-proguanil oral tablet 62.5-25 mg	T2	QL (540 EA per 365 days)
chloroquine phosphate oral tablet 250 mg	T1	
chloroquine phosphate oral tablet 500 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DARAPRIM ORAL TABLET 25 MG (***pyrimethamine***)	T1	
hydroxychloroquine oral tablet 200 mg	T1	
mefloquine oral tablet 250 mg	T1	
primaquine oral tablet 26.3 mg	T1	
quinidine gluconate oral tablet extended release 324 mg	T1	
quinidine sulfate oral tablet 200 mg, 300 mg	T1	
quinine sulfate oral capsule 324 mg	T3	PA
Antimycobacterials, Miscellaneous - Antibiotics		
dapsone oral tablet 100 mg, 25 mg	T1	
Antiprotozoals, Miscellaneous - Drugs For The Mouth And Throat		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (***nitazoxanide***)	T1	
ALINIA ORAL TABLET 500 MG (***nitazoxanide***)	T1	
atovaquone oral suspension 750 mg/5 ml	T3	PA
dapsone oral tablet 100 mg, 25 mg	T1	
METRO I.V. INTRAVENOUS PIGGYBACK 500 MG/100 ML (***metronidazole in sodium chloride***)	T1	
metronidazole oral capsule 375 mg	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
PENTAM INJECTION RECON SOLN 300 MG (***pentamidine isethionate***)	T2	QL (1 EA per 30 days)
pentamidine inhalation recon soln 300 mg	T1	
tinidazole oral tablet 250 mg	T1	
Antiretrovirals - Drugs For Viral Infections		
SUNLENCA ORAL TABLET 300 MG (***lenacapavir sodium***)	T1	
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML (***lenacapavir sodium***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antituberculosis Agents - Antibiotics		
amikacin injection solution 1,000 mg/4 ml	T1	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	T1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	T1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml	T1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	T3	PA
clarithromycin oral tablet 250 mg, 500 mg	T1	
clarithromycin oral tablet extended release 24 hr 500 mg	T3	PA
cycloserine oral capsule 250 mg	T1	
ethambutol oral tablet 100 mg, 400 mg	T1	
isoniazid injection solution 100 mg/ml	T1	
isoniazid oral solution 50 mg/5 ml	T1	
isoniazid oral tablet 100 mg, 300 mg	T1	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	T3	PA
levofloxacin intravenous solution 25 mg/ml	T3	PA
levofloxacin oral solution 250 mg/10 ml	T1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	T2	QL (30 QY per 30 DYs)
moxifloxacin oral tablet 400 mg	T2	QL (21 QY per 21 DYs)
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	T1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (***aminosalicylic acid***)	T1	
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pyrazinamide oral tablet 500 mg	T1	
rifabutin oral capsule 150 mg	T1	
rifampin intravenous recon soln 600 mg	T1	
rifampin oral capsule 150 mg, 300 mg	T1	
streptomycin intramuscular recon soln 1 gram	T2	QL (1 EA per 30 days)
TRECATOR ORAL TABLET 250 MG (***ethionamide***)	T1	
Antivirals, Miscellaneous - Drugs For Viral Infections		
foscarnet intravenous solution 24 mg/ml	T2	QL (0.5 ML per 30 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG (***nirmatrelvir/ritonavir***)	T2	QL (20 EA per 30 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (***nirmatrelvir/ritonavir***)	T2	QL (30 EA per 30 days)
Azole Antifungals - Drugs For Fungus		
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	T1	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	T1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	T1	
itraconazole oral capsule 100 mg	T3	PA
SPORANOX ORAL SOLUTION 10 MG/ML (***itraconazole***)	T3	PA
VFEND IV INTRAVENOUS RECON SOLN 200 MG (***voriconazole***)	T3	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (***voriconazole***)	T3	PA
VFEND ORAL TABLET 200 MG, 50 MG (***voriconazole***)	T3	PA
Carbapenem Antibiotics - Antibiotics		
ertapenem injection recon soln 1 gram	T1	
imipenem-cilastatin intravenous recon soln 250 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
meropenem intravenous recon soln 1 gram, 500 mg	T1	
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG (***imipenem/cilastatin sodium***)	T1	
Cephamycin Antibiotics - Antibiotics		
CEFOTAN INJECTION RECON SOLN 1 GRAM (***cefotetan disodium***)	T1	
cefotetan injection recon soln 2 gram	T1	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	T1	
Chloramphenicol Antibiotics - Antibiotics		
chloramphenicol sod succinate intravenous recon soln 1 gram	T1	
Cyclic Lipopeptide Antibiotics - Antibiotics		
CUBICIN RF INTRAVENOUS RECON SOLN 500 MG (***daptomycin***)	T1	
Echinocandin Antifungals - Drugs For Fungus		
caspofungin intravenous recon soln 50 mg, 70 mg	T1	
Erythromycin Antibiotics - Antibiotics		
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG (***erythromycin stearate***)	T1	
erythromycin lactobionate (Erythrocin Intravenous Recon Soln 500 Mg)	T1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	T1	
erythromycin ethylsuccinate oral tablet 400 mg	T1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	T1	
erythromycin oral tablet 250 mg, 500 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	T1	
Extended-Spectrum Penicillins - Antibiotics		
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	T1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML (***piperacillin and tazobactam in dextrose, iso-osmotic***)	T1	
Glycopeptide Antibiotics - Antibiotics		
vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml	T1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg	T1	
vancomycin intravenous recon soln 5 gram	T1	
vancomycin oral capsule 125 mg, 250 mg	T1	
vancomycin oral recon soln 25 mg/ml, 50 mg/ml	T1	
Hcv Polymerase Inhibitor Antivirals - Drugs For Viral Infections		
sofosbuvir-velpatasvir oral tablet 400-100 mg	T3	PA
VOSEVI ORAL TABLET 400-100-100 MG (***sofosbuvir/velpatasvir/voxilaprevir***)	T3	PA
Hcv Protease Inhibitor Antivirals - Drugs For Viral Infections		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG (***glecaprevir/pibrentasvir***)	T3	PA
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir/pibrentasvir***)	T3	PA
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir/grazoprevir***)	T3	PA
Hcv Replication Complex Inhibitors - Drugs For Viral Infections		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVYRET ORAL PELLETS IN PACKET 50-20 MG (***glecaprevir/pibrentasvir***)	T3	
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir/pibrentasvir***)	T3	PA
sofosbuvir-velpatasvir oral tablet 400-100 mg	T3	PA
VOSEVI ORAL TABLET 400-100-100 MG (***sofosbuvir/velpatasvir/voxilaprevir***)	T3	PA
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir/grazoprevir***)	T3	PA
Hiv Entry And Fusion Inhibitors - Drugs For Viral Infections		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (***enfuvirtide***)	T1	
maraviroc oral tablet 150 mg, 300 mg	T1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG (***fostemsavir tromethamine***)	T1	
SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***)	T1	
SELZENTRY ORAL TABLET 25 MG, 75 MG (***maraviroc***)	T1	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML) (***ibalizumab-uiyk***)	T1	
Hiv Integrase Inhibitor Antiretrovirals - Drugs For Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) (***cabotegravir***)	T1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir sodium/emtricitabine/tenofovir alafenamide fumar***)	T1	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML (***cabotegravir/rilpivirine***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOVATO ORAL TABLET 50-300 MG (***dolutegravir sodium/lamivudine***)	T1	
GENVOYA ORAL TABLET 150-150-200-10 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***)	T1	
ISENTRESS HD ORAL TABLET 600 MG (***raltegravir potassium***)	T1	
ISENTRESS ORAL TABLET 400 MG (***raltegravir potassium***)	T1	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (***raltegravir potassium***)	T1	
JULUCA ORAL TABLET 50-25 MG (***dolutegravir sodium/rilpivirine hcl***)	T1	
STRIBILD ORAL TABLET 150-150-200-300 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil***)	T1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (***dolutegravir sodium***)	T1	
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	T1	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	T1	
Hiv Nonnucleoside Rev.Transcrip. Inhib. - Drugs For Viral Infections		
COMPLERA ORAL TABLET 200-25-300 MG (***emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate***)	T1	
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirine/lamivudine/tenofovir disoproxil fumarate***)	T1	
EDURANT ORAL TABLET 25 MG (***rilpivirine hcl***)	T1	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	T1	
etravirine oral tablet 100 mg, 200 mg	T1	
INTELENCE ORAL TABLET 25 MG (***etravirine***)	T1	
JULUCA ORAL TABLET 50-25 MG (***dolutegravir sodium/rilpivirine hcl***)	T1	
nevirapine oral suspension 50 mg/5 ml	T1	
nevirapine oral tablet 200 mg	T1	
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	T1	
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***)	T1	
PIFELTRO ORAL TABLET 100 MG (***doravirine***)	T1	
Hiv Nucleoside, Nucleotide Rt Inhibitors - Drugs For Viral Infections		
abacavir oral tablet 300 mg	T1	
abacavir-lamivudine oral tablet 600-300 mg	T1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir sodium/emtricitabine/tenofovir alafenamide fumar***)	T1	
COMPLERA ORAL TABLET 200-25-300 MG (***emtricitabine/rilpivirine hcl/tenofovir disoproxil fumarate***)	T1	
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirine/lamivudine/tenofovir disoproxil fumarate***)	T1	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (***emtricitabine/tenofovir alafenamide fumarate***)	T1	
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOVATO ORAL TABLET 50-300 MG (***dolutegravir sodium/lamivudine***)	T1	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	T1	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	T1	
emtricitabine oral capsule 200 mg	T1	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	T1	
EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***)	T1	
GENVOYA ORAL TABLET 150-150-200-10 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide***)	T1	
lamivudine oral solution 10 mg/ml	T1	
lamivudine oral tablet 100 mg	T3	PA
lamivudine oral tablet 150 mg, 300 mg	T1	
lamivudine-zidovudine oral tablet 150-300 mg	T1	
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine/rilpivirine hcl/tenofovir alafenamide fumarate***)	T1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (***zidovudine***)	T1	
RETROVIR ORAL SYRUP 10 MG/ML (***zidovudine***)	T1	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	T1	
STRIBILD ORAL TABLET 150-150-200-300 MG (***elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil***)	T1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	T1	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG (***abacavir sulfate/dolutegravir sodium/lamivudine***)	T1	
TRIZIVIR ORAL TABLET 300-150-300 MG (***abacavir sulfate/lamivudine/zidovudine***)	T1	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir disoproxil fumarate***)	T3	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	T3	PA
VIREAD ORAL TABLET 300 MG (***tenofovir disoproxil fumarate***)	T1	
ZIAGEN ORAL SOLUTION 20 MG/ML (***abacavir sulfate***)	T1	
zidovudine oral capsule 100 mg	T1	
zidovudine oral tablet 300 mg	T1	
Hiv Protease Inhibitor Antiretrovirals - Drugs For Viral Infections		
atazanavir oral capsule 150 mg, 200 mg, 300 mg	T1	
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	T1	
fosamprenavir oral tablet 700 mg	T1	
LEXIVA ORAL SUSPENSION 50 MG/ML (***fosamprenavir calcium***)	T1	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	T1	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	T1	
NORVIR ORAL POWDER IN PACKET 100 MG (***ritonavir***)	T1	
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 150-100 MG (***nirmatrelvir/ritonavir***)	T2	QL (20 EA per 30 days)
PAXLOVID (EUA) ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG (***nirmatrelvir/ritonavir***)	T2	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREZCOBIX ORAL TABLET 800-150 MG-MG (***darunavir ethanolate/cobicistat***)	T1	
PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir ethanolate***)	T1	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (***darunavir ethanolate***)	T1	
REYATAZ ORAL POWDER IN PACKET 50 MG (***atazanavir sulfate***)	T1	
ritonavir oral tablet 100 mg	T1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***)	T1	
VIRACEPT ORAL TABLET 250 MG, 625 MG (***nelfinavir mesylate***)	T1	
Interferon Antivirals - Drugs For Viral Infections		
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (***interferon alfa-n3***)	T1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	T3	PA
Lincomycin Antibiotics - Antibiotics		
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	T1	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	T1	
clindamycin palmitate hcl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	T2	AL (Max 12 Years)
clindamycin phosphate injection solution 150 mg/ml	T3	PA
LINCOCIN INJECTION SOLUTION 300 MG/ML (***lincomycin hcl***)	T1	
Monobactam Antibiotics - Antibiotics		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZACTAM INJECTION RECON SOLN 2 GRAM (***aztreonam***)	T1	
aztreonam injection recon soln 1 gram	T1	
Natural Penicillin Antibiotics - Antibiotics		
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) (***penicillin g benzathine/penicillin g procaine***)	T1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML (***penicillin g benzathine***)	T1	
penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml	T1	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	T1	
penicillin g sodium injection recon soln 5 million unit	T1	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	T1	
penicillin v potassium oral tablet 250 mg, 500 mg	T1	
Neuraminidase Inhibitor Antivirals - Drugs For Viral Infections		
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	T2	QL (10 EA per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	T2	QL (120 ML per 180 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (***zanamivir***)	T2	QL (20 EA per 180 days)
Nucleoside And Nucleotide Antivirals - Drugs For Viral Infections		
acyclovir oral capsule 200 mg	T1	
acyclovir oral suspension 200 mg/5 ml	T1	
acyclovir oral tablet 400 mg, 800 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acyclovir sodium intravenous recon soln 1,000 mg	T1	
acyclovir sodium intravenous solution 50 mg/ml	T1	
adefovir oral tablet 10 mg	T3	PA
BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***)	T3	PA; QL (600 ML per 30 days)
cidofovir intravenous solution 75 mg/ml	T2	QL (0.5 ML per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	T3	PA; QL (30 EA per 30 days)
famciclovir oral tablet 125 mg, 250 mg, 500 mg	T3	PA
ganciclovir sodium intravenous recon soln 500 mg	T1	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG (***molnupiravir***)	T2	QL (40 EA per 30 days)
ribavirin oral capsule 200 mg	T1	
ribavirin oral tablet 200 mg	T1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***)	T1	
valacyclovir oral tablet 1 gram, 500 mg	T1	
valganciclovir oral tablet 450 mg	T3	PA
VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide***)	T3	PA
Other Macrolide Antibiotics - Antibiotics		
azithromycin (bulk) powder 100 %	T1	
azithromycin intravenous recon soln 500 mg	T1	
azithromycin oral packet 1 gram	T1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	T1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	T1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	T3	PA
clarithromycin oral tablet 250 mg, 500 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clarithromycin oral tablet extended release 24 hr 500 mg	T3	PA
Oxazolidinone Antibiotics - Antibiotics		
linezolid oral tablet 600 mg	T3	PA
linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml	T1	
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML, 600 MG/300 ML (***linezolid in dextrose 5 % in water***)	T1	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (***linezolid***)	T3	PA
Penicillinase-Resistant Penicillins - Antibiotics		
dicloxacillin oral capsule 250 mg, 500 mg	T1	
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	T1	
nafcillin injection recon soln 1 gram, 10 gram	T1	
nafcillin intravenous recon soln 2 gram	T1	
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	T1	
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	T1	
Polyene Antifungals - Drugs For Fungus		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML (***amphotericin b lipid complex***)	T1	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG (***amphotericin b liposome***)	T1	
amphotericin b injection recon soln 50 mg	T1	
nystatin oral suspension 100,000 unit/ml	T1	
nystatin oral tablet 500,000 unit	T1	
Polymyxin Antibiotics - Antibiotics		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
colistin (colistimethate na) injection recon soln 150 mg	T1	
polymyxin b sulfate injection recon soln 500,000 unit	T1	
Quinolone Antibiotics - Antibiotics		
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	T1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	T1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml	T1	
FACTIVE ORAL TABLET 320 MG (***gemifloxacin mesylate***)	T3	PA
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	T3	PA
levofloxacin intravenous solution 25 mg/ml	T3	PA
levofloxacin oral solution 250 mg/10 ml	T1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	T2	QL (30 QY per 30 DYs)
moxifloxacin oral tablet 400 mg	T2	QL (21 QY per 21 DYs)
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	T1	
ofloxacin oral tablet 300 mg, 400 mg	T3	PA
Rifamycin Antibiotics - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	T1	
rifabutin oral capsule 150 mg	T1	
rifampin intravenous recon soln 600 mg	T1	
rifampin oral capsule 150 mg, 300 mg	T1	
XIFAXAN ORAL TABLET 200 MG, 550 MG (***rifaximin***)	T3	PA
Sulfonamide Antibiotics (Systemic) - Antibiotics		
sulfadiazine oral tablet 500 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	T1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	T1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	T1	
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	T1	
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML (***sulfamethoxazole/trimethoprim***)	T1	
Tetracycline Antibiotics - Antibiotics		
demeclocycline oral tablet 150 mg, 300 mg	T3	PA
doxycycline hyclate (Doxy-100 Intravenous Recon Soln 100 Mg)	T1	
doxycycline hyclate oral capsule 100 mg, 50 mg	T1	
doxycycline hyclate oral tablet 100 mg	T1	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg	T3	PA
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	T1	
minocycline oral capsule 100 mg	T2	QL (60 QY per 30 DYs)
minocycline oral capsule 50 mg	T1	
minocycline oral capsule 75 mg	T2	QL (60 QY per 30 DYs); AL (Max 30 Years)
minocycline oral tablet 100 mg, 50 mg, 75 mg	T3	PA; QL (60 EA per 30 days); AL (Max 30 Years)
tetracycline oral capsule 250 mg, 500 mg	T1	
Urinary Anti-Infectives - Drugs For The Urinary System		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methenamine hippurate oral tablet 1 gram	T1	
methenamine mandelate oral tablet 0.5 g, 1 gram	T1	
MONUROL ORAL PACKET 3 GRAM (***fosfomycin tromethamine***)	T1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	T1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	T1	
nitrofurantoin oral suspension 25 mg/5 ml	T1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML (***trimethoprim***)	T1	
trimethoprim oral tablet 100 mg	T1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG (***methenamine/methylene blue/sod phos/p.salicylate/hyoscyamine***)	T1	
URIMAR-T ORAL TABLET 120-0.12-10.8 MG (***methenamine/methylene blue/salicylate/sodium phos/hyoscyamin***)	T1	
USTELL ORAL CAPSULE 120-0.12 MG (***methenamine/methylene blue/salicylate/sodium phos/hyoscyamin***)	T1	
Antineoplastic Agents - Drugs For Cancer		
Antineoplastic Agents - Drugs For Cancer		
fluorouracil (Adrucil Intravenous Solution 2.5 Gram/50 Ml)	T1	
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (***interferon alfa-n3***)	T1	
ALIMTA INTRAVENOUS RECON SOLN 500 MG (***pemetrexed disodium***)	T2	QL (1 EA per 30 days)
ALKERAN ORAL TABLET 2 MG (***melphalan***)	T1	
anastrozole oral tablet 1 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML (***nelarabine***)	T2	QL (0.5 ML per 30 days)
ARZERRA INTRAVENOUS SOLUTION 100 MG/5 ML (***ofatumumab***)	T2	QL (0.5 ML per 30 days)
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML (***bevacizumab***)	T2	QL (0.5 ML per 30 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML (***avelumab***)	T2	QL (0.5 ML per 30 days)
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (***bendamustine hcl***)	T2	QL (0.5 ML per 30 days)
bexarotene oral capsule 75 mg	T3	PA
bicalutamide oral tablet 50 mg	T1	
BICNU INTRAVENOUS RECON SOLN 100 MG (***carmustine***)	T2	QL (1 EA per 30 days)
bleomycin injection recon soln 15 unit, 30 unit	T1	
busulfan intravenous solution 60 mg/10 ml	T1	
CAMPATH INTRAVENOUS SOLUTION 30 MG/ML (***alemtuzumab***)	T1	
CAMPTOSAR INTRAVENOUS SOLUTION 40 MG/2 ML (***irinotecan hcl***)	T1	
capecitabine oral tablet 150 mg, 500 mg	T3	PA
carboplatin intravenous recon soln 150 mg	T1	
cisplatin intravenous solution 1 mg/ml	T1	
cladribine intravenous solution 10 mg/10 ml	T2	QL (0.5 ML per 30 days)
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML (***clofarabine***)	T1	
COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***)	T3	PA
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (***ramucirumab***)	T2	QL (0.5 ML per 30 days)
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	T1	
cytarabine (pf) injection solution 20 mg/ml	T2	QL (0.5 ML per 30 days)
dacarbazine intravenous recon soln 100 mg, 200 mg	T1	
dactinomycin intravenous recon soln 0.5 mg	T1	
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML (***daratumumab***)	T2	QL (0.5 ML per 30 days)
daunorubicin intravenous solution 5 mg/ml	T2	QL (0.5 ML per 30 days)
decitabine intravenous recon soln 50 mg	T2	QL (1 EA per 30 days)
docetaxel intravenous solution 20 mg/ml (1 ml)	T2	QL (0.5 ML per 30 days)
doxorubicin intravenous recon soln 10 mg, 50 mg	T1	
doxorubicin intravenous solution 2 mg/ml	T1	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	T1	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (***leuprolide acetate***)	T1	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (***leuprolide acetate***)	T1	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***)	T1	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (***leuprolide acetate***)	T1	
ELLENCE INTRAVENOUS SOLUTION 50 MG/25 ML (***epirubicin hcl***)	T1	
EMCYT ORAL CAPSULE 140 MG (***estramustine phosphate sodium***)	T1	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG (***elotuzumab***)	T2	QL (1 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
epirubicin intravenous solution 200 mg/100 ml	T2	QL (0.5 ML per 30 days)
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML (***cetuximab***)	T2	QL (0.5 ML per 30 days)
erlotinib oral tablet 100 mg, 150 mg, 25 mg	T3	PA
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG (***etoposide phosphate***)	T2	QL (1 EA per 30 days)
etoposide intravenous solution 20 mg/ml	T1	
etoposide oral capsule 50 mg	T1	
EVOMELA INTRAVENOUS RECON SOLN 50 MG (***melphalan hcl/betadex sulfobutyl ether sodium***)	T1	
exemestane oral tablet 25 mg	T1	
FARESTON ORAL TABLET 60 MG (***toremifene citrate***)	T1	
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML (***fulvestrant***)	T2	QL (0.5 ML per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (***degarelix acetate***)	T2	QL (1 EA per 30 days)
floxuridine injection recon soln 0.5 gram	T1	
fludarabine intravenous recon soln 50 mg	T2	QL (1 EA per 30 days)
fluorouracil intravenous solution 1 gram/20 ml	T1	
fluorouracil intravenous solution 500 mg/10 ml	T2	QL (0.5 ML per 30 days)
fluorouracil topical cream 5 %	T1	
fluorouracil topical solution 2 %, 5 %	T1	
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML (***obinutuzumab***)	T2	QL (0.5 ML per 30 days)
gemcitabine intravenous recon soln 200 mg	T2	QL (1 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (***lomustine***)	T1	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (***eribulin mesylate***)	T2	QL (0.5 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydroxyurea oral capsule 500 mg	T1	
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML (***idarubicin hcl***)	T1	
ifosfamide intravenous recon soln 1 gram, 3 gram	T1	
imatinib oral tablet 100 mg, 400 mg	T3	PA
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML (***durvalumab***)	T1	
IRESSA ORAL TABLET 250 MG (***gefitinib***)	T3	PA
irinotecan intravenous solution 100 mg/5 ml	T2	QL (0.5 ML per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN 15 MG (***ixabepilone***)	T2	QL (1 EA per 30 days)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION) (***cabazitaxel***)	T2	QL (0.5 ML per 30 days)
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML (***pembrolizumab***)	T2	QL (0.5 ML per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	T3	PA
letrozole oral tablet 2.5 mg	T2	QL (30 EA per 30 days)
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	T1	
leuprolide subcutaneous kit 1 mg/0.2 ml	T3	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG (***leuprolide acetate***)	T3	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (***leuprolide acetate***)	T3	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (***leuprolide acetate***)	T3	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (***leuprolide acetate***)	T3	PA; QL (1 EA per 30 days)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (***leuprolide acetate***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (***leuprolide acetate***)	T3	PA
LYSODREN ORAL TABLET 500 MG (***mitotane***)	T1	
MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***)	T1	
megestrol oral suspension 400 mg/10 ml (10 ml)	T1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	T1	
megestrol oral tablet 20 mg, 40 mg	T1	
melphalan hcl intravenous recon soln 50 mg	T1	
mercaptopurine oral tablet 50 mg	T1	
methotrexate sodium (pf) injection recon soln 1 gram	T1	
methotrexate sodium (pf) injection solution 25 mg/ml	T1	
methotrexate sodium injection solution 25 mg/ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	T1	
MYLERAN ORAL TABLET 2 MG (***busulfan***)	T1	
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) (***gemtuzumab ozogamicin***)	T1	
NEXAVAR ORAL TABLET 200 MG (***sorafenib tosylate***)	T3	PA
nilutamide oral tablet 150 mg	T1	
NIPENT INTRAVENOUS RECON SOLN 10 MG (***pentostatin***)	T2	QL (1 EA per 30 days)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (***pegaspargase***)	T2	QL (0.5 ML per 30 days)
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML (***nivolumab***)	T2	QL (0.5 ML per 30 days)
oxaliplatin intravenous recon soln 100 mg, 50 mg	T1	
oxaliplatin intravenous solution 50 mg/10 ml (5 mg/ml)	T2	QL (0.5 ML per 30 days)
paclitaxel intravenous concentrate 6 mg/ml	T2	QL (0.5 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	T1	
carboplatin (Paraplatin Intravenous Solution 10 Mg/Ml)	T1	
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) (***pertuzumab***)	T2	QL (0.5 ML per 30 days)
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG (***porfimer sodium***)	T2	QL (1 EA per 30 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	T3	PA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML) (***necitumumab***)	T2	QL (0.5 ML per 30 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (***aldesleukin***)	T2	QL (1 EA per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (***lenalidomide***)	T3	PA
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (***rituximab***)	T2	QL (0.5 ML per 30 days)
SIKLOS ORAL TABLET 1,000 MG, 100 MG (***hydroxyurea***)	T3	PA
SPRYCEL ORAL TABLET 100 MG, 20 MG, 50 MG, 70 MG (***dasatinib***)	T3	PA
sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg	T3	PA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG (***omacetaxine mepesuccinate***)	T2	QL (1 EA per 30 days)
TABLOID ORAL TABLET 40 MG (***thioguanine***)	T1	
tamoxifen oral tablet 10 mg, 20 mg	T1	
TASIGNA ORAL CAPSULE 200 MG (***nilotinib hcl***)	T3	PA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML) (***atezolizumab***)	T2	QL (0.5 ML per 30 days)
TEMODAR INTRAVENOUS RECON SOLN 100 MG (***temozolomide***)	T2	QL (1 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	T3	PA
teniposide intravenous solution 50 mg/5 ml	T2	QL (0.5 ML per 30 days)
thiotepa injection recon soln 15 mg	T1	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG (***bcg live***)	T1	
topotecan intravenous recon soln 4 mg	T1	
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	T2	QL (0.5 ML per 30 days)
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST) (***temsirolimus***)	T2	QL (0.5 ML per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG (***triptorelin pamoate***)	T2	QL (1 EA per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG (***triptorelin pamoate***)	T1	
tretinoin (antineoplastic) oral capsule 10 mg	T3	PA
TYKERB ORAL TABLET 250 MG (***lapatinib ditosylate***)	T3	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML) (***panitumumab***)	T2	QL (0.5 ML per 30 days)
VELCADE INJECTION RECON SOLN 3.5 MG (***bortezomib***)	T2	QL (1 EA per 30 days)
VIDAZA INJECTION RECON SOLN 100 MG (***azacitidine***)	T1	
vinblastine intravenous solution 1 mg/ml	T1	
vincristine sulfate (Vincasar Pfs Intravenous Solution 2 Mg/2 Ml)	T1	
vincristine intravenous solution 1 mg/ml	T1	
vinorelbine intravenous solution 10 mg/ml	T1	
vinorelbine intravenous solution 50 mg/5 ml	T2	QL (0.5 ML per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML) (***ipilimumab***)	T2	QL (0.5 ML per 30 days)
YONDELIS INTRAVENOUS RECON SOLN 1 MG (***trabectedin***)	T2	QL (1 EA per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML) (***ziv-aflibercept***)	T2	QL (0.5 ML per 30 days)
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM (***streptozocin***)	T2	QL (1 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG (***vemurafenib***)	T3	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (***goserelin acetate***)	T1	
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	T3	PA
Antitoxins,Immune Glob,Toxoids,Vaccines - Drugs For The Immune System		
Antitoxins And Immune Globulins - Organ Transplant		
DIGIFAB INTRAVENOUS RECON SOLN 40 MG (***digoxin immune fab***)	T1	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG) (***rho(d) immune globulin***)	T1	
Toxoids - Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis(acellular),tetanus vaccine/pf***)	T2	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	T2	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids, adsorbed, adult/pf***)	T2	QL (0.5 ML per 1 Fill); AL (Min 19 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Vaccines - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***)	T2	QL (0.5 ml per 1 Fill); AL (Min 19 Years)
AFLURIA QD 2022-23(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2022-23 (36 mos up)/pf***)	T2	QL (0.5 ML per 270 days); AL (Min 3 Years)
AFLURIA QUAD 2022-2023(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2022-23 (6 mos and up)***)	T2	QL (0.5 ML per 270 days); AL (Min 3 Years)
bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg	T3	PA
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (***meningococcal group b vaccine, 4-component***)	T2	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE (***anthrax vaccine***)	T3	PA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	T2	QL (1 ML per 1 Fill); AL (Min 19 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (***hepatitis b virus vaccine recombinant/pf***)	T2	QL (1 ML per 1 Fill); AL (Min 19 Years)
FLUAD QUAD 2022-23(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza vaccine quadrivalent 2022-23 (65 yr up)/mf59c.1/pf***)	T2	QL (0.5 ML per 270 days); AL (Min 65 Years)
FLUARIX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf***)	T2	QL (0.5 ML per 270 days); AL (Min 3 Years)
FLUBLOK QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (***influenza virus vaccine qv 2022-23(18 yrs and older)rcmb/pf***)	T2	QL (0.5 ML per 270 days); AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUCELVAX QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***flu vaccine quad 2022-2023(6 month and older)cell derived/pf***)	T2	QL (0.5 ML per 270 days); AL (Min 3 Years)
FLUCELVAX QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***flu vaccine quadriv 2022-2023(6 month and older)cell derived***)	T2	QL (0.5 ML per 270 days); AL (Min 3 Years)
FLULAVAL QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf***)	T2	QL (0.5 ML per 270 days); AL (Min 3 Years)
FLUMIST QUAD 2022-2023 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza vaccine quadrivalent live 2022-2023 (2 yrs-49 yrs)***)	T2	QL (0.2 EA per 270 days); AL (Min 3 Years and Max 49 Years)
FLUZONE HIGHDOSE QUAD 22-23 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML (***influenza virus vaccine quadrival split 2022-23(65 yr up)/pf***)	T2	QL (0.7 ML per 270 days); AL (Min 65 Years)
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf***)	T2	QL (0.5 ML per 270 days); AL (Min 3 Years)
FLUZONE QUAD 2022-2023 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrival 2022-2023(6 mos and up)/pf***)	T2	QL (0.5 ML per 270 days); AL (Min 3 Years)
FLUZONE QUAD 2022-2023 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quadrivalent 2022-23 (6 mos and up)***)	T2	QL (0.5 ML per 270 days); AL (Min 3 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	T2	QL (0.5 ML per 1 Fill); AL (Min 19 Years and Max 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***human papillomavirus vaccine, 9-valent/pf***)	T2	QL (0.5 ML per 1 Fill); AL (Min 19 Years and Max 45 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (***hepatitis a virus vaccine/pf***)	T2	QL (1 ML per 1 Fill); AL (Min 19 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (***hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf***)	T2	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf***)	T2	QL (0.5 ml per 1 Fill); AL (Min 19 Years)
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT (***rabies vaccine, human diploid cell/pf***)	T2	QL (1 ml per 1 Fill); AL (Min 19 Years)
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML (***japanese encephalitis vaccine/pf***)	T3	PA
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML (***covid-19 vac, ad26.cov2.s (janssen)/pf***)	T1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	T2	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML (***meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf***)	T2	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (***meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf***)	T2	QL (0.5 EA per 1 Fill); AL (Min 19 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live/pf***)	T2	QL (0.5 ml per 1 Fill); AL (Min 19 Years)
MODERNA COVID BIVAL(6M-5Y)-PF INTRAMUSCULAR SUSPENSION 10 MCG/0.2 ML (***covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MODERNA COVID BIVAL(6Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML (***covid-19 vaccine mrna,original,omicron ba.4/5(moderna)/pf***)	T1	
NOVAVAX COVID-19 VACC,ADJ(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (***covid-19 vaccine, recombinant (novavax)/adjuvant-matrix/pf***)	T1	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b polysacc conj-tetanus tox,component 2 of 2/pf***)	T2	QL (0.5 ml per 1 Fill); AL (Min 19 Years)
PFIZER COVID BIVAL(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML (***covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf***)	T1	
PFIZER COVID BIVAL(5-11YR)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MCG/0.2 ML (***covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf***)	T1	
PFIZER COVID BIVAL(6MO-4Y)(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.2 ML (***covid-19 vaccine mrna,original,omicron ba.4/5(pfizer)/pf***)	T1	
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	T2	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML (***pneumococcal 23-valent polysaccharide vaccine***)	T2	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML (***hepatitis b virus vaccine recombinant,isoforms,m,l/pf***)	T2	QL (1 ML per 1 Fill); AL (Min 19 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf***)	T2	QL (0.5 ML per 1 Fill); AL (Min 19 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf***)	T2	QL (0.5 ML per 1 fill); AL (Min 19 Years)
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML (***measles, mumps, and rubella vaccine live/pf***)	T2	QL (2 EA per 1 Lifetime)
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT (***rabies vaccine, purified chicken embryo cell (pcec)/pf***)	T2	QL (1 ml per 1 Fill); AL (Min 19 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	T2	QL (1 ML per 1 Fill); AL (Min 19 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine recombinant/pf***)	T2	QL (1 ML per 1 Fill); AL (Min 19 Years)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf***)	T2	AL (Min 18 Years)
SPIKEVAX (PF) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML (***covid-19 vaccine, mrna, cx-024414, lnp-s (moderna)/pf***)	T1	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (***neisseria meningitidis group b, lipidated fhbp recombinant***)	T2	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (***hepatitis a virus and hepatitis b virus vaccine/pf***)	T2	QL (1 ML per 1 Fill); AL (Min 19 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML (***typhoid vaccine vi capsular polysaccharide***)	T2	QL (1 ML per 365 days); AL (Min 18 Years)
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (***typhoid vaccine vi capsular polysaccharide***)	T2	QL (1 ML per 365 days); AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	T2	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine/pf***)	T2	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live/pf***)	T2	QL (1 EA per 1 Fill); AL (Min 19 Years)
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf***)	T2	QL (0.5 ML per 1 Fill); AL (Min 19 Years)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML (***yellow fever vaccine live/pf***)	T3	PA
Autonomic Drugs - Drugs For The Nervous System		
Alpha- And Beta-Adrenergic Agonists - Drugs For Heart And Lungs		
ACTINEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5 ML (***guaifenesin/dextromethorphan hbr/pseudoephedrine hcl***)	T1	
ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML) (***epinephrine***)	T1	
ALAVERT D-12 ALLERGY-SINUS ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (***loratadine/pseudoephedrine sulfate***)	T2	
BIO-DTUSS DMX ORAL LIQUID 1-30-20 MG/5 ML (***brompheniramine maleate/pseudoephedrine hcl/dextromethorphan***)	T1	
bupivacaine-epinephrine (pf) injection solution 0.5 %-1:200,000	T1	
bupivacaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (***desloratadine/pseudoephedrine sulfate***)	T3	PA
epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)	T1	
epinephrine injection auto-injector 0.15 mg/0.3 ml	T2	QL (4 EA per 180 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	T2	QL (4 EA per 6 monthss)
epinephrine injection solution 1 mg/ml	T2	QL (1 ML per 30 days)
epinephrine injection solution 1 mg/ml (1 ml)	T2	QL (1 EA per 30 days)
epinephrine injection syringe 0.1 mg/ml	T2	QL (1 EA per 30 days)
LEVOPHED (BITARTRATE) INTRAVENOUS SOLUTION 1 MG/ML (***norepinephrine bitartrate***)	T1	
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000	T1	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (***chlorpheniramine maleate/pseudoephedrine hcl***)	T1	
MARCAINE-EPINEPHRINE (PF) INJECTION SOLUTION 0.25 %-1:200,000 (***bupivacaine hcl/epinephrine/pf***)	T1	
MUCUS D ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG (***guaifenesin/pseudoephedrine hcl***)	T2	QL (120 EA per 30 days)
MUCUS RELIEF D (PSEUDOEPHED) ORAL TABLET EXTENDED RELEASE 12 HR 120-1,200 MG (***guaifenesin/pseudoephedrine hcl***)	T2	QL (60 EA per 30 days)
NITE TIME-D COLD-FLU RELIEF ORAL LIQUID 6.25-30-15-500 MG/15 ML (***dextromethorphan/pseudoephrine hcl/acetaminophen/doxylamine***)	T1	
pseudoephedrine hcl oral tablet 30 mg, 60 mg	T2	
RESCON-DM ORAL LIQUID 2-30-10 MG/5 ML (***chlorpheniramine maleate/pseudoephedrine/dextromethorphan***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (***pseudoephedrine hcl/chlorpheniramine maleate/bellad alk***)	T1	
RYNEX PSE ORAL LIQUID 1-15 MG/5 ML (***brompheniramine maleate/pseudoephedrine hcl***)	T2	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75 %-1:200,000 (***bupivacaine hcl/epinephrine/pf***)	T1	
STAHIST AD ORAL TABLET 25-60 MG (***chlorcyclizine hcl/pseudoephedrine hcl***)	T1	
SUDAFED 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 240 MG (***pseudoephedrine hcl***)	T2	
SUDOGEST 12-HOUR ORAL TABLET EXTENDED RELEASE 120 MG (***pseudoephedrine hcl***)	T2	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (***epinephrine***)	T2	QL (4 EA per 180 days)
TUSNEL NEW FORMULA ORAL TABLET 60-30-400 MG (***guaifenesin/dextromethorphan hbr/pseudoephedrine hcl***)	T1	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000 (***lidocaine hcl/epinephrine/pf***)	T1	
Alpha-Adrenergic Agonists - Drugs For Heart And Lungs		
ACTIDOM DMX ORAL LIQUID 10-30-200 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
CHILDRENS GILTUSS COUGH-COLD ORAL LIQUID 10-15-300 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	T1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DESGEN ORAL DROPS 2.5-5-50 MG/ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
ED A-HIST DM ORAL LIQUID 4-10-15 MG/5 ML (***chlorpheniramine maleate/phenylephrine hcl/dextromethorphan***)	T1	
GILTUSS ALLERGY PLUS (DM) ORAL LIQUID 2-5-10 MG/5 ML (***chlorpheniramine maleate/phenylephrine hcl/dextromethorphan***)	T1	
GLENMAX PEB DM ORAL LIQUID 2-5-10 MG/5 ML (***brompheniramine maleate/phenylephrine hcl/dextromethorphan***)	T1	
G-TRON PED ORAL LIQUID 10-15-350 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
MAXI-TUSS JR ORAL LIQUID 2.5-5 MG/5 ML (***dextromethorphan hbr/phenylephrine hcl***)	T2	
MAXI-TUSS PE MAX ORAL LIQUID 5-100 MG/5 ML (***guaifenesin/phenylephrine hcl***)	T2	
methyldopa oral tablet 250 mg, 500 mg	T1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg	T1	
methyldopa-hydrochlorothiazide oral tablet 250-25 mg	T3	PA
methyldopate intravenous solution 250 mg/5 ml	T1	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	T1	
NOHIST-LQ ORAL LIQUID 4-10 MG/5 ML (***chlorpheniramine maleate/phenylephrine hcl***)	T1	
phenylephrine hcl injection solution 10 mg/ml	T1	
phenylephrine hcl/promethazine hcl (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	T1	
ROBAFEN CF (PHENYLEPHRINE) ORAL LIQUID 5-10-100 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROBITUSSIN COUGH AND COLD CF ORAL LIQUID 2.5-5-50 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
TUSNEL DM PEDIATRIC(PHENYLEPH) ORAL LIQUID 2.5-5-75 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
Antimuscarinics/Antispasmodics - Drugs For Parkinson		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (***umeclidinium bromide/vilanterol trifenatate***)	T1	
atropine injection solution 0.4 mg/ml, 1 mg/ml	T1	
atropine injection syringe 0.05 mg/ml, 0.1 mg/ml	T1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (***ipratropium bromide***)	T1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	T1	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***)	T1	
dicyclomine oral capsule 10 mg	T1	
dicyclomine oral tablet 20 mg	T1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
glycopyrrolate injection solution 0.2 mg/ml	T2	QL (0.5 ML per 30 days)
glycopyrrolate oral tablet 1 mg, 2 mg	T1	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	T2	AL (Min 18 Years)
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)	T1	
hyoscyamine sulfate oral drops 0.125 mg/ml	T1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hyoscyamine sulfate oral tablet 0.125 mg	T1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	T1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	T1	
hyoscyamine sulfate sublingual tablet 0.125 mg	T1	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (***umeclidinium bromide***)	T2	QL (30 EA per 30 DYs)
ipratropium bromide inhalation solution 0.02 %	T1	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	T1	
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	T1	
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	T1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (***tiotropium bromide***)	T2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (***tiotropium bromide***)	T1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***)	T1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (***hyoscyamine sulfate***)	T3	PA
Antiparkinsonian Agents - Drugs For Parkinson		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	T2	QL (120 EA per 30 days)
trihexyphenidyl oral elixir 0.4 mg/ml	T1	
trihexyphenidyl oral tablet 2 mg, 5 mg	T1	
Autonomic Drugs, Miscellaneous - Drugs For The Nervous System		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nicotine (polacrilex) buccal gum 2 mg, 4 mg	T2	QL (340 QY per 30 DYs)
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	T2	QL (324 QY per 30 DYs)
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	T2	QL (324 QY per 30 DYs)
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	T2	QL (28 EA per 28 days)
NICOTROL INHALATION CARTRIDGE 10 MG (***nicotine***)	T3	PA
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML (***nicotine***)	T3	PA
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY (***varenicline tartrate***)	T3	PA
varenicline oral tablet 0.5 mg, 1 mg	T2	QL (180 EA per 365 days)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	T2	QL (180 EA per 365 days)
Centrally Acting Skeletal Muscle Relaxnt - Drugs For Relaxing Muscles		
chlorzoxazone oral tablet 250 mg, 500 mg	T1	
cyclobenzaprine oral tablet 10 mg, 5 mg	T1	
methocarbamol oral tablet 500 mg, 750 mg	T1	
tizanidine oral tablet 2 mg	T2	QL (540 QY per 30 DYs)
tizanidine oral tablet 4 mg	T2	QL (270 QY per 30 DYs)
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (***tizanidine hcl***)	T3	PA
Direct-Acting Skeletal Muscle Relaxants - Drugs For Relaxing Muscles		
dantrolene oral capsule 100 mg, 25 mg, 50 mg	T1	
Gaba-Derivative Skeletal Muscle Relaxant - Drugs For Relaxing Muscles		
baclofen oral tablet 10 mg, 20 mg	T1	
baclofen oral tablet 5 mg	T2	QL (90 EA per 30 days)
Non-Sel. Beta-Adrenergic Blocking Agents - Drugs For The Heart		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (***propranolol hcl***)	T1	
labetalol intravenous solution 5 mg/ml	T1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T3	PA
propranolol intravenous solution 1 mg/ml	T2	QL (0.5 ML per 30 days)
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	T1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T3	PA
Non-Sel.Alpha-1-Adrenergic Blocking Agts - Drugs For The Heart		
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	T1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Non-Sel.Alpha-Adrenergic Blocking Agents - Drugs For The Heart		
ergoloid oral tablet 1 mg	T1	
ergotamine-caffeine oral tablet 1-100 mg	T1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine tartrate/caffeine***)	T1	
phenoxybenzamine oral capsule 10 mg	T1	
Parasympathomimetic (Cholinergic Agents) - Drugs For Bladder Incontinence		
ARICEPT ORAL TABLET 23 MG (***donepezil hcl***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg	T1	
bethanechol chloride oral tablet 50 mg	T3	PA
cevimeline oral capsule 30 mg	T1	
donepezil oral tablet 10 mg, 5 mg	T1	
donepezil oral tablet,disintegrating 10 mg, 5 mg	T1	
MESTINON ORAL SYRUP 60 MG/5 ML (***pyridostigmine bromide***)	T1	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG (***pyridostigmine bromide***)	T1	
neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)	T3	PA
pilocarpine hcl oral tablet 5 mg	T1	
pyridostigmine bromide oral tablet 60 mg	T1	
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR 24 MG, 8 MG (***galantamine hbr***)	T3	PA
REGONOL INJECTION SOLUTION 5 MG/ML (***pyridostigmine bromide***)	T1	
rivastigmine transdermal patch 24 hour 4.6 mg/24 hour, 9.5 mg/24 hour	T3	PA
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG (***pilocarpine hcl***)	T3	PA
Selective Alpha-1-Adrenergic Block.Agent - Drugs For The Heart		
alfuzosin oral tablet extended release 24 hr 10 mg	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
labetalol intravenous solution 5 mg/ml	T1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	T1	
tamsulosin oral capsule 0.4 mg	T1	
Selective Beta-1-Adrenergic Agonists - Drugs For Heart And Lungs		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 500 mg/250 ml (2,000 mcg/ml)	T1	
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	T1	
dopamine intravenous solution 800 mg/5 ml (160 mg/ml)	T1	
Selective Beta-2-Adrenergic Agonists - Drugs For Heart And Lungs		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	T2	QL (2 QY per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	T1	
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	T1	
albuterol sulfate oral syrup 2 mg/5 ml	T1	
albuterol sulfate oral tablet 2 mg, 4 mg	T1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	T1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (***umeclidinium bromide/vilanterol trifenatate***)	T1	
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	T2	QL (20.4 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***)	T1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	T1	
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	T1	
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T1	
fluticasone propion-salmeterol inhalation hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation	T3	PA
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	T1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	T3	PA
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	T3	PA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (***salmeterol xinafoate***)	T1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***)	T1	
terbutaline oral tablet 2.5 mg, 5 mg	T1	
terbutaline subcutaneous solution 1 mg/ml	T1	
fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	
Selective Beta-Adrenergic Blocking Agent - Drugs For The Heart		
acebutolol oral capsule 200 mg, 400 mg	T1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T1	
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) (***esmolol hcl in sodium chloride, iso-osmotic***)	T1	
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	T1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate intravenous solution 5 mg/5 ml	T1	
metoprolol tartrate oral tablet 100 mg, 50 mg	T1	
metoprolol tartrate oral tablet 25 mg	T1	
Skeletal Muscle Relaxants, Miscellaneous - Drugs For Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR RECON SOLN 100 UNIT (***onabotulinumtoxina***)	T1	
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (***rimabotulinumtoxinb***)	T1	
orphenadrine citrate/aspirin/caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	T1	
Blood Formation, Coagulation, Thrombosis - Drugs For The Blood		
Anticoagulants, Miscellaneous - Drugs To Prevent Blood Clots		
ACD-A SOLUTION (***citrate dextrose solution***)	T1	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	T1	
Blood Form.,Coag,Thrombosis Agents Misc. - Drugs To Prevent Bleeding		
OXBRYTA ORAL TABLET 300 MG, 500 MG (***voxelotor***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG (***voxelotor***)	T3	PA
Coumarin Derivatives - Drugs To Prevent Blood Clots		
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	T1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	T1	
Direct Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (***apixaban***)	T2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (***apixaban***)	T2	QL (60 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (***rivaroxaban***)	T2	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML (***rivaroxaban***)	T2	QL (600 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***)	T2	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG (***rivaroxaban***)	T2	QL (42 EA per 21 days)
XARELTO ORAL TABLET 2.5 MG (***rivaroxaban***)	T2	QL (60 EA per 30 days)
Direct Thrombin Inhibitors - Drugs To Prevent Blood Clots		
ANGIOMAX INTRAVENOUS RECON SOLN 250 MG (***bivalirudin***)	T1	
argatroban intravenous solution 100 mg/ml	T1	
dabigatran etexilate oral capsule 150 mg, 75 mg	T2	QL (60 EA per 30 days)
PRADAXA ORAL CAPSULE 110 MG (***dabigatran etexilate mesylate***)	T2	QL (60 EA per 30 days)
Hematopoietic Agents - Drugs For Anemia		
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (***epoetin alfa***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-jmdb***)	T3	PA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***tbo-filgrastim***)	T3	PA
LEUKINE INJECTION RECON SOLN 250 MCG (***sargramostim***)	T1	
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim***)	T3	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim***)	T3	PA
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim***)	T3	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim-aafi***)	T3	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-aafi***)	T3	PA
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-apgf***)	T3	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML, 20,000 UNIT/ML, 40,000 UNIT/ML (***epoetin alfa***)	T3	PA
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim-ayow***)	T3	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-ayow***)	T3	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (***epoetin alfa-epbx***)	T3	PA
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-fpgk***)	T3	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-cbqv***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-bmez***)	T3	PA
Hemorrheologic Agents - Drugs For Blood Flow		
pentoxifylline oral tablet extended release 400 mg	T1	
Hemostatics - Drugs To Prevent Bleeding		
aminocaproic acid intravenous solution 250 mg/ml	T1	
aminocaproic acid oral tablet 1,000 mg	T1	
DDAVP INJECTION SOLUTION 4 MCG/ML (***desmopressin acetate***)	T3	PA
desmopressin injection solution 4 mcg/ml	T3	PA
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	T3	PA
desmopressin oral tablet 0.1 mg, 0.2 mg	T2	AL (Min 6 Years)
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)	T1	
tranexamic acid oral tablet 650 mg	T3	PA
Heparins - Drugs To Prevent Blood Clots		
enoxaparin subcutaneous solution 300 mg/3 ml	T3	PA; QL (60 ML per 365 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	T2	QL (40 ML per 180 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	T2	QL (32 ML per 180 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	T2	QL (12 ML per 180 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	T2	QL (16 ML per 180 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	T2	QL (24 ML per 180 days)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (***dalteparin sodium,porcine***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	T1	
heparin (porcine) injection syringe 5,000 unit/ml	T1	
heparin lock flush (porcine) intravenous solution 100 unit/ml	T1	
Iron Preparations - Vitamins And Minerals		
BACMIN ORAL TABLET 27 MG IRON- 1 MG (***multivitamin with minerals no.20/iron/folic acid***)	T1	
BIOTECT PLUS ORAL LIQUID (***amino acids/multivitamin,therapeutic,iron,other minerals***)	T1	
CLASSIC PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vit with calcium no.126/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG (***prenatal vitamin no.52/iron/folic acid/omega-3/dha***)	T1	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (***multivitamin with minerals no.69/iron,carbonyl/folic acid***)	T2	QL (30 EA per 30 days)
FEOSOL ORAL TABLET 45 MG (***iron,carbonyl***)	T2	
ferrous gluconate oral tablet 324 mg (37.5 mg iron), 324 mg (38 mg iron)	T2	QL (200 EA per 30 days)
ferrous sulfate oral drops 15 mg iron (75 mg)/ml	T2	
ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml	T1	
ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml	T1	
ferrous sulfate oral tablet 325 mg (65 mg iron)	T2	
ferrous sulfate oral tablet,delayed release (dr/ec) 325 mg (65 mg iron)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOLITAB ORAL TABLET EXTENDED RELEASE 105 MG IRON- 500 MG-800 MCG (***ferrous sulfate/ascorbic acid/folic acid***)	T1	
FORTAVIT ORAL CAPSULE (***multivit with iron, mins/dietary sup 4/dna/ribonucleic acid***)	T1	
GERITOL TONIC WITH FERREX 18 ORAL LIQUID 2.5 MG-50 MG-18 IRON/15 ML (***thiamine/riboflavin/niacin/pant acid/b6/iron/methion/choline***)	T1	
HEMATINIC PLUS VIT/MINERALS ORAL TABLET 106 MG IRON- 1 MG (***iron/folic acid/vitamin b comp and c/minerals***)	T1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (***ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid***)	T1	
HEMOCYTE-F ORAL TABLET 324 MG (106 MG IRON)-1 MG (***ferrous fumarate/folic acid***)	T1	
HIGH POTENCY IRON ORAL TABLET 134 MG (27 MG IRON) (***ferrous sulfate***)	T2	
HONEY BEARS WITH IRON-ZINC ORAL TABLET,CHEWABLE 4.5 MG (***pediatric multivitamin no.159/ferrous sulfate***)	T1	
IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG (***iron polysaccharide complex/cyanocobalamin/folic acid***)	T1	
INFED INJECTION SOLUTION 50 MG/ML (***iron dextran complex***)	T1	
IRON 100 PLUS ORAL TABLET 100-250-25-1 MG-MG-MCG-MG (***iron,carbonyl/ascorbic acid/cyanocobalamin/folic acid***)	T1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTRIVIT ORAL LIQUID 15 MG IRON-800 MG-1 MG/15 ML (***iron/lysine/vitamin b complex/folic acid***)	T1	
polysaccharide iron complex oral capsule 150 mg iron	T1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (***prenatal vit with calcium 95/ferrous fumarate/folic acid/dha***)	T2	QL (1 EA per 1 day)
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vit with calcium no.129/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days); AL (Min 13 Years and Max 45 Years)
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (***prenatal vit with calcium no.130/ferrous fumarate/folic acid***)	T1	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)
PROFERRIN-FORTE ORAL TABLET 12-1 MG (***iron heme polypeptide/folic acid***)	T1	
SIDEROL ORAL TABLET (***iron/liver extract/vitamin b comp and c/minerals***)	T1	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 142 MG (45 MG IRON), 143 MG (45 MG IRON) (***ferrous sulfate***)	T2	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIGELS-F FORTE ORAL CAPSULE 460-60-0.01-1 MG (***ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid***)	T1	
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML (***iron sucrose complex***)	T1	
Platelet-Aggregation Inhibitors - Drugs To Prevent Blood Clots		
aspirin oral tablet 325 mg	T2	
aspirin oral tablet,chewable 81 mg	T1	
aspirin oral tablet,delayed release (dr/ec) 325 mg, 500 mg, 650 mg	T2	
aspirin oral tablet,delayed release (dr/ec) 81 mg	T1	
aspirin rectal suppository 300 mg	T2	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	T1	
BAYER ADVANCED ORAL TABLET 500 MG (***aspirin***)	T2	
BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***)	T2	
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	T2	
BRILINTA ORAL TABLET 60 MG, 90 MG (***ticagrelor***)	T2	QL (60 EA per 30 days)
BUFFERIN ORAL TABLET 325 MG (***aspirin/calcium carbonate/magnesium***)	T1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	T1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	T2	QL (180 EA per 30 days)
cilostazol oral tablet 100 mg, 50 mg	T1	
clopidogrel oral tablet 300 mg	T2	QL (2 EA per 30 days)
clopidogrel oral tablet 75 mg	T1	
dipyridamole intravenous solution 5 mg/ml	T1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prasugrel oral tablet 10 mg, 5 mg	T2	QL (30 EA per 30 days)
Platelet-Reducing Agents - Drugs To Prevent Blood Clots		
anagrelide oral capsule 0.5 mg	T1	
Thrombolytic Agents - Drugs To Prevent Blood Clots		
aspirin oral tablet 325 mg	T2	
aspirin oral tablet,chewable 81 mg	T1	
aspirin oral tablet,delayed release (dr/ec) 325 mg, 500 mg, 650 mg	T2	
aspirin oral tablet,delayed release (dr/ec) 81 mg	T1	
aspirin rectal suppository 300 mg	T2	
BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***)	T2	
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	T2	
BUFFERIN ORAL TABLET 325 MG (***aspirin/calcium carbonate/magnesium***)	T1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	T1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	T2	QL (180 EA per 30 days)
Cardiovascular Drugs - Drugs For The Heart		
Alpha-Adrenergic Blocking Agents - Drugs For High Blood Pressure		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
labetalol intravenous solution 5 mg/ml	T1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	T1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	T1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Alpha-Adrenergic Blocking Agt.(Hypoten) - Drugs For High Blood Pressure & Angina		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
labetalol intravenous solution 5 mg/ml	T1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	T1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	T1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Angiotensin Ii Receptor Antagon.(Hypotn) - Drugs For High Blood Pressure & Angina		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG (***candesartan cilexetil/hydrochlorothiazide***)	T3	PA
ATACAND ORAL TABLET 4 MG (***candesartan cilexetil***)	T3	PA
candesartan oral tablet 16 mg, 32 mg, 8 mg	T3	PA
eprosartan oral tablet 600 mg	T3	PA
irbesartan oral tablet 150 mg, 300 mg, 75 mg	T1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	T1	
losartan oral tablet 100 mg, 25 mg, 50 mg	T1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	T1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	T1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	T1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	T1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	T3	PA; QL (30 EA per 30 days)
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	T1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	T1	
Angiotensin Ii Receptor Antagonists - Drugs For The Heart		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG (***candesartan cilexetil/hydrochlorothiazide***)	T3	PA
ATACAND ORAL TABLET 4 MG (***candesartan cilexetil***)	T3	PA
candesartan oral tablet 16 mg, 32 mg, 8 mg	T3	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (***sacubitril/valsartan***)	T2	QL (60 EA per 30 days)
eprosartan oral tablet 600 mg	T3	PA
irbesartan oral tablet 150 mg, 300 mg, 75 mg	T1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	T1	
losartan oral tablet 100 mg, 25 mg, 50 mg	T1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	T1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	T1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	T1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	T1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	T3	PA; QL (30 EA per 30 days)
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	T1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	T1	
Angiotensin-Convert.Enzyme Inhib(Hypotn) - Drugs For High Blood Pressure & Angina		
ACCUPRIL ORAL TABLET 10 MG, 40 MG (***quinapril hcl***)	T3	PA
ACCURETIC ORAL TABLET 10-12.5 MG, 20-25 MG (***quinapril hcl/hydrochlorothiazide***)	T3	PA
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	T1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	T1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	T3	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	T1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	T1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	T3	PA
fosinopril oral tablet 10 mg, 20 mg, 40 mg	T1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	T3	PA
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	T1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	T3	PA
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	T1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	T1	
Angiotensin-Converting Enzyme Inhibitors - Drugs For The Heart		
ACCUPRIL ORAL TABLET 10 MG, 40 MG (***quinapril hcl***)	T3	PA
ACCURETIC ORAL TABLET 10-12.5 MG, 20-25 MG (***quinapril hcl/hydrochlorothiazide***)	T3	PA
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T1	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	T1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	T1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	T3	PA
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	T1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	T1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	T3	PA
fosinopril oral tablet 10 mg, 20 mg, 40 mg	T1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	T3	PA
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	T1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	T3	PA
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	T1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	T1	
Antiarrhythmic Agents - Drugs For Angina		
adenosine intravenous syringe 3 mg/ml	T1	
Antiarrhythmics, Miscellaneous - Drugs For Angina		
digoxin (Digox Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	T1	
digoxin injection solution 250 mcg/ml (0.25 mg/ml)	T1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	T1	
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML) (***digoxin***)	T1	
magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml	T1	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	T1	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %)	T1	
magnesium sulfate injection solution 4 meq/ml (50 %)	T1	
magnesium sulfate injection syringe 4 meq/ml	T1	
Antilipemic Agents, Miscellaneous - Drugs For Cholesterol		
omega-3 acid ethyl esters (Lovaza Oral Capsule 1 Gram)	T2	ST
NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***)	T3	PA
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid/ezetimibe***)	T3	PA
niacin oral capsule, extended release 250 mg, 500 mg	T2	
niacin oral tablet 100 mg, 50 mg, 500 mg	T2	
niacin oral tablet 250 mg	T2	
niacin oral tablet extended release 1,000 mg	T2	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	T3	PA
niacin oral tablet extended release 250 mg, 500 mg	T1	
omega 3-dha-epa-fish oil oral capsule 300-1,000 mg	T1	
omega 3-dha-epa-fish oil oral capsule,delayed release(dr/ec) 300 mg (120 mg- 180mg)-1,000 mg	T1	
omega 3-dha-epa-fish oil oral capsule,delayed release(dr/ec) 300-1,000 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
omega-3 fatty acids oral capsule 1,000 mg	T1	
omega-3 fatty acids-fish oil oral capsule 300-1,000 mg	T1	
SMART HEART OMEGA-3 ORAL CAPSULE,DELAYED RELEASE(DR/EC) 115-172-1,000 MG (***omega-3 fatty acids/docosahexaenoic acid/epa/fish oil***)	T1	
VIT 3 ORAL CAPSULE 500 MG-500 MCG -1 MG-12.5 MG (***omega-3/dha/epa/b12/folic acid/pyridoxine hcl/phytosterols***)	T1	
Beta-Adrenergic Blocking Agents - Drugs For Abnormal Heart Rhythms		
acebutolol oral capsule 200 mg, 400 mg	T1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T1	
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) (***esmolol hcl in sodium chloride, iso-osmotic***)	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	T1	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (***propranolol hcl***)	T1	
labetalol intravenous solution 5 mg/ml	T1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	T1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate intravenous solution 5 mg/5 ml	T1	
metoprolol tartrate oral tablet 100 mg, 50 mg	T1	

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Preferred Medication **T2** = Preferred Medication with Restriction **T3** = Non-Preferred Medication - Prior Authorization is Required	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoprolol tartrate oral tablet 25 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T3	PA
propranolol intravenous solution 1 mg/ml	T2	QL (0.5 ML per 30 days)
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	T1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T3	PA
Beta-Adrenergic Blocking Agt.(Hypoten) - Drugs For High Blood Pressure & Angina		
acebutolol oral capsule 200 mg, 400 mg	T1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T1	
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) (***esmolol hcl in sodium chloride, iso-osmotic***)	T1	
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	T1	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (***propranolol hcl***)	T1	
labetalol intravenous solution 5 mg/ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
labetalol oral tablet 100 mg, 200 mg, 300 mg	T1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate intravenous solution 5 mg/5 ml	T1	
metoprolol tartrate oral tablet 100 mg, 50 mg	T1	
metoprolol tartrate oral tablet 25 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T3	PA
propranolol intravenous solution 1 mg/ml	T2	QL (0.5 ML per 30 days)
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	T1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T3	PA
Bile Acid Sequestrants - Drugs For Cholesterol		
cholestyramine (with sugar) oral powder 4 gram	T1	
cholestyramine (with sugar) oral powder in packet 4 gram	T1	
cholestyramine/aspartame (Cholestyramine Light Oral Powder In Packet 4 Gram)	T1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM (***colestipol hcl***)	T1	
colestipol oral granules 5 gram	T1	
colestipol oral packet 5 gram	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
colestipol oral tablet 1 gram	T1	
cholestyramine/aspartame (Prevalite Oral Powder 4 Gram)	T1	
cholestyramine/aspartame (Prevalite Oral Powder In Packet 4 Gram)	T1	
Calcium-Channel Block.Agt,Misc(Hypoten) - Drugs For High Blood Pressure & Angina		
diltiazem hcl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	T2	ST
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg	T3	PA
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl oral capsule,extended release 24hr 360 mg	T3	PA
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T3	PA
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (***diltiazem hcl***)	T1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T3	PA
diltiazem hcl (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl (Tiadylt Er Oral Capsule,Extended Release 24 Hr 420 Mg)	T3	PA
verapamil oral capsule, 24 hr er pellet ct 100 mg, 300 mg	T3	PA
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	T1	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	T3	PA
verapamil oral tablet 120 mg, 40 mg, 80 mg	T1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 200 MG (***verapamil hcl***)	T3	PA
Calcium-Channel Blocking Agents - Drugs For High Blood Pressure & Angina		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	T1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T1	
diltiazem hcl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	T2	ST
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg	T3	PA
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl oral capsule,extended release 24hr 360 mg	T3	PA
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T3	PA
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (***diltiazem hcl***)	T1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	T1	
isradipine oral capsule 2.5 mg, 5 mg	T2	ST
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T3	PA
nicardipine oral capsule 20 mg, 30 mg	T3	PA
nifedipine oral capsule 10 mg, 20 mg	T3	PA
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	T1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	T1	
nimodipine oral capsule 30 mg	T3	PA
nisoldipine oral tablet extended release 24 hr 20 mg, 30 mg, 40 mg	T3	PA
diltiazem hcl (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
diltiazem hcl (Tiadylt Er Oral Capsule,Extended Release 24 Hr 420 Mg)	T3	PA
verapamil oral capsule, 24 hr er pellet ct 100 mg, 300 mg	T3	PA
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	T1	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	T3	PA
verapamil oral tablet 120 mg, 40 mg, 80 mg	T1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 200 MG (***verapamil hcl***)	T3	PA
Calcium-Channel Blocking Agents(Hypoten) - Drugs For High Blood Pressure & Angina		
diltiazem hcl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	T2	ST
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg	T3	PA
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl oral capsule,extended release 24hr 360 mg	T3	PA
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T3	PA
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (***diltiazem hcl***)	T1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T3	PA
diltiazem hcl (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
diltiazem hcl (Tiadylt Er Oral Capsule,Extended Release 24 Hr 420 Mg)	T3	PA
verapamil oral capsule, 24 hr er pellet ct 100 mg, 300 mg	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	T1	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	T3	PA
verapamil oral tablet 120 mg, 40 mg, 80 mg	T1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 200 MG (***verapamil hcl***)	T3	PA
Calcium-Channel Blocking Agents, Misc. - Drugs For High Blood Pressure & Angina		
diltiazem hcl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	T2	ST
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg	T3	PA
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl oral capsule,extended release 24hr 360 mg	T3	PA
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T3	PA
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (***diltiazem hcl***)	T1	
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
diltiazem hcl (Tiadylt Er Oral Capsule,Extended Release 24 Hr 420 Mg)	T3	PA
verapamil oral capsule, 24 hr er pellet ct 100 mg, 300 mg	T3	PA
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	T1	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	T3	PA
verapamil oral tablet 120 mg, 40 mg, 80 mg	T1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 200 MG (***verapamil hcl***)	T3	PA
Carbonic Anhydrase Inhibitors(Hypoten) - Drugs For High Blood Pressure & Angina		
acetazolamide oral capsule, extended release 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
Cardiotonic Agents - Drugs For Angina		
digoxin (Digox Oral Tablet 125 Mcg (0.125 Mg), 250 Mcg (0.25 Mg))	T1	
digoxin injection solution 250 mcg/ml (0.25 mg/ml)	T1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	T1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	T1	
dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 500 mg/250 ml (2,000 mcg/ml)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	T1	
dopamine intravenous solution 800 mg/5 ml (160 mg/ml)	T1	
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML) (***digoxin***)	T1	
milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)	T1	
milrinone intravenous solution 1 mg/ml	T1	
Central Alpha-Agonists - Drugs For High Blood Pressure & Angina		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	T1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	T1	
guanfacine oral tablet 1 mg, 2 mg	T1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	T1	
methyldopa oral tablet 250 mg, 500 mg	T1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg	T1	
methyldopa-hydrochlorothiazide oral tablet 250-25 mg	T3	PA
methyldopate intravenous solution 250 mg/5 ml	T1	
Cholesterol Absorption Inhibitors - Drugs For Cholesterol		
ezetimibe oral tablet 10 mg	T1	
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid/ezetimibe***)	T3	PA
Class Ia Antiarrhythmics - Drugs For Angina		
disopyramide phosphate oral capsule 100 mg, 150 mg	T1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (***disopyramide phosphate***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
procainamide injection solution 100 mg/ml	T2	QL (0.5 ML per 30 days)
procainamide injection solution 500 mg/ml	T1	
quinidine gluconate oral tablet extended release 324 mg	T1	
quinidine sulfate oral tablet 200 mg, 300 mg	T1	
Class Ib Antiarrhythmics - Drugs For Angina		
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	T1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	T1	
phenytoin oral suspension 125 mg/5 ml	T1	
phenytoin oral tablet,chewable 50 mg	T1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	T1	
phenytoin sodium intravenous solution 50 mg/ml	T1	
Class Ic Antiarrhythmics - Drugs For Angina		
flecainide oral tablet 100 mg, 150 mg, 50 mg	T1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	T1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	T1	
Class Ii Antiarrhythmics - Drugs For Angina		
acebutolol oral capsule 200 mg, 400 mg	T1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION 2,000 MG/100 ML, 2,500 MG/250 ML (10 MG/ML) (***esmolol hcl in sodium chloride, iso-osmotic***)	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
esmolol intravenous solution 100 mg/10 ml (10 mg/ml)	T1	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (***propranolol hcl***)	T1	
labetalol intravenous solution 5 mg/ml	T1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	T1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate intravenous solution 5 mg/5 ml	T1	
metoprolol tartrate oral tablet 100 mg, 50 mg	T1	
metoprolol tartrate oral tablet 25 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T3	PA
propranolol intravenous solution 1 mg/ml	T2	QL (0.5 ML per 30 days)
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	T1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T3	PA
Class Iii Antiarrhythmics - Drugs For Angina		
amiodarone intravenous solution 50 mg/ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amiodarone intravenous syringe 150 mg/3 ml	T1	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	T1	
bretylium tosylate injection solution 50 mg/ml	T1	
dofetilide oral capsule 250 mcg, 500 mcg	T1	
ibutilide fumarate intravenous solution 0.1 mg/ml	T1	
MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***)	T3	PA
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
TIKOSYN ORAL CAPSULE 125 MCG (***dofetilide***)	T1	
Class Iv Antiarrhythmics - Drugs For Angina		
adenosine intravenous syringe 3 mg/ml	T1	
diltiazem hcl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	T2	ST
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg	T3	PA
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl oral capsule,extended release 24hr 360 mg	T3	PA
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T3	PA
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (***diltiazem hcl***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T3	PA
diltiazem hcl (Tiadylt Er Oral Capsule,Extended Release 24 Hr 420 Mg)	T3	PA
verapamil oral capsule, 24 hr er pellet ct 100 mg, 300 mg	T3	PA
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	T1	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	T3	PA
verapamil oral tablet 120 mg, 40 mg, 80 mg	T1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 200 MG (***verapamil hcl***)	T3	PA
Dihydropyridines - Drugs For High Blood Pressure & Angina		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	T1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	T1	
isradipine oral capsule 2.5 mg, 5 mg	T2	ST
nicardipine oral capsule 20 mg, 30 mg	T3	PA
nifedipine oral capsule 10 mg, 20 mg	T3	PA
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	T1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	T1	
nimodipine oral capsule 30 mg	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nisoldipine oral tablet extended release 24 hr 20 mg, 30 mg, 40 mg	T3	PA
Dihydropyridines (Antihypertensive) - Drugs For High Blood Pressure & Angina		
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	T1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	T1	
isradipine oral capsule 2.5 mg, 5 mg	T2	ST
nicardipine oral capsule 20 mg, 30 mg	T3	PA
nifedipine oral capsule 10 mg, 20 mg	T3	PA
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	T1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	T1	
nimodipine oral capsule 30 mg	T3	PA
nisoldipine oral tablet extended release 24 hr 20 mg, 30 mg, 40 mg	T3	PA
Direct Vasodilators - Drugs For High Blood Pressure & Angina		
hydralazine injection solution 20 mg/ml	T1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	T1	
minoxidil oral tablet 10 mg, 2.5 mg	T1	
sodium nitroprusside intravenous solution 25 mg/ml	T1	
Diuretics, Miscellaneous (Hypotensive) - Drugs For High Blood Pressure & Angina		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline anhydrous***)	T1	
theophylline oral elixir 80 mg/15 ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	T1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	T1	
Fibric Acid Derivatives - Drugs For Cholesterol		
fenofibrate micronized oral capsule 130 mg, 43 mg	T3	PA
fenofibrate micronized oral capsule 134 mg	T1	
fenofibrate micronized oral capsule 200 mg, 67 mg	T2	ST; QL (30 EA per 30 days)
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	T1	
fenofibrate oral tablet 160 mg, 54 mg	T1	
gemfibrozil oral tablet 600 mg	T1	
Hmg-Coa Reductase Inhibitors - Drugs For Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG (***lovastatin***)	T3	PA
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	T1	
fluvastatin oral capsule 20 mg, 40 mg	T3	PA; QL (60 EA per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	T3	PA
lovastatin oral tablet 10 mg, 20 mg, 40 mg	T1	
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	T2	QL (30 EA per 30 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T2	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	T1	
Hypotensive Agents, Miscellaneous - Drugs For High Blood Pressure & Angina		
acebutolol oral capsule 200 mg, 400 mg	T1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	T1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORLOPAM INTRAVENOUS SOLUTION 10 MG/ML (***fenoldopam mesylate***)	T1	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	T1	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (***propranolol hcl***)	T1	
isradipine oral capsule 2.5 mg, 5 mg	T2	ST
nicardipine oral capsule 20 mg, 30 mg	T3	PA
nifedipine oral capsule 10 mg, 20 mg	T3	PA
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	T1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	T1	
nimodipine oral capsule 30 mg	T3	PA
nisoldipine oral tablet extended release 24 hr 20 mg, 30 mg, 40 mg	T3	PA
phenoxybenzamine oral capsule 10 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T3	PA
propranolol intravenous solution 1 mg/ml	T2	QL (0.5 ML per 30 days)
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	T1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T3	PA
Loop Diuretics (Hypotensive Agents) - Drugs For High Blood Pressure & Angina		
bumetanide injection solution 0.25 mg/ml	T1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	T1	
EDECRIN ORAL TABLET 25 MG (***ethacrynic acid***)	T1	
ethacrynate sodium intravenous recon soln 50 mg	T1	
furosemide injection solution 10 mg/ml	T1	
furosemide oral solution 10 mg/ml	T1	
furosemide oral solution 40 mg/5 ml (8 mg/ml)	T1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	T1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	T1	
Mineralocorticoid (Aldosterone) Antagnts - Drugs For The Heart		
INSPRA ORAL TABLET 25 MG, 50 MG (***eplerenone***)	T3	PA
KERENDIA ORAL TABLET 10 MG, 20 MG (***finerenone***)	T3	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	T1	
Mineralocorticoid(Aldoster.)Antag(Hypot) - Drugs For High Blood Pressure & Angina		
INSPRA ORAL TABLET 25 MG, 50 MG (***eplerenone***)	T3	PA
KERENDIA ORAL TABLET 10 MG, 20 MG (***finerenone***)	T3	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	T1	
Nitrates And Nitrites - Drugs For The Heart		
amyl nitrite inhalation solution 0.3 ml	T1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	T1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	T1	
nitroglycerin (Nitro-Bid Transdermal Ointment 2 %)	T1	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)	T1	
nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	T1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	T1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	T1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY (***nitroglycerin***)	T3	PA
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY (***nitroglycerin***)	T1	
Osmotic Diuretics (Hypotensive Agents) - Drugs For High Blood Pressure & Angina		
mannitol 20 % intravenous parenteral solution 20 %	T1	
mannitol 25 % intravenous solution 25 %	T1	
OSMITROL 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % (***mannitol***)	T1	
Pcsk9 Inhibitors - Drugs For Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (***alirocumab***)	T3	PA
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (***evolocumab***)	T3	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (***evolocumab***)	T3	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (***evolocumab***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Phosphodiesterase Type 5 Inhibitors - Drugs For The Heart		
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (***tadalafil***)	T3	PA
cilostazol oral tablet 100 mg, 50 mg	T1	
sildenafil (pulm.hypertension) oral tablet 20 mg	T3	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	T3	PA; QL (60 EA per 30 days)
VIAGRA ORAL TABLET 100 MG (***sildenafil citrate***)	T3	PA; QL (3 QY per 30 DYs)
VIAGRA ORAL TABLET 25 MG, 50 MG (***sildenafil citrate***)	T3	PA; QL (3 EA per 30 days)
Potassium-Sparing Diuretics (Hypoten) - Drugs For High Blood Pressure & Angina		
amiloride oral tablet 5 mg	T1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	T1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (***triamterene***)	T3	PA
INSPRA ORAL TABLET 25 MG, 50 MG (***eplerenone***)	T3	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	T1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	T1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	T1	
Renin-Angioten.-Aldost. Sys. Inhib, Misc - Drugs For The Heart		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (***sacubitril/valsartan***)	T2	QL (60 EA per 30 days)
Thiazide Diuretics(Hypotensive Agents) - Drugs For High Blood Pressure & Angina		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-25 MG (***quinapril hcl/hydrochlorothiazide***)	T3	PA
amiloride-hydrochlorothiazide oral tablet 5-50 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG (***candesartan cilexetil/hydrochlorothiazide***)	T3	PA
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	T1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	T3	PA
DIURIL ORAL SUSPENSION 250 MG/5 ML (***chlorothiazide***)	T1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	T1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	T3	PA
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	T3	PA
hydrochlorothiazide oral capsule 12.5 mg	T1	
hydrochlorothiazide oral tablet 12.5 mg	T1	
hydrochlorothiazide oral tablet 25 mg, 50 mg	T1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	T1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	T1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg	T1	
methyldopa-hydrochlorothiazide oral tablet 250-25 mg	T3	PA
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	T1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	T3	PA; QL (30 EA per 30 days)
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	T1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	T1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	T1	
Thiazide-Like Diuretics(Hypotensive Agt) - Drugs For High Blood Pressure & Angina		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T1	
chlorthalidone oral tablet 25 mg, 50 mg	T1	
indapamide oral tablet 1.25 mg, 2.5 mg	T1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	T1	
Vasodilating Agents, Miscellaneous - Drugs For The Heart		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	T3	PA
ambrisentan oral tablet 10 mg, 5 mg	T3	PA
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	T1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T1	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	T1	
bosentan oral tablet 125 mg, 62.5 mg	T3	PA
diltiazem hcl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	T1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (***alprostadil***)	T3	PA; QL (3 EA per 30 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG (***alprostadil***)	T3	PA; QL (3 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	T2	ST
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	T1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg	T3	PA
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	T1	
diltiazem hcl oral capsule,extended release 24hr 360 mg	T3	PA
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T3	PA
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG (***diltiazem hcl***)	T1	
dipyridamole intravenous solution 5 mg/ml	T1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	T1	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	T1	
isradipine oral capsule 2.5 mg, 5 mg	T2	ST
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	T3	PA
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 250 MCG (***alprostadil***)	T3	PA; QL (3 EA per 30 days)
nicardipine oral capsule 20 mg, 30 mg	T3	PA
nifedipine oral capsule 10 mg, 20 mg	T3	PA
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	T1	
nimodipine oral capsule 30 mg	T3	PA
nisoldipine oral tablet extended release 24 hr 20 mg, 30 mg, 40 mg	T3	PA
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	T3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	T3	PA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (***treprostinil sodium***)	T3	PA
diltiazem hcl (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
diltiazem hcl (Tiadylt Er Oral Capsule,Extended Release 24 Hr 420 Mg)	T3	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (***bosentan***)	T3	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil***)	T3	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	T3	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil/nebulizer accessories***)	T3	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	T3	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (***selexipag***)	T3	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (***iloprost tromethamine***)	T3	PA
verapamil oral capsule, 24 hr er pellet ct 100 mg, 300 mg	T3	PA
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	T1	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	T3	PA
verapamil oral tablet 120 mg, 40 mg, 80 mg	T1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 200 MG (***verapamil hcl***)	T3	PA
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (***vericiguat***)	T3	PA
Central Nervous System Agents - Drugs For The Nervous System		
Adamantanes (Cns) - Drugs For Parkinson		
amantadine hcl oral capsule 100 mg	T1	
amantadine hcl oral solution 50 mg/5 ml	T1	
amantadine hcl oral tablet 100 mg	T1	
Amphetamines - Drugs For The Nervous System		
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	T2	QL (30 EA per 30 days); AL (Max 18 Years)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	T2	QL (60 EA per 30 days); AL (Max 18 Years)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	T2	QL (30 QY per 30 DYs); AL (Max 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	T2	QL (60 EA per 30 days); AL (Max 18 Years)
dextroamphetamine-amphetamine oral tablet 30 mg	T2	QL (30 EA per 30 days); AL (Max 18 Years)
methamphetamine oral tablet 5 mg	T3	PA
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (***lisdexamfetamine dimesylate***)	T3	PA
Analgesics And Antipyretics, Misc. - Drugs For Pain		
acetaminophen oral elixir 160 mg/5 ml	T2	
acetaminophen oral suspension 650 mg/20.3 ml	T2	
acetaminophen rectal suppository 120 mg, 650 mg	T2	
acetaminophen-codeine oral solution 120-12 mg/5 ml	T1	
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	T2	QL (5000 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	T2	QL (400 EA per 30 days)
APHEN ORAL TABLET 325 MG (***acetaminophen***)	T2	
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	T3	PA; QL (360 EA per 30 days)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	T2	QL (360 EA per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	T2	QL (360 EA per 30 days)
CHILDREN'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML (5 ML) (***acetaminophen***)	T2	
oxycodone hcl/acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 7.5-325 Mg)	T3	PA
oxycodone hcl/acetaminophen (Endocet Oral Tablet 5-325 Mg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEVERALL RECTAL SUPPOSITORY 325 MG, 80 MG (***acetaminophen***)	T2	
gabapentin oral capsule 100 mg	T2	QL (150 EA per 30 days)
gabapentin oral capsule 300 mg	T2	QL (180 EA per 30 days)
gabapentin oral capsule 400 mg	T1	
gabapentin oral solution 250 mg/5 ml	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	T1	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T2	QL (360 EA per 30 days)
MAPAP (ACETAMINOPHEN) ORAL CAPSULE 500 MG (***acetaminophen***)	T2	
MAPAP (ACETAMINOPHEN) ORAL LIQUID 500 MG/15 ML (***acetaminophen***)	T2	
MAPAP (ACETAMINOPHEN) ORAL SYRINGE 32 MG/ML (***acetaminophen***)	T2	
MAPAP ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG (***acetaminophen***)	T2	QL (180 EA per 30 days)
NITE TIME-D COLD-FLU RELIEF ORAL LIQUID 6.25-30-15-500 MG/15 ML (***dextromethorphan/pseudoephrine hcl/acetaminophen/doxylamine***)	T1	
oxycodone-acetaminophen oral tablet 10-325 mg	T2	QL (30 EA per 2 days)
oxycodone-acetaminophen oral tablet 5-325 mg	T2	QL (360 EA per 30 days)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T1	
pregabalin oral solution 20 mg/ml	T2	ST
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML (***ziconotide acetate***)	T1	
tramadol-acetaminophen oral tablet 37.5-325 mg	T2	QL (240 EA per 30 days)

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Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anorexigenic Agents, Miscellaneous - Drugs For The Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG (***naltrexone hcl/bupropion hcl***)	T3	PA
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (***phentermine hcl/topiramate***)	T3	PA
Anticholinergic Agents (Cns) - Drugs For Parkinson		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	T2	QL (120 EA per 30 days)
trihexyphenidyl oral elixir 0.4 mg/ml	T1	
trihexyphenidyl oral tablet 2 mg, 5 mg	T1	
Anticonvulsants, Miscellaneous - Drugs For Seizures		
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	T1	
carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml	T1	
carbamazepine oral tablet 200 mg	T1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	T1	
carbamazepine oral tablet,chewable 100 mg	T1	
divalproex oral capsule, delayed rel sprinkle 125 mg	T1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	T1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	T1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (***cannabidiol (cbd)***)	T3	PA
felbamate oral suspension 600 mg/5 ml	T3	PA
felbamate oral tablet 400 mg, 600 mg	T3	PA
gabapentin oral capsule 100 mg	T2	QL (150 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gabapentin oral capsule 300 mg	T2	QL (180 EA per 30 days)
gabapentin oral capsule 400 mg	T1	
gabapentin oral solution 250 mg/5 ml	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	
GABITRIL ORAL TABLET 12 MG, 16 MG (***tiagabine hcl***)	T1	
lacosamide oral solution 10 mg/ml	T3	PA
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	T1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	T1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	T1	
levetiracetam oral solution 100 mg/ml	T1	
levetiracetam oral solution 500 mg/5 ml (5 ml)	T1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	T1	
magnesium chloride injection solution 200 mg/ml (20 %)	T1	
magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml	T1	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	T1	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %)	T1	
magnesium sulfate injection solution 4 meq/ml (50 %)	T1	
magnesium sulfate injection syringe 4 meq/ml	T1	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	T1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	T1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T1	
pregabalin oral solution 20 mg/ml	T2	ST

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Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rufinamide oral tablet 200 mg, 400 mg	T3	PA
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	T1	
tiagabine oral tablet 2 mg, 4 mg	T1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	T1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	T1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	T1	
valproic acid oral capsule 250 mg	T1	
zonisamide oral capsule 100 mg, 25 mg, 50 mg	T1	
Antidepressants, Miscellaneous - Drugs For Depression & Psychosis		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	T2	QL (60 EA per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	T1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	T1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	T1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	T1	
mirtazapine oral tablet 7.5 mg	T1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg	T1	
mirtazapine oral tablet,disintegrating 45 mg	T3	PA
Antimanic Agents - Drugs For Personality Disorder		
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	T1	
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	T1	
carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml	T1	
carbamazepine oral tablet 200 mg	T1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	T1	
carbamazepine oral tablet,chewable 100 mg	T1	
divalproex oral capsule, delayed rel sprinkle 125 mg	T1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	T1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	T1	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.) (***ziprasidone mesylate***)	T3	PA
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	T1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	T1	
lithium carbonate oral capsule 150 mg, 600 mg	T1	
lithium carbonate oral capsule 300 mg	T1	
lithium carbonate oral tablet 300 mg	T1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	T1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	T2	QL (30 EA per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	T3	PA
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	T2	QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	T2	QL (60 EA per 30 days)
risperidone oral solution 1 mg/ml	T1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	
risperidone oral tablet,disintegrating 0.25 mg	T2	QL (60 EA per 30 days)
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	T1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml	T1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	T1	
valproic acid oral capsule 250 mg	T1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	T1	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	T3	PA
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG (***olanzapine***)	T3	PA
Antimigraine Agents, Miscellaneous - Migraine Treatment		
aspirin oral tablet 325 mg	T2	
aspirin oral tablet,chewable 81 mg	T1	
aspirin oral tablet,delayed release (dr/ec) 325 mg, 500 mg, 650 mg	T2	
aspirin oral tablet,delayed release (dr/ec) 81 mg	T1	
aspirin rectal suppository 300 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***)	T2	
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	T2	
BUFFERIN ORAL TABLET 325 MG (***aspirin/calcium carbonate/magnesium***)	T1	
codeine phosphate/butalbital/aspirin/caffeine (Butalbital Compound W/Codeine Oral Capsule 30-50-325-40 Mg)	T3	PA
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	T3	PA; QL (360 EA per 30 days)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	T2	QL (360 EA per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	T2	QL (360 EA per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	T1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	T2	QL (180 EA per 30 days)
divalproex oral capsule, delayed rel sprinkle 125 mg	T1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	T1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	T1	
ergotamine-caffeine oral tablet 1-100 mg	T1	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (***propranolol hcl***)	T1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine tartrate/caffeine***)	T1	
propranolol intravenous solution 1 mg/ml	T2	QL (0.5 ML per 30 days)
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	T1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	T3	PA
tramadol-acetaminophen oral tablet 37.5-325 mg	T2	QL (240 EA per 30 days)
valproic acid (as sodium salt) oral solution 250 mg/5 ml	T1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	T1	
valproic acid oral capsule 250 mg	T1	
Antipsychotics, Miscellaneous - Drugs For Depression & Psychosis		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	T1	
molindone oral tablet 10 mg, 25 mg, 5 mg	T3	PA
pimozide oral tablet 1 mg, 2 mg	T1	
Anxiolytics,Sedatives,And Hypnotics,Misc - Drugs For Anxiety & Sleep Disorder		
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	T1	
droperidol injection solution 2.5 mg/ml	T1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	T1	
hydroxyzine hcl oral solution 10 mg/5 ml	T1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	T1	
meprobamate oral tablet 200 mg, 400 mg	T3	PA
PRECEDEX INTRAVENOUS SOLUTION 100 MCG/ML (***dexmedetomidine hcl***)	T1	
promethazine oral syrup 6.25 mg/5 ml	T1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine rectal suppository 12.5 mg, 50 mg	T1	
ramelteon oral tablet 8 mg	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (***diphenhydramine hcl***)	T2	
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG (***diphenhydramine hcl***)	T2	
WAL-SOM (DOXYLAMINE) ORAL TABLET 25 MG (***doxylamine succinate***)	T2	
zaleplon oral capsule 10 mg, 5 mg	T1	
zolpidem oral tablet 10 mg, 5 mg	T2	QL (30 QY per 30 DYs)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	T2	QL (30 EA per 30 days)
Atypical Antipsychotics - Drugs For Depression & Psychosis		
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	T1	
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	T3	PA
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T1	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.) (***ziprasidone mesylate***)	T3	PA
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	T3	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	T2	QL (30 EA per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	T3	PA
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	T2	QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	T2	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG (***brexpiprazole***)	T3	PA
risperidone oral solution 1 mg/ml	T1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	
risperidone oral tablet,disintegrating 0.25 mg	T2	QL (60 EA per 30 days)
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	T1	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	T3	PA
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG (***olanzapine***)	T3	PA
Barbiturates (Anticonvulsants) - Drugs For Seizures		
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	T1	
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	T1	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	T1	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	T1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	T1	
primidone oral tablet 250 mg, 50 mg	T1	
Barbiturates (Anxiolytic, Sedative/Hyp) - Drugs For Anxiety & Sleep Disorder		
codeine phosphate/butalbital/aspirin/caffeine (Butalbital Compound W/Codeine Oral Capsule 30-50-325-40 Mg)	T3	PA
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	T3	PA; QL (360 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	T2	QL (360 EA per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	T2	QL (360 EA per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	T1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	T2	QL (180 EA per 30 days)
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	T1	
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	T1	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	T1	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	T1	
phenobarbital oral tablet 15 mg, 60 mg	T1	
Benzodiazepines (Anticonvulsants) - Drugs For Seizures		
clobazam oral tablet 10 mg, 20 mg	T2	QL (60 EA per 30 DYs)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	T1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	T1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	T1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	T1	
lorazepam oral concentrate 2 mg/ml	T1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
Benzodiazepines (Anxiolytic,Sedativ/Hyp) - Drugs For Anxiety & Sleep Disorder		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML (***alprazolam***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	T1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	T3	PA
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	T1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	T1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	T1	
clobazam oral tablet 10 mg, 20 mg	T2	QL (60 EA per 30 DYs)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	T1	
diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	T1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	T1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	T1	
estazolam oral tablet 1 mg, 2 mg	T1	
lorazepam oral concentrate 2 mg/ml	T1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	
oxazepam oral capsule 10 mg, 15 mg, 30 mg	T3	PA
temazepam oral capsule 15 mg, 30 mg	T1	
temazepam oral capsule 22.5 mg, 7.5 mg	T3	PA
triazolam oral tablet 0.125 mg, 0.25 mg	T1	
Butyrophenones - Drugs For Depression & Psychosis		
haloperidol lactate oral concentrate 2 mg/ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	T1	
Calcitonin Gene-Related Peptide Antag. - Migraine Treatment		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML (***erenumab-aooe***)	T3	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (***fremanezumab-vfrm***)	T3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	T3	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3) (***galcanezumab-gnlm***)	T3	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG (***rimegepant sulfate***)	T3	PA
UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***)	T3	PA
Catechol-O-Methyltransferase(Comt)Inhib. - Drugs For Parkinson		
entacapone oral tablet 200 mg	T1	
tolcapone oral tablet 100 mg	T1	
Central Nervous System Agents, Misc. - Drugs For Attention Deficit Disorder		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	T1	
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	T3	PA
carbidopa oral tablet 25 mg	T1	
flumazenil intravenous solution 0.1 mg/ml	T1	
guanfacine oral tablet 1 mg, 2 mg	T1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	T1	
memantine oral tablet 10 mg, 5 mg	T1	
memantine oral tablets,dose pack 5-10 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG (***viloxazine hcl***)	T3	PA
riluzole oral tablet 50 mg	T1	
Cyclooxygenase-2 (Cox-2) Inhibitors - Drugs For Pain		
celecoxib oral capsule 100 mg, 200 mg	T1	
celecoxib oral capsule 400 mg	T3	PA; ST
celecoxib oral capsule 50 mg	T3	PA; ST; QL (60 EA per 30 days)
Dopamine Precursors - Drugs For Parkinson		
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	T1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	T1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	T1	
Ergot-Deriv. Dopamine Receptor Agonists - Drugs For Parkinson		
bromocriptine oral capsule 5 mg	T1	
bromocriptine oral tablet 2.5 mg	T1	
cabergoline oral tablet 0.5 mg	T1	
Fibromyalgia Agents - Drugs For Nerve Pain		
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	T2	QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	T3	PA
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T1	
pregabalin oral solution 20 mg/ml	T2	ST
Hydantoins - Drugs For Seizures		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	T1	
phenytoin oral suspension 125 mg/5 ml	T1	
phenytoin oral tablet,chewable 50 mg	T1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	T1	
phenytoin sodium intravenous solution 50 mg/ml	T1	
Monoamine Oxidase B Inhibitors - Drugs For Parkinson		
rasagiline oral tablet 0.5 mg, 1 mg	T3	PA
selegiline hcl oral capsule 5 mg	T1	
selegiline hcl oral tablet 5 mg	T1	
Monoamine Oxidase Inhibitors - Drugs For Depression & Psychosis		
phenelzine oral tablet 15 mg	T3	PA
rasagiline oral tablet 0.5 mg, 1 mg	T3	PA
selegiline hcl oral capsule 5 mg	T1	
selegiline hcl oral tablet 5 mg	T1	
tranylcypromine oral tablet 10 mg	T3	PA
Nonergot-Deriv.Dopamine Receptor Agonist - Drugs For Parkinson		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML (***apomorphine hcl***)	T1	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	T1	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	T1	
Opiate Agonists - Drugs For Pain		
acetaminophen-codeine oral solution 120-12 mg/5 ml	T1	
acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml	T2	QL (5000 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	T2	QL (400 EA per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 600 MCG (***fentanyl citrate***)	T1	
codeine phosphate/butalbital/aspirin/caffeine (Butalbital Compound W/Codeine Oral Capsule 30-50-325-40 Mg)	T3	PA
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	T3	PA; QL (360 EA per 30 days)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	T1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (***codeine phosphate/guaifenesin***)	T1	
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (***meperidine hcl/pf***)	T3	PA
DEMEROL INJECTION SOLUTION 50 MG/ML (***meperidine hcl***)	T3	PA
DILAUDID (PF) INJECTION SYRINGE 1 MG/ML, 2 MG/ML, 4 MG/ML (***hydromorphone hcl/pf***)	T1	
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML (***morphine sulfate/pf***)	T1	
oxycodone hcl/acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 7.5-325 Mg)	T3	PA
oxycodone hcl/acetaminophen (Endocet Oral Tablet 5-325 Mg)	T1	
fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %	T1	
fentanyl citrate (pf)-0.9%nacl intravenous solution 10 mcg/ml	T1	
fentanyl citrate buccal lozenge on a handle 1,600 mcg, 200 mcg, 400 mcg	T1	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%	T1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	T1	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T2	QL (360 EA per 30 days)
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	T1	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	T2	AL (Min 18 Years)
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)	T1	
hydrocodone-ibuprofen oral tablet 7.5-200 mg	T1	
hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml	T1	
hydromorphone injection solution 1 mg/ml	T1	
hydromorphone injection solution 2 mg/ml	T1	
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	T1	
hydromorphone oral liquid 1 mg/ml	T1	
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	T1	
hydromorphone rectal suppository 3 mg	T1	
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML (***morphine sulfate/pf***)	T1	
levorphanol tartrate oral tablet 2 mg	T3	PA
meperidine (pf) injection solution 100 mg/ml, 50 mg/ml	T1	
meperidine (pf) injection solution 25 mg/ml	T1	
meperidine oral solution 50 mg/5 ml	T3	PA
meperidine oral tablet 50 mg	T3	PA
methadone injection solution 10 mg/ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methadone oral concentrate 10 mg/ml	T1	
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	T1	
methadone oral tablet 10 mg, 5 mg	T1	
MITIGO (PF) INJECTION SOLUTION 25 MG/ML (***morphine sulfate/pf***)	T1	
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	T1	
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	T1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	T1	
morphine in 0.9 % sodium chlor intravenous solution 1 mg/ml	T1	
morphine injection solution 10 mg/ml, 5 mg/ml, 8 mg/ml	T1	
morphine injection syringe 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	T1	
morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	T1	
morphine intravenous syringe 10 mg/ml, 4 mg/ml	T1	
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 60 mg, 90 mg	T3	PA
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	T1	
morphine oral tablet 15 mg, 30 mg	T1	
morphine oral tablet extended release 15 mg, 30 mg, 60 mg	T1	
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	T1	
oxycodone oral concentrate 20 mg/ml	T3	PA
oxycodone oral solution 5 mg/5 ml	T3	PA
oxycodone oral tablet 15 mg, 30 mg	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone oral tablet 5 mg	T2	QL (10 EA per 5 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg	T3	PA
oxycodone-acetaminophen oral tablet 10-325 mg	T2	QL (30 EA per 2 days)
oxycodone-acetaminophen oral tablet 5-325 mg	T2	QL (360 EA per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 15 MG, 30 MG, 60 MG (***oxycodone hcl***)	T3	PA
promethazine-codeine oral syrup 6.25-10 mg/5 ml	T2	QL (240 ML per 30 days); AL (Min 18 Years)
ROXICODONE ORAL TABLET 15 MG, 30 MG (***oxycodone hcl***)	T3	PA
tramadol oral tablet 50 mg	T1	
tramadol-acetaminophen oral tablet 37.5-325 mg	T2	QL (240 EA per 30 days)
ULTIVA INTRAVENOUS RECON SOLN 1 MG, 2 MG, 5 MG (***remifentanil hcl***)	T1	
Opiate Antagonists - Drugs For Overdose Or Poisoning		
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION (***naloxone hcl***)	T2	QL (2 EA per 180 days)
naloxone injection solution 0.4 mg/ml	T1	
naloxone injection syringe 0.4 mg/ml	T1	
naloxone injection syringe 1 mg/ml	T2	QL (2 ML per 180 days)
naloxone nasal spray,non-aerosol 4 mg/actuation	T2	QL (2 EA per 180 days)
naltrexone oral tablet 50 mg	T1	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (***naloxone hcl***)	T2	QL (1 ML per 180 days)
Opiate Partial Agonists - Drugs For Pain		
BUPRENEX INJECTION SOLUTION 0.3 MG/ML (***buprenorphine hcl***)	T3	PA
buprenorphine hcl injection solution 0.3 mg/ml	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
buprenorphine hcl injection syringe 0.3 mg/ml	T3	PA
buprenorphine hcl sublingual tablet 2 mg, 8 mg	T1	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	T3	PA
buprenorphine-naloxone sublingual film 2-0.5 mg, 8-2 mg	T1	
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	T1	
butorphanol injection solution 1 mg/ml, 2 mg/ml	T3	PA
butorphanol nasal spray,non-aerosol 10 mg/ml	T3	PA
nalbuphine injection solution 10 mg/ml, 20 mg/ml	T1	
pentazocine-naloxone oral tablet 50-0.5 mg	T3	PA
SUBOXONE SUBLINGUAL FILM 12-3 MG, 4-1 MG (***buprenorphine hcl/naloxone hcl***)	T1	
Orexin Receptor Antagonists - Drugs For Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***)	T3	PA
DAYVIGO ORAL TABLET 10 MG, 5 MG (***lemborexant***)	T3	PA
QUVIVIQ ORAL TABLET 25 MG, 50 MG (***daridorexant hcl***)	T3	PA
Other Nonsteroidal Anti-Inflam. Agents - Drugs For Pain		
CHILDREN'S IBUPROFEN ORAL SUSPENSION 100 MG/5 ML (***ibuprofen***)	T2	
diclofenac potassium oral tablet 50 mg	T1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	T1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	T1	
diclofenac sodium topical gel 1 %	T2	QL (300 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	T3	PA
diflunisal oral tablet 500 mg	T1	
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (***naproxen***)	T1	
etodolac oral capsule 200 mg, 300 mg	T1	
etodolac oral tablet 400 mg, 500 mg	T1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	T1	
fenoprofen oral capsule 200 mg	T3	PA
fenoprofen oral tablet 600 mg	T1	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % (***diclofenac epolamine***)	T3	PA
flurbiprofen oral tablet 100 mg	T3	PA
hydrocodone-ibuprofen oral tablet 7.5-200 mg	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML (***indomethacin***)	T1	
INDOCIN RECTAL SUPPOSITORY 50 MG (***indomethacin***)	T1	
indomethacin oral capsule 25 mg, 50 mg	T1	
indomethacin oral capsule, extended release 75 mg	T1	
ketoprofen oral capsule 50 mg, 75 mg	T3	PA
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	T1	
ketorolac injection cartridge 15 mg/ml	T3	PA
ketorolac injection solution 15 mg/ml	T1	
ketorolac injection syringe 15 mg/ml	T1	
ketorolac injection syringe 30 mg/ml	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ketorolac intramuscular solution 60 mg/2 ml	T1	
ketorolac intramuscular syringe 60 mg/2 ml	T1	
ketorolac oral tablet 10 mg	T3	PA
meclofenamate oral capsule 100 mg, 50 mg	T3	PA
mefenamic acid oral capsule 250 mg	T3	PA
meloxicam oral tablet 15 mg, 7.5 mg	T1	
nabumetone oral tablet 500 mg, 750 mg	T1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG (***naproxen sodium***)	T1	
naproxen oral suspension 125 mg/5 ml	T1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	T1	
naproxen sodium oral tablet 275 mg, 550 mg	T1	
oxaprozin oral tablet 600 mg	T2	QL (270 EA per 90 days)
piroxicam oral capsule 10 mg, 20 mg	T1	
sulindac oral tablet 150 mg, 200 mg	T1	
TREXIMET ORAL TABLET 85-500 MG (***sumatriptan succinate/naproxen sodium***)	T3	PA
Phenothiazines - Drugs For Depression & Psychosis		
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	T1	
fluphenazine hcl oral concentrate 5 mg/ml	T1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	T1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	T1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	T1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	T1	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prochlorperazine maleate oral tablet 10 mg, 5 mg	T1	
prochlorperazine rectal suppository 25 mg	T1	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	T1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	T1	
Respiratory And Cns Stimulants - Drugs For The Nervous System		
codeine phosphate/butalbital/aspirin/caffeine (Butalbital Compound W/Codeine Oral Capsule 30-50-325-40 Mg)	T3	PA
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	T3	PA; QL (360 EA per 30 days)
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	T2	QL (360 EA per 30 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	T2	QL (360 EA per 30 days)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	T1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	T2	QL (180 EA per 30 days)
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)	T1	
caffeine-sodium benzoate injection solution 250 mg/ml (125 mg/ml caffeine)	T1	
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 5 mg	T2	QL (60 EA per 30 days); AL (Max 18 Years)
dexmethylphenidate oral capsule,er biphasic 50-50 15 mg, 20 mg	T2	QL (30 EA per 30 days); AL (Max 18 Years)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	T2	QL (60 EA per 30 days); AL (Max 18 Years)
doxapram intravenous solution 20 mg/ml	T1	
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	T2	QL (30 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg	T2	QL (30 EA per 30 DYs); AL (Max 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg	T2	QL (30 QY per 30 DYs); AL (Max 18 Years)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg	T2	QL (60 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg	T2	QL (30 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	T2	QL (30 ML per 30 days); AL (Max 18 Years)
methylphenidate hcl oral tablet 10 mg, 5 mg	T2	QL (90 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl oral tablet 20 mg	T2	QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	T2	QL (90 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	T2	QL (30 QY per 30 DYs); AL (Max 18 Years)
methylphenidate hcl oral tablet extended release 24hr 36 mg	T2	QL (60 QY per 30 DYs); AL (Max 18 Years)
methylphenidate hcl oral tablet extended release 24hr 72 mg	T2	QL (30 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	T2	QL (30 EA per 30 days); AL (Max 18 Years)
Salicylates - Drugs For Pain		
aspirin oral tablet 325 mg	T2	
aspirin oral tablet,chewable 81 mg	T1	
aspirin oral tablet,delayed release (dr/ec) 325 mg, 500 mg, 650 mg	T2	
aspirin oral tablet,delayed release (dr/ec) 81 mg	T1	
aspirin rectal suppository 300 mg	T2	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BAYER ASPIRIN ORAL TABLET 325 MG (***aspirin***)	T2	
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG (***aspirin***)	T2	
BUFFERIN ORAL TABLET 325 MG (***aspirin/calcium carbonate/magnesium***)	T1	
codeine phosphate/butalbital/aspirin/caffeine (Butalbital Compound W/Codeine Oral Capsule 30-50-325-40 Mg)	T3	PA
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	T1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	T2	QL (180 EA per 30 days)
orphenadrine citrate/aspirin/caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	T1	
salsalate oral tablet 500 mg, 750 mg	T1	
Sel.Serotonin,Norepi Reuptake Inhibitor - Drugs For Depression & Psychosis		
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	T2	QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	T3	PA
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	T1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	T1	
Selective Serotonin Agonists - Migraine Treatment		
almotriptan malate oral tablet 12.5 mg	T3	PA; QL (12 EA per 30 days)
almotriptan malate oral tablet 6.25 mg	T3	PA; QL (12 QY per 30 days)
FROVA ORAL TABLET 2.5 MG (***frovatriptan succinate***)	T3	PA; QL (12 QY per 30 DYs)
frovatriptan oral tablet 2.5 mg	T3	PA; QL (12 QY per 30 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML (***sumatriptan succinate***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML (***sumatriptan succinate***)	T3	PA
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5 ML (***sumatriptan succinate***)	T3	PA
naratriptan oral tablet 1 mg, 2.5 mg	T2	ST; QL (12 QY per 30 days)
RELPAX ORAL TABLET 20 MG, 40 MG (***eletriptan hydrobromide***)	T3	PA; QL (12 QY per 30 DYs)
rizatriptan oral tablet 10 mg, 5 mg	T2	QL (12 QY per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	T2	QL (12 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	T3	PA
sumatriptan succinate oral tablet 100 mg, 50 mg	T2	QL (18 QY per 30 DYs)
sumatriptan succinate oral tablet 25 mg	T2	QL (12 QY per 30 DYs)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	T3	PA
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	T3	PA
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	T3	PA
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	T3	PA
TREXIMET ORAL TABLET 85-500 MG (***sumatriptan succinate/naproxen sodium***)	T3	PA
zolmitriptan oral tablet 2.5 mg	T3	PA; QL (12 QY per 30 days)
zolmitriptan oral tablet 5 mg	T3	PA; QL (12 QY per 30 DYs)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	T3	PA; QL (12 QY per 30 DYs)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG (***zolmitriptan***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Selective-Serotonin Reuptake Inhibitors - Drugs For Depression & Psychosis		
citalopram oral solution 10 mg/5 ml	T2	
citalopram oral tablet 10 mg, 20 mg, 40 mg	T2	
escitalopram oxalate oral solution 5 mg/5 ml	T1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	T1	
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	T1	
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	T3	PA
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	T1	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	T1	
paroxetine hcl oral suspension 10 mg/5 ml	T1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	T1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	T3	PA
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG (***paroxetine mesylate***)	T3	PA
sertraline oral concentrate 20 mg/ml	T1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	T1	
Serotonin Modulators - Drugs For Depression & Psychosis		
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	T1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	T1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (***vortioxetine hydrobromide***)	T3	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (***vilazodone hcl***)	T3	PA
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23) (***vilazodone hcl***)	T3	PA
Succinimides - Drugs For Seizures		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethosuximide oral capsule 250 mg	T1	
ethosuximide oral solution 250 mg/5 ml	T1	
Thioxanthenes - Drugs For Depression & Psychosis		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Tricyclics, Other Norepi-Ru Inhibitors - Drugs For Depression & Psychosis		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	T1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	T1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	T1	
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
doxepin oral concentrate 10 mg/ml	T1	
doxepin oral tablet 3 mg, 6 mg	T3	PA
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	T1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	T1	
nortriptyline oral solution 10 mg/5 ml	T1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	T1	
protriptyline oral tablet 10 mg, 5 mg	T3	PA
trimipramine oral capsule 100 mg	T1	
Vesicular Monoamine Transport2 Inhibitor - Drugs For The Nervous System		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (***deutetrabenazine***)	T3	PA
INGREZZA ORAL CAPSULE 40 MG, 80 MG (***valbenazine tosylate***)	T3	PA
Wakefulness-Promoting Agents - Drugs For The Nervous System		
modafinil oral tablet 100 mg, 200 mg	T3	PA
Devices - Medical Supplies And Durable Medical Equipment		
Devices - Medical Supplies And Durable Medical Equipment		
AIRZONE PEAK FLOW METER DEVICE (***peak flow meter***)	T1	
AMVISC INTRAOCULAR SYRINGE 12 MG/ML (***hyaluronate sodium***)	T1	
AMVISC PLUS INTRAOCULAR SYRINGE 16 MG/ML (***hyaluronate sodium***)	T1	
ASTHMA CHECK METER DEVICE (***peak flow meter***)	T1	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	T2	
BINAXNOW COVID-19 AG SELF TEST KIT (***covid-19 antigen immunoassay test***)	T2	QL (8 EA per 30 days)
CARESTART COVID-19 AG HOME TST KIT (***covid-19 antigen immunoassay test***)	T2	QL (8 EA per 30 days)
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	T1	
DUROLANE INTRA-ARTICULAR SYRINGE 60 MG/3 ML (***hyaluronate sodium, stabilized***)	T2	
ELLUME COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	T2	QL (8 EA per 30 days)
FASTEP COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T2	QL (8 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	T1	
FLOWFLEX COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T2	QL (8 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER (***flash glucose scanning reader***)	T3	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT (***flash glucose sensor***)	T3	PA
FREESTYLE LIBRE 2 READER (***flash glucose scanning reader***)	T3	PA
FREESTYLE LIBRE 3 SENSOR DEVICE (***blood-glucose sensor***)	T3	PA
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET (***potassium sorbate/hydroxyethylcellulose/povidone/hyaluronic***)	T1	
HEALON5 PRO INTRAOCULAR SYRINGE 23 MG/ML (***hyaluronate sodium***)	T1	
heparin lock flush (porcine) intravenous solution 100 unit/ml	T1	
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML (***hyaluronate sodium***)	T2	
IHEALTH COVID-19 AG HOME TEST KIT (***covid-19 antigen immunoassay test***)	T2	QL (8 EA per 30 days)
INTELISWAB COVID-19 HOME TEST KIT (***covid-19 antigen immunoassay test***)	T2	QL (8 EA per 30 days)
lancets	T1	
LUCIRA CHECK-IT COVID HOME TST KIT (***covid-19 molecular nucleic acid test assay***)	T2	QL (8 EA per 30 days)
OPTICHAMBER ADULT MASK-LARGE DEVICE (***inhaler, assist devices, accessories***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTICHAMBER DIAMOND LG MASK SPACER (***inhaler,assist device with large mask***)	T2	QL (2 QY per 365 DYs)
OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***)	T2	QL (2 QY per 365 DYs)
OPTICHAMBER DIAMOND-MED MSK SPACER (***inhaler,assist device with medium mask***)	T2	QL (2 QY per 365 DYs)
OPTICHAMBER DIAMOND-SML MASK SPACER (***inhaler,assist device with small mask***)	T2	QL (2 QY per 365 DYs)
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (***potassium sorbate/maltodextrin/aloe vera/mann ps***)	T1	
PAIN EASE MIST SPRAY TOPICAL AEROSOL,SPRAY (***norflurane/pentafluoropropane (hfc 245fa)***)	T1	
PEAK AIR PEAK FLOW METER DEVICE (***peak flow meter***)	T1	
PERSONAL BEST FULL RANGE DEVICE (***peak flow meter***)	T1	
PERSONAL BEST LOW RANGE DEVICE (***peak flow meter***)	T1	
POCKET PEAK FLOW METER DEVICE (***peak flow meter***)	T1	
PROCHAMBER SPACER (***inhaler, assist devices***)	T1	
QUICKVUE AT-HOME COVID-19 TEST KIT (***covid-19 antigen immunoassay test***)	T2	QL (8 EA per 30 days)
RADIAPLEXRX TOPICAL GEL (***hyaluronate sodium/allantoin/aloe vera extract***)	T1	
sodium chloride inhalation solution for nebulization 0.9 %	T2	
sodium chloride inhalation solution for nebulization 3 %	T1	
TRUE METRIX AIR GLUCOSE METER (***blood-glucose meter***)	T2	QL (1 EA per 365 days)
TRUE METRIX GLUCOSE METER (***blood-glucose meter***)	T2	QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUETRACK SMART SYSTEM KIT (***blood-glucose meter***)	T2	
Diagnostic Agents		
Diabetes Mellitus		
TRUE METRIX GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	T2	
TRUETRACK TEST STRIP (***blood sugar diagnostic***)	T2	
Diagnostic Agents		
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML (***glucagon***)	T1	
Kidney Function		
mannitol 20 % intravenous parenteral solution 20 %	T1	
mannitol 25 % intravenous solution 25 %	T1	
OSMITROL 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % (***mannitol***)	T1	
Myasthenia Gravis		
neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)	T3	PA
Electrolytic, Caloric, And Water Balance		
Acidifying Agents		
K-PHOS NO 2 ORAL TABLET 305-700 MG (***sodium phosphate,monobasic/potassium phosphate,monobasic***)	T1	
PHOSPHA 250 NEUTRAL ORAL TABLET 250 MG (***sodium phosphate,dibasic/pot phos,monob/sod phosphate mono***)	T1	
PHOSPHO-TRIN K500 ORAL TABLET,SOLUBLE 500 MG (***potassium phosphate,monobasic***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alkalinizing Agents		
ORACIT ORAL SOLUTION 490-640 MG/5 ML (***citric acid/sodium citrate***)	T1	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 5 meq (540 mg)	T1	
sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %	T1	
sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)	T1	
THAM INTRAVENOUS SOLUTION 36 MG/ML (0.3 M) (***tromethamine***)	T1	
Ammonia Detoxicants		
AMMONUL INTRAVENOUS SOLUTION 10-10 % (***sodium benzoate/sodium phenylacetate***)	T1	
BUPHENYL ORAL TABLET 500 MG (***sodium phenylbutyrate***)	T1	
lactulose (Constulose Oral Solution 10 Gram/15 Ml)	T1	
lactulose (Generlac Oral Solution 10 Gram/15 Ml)	T1	
lactulose (Kristalose Oral Packet 10 Gram)	T1	
lactulose oral solution 10 gram/15 ml	T1	
lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml	T1	
sodium phenylbutyrate oral powder 0.94 gram/gram	T1	
Caloric Agents - Drugs For Nutrition		
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 % (***amino acids 7 %***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 % (***amino acids 5 %/dextrose 15 % in water***)	T1	
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % (***amino acids 4.25 %/dextrose 10 % in water***)	T1	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % (***amino acids 4.25 % in dextrose 5 % in water***)	T1	
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 % (***amino acids 5 %/dextrose 20 % in water***)	T1	
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 % (***amino acids 2.75 %/calcium/electrolyte-tpn soln/d5w***)	T1	
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % (***amino acids 4.25 %/calcium/electrolyte-tpn soln/dextrose 10%***)	T1	
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % (***amino acid 4.25 % comb no.1/dextrose 5 %/electrolytes no.39***)	T1	
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % (***amino acids 5 %/dextrose 15 %/electrolytes***)	T1	
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % (***amino acids 5 %/calcium/electrolyte-tpn soln/dextrose 20 %***)	T1	
d10 %-0.45 % sodium chloride intravenous parenteral solution	T1	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
d5 % and 0.9 % sodium chloride intravenous parenteral solution	T1	
d5 %-0.45 % sodium chloride intravenous parenteral solution	T1	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	T1	
dextrose 20 % in water (d20w) intravenous parenteral solution 20 %	T1	
dextrose 25 % in water (d25w) intravenous syringe	T1	
dextrose 30 % in water (d30w) intravenous parenteral solution	T1	
dextrose 40 % in water (d40w) intravenous parenteral solution 40 %	T1	
dextrose 5 % in water (d5w) intravenous parenteral solution	T1	
dextrose 5 % in water (d5w) intravenous piggyback 5 %	T1	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	T1	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	T1	
dextrose 50 % in water (d50w) intravenous parenteral solution	T1	
dextrose 50 % in water (d50w) intravenous syringe	T1	
dextrose 70 % in water (d70w) intravenous parenteral solution	T1	
ELCYS INTRAVENOUS SOLUTION 50 MG/ML (***cysteine hcl***)	T1	
INTRALIPID INTRAVENOUS EMULSION 30 % (***fat emulsions***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
I-VALEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM (***infant formula,spec. metabolic,isovaleric acidemia with iron***)	T1	
NUTREN 2.0 FEEDING TUBE LIQUID 0.08 GRAM-2 KCAL/ML (***nutritional supplement***)	T1	
NUTRILIPID INTRAVENOUS EMULSION 20 % (***fat emulsions***)	T1	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % (***amino acids 10 %***)	T1	
XTRACAL PLUS ORAL LIQUID IN PACKET 14 GRAM-230 KCAL/45 ML (***nut.tx,elemental,lactose-free/medium chain triglycerides***)	T1	
Carbonic Anhydrase Inhibitors - Drugs For Water Balance		
acetazolamide oral capsule, extended release 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
Diuretics, Miscellaneous - Drugs For Water Balance		
theophylline anhydrous (Elixophyllin Oral Elixir 80 Mg/15 Ml)	T1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline anhydrous***)	T1	
theophylline oral elixir 80 mg/15 ml	T1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	T1	
theophylline oral tablet extended release 24 hr 600 mg	T1	
Irrigating Solutions		
acetic acid irrigation solution 0.25 %	T1	
glycine urologic solution irrigation solution 1.5 %	T1	
lactated ringers irrigation solution	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (***physiological irrigating solution no.1***)	T1	
ringer's irrigation solution	T1	
SEA-CLENS WOUND CLEANSER IRRIGATION SOLUTION (***sodium chloride irrigation soln/decyl glucoside***)	T2	
sodium chloride irrigation solution 0.9 %	T1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml	T1	
water for irrigation, sterile irrigation solution	T1	
Loop Diuretics - Drugs For Water Balance		
bumetanide injection solution 0.25 mg/ml	T1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	T1	
EDECRIN ORAL TABLET 25 MG (***ethacrynic acid***)	T1	
ethacrynate sodium intravenous recon soln 50 mg	T1	
furosemide injection solution 10 mg/ml	T1	
furosemide oral solution 10 mg/ml	T1	
furosemide oral solution 40 mg/5 ml (8 mg/ml)	T1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	T1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	T1	
Osmotic Diuretics - Drugs For Water Balance		
mannitol 20 % intravenous parenteral solution 20 %	T1	
mannitol 25 % intravenous solution 25 %	T1	
OSMITROL 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % (***mannitol***)	T1	
sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml	T1	
Phosphate-Removing Agents		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium acetate(phosphat bind) oral capsule 667 mg	T1	
calcium acetate(phosphat bind) oral tablet 667 mg	T1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	T3	PA
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	T3	PA
sevelamer carbonate oral tablet 800 mg	T1	
sevelamer hcl oral tablet 400 mg, 800 mg	T3	PA
Potassium-Removing Agents		
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (***sodium zirconium cyclosilicate***)	T2	QL (34 EA per 30 days)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (***patiromer calcium sorbitex***)	T2	ST; QL (30 EA per 30 days)
Potassium-Sparing Diuretics - Drugs For Water Balance		
amiloride oral tablet 5 mg	T1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	T1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (***triamterene***)	T3	PA
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	T1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	T1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	T1	
Replacement Preparations		
ACTICAL ORAL CAPSULE (***calcium carbonate/magnesium oxide/vitamin d2/bioflavonoids***)	T1	
CALCET PETITES ORAL TABLET 200 MG-6.25 MCG (250 UNIT) (***calcium carbonate, calcium lactate-cholecalciferol (vit d3)***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAL-CITRATE ORAL TABLET 250 MG-2.5 MCG (100 UNIT) (***calcium citrate/ergocalciferol (vitamin d2)***)	T2	
CALCIUM 500 + D ORAL TABLET,CHEWABLE 500 MG-10 MCG (400 UNIT) (***calcium carbonate/cholecalciferol (vitamin d3)***)	T2	
CALCIUM 500 ORAL TABLET,CHEWABLE 500 MG CALCIUM (1,250 MG) (***calcium carbonate***)	T1	
CALCIUM 600 + D(3) ORAL CAPSULE 600 MG-5 MCG (200 UNIT) (***calcium carbonate/cholecalciferol (vitamin d3)***)	T2	
CALCIUM 600 + MINERALS ORAL TABLET 600 MG CALCIUM- 200 UNIT (***calcium carbonate/cholecalciferol (vit d3)/minerals***)	T2	
CALCIUM ANTACID ORAL TABLET,CHEWABLE 300 MG (750 MG) (***calcium carbonate***)	T2	
calcium carb-d3-mag cmb11-zinc oral tablet 333-200-133-5 mg-unit-mg-mg	T2	
calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)	T1	
calcium carbonate oral tablet 260 mg calcium (648 mg)	T2	
calcium carbonate oral tablet 600 mg calcium (1,500 mg)	T2	
calcium carbonate oral tablet 650 mg calcium (1,625 mg)	T1	
calcium carbonate oral tablet,chewable 200 mg calcium (500 mg)	T2	
calcium carbonate-vitamin d3 oral tablet 1,000 mg-20 mcg (800 unit)	T1	
calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-2.5 mcg (100 unit)	T2	
calcium chloride intravenous solution 100 mg/ml (10 %)	T1	
calcium chloride intravenous syringe 100 mg/ml (10 %)	T1	
calcium citrate malate-vit d3 oral tablet 250 mg-2.5 mcg (100 unit)	T2	
calcium citrate oral tablet 250 mg calcium	T2	
CALCIUM CITRATE PLUS (VIT B6) ORAL TABLET 250-40-5-125 MG-MG-MG-UNIT (***calcium citrate/magnesium oxide/vitamin d3/pyridoxine/min***)	T2	
calcium citrate-vitamin d3 oral tablet 200 mg-3.125 mcg (125 unit)	T2	
calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit)	T2	
CALCIUM FOR WOMEN ORAL TABLET,CHEWABLE 500-100-40 MG-UNIT-MCG (***calcium carbonate/cholecalciferol (vit d3)/vit k1***)	T2	
calcium gluconate intravenous solution 100 mg/ml (10%)	T1	
calcium gluconate oral tablet 60 mg calcium (650 mg)	T2	
CALCIUM WITH BORON ORAL TABLET 500-1.5 MG (***calcium carbonate/boron gluconate***)	T2	
CALCIUM-FOLIC ACID-VITAMIN D ORAL WAFER 500-50-300-1 MG-MG-UNIT-MG (***calcium carb/mag oxide/vitamin d3/vit b12/fa/vit b6/boron***)	T2	
calcium-magnesium oral tablet 300-300 mg	T2	
calcium-magnesium-copper-zinc oral tablet	T2	
calcium-magnesium-zinc oral tablet 333-133-5 mg	T2	
CHILDREN'S SOOTHE ORAL TABLET,CHEWABLE 160 MG CALCIUM (400 MG) (***calcium carbonate***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chromium chloride intravenous solution 4 mcg/ml	T1	
CITRACAL REGULAR ORAL TABLET 250 MG-5 MCG (200 UNIT) (***calcium citrate/cholecalciferol (vitamin d3)***)	T2	
CITRUS CALCIUM-VITAMIN D3 ORAL TABLET 200 MG-6.25 MCG (250 UNIT) (***calcium citrate/cholecalciferol (vitamin d3)***)	T2	
CLEARSHIELD SODIUM CHLOR FLUSH INJECTION SYRINGE (***sodium chloride 0.9 % (flush)***)	T1	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG (***prenatal vitamin no.52/iron/folic acid/omega-3/dha***)	T1	
COPPER CHLORIDE INTRAVENOUS SOLUTION 0.4 MG/ML (***cupric chloride***)	T1	
CORAL CALCIUM ORAL CAPSULE 185-50-100 MG-MG-UNIT (***calcium/magnesium oxide/cholecalciferol (vitamin d3)***)	T2	
dextrose 5 %-lactated ringers intravenous parenteral solution	T1	
ELCYS INTRAVENOUS SOLUTION 50 MG/ML (***cysteine hcl***)	T1	
electrolyte-48 in d5w intravenous parenteral solution	T1	
FLINTSTONES PLUS CALCIUM ORAL TABLET,CHEWABLE (***calcium carbonate/multivitamin***)	T1	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 % (***electrolyte-mb solution/dextrose 5 % in water***)	T1	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION (***electrolyte-s (ph 7.4)***)	T1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 % (***electrolyte-p solution/dextrose 5 % in water***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION (***electrolyte-s solution***)	T1	
lactated ringers intravenous parenteral solution	T1	
manganese chloride intravenous solution 0.1 mg/ml	T1	
MENS POTENT FORMULA ORAL TABLET (***calcium/vitamin e/folic acid/pyridoxine/herbal drugs***)	T2	
MULTITRACE-4 CONCENTRATE INTRAVENOUS SOLUTION 10 MCG-1 MG- 0.5 MG-5 MG/ML (***zinc sulfate/cupric sulfate/manganese sulf/chromic chloride***)	T1	
MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION 0.85 MCG-0.1 MG -25MCG-1.5MG/ML (***zinc sulfate/cupric sulfate/manganese sulf/chromic chloride***)	T1	
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION 1 MCG-0.1 MG-25 MCG-1 MG/ML (***zinc sulfate/cupric sulfate/manganese sulf/chromic chloride***)	T1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION (***electrolyte-m solution/dextrose 5 % in water***)	T1	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 % (***electrolyte-r solution/dextrose 5 % in water***)	T1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION (***electrolyte-r solution***)	T1	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION (***electrolyte-r (ph 7.4)***)	T1	
ORALYTE ORAL SOLUTION (***electrolytes/dextrose***)	T2	
OS-CAL 500 + D3 ORAL TABLET 500 MG-15 MCG (600 UNIT) (***calcium carbonate/cholecalciferol (vitamin d3)***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OYSCO 500/D ORAL TABLET 500 MG-5 MCG (200 UNIT) (***calcium carbonate/cholecalciferol (vitamin d3)***)	T1	
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG) (***calcium carbonate***)	T2	
OYSTERCAL-D ORAL TABLET 500 MG-10 MCG (400 UNIT) (***calcium carbonate/cholecalciferol (vitamin d3)***)	T2	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION (***electrolyte-148 solution***)	T1	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION (***electrolyte-a solution***)	T1	
potassium acetate intravenous solution 2 meq/ml	T1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	T1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l	T1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	T1	
potassium chloride intravenous solution 2 meq/ml	T1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	T1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	T1	
potassium chloride oral packet 20 meq	T3	PA
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	T1	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	T1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	T1	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	T1	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vit with calcium no.129/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days); AL (Min 13 Years and Max 45 Years)
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (***prenatal vit with calcium no.130/ferrous fumarate/folic acid***)	T1	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)
ringer's intravenous parenteral solution	T1	
selenium intravenous solution 40 mcg/ml	T1	
sodium acetate intravenous solution 2 meq/ml, 4 meq/ml	T1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %	T1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	T1	
sodium chloride 0.9 % injection solution	T1	
sodium chloride 0.9 % intravenous parenteral solution	T1	
sodium chloride 0.9 % intravenous piggyback	T1	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	T1	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium chloride inhalation solution for nebulization 0.9 %	T2	
sodium chloride inhalation solution for nebulization 10 %, 3 %	T1	
sodium chloride injection syringe 0.9 %	T1	
sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml	T1	
sodium phosphate intravenous solution 3 mmol/ml	T1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	T1	
TRACE ELEMENTS 4/PEDIATRIC INTRAVENOUS SOLUTION 1 MCG-0.1 MG-30 MCG-0.5 MG/ML (***zinc sulfate/cupric sulfate/manganese sulf/chromic chloride***)	T1	
zinc chloride intravenous solution 1 mg/ml	T1	
zinc sulfate intravenous solution 1 mg/ml, 5 mg/ml	T1	
Thiazide Diuretics - Drugs For Water Balance		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-25 MG (***quinapril hcl/hydrochlorothiazide***)	T3	PA
amiloride-hydrochlorothiazide oral tablet 5-50 mg	T1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG (***candesartan cilexetil/hydrochlorothiazide***)	T3	PA
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	T1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	T3	PA
enalapril-hydrochlorothiazide oral tablet 10-25 mg	T1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	T3	PA
hydrochlorothiazide oral capsule 12.5 mg	T1	
hydrochlorothiazide oral tablet 12.5 mg	T1	
hydrochlorothiazide oral tablet 25 mg, 50 mg	T1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	T1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	T1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg	T1	
methyldopa-hydrochlorothiazide oral tablet 250-25 mg	T3	PA
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	T1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	T1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	T3	PA; QL (30 EA per 30 days)
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	T1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	T1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	T1	
Thiazide-Like Diuretics - Drugs For Water Balance		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T1	
chlorthalidone oral tablet 25 mg, 50 mg	T1	
indapamide oral tablet 1.25 mg, 2.5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	T1	
Uricosuric Agents		
probenecid oral tablet 500 mg	T1	
probenecid-colchicine oral tablet 500-0.5 mg	T1	
Enzymes		
Enzymes		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (***laronidase***)	T1	
AMPHADASE INJECTION SOLUTION 150 UNIT/ML (***hyaluronidase***)	T1	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG (***rasburicase***)	T1	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG (***agalsidase beta***)	T1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***)	T3	PA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (***sacrosidase***)	T1	
VITRASE INJECTION SOLUTION 200 UNIT/ML (***hyaluronidase,ovine***)	T1	
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (Eent) - Drugs For The Eye		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % (***brimonidine tartrate***)	T3	PA
brimonidine ophthalmic (eye) drops 0.15 %	T3	PA
brimonidine ophthalmic (eye) drops 0.2 %	T1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	T3	PA
Antiallergic Agents - Drugs For Allergy		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLERGY EYE (KETOTIFEN) OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (***ketotifen fumarate***)	T2	QL (10 ML per 30 DYs)
ALOCRIL OPHTHALMIC (EYE) DROPS 2 % (***nedocromil sodium***)	T1	
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % (***lodoxamide tromethamine***)	T3	PA
azelastine nasal aerosol,spray 137 mcg (0.1 %)	T1	
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	T1	
azelastine ophthalmic (eye) drops 0.05 %	T2	QL (1 QY per 30 DYs)
cromolyn ophthalmic (eye) drops 4 %	T1	
epinastine ophthalmic (eye) drops 0.05 %	T3	PA; QL (1 QY per 30 DYs)
ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)	T2	QL (10 ML per 30 days)
olopatadine ophthalmic (eye) drops 0.1 %	T2	QL (5 ML per 25 days)
olopatadine ophthalmic (eye) drops 0.2 %	T2	QL (2.5 ML per 25 days)
PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.7 % (***olopatadine hcl***)	T2	QL (2.5 ML per 25 days)
Antibacterials (Eent) - Drugs For Infections		
ARESTIN DENTAL CARTRIDGE 1 MG (***minocycline hcl microspheres***)	T1	
bacitracin ophthalmic (eye) ointment 500 unit/gram	T1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	T1	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (***ciprofloxacin hcl***)	T1	
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % (***ciprofloxacin hcl/hydrocortisone***)	T1	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 % (***ciprofloxacin hcl/dexamethasone***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	T1	
doxycycline hyclate oral tablet 20 mg	T3	PA
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	T1	
gentamicin ophthalmic (eye) drops 0.3 %	T1	
moxifloxacin ophthalmic (eye) drops 0.5 %	T1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	T3	PA
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	T1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	T1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	T1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	T1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	T1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	T1	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	T1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	T1	
ofloxacin ophthalmic (eye) drops 0.3 %	T1	
ofloxacin otic (ear) drops 0.3 %	T1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	T1	
sulfacetamide sodium ophthalmic (eye) drops 10 %	T1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	T1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (***tobramycin/dexamethasone***)	T1	
tobramycin ophthalmic (eye) drops 0.3 %	T1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	T1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (***tobramycin***)	T1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (***tobramycin/loteprednol etabonate***)	T1	
Antifungals (Eent) - Drugs For Infections		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***)	T1	
Antiglaucoma Agents, Miscellaneous - Drugs For The Eye		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (***netarsudil mesylate***)	T3	PA
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (***netarsudil mesylate/latanoprost***)	T3	PA
Antivirals (Eent) - Drugs For Infections		
trifluridine ophthalmic (eye) drops 1 %	T1	
Beta-Adrenergic Blocking Agents (Eent) - Drugs For The Eye		
betaxolol ophthalmic (eye) drops 0.5 %	T3	PA
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (***timolol***)	T1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***betaxolol hcl***)	T3	PA
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	T3	PA
carteolol ophthalmic (eye) drops 1 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	T1	
levobunolol ophthalmic (eye) drops 0.5 %	T1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	T1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	T1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	T1	
Carbonic Anhydrase Inhibitors (Eent) - Drugs For The Eye		
acetazolamide oral capsule, extended release 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***brinzolamide***)	T3	PA
dorzolamide ophthalmic (eye) drops 2 %	T1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	T1	
Corticosteroids (Eent) - Drugs For Inflammation		
ALLERGY RELIEF (FLUTICASONE) NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (***fluticasone propionate***)	T2	QL (15.8 gm per 30 days)
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (***loteprednol etabonate***)	T1	
BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %) (***beclomethasone dipropionate***)	T3	PA
budesonide nasal spray,non-aerosol 32 mcg/actuation	T2	QL (8.43 ML per 30 days)
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % (***ciprofloxacin hcl/hydrocortisone***)	T1	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 % (***ciprofloxacin hcl/dexamethasone***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTANE-B TOPICAL LOTION 1-1-0.1 % (***hydrocortisone/pramoxine hcl/chloroxylenol***)	T1	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	T1	
difluprednate ophthalmic (eye) drops 0.05 %	T2	ST; QL (5 ML per 30 days)
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***fluorometholone acetate***)	T1	
FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION (***fluticasone furoate***)	T2	QL (16 ML per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	T3	PA; QL (25 QY per 30 DYs)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	T1	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	T1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***fluorometholone***)	T1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	T1	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	T1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***dexamethasone***)	T1	
mometasone nasal spray,non-aerosol 50 mcg/actuation	T3	PA
NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (***triamcinolone acetonide***)	T2	QL (16.9 gm per 30 days)
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	T1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	T1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	T1	
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG (***ciclesonide***)	T3	PA
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (***prednisolone acetate***)	T1	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	T1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	T1	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION (***beclomethasone dipropionate***)	T3	PA
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (***tobramycin/dexamethasone***)	T1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	T1	
triamcinolone acetonide nasal aerosol,spray 55 mcg	T2	QL (16.9 gm per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION (***ciclesonide***)	T3	PA
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (***tobramycin/loteprednol etabonate***)	T1	
Eent Anti-Infectives, Miscellaneous - Drugs For Infections		
acetic acid otic (ear) solution 2 %	T1	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (***povidone-iodine***)	T1	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	T1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	T1	
Eent Anti-Inflammatory Agents, Misc. - Drugs For Inflammation		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (***cyclosporine***)	T3	PA
cyclosporine ophthalmic (eye) dropperette 0.05 %	T3	PA
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (***cyclosporine***)	T3	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (***lifitegrast***)	T3	PA
Eent Drugs, Miscellaneous		
ARTIFICIAL TEARS (POLYVIN ALC) OPHTHALMIC (EYE) DROPS 1.4 % (***polyvinyl alcohol***)	T2	QL (30 ML per 30 days)
BSS INTRAOCULAR SOLUTION (***balanced salt irrig soln no.2***)	T1	
BSS PLUS INTRAOCULAR SOLUTION (***balanced salt irrigation solution combination no.1***)	T1	
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (***sulfuric acid/sulfonated phenol***)	T1	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 % (***sulfuric acid/sulfonated phenol***)	T1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (***apraclonidine hcl***)	T1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	T1	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG (***hydroxypropyl cellulose***)	T1	
LUBRICANT DRY EYE RELIEF OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 % (***carboxymethylcellulose sodium***)	T2	QL (30 ML per 30 days)
LUBRICANT EYE (PG-PEG 400) OPHTHALMIC (EYE) DROPS 0.4-0.3 % (***propylene glycol/polyethylene glycol 400***)	T2	QL (30 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.5 % (***carboxymethylcellulose sodium***)	T2	QL (30 ML per 30 days)
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 57.3-42.5 % (***mineral oil/petrolatum,white***)	T2	QL (7 GM per 30 days)
MURO 128 OPHTHALMIC (EYE) DROPS 2 % (***sodium chloride***)	T2	
polyvinyl alcohol ophthalmic (eye) drops 1.4 %	T2	QL (30 ML per 30 days)
REFRESH LIQUIGEL OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 % (***carboxymethylcellulose sodium***)	T2	QL (30 ML per 30 days)
REFRESH P.M. OPHTHALMIC (EYE) OINTMENT 57.3-42.5 % (***mineral oil/petrolatum,white***)	T2	QL (7 GM per 30 days)
REFRESH TEARS OPHTHALMIC (EYE) DROPS 0.5 % (***carboxymethylcellulose sodium***)	T2	QL (30 ML per 30 days)
sodium chloride ophthalmic (eye) drops 5 %	T2	
sodium chloride ophthalmic (eye) ointment 5 %	T1	
SYSTANE NIGHTTIME OPHTHALMIC (EYE) OINTMENT 94-3 % (***mineral oil/petrolatum,white***)	T2	QL (7 GM per 30 days)
ULTRA FRESH OPHTHALMIC (EYE) DROPS 0.5 % (***carboxymethylcellulose sodium***)	T2	QL (30 ML per 30 days)
VISUDYNE INTRAVENOUS RECON SOLN 15 MG (***verteporfin***)	T1	
Eent Nonsteroidal Anti-Inflam. Agents - Drugs For Inflammation		
diclofenac sodium ophthalmic (eye) drops 0.1 %	T1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	T1	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	T1	
Local Anesthetics (Eent) - Drugs For Numbing		
lidocaine hcl (Glydo Mucous Membrane Jelly In Applicator 2 %)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine hcl (Lidocaine Viscous Mucous Membrane Solution 2 %)	T1	
proparacaine ophthalmic (eye) drops 0.5 %	T1	
tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %	T1	
tetracaine hcl ophthalmic (eye) drops 0.5 %	T1	
Miotics - Drugs For The Eye		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	T1	
Mydriatics - Drugs For The Eye		
atropine ophthalmic (eye) drops 1 %	T1	
atropine ophthalmic (eye) ointment 1 %	T1	
cyclopentolate hcl (Cyclogyl Ophthalmic (Eye) Drops 0.5 %, 2 %)	T1	
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (***cyclopentolate hcl/phenylephrine hcl***)	T1	
cyclopentolate ophthalmic (eye) drops 1 %	T1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (***homatropine hbr***)	T1	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	T1	
Prostaglandin Analogs - Drugs For The Eye		
bimatoprost ophthalmic (eye) drops 0.03 %	T3	PA
latanoprost ophthalmic (eye) drops 0.005 %	T1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (***bimatoprost***)	T3	PA
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (***netarsudil mesylate/latanoprost***)	T3	PA
travoprost ophthalmic (eye) drops 0.004 %	T3	PA
Rho Kinase Inhibitors - Drugs For The Eye		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (***netarsudil mesylate***)	T3	PA
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (***netarsudil mesylate/latanoprost***)	T3	PA
Vasoconstrictors		
ADRENALIN NASAL SOLUTION 1 MG/ML (***epinephrine hcl***)	T2	
EYE ALLERGY RELIEF OPHTHALMIC (EYE) DROPS 0.02675-0.315 % (***naphazoline hcl/pheniramine maleate***)	T2	
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	T1	
Gastrointestinal Drugs		
Antacids And Adsorbents		
ACID GONE ANTACID E.STRENGTH ORAL TABLET,CHEWABLE 160-105 MG (***magnesium carbonate/aluminum hydroxide***)	T2	
ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML (***magnesium hydroxide/aluminum hydroxide/simethicone***)	T2	
aluminum hydroxide gel oral suspension 320 mg/5 ml	T2	
ANTACID ANTI-GAS (CA CARB-SIM) ORAL TABLET,CHEWABLE 1,000-60 MG (***calcium carbonate/simethicone***)	T2	
ANTACID SUPREME ORAL SUSPENSION 400-135 MG/5 ML (***calcium carbonate/magnesium hydroxide***)	T2	
ANTACID-SIMETHICONE ORAL SUSPENSION 400-400-40 MG/5 ML (***magnesium hydroxide/aluminum hydroxide/simethicone***)	T1	
CALCIUM ANTACID ORAL TABLET,CHEWABLE 300 MG (750 MG) (***calcium carbonate***)	T2	
calcium carbonate oral tablet 260 mg calcium (648 mg)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium carbonate oral tablet,chewable 200 mg calcium (500 mg)	T2	
CHILDREN'S SOOTHE ORAL TABLET,CHEWABLE 160 MG CALCIUM (400 MG) (***calcium carbonate***)	T2	
DIGESTIVE RELIEF ORAL SUSPENSION 262 MG/15 ML (***bismuth subsalicylate***)	T2	
DIGESTIVE RELIEF ORAL TABLET 262 MG (***bismuth subsalicylate***)	T2	
GAVISCON ORAL SUSPENSION 95-358 MG/15 ML (***magnesium carbonate/aluminum hydroxide/alginic acid***)	T2	
HEARTBURN RELIEF ORAL SUSPENSION 254-237.5 MG/5 ML (***magnesium carbonate/aluminum hydroxide/alginic acid***)	T2	
KAOPECTATE EX STR (BISMUTH SS) ORAL SUSPENSION 525 MG/15 ML (***bismuth subsalicylate***)	T2	
MAALOX MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML (***magnesium hydroxide/aluminum hydroxide/simethicone***)	T1	
MINTOX PLUS ORAL TABLET,CHEWABLE 200-200-25 MG (***magnesium hydroxide/aluminum hydroxide/simethicone***)	T2	
PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG (***bismuth subsalicylate***)	T2	
Gastrointestinal Drugs - Drugs For The Stomach		
5-Ht3 Receptor Antagonists - Drugs For Vomiting And Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (***netupitant/palonosetron hcl***)	T3	PA
granisetron (pf) intravenous solution 100 mcg/ml	T3	PA
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
granisetron hcl oral tablet 1 mg	T2	ST; QL (12 QY per 30 DYs)
ondansetron hcl oral solution 4 mg/5 ml	T1	
ondansetron hcl oral tablet 4 mg, 8 mg	T1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	T1	
Antidiarrhea Agents - Drugs For Diarrhea		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL LIQUID 1 MG/7.5 ML (***loperamide hcl***)	T3	PA
DIGESTIVE RELIEF ORAL SUSPENSION 262 MG/15 ML (***bismuth subsalicylate***)	T2	
DIGESTIVE RELIEF ORAL TABLET 262 MG (***bismuth subsalicylate***)	T2	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
IMODIUM MULTI-SYMPTOM RELIEF ORAL TABLET 2-125 MG (***loperamide hcl/simethicone***)	T3	PA
KAOPECTATE EX STR (BISMUTH SS) ORAL SUSPENSION 525 MG/15 ML (***bismuth subsalicylate***)	T2	
loperamide oral capsule 2 mg	T1	
loperamide oral tablet 2 mg	T1	
MOTOFEN ORAL TABLET 1-0.025 MG (***difenoxin hcl/atropine sulfate***)	T1	
PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG (***bismuth subsalicylate***)	T2	
Antiemetics, Miscellaneous - Drugs For Vomiting And Nausea		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	T3	PA
Antiflatulents - Drugs For Gas		
ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML (***magnesium hydroxide/aluminum hydroxide/simethicone***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTACID ANTI-GAS (CA CARB-SIM) ORAL TABLET,CHEWABLE 1,000-60 MG (***calcium carbonate/simethicone***)	T2	
ANTACID-SIMETHICONE ORAL SUSPENSION 400-400-40 MG/5 ML (***magnesium hydroxide/aluminum hydroxide/simethicone***)	T1	
MAALOX MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML (***magnesium hydroxide/aluminum hydroxide/simethicone***)	T1	
MINTOX PLUS ORAL TABLET,CHEWABLE 200-200-25 MG (***magnesium hydroxide/aluminum hydroxide/simethicone***)	T2	
simethicone oral capsule 125 mg	T2	
simethicone oral tablet,chewable 125 mg, 80 mg	T2	
Antihistamines (Gi Drugs) - Drugs For Vomiting And Nausea		
dimenhydrinate injection solution 50 mg/ml	T1	
meclizine oral tablet 12.5 mg, 25 mg	T1	
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml	T1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	T1	
prochlorperazine rectal suppository 25 mg	T1	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (***trimethobenzamide hcl***)	T1	
trimethobenzamide oral capsule 300 mg	T1	
Anti-Inflammatory Agents (Gi Drugs) - Drugs For Inflammation		
alosetron oral tablet 0.5 mg, 1 mg	T3	PA
balsalazide oral capsule 750 mg	T1	
DIPENTUM ORAL CAPSULE 250 MG (***olsalazine sodium***)	T1	
mesalamine oral capsule (with del rel tablets) 400 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mesalamine oral capsule, extended release 500 mg	T1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	T1	
mesalamine rectal enema 4 gram/60 ml	T1	
mesalamine rectal suppository 1,000 mg	T1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG (***mesalamine***)	T1	
Cathartics And Laxatives - Drugs For Constipation		
bisacodyl oral tablet,delayed release (dr/ec) 5 mg	T2	
bisacodyl rectal suppository 10 mg	T2	
DIOCTO ORAL SYRUP 60 MG/15 ML (***docusate sodium***)	T2	
docusate sodium oral capsule 100 mg	T2	
docusate sodium oral capsule 250 mg	T1	
docusate sodium oral liquid 50 mg/5 ml	T2	
docusate sodium oral tablet 100 mg	T2	
ENEMEEZ RECTAL ENEMA 283 MG/5 ML (***docusate sodium***)	T2	
EPSOM SALT (LAXATIVE) ORAL GRANULES 495 MG/5 GRAM (***magnesium sulfate***)	T2	
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (***peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride***)	T1	
LAXATIVE (BISACODYL) ORAL TABLET 5 MG (***bisacodyl***)	T2	
lubiprostone oral capsule 24 mcg, 8 mcg	T3	PA
magnesium citrate oral solution	T1	
PEDIA-LAX STOOL SOFTENER ORAL SYRUP 50 MG/15 ML (***docusate sodium***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	T1	
polyethylene glycol 3350 oral powder 17 gram/dose	T1	
POWDERLAX ORAL POWDER IN PACKET 17 GRAM (***polyethylene glycol 3350***)	T1	
SENNA ORAL TABLET 8.6 MG (***sennosides***)	T1	
SENNA-S ORAL TABLET 8.6-50 MG (***sennosides/docusate sodium***)	T2	
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	T1	
sorbitol solution 70 %	T1	
STOOL SOFTENER ORAL CAPSULE 50 MG (***docusate sodium***)	T2	
Cholelitholytic Agents - Drugs For The Stomach		
URSO 250 ORAL TABLET 250 MG (***ursodiol***)	T1	
URSO FORTE ORAL TABLET 500 MG (***ursodiol***)	T1	
ursodiol oral capsule 300 mg	T1	
Digestants - Drugs For The Stomach		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (***lipase/protease/amylase***)	T1	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT (***lipase/protease/amylase***)	T1	
Gi Drugs, Miscellaneous - Drugs For The Stomach		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALLI ORAL CAPSULE 60 MG (***orlistat***)	T3	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	T3	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	T3	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	T3	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	T3	PA
ENTYVIO INTRAVENOUS RECON SOLN 300 MG (***vedolizumab***)	T3	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	T3	PA
IBSRELA ORAL TABLET 50 MG (***tenapanor hcl***)	T3	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	T3	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	T3	PA
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (***naloxegol oxalate***)	T3	PA
orlistat oral capsule 120 mg	T3	PA
RELISTOR ORAL TABLET 150 MG (***methylnaltrexone bromide***)	T3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (***methylnaltrexone bromide***)	T3	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (***methylnaltrexone bromide***)	T3	PA
REMICADE INTRAVENOUS RECON SOLN 100 MG (***infliximab***)	T3	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	T3	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	T3	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	T3	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	T3	PA
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	T3	PA
Histamine H2-Antagonists - Drugs For Ulcers And Stomach Acid		
ACID REDUCER (FAMOTIDINE) ORAL TABLET 10 MG (***famotidine***)	T1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	T1	
famotidine (pf) intravenous solution 20 mg/2 ml	T1	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	T1	
famotidine intravenous solution 10 mg/ml	T1	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	T1	
famotidine oral tablet 20 mg, 40 mg	T1	
HEARTBURN RELIEF (CIMETIDINE) ORAL TABLET 200 MG (***cimetidine***)	T2	
Neurokinin-1 Receptor Antagonists - Drugs For Vomiting And Nausea		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (***netupitant/palonosetron hcl***)	T3	PA
aprepitant oral capsule 125 mg, 80 mg	T2	QL (30 EA per 30 days)
aprepitant oral capsule 40 mg	T2	QL (1 EA per 30 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	T2	QL (30 EA per 30 days)
Prokinetic Agents - Drugs For The Stomach		
metoclopramide hcl injection solution 5 mg/ml	T1	
metoclopramide hcl injection syringe 5 mg/ml	T1	
metoclopramide hcl oral solution 5 mg/5 ml	T1	
metoclopramide hcl oral tablet 10 mg, 5 mg	T1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (***prucalopride succinate***)	T3	PA
Prostaglandins - Drugs For Ulcers And Stomach Acid		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	T3	PA
misoprostol oral tablet 100 mcg, 200 mcg	T1	
Protectants - Drugs For Ulcers And Stomach Acid		
sucralfate oral suspension 100 mg/ml	T1	
sucralfate oral tablet 1 gram	T1	
Proton-Pump Inhibitors - Drugs For Ulcers And Stomach Acid		
ACID REDUCER (OMEPRAZOLE) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (***omeprazole magnesium***)	T1	
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	T3	PA; ST; QL (30 EA per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg	T1	
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg	T3	PA; ST
esomeprazole sodium intravenous recon soln 20 mg	T1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg	T1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg	T2	ST; QL (30 EA per 30 days); AL (Max 9 Years)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	T3	PA; ST; QL (30 EA per 30 days); AL (Max 9 Years)
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG (***esomeprazole sodium***)	T1	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	T1	
omeprazole oral capsule,delayed release(dr/ec) 40 mg	T2	QL (60 EA per 30 days)
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	T3	PA; ST
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	T1	
PREVACID 24HR ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG (***lansoprazole***)	T1	
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG (***omeprazole magnesium***)	T3	PA; ST
PROTONIX INTRAVENOUS RECON SOLN 40 MG (***pantoprazole sodium***)	T3	PA
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	T1	
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM (***omeprazole/sodium bicarbonate***)	T3	PA; ST
ZEGERID ORAL PACKET 40-1,680 MG (***omeprazole/sodium bicarbonate***)	T3	PA; ST
ZEGERID OTC ORAL CAPSULE 20-1.1 MG-GRAM (***omeprazole/sodium bicarbonate***)	T2	ST; QL (30 EA per 30 days)
Heavy Metal Antagonists - Drugs To Reduce Iron		
Heavy Metal Antagonists - Drugs To Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (***succimer***)	T1	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	T3	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	T3	PA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	T3	PA
deferiprone oral tablet 1,000 mg, 500 mg	T3	PA
deferoxamine injection recon soln 2 gram, 500 mg	T3	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG (***deferiprone***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FERRIPROX ORAL SOLUTION 100 MG/ML (***deferiprone***)	T3	PA
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (***zinc acetate***)	T1	
pentetate calcium trisodium intravenous solution 200 mg/ml	T1	
pentetate zinc trisodium intravenous solution 200 mg/ml	T1	
Hormones And Synthetic Substitutes - Hormones		
Adrenals - Hormones		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone furoate***)	T1	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***mometasone furoate***)	T1	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (***mometasone furoate***)	T1	
budesonide inhalation suspension for nebulization 0.25 mg/2 ml	T2	QL (120 ML per 30 days)
budesonide inhalation suspension for nebulization 0.5 mg/2 ml	T2	QL (120 ML per 30 DYs)
budesonide inhalation suspension for nebulization 1 mg/2 ml	T2	QL (60 ML per 30 days)
budesonide oral capsule,delayed,extend.release 3 mg	T2	QL (90 EA per 30 days)
budesonide rectal foam 2 mg/actuation	T3	PA
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	T2	QL (20.4 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML (***methylprednisolone acetate***)	T1	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (***dexamethasone***)	T1	
dexamethasone oral elixir 0.5 mg/5 ml	T1	
dexamethasone oral solution 0.5 mg/5 ml	T1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	T1	
dexamethasone oral tablet 1 mg, 2 mg	T1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	T1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	T1	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone propionate***)	T1	
fludrocortisone oral tablet 0.1 mg	T1	
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	T1	
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation	T1	
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	T1	
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone propion-salmeterol inhalation hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation	T3	PA
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	T1	
MEDROL ORAL TABLET 2 MG (***methylprednisolone***)	T1	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	T1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T1	
methylprednisolone oral tablets,dose pack 4 mg	T1	
methylprednisolone sodium succ injection recon soln 125 mg	T1	
methylprednisolone sodium succ intravenous recon soln 1,000 mg	T1	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS), 5 MG (48 TABS) (***prednisolone***)	T1	
prednisolone (Millipred Oral Tablet 5 Mg)	T1	
prednisolone oral solution 15 mg/5 ml	T1	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	T1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (***prednisone***)	T1	
prednisone oral solution 5 mg/5 ml	T1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	T1	
prednisone oral tablets,dose pack 10 mg, 5 mg	T1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (***budesonide***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (***beclomethasone dipropionate***)	T1	
SOLU-CORTEF INJECTION RECON SOLN 100 MG (***hydrocortisone sodium succinate***)	T1	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM, 500 MG (***methylprednisolone sodium succinate***)	T1	
triamcinolone acetonide injection suspension 40 mg/ml	T1	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG (***budesonide***)	T3	PA
fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	
Alpha-Glucosidase Inhibitors - Drugs For Diabetes		
acarbose oral tablet 100 mg, 25 mg, 50 mg	T1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	T2	ST
Amylinomimetics - Drugs For Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (***pramlintide acetate***)	T3	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (***pramlintide acetate***)	T3	PA
Androgens - Hormones		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR (***testosterone***)	T3	PA
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM) (***testosterone***)	T3	PA
danazol oral capsule 100 mg, 200 mg, 50 mg	T3	PA
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methyltestosterone oral capsule 10 mg	T3	PA
oxandrolone oral tablet 10 mg, 2.5 mg	T3	PA
testosterone cypionate intramuscular oil 200 mg/ml	T2	QL (4 ML per 28 days)
testosterone enanthate intramuscular oil 200 mg/ml	T1	
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	T3	PA
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) (***testosterone***)	T3	PA
Antiestrogens - Drugs For Women		
anastrozole oral tablet 1 mg	T1	
exemestane oral tablet 25 mg	T1	
letrozole oral tablet 2.5 mg	T2	QL (30 EA per 30 days)
Antigonadtropins - Hormones		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG (***degarelix acetate***)	T2	QL (1 EA per 30 days)
ORILISSA ORAL TABLET 150 MG, 200 MG (***elagolix sodium***)	T3	PA
Antiparathyroid Agents - Drugs For Bones		
calcitonin (salmon) injection solution 200 unit/ml	T2	QL (0.5 ML per 30 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	T1	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (***cinacalcet hcl***)	T3	PA
Antithyroid Agents - Drugs For The Thyroid		
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML (***sodium iodide***)	T1	
methimazole oral tablet 10 mg, 5 mg	T1	
propylthiouracil oral tablet 50 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***)	T1	
STRONG IODINE ORAL SOLUTION 5 % (***potassium iodide/iodine***)	T1	
THYROSAFE ORAL TABLET 65 MG (***potassium iodide***)	T2	
Biguanides - Drugs For Diabetes		
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	T2	ST
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	T1	
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG, 500 MG (***metformin hcl***)	T3	PA
glyburide-metformin oral tablet 1.25-250 mg	T3	PA
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	T1	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (***canagliflozin/metformin hcl***)	T2	QL (60 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	T2	ST
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	T2	ST
metformin oral tablet 1,000 mg, 500 mg, 850 mg	T1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	T1	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (***empagliflozin/metformin hcl***)	T2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG (***empagliflozin/metformin hcl***)	T2	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (***dapagliflozin propanediol/metformin hcl***)	T2	QL (30 EA per 30 days)
Contraceptives - Drugs For Women		
levonorgestrel/ethinyl estradiol (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	T1	
AFTER PILL ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
levonorgestrel/ethinyl estradiol (Altavera (28) Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone-ethinyl estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethindrone-ethinyl estradiol (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	T1	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	T1	
levonorgestrel/ethinyl estradiol (Amethyst (28) Oral Tablet 90-20 Mcg (28))	T1	
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (***segesterone acetate/ethinyl estradiol***)	T1	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone-ethinyl estradiol (Aranelle (28) Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	T1	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	T1	
levonorgestrel/ethinyl estradiol (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol (Aubra Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone acetate-ethinyl estradiol (Aurovela 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acetate-ethinyl estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	T1	
levonorgestrel/ethinyl estradiol (Aviane Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorgestrel/ethinyl estradiol (Ayuna Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol/ethinyl estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	T1	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7) (***levonorgestrel/ethinyl estradiol/ferrous bisglycinate***)	T1	
norethindrone-ethinyl estradiol (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	T1	

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Preferred Medication **T2** = Preferred Medication with Restriction **T3** = Non-Preferred Medication - Prior Authorization is Required	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	T1	
norethindrone-ethinyl estradiol (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	T1	
norethindrone (Camila Oral Tablet 0.35 Mg)	T1	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	T1	
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	T1	
desogestrel-ethinyl estradiol (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Charlotte 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	T1	
levonorgestrel/ethinyl estradiol (Chateal (28) Oral Tablet 0.15-0.03 Mg)	T1	
levonorgestrel/ethinyl estradiol (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	T1	
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone-ethinyl estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethindrone-ethinyl estradiol (Dasetta 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	T1	
norethindrone (Deblitane Oral Tablet 0.35 Mg)	T1	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	T1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	T1	
levonorgestrel/ethinyl estradiol (Dolishale Oral Tablet 90-20 Mcg (28))	T1	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	T1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	T1	
ECONTRA EZ ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	T1	
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	T1	
etonogestrel/ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24 Hr)	T1	
levonorgestrel/ethinyl estradiol (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	T1	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone (Errin Oral Tablet 0.35 Mg)	T1	
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	T1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	T1	
levonorgestrel/ethinyl estradiol (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Finzala Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Gemmily Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	T1	
GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (***norethindrone-ethinyl estradiol/ferrous fumarate***)	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Hailey Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	T1	
norethindrone acetate-ethinyl estradiol (Hailey Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone (Heather Oral Tablet 0.35 Mg)	T1	
levonorgestrel/ethinyl estradiol (Iclevia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	T1	
norethindrone (Incassia Oral Tablet 0.35 Mg)	T1	
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-0.03 Mg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Jaimiess Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	T1	
ethinyl estradiol/drospirenone (Jasmiel (28) Oral Tablet 3-0.02 Mg)	T1	
norethindrone (Jencycla Oral Tablet 0.35 Mg)	T1	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (***levonorgestrel/ethinyl estradiol***)	T1	
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone acetate-ethinyl estradiol (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acetate-ethinyl estradiol (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	T1	
norethindrone-ethinyl estradiol/ferrous fumarate (Kaitlib Fe Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	T1	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol/ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	T1	
ethynodiol diacetate-ethinyl estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethynodiol diacetate-ethinyl estradiol (Kelnor 1-50 (28) Oral Tablet 1-50 Mg-Mcg)	T1	
levonorgestrel/ethinyl estradiol (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	T1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG (***levonorgestrel***)	T1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)	T1	
norethindrone acetate-ethinyl estradiol (Larin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acetate-ethinyl estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	T1	
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (***norethindrone-ethinyl estradiol/ferrous fumarate***)	T1	
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (***norethindrone-ethinyl estradiol***)	T1	
levonorgestrel/ethinyl estradiol (Lessina Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorgestrel/ethinyl estradiol (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel oral tablet 1.5 mg	T1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	T1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	T1	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	T1	
levonorgestrel/ethinyl estradiol (Levora-28 Oral Tablet 0.15-0.03 Mg)	T1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG (***levonorgestrel***)	T1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	T1	
norethindrone acetate-ethinyl estradiol (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acetate-ethinyl estradiol (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Loestrin Fe 1.5/30 (28-Day) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Loestrin Fe 1/20 (28-Day) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	T1	
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Lojaimiess Oral Tablets,Dose Pack,3 Month 0.1 Mg-20 Mcg (84)/10 Mcg (7))	T1	
ethinyl estradiol/drospirenone (Loryna (28) Oral Tablet 3-0.02 Mg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	T1	
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	T1	
ethinyl estradiol/drospirenone (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel/ethinyl estradiol (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone (Lyleq Oral Tablet 0.35 Mg)	T1	
norethindrone (Lyza Oral Tablet 0.35 Mg)	T1	
levonorgestrel/ethinyl estradiol (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Merzee Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	T1	
norethindrone acetate-ethinyl estradiol (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acetate-ethinyl estradiol (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	T1	
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	T1	
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	T1	
desogestrel-ethinyl estradiol/ethinyl estradiol (Mircette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	T1	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG (***levonorgestrel***)	T1	
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	T1	
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (***estradiol valerate/dienogest***)	T1	
norethindrone-ethinyl estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NEXPLANON SUBDERMAL IMPLANT 68 MG (***etonogestrel***)	T1	
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) (***drospirenone/estetrol***)	T1	
ethinyl estradiol/drospirenone (Nikki (28) Oral Tablet 3-0.02 Mg)	T1	
NORA-BE ORAL TABLET 0.35 MG (***norethindrone***)	T1	
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone (contraceptive) oral tablet 0.35 mg	T1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	T1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)	T1	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	T1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	T1	
norethindrone-ethinyl estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (***norethindrone-ethinyl estradiol***)	T1	
norethindrone-ethinyl estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethindrone-ethinyl estradiol (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	T1	
norethindrone-ethinyl estradiol (Nylia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethindrone-ethinyl estradiol (Nylia 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	T1	
norgestimate-ethinyl estradiol (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	T1	
OCELLA ORAL TABLET 3-0.03 MG (***ethinyl estradiol/drospirenone***)	T1	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTION-2 ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM (***copper***)	T1	
norethindrone-ethinyl estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol/ethinyl estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	T1	
norethindrone-ethinyl estradiol (Pirmella Oral Tablet 0.5/0.75/1 Mg- 35 Mcg, 1-35 Mg-Mcg)	T1	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
levonorgestrel/ethinyl estradiol (Portia 28 Oral Tablet 0.15-0.03 Mg)	T1	
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	T1	
desogestrel-ethinyl estradiol (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	T1	
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	T1	
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (***levonorgestrel/ethinyl estradiol and ethinyl estradiol***)	T1	
levonorgestrel/ethinyl estradiol (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	T1	
norethindrone (Sharobel Oral Tablet 0.35 Mg)	T1	
desogestrel-ethinyl estradiol/ethinyl estradiol (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel/ethinyl estradiol and ethinyl estradiol (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	T1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG (***levonorgestrel***)	T1	
SLYND ORAL TABLET 4 MG (28) (***drospirenone***)	T1	
norgestimate-ethinyl estradiol (Sprintec (28) Oral Tablet 0.25-35 Mg-Mcg)	T1	
levonorgestrel/ethinyl estradiol (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	T1	
ethinyl estradiol/drospirenone (Syeda Oral Tablet 3-0.03 Mg)	T1	
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tarina Fe 1-20 Eq (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Taysofy Oral Capsule 1 Mg-20 Mcg (24)/75 Mg (4))	T1	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (***norethindrone acetate-ethinyl estradiol/ferrous fumarate***)	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	T1	
norethindrone acetate-ethinyl estradiol/ferrous fumarate (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	T1	
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	T1	
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	T1	
norgestimate-ethinyl estradiol (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	T1	
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	T1	
levonorgestrel/ethinyl estradiol (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	T1	
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	T1	
norethindrone (Tulana Oral Tablet 0.35 Mg)	T1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR (***levonorgestrel/ethinyl estradiol***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG (***levonorgestrel/ethinyl estradiol***)	T1	
drospirenone/ethinyl estradiol/levomefolate calcium (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7))	T1	
desogestrel-ethinyl estradiol (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	T1	
ethinyl estradiol/drospirenone (Vestura (28) Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel/ethinyl estradiol (Vienva Oral Tablet 0.1-20 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol/ethinyl estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	T1	
desogestrel-ethinyl estradiol/ethinyl estradiol (Volnea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	T1	
norethindrone-ethinyl estradiol (Vyfemla (28) Oral Tablet 0.4-35 Mg-Mcg)	T1	
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	T1	
norethindrone-ethinyl estradiol (Wera (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	
norethindrone-ethinyl estradiol/ferrous fumarate (Wymzya Fe Oral Tablet,Chewable 0.4Mg-35Mcg(21) And 75 Mg (7))	T1	
norelgestromin/ethinyl estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24 Hr)	T1	
YASMIN (28) ORAL TABLET 3-0.03 MG (***ethinyl estradiol/drospirenone***)	T1	
YAZ (28) ORAL TABLET 3-0.02 MG (***ethinyl estradiol/drospirenone***)	T1	
norelgestromin/ethinyl estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethinyl estradiol/drospirenone (Zarah Oral Tablet 3-0.03 Mg)	T1	
ethynodiol diacetate-ethinyl estradiol (Zovia 1-35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
ethinyl estradiol/drospirenone (Zumandimine (28) Oral Tablet 3-0.03 Mg)	T1	
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors - Drugs For Diabetes		
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg	T2	ST
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	T2	ST
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	T2	ST
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	T2	ST
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG (***sitagliptin phosphate/metformin hcl***)	T2	ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (***sitagliptin phosphate***)	T2	ST
Estrogen Agonist-Antagonists - Drugs For Women		
FARESTON ORAL TABLET 60 MG (***toremifene citrate***)	T1	
raloxifene oral tablet 60 mg	T1	
tamoxifen oral tablet 10 mg, 20 mg	T1	
Estrogens - Drugs For Women		
estradiol/norethindrone acetate (Amabelz Oral Tablet 1-0.5 Mg)	T3	PA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR (***estradiol/levonorgestrel***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (***estradiol/norethindrone acetate***)	T2	ST
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML (***estradiol valerate***)	T3	PA
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (***estradiol cypionate***)	T3	PA
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	T1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	T2	QL (8 EA per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	T1	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	T1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (***estradiol***)	T3	PA
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION (***estradiol***)	T1	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	T1	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR (***estradiol acetate***)	T3	PA
norethindrone acetate-ethinyl estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	T3	PA
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (***estrogens,esterified***)	T1	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (***estradiol***)	T3	PA
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15) (***estradiol/norgestimate***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMARIN INJECTION RECON SOLN 25 MG (***estrogens, conjugated***)	T3	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens, conjugated***)	T1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (***estrogens, conjugated***)	T1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (***estrogens, conjugated/medroxyprogesterone acetate***)	T1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***estrogens, conjugated/medroxyprogesterone acetate***)	T1	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	T1	
Glycogenolytic Agents - Hormones		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (***glucagon***)	T1	
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML (***glucagon***)	T1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (***glucagon hcl***)	T1	
glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	T1	
Gonadotropins - Hormones		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (***leuprolide acetate***)	T1	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (***leuprolide acetate***)	T1	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (***leuprolide acetate***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (***leuprolide acetate***)	T1	
leuprolide subcutaneous kit 1 mg/0.2 ml	T3	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG (***leuprolide acetate***)	T3	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (***leuprolide acetate***)	T3	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (***leuprolide acetate***)	T3	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (***leuprolide acetate***)	T3	PA; QL (1 EA per 30 days)
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (***leuprolide acetate***)	T3	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (***leuprolide acetate***)	T3	PA
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (***nafarelin acetate***)	T2	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG (***triptorelin pamoate***)	T2	QL (1 EA per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG (***triptorelin pamoate***)	T1	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (***goserelin acetate***)	T1	
Incretin Mimetics - Drugs For Diabetes		
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML (***exenatide***)	T3	PA
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML (***tirzepatide***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) (***semaglutide***)	T2	ST; QL (3 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) (***semaglutide***)	T2	ST; QL (1.5 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (***semaglutide***)	T2	ST; QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML (***dulaglutide***)	T2	ST; QL (2 ML per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (***liraglutide***)	T2	ST; QL (9 ML per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (***liraglutide***)	T2	ST; QL (9 ML per 28 days)
Insulins - Drugs For Diabetes		
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin glulisine***)	T2	QL (30 QY per 30 DYs)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glulisine***)	T2	QL (30 ML per 30 DYs)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	T2	QL (30 ML per 30 DYs)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	T2	QL (30 ML per 30 DYs)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	T2	QL (30 ML per 30 DYs)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin lispro***)	T2	QL (30 ML per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T2	QL (120 ML per 30 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	T2	QL (120 QY per 30 DYs)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	T2	QL (120 ML per 30 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (***insulin regular, human***)	T3	PA
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	T2	QL (30 ML per 30 DYs)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	T2	QL (30 ML per 30 DYs)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	T3	PA; QL (30 ML per 30 DYs)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	T2	QL (30 ML per 30 days)
insulin aspart u-100 subcutaneous solution 100 unit/ml	T2	QL (30 ML per 30 days)
insulin glargine subcutaneous insulin pen 100 unit/ml (3 ml)	T2	QL (30 ML per 30 days)
insulin glargine subcutaneous solution 100 unit/ml	T2	QL (30 ML per 30 days)
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	T2	QL (30 ML per 30 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	T2	QL (30 ML per 30 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	T2	QL (30 ML per 30 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	T2	QL (30 ML per 30 days)
insulin lispro subcutaneous solution 100 unit/ml	T2	QL (30 ML per 30 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin detemir***)	T2	QL (30 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin detemir***)	T2	QL (30 QY per 30 DYs)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T2	QL (120 QY per 30 DYs)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T2	QL (120 ML per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	T2	QL (120 ML per 30 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	T2	QL (120 QY per 30 DYs)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin regular, human***)	T2	QL (120 ML per 30 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	T2	QL (120 QY per 30 DYs)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine-aglr***)	T2	QL (30 ML per 30 days)
Intermediate-Acting Insulins - Drugs For Diabetes		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	T2	QL (30 ML per 30 DYs)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	T2	QL (30 ML per 30 DYs)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	T2	QL (30 ML per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	T2	QL (30 ML per 30 DYs)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T2	QL (120 ML per 30 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	T2	QL (120 QY per 30 DYs)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	T2	QL (30 ML per 30 DYs)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	T2	QL (30 ML per 30 DYs)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	T2	QL (30 ML per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T2	QL (120 QY per 30 DYs)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T2	QL (120 ML per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin nph human isophane***)	T2	QL (120 ML per 30 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human isophane***)	T2	QL (120 QY per 30 DYs)
Long-Acting Insulins - Drugs For Diabetes		
insulin glargine subcutaneous insulin pen 100 unit/ml (3 ml)	T2	QL (30 ML per 30 days)
insulin glargine subcutaneous solution 100 unit/ml	T2	QL (30 ML per 30 days)

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Preferred Medication **T2** = Preferred Medication with Restriction **T3** = Non-Preferred Medication - Prior Authorization is Required	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)	T2	QL (30 ML per 30 days)
insulin glargine-yfgn subcutaneous solution 100 unit/ml	T2	QL (30 ML per 30 days)
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin detemir***)	T2	QL (30 ML per 30 days)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin detemir***)	T2	QL (30 QY per 30 DYs)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine-aglr***)	T2	QL (30 ML per 30 days)
Meglitinides - Drugs For Diabetes		
nateglinide oral tablet 120 mg, 60 mg	T3	PA
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	T3	PA
Pituitary - Hormones		
DDAVP INJECTION SOLUTION 4 MCG/ML (***desmopressin acetate***)	T3	PA
desmopressin injection solution 4 mcg/ml	T3	PA
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	T3	PA
desmopressin oral tablet 0.1 mg, 0.2 mg	T2	AL (Min 6 Years)
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (***somatropin***)	T3	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (***somatropin***)	T3	PA
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) (***somatropin***)	T3	PA
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG (***somatropin***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***)	T3	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML) (***somatropin***)	T3	PA
OMNITROPE SUBCUTANEOUS CARTRIDGE 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***)	T3	PA
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.) (***somatropin***)	T3	PA
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG (***somatropin***)	T3	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (***somatropin***)	T3	PA
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG (***somatropin***)	T3	PA
Progestins - Drugs For Women		
estradiol/norethindrone acetate (Amabelz Oral Tablet 1-0.5 Mg)	T3	PA
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (***estradiol/norethindrone acetate***)	T2	ST
CRINONE VAGINAL GEL 4 %, 8 % (***progesterone, micronized***)	T3	PA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (***medroxyprogesterone acetate***)	T1	
norethindrone acetate-ethinyl estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	T3	PA
medroxyprogesterone intramuscular suspension 150 mg/ml	T1	
medroxyprogesterone intramuscular syringe 150 mg/ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	T1	
megestrol oral suspension 400 mg/10 ml (10 ml)	T1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	T1	
megestrol oral tablet 20 mg, 40 mg	T1	
norethindrone acetate oral tablet 5 mg	T1	
progesterone micronized oral capsule 100 mg, 200 mg	T2	QL (30 EA per 30 days)
SLYND ORAL TABLET 4 MG (28) (***drospirenone***)	T1	
Rapid-Acting Insulins - Drugs For Diabetes		
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin glulisine***)	T2	QL (30 QY per 30 DYs)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glulisine***)	T2	QL (30 ML per 30 DYs)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	T2	QL (30 ML per 30 DYs)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine and insulin lispro***)	T2	QL (30 ML per 30 DYs)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine and insulin lispro***)	T2	QL (30 ML per 30 DYs)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin lispro***)	T2	QL (30 ML per 30 DYs)
insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)	T2	QL (30 ML per 30 DYs)
insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)	T2	QL (30 ML per 30 DYs)
insulin aspart u-100 subcutaneous cartridge 100 unit/ml	T3	PA; QL (30 ML per 30 DYs)
insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)	T2	QL (30 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
insulin aspart u-100 subcutaneous solution 100 unit/ml	T2	QL (30 ML per 30 days)
insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)	T2	QL (30 ML per 30 days)
insulin lispro subcutaneous insulin pen 100 unit/ml	T2	QL (30 ML per 30 days)
insulin lispro subcutaneous solution 100 unit/ml	T2	QL (30 ML per 30 days)
Short-Acting Insulins - Drugs For Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T2	QL (120 ML per 30 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	T2	QL (120 ML per 30 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (***insulin regular, human***)	T3	PA
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T2	QL (120 QY per 30 DYs)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin nph human isophane/insulin regular, human***)	T2	QL (120 ML per 30 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin regular, human***)	T2	QL (45 ML per 30 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular, human***)	T2	QL (120 QY per 30 DYs)
Sodium-Gluc Cotransport 2 (Sglt2) Inhib - Drugs For Diabetes		
FARXIGA ORAL TABLET 10 MG, 5 MG (***dapagliflozin propanediol***)	T2	QL (30 EA per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (***canagliflozin/metformin hcl***)	T2	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG (***canagliflozin***)	T2	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***)	T2	QL (30 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (***empagliflozin/metformin hcl***)	T2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG (***empagliflozin/metformin hcl***)	T2	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (***dapagliflozin propanediol/metformin hcl***)	T2	QL (30 EA per 30 days)
Somatostatin Agonists - Hormones		
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	T1	
Somatotropin Antagonists - Hormones		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG (***pegvisomant***)	T1	
Sulfonylureas - Drugs For Diabetes		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	T1	
glipizide oral tablet 10 mg, 5 mg	T1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	T1	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	T1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	T1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	T1	
glyburide-metformin oral tablet 1.25-250 mg	T3	PA
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	T1	
Thiazolidinediones - Drugs For Diabetes		

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Drug Tier
T1 = Preferred Medication
T2 = Preferred Medication with Restriction
T3 = Non-Preferred Medication - Prior Authorization is Required

Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
QL = Quantity Limit
ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg	T2	ST
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	T1	
Thyroid Agents - Drugs For The Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 300 MG (***thyroid,pork***)	T1	
levothyroxine intravenous recon soln 200 mcg, 500 mcg	T1	
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	T1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	T1	
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG (***thyroid,pork***)	T1	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine sodium***)	T1	
Local Anesthetics (Parenteral) - Drugs For Numbing		
Local Anesthetics (Parenteral) - Drugs For Numbing		
bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)	T1	
bupivacaine hcl injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)	T1	
bupivacaine in nacl(pf) epidural solution 0.125 % (1,250 mcg/ml)	T1	
bupivacaine-epinephrine (pf) injection solution 0.5 %-1:200,000	T1	
bupivacaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000	T1	
chloroprocaine (pf) injection solution 20 mg/ml (2 %)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %	T1	
fentanyl-ropivacaine-nacl (pf) injection solution 2-0.2 mcg/ml-%	T1	
lidocaine (pf) injection syringe 200 mg/10 ml (2 %)	T1	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	T1	
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000	T1	
MARCAINE (PF) INJECTION SOLUTION 0.25 % (2.5 MG/ML), 0.5 % (5 MG/ML), 0.75 % (7.5 MG/ML) (***bupivacaine hcl/pf***)	T1	
MARCAINE-EPINEPHRINE (PF) INJECTION SOLUTION 0.25 %-1:200,000 (***bupivacaine hcl/epinephrine/pf***)	T1	
NAROPIN (PF) INJECTION SOLUTION 10 MG/ML (1 %), 2 MG/ML (0.2 %), 5 MG/ML (0.5 %), 7.5 MG/ML (0.75 %) (***ropivacaine hcl/pf***)	T1	
POLOCAINE INJECTION SOLUTION 1 % (10 MG/ML), 2 % (***mepivacaine hcl***)	T1	
mepivacaine hcl/pf (Polocaine-Mpf Injection Solution 10 Mg/Ml (1 %), 20 Mg/Ml (2 %))	T1	
bupivacaine hcl in dextrose/pf (Sensorcaine-Mpf Spinal Injection Solution 0.75 % (7.5 Mg/Ml))	T1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75 %-1:200,000 (***bupivacaine hcl/epinephrine/pf***)	T1	
XYLOCAINE-MPF INJECTION SOLUTION 5 MG/ML (0.5 %) (***lidocaine hcl/pf***)	T1	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000, 1.5 %-1:200,000, 2 %-1:200,000 (***lidocaine hcl/epinephrine/pf***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
finasteride oral tablet 5 mg	T1	
Alcohol Deterrents - Drugs For Alcohol Dependence		
disulfiram oral tablet 250 mg, 500 mg	T1	
naltrexone oral tablet 50 mg	T1	
Antidotes - Drugs For Overdose Or Poisoning		
acetylcysteine intravenous solution 200 mg/ml (20 %)	T1	
amyl nitrite inhalation solution 0.3 ml	T1	
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (***glucagon***)	T1	
CHEMET ORAL CAPSULE 100 MG (***succimer***)	T1	
deferoxamine injection recon soln 2 gram, 500 mg	T3	PA
DIGIFAB INTRAVENOUS RECON SOLN 40 MG (***digoxin immune fab***)	T1	
flumazenil intravenous solution 0.1 mg/ml	T1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG (***glucagon***)	T1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG (***glucagon hcl***)	T1	
glucagon (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	T1	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION (***naloxone hcl***)	T2	QL (2 EA per 180 days)
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	T3	PA
leucovorin calcium injection recon soln 100 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
leucovorin calcium injection recon soln 200 mg, 350 mg, 500 mg	T1	
leucovorin calcium injection recon soln 50 mg	T2	QL (1 EA per 30 days)
leucovorin calcium injection solution 10 mg/ml	T1	
leucovorin calcium oral tablet 5 mg	T1	
magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml	T1	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	T1	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %)	T1	
magnesium sulfate injection solution 4 meq/ml (50 %)	T1	
magnesium sulfate injection syringe 4 meq/ml	T1	
MEPHYTON ORAL TABLET 5 MG (***phytonadione (vit k1)***)	T1	
naloxone injection solution 0.4 mg/ml	T1	
naloxone injection syringe 0.4 mg/ml	T1	
naloxone injection syringe 1 mg/ml	T2	QL (2 ML per 180 days)
naloxone nasal spray,non-aerosol 4 mg/actuation	T2	QL (2 EA per 180 days)
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml	T1	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	T3	PA
sevelamer carbonate oral tablet 800 mg	T1	
sevelamer hcl oral tablet 400 mg, 800 mg	T3	PA
SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***)	T1	
STRONG IODINE ORAL SOLUTION 5 % (***potassium iodide/iodine***)	T1	
THYROSAFE ORAL TABLET 65 MG (***potassium iodide***)	T2	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (***phytonadione (vit k1)***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phytonadione (vit k1) (Vitamin K1 Injection Solution 10 Mg/Ml)	T1	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML (***naloxone hcl***)	T2	QL (1 ML per 180 days)
Antigout Agents - Drugs For Gout		
allopurinol oral tablet 100 mg, 300 mg	T1	
colchicine oral capsule 0.6 mg	T2	QL (15 EA per 30 DYs)
colchicine oral tablet 0.6 mg	T2	QL (30 EA per 30 days)
EC-NAPROXEN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (***naproxen***)	T1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML (***indomethacin***)	T1	
INDOCIN RECTAL SUPPOSITORY 50 MG (***indomethacin***)	T1	
indomethacin oral capsule 25 mg, 50 mg	T1	
indomethacin oral capsule, extended release 75 mg	T1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG (***naproxen sodium***)	T1	
naproxen oral suspension 125 mg/5 ml	T1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	T1	
naproxen sodium oral tablet 275 mg, 550 mg	T1	
probenecid oral tablet 500 mg	T1	
probenecid-colchicine oral tablet 500-0.5 mg	T1	
Bone Resorption Inhibitors - Drugs For Bone Loss		
alendronate oral solution 70 mg/75 ml	T2	QL (75 ML per 30 days)
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	T1	
calcitonin (salmon) injection solution 200 unit/ml	T2	QL (0.5 ML per 30 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT (***alendronate sodium/cholecalciferol (vitamin d3)***)	T3	PA
ibandronate oral tablet 150 mg	T2	QL (1 EA per 30 days)
pamidronate intravenous recon soln 30 mg, 90 mg	T1	
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	T1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (***denosumab***)	T3	PA
raloxifene oral tablet 60 mg	T1	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (***denosumab***)	T3	PA
zoledronic acid intravenous solution 4 mg/5 ml	T2	QL (0.5 ML per 30 days)
Cariostatic Agents - Vitamins And Fluoride		
fluoride (sodium) dental solution 0.2 %	T1	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	T1	
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	T1	
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 1 MG (***pediatric multivitamins no.17 with sodium fluoride***)	T1	
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG (***pediatric multivitamins no.17 with sodium fluoride***)	T1	
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 1 MG (***pediatric multivitamins no.17 with sodium fluoride***)	T1	
PERIO MED DENTAL SOLUTION 0.63 % (***stannous fluoride***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 % (***fluoride (sodium)***)	T1	
PREVIDENT DENTAL GEL 1.1 % (***fluoride (sodium)***)	T1	
SF DENTAL GEL 1.1 % (***fluoride (sodium)***)	T1	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 % (***fluoride (sodium)***)	T1	
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML (***pediatric multivit with a,c,d3 no.21/sodium fluoride***)	T1	
Complement Inhibitors		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) (***c1 esterase inhibitor***)	T3	PA
Disease-Modifying Antirheumatic Agents - Drugs For Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab***)	T3	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab***)	T3	PA
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML (***adalimumab-atto***)	T3	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	T3	PA
azathioprine oral tablet 50 mg	T1	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	T3	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	T3	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	T3	PA
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	T3	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	T3	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (***secukinumab***)	T3	PA
cyclosporine intravenous solution 250 mg/5 ml	T1	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	
cyclosporine modified oral solution 100 mg/ml	T1	
cyclosporine oral capsule 100 mg, 25 mg	T1	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	T3	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (***etanercept***)	T3	PA; QL (4 EA per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	T3	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) (***etanercept***)	T3	PA; QL (2 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) (***etanercept***)	T3	PA; QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	T3	PA; QL (4 ML per 28 days)
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/Ml)	T1	
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	T3	PA
hydroxychloroquine oral tablet 200 mg	T1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	T3	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (***anakinra***)	T3	PA
leflunomide oral tablet 10 mg, 20 mg	T1	
methotrexate sodium (pf) injection recon soln 1 gram	T1	
methotrexate sodium (pf) injection solution 25 mg/ml	T1	
methotrexate sodium injection solution 25 mg/ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methotrexate sodium oral tablet 2.5 mg	T1	
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (***abatacept/maltose***)	T3	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML (***abatacept***)	T3	PA
OTEZLA ORAL TABLET 30 MG (***apremilast***)	T3	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) (***apremilast***)	T3	PA
REMICADE INTRAVENOUS RECON SOLN 100 MG (***infliximab***)	T3	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	T3	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (***upadacitinib***)	T3	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	T1	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	T3	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	T3	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	T3	PA
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	T1	
XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***)	T3	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	T3	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (***tofacitinib citrate***)	T3	PA
Immunomodulatory Agents - Drugs For The Immune System		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab***)	T3	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab***)	T3	PA
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (***interferon gamma-1b,recomb.***)	T1	
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (***interferon beta-1a***)	T1	
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (***interferon beta-1a***)	T1	
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	T3	PA
azathioprine oral tablet 50 mg	T1	
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	T1	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	T3	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	T3	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	T3	PA
cyclosporine intravenous solution 250 mg/5 ml	T1	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	
cyclosporine modified oral solution 100 mg/ml	T1	
cyclosporine oral capsule 100 mg, 25 mg	T1	
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg	T1	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (***etanercept***)	T3	PA; QL (4 EA per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	T3	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) (***etanercept***)	T3	PA; QL (2 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) (***etanercept***)	T3	PA; QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	T3	PA; QL (4 ML per 28 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	T1	
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (***interferon beta-1b***)	T1	
fingolimod oral capsule 0.5 mg	T3	PA
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/Ml)	T1	
GILENYA ORAL CAPSULE 0.5 MG (***fingolimod hcl***)	T3	PA
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	T1	
glatiramer acetate (Glatopa Subcutaneous Syringe 20 Mg/Ml, 40 Mg/Ml)	T1	
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	T3	PA
hydroxychloroquine oral tablet 200 mg	T1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	T3	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (***anakinra***)	T3	PA
leflunomide oral tablet 10 mg, 20 mg	T1	
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	T3	PA
methotrexate sodium (pf) injection recon soln 1 gram	T1	
methotrexate sodium (pf) injection solution 25 mg/ml	T1	
methotrexate sodium injection solution 25 mg/ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (***abatacept/maltose***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML (***abatacept***)	T3	PA
OTEZLA ORAL TABLET 30 MG (***apremilast***)	T3	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) (***apremilast***)	T3	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	T3	PA
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (***aldesleukin***)	T2	QL (1 EA per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (***interferon beta-1a/albumin human***)	T1	
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a/albumin human***)	T1	
REMICADE INTRAVENOUS RECON SOLN 100 MG (***infliximab***)	T3	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	T3	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (***lenalidomide***)	T3	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG (***upadacitinib***)	T3	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	T1	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	T3	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	T3	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (***golimumab***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (***thalidomide***)	T3	PA
XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***)	T3	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	T3	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG (***tofacitinib citrate***)	T3	PA
Immunosuppressive Agents - Drugs For Transplant		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML (***lymphocyte immune globulin,antithymocyte (equine)***)	T1	
azathioprine oral tablet 50 mg	T1	
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	T1	
cyclosporine intravenous solution 250 mg/5 ml	T1	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	
cyclosporine modified oral solution 100 mg/ml	T1	
cyclosporine oral capsule 100 mg, 25 mg	T1	
cyclosporine, modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	
cyclosporine, modified (Gengraf Oral Solution 100 Mg/Ml)	T1	
mercaptopurine oral tablet 50 mg	T1	
methotrexate sodium (pf) injection recon soln 1 gram	T1	
methotrexate sodium (pf) injection solution 25 mg/ml	T1	
methotrexate sodium injection solution 25 mg/ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	T1	
mycophenolate mofetil oral capsule 250 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	T1	
mycophenolate mofetil oral tablet 500 mg	T1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	T1	
pimecrolimus topical cream 1 %	T3	PA; ST
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (***tacrolimus***)	T1	
RAPAMUNE ORAL SOLUTION 1 MG/ML (***sirolimus***)	T1	
RAPAMUNE ORAL TABLET 2 MG (***sirolimus***)	T1	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	T1	
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG (***basiliximab***)	T1	
sirolimus oral tablet 0.5 mg, 1 mg	T1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	T1	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG (***anti-thymocyte globulin,rabbit***)	T1	
Other Miscellaneous Therapeutic Agents		
acetic acid (bulk) liquid 100 %, 5 %	T1	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	T1	
BOTOX COSMETIC INTRAMUSCULAR RECON SOLN 100 UNIT (***onabotulinumtoxina***)	T1	
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (***levocarnitine***)	T1	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML (***levocarnitine***)	T1	
CYSTADANE ORAL POWDER 1 GRAM/SCOOP (***betaine***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (***cysteamine bitartrate***)	T1	
dalfampridine oral tablet extended release 12 hr 10 mg	T3	PA
DEMSER ORAL CAPSULE 250 MG (***metyrosine***)	T1	
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir sulfate/cobicistat***)	T1	
KUVAN ORAL TABLET,SOLUBLE 100 MG (***sapropterin dihydrochloride***)	T3	PA
levocarnitine oral tablet 330 mg	T1	
LIPOCHOL PLUS ORAL TABLET 0.5 MG (***methionine/inositol/choline/folic acid***)	T1	
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (***rimabotulinumtoxinb***)	T1	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG (***nitisinone***)	T1	
PREZCOBIX ORAL TABLET 800-150 MG-MG (***darunavir ethanolate/cobicistat***)	T1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir eth/cobicistat/emtricitabine/tenofovir alafenamide***)	T1	
Protective Agents		
ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***)	T1	
ETHYOL INTRAVENOUS RECON SOLN 500 MG (***amifostine crystalline***)	T1	
mesna intravenous solution 100 mg/ml	T1	
MESNEX ORAL TABLET 400 MG (***mesna***)	T1	
Nonhormonal Contraceptives - Drugs For Women		
Nonhormonal Contraceptives - Drugs For Women		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIMSCO LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	T1	
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	T1	
CONDOMS-PREM LUBRICATED DEVICE (***condoms, latex, lubricated***)	T1	
DUREX AVANTI BARE REAL FEEL (***condoms, non-latex, lubricated***)	T1	
FANTASY CONDOM DEVICE (***condoms, latex, lubricated***)	T1	
FC2 FEMALE CONDOM (***condoms, female***)	T1	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical cap***)	T1	
KIMONO CONDOMS(NON-LUBRICATED) DEVICE (***condoms, latex, non-lubricated***)	T1	
KIMONO MAXX CONDOMS DEVICE (***condoms, latex, non-lubricated***)	T1	
KIMONO MICROTHIN AQUA LUBE CON DEVICE (***condoms, latex, lubricated***)	T1	
KIMONO MICROTHIN CONDOMS DEVICE (***condoms, latex, non-lubricated***)	T1	
KIMONO MICROTHIN LARGE CONDOMS DEVICE (***condoms, latex, lubricated***)	T1	
KIMONO TEXTURED CONDOMS DEVICE (***condoms, latex, lubricated***)	T1	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	T1	
PHEXXI VAGINAL GEL 1.8-1-0.4 % (***lactic acid/citric acid/potassium bitartrate***)	T1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG (***nonoxynol 9***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSTEX LATEX CONDOM DEVICE (***condoms, latex, lubricated***)	T1	
TRUSTEX LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	T1	
TRUSTEX NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	T1	
TRUSTEX-RIA LUB/SPERMICIDE DEVICE (***condoms, latex, lubricated***)	T1	
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE (***condoms, latex, lubricated***)	T1	
TRUSTEX-RIA NON-LUB CONDOMS DEVICE (***condoms, latex, non-lubricated***)	T1	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	T1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	T1	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (***nonoxynol 9***)	T1	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (***diaphragms, wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (***diaphragms, wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (***diaphragms, wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (***diaphragms, wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (***diaphragms, wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (***diaphragms, wide seal***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (***diaphragms, wide seal***)	T1	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (***diaphragms, wide seal***)	T1	
Oxytocics - Drugs For Women		
Oxytocics - Drugs For Women		
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	T2	QL (28 EA per 30 days)
methylergonovine injection solution 0.2 mg/ml (1 ml)	T1	
mifepristone oral tablet 200 mg	T1	
oxytocin injection solution 10 unit/ml	T1	
Pharmaceutical Aids		
Pharmaceutical Aids		
BACTERIOSTATIC WATER(PARABENS) INJECTION SOLUTION (***water for inj.,bacteriostatic/methylparaben/propylparaben***)	T1	
coconut diethanolamide (bulk) liquid 100 %	T1	
DILUENT FOR EPOPROSTENOL/FLOLA INTRAVENOUS SOLUTION (***diluent for epoprostenol sodium (glycine)***)	T1	
hydrogen peroxide (bulk) solution 30 %	T1	
RADIAGEL TOPICAL GEL (***emollient base***)	T1	
water for injection,sterile (Sterile Water For Injection Injection Solution)	T1	
water for inject, bacteriostat injection solution	T1	
water for injection, sterile injection solution	T1	
water for injection, sterile intravenous parenteral solution	T1	
Respiratory Tract Agents - Drugs For The Lungs		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Alpha And Beta Adrenergic Agonist(Respr) - Drugs For Asthma/Copd		
ACTINEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5 ML (***guaifenesin/dextromethorphan hbr/pseudoephedrine hcl***)	T1	
ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML) (***epinephrine***)	T1	
ALAVERT D-12 ALLERGY-SINUS ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (***loratadine/pseudoephedrine sulfate***)	T2	
BIO-DTUSS DMX ORAL LIQUID 1-30-20 MG/5 ML (***brompheniramine maleate/pseudoephedrine hcl/dextromethorphan***)	T1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (***desloratadine/pseudoephedrine sulfate***)	T3	PA
epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)	T1	
epinephrine injection auto-injector 0.15 mg/0.3 ml	T2	QL (4 EA per 180 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	T2	QL (4 EA per 6 monthss)
epinephrine injection solution 1 mg/ml	T2	QL (1 ML per 30 days)
epinephrine injection solution 1 mg/ml (1 ml)	T2	QL (1 EA per 30 days)
epinephrine injection syringe 0.1 mg/ml	T2	QL (1 EA per 30 days)
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (***chlorpheniramine maleate/pseudoephedrine hcl***)	T1	
MUCUS D ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG (***guaifenesin/pseudoephedrine hcl***)	T2	QL (120 EA per 30 days)
MUCUS RELIEF D (PSEUDOEPHED) ORAL TABLET EXTENDED RELEASE 12 HR 120-1,200 MG (***guaifenesin/pseudoephedrine hcl***)	T2	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NITE TIME-D COLD-FLU RELIEF ORAL LIQUID 6.25-30-15-500 MG/15 ML (***dextromethorphan/pseudoephrine hcl/acetaminophen/doxylamine***)	T1	
pseudoephedrine hcl oral tablet 30 mg, 60 mg	T2	
RESCON-DM ORAL LIQUID 2-30-10 MG/5 ML (***chlorpheniramine maleate/pseudoephedrine/dextromethorphan***)	T2	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (***pseudoephedrine hcl/chlorpheniramine maleate/bellad alk***)	T1	
RYNEX PSE ORAL LIQUID 1-15 MG/5 ML (***brompheniramine maleate/pseudoephedrine hcl***)	T2	
STAHIST AD ORAL TABLET 25-60 MG (***chlorcyclizine hcl/pseudoephedrine hcl***)	T1	
SUDAFED 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 240 MG (***pseudoephedrine hcl***)	T2	
SUDOGEST 12-HOUR ORAL TABLET EXTENDED RELEASE 120 MG (***pseudoephedrine hcl***)	T2	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (***epinephrine***)	T2	QL (4 EA per 180 days)
TUSNEL NEW FORMULA ORAL TABLET 60-30-400 MG (***guaifenesin/dextromethorphan hbr/pseudoephedrine hcl***)	T1	
Anticholinergic Agents (Respir.Tract) - Drugs For Asthma/Copd		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (***umeclidinium bromide/vilanterol trifenatate***)	T1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (***ipratropium bromide***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (***budesonide/glycopyrrolate/formoterol fumarate***)	T3	PA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***)	T1	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (***umeclidinium bromide***)	T2	QL (30 EA per 30 DYs)
ipratropium bromide inhalation solution 0.02 %	T1	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	T1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (***tiotropium bromide***)	T2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG (***tiotropium bromide***)	T1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***)	T1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	T3	PA
Antitussives - Drugs For Cough And Cold		
ACTIDOM DMX ORAL LIQUID 10-30-200 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
ACTINEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5 ML (***guaifenesin/dextromethorphan hbr/pseudoephedrine hcl***)	T1	
benzonatate oral capsule 100 mg, 200 mg	T1	
BIO-DTUSS DMX ORAL LIQUID 1-30-20 MG/5 ML (***brompheniramine maleate/pseudoephedrine hcl/dextromethorphan***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHILD MUCINEX FREEFROM DAY CGH ORAL LIQUID 5-100 MG/5 ML (***guaifenesin/dextromethorphan hbr***)	T2	
CHILDRENS GILTUSS COUGH-COLD ORAL LIQUID 10-15-300 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
codeine sulfate oral tablet 30 mg, 60 mg	T1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (***codeine phosphate/guaifenesin***)	T1	
DESGEN ORAL DROPS 2.5-5-50 MG/ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
ED A-HIST DM ORAL LIQUID 4-10-15 MG/5 ML (***chlorpheniramine maleate/phenylephrine hcl/dextromethorphan***)	T1	
EXPECTORANT DM ORAL LIQUID 20-300 MG/5 ML (***guaifenesin/dextromethorphan hbr***)	T1	
GILTUSS ALLERGY PLUS (DM) ORAL LIQUID 2-5-10 MG/5 ML (***chlorpheniramine maleate/phenylephrine hcl/dextromethorphan***)	T1	
GLENMAX PEB DM ORAL LIQUID 2-5-10 MG/5 ML (***brompheniramine maleate/phenylephrine hcl/dextromethorphan***)	T1	
G-TRON PED ORAL LIQUID 10-15-350 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	T1	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	T2	AL (Min 18 Years)
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml (5 ml)	T1	
MAXI-TUSS GMX ORAL LIQUID 10-200 MG/5 ML (***guaifenesin/dextromethorphan hbr***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXI-TUSS JR ORAL LIQUID 2.5-5 MG/5 ML (***dextromethorphan hbr/phenylephrine hcl***)	T2	
MUCUS DM ORAL TABLET EXTENDED RELEASE 12 HR 30-600 MG (***guaifenesin/dextromethorphan hbr***)	T2	QL (120 EA per 30 days)
MUCUS RELIEF ER DM-MAX ORAL TABLET EXTENDED RELEASE 12 HR 60-1,200 MG (***guaifenesin/dextromethorphan hbr***)	T1	
NEO-TUSS ORAL LIQUID 30-200 MG/5 ML (***guaifenesin/dextromethorphan hbr***)	T2	
NITE TIME-D COLD-FLU RELIEF ORAL LIQUID 6.25-30-15-500 MG/15 ML (***dextromethorphan/pseudoephrine hcl/acetaminophen/doxylamine***)	T1	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	T2	QL (240 ML per 30 days); AL (Min 18 Years)
promethazine-dm oral syrup 6.25-15 mg/5 ml	T1	
RESCON-DM ORAL LIQUID 2-30-10 MG/5 ML (***chlorpheniramine maleate/pseudoephedrine/dextromethorphan***)	T2	
ROBAFEN CF (PHENYLEPHRINE) ORAL LIQUID 5-10-100 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T2	
ROBITUSSIN COUGH AND COLD CF ORAL LIQUID 2.5-5-50 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
SCOT-TUSSIN DM COUGH CHASERS ORAL LOZENGE 2.5 MG (***dextromethorphan hbr***)	T1	
SCOT-TUSSIN DM ORAL LIQUID 2-15 MG/5 ML (***chlorpheniramine maleate/dextromethorphan hbr***)	T2	
SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5 ML (***guaifenesin/dextromethorphan hbr***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SORBUTUSS ORAL LIQUID 10-100-85 MG/5 ML (***guaifenesin/dextromethorphan hbr/potassium citrate***)	T1	
TUSNEL DM PEDIATRIC(PHENYLEPH) ORAL LIQUID 2.5-5-75 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
TUSNEL NEW FORMULA ORAL TABLET 60-30-400 MG (***guaifenesin/dextromethorphan hbr/pseudoephedrine hcl***)	T1	
WAL-TUSSIN MAX STRENGTH COUGH ORAL SYRUP 15 MG/5 ML (***dextromethorphan hbr***)	T2	
Expectorants - Drugs For The Lungs		
ACTIDOM DMX ORAL LIQUID 10-30-200 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
ACTINEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5 ML (***guaifenesin/dextromethorphan hbr/pseudoephedrine hcl***)	T1	
CHILD MUCINEX FREEFROM DAY CGH ORAL LIQUID 5-100 MG/5 ML (***guaifenesin/dextromethorphan hbr***)	T2	
CHILDRENS GILTUSS COUGH-COLD ORAL LIQUID 10-15-300 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (***codeine phosphate/guaifenesin***)	T1	
DESGEN ORAL DROPS 2.5-5-50 MG/ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
EXPECTORANT DM ORAL LIQUID 20-300 MG/5 ML (***guaifenesin/dextromethorphan hbr***)	T1	
G-TRON PED ORAL LIQUID 10-15-350 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
guaifenesin oral liquid 100 mg/5 ml	T2	
guaifenesin oral tablet 200 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXI-TUSS GMX ORAL LIQUID 10-200 MG/5 ML (***guaifenesin/dextromethorphan hbr***)	T2	
MAXI-TUSS PE MAX ORAL LIQUID 5-100 MG/5 ML (***guaifenesin/phenylephrine hcl***)	T2	
MUCUS D ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG (***guaifenesin/pseudoephedrine hcl***)	T2	QL (120 EA per 30 days)
MUCUS DM ORAL TABLET EXTENDED RELEASE 12 HR 30-600 MG (***guaifenesin/dextromethorphan hbr***)	T2	QL (120 EA per 30 days)
MUCUS RELIEF D (PSEUDOEPHED) ORAL TABLET EXTENDED RELEASE 12 HR 120-1,200 MG (***guaifenesin/pseudoephedrine hcl***)	T2	QL (60 EA per 30 days)
MUCUS RELIEF ER DM-MAX ORAL TABLET EXTENDED RELEASE 12 HR 60-1,200 MG (***guaifenesin/dextromethorphan hbr***)	T1	
MUCUS RELIEF ORAL TABLET 400 MG (***guaifenesin***)	T2	
NEO-TUSS ORAL LIQUID 30-200 MG/5 ML (***guaifenesin/dextromethorphan hbr***)	T2	
ROBAFEN CF (PHENYLEPHRINE) ORAL LIQUID 5-10-100 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T2	
ROBITUSSIN COUGH AND COLD CF ORAL LIQUID 2.5-5-50 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5 ML (***guaifenesin/dextromethorphan hbr***)	T1	
SORBUTUSS ORAL LIQUID 10-100-85 MG/5 ML (***guaifenesin/dextromethorphan hbr/potassium citrate***)	T1	
SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***)	T1	
STRONG IODINE ORAL SOLUTION 5 % (***potassium iodide/iodine***)	T1	
THYROSAFE ORAL TABLET 65 MG (***potassium iodide***)	T2	

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **T1** = Preferred Medication **T2** = Preferred Medication with Restriction **T3** = Non-Preferred Medication - Prior Authorization is Required	**Coverage Requirements and Limits** **AL** = Age Limit **PA** = Prior Authorization **QL** = Quantity Limit **QL** = Quantity Limit **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TUSNEL DM PEDIATRIC(PHENYLEPH) ORAL LIQUID 2.5-5-75 MG/5 ML (***guaifenesin/dextromethorphan hbr/phenylephrine***)	T1	
TUSNEL NEW FORMULA ORAL TABLET 60-30-400 MG (***guaifenesin/dextromethorphan hbr/pseudoephedrine hcl***)	T1	
First Generation Antihist.(Respir Tract) - Drugs For Allergy		
BIO-DTUSS DMX ORAL LIQUID 1-30-20 MG/5 ML (***brompheniramine maleate/pseudoephedrine hcl/dextromethorphan***)	T1	
carbinoxamine maleate oral liquid 4 mg/5 ml	T1	
CHILDREN'S ALLERGY (DIPHENHYD) ORAL TABLET,CHEWABLE 12.5 MG (***diphenhydramine hcl***)	T2	
CHILDREN'S WAL-DRYL ALLERGY ORAL PREFILLED SPOON 12.5 MG/5 ML (***diphenhydramine hcl***)	T2	
chlorpheniramine maleate oral tablet 4 mg	T2	
chlorpheniramine maleate oral tablet extended release 12 mg	T2	
clemastine oral tablet 2.68 mg	T1	
cyproheptadine oral syrup 2 mg/5 ml	T1	
cyproheptadine oral tablet 4 mg	T1	
dexchlorpheniramine maleate oral solution 2 mg/5 ml	T1	
dimenhydrinate injection solution 50 mg/ml	T1	
diphenhydramine hcl injection solution 50 mg/ml	T1	
diphenhydramine hcl injection syringe 50 mg/ml	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T2	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	T2	
diphenhydramine hcl oral liquid 12.5 mg/5 ml	T2	
diphenhydramine hcl oral tablet 25 mg	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ED A-HIST DM ORAL LIQUID 4-10-15 MG/5 ML (***chlorpheniramine maleate/phenylephrine hcl/dextromethorphan***)	T1	
GILTUSS ALLERGY PLUS (DM) ORAL LIQUID 2-5-10 MG/5 ML (***chlorpheniramine maleate/phenylephrine hcl/dextromethorphan***)	T1	
GLENMAX PEB DM ORAL LIQUID 2-5-10 MG/5 ML (***brompheniramine maleate/phenylephrine hcl/dextromethorphan***)	T1	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	T1	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (***chlorpheniramine maleate/pseudoephedrine hcl***)	T1	
NITE TIME-D COLD-FLU RELIEF ORAL LIQUID 6.25-30-15-500 MG/15 ML (***dextromethorphan/pseudoephrine hcl/acetaminophen/doxylamine***)	T1	
NOHIST-LQ ORAL LIQUID 4-10 MG/5 ML (***chlorpheniramine maleate/phenylephrine hcl***)	T1	
promethazine oral syrup 6.25 mg/5 ml	T1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	T1	
phenylephrine hcl/promethazine hcl (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	T1	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	T2	QL (240 ML per 30 days); AL (Min 18 Years)
promethazine-dm oral syrup 6.25-15 mg/5 ml	T1	
RESCON-DM ORAL LIQUID 2-30-10 MG/5 ML (***chlorpheniramine maleate/pseudoephedrine/dextromethorphan***)	T2	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (***pseudoephedrine hcl/chlorpheniramine maleate/bellad alk***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYNEX PSE ORAL LIQUID 1-15 MG/5 ML (***brompheniramine maleate/pseudoephedrine hcl***)	T2	
SCOT-TUSSIN DM ORAL LIQUID 2-15 MG/5 ML (***chlorpheniramine maleate/dextromethorphan hbr***)	T2	
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (***diphenhydramine hcl***)	T2	
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG (***diphenhydramine hcl***)	T2	
STAHIST AD ORAL TABLET 25-60 MG (***chlorcyclizine hcl/pseudoephedrine hcl***)	T1	
WAL-SOM (DOXYLAMINE) ORAL TABLET 25 MG (***doxylamine succinate***)	T2	
Interleukin Antagonists - Drugs For Inflammation		
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (***dupilumab***)	T3	PA
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML (***benralizumab***)	T3	PA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML (***benralizumab***)	T3	PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	T3	PA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (***mepolizumab***)	T3	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML (***mepolizumab***)	T3	PA
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML (***risankizumab-rzaa***)	T3	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) (***risankizumab-rzaa***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Leukotriene Modifiers - Drugs For Inflammation		
montelukast oral granules in packet 4 mg	T3	PA
montelukast oral tablet 10 mg	T1	
montelukast oral tablet,chewable 4 mg, 5 mg	T1	
SINGULAIR ORAL GRANULES IN PACKET 4 MG (***montelukast sodium***)	T2	ST
zafirlukast oral tablet 10 mg, 20 mg	T3	PA; ST
zileuton oral tablet, er multiphase 12 hr 600 mg	T3	PA
ZYFLO ORAL TABLET 600 MG (***zileuton***)	T3	PA
Mast-Cell Stabilizers - Drugs For Inflammation		
ALOCRIL OPHTHALMIC (EYE) DROPS 2 % (***nedocromil sodium***)	T1	
cromolyn inhalation solution for nebulization 20 mg/2 ml	T1	
cromolyn ophthalmic (eye) drops 4 %	T1	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML (***cromolyn sodium***)	T1	
Mucolytic Agents - Drugs For The Lungs		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	T1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***)	T3	PA
Nasal Preparations (Steroids) - Drugs For Inflammation		
ALLERGY RELIEF (FLUTICASONE) NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION (***fluticasone propionate***)	T2	QL (15.8 gm per 30 days)
BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %) (***beclomethasone dipropionate***)	T3	PA
budesonide nasal spray,non-aerosol 32 mcg/actuation	T2	QL (8.43 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION (***fluticasone furoate***)	T2	QL (16 ML per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	T3	PA; QL (25 QY per 30 DYs)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	T1	
mometasone nasal spray,non-aerosol 50 mcg/actuation	T3	PA
NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (***triamcinolone acetonide***)	T2	QL (16.9 gm per 30 days)
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG (***ciclesonide***)	T3	PA
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION (***beclomethasone dipropionate***)	T3	PA
triamcinolone acetonide nasal aerosol,spray 55 mcg	T2	QL (16.9 gm per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION (***ciclesonide***)	T3	PA
Orally Inhaled Preparations (Steroids) - Drugs For Inflammation		
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone furoate***)	T1	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***mometasone furoate***)	T1	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (***mometasone furoate***)	T1	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (***budesonide/glycopyrrolate/formoterol fumarate***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
budesonide inhalation suspension for nebulization 0.25 mg/2 ml	T2	QL (120 ML per 30 days)
budesonide inhalation suspension for nebulization 0.5 mg/2 ml	T2	QL (120 ML per 30 DYs)
budesonide inhalation suspension for nebulization 1 mg/2 ml	T2	QL (60 ML per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	T2	QL (20.4 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	T1	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone propionate***)	T1	
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	T1	
fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation, 220 mcg/actuation, 44 mcg/actuation	T1	
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	T1	
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T1	
fluticasone propion-salmeterol inhalation hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation	T3	PA
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (***budesonide***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (***beclomethasone dipropionate***)	T1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	T3	PA
fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	
Phosphodiesterase Type 4 Inhibitors - Drugs For The Lungs		
roflumilast oral tablet 250 mcg, 500 mcg	T3	PA
Phosphodiesterase-5 Inhibitors (Respir) - Drugs For The Lungs		
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (***tadalafil***)	T3	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	T3	PA
Pulmonary Surfactants - Drugs For The Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML (***poractant alfa***)	T2	
CUROSURF INTRATRACHEAL SUSPENSION 240 MG/3 ML (***poractant alfa***)	T1	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (***calfactant***)	T1	
Respiratory Tract Agents, Miscellaneous - Drugs For The Lungs		
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (***omalizumab***)	T3	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (***omalizumab***)	T3	PA
Second Generation Antihist(Respir Tract) - Drugs For Allergy		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALAVERT D-12 ALLERGY-SINUS ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (***loratadine/pseudoephedrine sulfate***)	T2	
ALAVERT ORAL TABLET,DISINTEGRATING 10 MG (***loratadine***)	T2	
cetirizine oral solution 5 mg/5 ml	T2	
cetirizine oral tablet 5 mg	T2	
CHILDREN'S ALLEGRA ALLERGY ORAL TABLET,DISINTEGRATING 30 MG (***fexofenadine hcl***)	T3	PA
CLARINEX ORAL TABLET 5 MG (***desloratadine***)	T3	PA
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (***desloratadine/pseudoephedrine sulfate***)	T3	PA
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 5 MG (***loratadine***)	T2	
Select.Beta-2-Adrenergic Agonist(Respir) - Drugs For Asthma/Copd		
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	T2	QL (2 QY per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	T1	
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	T1	
albuterol sulfate oral syrup 2 mg/5 ml	T1	
albuterol sulfate oral tablet 2 mg, 4 mg	T1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	T1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (***umeclidinium bromide/vilanterol trifenatate***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION (***budesonide/glycopyrrolate/formoterol fumarate***)	T3	PA
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	T2	QL (20.4 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium bromide/albuterol sulfate***)	T1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION (***mometasone furoate/formoterol fumarate***)	T1	
fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose	T1	
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	T1	
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T1	
fluticasone propion-salmeterol inhalation hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation	T3	PA
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	T1	
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	T3	PA
levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation	T3	PA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (***salmeterol xinafoate***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium bromide/olodaterol hcl***)	T1	
terbutaline oral tablet 2.5 mg, 5 mg	T1	
terbutaline subcutaneous solution 1 mg/ml	T1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (***fluticasone furoate/umeclidinium bromide/vilanterol trifenat***)	T3	PA
fluticasone propionate/salmeterol xinafoate (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	
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***)	T3	PA
ambrisentan oral tablet 10 mg, 5 mg	T3	PA
bosentan oral tablet 125 mg, 62.5 mg	T3	PA
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (***tadalafil***)	T3	PA
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	T3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	T3	PA
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML (***treprostinil sodium***)	T3	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	T3	PA
tadalafil (pulm. hypertension) oral tablet 20 mg	T3	PA; QL (60 EA per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (***bosentan***)	T3	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	T3	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil/nebulizer accessories***)	T3	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil/nebulizer and accessories***)	T3	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	T3	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (***selexipag***)	T3	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (***iloprost tromethamine***)	T3	PA
Xanthine Derivatives - Drugs For Asthma/Copd		
theophylline anhydrous (Elixophyllin Oral Elixir 80 Mg/15 Ml)	T1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline anhydrous***)	T1	
theophylline oral elixir 80 mg/15 ml	T1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	T1	
theophylline oral tablet extended release 24 hr 600 mg	T1	
Skin And Mucous Membrane Agents - Drugs For The Skin		
Allylamines (Skin And Mucous Membrane) - Drugs For The Skin		
naftifine topical cream 1 %	T1	
Antibacterials (Skin, Mucous Membrane) - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bacitracin topical ointment 500 unit/gram	T2	
bacitracin topical packet 500 unit/gram	T2	
bacitracin zinc topical ointment 500 unit/gram	T2	
bacitracin zinc topical ointment in packet 500 unit/gram	T2	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (***clindamycin phosphate***)	T2	ST
clindamycin phosphate topical gel 1 %	T1	
clindamycin phosphate topical gel, once daily 1 %	T1	
clindamycin phosphate topical lotion 1 %	T1	
clindamycin phosphate topical solution 1 %	T1	
clindamycin phosphate topical swab 1 %	T1	
clindamycin phosphate vaginal cream 2 %	T1	
ERY PADS TOPICAL SWAB 2 % (***erythromycin base in ethanol***)	T1	
erythromycin with ethanol topical gel 2 %	T1	
erythromycin with ethanol topical solution 2 %	T1	
erythromycin-benzoyl peroxide topical gel 3-5 %	T3	PA
gentamicin topical cream 0.1 %	T1	
gentamicin topical ointment 0.1 %	T1	
metronidazole topical cream 0.75 %	T2	QL (45 GM per 30 days)
metronidazole topical gel 0.75 %	T2	QL (45 GM per 30 days)
metronidazole topical gel 1 %	T2	QL (60 GM per 30 days)
metronidazole topical gel with pump 1 %	T3	PA; ST
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	T1	
mupirocin topical ointment 2 %	T1	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	T1	
NORITATE TOPICAL CREAM 1 % (***metronidazole***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLYSPORIN TOPICAL OINTMENT 500-10,000 UNIT/GRAM (***bacitracin zinc/polymyxin b sulfate***)	T2	
RASH RELIEF ANTIBACTERIAL TOPICAL SPRAY,NON-AEROSOL 500-20-25 UNIT/GRAM-%-% (***bacitracin/dimethicone/zinc oxide***)	T2	
Antifulgals (Skin, Mucous Membrane),Misc - Drugs For The Skin		
EXODERM TOPICAL LOTION 25-1 % (***sodium thiosulfate/salicylic acid***)	T1	
gentian violet topical solution 1 %	T2	
gentian violet topical solution 2 %	T2	
Antipruritics And Local Anesthetics - Drugs For The Skin		
ANACAINE TOPICAL OINTMENT 10 % (***benzocaine***)	T1	
CALACLEAR TOPICAL LOTION (***pramoxine hcl/camphor/zinc acetate***)	T2	
CALAGESIC TOPICAL LOTION 1-8 % (***pramoxine hcl/calamine***)	T2	
CETACAINE TOPICAL AEROSOL,SPRAY 2 %-2 %-14 % (200 MG/SEC) (***tetracaine/benzocaine/butamben***)	T1	
doxepin topical cream 5 %	T1	
ethyl chloride topical aerosol,spray 100 %	T1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	T1	
hydrocortisone-pramoxine topical cream 2.5-1 %	T1	
lidocaine hcl topical cream 3 %	T1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	T1	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %	T1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	T1	
LIDOCAINE PLUS TOPICAL CREAM 4 % (***lidocaine hcl***)	T2	QL (60 GM per 30 days)
lidocaine topical adhesive patch,medicated 5 %	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine topical cream 4 %	T2	QL (60 GM per 30 days)
lidocaine topical ointment 5 %	T2	QL (60 GM per 30 days)
lidocaine-prilocaine topical cream 2.5-2.5 %	T2	QL (60 GM per 30 days)
phenazopyridine oral tablet 100 mg, 200 mg	T1	
PRAMOSONE TOPICAL CREAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	T1	
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	T1	
PROCTOFOAM HC RECTAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	T1	
ZIONODIL TOPICAL LOTION 3 % (***lidocaine hcl***)	T1	
Antivirals (Skin And Mucous Membrane) - Drugs For The Skin		
ABREVA TOPICAL CREAM 10 % (***docosanol***)	T2	QL (2 GM per 30 days)
acyclovir topical ointment 5 %	T3	PA
ZOVIRAX TOPICAL CREAM 5 % (***acyclovir***)	T3	PA
Astringents - Drugs For The Skin		
DRYSOL TOPICAL SOLUTION 20 % (***aluminum chloride***)	T1	
XERAC AC TOPICAL SOLUTION 6.25 % (***aluminum chloride***)	T1	
Azoles (Skin And Mucous Membrane) - Drugs For The Skin		
ANTIFUNGAL CREAM (MICONAZOLE) TOPICAL CREAM 2 % (***miconazole nitrate***)	T2	
clotrimazole mucous membrane troche 10 mg	T1	
clotrimazole topical cream 1 %	T1	
clotrimazole topical solution 1 %	T1	
clotrimazole vaginal cream 1 %	T2	
CLOTRIMAZOLE-3 VAGINAL CREAM 2 % (***clotrimazole***)	T2	
clotrimazole-betamethasone topical cream 1-0.05 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clotrimazole-betamethasone topical lotion 1-0.05 %	T1	
econazole topical cream 1 %	T1	
ERTACZO TOPICAL CREAM 2 % (***sertaconazole nitrate***)	T1	
FUNGI CURE TOPICAL SPRAY,NON-AEROSOL 1 % (***clotrimazole***)	T2	
GYNAZOLE-1 VAGINAL CREAM 2 % (***butoconazole nitrate***)	T1	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 % (***efinaconazole***)	T3	PA
ketoconazole topical cream 2 %	T1	
ketoconazole topical shampoo 2 %	T1	
LOTRIMIN AF POWDER TOPICAL AEROSOL POWDER 2 % (***miconazole nitrate***)	T2	
LOTRIMIN AF TOPICAL POWDER 2 % (***miconazole nitrate***)	T2	
miconazole nitrate vaginal cream 2 %	T2	
miconazole nitrate vaginal suppository 100 mg	T2	
MICONAZOLE-3 VAGINAL COMB PACK,PREFILL APPL, CREAM 4 % (200 MG)- 2 % (9 GRAM) (***miconazole nitrate***)	T2	QL (1 GM per 2 days)
MICONAZOLE-3 VAGINAL KIT 200 MG- 2 % (9 GRAM) (***miconazole nitrate***)	T2	QL (1 EA per 2 days)
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (***miconazole nitrate***)	T1	
MONISTAT 1 COMBO PACK VAGINAL KIT 1,200-2 MG-% (***miconazole nitrate***)	T2	QL (30 EA per 30 days)
MONISTAT 3 VAGINAL CREAM 200 MG/5 GRAM (4 %) (***miconazole nitrate***)	T2	
NIZORAL A-D TOPICAL SHAMPOO 1 % (***ketoconazole***)	T1	
oxiconazole topical cream 1 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OXISTAT TOPICAL LOTION 1 % (***oxiconazole nitrate***)	T1	
RASH RELIEF ANTIFUNGAL TOPICAL SPRAY,NON-AEROSOL 2-10-10 % (***miconazole nitrate/dimethicone/zinc oxide***)	T2	
REMEDY ANTIFUNGAL TOPICAL CREAM 2 % (***miconazole nitrate***)	T2	
sulconazole topical cream 1 %	T1	
sulconazole topical solution 1 %	T1	
terconazole vaginal cream 0.4 %, 0.8 %	T1	
terconazole vaginal suppository 80 mg	T3	PA; ST
tioconazole vaginal ointment 6.5 %	T1	
Basic Lotions And Liniments - Drugs For The Skin		
calamine-zinc oxide topical lotion	T1	
calamine-zinc oxide topical lotion 8-8 %	T2	
DERMADAILY TOPICAL LOTION (***mineral oil/aloe vera/white petrolatum/cetyl alcohol/water***)	T1	
MINERIN TOPICAL LOTION (***mineral oil/isopropyl myristate/water***)	T1	
Basic Ointments And Protectants - Drugs For The Skin		
RASH RELIEF CLEAR TOPICAL SPRAY,NON-AEROSOL 20-25 % (***dimethicone/petrolatum,white***)	T2	
Benzylamines (Skin And Mucous Membrane) - Drugs For The Skin		
LOTRIMIN ULTRA TOPICAL CREAM 1 % (***butenafine hcl***)	T1	
Cell Stimulants And Proliferants - Drugs For The Skin		
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG (***palifermin***)	T1	
REGRANEX TOPICAL GEL 0.01 % (***becaplermin***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tretinoin microspheres topical gel 0.04 %, 0.1 %	T2	QL (45 GM per 30 days); AL (Max 30 Years)
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	T2	QL (50 GM per 30 days); AL (Max 30 Years)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	T2	QL (45 GM per 30 days); AL (Max 30 Years)
tretinoin topical gel 0.01 %, 0.025 %	T2	QL (45 GM per 30 days); AL (Max 30 Years)
Corticosteroids (Skin, Mucous Membrane) - Drugs For The Skin		
alclometasone topical cream 0.05 %	T3	PA
alclometasone topical ointment 0.05 %	T3	PA
diflorasone diacetate/emollient base (Apexicon E Topical Cream 0.05 %)	T3	PA
betamethasone dipropionate topical cream 0.05 %	T1	
betamethasone dipropionate topical lotion 0.05 %	T1	
betamethasone dipropionate topical ointment 0.05 %	T1	
betamethasone valerate topical cream 0.1 %	T1	
betamethasone valerate topical foam 0.12 %	T3	PA
betamethasone valerate topical lotion 0.1 %	T1	
betamethasone valerate topical ointment 0.1 %	T1	
betamethasone, augmented topical cream 0.05 %	T1	
betamethasone, augmented topical gel 0.05 %	T1	
betamethasone, augmented topical lotion 0.05 %	T3	PA
betamethasone, augmented topical ointment 0.05 %	T3	PA
calcipotriene-betamethasone topical suspension 0.005-0.064 %	T3	PA
CAPEX TOPICAL SHAMPOO 0.01 % (***fluocinolone acetonide***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clobetasol scalp solution 0.05 %	T1	
clobetasol topical cream 0.05 %	T1	
clobetasol topical foam 0.05 %	T1	
clobetasol topical gel 0.05 %	T1	
clobetasol topical lotion 0.05 %	T1	
clobetasol topical ointment 0.05 %	T1	
clobetasol-emollient topical cream 0.05 %	T1	
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 % (***clobetasol propionate***)	T3	PA
clocortolone pivalate topical cream 0.1 %	T3	PA
clobetasol propionate (Clodan Topical Shampoo 0.05 %)	T3	PA
clotrimazole-betamethasone topical cream 1-0.05 %	T1	
clotrimazole-betamethasone topical lotion 1-0.05 %	T1	
CORDRAN TOPICAL CREAM 0.025 %, 0.05 % (***flurandrenolide***)	T3	PA
CORDRAN TOPICAL LOTION 0.05 % (***flurandrenolide***)	T3	PA
CORDRAN TOPICAL OINTMENT 0.05 % (***flurandrenolide***)	T3	PA
CORTIFOAM RECTAL FOAM 10 % (80 MG) (***hydrocortisone acetate***)	T1	
CORTISONE COOLING TOPICAL GEL 1 % (***hydrocortisone***)	T1	
desonide topical cream 0.05 %	T1	
desonide topical lotion 0.05 %	T3	PA
desonide topical ointment 0.05 %	T1	
desoximetasone topical cream 0.05 %, 0.25 %	T3	PA
desoximetasone topical gel 0.05 %	T3	PA
desoximetasone topical ointment 0.25 %	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diflorasone topical cream 0.05 %	T3	PA
diflorasone topical ointment 0.05 %	T3	PA
fluocinolone and shower cap scalp oil 0.01 %	T1	
fluocinolone topical cream 0.01 %, 0.025 %	T1	
fluocinolone topical oil 0.01 %	T1	
fluocinolone topical ointment 0.025 %	T1	
fluocinolone topical solution 0.01 %	T1	
fluocinonide topical cream 0.05 %, 0.1 %	T1	
fluocinonide topical gel 0.05 %	T1	
fluocinonide topical ointment 0.05 %	T1	
fluocinonide topical solution 0.05 %	T1	
fluocinonide/emollient base (Fluocinonide-E Topical Cream 0.05 %)	T1	
fluticasone propionate topical cream 0.05 %	T1	
fluticasone propionate topical lotion 0.05 %	T3	PA
fluticasone propionate topical ointment 0.005 %	T1	
halobetasol propionate topical cream 0.05 %	T1	
halobetasol propionate topical ointment 0.05 %	T1	
HALOG TOPICAL CREAM 0.1 % (***halcinonide***)	T3	PA
HALOG TOPICAL OINTMENT 0.1 % (***halcinonide***)	T3	PA
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (***hydrocortisone acetate***)	T1	
hydrocortisone acetate rectal suppository 30 mg	T1	
hydrocortisone acetate topical cream 0.5 %, 1 %	T2	
hydrocortisone butyrate topical cream 0.1 %	T3	PA
hydrocortisone butyrate topical ointment 0.1 %	T3	PA
hydrocortisone butyrate topical solution 0.1 %	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone butyr-emollient topical cream 0.1 %	T3	PA
hydrocortisone rectal enema 100 mg/60 ml	T1	
hydrocortisone topical cream 0.5 %, 1 %	T2	
hydrocortisone topical cream 2.5 %	T1	
hydrocortisone topical cream in packet 1 %	T2	
hydrocortisone topical cream with perineal applicator 1 %	T1	
hydrocortisone topical lotion 1 %	T2	
hydrocortisone topical lotion 2.5 %	T1	
hydrocortisone topical ointment 0.5 %, 1 %	T2	
hydrocortisone topical ointment 2.5 %	T1	
hydrocortisone valerate topical cream 0.2 %	T3	PA
hydrocortisone valerate topical ointment 0.2 %	T3	PA
hydrocortisone-aloe vera topical cream 1 %	T1	
hydrocortisone-iodoquinol topical cream 1-1 %	T1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %	T1	
hydrocortisone-pramoxine topical cream 2.5-1 %	T1	
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	T1	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %	T1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	T1	
mometasone topical cream 0.1 %	T1	
mometasone topical ointment 0.1 %	T1	
mometasone topical solution 0.1 %	T1	
PANDEL TOPICAL CREAM 0.1 % (***hydrocortisone probutate***)	T3	PA
PRAMOSONE TOPICAL CREAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 % (***hydrocortisone acetate/pramoxine hcl***)	T1	
prednicarbate topical cream 0.1 %	T3	PA
prednicarbate topical ointment 0.1 %	T3	PA
PROCTOFOAM HC RECTAL FOAM 1-1 % (***hydrocortisone acetate/pramoxine hcl***)	T1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	T1	
SCALP RELIEF (HYDROCORTISONE) TOPICAL SOLUTION 1 % (***hydrocortisone***)	T1	
TACLONEX TOPICAL OINTMENT 0.005-0.064 % (***calcipotriene/betamethasone dipropionate***)	T3	PA
TEXACORT TOPICAL SOLUTION 2.5 % (***hydrocortisone***)	T1	
triamcinolone acetonide dental paste 0.1 %	T1	
triamcinolone acetonide topical aerosol 0.147 mg/gram	T3	PA
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	T1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	T1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	T1	
triamcinolone acetonide (Trianex Topical Ointment 0.05 %)	T3	PA
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (***benzoyl peroxide/hydrocortisone***)	T1	
Hydroxypyridones (Skin, Mucous Membrane) - Drugs For The Skin		
ciclopirox topical cream 0.77 %	T1	
ciclopirox topical gel 0.77 %	T1	
ciclopirox topical shampoo 1 %	T1	
ciclopirox topical solution 8 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ciclopirox topical suspension 0.77 %	T1	
Keratolytic Agents - Drugs For The Skin		
ACNE CLEANSING BAR TOPICAL BAR 10 % (***benzoyl peroxide***)	T2	
ACNE MEDICATION TOPICAL LOTION 5 % (***benzoyl peroxide***)	T1	
ADVANCED EXFOLIATING CLEANSER TOPICAL CLEANSER 5 % (***benzoyl peroxide***)	T1	
benzoyl peroxide topical cleanser 10 %	T1	
benzoyl peroxide topical cleanser 6 %	T3	PA
benzoyl peroxide topical gel 10 %, 2.5 %, 5 %	T1	
BP WASH TOPICAL CLEANSER 2.5 % (***benzoyl peroxide***)	T1	
BPO TOPICAL GEL 4 %, 8 % (***benzoyl peroxide***)	T3	PA
OC8 TOPICAL GEL 7 % (***benzoyl peroxide***)	T1	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (***sulfacetamide sodium/sulfur***)	T1	
salicylic acid topical cream 6 %	T1	
salicylic acid topical cream,extended release 6 %	T1	
salicylic acid topical lotion 6 %	T1	
salicylic acid topical shampoo 6 %	T1	
silver nitrate topical solution 10 %	T1	
sodium hydroxide (bulk) solution 10 %	T1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	T1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)	T1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w)	T2	
sulfacetamide sodium-sulfur topical suspension 10-5 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	T1	
TARGETED ACNE SPOT TREATMENT TOPICAL CREAM 2.5 % (***benzoyl peroxide***)	T1	
urea topical cream 20 %	T1	
URE-K TOPICAL CREAM 50 % (***urea***)	T1	
Keratoplastic Agents - Drugs For The Skin		
coal tar (bulk) topical solution 20 %	T1	
X-SEB T PLUS TOPICAL SHAMPOO 2 % (***coal tar***)	T2	
Local Anti-Infectives, Miscellaneous - Drugs For The Skin		
acetic acid (bulk) liquid 100 %, 5 %	T1	
benzalkonium chloride (bulk) solution 50 %	T1	
FEM PH VAGINAL GEL 0.9-0.025 % (***acetic acid/oxyquinoline sulfate***)	T1	
hydrocortisone-iodoquinol topical cream 1-1 %	T1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (***cadexomer iodine***)	T1	
IODOSORB TOPICAL GEL 0.9 % (***cadexomer iodine***)	T1	
mafenide acetate topical packet 50 gram	T1	
OVACE PLUS TOPICAL CREAM 10 % (***sulfacetamide sodium***)	T1	
ROSULA CLEANSING CLOTHS TOPICAL PADS, MEDICATED 10-5 % (***sulfacetamide sodium/sulfur***)	T1	
selenium sulfide topical lotion 2.5 %	T1	
selenium sulfide topical shampoo 2.25 %	T1	
silver nitrate topical solution 0.5 %	T1	
silver nitrate topical solution 25 %, 50 %	T1	
silver sulfadiazine topical cream 1 %	T1	

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Drug Tier
T1 = Preferred Medication
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Coverage Requirements and Limits
AL = Age Limit
PA = Prior Authorization
QL = Quantity Limit
QL = Quantity Limit
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SSD TOPICAL CREAM 1 % (***silver sulfadiazine***)	T1	
sulfacetamide sodium topical shampoo 10 %	T1	
sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)	T1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)	T1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w)	T2	
sulfacetamide sodium-sulfur topical suspension 10-5 %	T1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	T1	
Nonsteroidal Anti-Inflammat.Agents(Skin) - Drugs For The Skin		
diclofenac sodium topical gel 1 %	T2	QL (300 GM per 30 days)
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % (***diclofenac epolamine***)	T3	PA
Pigmenting Agents - Drugs For The Skin		
UVADEX INJECTION SOLUTION 20 MCG/ML (***methoxsalen***)	T1	
Polyenes (Skin And Mucous Membrane) - Drugs For The Skin		
nystatin topical cream 100,000 unit/gram	T1	
nystatin topical ointment 100,000 unit/gram	T1	
nystatin topical powder 100,000 unit/gram	T1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	T1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	T1	
Scabicides And Pediculicides - Drugs For The Skin		
EURAX TOPICAL CREAM 10 % (***crotamiton***)	T2	QL (120 GM per 365 days)
HOME LICE-BEDBUG-DUST MITE SPR AEROSOL,SPRAY 0.5 % (***permethrin***)	T1	
ivermectin topical lotion 0.5 %	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
malathion topical lotion 0.5 %	T3	PA
permethrin topical cream 5 %	T1	
RID LICE KILLING TOPICAL SHAMPOO 0.33-4 % (***piperonyl butoxide/pyrethrins***)	T2	
spinosad topical suspension 0.9 %	T3	PA
Skin And Mucous Membrane Agents, Misc. - Drugs For The Skin		
acitretin oral capsule 10 mg, 25 mg	T1	
adapalene topical gel 0.1 %	T2	QL (15 GM per 30 days); AL (Max 40 Years)
adapalene topical solution 0.1 %	T1	
ARTHRITIS PAIN RELIEF(CAPSAIC) TOPICAL CREAM 0.075 % (***capsaicin***)	T1	
AVSOLA INTRAVENOUS RECON SOLN 100 MG (***infliximab-axxq***)	T3	PA
AZELEX TOPICAL CREAM 20 % (***azelaic acid***)	T2	
calcipotriene scalp solution 0.005 %	T3	PA
calcipotriene topical cream 0.005 %	T3	PA
calcipotriene topical foam 0.005 %	T3	PA
calcipotriene topical ointment 0.005 %	T3	PA
calcipotriene-betamethasone topical suspension 0.005-0.064 %	T3	PA
calcitriol topical ointment 3 mcg/gram	T3	PA
capsaicin topical cream 0.025 %, 0.1 %	T1	
isotretinoin (Claravis Oral Capsule 10 Mg)	T3	PA; QL (30 EA per 90 days)
isotretinoin (Claravis Oral Capsule 20 Mg)	T3	PA; QL (90 EA per 30 days)
isotretinoin (Claravis Oral Capsule 30 Mg)	T2	QL (90 EA per 30 days)
isotretinoin (Claravis Oral Capsule 40 Mg)	T3	PA; QL (120 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONDYLOX TOPICAL GEL 0.5 % (***podofilox***)	T2	QL (7 QY per 28 DYs)
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***)	T3	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	T3	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	T3	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (***secukinumab***)	T3	PA
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (***sulfuric acid/sulfonated phenol***)	T1	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 % (***sulfuric acid/sulfonated phenol***)	T1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	T3	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	T3	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	T3	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (***etanercept***)	T3	PA; QL (4 EA per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML (***etanercept***)	T3	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5) (***etanercept***)	T3	PA; QL (2 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML) (***etanercept***)	T3	PA; QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	T3	PA; QL (4 ML per 28 days)
FINACEA TOPICAL FOAM 15 % (***azelaic acid***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluorouracil topical cream 5 %	T1	
fluorouracil topical solution 2 %, 5 %	T1	
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	T3	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML (***adalimumab***)	T3	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	T3	PA
imiquimod topical cream in packet 5 %	T1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (***infliximab-dyyb***)	T3	PA
OTEZLA ORAL TABLET 30 MG (***apremilast***)	T3	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) (***apremilast***)	T3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pimecrolimus topical cream 1 %	T3	PA; ST
podofilox topical solution 0.5 %	T1	
REMICADE INTRAVENOUS RECON SOLN 100 MG (***infliximab***)	T3	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (***infliximab-abda***)	T3	PA
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (***collagenase clostridium histolyticum***)	T1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***risankizumab-rzaa***)	T3	PA
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML (***risankizumab-rzaa***)	T3	PA
TACLONEX TOPICAL OINTMENT 0.005-0.064 % (***calcipotriene/betamethasone dipropionate***)	T3	PA
tacrolimus topical ointment 0.03 %, 0.1 %	T2	QL (30 GM per 30 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	T3	PA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	T3	PA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	T3	PA
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML (***ixekizumab***)	T3	PA
tazarotene topical cream 0.1 %	T1	
tazarotene topical gel 0.05 %, 0.1 %	T1	
TAZORAC TOPICAL CREAM 0.05 % (***tazarotene***)	T1	
TRI-CHLOR TOPICAL SOLUTION 80 % (***trichloroacetic acid***)	T1	
Sunscreen Agents - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CETAPHIL DAILY FACIAL TOPICAL LOTION 15 SPF (***avobenzone/octocrylene***)	T1	
Thiocarbamates(Skin And Mucous Membrane) - Drugs For The Skin		
tolnaftate topical aerosol powder 1 %	T2	
tolnaftate topical cream 1 %	T2	
Smooth Muscle Relaxants - Drugs To Relax Muscles		
Antimuscarinics - Drugs For The Urinary System		
darifenacin oral tablet extended release 24 hr 7.5 mg	T3	PA
flavoxate oral tablet 100 mg	T3	PA
oxybutynin chloride oral syrup 5 mg/5 ml	T1	
oxybutynin chloride oral tablet 5 mg	T1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	T1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (***oxybutynin***)	T3	PA
solifenacin oral tablet 10 mg, 5 mg	T1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	T2	ST; QL (30 EA per 30 days)
tolterodine oral tablet 1 mg, 2 mg	T2	ST
Respiratory Smooth Muscle Relaxants - Drugs For Lungs		
theophylline anhydrous (Elixophyllin Oral Elixir 80 Mg/15 Ml)	T1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline anhydrous***)	T1	
theophylline oral elixir 80 mg/15 ml	T1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
theophylline oral tablet extended release 24 hr 600 mg	T1	
Selective Beta-3-Adrenergic Agonists - Drugs For The Urinary System		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML (***mirabegron***)	T3	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (***mirabegron***)	T3	PA
Vitamins		
Multivitamin Preparations		
BACMIN ORAL TABLET 27 MG IRON- 1 MG (***multivitamin with minerals no.20/iron/folic acid***)	T1	
BIOTECT PLUS ORAL LIQUID (***amino acids/multivitamin,therapeutic,iron,other minerals***)	T1	
CLASSIC PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vit with calcium no.126/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG (***prenatal vitamin no.52/iron/folic acid/omega-3/dha***)	T1	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (***multivitamin with minerals no.69/iron,carbonyl/folic acid***)	T2	QL (30 EA per 30 days)
FORTAVIT ORAL CAPSULE (***multivit with iron, mins/dietary sup 4/dna/ribonucleic acid***)	T1	
HONEY BEARS WITH IRON-ZINC ORAL TABLET,CHEWABLE 4.5 MG (***pediatric multivitamin no.159/ferrous sulfate***)	T1	
INFUVITE ADULT INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/10 ML (***multivitamin infusion, adult no.4 with vitamin k***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION 80 MG-400 UNIT- 200 MCG/5 ML (***multivitamin infusion, pediatric no.1 with vitamin k***)	T1	
LYSIPLEX PLUS ORAL LIQUID (***multivitamin with iron and other minerals***)	T1	
M.V.I.-12 (WITHOUT VITAMIN K) INTRAVENOUS SOLUTION 3,300 UNIT-200 UNIT/10 ML (***multivitamin infusion, adult no.2 without vitamin k***)	T1	
multivitamin oral tablet	T1	
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 1 MG (***pediatric multivitamins no.17 with sodium fluoride***)	T1	
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG (***pediatric multivitamins no.17 with sodium fluoride***)	T1	
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 1 MG (***pediatric multivitamins no.17 with sodium fluoride***)	T1	
MULTI-VITAMINS WITH IRON ORAL TABLET,CHEWABLE (***multivitamin with iron and other minerals***)	T1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)
NUTRIVIT ORAL LIQUID 15 MG IRON-800 MG-1 MG/15 ML (***iron/lysine/vitamin b complex/folic acid***)	T1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (***prenatal vit with calcium 95/ferrous fumarate/folic acid/dha***)	T2	QL (1 EA per 1 day)
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vit with calcium no.129/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days); AL (Min 13 Years and Max 45 Years)
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (***prenatal vit with calcium no.130/ferrous fumarate/folic acid***)	T1	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)
STRESS FORMULA ORAL TABLET (***multivitamin,stress formula***)	T1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	T1	
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (***vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)***)	T1	
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML (***pediatric multivit with a,c,d3 no.21/sodium fluoride***)	T1	
V-C FORTE ORAL CAPSULE 1 MG (***multivitamin with minerals no.7/folic acid***)	T1	
Vitamin A		
AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML (***vitamin a palmitate***)	T1	
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (***vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML (***pediatric multivit with a,c,d3 no.21/sodium fluoride***)	T1	
Vitamin B Complex		
ABANEU-SL SUBLINGUAL TABLET 600-600 MCG (***cyanocobalamin/mecobalamin***)	T1	
B COMPLEX 1 (WITH FOLIC ACID) ORAL TABLET 0.4 MG (***vitamin b complex/folic acid***)	T1	
BACMIN ORAL TABLET 27 MG IRON- 1 MG (***multivitamin with minerals no.20/iron/folic acid***)	T1	
b-complex with vitamin c oral tablet	T1	
CLASSIC PRENATAL ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vit with calcium no.126/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG (***prenatal vitamin no.52/iron/folic acid/omega-3/dha***)	T1	
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	T1	
cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg	T2	
DIALYVITE 3000 ORAL TABLET 3-70-15 MG-MCG-MG (***folic acid/vitamin b comp and c/selenium/minerals/zinc***)	T1	
DIALYVITE 800 ORAL TABLET 0.8 MG (***folic acid/vitamin b complex and vitamin c***)	T1	
DIALYVITE ORAL TABLET 100-1 MG (***folic acid/vitamin b complex and vitamin c***)	T1	
DIALYVITE ORAL TABLET 1-100-300-50 MG-MG-MCG-MG (***vitamin b complex no.11/folic acid/vit c/biotin/zinc oxide***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELFOLATE PLUS ORAL TABLET 3-35-2 MG (***mecobalamin/levomefolate calcium/pyridoxal phosphate***)	T3	PA
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG (***multivitamin with minerals no.69/iron,carbonyl/folic acid***)	T2	QL (30 EA per 30 days)
FOLBEE PLUS ORAL TABLET 5 MG (***folic acid/vitamin b complex and vitamin c***)	T1	
FOLBEE PLUS ORAL TABLET 5-1.5-25 MG (***folic acid/vitamin b comp and c/copper/zinc oxide***)	T1	
folic acid injection solution 5 mg/ml	T1	
folic acid oral tablet 1 mg	T1	
FOLPLEX 2.2 ORAL TABLET 2.2-25-0.5 MG (***cyanocobalamin/folic acid/pyridoxine***)	T1	
GERITOL TONIC WITH FERREX 18 ORAL LIQUID 2.5 MG-50 MG-18 IRON/15 ML (***thiamine/riboflavin/niacin/pant acid/b6/iron/methion/choline***)	T1	
HEMATINIC PLUS VIT/MINERALS ORAL TABLET 106 MG IRON- 1 MG (***iron/folic acid/vitamin b comp and c/minerals***)	T1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (***ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid***)	T1	
hydroxocobalamin intramuscular solution 1,000 mcg/ml	T1	
IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG (***iron polysaccharide complex/cyanocobalamin/folic acid***)	T1	
IRON 100 PLUS ORAL TABLET 100-250-25-1 MG-MG-MCG-MG (***iron,carbonyl/ascorbic acid/cyanocobalamin/folic acid***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
METAFOLBIC ORAL TABLET 6-5-50-1 MG (***cyanocobalamin/levomefolate calcium/pyridoxine/riboflavin***)	T1	
MTX SUPPORT ORAL TABLET 0.5-1 MG (***cyanocobalamin/folic acid***)	T1	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)
MYNEPHRON ORAL CAPSULE 1 MG (***vitamin b complex and vitamin c no.20/folic acid***)	T1	
niacinamide oral tablet 500 mg	T3	PA
NUTRIVIT ORAL LIQUID 15 MG IRON-800 MG-1 MG/15 ML (***iron/lysine/vitamin b complex/folic acid***)	T1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (***prenatal vit with calcium 95/ferrous fumarate/folic acid/dha***)	T2	QL (1 EA per 1 day)
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vits with calcium 95/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG (***prenatal vit with calcium no.129/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (***prenatal vits with calcium no.72/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days); AL (Min 13 Years and Max 45 Years)
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (***prenatal vit with calcium no.130/ferrous fumarate/folic acid***)	T1	
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (***prenatal vitamins with calcium/ferrous fumarate/folic acid***)	T2	QL (30 EA per 30 days)
pyridoxine (vitamin b6) injection solution 100 mg/ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pyridoxine (vitamin b6) oral tablet 50 mg, 500 mg	T2	
RENA-VITE ORAL TABLET 0.8 MG (***folic acid/vitamin b complex and vitamin c***)	T1	
riboflavin (vitamin b2) oral tablet 100 mg	T1	
riboflavin (vitamin b2) oral tablet 400 mg	T1	
SIDEROL ORAL TABLET (***iron/liver extract/vitamin b comp and c/minerals***)	T1	
thiamine hcl (vitamin b1) injection solution 100 mg/ml	T1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamin with calcium no.76/iron,carbonyl/folic acid***)	T1	
TRIGELS-F FORTE ORAL CAPSULE 460-60-0.01-1 MG (***ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid***)	T1	
V-C FORTE ORAL CAPSULE 1 MG (***multivitamin with minerals no.7/folic acid***)	T1	
VIT 3 ORAL CAPSULE 500 MG-500 MCG -1 MG-12.5 MG (***omega-3/dha/epa/b12/folic acid/pyridoxine hcl/phytosterols***)	T1	
VITAMIN B-12 ORAL TABLET 1,000 MCG (***cyanocobalamin (vitamin b-12)***)	T2	
VITAMIN B-12 ORAL TABLET EXTENDED RELEASE 1,000 MCG (***cyanocobalamin (vitamin b-12)***)	T2	
VITAMIN B-6 ORAL TABLET 100 MG, 25 MG, 250 MG (***pyridoxine hcl (vitamin b6)***)	T2	
VP-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG (***vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin***)	T1	
WESTAB MAX ORAL TABLET 2.5-25-2 MG (***cyanocobalamin/folic acid/pyridoxine***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WESTAB ONE ORAL TABLET 2.5-25-1 MG (***cyanocobalamin/folic acid/pyridoxine***)	T1	
Vitamin C		
ascorbic acid (vitamin c) injection solution 500 mg/ml	T1	
DIALYVITE 800 ORAL TABLET 0.8 MG (***folic acid/vitamin b complex and vitamin c***)	T1	
DIALYVITE ORAL TABLET 100-1 MG (***folic acid/vitamin b complex and vitamin c***)	T1	
DIALYVITE ORAL TABLET 1-100-300-50 MG-MG-MCG-MG (***vitamin b complex no.11/folic acid/vit c/biotin/zinc oxide***)	T1	
FOLBEE PLUS ORAL TABLET 5 MG (***folic acid/vitamin b complex and vitamin c***)	T1	
HEMATINIC PLUS VIT/MINERALS ORAL TABLET 106 MG IRON- 1 MG (***iron/folic acid/vitamin b comp and c/minerals***)	T1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (***ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid***)	T1	
IRON 100 PLUS ORAL TABLET 100-250-25-1 MG-MG-MCG-MG (***iron,carbonyl/ascorbic acid/cyanocobalamin/folic acid***)	T1	
MYNEPHRON ORAL CAPSULE 1 MG (***vitamin b complex and vitamin c no.20/folic acid***)	T1	
RENA-VITE ORAL TABLET 0.8 MG (***folic acid/vitamin b complex and vitamin c***)	T1	
SIDEROL ORAL TABLET (***iron/liver extract/vitamin b comp and c/minerals***)	T1	
TRIGELS-F FORTE ORAL CAPSULE 460-60-0.01-1 MG (***ferrous fumarate/ascorbic acid/cyanocobalamin/folic acid***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (***vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)***)	T1	
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML (***pediatric multivit with a,c,d3 no.21/sodium fluoride***)	T1	
VP-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG (***vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin***)	T1	
Vitamin D		
ACTICAL ORAL CAPSULE (***calcium carbonate/magnesium oxide/vitamin d2/bioflavonoids***)	T1	
CALCET PETITES ORAL TABLET 200 MG-6.25 MCG (250 UNIT) (***calcium carbonate, calcium lactate-cholecalciferol (vit d3)***)	T2	
CALCIDOL ORAL DROPS 200 MCG/ML (8,000 UNIT/ML) (***ergocalciferol (vitamin d2)***)	T1	
CAL-CITRATE ORAL TABLET 250 MG-2.5 MCG (100 UNIT) (***calcium citrate/ergocalciferol (vitamin d2)***)	T2	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	T1	
calcitriol oral solution 1 mcg/ml	T1	
CALCIUM 500 + D ORAL TABLET,CHEWABLE 500 MG-10 MCG (400 UNIT) (***calcium carbonate/cholecalciferol (vitamin d3)***)	T2	
CALCIUM 600 + D(3) ORAL CAPSULE 600 MG-5 MCG (200 UNIT) (***calcium carbonate/cholecalciferol (vitamin d3)***)	T2	
CALCIUM 600 + MINERALS ORAL TABLET 600 MG CALCIUM- 200 UNIT (***calcium carbonate/cholecalciferol (vit d3)/minerals***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium carb-d3-mag cmb11-zinc oral tablet 333-200-133-5 mg-unit-mg-mg	T2	
calcium carbonate-vitamin d3 oral tablet 1,000 mg-20 mcg (800 unit)	T1	
calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)	T1	
calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-2.5 mcg (100 unit)	T2	
calcium citrate malate-vit d3 oral tablet 250 mg-2.5 mcg (100 unit)	T2	
calcium citrate-vitamin d3 oral tablet 200 mg-3.125 mcg (125 unit)	T2	
calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit)	T2	
CALCIUM FOR WOMEN ORAL TABLET,CHEWABLE 500-100-40 MG-UNIT-MCG (***calcium carbonate/cholecalciferol (vit d3)/vit k1***)	T2	
cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)	T2	
cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)	T2	QL (100 ML per 30 days)
cholecalciferol (vitamin d3) oral drops 125 mcg/ml (5,000 unit/ml)	T1	
cholecalciferol (vitamin d3) oral tablet 50 mcg (2,000 unit)	T2	
cholecalciferol (vitamin d3) oral tablet 75 mcg (3,000 unit)	T2	
CITRACAL REGULAR ORAL TABLET 250 MG-5 MCG (200 UNIT) (***calcium citrate/cholecalciferol (vitamin d3)***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRUS CALCIUM-VITAMIN D3 ORAL TABLET 200 MG-6.25 MCG (250 UNIT) (***calcium citrate/cholecalciferol (vitamin d3)***)	T2	
CORAL CALCIUM ORAL CAPSULE 185-50-100 MG-MG-UNIT (***calcium/magnesium oxide/cholecalciferol (vitamin d3)***)	T2	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	T1	
ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)	T2	
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT (***alendronate sodium/cholecalciferol (vitamin d3)***)	T3	PA
KIDS VITAMIN D3 ORAL TABLET,CHEWABLE 10 MCG (400 UNIT) (***cholecalciferol (vitamin d3)***)	T2	
OS-CAL 500 + D3 ORAL TABLET 500 MG-15 MCG (600 UNIT) (***calcium carbonate/cholecalciferol (vitamin d3)***)	T2	
OYSCO 500/D ORAL TABLET 500 MG-5 MCG (200 UNIT) (***calcium carbonate/cholecalciferol (vitamin d3)***)	T1	
OYSTERCAL-D ORAL TABLET 500 MG-10 MCG (400 UNIT) (***calcium carbonate/cholecalciferol (vitamin d3)***)	T2	
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML (***vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)***)	T1	
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML (***pediatric multivit with a,c,d3 no.21/sodium fluoride***)	T1	
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 25 MCG (1,000 UNIT), 50 MCG (2,000 UNIT) (***cholecalciferol (vitamin d3)***)	T2	
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 25 MCG (1,000 UNIT) (***cholecalciferol (vitamin d3)***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAMIN D3 ORAL TABLET,CHEWABLE 25 MCG (1,000 UNIT) (***cholecalciferol (vitamin d3)***)	T1	
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML (***paricalcitol***)	T1	
Vitamin K Activity		
CALCIUM FOR WOMEN ORAL TABLET,CHEWABLE 500-100-40 MG-UNIT-MCG (***calcium carbonate/cholecalciferol (vit d3)/vit k1***)	T2	
INFUVITE ADULT INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/10 ML (***multivitamin infusion, adult no.4 with vitamin k***)	T1	
MEPHYTON ORAL TABLET 5 MG (***phytonadione (vit k1)***)	T1	
phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml	T1	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML (***phytonadione (vit k1)***)	T1	
phytonadione (vit k1) (Vitamin K1 Injection Solution 10 Mg/Ml)	T1	

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